



World Health Organization

Sierra Leone

# FACT SHEET: MENTAL HEALTH INDICATORS

POPULATION (2015)

**7,076,641**

**ONE PSYCHIATRIST**

*(Retired)*

**ONE CLINICAL  
PSYCHOLOGIST**

*(Private Practice)*

**20 MENTAL HEALTH  
NURSES**

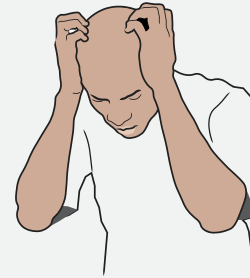
*(SECHN)*

**ZERO  
PSYCHIATRIC SOCIAL  
WORKER SUPPORT**

\* Kessler and Bromet (2013) The epidemiology of depression across cultures Annu Rev. Public Health 2013, 34: 119-138

\*\* Stilo SA and Murray RM (2010) The epidemiology of schizophrenia: replacing dogma with knowledge Dialogues Clin Neurosci 2010, 12(3): 305-315

**DEPRESSION**

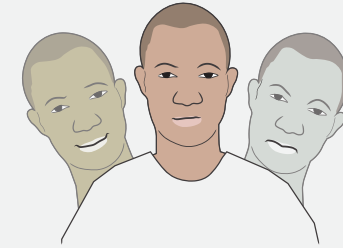


5%\* of one year's prevalence equals

**450,000**

Sierra Leoneans who suffer from depression

**SCHIZOPHRENIA**



1%\*\* lifetime prevalence of mental illness equals

**75,000**

Sierra Leoneans who suffer from schizophrenia

**Kissy National Referral  
Psychiatric Hospital**



**Sierra Leone's only  
Psychiatric Hospital**

**250** 

Maximum bed capacity to treat mental health conditions



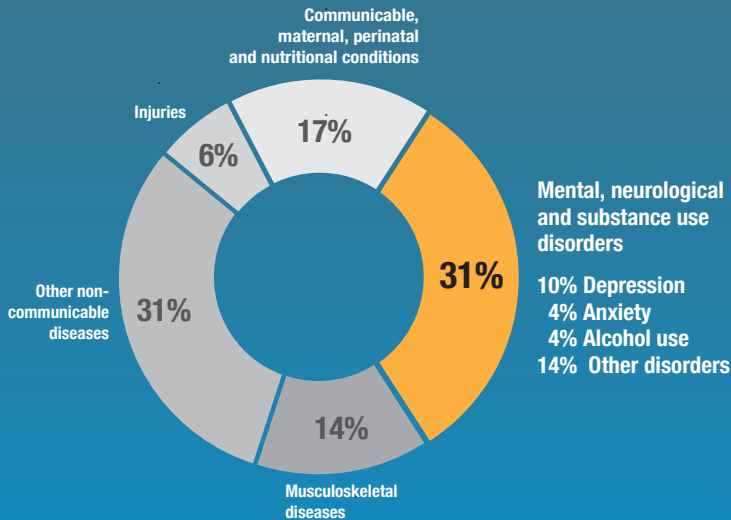
## MENTAL HEALTH AFFECTS ONE IN FOUR OF US

Mental disorders affect one in ten people at any given time, in any given place – and one in four people over their lifetime.

Nine out of ten of those people living with mental disorders do not receive basic treatment. And the scale of the problem goes beyond just those living with mental disorders, impacting family members in care-giving roles.

Depression and suicide alone take a major toll on health; there were an estimated 804,000 suicide deaths globally in 2012.<sup>1</sup>

## GLOBAL DISTRIBUTION OF NON-FATAL DISEASE BURDEN OF DISEASE <sup>4</sup>



## MENTAL HEALTH IN THE SDGs

### Goal 3, target 4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

### Goal 3, target 5

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

### Goal 3, target 8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

## INTERNATIONAL ASSISTANCE

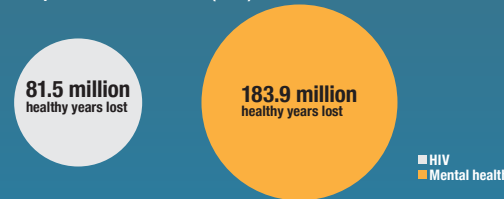
Less than 1% of all financial assistance provided to developing countries for health is spent on mental health – roughly \$133.57 million per year, divided between 148 recipient countries.<sup>2</sup>

## GLOBAL ECONOMIC IMPACT

In 2010, the global cost of mental disorders was estimated to be approximately US\$2.5 trillion; by 2030, that figure is projected to go up by 240%, to US\$6.0 trillion. In 2010, 54% of that burden was borne by low- and middle-income countries (LMICs); by 2030, that is projected to reach 58%.<sup>3</sup>

## SERIOUSLY UNDERFUNDED

Comparative disease burden (2010)



Comparative global development assistance spending (2010)



## INCREASED ECONOMIC PRODUCTIVITY

12 billion days of work lost each year due to common mental disorders (depression and anxiety)

A dollar spent on workplace mental health generated US\$ 2.30 in organisational benefits.

World Economic Forum estimated that mental disorders will cost economy US\$ 16 trillion in the next 20 years if not addressed. Sailing up effective treatment coverage for depression and anxiety is estimated to be US\$ 147 billion. Placing an economic value on the healthy years gained produces a net present value of US\$ 310 billion.<sup>5</sup>

<sup>1</sup> World Health Organization (2014) 'Executive summary' Preventing suicide: a global imperative. Geneva: WHO ([www.who.int/mental\\_health/suicide-prevention/exe\\_summary\\_english.pdf](http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf)).

<sup>2</sup> Gilbert et al. 2015.

<sup>3</sup> Bloom, D.E., et al. (2011).

<sup>4</sup> World Health Organization (n.d.) "Health Statistics and Information Systems: Estimates for 2000–2012."

<sup>5</sup> Chisolm D et al (2016), Scaling up treatment of depression and anxiety: a global return on investment analysis, *Lancet Psychiatry* (2016) 3: 415-24.