

A dark, moody photograph of a room. In the foreground, a simple wooden bench with three steps is visible. Above it, a light-colored garment, possibly a shirt or jacket, hangs from a rack or a hook. The background is a plain, textured wall. The lighting is low, creating deep shadows and highlighting the textures of the wood and fabric.

*War, violence and insecurity have led to a devastating increase in mental illness in Sierra Leone. And, in a country of six million people there is only one psychiatrist, Dr Edward Nahim. Dr Nahim visited Australia and spoke at a STARTTS clinical evening. OLGA YOLDI reports.*

## **Sierra Leone:** *Trapped in the Shadows of the Mind*



*f*our hundred thousand people with a mental illness count on Dr Nahim. As head of the Sierra Leone Psychiatric Hospital in Freetown, he treats mental-health patients with problems of drug abuse, epilepsy, and mental disorders, such as psychosis, depression, posttraumatic stress disorder (PTSD) and schizophrenia. But time and resources only allow him to treat 10 per cent of patients the remaining 90 per cent rely on traditional healers.

An affable man in his sixties, with a sense of humour, Dr Nahim told an audience of health workers about his experience practising psychiatry in an African context.

He studied medicine in Russia and then specialised in England. “Initially I wanted to specialise in internal medicine, but I was told I should specialise in psychiatry because at the time there were no psychiatrists in the entire country. I said, Okay, I will take on the challenge.”

Thirty-seven years later the situation hasn't changed. Psychiatry is still not popular in Africa. “The salary is the lowest in the medical profession,” Dr Nahim said. “The patients are very poor and by the time they have been to the traditional healer they have nothing left in their pockets.”

The hospital looks after 100 patients. Dr Nahim said that displacement, unemployment and drug abuse were major problems. “Although the war is over, the addictions remain.”

Not only the addictions, but also the nightmares and the trauma of the atrocities committed during the 11-year civil war (1991-2002), one of the bloodiest conflicts in recent African history, which left more than 50,000 dead, two million displaced, and thousands of amputees. The rebel militia known as the Revolutionary United Front, backed by Liberian leader Charles Taylor, cut off the hands of thousands of people to prevent them from working and voting.

“The war truly destabilised the nation. Many people lost everything. It was so barbaric that it traumatised 90 per cent of the population, who are now suffering

from PTSD ... The trouble is politicians are ignoring the current problems,” Dr Nahim said.

According to the World Health Organisation (WHO) the number of people who are reported as suffering from mental health issues in Sierra Leone will soon be approaching 500,000. Like in many other African countries, the mental health system faces many challenges. Patients face stigma, discrimination, lack of qualified personnel, insufficient infrastructure and poor funding.

Another challenge is feeding the patients. The government normally provides three meals a day at no charge to the patient and this is supplemented by food provided by family members. Most patients do have families that can take care of them but some don't.

Those who are alone or abandoned must rely on the charity of staff members to survive. Dr Nahim said he also donated some of his own money to cover the costs of basic food for some of his patients. “Those who are abandoned we take care of them.”

Patients are kept in the hospital for only three months for treatment and then released into the community. Dr Nahim said he didn't want his patients institutionalised.

According to him, traditional methods of mental-health care are a solution for most patients. He said there was a widespread belief among Sierra Leoneans that mental-health problems were caused by witchcraft, evil spirits, curses, or bad people within the family.

Others believed it was a curse from God. “The juju man will say: ‘the evil is within you, kill a goat, and then the evil spirit will be transferred to the goat’. They perform a ceremony and the patient feels psychologically protected,” Dr Nahim said.

Such beliefs in witchcraft are aspects of practice that takes us beyond the familiar views of western psychiatry. According to Dr Nahim, the roles of spirits, ancestors and exorcism are an important part of the construct of illness and the appearance of symptoms so they must also be part of the cure.

In the majority of cases, the mental-health system is the last resort after traditional healing options have been exhausted. “There is no way you can tell



Lizard and shadows at Kissy Mental Hospital, the only psychiatric hospital in Sierra Leone.  
PHOTO: JUDITH KAINE



**“The juju man will say: ‘the evil is within you, kill a goat, and then the evil spirit will be transferred to the goat’. They perform a ceremony and the patient feels psychologically protected.”**

patients: ‘don’t go to the traditional healer.’ They will always go there first. We have no choice but to work with them and they work with us,” he said, “We don’t create problems for them.”

Dr Nahim is positive about the cooperation between traditional and conventional health-workers. “Traditional healers already exist alongside biomedical treatment. They give strong herbs that are also used to manufacture western medicines,” he said. “I guess the only difference is that we prescribe manufactured medication while they provide natural medication and patients seem to get better.”

A common side-effect caused by pharmaceutical medication is obesity. Patients may develop diabetes. In an African patient, he said it was a very serious problem because the food they mostly ate was carbohydrates. Diabetes could cause death or other health complications that European patients might manage just by going on a diet, and they have access to drugs to treat diabetes, but African patients don’t.

Dr Nahim said that mental illness was an interesting topic because of its intrinsic connection with culture. He said culture shaped the profession of psychiatry and even defined the meaning of madness. This is a concept he found difficult to convey to the English psychiatrists he worked with at a London hospital. “No matter how educated a patient is,” I would say to them, “He will always believe in spirits.”

Sierra Leone is not alone in having to manage with limited psychiatric services. According to WHO, Ethiopia has only 10 psychiatrists for a population of 61 million. According to Dr Emmanuel Akyeampong,

a professor of history from the University of Harvard, several African countries, including Nigeria, Sudan, Senegal and Ghana, have had a strong psychiatrist tradition beginning in the 1950s. But progress in this area was halted in the 1980s and 1990s, a period of wars, political instability, and economic decline. “Unfortunately the dismantling of institutions that supported psychiatric services and research occurred at a time when the need was greatest,” he said. “The problem is that at the moment, when we most need detailed studies of PTSD, these countries lack the means of providing data.”

According to WHO, less than two per cent of national budgets are allocated to mental health. Most developing countries also have to deal with a high prevalence of communicable diseases, infant mortality, malnutrition, low life-expectancy, morbidity, disablement and poor health services.

In 1988 and 1990, the member states in the African region of WHO adopted two resolutions to improve mental-health policies, programs and action plans. But despite some modest achievements the situation was found to be unsatisfactory.

WHO published a Global Burden of Disease Analysis in 2008 that said that 14 per cent of the global burden of disease is attributed to mental illness and that proportion is projected to rise in many African countries.

With other more immediate physical health issues, mental health often comes last in the list of priorities for governments. But as Dr Alan Alwan, a researcher working for WHO, said, there was no health without mental health. “In recent years it has



Vocational training at Kissy Mental Hospital. PHOTO: JUDITH KAINE

been brought to our attention that mental health inherently affects physical health and physical health affects mental health. The two are inseparable in terms of achieving a more complete state of wellness,” he said.

According to WHO a number of factors are causing mental health to decline in Africa such as widespread violence, poverty, population explosion, drug addiction and the spread of HIV/AIDS. Currently more than 20 conflicts are raging in different parts of the continent (some are low intensity, others could be described as all-out war) causing massive traumatization of the population -- and are also likely to impact on future generations.

There are already nine million refugees and internally displaced people living in precarious conditions. “If this scale of destruction and fighting was in Europe, then it would be called World War III,” wrote Anup Shah in *Global Issues*, “But in Africa there is no media attention.”

Yet, there also appears to be a lack of public awareness about the consequences of both mass trauma and its impact on the public health of countries, even at official levels. Most African countries have no men-

tal-health policies, programs, or action plans.

Research has also shown that poverty can cause mental illness. Dr Crick Lund, professor and researcher at the Department of Psychiatry and

Mental Health at the University of Cape Town, told Think Africa Press that poverty and mental health are completely intertwined; “people living in poverty are more vulnerable to mental illness, while those with pre-existing mental illnesses are more likely to become more trapped in poverty due to decreased capacity in everyday functions”.

While the strength of the community in which an individual lives is important, Dr Nahim said that the situation would not change until there was improvement in socio-economic wellbeing. He believes unemployment, high population growth, and drug addiction are the most pressing concerns.

He said there were large quantities of heroine coming into the country from Latin America and addiction was widespread and out of control. “About 80 per cent of admissions are drug-induced psychotic disorders.”

“Without economic development we will always be trapped in the shadows. Sierra Leone needs help and it needs it now rather than later.” **R**