



**STATEMENT BY HIS EXCELLENCY, DR.
JULIUS MAADA BIO, PRESIDENT OF THE
REPUBLIC OF SIERRA LEONE ON THE
OCCASION OF THE FORMAL
COMMISSIONING OF THE RENOVATED
SIERRA LEONE PSYCHIATRIC TEACHING
HOSPITAL COMPLEX, FREETOWN – 4 June
2020**

Honourable Ministers of Government,

Our Development Partners,

Staff of the Sierra Leone Psychiatric Teaching Hospital Complex

Distinguished Ladies and Gentlemen,

Good morning.

Let me, from the outset, thank our partners especially, Partners in Health and Handicap International, for their commitment and the impact of that commitment for the health outcomes of Sierra Leoneans nationwide.

Let me also thank our Sierra Leonean doctors who dedicated years of service and leadership to this very historic institution – Rtd. Dr. Nahim – from the 1980s to 2009; Late Dr Godfrey George – may his Soul Rest in Peace; Dr Andrew Muana, and now Dr. Jalloh. Thank you for your service.

Previous speakers have outlined the two hundred-year history of this institution, its extensive challenges, the nature and impact of partnerships, the recent close collaboration with the Ministry of Health, and the possibilities and opportunities for us all to continue working to transform the delivery of mental health services in this country.

My brief remarks, this morning, will focus on the rationale, the opportunities, and possibilities for the Sierra Leone Psychiatric Teaching Hospital (SLPTH).

In our 2018 manifesto, we committed to “develop mental health treatment and care facilities in Freetown and build new facilities in the provinces.” We made our commitment against the background of decades of neglect of mental health care and the premier psychiatric hospital in the country. This was an unsanitary site of unspeakable neglect and abuse. Nothing seemed to work- from ramshackle buildings with broken toilets, broken windows, empty pharmacies, no water supply, to insecure perimeter fencing that was regularly breached by patients. Mental health care was still offered within an outdated century-old mental health legislation and evidence abound of inhumane isolation and chaining practices and overall poor outcomes for patients. This institutional neglect was complicated with little to no dedication to staff training or to modernising mental healthcare practices. For us, the burden of doing little to nothing hung on our conscience like a millstone. So while our predecessors did not even stop to ask why things were the way they were at the SLPTH and what they could do, my Government has asked those two questions and gone beyond by exploring what additional legislative, policy, and

institutional changes could be made to align our mental healthcare services with international imperatives and best practices.

So, our intervention is situated within our overarching human capital development priority as a government. We believe, as a government, in harnessing the full potential of every Sierra Leonean. We believe that improving and promoting mental health care is an essential part of achieving Universal Health Care coverage with positive outcomes for the physical health of our citizens. We therefore believe that elevated investments in mental healthcare will have positive implications for human development and socio-economic development. We also believe that it is investment that protects human rights and reduces social and economic disparities.

Here is why all this matters. Our country has been bludgeoned over the last three decades by traumatic event after traumatic event – from the bloody violence and chaos of the civil war, to catastrophic natural disasters like the mudslide and flooding, through the Ebola virus disease epidemic, and now the COVID-19 pandemic. All these events and beyond have induced conditions from post-traumatic stress disorder and grief, to anxiety, depression, psychosis, acute stress, and harmful substance abuse. Combine this with autism, epilepsy, bipolar

and psychotic disorders, intellectual and cognitive disabilities, and more, and we recognise that as a nation, we must act now. We must invest heavily in mental healthcare.

So, the argument to make is simple. We know that persons with mental health needs and their families, in cases, are subjected to severe discrimination, stigma, harassment, and victimisation. Their constitutional rights and their security are not guaranteed. Because of cultural insensitivities, children are often not educated and abandoned to a life of vagrancy, abuse, and early death. They are also susceptible to other chronic physical disease conditions, unhealthy diets, unsafe living conditions, and most often, early death. Our commitment as a government remains not only to guarantee the rights of every one of our citizens, but also to protect, and nurture every citizen to his or her fullest potential.

Previous speakers have highlighted initiatives that the leadership of the SLPTH has undertaken in collaboration with the Ministry of Health and Sanitation and with the support of partners and the professional services of Mr. George Eze (who was singled out in Mr. Jalloh's statement for his profound impact).

The professional memberships of WENDU and PAENDU, and efforts by the United Nation Office on Drugs and Crime to

designate the hospital as a Centre for International Collaboration and Research are highly commendable.

My Government, through the Ministry of Health and Sanitation will also pursue the ECOWAS Commission's agreement to establish the first drug treatment and rehabilitation centre here in Sierra Leone.

My Government is ready to support and promote the SLPTH in its mission to deliver quality care to its patients. In order to augment and support the training of an indigenous medical workforce, my Government fully supports the establishment of a separate Department of Psychiatry in the College of Medicine and Allied Health Sciences to train mental health professionals such as nurses, occupational therapists, addiction specialists, and more from diploma to postgraduate levels. The re-engagement of Dr. George Eze, as proposed by Dr. Jalloh, to support clinical practice and the academic and professional development of psychiatry and related disciplines, has my full support. Dr. Eze will also be expected to use his extensive professional network to secure accreditation from the West African College of Physicians for the teaching hospital to operate a psychiatry training programme. Staff and other personnel exchanges across the sub-region will enhance our manpower training.

The 21 mental health nurses who continue to provide outstanding service here and who do not have PIN codes will be, effective immediately, provided with PIN codes by the Ministry of Health and Sanitation. I also wish to use this opportunity to call on all Sierra Leoneans to stop stigmatising mental healthcare workers and the mental health profession. They are a necessary and important component of our aspiration to achieve health security in our nation.

The Ministry of Health and Sanitation will work with the SLPTH to allocate two ambulances exclusively for mental healthcare. Government will also work with partners to secure life-saving and diagnostic equipment as identified by Dr. Jalloh.

My Government has made tremendous progress in mental healthcare infrastructure development and policy and administrative changes that have positioned non-specialised mental healthcare staff in regional and district hospitals.

But we need to urgently address our challenges. I therefore direct the immediate constitution of a Presidential Task Force for mental healthcare comprising professionals, partners, and policy makers that will report through the Cabinet Secretary within 90 days. Among the task force's specific terms of reference are the following:

1. To collect credible data on Mental Healthcare in Sierra Leone with specific emphasis on types, numbers, concentration, determinants and other factors that contribute to adverse Mental Health in the country;
2. To fast-track repealing and replacing the 1902 Lunacy law with a new mental health Act that is culturally sensitive while meeting or exceeding all international standards;
3. To identify and review for synergy, other conflicting or enabling legislation and policies for the effective implementation of the interventions that will be identified by the taskforce;
4. To study the mental health systems in the country and outline policy, institutional, and administrative reform proposals for each challenge identified;
5. Based on the foregoing, to comprehensively review the Mental Health Policy 2019-2023, its instruments and its institutional framework, and assess its capacity to deliver improvements in access, experience, and outcomes throughout the mental health service continuum;
6. To advance long-term strategies to accelerate the implementation of mental health policy and plans across all sectors with a focus on decentralising mental

healthcare services so that patients can get quality care from their community healthcare outlets;

7. To propose welfare and other post-care interventions that will reduce the burden of mental healthcare;
8. To recommend other strategic interventions, including possible resource mobilisation strategies with multilateral institutions, partners, the private sector, and other stakeholders, for the effective implementation of the identified interventions;
9. To propose effective strategies for intensive public education about mental health with a view to transforming cultural attitudes and insensitivities;
10. To propose a clear framework involving the use of technology and innovation for effective and efficient collaboration, monitoring, evaluation and review of progress made in the implementation of the identified interventions.

I expect that the Presidential Task Force will report regularly, every month, throughout its tenure.

My expectations after all are two-fold: firstly, to ensure that we have an effective, accountable, and well-monitored quality mental healthcare service that is affordable and accessible for

every Sierra Leonean who needs it; and, secondly, to fully engage all stakeholders from institutions, partners, the private sector, to communities to work collaboratively on the mental health burden in Sierra Leone.

So, let me conclude with a firm commitment to ensuring, through legislation, policies, and the interventions proposed here today, that my Government will continue to work on providing quality mental healthcare services throughout Sierra Leone.

I thank you.