WHO-AIMS

WHO - AIMS REPORT ON MENTAL HEALTH SYSTEM IN GHANA

World Health Organization

MINISTRY OF HEALTH

WHO-AIMS

REPORT ON

MENTAL HEALTH SYSTEM IN GHANA

A report of the assessment of the mental health system in Ghana using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

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(GHANA)

For further information and feedback, please contact:

1) Dr. William Frank Hill Koomson, billfrankhill@gmail.com

2) Dr Francis Kasolo, kasolof@who.int

3) Dr Devora Kestel, WHO Headquarters, kesteld@who.int

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CHAG	Christian Health Association of Ghana
CHPS	Community-based Health Planning and Service
COVID-19	Coronavirus Disease of 2019
CPO	Clinical Psychiatric Officers
DFID	Department for International Development-UK
DHIMS	District Health Information Management System
DSM	Diagnostic Statistical Manual
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Heath Service
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IGF	Internally Generated Funds
MHA	Mental Health Authority
MHGAP	Mental Health Gap Action Programme
NADMO	National Disaster Management Organization
NGO	Non-Governmental Organization
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NRCD	National Redemption Council Decree
PA	Physician Assistant
PHC	Primary Health Care
RMN	Registered Mental Health Nurses
SNR	State Registered Nurse
STG	Standard Treatment Guideline
TFB	Traditional and Faith-based
TMPC	Traditional Medicine Practitioners Council
UK	United Kingdom
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health Systems

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The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect data on the mental health system of Ghana in the year 2021 to produce information for the year 2020.

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The key personnel involved were Dr William Frank Koomson (Principal investigator, WHO-AIMS in-country focal person, Head, Department of Psychiatry, School of Medicine, University for Development Studies), Prof Stephen Tabiri (Research consultant, Dean of the School of Medicine, University for Development Studies), Dr Winifred Asare-Doku (co-investigator, National Drug and Alcohol Research Centre, University of New South Wales, Australia), Dr John-Paul Omuojine (co-investigator, Department of Psychiatry, Komfo Anokye Teaching Hospital), Ms Sonia Cobbold (co-investigator, Research and Development unit of Komfo Anokye Teaching Hospital), Dr Gordon Donnir (Research consultant, School of Medicine and Public Health, University of Newcastle, Australia), Dr Ama Boadu (Project Manager, Deputy Director, Mental Health, Ghana Health Service), Dr Ruth Owusu-Antwi (Research consultant, Head, Department of Psychiatry, Komfo Anokye Teaching Hospital), Prof Victor Mogre (Research consultant, Head, Department of Health Professions Education and Innovative Learning, University for Development Studies), Mariam Akwei (Research Assistant, Adjunct Lecturer, Radford University College, Accra), Prince Nkansah Amoh (Research Assistant), George Sedinam Amponsah (Research Assistant), Abena Konadu Owusu-Senyah (Research Assistant), Immanuella Owusu (Research Assistant, Campaign for Female Education CAMFED Ghana) .

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EXECUTIVE SUMMARY

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Ghana for the year 2020. The goal of collecting this information was to track improvement in the mental health system over the past decade and provide a baseline for monitoring further change. This will enable Ghana to develop information-based mental health plans with clear base-line information and targets. It will also serve as a resource for monitoring progress in implementing reform policies, providing community services, and involving service users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

Ghana's mental health policy was revised in 2019, spanning a twelve-year period (2019-2030). The Mental Health Regulation, 2019 (Legislative Instrument 2385) is the most recent piece of mental health legislation. This standardized document contains the procedures for the implementation of all components of the Mental Health Act. The Mental Health Fund has been established to provide financial support for the care and management of service users but has not served its purpose because it has been under resourced. In 2020,1.4% of the health care expenditure of the Health Ministry was devoted to mental health. The National Health Insurance Scheme does not cover mental health services. Psychotropics are available but in short supply and often need to be purchased out of pocket from private pharmacies.

The Mental Health Authority is key in providing advice on mental health policies and legislation. The Authority is governed by a Board, which has appointed regional mental health coordinators and district focal persons to supervise mental health activities in their regions and districts. Mental healthcare is integrated into primary healthcare and these services are provided by both government and private facilities. Ghana has three mental hospitals whose services are regulated by the Authority. The Ghana Health Service provides mental health services in Regional and District Hospitals, most Health Centres and Community-based Health Planning and Services compounds. Mental health service users often visit traditional or other faith-based centres before seeking allopathic treatment. There are 1,705 Traditional/ Faith-based facilities nationwide. The Mental Health Authority has developed a set of guidelines to regulate the mental health practices in these facilities.

Regarding training in mental healthcare for primary healthcare staff, 6% of the training for medical doctors is devoted to mental health, 8% State Registered Nurses (SRN) and 3% physician assistants. In 2020, the Ghana Health Service and the WHO organized

comprehensive 6-day mental health refresher training sessions (mental health Gap Action Programme), targeted at primary healthcare providers in 2020. Primary healthcare doctors, nurses and physician assistants can prescribe psychotropic medications but with restrictions.

The total number of human resources working in government-owned mental health facilities or private practice per 100,000 population is 10.32. The breakdown according to profession is as follows: 39 psychiatrists, 49 other medical doctors (not specialized in psychiatry), 2463 Registered Mental Health Nurses (RMN), 244 psychologists, 362 social workers, 24, occupational therapists, 561 community mental health nurses and 35 clinical psychiatric officers (CPO), 1 art therapist, 742 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, professional and paraprofessional psychosocial counsellors). Psychiatrists in clinical practice work in mental hospitals or community-based mental health inpatient unit.

The Mental Health Authority has a mental health hotline providing crisis support and suicide prevention services to all Ghanaians experiencing emotional and psychological distress. There is a legislative provision to prevent an employer from terminating the employment of a worker due to mental disorder but there is no legislation or financial provisions concerning protection from lower wages solely on account of mental disorder. In 2020, 21-50% of primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

The Health Ministry has an online platform, the District Health Information Management System (DHIMS), via which all health facilities provide routinely collected data such as number of beds, new cases, diagnoses, patient admissions. It was identified that some health facilities had poor and outdated records. Seven percent (7%) of all health publications in the country were on mental health. The research focused on epidemiological studies in community and clinical samples, non-epidemiological clinical/questionnaire assessment of mental disorders, service research, biology, policy, programmes and financing/ economy, psychosocial/ psychotherapeutic interventions and pharmacological and electroconvulsive interventions..

IINTRODUCTION

Ghana is a West African country which covers an area of 238,533 square kilometres (92,099 sq mi). It shares its borders with Togo to the east, La Cote D'Ivoire to the west, Burkina Faso to the north and the Gulf of Guinea to the south and is home to one of the most thriving democracies on the continent. Politically and administratively, it is divided into 16 regions and 260 districts. The country is the second most populous in West Africa with a population of 30,792,608, 50.7% of which is female (Ghana Statistical Service, 2021). The capital and largest city is Accra.

The nation spans diverse biomes, ranging from tropical rain forests to savannah and is rich in natural resources such as gold, timber and cocoa. It is a lower middle-income country which has 40% of its population employed in agriculture. It is the second largest producer of cocoa worldwide and an important oil producer and exporter. The Ghana cedi (GH¢) is its official currency.

Ghana is rich in culture and home to people of diverse ethnic groups and religions who live harmoniously together. English is the official language although local languages including Akan, Dagbani, Ga and Ewe are widely spoken.

The population is young with 37.1% being under 15 years old, 59.7% aged 16-59, 6.7% aged 60-64 and 3.1% aged 65 years and over (Ghana Statistical Service, 2021). The age dependency ratio is 67 per 100 working age population. 43% of the population live in rural areas (Ghana Statistical Service, 2021) and the literacy rate is 79% (Ghana Statistical Service, 2021). Life expectancy at birth is 64 years (Ghana Statistical Service, 2021).

Ghana is a lower-middle-income country with a GDP per capita of US $1940.68 (World Bank, 2018). Its proportion of health expenditure to GDP is 3.42 and the per capita expenditure on health is US$ 75.28 (World Bank, 2018).

Healthcare in Ghana is mostly provided by the government through the Ministry of Health and its collaborative stakeholders, namely; Ghana Heath Service (GHS), Health Facilities Regulatory Agency, National Health Insurance Authority, Private healthcare organizations, Faith-based healthcare and umbrella organizations, Health professional associations/ societies, NGOs and development partners. The primary duties of the Health Ministry include health resource mobilization, policy formulation, monitoring and evaluation, and regulation of health service delivery. The Ghana Health Service and Teaching Hospitals are the implementing arms of the Ministry and are in charge of health promotion, prevention, curative and rehabilitation care. GHS covers services in

government hospitals and clinics, hospitals and clinics within private health institutions and Christian Health Association of Ghana (CHAG).

The health service delivery system is organized in levels; primary, secondary and tertiary. The primary level comprises the community, sub-district and district levels. The sub-districts are demarcated into Community-based Health Planning and Services (CHPS) zones which form the base of the service delivery organizational system. Each sub-district has a health centre and subdistrict health management team while the districts have district hospitals and district health management teams(Moreno, 2017). A referral system links the primary healthcare system to the regional, teaching and specialized hospitals which form the secondary and tertiary levels respectively, where higher clinical and diagnostic care are rendered.

The National Health Insurance Scheme was introduced in 2003 to reduce the financial burden of healthcare on its citizens and propel the country in its quest to achieve universal healthcare and has proven to be a game changer since(Kwarteng et al., 2019). The Scheme covers the cost of healthcare for subscribers accessing serves in public and accredited private facilities and is funded by the premiums paid by its subscribers, the national health insurance levy and the Social Security and National Insurance Trust. The cost of out-patient, in-patient, eye, dental, reproductive and maternal, and emergency care for 95% of the commonest disease in the country are covered by the Scheme(Kwarteng et al., 2019).

Mental healthcare is delivered by both the government and private sectors. The Mental Health Authority was established by Mental Health Act, 2012. The Authority is responsible for the formulation and implementation of mental health policies, provision and regulation of humane, culturally appropriate mental health services in the country. There are three Mental Hospitals in the country and are located in the southern belt. The country has integrated mental health services into all tiers of healthcare to enhance availability nationwide. Mental health services are organized in catchment areas of sub-districts, districts and regions. Before the establishment of the Authority, the Ghana Health Service and the other healthcare agencies of the Ministry of Health were providing mental health services in the country and have since continued unabated. The Authority's service delivery has been mainly concentrated in the Mental Hospitals.

Mental health service users often have to pay out of pocket for treatment as the sector is not covered under the National Health Insurance Scheme. The government commits 1.4% of the healthcare expenditure to mental health while additional support is obtained through internally generated funds and local and international partners and benevolent organizations. In the past decade, the human resource in mental health has increased but is still far from ideal and numerous efforts are being made to empower other health professionals with some basic mental health education to improve access to service.

There is a total of 369 hospitals, providing 97 beds per 100,000 population. The number of doctors is estimated at 3,236 making up a medical doctor density of 1.4 per 10,000 inhabitants. The country recorded its first case of COVID-19 (coronavirus disease of 2019) infection on 12th March, 2020 and the consequentially introduced numerous necessary restrictions which included temporary lockdowns in the two major cities, ban on public gathering, mandatory wearing of facemasks and physical distancing. The impact of the pandemic on the population was significant and exposed the weaknesses in the country's healthcare delivery systems, including the mental health systems. This called for extra precaution and innovation in the data collection process.

Our heart-felt gratitude goes out to all the regional mental health coordinators who assisted in community entry and data gathering, and to all the research assistants who managed to extract data from the countless sources nationwide. All team members exercised strict adherence to the COVID-19 prevention protocols throughout the period of this study.

The data was collected in 2021, based on the year 2020, and this WHO-AIMS (World Health Organization Assessment Instrument for Mental health Systems) follows the 2011 WHO-AIMS study..

Data collection

Data were obtained from the outpatient mental health facilities of the various health facilities in all the 260 districts of the country. Research assistants visited regional hospitals, district hospitals, clinics, private health facilities, health centres, CHPS (Community-Based Health Planning and Services) compounds with units that met the definition of a mental health outpatient as stated in the WHO-AIMS tool. This was possible with the aid of the mental health coordinators and district focal persons. In areas that were hard to reach by the research assistants, questionnaires were sent to the heads of the relevant units and data collection process was monitored remotely via zoom and phone calls. The mental health focal persons reviewed the facility records and confirmed that the information gathered was a true reflection of that which was submitted. Hard copies of the questionnaires were sent via post while the softcopies or photos of the questionnaires were submitted either by email or on an instant messaging application. This was again discussed with the respective regional mental health coordinators before data entry was made.

In some instances, information for certain parameters was obtained from two or more sources and compared, to ensured congruity (e.g., the figure for the total number of registered mental health nurses was obtained from both the Nursing and Midwifery Council and the Mental Health Authority. The data concerning the number of mental

health outpatient units was obtained by manually counting the units and obtaining a figure from the records of the Mental Health Authority).

Some agencies such as the Ghana Medical and Dental Council, Ghana Psychological Council, Department of Social Welfare, Psychiatric Association of Ghana, Ministry of Health and Traditional and Faith-based facilities requested some days for the staff and the research team to gather information that was necessary for the study. In some instances, the quality of available data was poor and did not meet the standards of the study.

Data was obtained from the following agencies:

- Community-based inpatient mental health facilities (Komfo-Anokye Teaching Hospital, Sunyani Regional Hospital, Koforidua Regional Hospital, Recovery Pathways clinic etc, both private and government-administered)
- Christian Health Association of Ghana
- Day treatment facilities
- Department of Social Welfare
- Drug Rehabilitation Centres
- Ghana Bar Association
- Ghana Health Service
- Ghana Police Service
- Ghana Prisons Service
- Ghana Psychological Association
- Medical Schools
- Mental Health Authority
- Mental Health Non-Governmental Organizations
- Mental health outpatient facilities (both private and government-administered)
- Ministry of Education
- Ministry of Health
- Narcotics Control Commission
- National Health Insurance Authority
- Nursing Training Colleges
- Occupational Therapy Association of Ghana
- Physician Assistant Training facilities
- The Mental Hospitals (Accra Psychiatric Hospital, Ankaful Psychiatric Hospital and Pantang Hospital)
- Traditional and Faith-based healing facilities

Information gathered from the institutions was discussed with the heads of the respective institutions before they were submitted. Biweekly zoom meetings were held by members of the research team to assess the progress being made and to discuss solutions to difficulties encountered. All the data was pooled together and entered into Microsoft Excel software for compilation. Information was extracted to fill out the cells in the WHO-AIM Excel data entry programme, based on which the report of the study was written as guided by the WHO-AIMS report template. The principal investigator prepared the draft WHO-AIMS report and disseminated it to key stakeholders for consultation and refinement.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

Ghana's mental health policy was revised in 2019 (for a third time in the country's history) to cover a twelve-year period (2019-2030). This is the first policy revision by the Mental Health Authority since its establishment in 2012 and its components are as follows:

a. developing community mental health services
b. downsizing large mental hospitals,
c. developing a mental health component in primary health care,
d. human resources,
e. involvement of users and families,
f. advocacy and promotion,
g. human rights protection of users,
h. equity of access to mental health services across different groups,
i. financing,
j. quality improvement,
k. monitoring system.

In addition, a list of essential medicines is present. These medicines include a. antipsychotics, b. anxiolytics, c. antidepressants, d. mood stabilizers, e. antiepileptic drugs.

The last revision of the mental health plans was in 2019 (Mental Health Strategic Plan 2019-2022). This plan contains the same components as the mental health policy but also includes proposed strategies to upgrade mental hospitals to provide more comprehensive care. The Pantang Hospital, one of the three in the country, is making a headway in this respect. Furthermore, a budget, timeframe, specific goals and whether any of the mentioned goals have been reached within the last year can be found in the document.

Limited funds have made the achievements of some target impossible for the time being.

The Mental Health Authority collaborates with the Psychiatric Association of Ghana, Ghana Psychological Association, Ghana Health Service, National Disaster Management Organization (NADMO) and other partners to assemble an emergency response team whenever the need arises. The COVID-19 Emergency Preparedness Response Project was launched in November, 2020 and mentions the provision of psychological aid to frontline workers, and patients in isolation and quarantine centres and treatment.

The Mental Health Regulation, 2019 (Legislative Instrument 2385) is the most recent piece of mental health legislation. This standardized document contains the procedures for the implementation of all components of the Mental Health Act 2012 (Act 846) and contains the following highlights;

a. access to mental health care including access to the least restrictive care,
b. rights of mental health service consumers, family members, and other care givers,
c. competency, capacity, and guardianship issues for people with mental illness,
d. voluntary and involuntary treatment,
e. accreditation of professionals and facilities,
f. law enforcement and other judicial system issues for people with mental illness,
g. mechanisms to oversee involuntary admission and treatment practices,
h. mechanisms to implement the provision of mental health legislation.

This is a significant improvement on the previous legislation, the Mental Health Decree NRCD 30" (National Redemption Council Decree), 1972 which only focused on; a. Voluntary and involuntary treatment, b. Law enforcement and other judicial system issues for people with mental illness, c. Mechanisms to oversee involuntary admission and treatment practices, d. Mechanisms to implement the provisions of mental health legislation. The Mental Health Act, 2012 (Act 846) is regarded as one of the best on the continent. Its full implementation has not yet been achieved due to limited financial and infrastructural resources but steady progress is being made. .

Financing of mental health services

The financing of public sector mental health services in Ghana is mainly by the Government and supported by internally generated funds (IGF) of respective institutions, the Foreign Commonwealth Development Office (FCDO) formerly the Department for International Development-UK (DFID), World Health Organization and other benevolent organizations. At least 1.4% of the health care expenditure of the Health Ministry was devoted to mental health. Of the amount spent on mental health, 93% was devoted to the mental hospitals. The cost of operations of the Mental Health Authority and the procurement of psychotropics were also covered by the government.

The Mental Health Act 2012, has established the Mental Health Fund which is to provide financial resources for the care and management of persons suffering from mental disorders. Sources of funds include; voluntary contributions to the fund from individuals, organizations and the private sector, moneys approved by Parliament for payment into the Fund, grants from bilateral and multilateral sources, donations and gifts, and moneys from any other source approved by the Minister responsible for Finance. However, these sources have not generated sufficient income to support the objectives of the Fund.

The Department for International Development-UK an international agency which has contributed significantly through its Health Budget Support Programme to financing of mental health services in Ghana in the past decade. The Department was closed in September, 2020 and replaced by the Foreign, Commonwealth and Development Office which has since continued in this light.

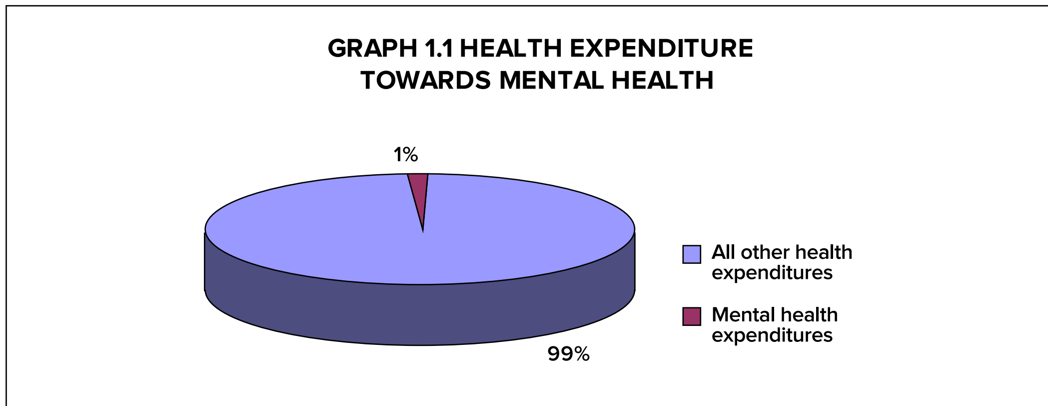
Due to short supplies of psychotropic medicines, service users often need to purchase them from private pharmacies with no means of reimbursement. Basic Needs-Ghana, a non-governmental organization (NGO), supports the extension of mental health services to deprived communities by organizing specialist-led outreach programmes during which, free psychotropic medicines are dispensed. Their contributions, which can be seen on both individual and community levels, includes the provision of psychosocial support to service users, capacity building, developing accessible services, creating livelihood opportunities for service users, support for research among others.

The National Health Insurance Scheme does not cover the cost of treatment of mental disorders but periodically supports mental health services with funds allocated for the procurement of psychotropics for free disbursement to service users in various facilities nationwide.

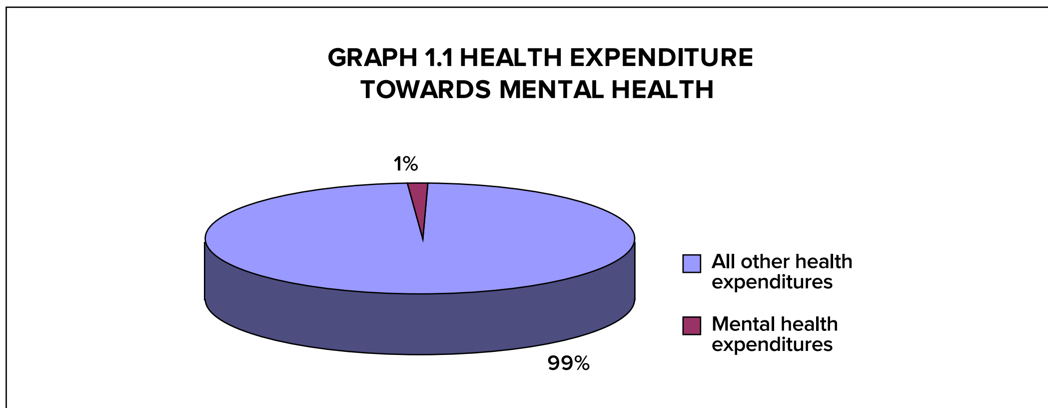
Based on the retail price of drugs on the National Health Insurance Scheme's Medicine list and the Defined Daily Dose, the cost of antipsychotic medication (chlorpromazine)

is 0.63 Ghana cedis and antidepressant medication (amitriptyline) is 0.36 Ghana cedis, representing 5% and 3% of the daily minimum wage.

Mental health financing in Ghana is from many sources and this makes it difficult to calculate the total cost involved.



1.4 % of the healthcare expenditure of the Health Ministry is devoted to mental health



Human rights policies

As part of its regulatory duties, the Mental Health Authority through its Board is in its final stages of establishing the Mental Health Review Tribunal and the Visiting Committees which will serve as national human rights review bodies to oversee regular inspections in mental health facilities, review involuntary admissions and discharge procedures, review complains investigation procedures and has the ability to impose sanctions on facilities that persistently violate patients' rights. The Authority in 2020, with support from WHO Quality Rights Initiative Ghana, Ghana Health Service, Mental Health Society of

Ghana, Special Olympics, Christian Health Association of Ghana, MindFreedom Ghana, Basic Needs-Ghana, European Commission, Ta-Excel , Passion for Total Care and Inclusion Ghana successfully conducted a review of human rights protection of patients in all the mental hospitals and four other government-administered community-based inpatient psychiatric units. The findings were shared with the stakeholders and action plans were developed to guide the creation of more humane, patient-centred mental health services. Prior to this inspection the WHO Quality Rights in Mental Health Ghana had been launched in 2018 and facilitated the promotion of attitudes and practices that respect the rights of persons with mental health conditions, psychosocial and intellectual disabilities through online learning platforms and in-person seminars for the staff of the mental hospitals, community-based inpatient psychiatric units, community residential facilities and the other stakeholders. The training has since been accessible online to all health professionals, media, security service, service users and the general public.

Domain 2: Mental Health Services

Organization of mental health services

Ghana has a national mental health authority which provides advice to the government on mental health policies and legislation. Its additional roles include policy implementation, service planning, management and coordination, monitoring and quality assessment of mental health services. The Authority is governed by a Board which comprises a Chairperson, the Chief Executive Officer of the Mental Health Authority who functions as the secretary to the Board, one representative from the Ministry responsible for Social Welfare, one representative of the Attorney-General, one representative from the Ministry of Health, one representative from the Ministry of Interior, one representative from the Ghana Health Service, one person from a tertiary medical training institution, and three non-governmental persons nominated by the Minister, at least one of whom is a woman.

Mental health services are organized in terms of catchment areas (regions, districts and sub-districts). Thus, the Board of the Mental Health Authority has appointed Regional mental health coordinators and District focal persons to have oversight on all mental health related activities in their respective catchment area. In addition, the Board of the Authority has also established Regional and District Mental Health Sub-Committees which serve as mental health activity management teams.

Mental health services are provided by both the government-administered and private facilities. The government-administered facilities are the Psychiatric Hospitals, Regional and District Hospitals, Teaching Hospitals, Health centres, Community-based Health Planning and Service (CHPS) compounds, Quasi-government Hospitals, Christian Health Association of Ghana (CHAG) and Ahmadiyya Muslim Mission health facilities. Health service delivery in the mental hospitals is by the Mental Health Authority while the other facilities provide mental healthcare through the Ghana Health Service and other agencies of the Health Ministry. The private sector is fast growing and supports the mental health service with inpatient, outpatient and rehabilitation mental health facilities. A significant number of service users are attended to by faith-based healing and herbal treatment centres as they are more widespread and easily accessible.

The COVID-19 pandemic and mental health services in Ghana

The COVID-19 pandemic caused a significant disruption in health services globally. Ghana recorded its first case on the 12th of March, 2020 and had recorded 54,771 cases and 335 mortalities by the end the year (World Health Organization, 2021) . Many lived in fear and uncertainty as the morbidity and mortality figures were periodically updated. At the beginning of the pandemic in Ghana, multiple interventions were implemented to preserve life and limit the spread of the infection. Some key interventions included the enforcement of a two-week total lockdown in the two major cities (Accra and Greater

Kumasi), mandatory wearing of facemask, physical distancing in public transport vehicles and other public spaces and a halt on elective out-patient and surgical services (Republic of Ghana, 2020).

The disruption of mental health services came at a time they were most needed. Outpatient mental health services were suspended in many facilities. The admissions to the inpatient facilities were limited to very severe cases as some beds were deliberately left empty to ensure physical distancing between patients on the wards. Social and religious gatherings were temporarily banned, causing a closure of many prayer camps and other faith-based healing centres.

Telepsychiatry was introduced in the Mental and Teaching hospitals, limiting physical contact between healthcare professionals and ensuring a continuity in service delivery. Online platforms such as Zoom, WhatsApp, Google Meet, Microsoft teams and Skype were used for the purpose consultation, teaching and supervision. Patients visiting the facilities were able to access services via phone or video calls. This service was available in the large cities which had good telecommunication services. Health workers were provided with personal protective equipment to enable the continuation of necessary in-person outpatient and in-patient mental health services.

The Mental Health Authority launched a mental health and suicide prevention helpline which provided emergency services to all callers and provided links to professionals nearby when necessary. The Authority, Ghana Health Service, health associations, media and NGOs scaled up mental health education and advocacy nationwide. Mental health outreach organized by the NGO Basic Needs-Ghana, often held quarterly to provide specialist care to service users in deprived communities in the northern and middle belts, were temporarily suspended.

Clinical psychologists and psychiatrists were contracted to join COVID-19 response teams to render psychological first aid to newly diagnosed persons in isolation and their loved ones, the grieving families of the departed and the health professionals.

Some mental health professionals were reassigned to other non-mental health wards and teams to aid in the fight against COVID-19.

Mental health outpatient facilities

The Health Ministry, through the Ghana Health Service and its other agencies, is progressively integrating mental healthcare into primary healthcare, thus, all Regional and District Hospitals, other hospitals, clinics, some health centres, Community-based Health Planning and Service (CHPS) compound and private facilities have mental health outpatient units. There are 423 outpatient mental health facilities available in the country, of which none is entirely for children and adolescents only. However, the mental hospitals and teaching hospitals have days dedicated to child and adolescent mental health outpatient services.

In 2020, 49,635 service users (161 users per 100,000 general population) were treated in these outpatient units and they were primarily diagnosed with schizophrenia (37%), and mood [affective] disorders (13%). 60% were female and 11% were children or adolescents. The other diagnoses recorded included mental and behavioural disorders due to psychoactive substance use (9%) and mental and behavioural disorders due to substance use disorders. The average number of contacts per user was 3.41.

All of the facilities provided clinic-based follow-up care, while 97% of the facilities provide mental health mobile teams services. The teams scout for new cases in the community, educate the carers of service users, ensure adherence to treatment regimen and initiate treatment at home if necessary.

In terms of available interventions, 51-80% of users received one or more psychosocial intervention in that year. 55% percent of mental health outpatient facilities had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a near-by pharmacy all year round. Many private pharmacies in remote districts do not invest in psychotropics as many users may not be able to afford them.

Day treatment facilities

There are two day-treatment facilities available in the country: the Shekhinah clinic in the Northern region and the Damien centre in the Western region. Both facilities provide services to adult clients only and treat 1 service user per 100,000 general population, 63% of whom are female.

The Shekinah clinic is a private facility which runs on international and local donor support and operates according to the charity model of disability. The facility is open to the destitute and provides other health services for free. Service users are not restricted in their movements and can leave the facility unhindered. All the staff are volunteers, some of whom were once clients of the facility. On average, users spend 18 days in the facility.

The Damien Centre, a private facility built by the Catholic Church to provide leisure activities, occupational therapy, pastoral counselling and mental health outpatient services during the day has been running only outpatient mental health services in recent years due to inadequate capital and limited human resource.

Community-based psychiatric inpatient units

Ghana has 10 community-based psychiatric inpatient units available for a total of 0.43 beds per 100,000 population (133 beds). Five facilities are government administered, located in the Accra (the capital city), Kumasi, Koforidua, Sunyani and Ho respectively, offering a total of 73 beds. Two of the private-own facilities are in Accra and three in Kumasi, with a total bed capacity of 60.

The Tamale Teaching Hospital in the Northern region is planning to renovate a 10-bed capacity ward in the near future to offer inpatient mental services.

The Ghana Health Service, Christian Health Association of Ghana and some Ghana Association of Quasi Government Health and private facilities allocate a bed or two in their inpatient facilities to service users when the need arises, and these beds are referred to as “virtual beds”.

None of the beds in community-based inpatient units is reserved for children and adolescents only but whenever the need arises, one is set aside for such a purpose.

53% of admissions to community-based psychiatric inpatient units were female and 5% children/adolescents.

The diagnoses on admission were primarily from the following two diagnostic groups: schizophrenia, schizotypal and delusional disorders (39%) and mood disorders (15%).

On average patients spend 14.07 days per discharge. Almost all (81-100%) patients in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year.

All of community-based psychiatric inpatient units had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility. Documentation of voluntary/ involuntary patient was inconsistently done.

Community residential facilities

The Cheshire Home and Brottier House, both situated in Kumasi, are the 2 community residential facilities available in the country for a total of 0.21 beds/places per 100,000 population. Both were established by non-governmental organizations and operate on donor support. Forty-Seven percent (47%) of users treated in community residential facilities are female.

The number of users in community residential facilities is 97 (0.31 per 100,000 population) and the average number of days spent in community residential facilities is 290.

The Cheshire Home rehabilitates and reintegrates adult service users of the age range of 18-55 years into the community. Service users stay for between 9 to 18 months and undergo guidance and counselling, occupational therapy and other religious activities. Users who were once resident in the facility visit for a refill of their prescriptions.

The facility serves as a learning/internship site to medical student from the Kwame Nkrumah University of Science and Technology School of Medical and Dental Sciences, physician assistants and Community Mental Health Officers from the Kintampo College of Health, and student nurses from nearby schools during their mental health rotation.

Mental hospitals

The country has 3 mental hospitals available in the country for a total of 1171 beds (3.8 beds per 100,000 population). Two are located in the capital city and the other in the Central region. Each facility is organizationally integrated with a mental health outpatient facility and a drug rehabilitation unit. Land has been demarcated for the construction of addition 2 mental hospitals scheduled to begin within the next two years. The Accra Psychiatric Hospital is the only mental hospital which has a ward dedicated to children and adolescents with 15 beds.

The number of beds has increased by 150 in the last five years. Accra Psychiatric Hospital recorded no change in number of beds while Ankaful Psychiatric Hospital and Pantang Hospital recorded an increase of 14 and 136 respectively. The range of services offered in the largest mental hospital, Pantang Hospital, has seen a significant increase in variation, as it now offers surgical, ophthalmic, dental, obstetric and medical services to the general public.

Patients admitted to mental hospitals in Ghana belong primarily to the following three diagnostic groups: mental and behavioural disorders due to substance use (42%), schizophrenia (34%) and mood disorders (16%). In the year 2020, 1928 (6.26 rate per 100,000 population) service users were attended to, 30% of whom were female and 1% children and adolescents.

The average number of days spent in mental hospitals is 105. Records of the duration of stay was inadequately kept but based on data from the Accra and Ankaful Psychiatric Hospitals, 66% of patients spend less than one year, 4% of patients spend 1-4 years, 2% of patients spend 5-10 years, and 28% of patients spend more than 10 years in mental hospitals.

In the last year, 51-80% of patients in mental hospitals received one or more psychosocial interventions. In 2020, an estimated 11-20% of patients were restrained or secluded.

All of mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Forensic and other residential facilities

Ghana does not have a forensic mental health facility but a total of 60 (0.19 per 100,00 population) beds were counted for persons with mental disorders in the forensic inpatient unit of the Accra Psychiatric Hospital. This figure represents 5% of the beds across the three mental hospitals. The unit provides treatment to persons who were found to be mentally ill before conviction, service users in prison requiring inpatient management and those ordered by the court to be committed to treatment. Some service users have remained in this unit for well over two decades after treatment as the criminal justice system may not follow up on the case, resulting in over congestion. The other mental hospitals and community-based inpatient units are able to provide similar services but do not have dedicated beds for this purpose.

There are 316 beds in facilities specifically for people with substance abuse problems, examples of which include The Serenity Place, Compassion Rehab Centre, House of St. Francis Clinic, Pantang Drug Treatment and Rehabilitation Centre, WellCare Ghana, Wellness Centre, Redemption Place, Hope Sobriety Home, Peep-Ters Extension Institute, New Hope Rehab Centre, Willing way foundation, Brain clinic and Ankaful Drug Rehabilitation Centre. Services provided include, but are not limited to, detoxification programme, individual and family counselling, 12-step recovery programme, religion-based recovery, art therapy and other forms of psychotherapy.

A catholic missions facility called Nazareth Home for God's children is a facility in the Mion district of the Northern region which rescues children with serve mental and neurological disorders who have been labelled as witches/cursed and abandoned by their families.

The country has 19 orphanages and 39 special schools which provide care and, in some cases, accommodate for children and adolescents with mental and neurological disorders.

Complimentary/Alternative/Traditional Facilities

Many service users in Ghana are reported to visit traditional healer or other faith-based centre before or during their treatment in the allopathic treatment centres. There is a total of 1,705 of such facilities nationwide. The Mental Health Act 2012 mandates the Authority to regulate the practices of non-orthodox healers in mental health delivery. In 2018, the Mental Health Authority developed guidelines for Traditional and Faith-based (TFB) healers in mental health practice to ensure the respect for dignity and human rights of service users. Some highlights of the document include the need to provide appreciably good accommodation for inpatient services, safety and security, provision of decent food and clothing, abolishment of chaining and caging, ban on human right violations such as forced confessions, flogging, starving and forced marriage, and training of practitioners by the Authority through the mental health coordinators.

A Visiting Committee may visit a facility with or without prior notification and offenders be made to face the law. The Authority collaborates with the Traditional Medicine Practitioners Council (TMPC) to regulate the activities of the Traditional and Faith-based healers. However, the Authority has been restricted in carrying out its regulatory function effectively due to limited funds and other resources.

Leaders of these TFB facilities have no official training in how to make ICD or DSM diagnosis of mental disorders and no official mental health prevalence studies have been conducted on users who patronize these facilities. There were no official records at most facilities visited nationwide. Human right abuses have been reported to occur at some facilities, ranging from physical, emotional and sexual abuse to neglect.

In the Northern, Savannah and North-East regions of the country, a total of 378 such facilities were counted. 94% had male owners/ healers. Most of the Traditional/ Faith-based healers had no formal education (69%) while 5% had tertiary education.

The most frequent form of treatment used was 'herbal only' (60% of facilities) while 22% used only spiritual/ prayer treatments. Interestingly, 18% included orthodox treatment to their traditional/ faith-based healing method although they had no legal backing to do so.

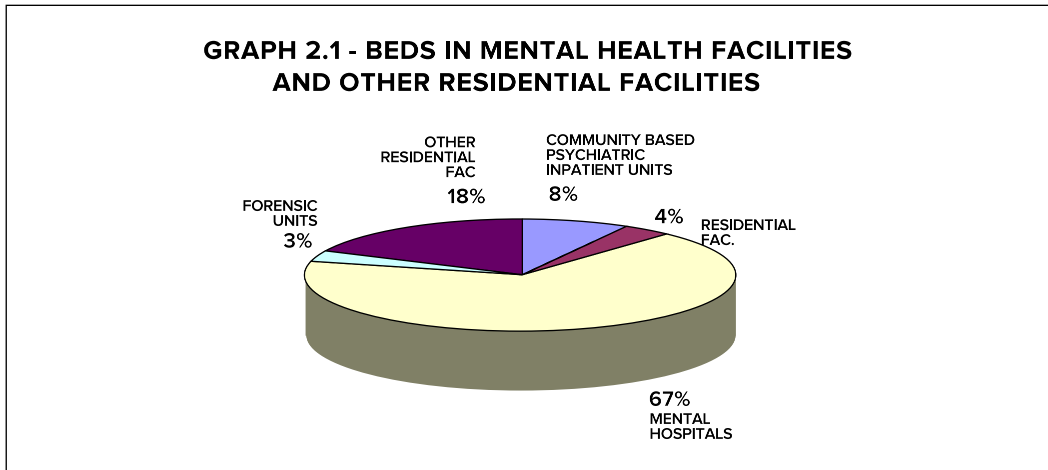
Some of the leaders expressed a desire to have some support from mental health and other healthcare professionals.

Human Rights and Equity

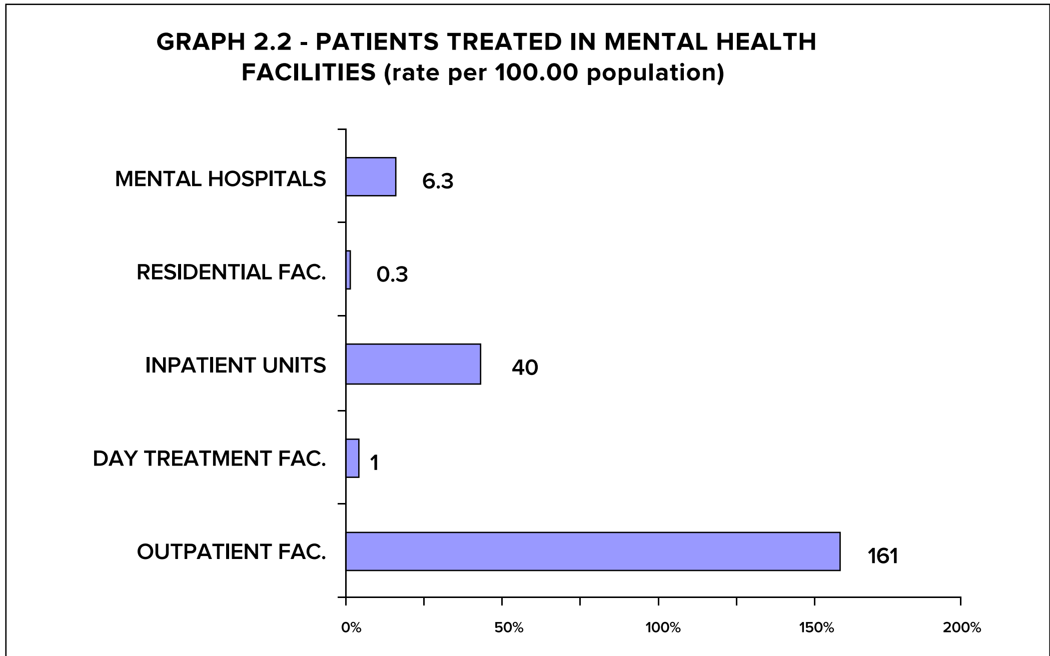
It is estimated that 25% of all admissions to mental hospitals are involuntary. While a figure could not be estimated in community-based inpatient psychiatric units due to the poor quality of record keeping in many such facilities, it is estimated that between 11-20 percent of patients were restrained or secluded at least once within the last year in community-based psychiatric inpatient units. This is similar to the situation observed in mental hospitals.

The density of psychiatric beds in or around the largest city is 4.42 times greater than the density of beds in the entire country. Such a distribution of beds prevents access for rural users. Attempts are being made to reduce this disproportionate distribution in the country.

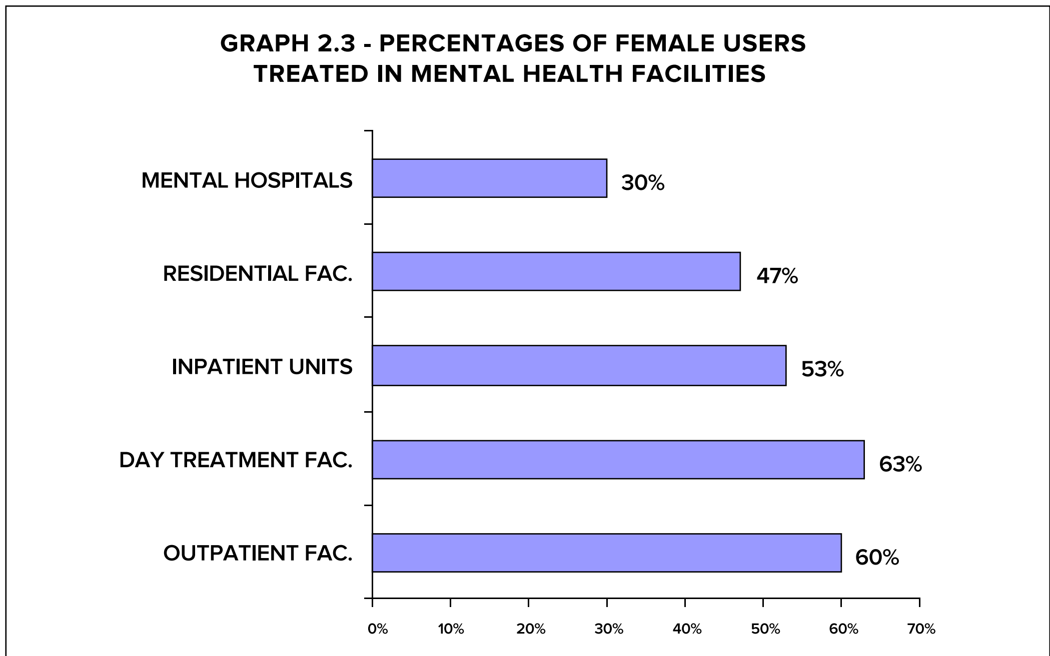
Access to mental health services is independent of the ethnicity or religion of a service user. There is, however, no special provision made for persons with hearing or vision impairment or for other minority linguistic users and this is not an issue in the country since often, a relative of the service user or an employee at the facility will be available to help address the communication barrier.



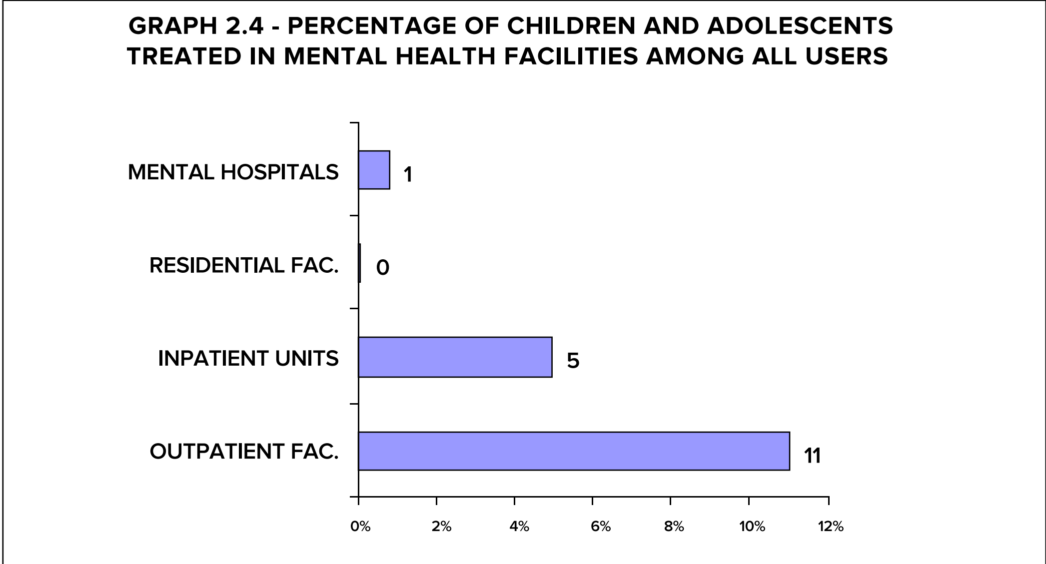
Majority of beds in the country are provided by mental hospitals, followed by other residential units.



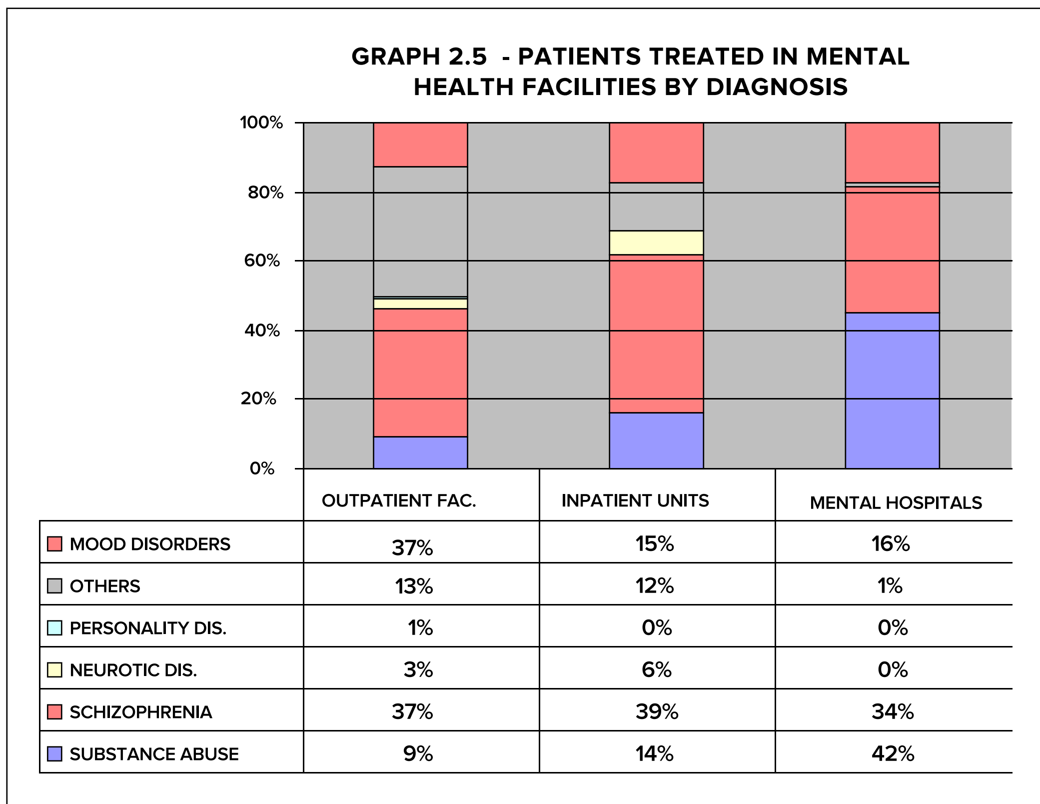
Majority of the users are treated in outpatient facilities, while the day treatment facilities and residential facilities reported the least figures



The proportion of female users is highest in day treatment facilities and lowest in mental hospitals.

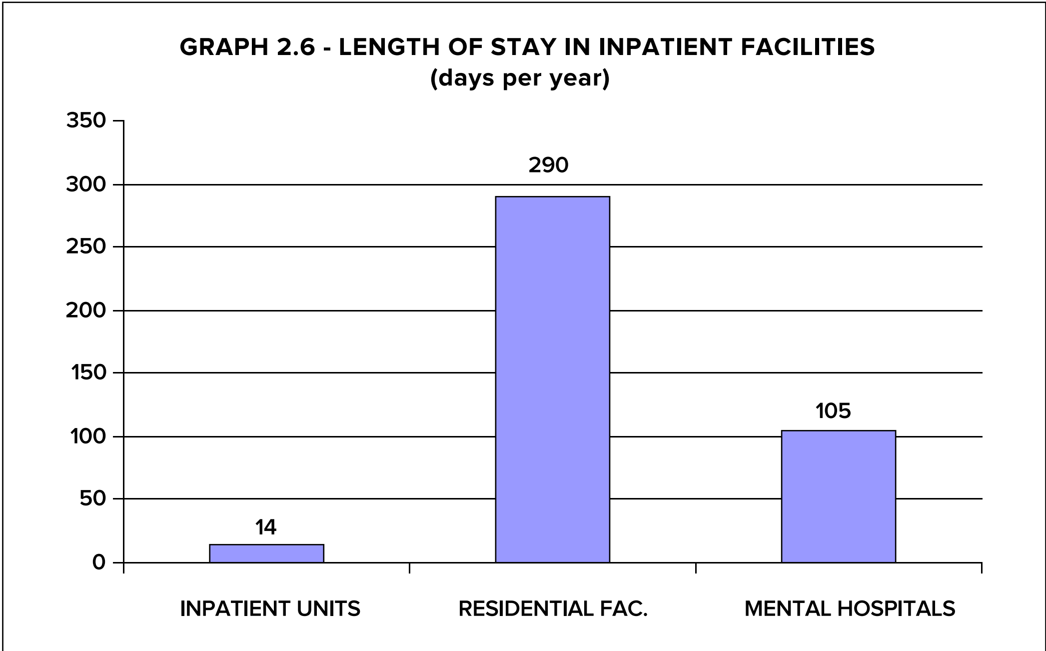


The percentage of users that are children and/or adolescents varies substantially from facility to facility. The proportion of children users is highest in mental health outpatient facilities and lowest in mental hospitals.

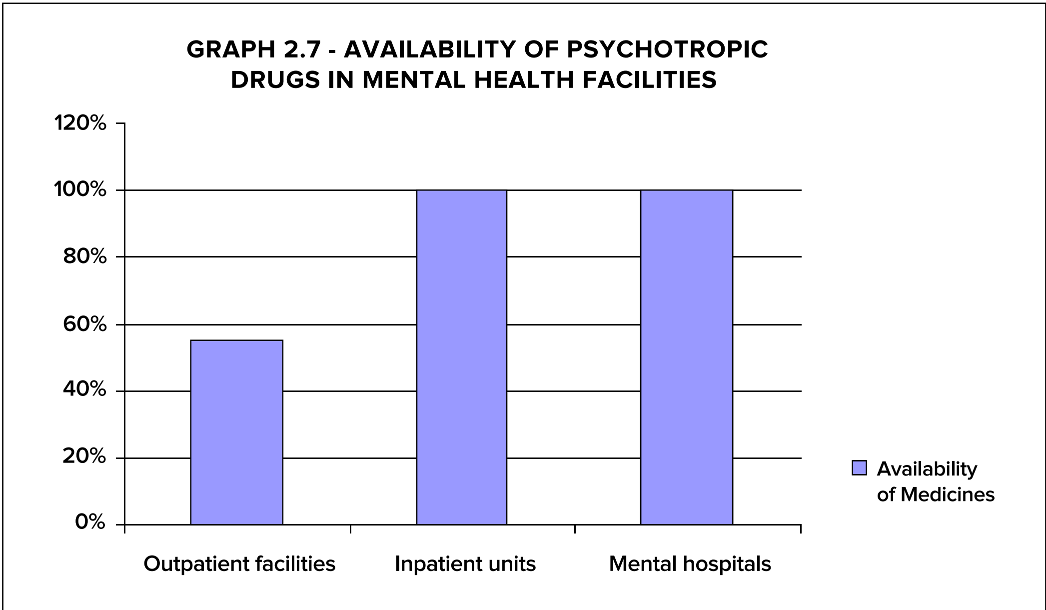


	OUTPATIENT FAC.	INPATIENT UNITS	MENTAL HOSPITALS
MOOD DISORDERS	37%	15%	16%
OTHERS	13%	12%	1%
PERSONALITY DIS.	1%	0%	0%
NEUROTIC DIS.	3%	6%	0%
SCHIZOPHRENIA	37%	39%	34%
SUBSTANCE ABUSE	9%	14%	42%

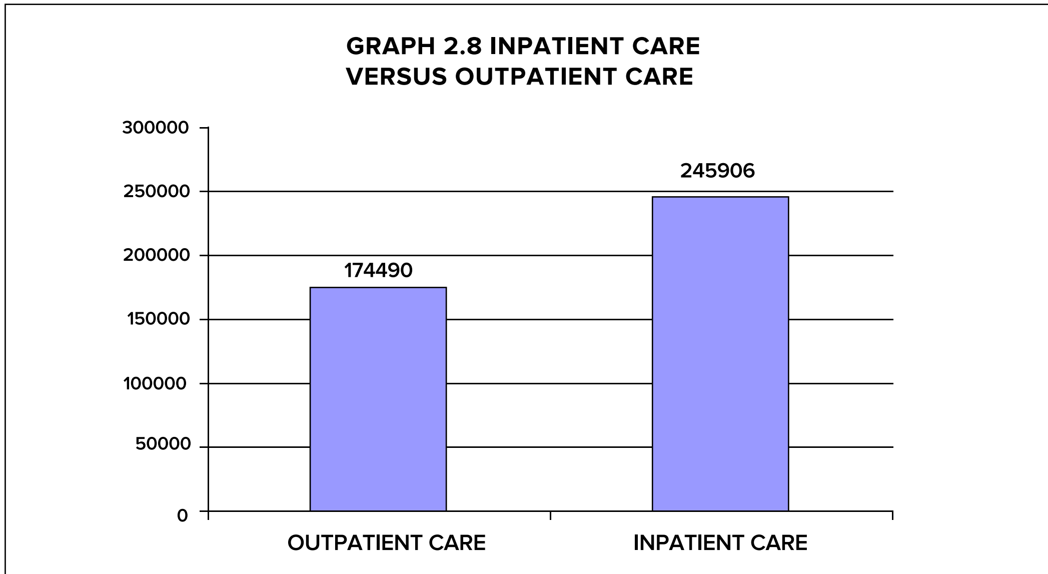
The distribution of diagnoses varies across facilities: in outpatient facilities schizophrenia and other disorders are most prevalent, within in-inpatient units, schizophrenia and affective disorders diagnoses are most common, and in mental hospitals substance use and schizophrenia are most frequent.



The longest length of stay for users is in community residential facilities, followed by mental hospitals and then community-based psychiatric inpatient units.



Psychotropic drugs are mostly widely available in mental hospitals and inpatient units, and then outpatient mental health facilities.



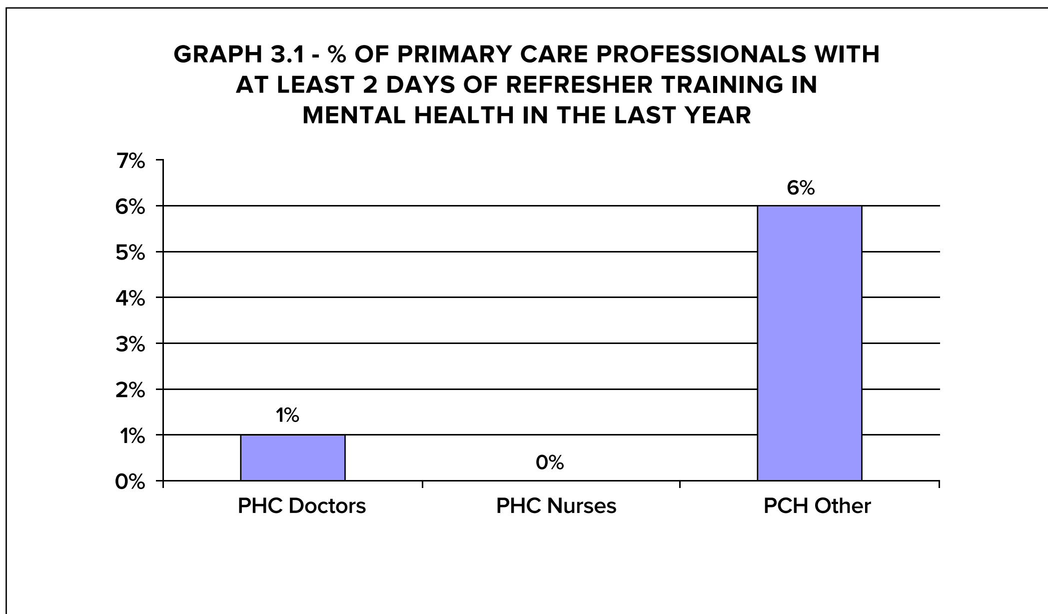
The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals, residential facilities and general hospital units) in an indicator of extent of community care. In this country, the ratio is 1:1.4.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

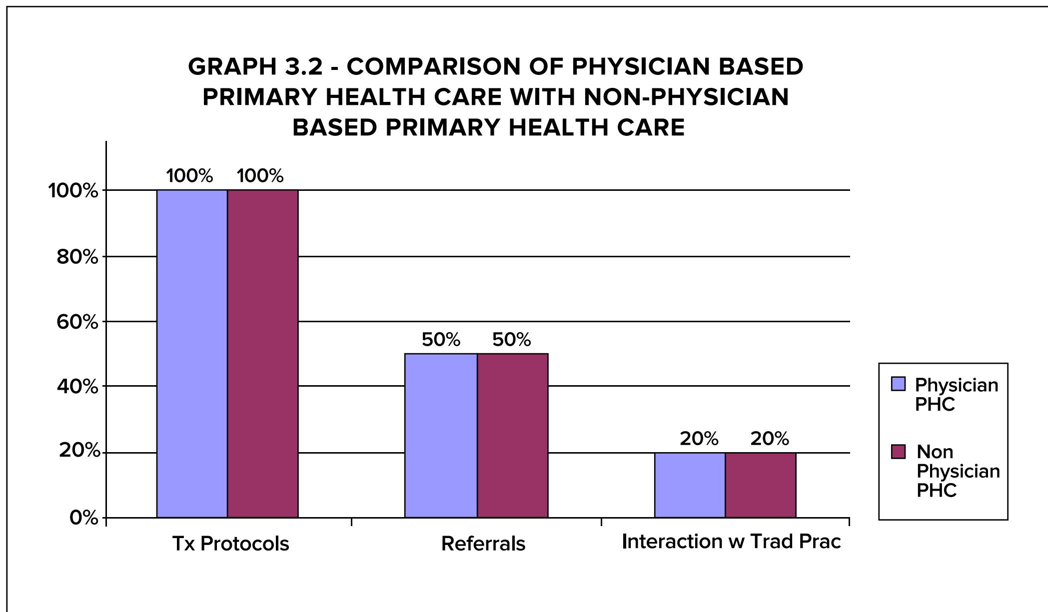
Six percent (6%) of the training curriculum for medical doctors is devoted to mental health, in comparison to 8% State Registered Nurses (SNR) and 3% physician assistants.

The Ghana Health Service with support from WHO organized comprehensive 6-day mental health refresher training sessions (mhGAP), targeted at primary healthcare providers in each region in 2020. One percent (1%) of primary health care doctors, less than 1% of nurses and 6% of physician assistants participated fully. The Psychiatry Faculty of Ghana College of Physicians and Surgeons and the Psychiatric Association of Ghana and the Ghana Psychological Association held numerous refresher sessions online and in person sessions as continuous professional development for health professionals in the country



Mental health in primary health care

Both physician-based primary health care (PHC) and non-physician based PHC clinics are present in the country. The Ministry of Health's Standard Treatment Guideline (STG) and the WHO Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) are the assessment and treatment protocols for key mental health conditions available in the country. Both texts are freely accessible online while hardcopies of the STG are made available in almost all health facilities in the country. However, the accurate utilization of these books cannot be ascertained. All the health care professionals who were trained in mhGAP in 2020 were each given a printed copy of the intervention guide, and these were being used at the respective facilities during a supportive supervision process carried out three months after the training.



An estimated 21-50% of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. Records of such referrals could not be readily found in many instances because only verbal instructions were given to direct the service user to the mental unit as the mental health professional may be in the same facility as the referring physician.

Due to the integration of mental health service provision into the general primary health care system, most cases are managed at that level, necessitating the referral of severe or high-risk associated cases only to a higher level of care. As a result, it is estimated that 51-80% of primary care doctors have interacted with a mental health professional at least once in the last year.

A majority of complimentary/alternative/traditional practitioner are not officially registered in the health care system of the country, although they are the first point of call for many service users during the onset of symptoms. Steps have been taken by the Mental Health Authority to educate this category of service providers on humane practices, identification of common symptoms and the need for early referral and collaboration with the allopathic health care providers. The measure of the level of interaction the PHC health professionals have had with complimentary/alternative/traditional practitioner is yet to be determined as there are no physical records in either set of facilities. Some mental health prescribers from mental hospitals do, though seldomly, visit nearby complimentary/alternative/traditional facilities to screen and support service users with medication and other psychosocial interventions. These collaborative efforts were often appreciated by the complimentary/alternative/traditional practitioners. However, the COVID-19 pandemic made these visits even fewer in 2020.

Prescription in primary health care

Primary healthcare doctors, nurses and physician assistants are allowed to prescribe psychotropic medications but with some restriction. Mental health refresher courses (mhGAP and other shorter courses help online and in person) are organized nationwide to empower prescribers with the required knowledge to administer first line treatment to persons with mental illness and psychiatric emergencies. Medications are usually prescribed in consultation with a psychiatrist or other mental health prescriber.

Regarding the availability of psychotropic medicines, 51-80% of physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) in comparison to 21-50% of non-physician-based facilities.

Domain 4: Human Resources

Number of human resources in mental health care

The total number of human resources working in mental health facilities or private practice per 100,000 population is 10.32. The breakdown according to profession is as follows: 39 Psychiatrist, 49 other Medical Doctors (not specialized in psychiatry), 2463 Registered Mental Health Nurses (RMN), 244 Psychologists, 362 Social Workers, 52 Occupational Therapists, 561 Community Mental Health Officers (CMHO) and 35 Clinical Psychiatric Officers (CPO), 1 Art Therapist, 742 Other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counsellors).

Almost all (95%) of psychiatrists work for both government-administered mental health facilities and NGOs/for profit mental health facilities/private practice.

Ninety-seven percent (97%) of psychologists, social workers, nurses and occupational therapists work only for government administered mental health facilities, 1% work only for NGOs/for profit mental health facilities/private practice, while 2% work for both sectors.

Regarding the workplace, all psychiatrists in clinical practice work in mental hospitals or community-based mental health inpatient unit. These facilities are institutionally integrated with a mental health outpatient facility.

Sixteen (16) (0.12 per bed) of them work in community-based psychiatric inpatient units and 15 (0.01 per bed) in mental hospitals. Nine (9) (0.07 per bed) other medical doctors, not specialized in mental health, in community-based psychiatric inpatient units and 40 (0.03) in mental hospitals.

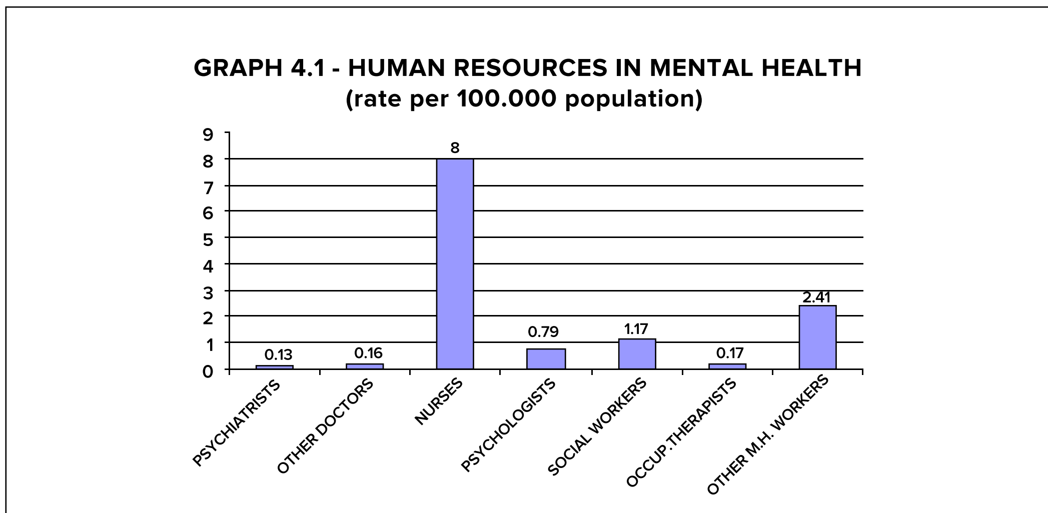
1414 of the Registered Mental Health Nurses work in outpatient facilities, 85 (0.64 per bed) in community-based psychiatric inpatient units and 937 (0.80 per bed) in mental hospitals. 87 psychosocial staff (psychologists, social workers and occupational therapists) work in outpatient facilities, 19 (0.14 per bed) in community-based psychiatric inpatient units and 21 (0.02 per bed) in mental hospitals.

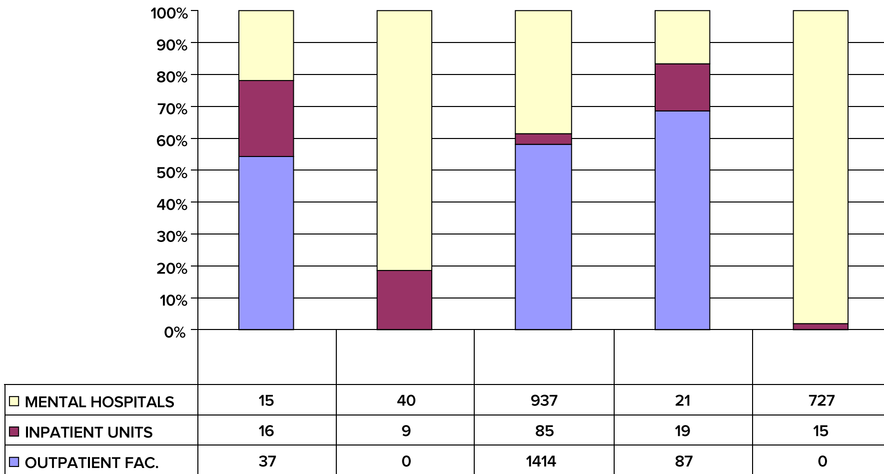
As regards to other health or mental health workers, 15 (0.11 per bed) in community-based psychiatric inpatient units and 727 (0.62 per bed) in mental hospitals.

In terms of staffing in mental health facilities, there are 0.23 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.01 psychiatrists per bed in mental hospitals. There are 1.20 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.80 per bed in mental hospitals.

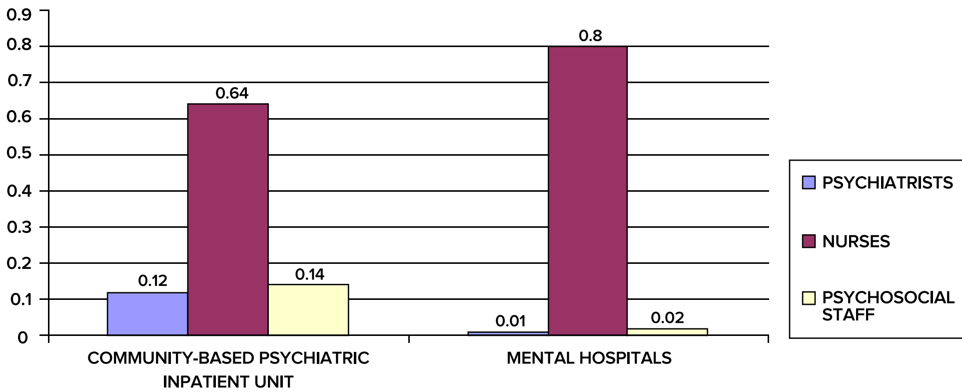
Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), there are 0.25 per bed for community-based psychiatric inpatient units, and 0.64 per bed in mental hospitals.

The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is 4.11 times greater than the density of psychiatrists in the entire country while the density of nurses is 1.70 times greater in the largest city than the entire country.



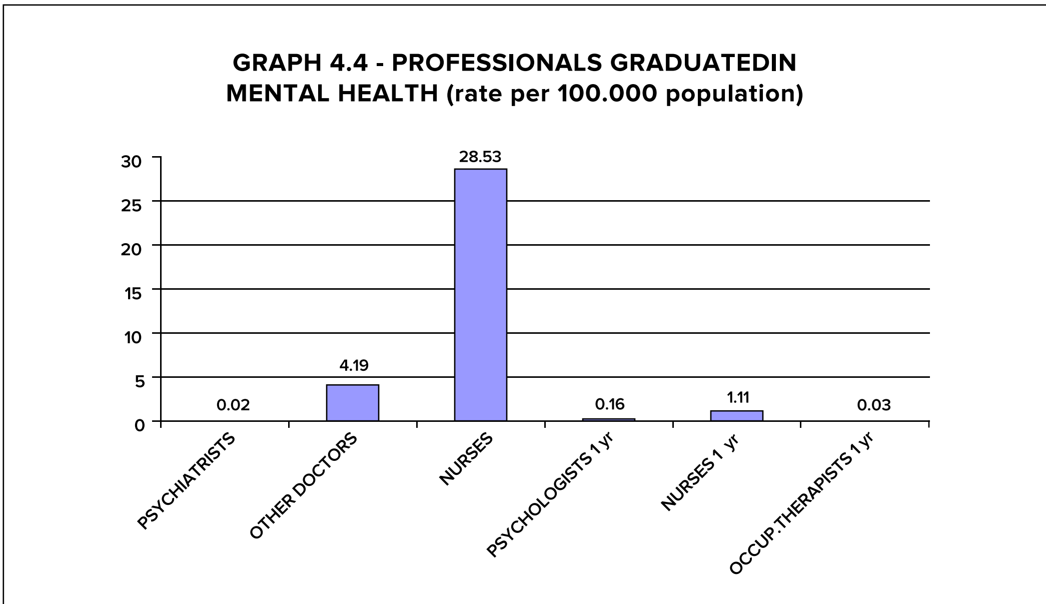


MENTAL HOSPITALS	15	40	937	21	727
INPATIENT UNITS	16	9	85	19	15
OUTPATIENT FAC.	37	0	1414	87	0

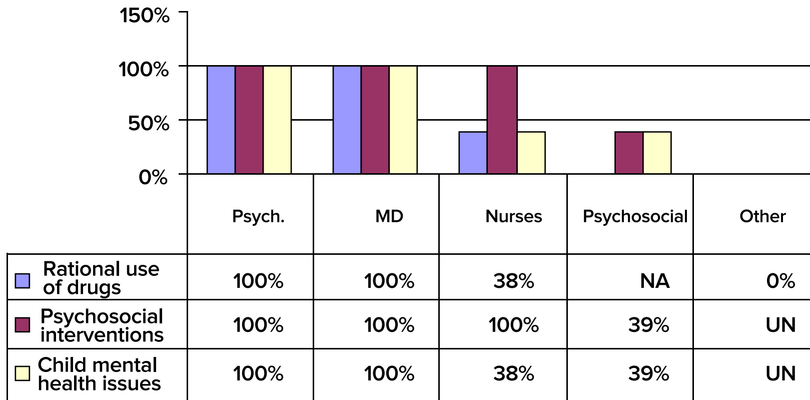


Training professionals in mental health

The Covid-19 pandemic resulted in a halt in many training activities in 2020 and a resumption the following year. The number of professionals that graduated that year in academic and educational institutions per 100,000 is as follows: medical doctors (not specialized in psychiatry) 1290 (4.19 per 100,000 population), nurses (not specialized in psychiatry) , 8788 (28.53 per 100,000 population), psychiatrists, 5 (0.20 per 100,000 population) psychologists with at least 1 year training in mental health care, 50 (0.16 per 100,000 population) nurses with at least 1 year training in mental health care, 343 (1.11 per 100,000 population) and occupational therapists 8 (0.03 per 100,000 population). 1-20% of psychiatrists emigrated to other countries within five years of the completion of their training.



GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE PAST YEAR



	Psych.	MD	Nurses	Psychosocial	Other
Rational use of drugs	100%	100%	38%	NA	0%
Psychosocial interventions	100%	100%	100%	39%	UN
Child mental health issues	100%	100%	38%	39%	UN

Psych = psychiatrists; MD =other medical doctors not specialized in psychiatry; psychosocial staff = psychologists, social workers, and occupational therapists. Others = other health and mental health workers

Consumer and family associations

There is an unspecified number of users/consumers and family members that are members of consumer associations, and family associations. Records of many of these associations were non-existent or incomplete.

There is a growing number of mental health consumer associations/NGOs in Ghana. These include: Alcoholics Anonymous, Alzheimer's Association of Ghana, Autism Awareness Centre, Basic Needs-Ghana, Care & Action for Mental Health in Africa, Centre for People's Empowerment for Right Initiatives, Country Alliance for Mental Illness (CAMI),Friends of Mental Health, Ghana Mental Health Association, Ghana Organisation against Foetal Alcohol Syndrome (GOFAS), Ghana Somubi Dwumadie, Gub-Katimali Society, Hope for the Future Generations, Human Rights Advocacy Centre, Mensah Mental Health Rehabilitation Project, Mental Health and Well-being Foundation, Mental Health Society of Ghana (MEHSOG), MindFreedom, Mission of Hope Society (MIHOSO), Passion for Total Care, Psychomental Health International, Rights and Rehabilitation Ghana, Ta-Excel Foundation, The Epilepsy Association, The Epilepsy Society, Total Life Enhancement Centre Ghana (TOLEC GH), Voice Ghana, World Vision, among others.

The most prominent nationwide is BasicNeeds-Ghana which supports mental health advocacy, promotion and awareness creation, capacity building for both mental and non-mental health practitioners and traditional and faith-based healers, research, rehabilitation, provision of medications to facilities, livelihood support for service users and their care supporters, lobbying to influence policy development and implementation.

The government does not provide economic support for either consumer or family associations.

Domain 5: Public education and links with other sectors

Public education and awareness campaigns on mental health

The Health Promotion and the Communications Units of the Mental Health Authority oversee public education and awareness campaigns on mental health and mental conditions. The units develop strategies and ensure good standard in such campaigns. They often partner with NGOs, media houses and other ministries in developing campaigns which are targeted at the general population, children, adolescents, women, trauma survivors, the elderly. The Mental Health Authority has established a mental health hotline to help in suicide prevention, provide mental health first aid to people before and during the COVIC-19 pandemic. During the pandemic the authority was innovative in its quest to reach out to as many who needed mental health information and support in coping with losses, fears, abuse, loneliness and economic hardships. Their presence on social media, print, broadcast and outdoor media was acknowledged all over the country and was highly welcomed.

The Mental Health Authority in partnership with NGOs such as BasicNeeds-Ghana, Mental Health Foundation of Ghana, Mental Health Society of Ghana, Alliance for Mental Health and Development, led campaigns which aided in great achievements such as the approval and implementation of the Legislative Instrument of the Mental Health Act and the promotion of the rights of persons with mental illness and psychosocial disabilities. Professional associations (Psychiatric Association of Ghana, Ghana Psychological Association) and partners such as Janssen Pharmaceuticals, private trusts and foundations, international agencies such as the Foreign Commonwealth Development Office and WHO have promoted public education and awareness campaigns in the last five years.

In addition, there have been public education and awareness campaigns targeting professional groups including health care providers (allopathic), traditional and faith-based healers, teachers, the police, the judiciary, leaders and politicians over the past 5 years.

Legislative and financial provisions for persons with mental disorders

There is legislative provision to prevent an employer from terminating the employment of a worker on the grounds of present or past mental disorder or while the worker is receiving treatment for mental illness. There however is no legislation or financial provisions concerning the obligation of employers to hire a certain percentage of employees that are disabled; protection from lower wages solely on account of mental disorder; priority in state housing and in subsidized housing schemes for people with severe mental disorders; protection from discrimination in allocation of housing for people with severe mental disorders.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the Mental Health Authority and the Ministries and agencies responsible for primary health care/ community health, HIV/AIDS, reproductive health, child and adolescent health, education, substance abuse, child protection, education, and criminal justice.

In terms of support for child and adolescent health, 21-50% of primary and secondary schools have school-based activities to promote mental health and prevent mental disorders. However, there was no available data to indicate the number of schools that had employed mental health staff or had in place, a school mental health assistance programme to address the mental health needs of the pupils/ students and teachers although this exists in few schools. The Ghana Education Service (GES) plans to introduce the GES Re-entry policy which will ensure the provision of psychosocial support for teenagers who drop out of school as a result of pregnancy and desire to return to school.

The was no available data on prisoners with psychosis or other mental conditions. Prisoners who are service users are accompanied by prison officers to access mental health service from health facilities outside the prisons.

The Authority undertook Mental Health Act awareness campaigns among the police, judges and lawyers to educate them on the content of the Act and their roles in achieving the purposes of the act in the country. There have also been campaigns among these group of professionals towards the decriminalization of suicide in Ghana. There are no forensic psychologists or forensic psychiatrist in the country but when suspects before the court are seen to have severe symptoms, they are issued a court order for a mental health assessment and treatment.

Finally, persons with mental and psychosocial disabilities are able to register under the National Health Insurance Scheme for free as part of the government sponsored disability benefits. This helps reduce the cost involved in receiving treatment for physical illnesses.

Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. The Health Ministry has created an online platform called the District Health Information Management System into which all health facilities are to enter data periodically. Data to be entered include but not limited to, number of beds, number of new cases, number of patient contacts, various diagnoses of clients, types of admissions, involuntary/ voluntary patients, use of restraints and seclusion, gender, age and duration of admission. However, during the data collection phase of this research, it was noted that the quality of data entered by a lot of facilities was not up to standard and in some regions, only a handful of facilities entered information into the system consistently. In some situations, it was noted that the data captured in the system did not match the information in the records books. Steps are being taken to address this situation and to increase the awareness and utilization of this system to make data collection easier for research which will inform policy and interventions.

The government health department received data from all mental hospitals, 70% of community-based psychiatric inpatient units, and all public mental health outpatient facilities. However, the quality of the data submitted by some facilities cannot be fully guaranteed.

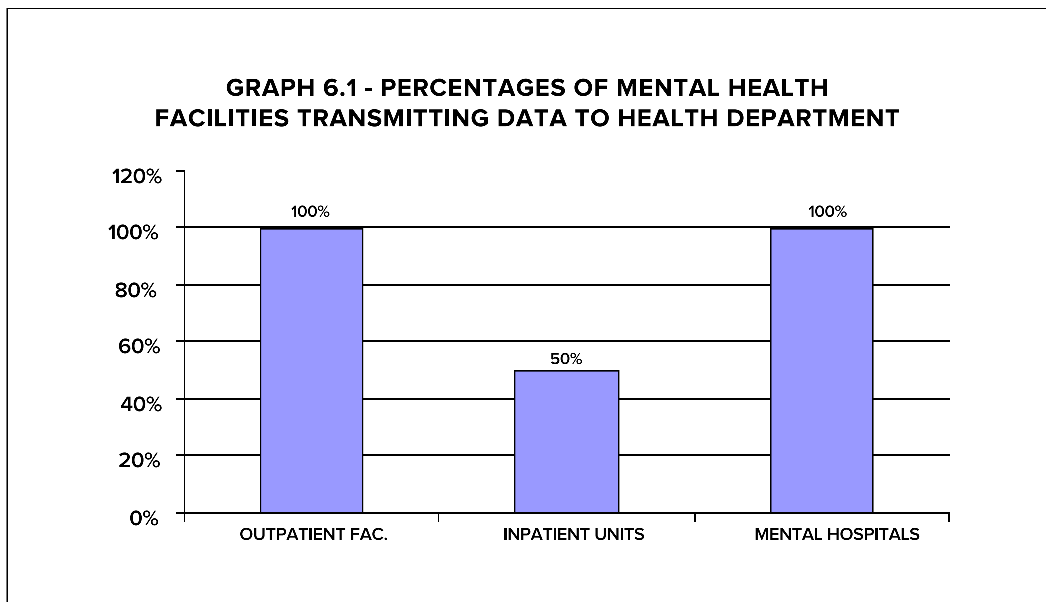
Based on this data, annual reports are published by the various agencies of the Health Ministry which included comments on the data.

In terms of research, 7% of all health publications in the country were on mental health.

The research focused on epidemiological studies in community and clinical samples, non-epidemiological clinical/questionnaire assessment of mental disorders, service research, biology, policy, programmes and financing/ economy, psychosocial/ psychotherapeutic interventions and pharmacological and electroconvulsive interventions.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

TYPE OF INFORMATION COMPILED	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FACILITIES
N° of beds	100%	100%	NA
N° inpatient admissions/users treated in outpatient facilities	100%	100%	48%
N° of days spent/user contacts in outpatient facilities.	100%	100%	100%
N° of involuntary admissions	100%	40%	NA
N° of users restrained	100%	40%	NA
Diagnoses	100%	40%	100%



Strengths and Weaknesses of the Mental Health System in Ghana

Strengths

The main strengths of the mental health system of Ghana include the enactment of the Mental Health Act 2012 (Act 846), which established the Mental Health Authority to perform the task of regulation and service delivery in mental healthcare. Mental health activities have since been better coordinated by the Board of the Authority resulting in major achievements in the past decade. There has been a focus on community mental healthcare and human rights and less on institutionalized care. Seven years after the passage of the Act, the Mental Health Regulations 2019 (L.I. 2385) was and passed and contains the implementation procedures for the Mental Health Act. Other strengths of the mental health system include the following:

Strengths of domain 1: Policy and Legislative Framework

- The Board of the Mental Health Authority revised the mental health policy in 2019 to cover a 12-year period and sets out the new and improved direction in the quality of mental healthcare of the population. The policy maps out the framework for its implementation.
- There is an updated essential medicines list which contains medications from all categories of psychotropics.
- There is a Mental Health Strategic Plan (2019-2022) which has specific targets, budget and timelines which provides details on the implementation of summarized strategies in the Mental Health Policy.
- Although there is no official emergency/ disaster preparedness plan, numerous efforts have been made to ensure survivors of disaster get the needed mental health support whenever the need arises.
- There is a Legislative instrument in existence, and it contains implementation procedures for components of the Mental Health Act 2012.
- The task of mental health financing is not borne by the government alone but is supported by NGOs and international and local donor support.
- A national human rights review bodies exist to ensure that the rights of service users are upheld in all treatment facilities nationwide.
- The Quality Rights initiative Ghana has provided the much-needed awareness of the human rights of service users through online and in person training programmes.
- A Mental Health Fund has been established to cater for the cost of mental health services in the country although the Fund is yet to be adequately resourced for this purpose.

Strengths of domain 2: Mental Health Services

- The Board of the Mental Health Authority provides advise to the government on mental health policies and legislation.
- Mental health services are organized in catchment areas with Regional and District mental health coordinators appointed as focal persons in the areas. This ensures an equitable distribution and monitoring of mental health services.
- Mental health services are provided by both government and private facilities, and this offers a variety of mental health services. The Mental Health Authority oversees service provision in the mental hospitals while Ghana Health Service and the other agencies provide services in the other facilities.
- The focus of the country has been more on community mental healthcare as compared to institutionalized care, resulting in a gradual downsizing of mental hospitals.
- The Mental Health Authority has guidelines for the regulation of the mental health practices of Traditional and Faith-based facilities. The document seeks to end the human right abuses and streamline mental health practices in these facilities. Leaders of these facilities are given continuous mental health and human rights training.
- The Mental Health Authority is using a collaborative approach in improving mental health practices in traditional and faith-based facilities and allopathic treatment facilities.
- Online platforms for mental health service delivery now exist in some facilities to improve access of service users to specialized care and for consultation among service providers.
- Mental health services have been integrated in primary healthcare nationwide leading to increased distribution of mental health services.
- Mental health home visit teams are an important component of the service system that aid in case-finding, adherence to treatment and mental health education in the community, bringing services to the doorstep of the citizenry.
- All community-based mental health inpatient facilities have psychotropics available or in nearby pharmacies throughout the year.

Strengths of domain 3: Mental Health in Primary Health Care

- Some primary healthcare facilities provide basic mental health services even in the absence of mental health staff as a result of the participation of the healthcare providers participating in the mhGAP training.
- Mental health assessment and treatment protocols are available online and in some health facilities. Primary healthcare prescribers are allowed to prescribe psychotropics but with some restriction.

Strengths of domain 4: Human Resources

- There is easily accessible training on human rights for mental healthcare workers both online and in person.
- Many refresher courses are organized for the staff of mental hospitals and community based mental health in-patient facilities to ensure continuous knowledge sharing.
- There are numerous consumer associations and NGOs contributing significantly to the formation of policies and service delivery.

Strengths of domain 5: Public Education and links with other sectors

- The Mental Health Authority collaborates with many other non-governmental agencies for mental health awareness campaigns, some of which are local and others international.
- There are formal collaborations between Mental Health Authority and other ministries and agencies in activities to promote mental health and prevent mental disorders.

Strengths of domain 6: Monitoring and Research

- TThere is a formal list of data parameters that ought to be collected by all mental health facilities and submitted to the government. The Ministry for Health has an online platform to facilitate this data collection and submission.
- Mental health data available are adequate for research and to inform policy formation.
- Mental health publications are progressively ongoing.

Weaknesses

Mental health has not been a priority area of the government and thus has not seen much investment of the decade. The country's mental health plan has seen little success due to limited funds and resources. Despite all the advocacy, mental health is not covered under the National Health Insurance Scheme and services users often have to purchase medications out of pocket with no form of reimbursement. Mental health services are inequitably distributed (concentrated in Accra and Kumasi), limiting the access of the greater populace. Other weaknesses of the mental health system include the following:

Weaknesses of domain 1: Policy and Legislative Framework

- The level of investment of the government in mental health is very low. About 1.4 % of the expenditure of the Health Ministry is devoted to mental health. This figure is very low as compared to the 4% in other lower-middle income countries.
- The low mental health budget has limited the achievement of goals in the mental health plan.

- The Mental Health Fund is poorly resourced and thus can not cover the cost of mental health services and the other objectives for which it was established.
- There is a no disaster/ emergency mental health preparedness plan document.
- The National Health Insurance Scheme does not cover the cost of treatment of mental disorders.
- Psychotropics are in short supply nationwide so many service users purchase from private pharmacies without any reimbursement.

Weaknesses of Domain 2: Mental Health Services

- Insufficient mental health inpatient facilities in the country, especially in the middle and northern belts limits access for services users who need such services.
- There are few community-based inpatient facilities, some of which are overcrowded
- There are no mental health facilities entirely dedicated to the treatment of children and adolescents. They have to share user adult facilities.
- There are only 2 day-treatment facilities, both poorly resourced.
- Community residential facilities are lacking (only 2 available). The low number of halfway homes in the country increased the patient load on the few available and worsen the burden of service users in need of them as them have to travel long distances to these facilities.
- The 3 mental hospitals are all located in the southern belt of the nation and service users from the middle and northern belts have to travel long distances to access services if need be.
- Only one of the mental hospitals has a children's ward, which is poorly resourced.
- There is no prison mental health facility or a forensic mental health hospital. Only on mental hospital has a forensic unit with. This unit is overcrowded with some patients who have been forgotten by the criminal justice system that ordered their treatment many years ago.
- There are few inpatient drug-rehabilitation units in the country, many of which admit only adult male patients. They are all located in the southern and middle belts only.

- Mental hospitals have large number of patients who have stayed for years and may have been abandoned by their family. The country has limited resources to help service users reintegrate into their communities.
- The use of physical restraints is common in the mental hospitals and other inpatient facilities.
- Human right abuses still occur at Traditional and Faith-based facilities, although there are guidelines to prevent this. Lack of funds and other resources limit the Mental Health Authority in achieving this mandate fully.
- No documented evidence of the efficacy of treatments given at the TFB facilities. Records found in few facilities are of poor quality.
- Involuntary admissions are commonly practices and although there are guidelines to be followed, most facilities are not able to, due to a partial implementation of these guidelines.

Weaknesses of domain 3: Mental Health in Primary Health Care

- Weaknesses of domain 3: Mental Health in Primary Health Care
- The number of hours devoted to mental health courses in the training of health professional is limited and often results in professionals who have limited interest and knowledge in this field.
- Many primary healthcare providers do not use the mental health treatment protocols and rather refer suspected cases to mental health professionals in the facilities.
- The limited resources of the mental health monitoring system make it difficult for the adequate monitoring prescription of psychotropics by primary healthcare providers.
- Medications are of a limited supply in primary healthcare facilities. Service users often need to purchase out of pocket from nearby private pharmacies.

Weaknesses of domain 4: Human Resources

- There is an inadequate mental health human resource, particularly psychiatrists, psychologists, occupational therapist and social workers.
- The country does not have mental health social workers.
- Mental health staff in community based mental health out-patient facilities seldom have refresher courses in mental health.
- The main focus of mental health interventions is medical rather than psychosocial interventions and prevention.
- Few doctors have an interest in specializing in mental health

- There are insufficient incentives for mental healthcare staff despite the challenges they face.

Weaknesses of domain 5: Public Education and links with other sectors

- There is no legislation to oblige employers to hire a certain percentage of employees with disability, protect them from lower wages due to their disability, or prioritized them in state housing and in subsidized housing schemes

Weaknesses of domain 6: Monitoring and Research

- Data submitted to the government's online platform (DHIMS) was found to be partly unreliable and in some cases, did not reflect the real situation in facilities.
- There are few mental health research publications available for Ghana compared to publications on physical health..

Next Steps in Strengthening the Mental Health System

Ghana's mental health system has seen numerous achievements in the past decade although there is a more room for improvement. The solutions to many of the challenges are outlined in the Mental Health Policy (2019-2030) and Mental Health Strategic plan (2019-2022) but there are multiple factors limiting the agencies responsible for mental health from achieving these targets. The following are some strategies targeted at some challenges identified in this study

Next steps-Domain 1: Policy and Legislative Framework

- The cordial relationship between the Government of Ghana, non-governmental organizations and Civil Society Organization facilitates the continuous review of the mental health laws, policies, services and financing.
- The establishment of a Mental Health Levy or other means to feed the Fund will make available to the Authority, the needed funds to execute its objectives. There should be a guideline to ensure judicious use of the funds made available to all mental health institutions. The introduction of sin tax on tobacco and alcohol imported or produced locally to fund mental healthcare is a suggested way to generate needed revenue.
- The Government should increase its health budget and mental health allocation to enable a development of its mental health system. The Mental Health Authority and other stakeholders have numerous plans to implement many of its innovative plans and policies developed over the past decade but are held back by many stumbling blocks which include limited finances, low political

commitment and the failure to appoint the members of the governing board of the Authority. Steps are being taken by the office of the President of the Republic to appoint and inaugurate the members of the Board so the objectives of the Authority can be achieved in due course. This is an essential step which precedes the formation of Visiting Committees and Mental Health Tribunals to ensure the adherence of human right policies and review complaints of abuses in all institutions and facilities that provide care and services to service users.

- Mental health and the treatment of its challenges must be included in the National Health Insurance Scheme (NHIS) coverage. Negotiations are ongoing to include the treatment of some key mental health conditions and psychological conditions on the National Health Insurance Scheme to reduce the financial burden on service users and their loved ones. This integration will provide the necessary boost needed by mental health treatment facilities located nationwide to be prioritized by their respective health directorates and management committees as they will be seen to be contributing to the generation of income and thus will seem more entitled to their fair share of available resources.
- A national mental health emergency action plan document needs to be developed and can be based on the Inter-Agency Standing Committee Guidelines on mental health and psychosocial support in emergency settings.
- Psychotropics can be produced locally by pharmaceutical companies to boost supplies and availability. This may reduce the cost incurred by the government in the procurement of psychotropics.

Next steps-Domain 2: Mental Health Services

- To ensure an equitable distribution of mental health services, the implementation of plans to build more mental hospitals is underway. The Government plans to construct two 40-50 bed capacity mental hospitals, one each in the northern and middle belts. There also are plans to decongest and renovate the three existing mental hospitals.
- More drug-rehabilitation centres should be built across the nation, especially in the northern belt, which will provide services to both genders, with special provision made for adolescents also.
- The mental health units in all Regional Hospitals are to be upgraded to 10-20 bed capacity community base inpatient units while District Hospitals will have a mental health unit with a minimum of five virtual beds in the general wards. A resultant astronomical growth in the number of beds available nationwide for admissions in the community.
- More day-treatment centres and residential facilities should be provided to shelter, treat and reintegrate service users into the community.

- Forensic services are to be established in prisons and mental hospitals. This will ensure the early assessment or treatment of service users who commit offenses or develop mental health conditions while in confinement.
- Mental health services should be expanded to the Ministries, Departments, Agencies and other workplaces. They must invest in Employee Assistance Programmes that focus on the mental well-being of all employees to help resolve psychological and mental challenges in the workplace to improve productivity.
- Mental Health Tribunals and Visiting committees must be set up in all the regions and adequately resourced to help address issues related to involuntary admission, human rights abuses and other inappropriate mental health practices in allopathic and faith-based treatment centres.
- Tele-psychiatry and other online and telephone consultation services must be developed and deployed in all mental health facilities especially those in poorly resourced areas.
- Mental health services nationwide should be digitalized to improve accountability and availability of essential data.
- Further research needs to be carried out to assess the impact of the pandemic on mental health and related services in Ghana.

Domain 3: Mental Health in Primary Health Care

- Health professional training curricula must be periodically reviewed to include more mental health training hours and experience to improve the interest in detection and treatment of mental and psychosocial challenges in the community.
- Each Regional Hospital and at least 50% of District Hospitals is to have each of the following core mental health staff: psychiatrist/ clinical psychiatric officer, clinical psychologist, mental health nurse, social worker and occupational therapist, and other relevant staff. Each health centre is to have at least one mental health nurse while each CHPS compound has a community mental health officer or community health officer trained in mental health.
- GHS, MHA and other partners need more support in organizing refresher courses and training programmes for other health professionals to build their capacity and empower them with knowledge in the detection and basic treatment of common mental disorders in the community to help narrow the treatment gap in the nation.
- Mental health diagnostic methods and practices must be standardized nationwide. This will require the training and retraining of mental health and other health and accessory staff, as it will improve treatment and referral outcomes and facilitate research.

- Arrangements should be made to provide mental health staff with adequate training in sign language. Language interpreters must be made available at facilities to ensure optimal healthcare delivery to persons who speak languages that may not be understood by the staff available.

Next steps-Domain 4: Human Resources

- More effort should be directed at a continuous expansion of the human resource base at all levels particularly, Psychiatrists, Clinical Psychologists, Psychiatric Social Workers and Occupational Therapists. The Ghana Health Service has introduced some incentives for doctors who desire to pursue postgraduate training in psychiatry.
- There must be an introduction of structured mental health training programmes for all mental health workers in the form of Continuous Professional Development seminars/courses to aid in the dissemination of current information at all levels of specialization.
- Health professions training institutions should introduce training curricula for mental health social workers specifically.

Next steps-Domain 5: Public Education and links with other sectors

- The Mental Health Authority should conduct a stakeholder mapping of actors in mental health available to regulate and coordinate all efforts and improve efficiency.
- The Prisons, Police and the Judiciary should receive training on the detection of mental health conditions in order to facilitate access of offenders-with-mental-disorders to care and fair justice.
- More mental health and human rights awareness creation is needed in the population to reduce the stigma and discrimination towards service users.
- The Ministry of Education must consider the introduction of mental health education in the curricula of school and colleges to aid the reduction of stigma and improve the understanding of mental health among the population.
- More effort and funding are needed in mental health awareness in all fields of endeavour and across the life course. Awareness on stigma and discrimination, human abuses, stress and coping, grief, tradition and culture, education, substance use disorders, gender and sexuality and many other areas, must be hammered repeatedly on all appropriate platforms.
- There must be an introduction of legislation to oblige employers to hire a certain percentage of employees with disability, protect them from lower wages due to their disability, or prioritized them in state housing and in subsidized housing schemes.

Next steps-Domain 6: Monitoring and Research

- The training of health professionals in entry of data into the DHIMS and other health information platforms must be broadened. Data audit process for quality assurance should be enforced to ensure availability of quality data for management, research and development purposes.
- A research and development unit for mental health can be established at the Mental Health Authority and the other health agencies to organize and coordinate various mental health research. These units can audit already existing mental health databases and facilitate more mental health research and publication.
- Research related refresher courses must be periodically organized for mental health staff at all levels to promote interest and improve research capacity. Funds and grants should be made available for this purpose.
- A national health peak funding body should be set up to support research and fund competitive researchers in Ghana to produce high quality research in mental health and other health fields.

Progress made in the continuous improvement of Ghana's mental health systems

The W.H.O.'s Comprehensive Mental Health Action Plan (2013-2030) adopted by Ghana seeks to develop a system which values, promotes, restores and maintains good mental health of all inhabitants while ensuring and protecting the human rights of service users in receiving high quality culturally-appropriate services, devoid of stigmatization and discrimination. The objectives of the action plan include; to strengthen effective mental health leadership and governance, to provide comprehensive, integrated community-based mental health services, to implement mental health promotional and preventive strategies and strengthen mental health research and information systems (World Health Organization, 2013). The progress made by the country can be measured against the indicators of the various objectives are outline below:

Indicators for measuring progress towards defined targets of the Comprehensive Mental Health Action Plan 2013–2030

Objective 1. To strengthen effective leadership and governance for mental health

Global Target	Indicator	Level of progress	Comments
Global Target 1.1 80% of countries will have developed or updated their policy or plan for mental health in line with international and regional human rights instruments, by 2030	Existence of a national policy or plan for mental health that is being implemented and in line with international human rights instruments.	Achieved	There is a mental health policy document which was revised in 2019. Its content is in line with international human rights instruments and is being implemented. The human rights standards include provisions for: (i) transition to mental health services based in the community, (ii) respect of human rights, (iii) comprehensive support and services, (iv) promotion of a recovery approach and (v) participation of service users in decision making processes. Implementation status includes: (i) estimation and allocation of human resources, (ii) estimation and allocation of financial resources, and (iii) monitoring and evaluation of specified indicators or targets.

Global Target 1.2 80% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments, by 2030.	Existence of a national law covering mental health that is being implemented and in line with international and regional human rights instruments.	Achieved	The Mental Health Regulation, 2019 (Legislative Instrument 2385) is the most recent piece of mental health legislation. Its human rights standards include provisions for: (i) transition to mental health services based in the community, (ii) promotion to exercise legal capacity, (iii) prevention of coercive practices, (iv) procedures to file appeals and complaints and (v) regular inspections of mental health services. Implementation status: (i) existence of a dedicated authority or independent body to assess compliance with human rights standards, (ii) regular inspection of mental health services by the dedicated authority or body and (iii) systematic response to complaints and reporting of its findings.

Objective 2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

Global target	Indicator	Level of progress	Comments
Global Target 2.1 Service coverage for mental health conditions will have increased at least by half, by 2030	Indicator 2.1.1 Proportion of persons with psychosis who are using services over the past 12 months (%).	Partially Achieved	The treatment coverage of schizophrenia and other psychotic disorders is 33.2% (World Health Organization & University of Washington, 2020)
	Indicator 2.1.2 Proportion of people with depression who are using services over the past 12 months (%).	Partially Achieved	The treatment coverage of major depressive disorder is 0.6% (World Health Organization & University of Washington, 2020)
Global Target 2.2 80% of countries will have doubled number of community-based mental health facilities, by 2030.	Number of community-based mental health facilities	Achieved	The current number of community-based mental health facilities is 454 as compared to 131 in 2011 (World Health Organization & University of Washington, 2020). This represents 346% increase in the past decade. This figure however does not include the faith-based healing centres which provide mental health services.
Global Target 2.3 80% of countries will have integrated mental health into primary health care, by 2030.	Existence of a system in place for integration of mental health into primary health care.	Achieved	The Ghana Health Service and Mental Health Authority collaborate to progressively ensure the availability of mental health services in primary health care facilities. The Mental health policy 2019-2030 document contains how this target will be achieved.

Objective 3. To implement strategies for promotion and prevention in mental health

Global target	Indicator	Level of progress	Comments
Global Target 3.1 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes, by 2030	Functioning programmes of multisectoral mental health promotion and prevention in existence.	Achieved	The Health Promotion and the Communications Units of the Mental Health Authority oversee public education and awareness campaigns. They link up with many other governmental and non-governmental agencies to ensure sustainable progress in being made in many areas and sectors of the populations.
Global Target 3.2 The rate of suicide will be reduced by one-third, by 2030.	Suicide mortality rate (per 100 000 population).	Partially achieved	Suicide mortality was 7.8 (per 100,000 population) in 2012 and has declined by 15% to 6.6 (per 100,000 population) (World Health Organization & University of Washington, 2020)
Global Target 3.3 80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies and/ or disasters, by 2030	Existence of a system in place for mental health and psychosocial preparedness for emergencies/ disasters	Achieved and being improved	There is a system in place for the provision of mental health and psychosocial services during disasters/ emergencies. However, an official emergency preparedness document is yet to be developed. The Mental Health Authority collaborates with the Psychiatric Association of Ghana, Ghana Health Service, National Disaster Management Organization (NADMO) and other partners to assemble an emergency response team whenever the need arises. Resources allocated are often scarce and limits the implementation of interventions.

Objective 4. To strengthen information systems, evidence and research for mental health

Global target	Indicator	Level of progress	Comments
Global Target 4.1 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems, by 2030	Core set of identified and agreed mental health indicators routinely collected and reported every two years.	Achieved	A core set of identified and agreed mental health indicators are routinely collected and regularly reported.
Global Target 4.2 The output of global research on mental health doubles, by 2030.	Number of published articles on mental health research (defined as research articles published in the databases).	Progress being made	201 mental health research articles were published in PubMed in the last five years.

Despite the enormous achievements over the past decade, the mental health systems of the country are far from ideal as the mental health needs are not poorly addressed in many sectors. More support and efforts are needed to continuously implement and update policies in the near future. More research in the various domains is essential to guide the implementation of evidence-based polices.

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