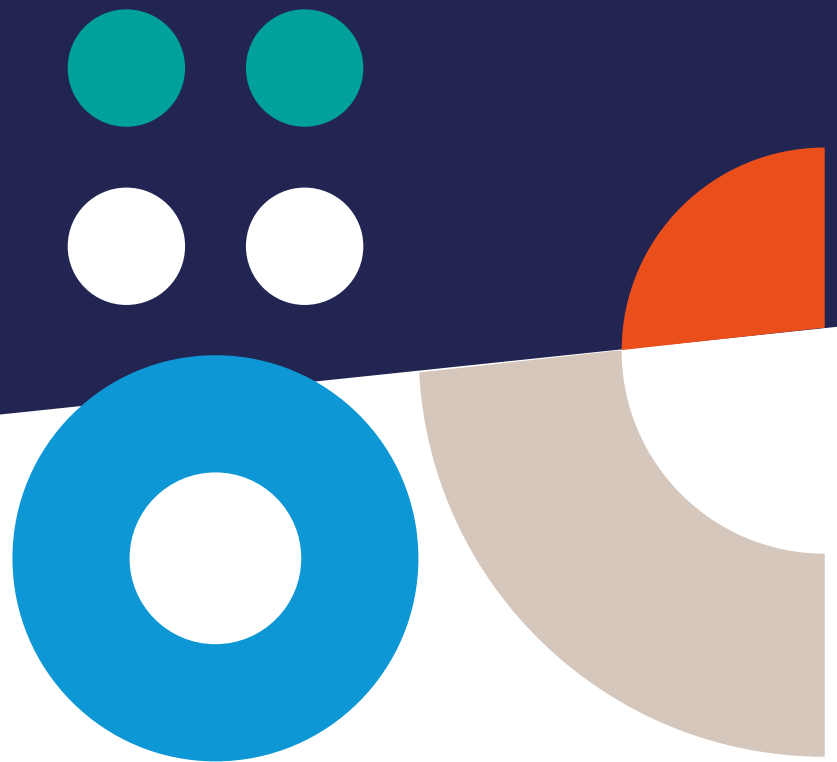


POLICY
BRIEF

STRENGTHENING MATERNAL MENTAL HEALTH IN GHANA



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KEY MESSAGES

- Maternal Mental Health refers to the state of emotional and psychological well-being of the woman during pregnancy, delivery, or the period of up to one year following delivery.
- The physiology of pregnancy and the stress that accompanies pregnancy and delivery trigger the occurrence of maternal mental health disturbance. Social factors such as marital problems and financial difficulties have been shown to be major predisposing factors.
- In Ghana and many low-income countries, many people view symptoms of depression and other mental disorders as spiritual or personal issues rather than medical/psychiatric conditions that can be treated by healthcare providers.
- Maternal mental health care remains conspicuous by its absence in large-scale global MCH programs. In agreement with health experts advocating for the comprehensive definition of health, encompassing complete physical, mental, and social well-being, it becomes evident that emphasizing the mental health aspect of maternal health is essential.
- In the Ghanaian setting, the prevailing significant challenges to providing adequate mental health care for new mothers include lack of trained staff, financial constraints, lack of affordable medications, and social stigma..
- It is essential to incorporate maternal mental health interventions into health systems, starting at the community level and extending across all levels of healthcare.
- The Ghana Mental Health Policy and Plan advocates for integrating mental health services into primary healthcare, with a specific focus on vulnerable populations such as women during pregnancy and postpartum.

EXECUTIVE SUMMARY



Background

The mental health of mothers and the physical development, especially nutrition, of their infants are inextricably linked. Maternal Mental Health (MMH) is a critical mediator between social adversity and poor infant growth¹. Even though sufficient evidence exists on the adverse impact of maternal mental health disorder on the mother and infant, and the high prevalence of the disorder in Ghana², there is little provision in the country's current healthcare system for its screening, early detection, and effective management. There is a need to integrate maternal mental health interventions within health systems from the level of the community and across all levels of healthcare³. The objectives and priorities of the Health Sector Medium Term Development Plan of Ghana (2022-2025), the UKAid's objectives on strengthening the social sector systems under the 'Leave No One Behind' (LNOB) and the 'Partnerships Beyond Aid' programmes; and the 'triple billion' goals of the World Health Organization (WHO) Global Programme of Work (GPW-13) for 2019-2025 align with the Ghana Health Service strategic objective of improving quality of care for mothers and newborns among others. In that regard, the aim of this situational analysis was to review literature, existing policies and the state of maternal mental healthcare with the view to identify gaps for recommendations towards integration of maternal mental health into routine maternity care in Ghana.

Methods and Materials

To obtain a true state of maternal mental health conditions in Ghana with the view to clearly identify the available policies, services, challenges and gaps, a systematic stepwise approach was adopted for this situational analysis. The methods involved an in-depth desk review of relevant policy documents on maternal mental health in Ghana, and of scientific research on the subject over the past two decades (2003-2023) in Ghana. This was followed by a national key-stakeholders inception and sensitization conference that set the stage for key stakeholder input and buy-in, following which the nationwide primary data collection was rolled out through quantitative surveys among healthcare workers (clinicians such as obstetrician/gynaecologists, midwives, nurses, mental health nurses, psychiatrists, and clinical psychologists), healthcare managers and leadership.

Next was the qualitative key informant interviews and focus group discussions among pregnant women, postpartum mothers, community members with lived experience, and Local Government Authority functionaries. Findings through these engagements were validated through nationwide four zonal validation meetings to consolidate the findings and recommendations.

- 1 Babatunde T, Moreno-Leguizamon CJ. Daily and Cultural Issues of Postnatal Depression in African Women Immigrants in South East London: Tips for Health Professionals. *Nurs Res Pract.* 2012;2012:1–14.
- 2 Sefogah PE, Samba A, Mumuni K, Kudzi W. Prevalence and key predictors of perinatal depression among postpartum women in Ghana. *International Journal of Gynecology and Obstetrics.* 2020 May 1;149(2):203–10.
- 3 Manolova, G., Waqas, A., Chowdhary, N., Salisbury, T. T., & Dua, T. (2023). Integrating perinatal mental healthcare into maternal and perinatal services in low and middle income countries. *bmj*, 381.

Results

Research publications on the subject in Ghana over the past two decades (2003 – 2023) have consistently reported high prevalence of perinatal depression up to 50.1% in Ghana⁴ with suicidal ideation rates of 13-17%⁵; absent routine antenatal and postnatal screening for MMH disorders; inadequate access to maternal mental health service; limited capacity of healthcare workers for detection, management; lack of treatment and referral protocols and pathways, and a low formal healthcare seeking behavior among affected women due to lack of awareness and stigma⁶. Postpartum depression was associated with pregnancy complications, adverse obstetric outcomes and the children of affected mothers also reportedly suffered three-times likelihood of stunted growth in Ghana.

Specific findings from the primary survey include: inadequate training of healthcare workers on maternal mental health; limited capacity, lack of knowledge on diagnostics and management / referral pathways, conducive care environment; inadequate human and logistic resources; physical and financial barriers to access; inadequate patient education and awareness. Patients also reported antenatal, intrapartum, postpartum and community-based experiences, lack of compassionate care as factors that contributed to their mental disorder. Further, absent national policy, lack of screening; lack of privacy at points of care, lack of community awareness; stigma and financial barriers emerged as dominant themes associated with maternal mental health disorder nationwide.

Recommendations

Based on the current situational analysis findings from the scientific methodological approach, the following are recommended for the effective integration, institutionalization and ownership for sustainability, maternal mental health services in routine maternity care in Ghana.

KEY STAKEHOLDERS	ROLES & RESPONSIBILITIES
Parliamentary Select Committee on Health	<ul style="list-style-type: none"> » High level advocacy, » Support for enactment of relevant laws and legislations
Ministry of Health	<ul style="list-style-type: none"> » Appropriate prioritization of maternal mental healthcare in Ghana » Prioritization of mental wellbeing of all healthcare workers » Development of relevant policies, » High level advocacy, » Capital investment » Inter-sectoral collaborations and partnerships
Non-Health Ministries, Departments and Agencies	<ul style="list-style-type: none"> » Promotion of gender mainstreaming, equity and psychoeducation, » People-centered and rights-based care » Provision of financial risk protection for high-risk groups and affected women » Collaboration with UNICEF on the implementation of the Integrated Social Services (ISS) and SWIMS case management intervention Curriculum review to include MMH at secondary & tertiary levels
National Health Insurance Authority	<ul style="list-style-type: none"> » Inclusion of MMH preventive & management services under benefits package (including out- and in-patient consultations, reviews, counselling and psychotherapy, investigations and medications involved in managing MMHD)

4 Daliri, D. B., Afaya, A., Afaya, R. A., & Abagye, N. (2023). Postpartum depression: The prevalence and associated factors among women attending postnatal clinics in the Bawku municipality, Upper East Region of Ghana. *Psychiatry and Clinical Neurosciences Reports*, 2(3), e143.

5 Kendig S, Keats JP, Camille Hoffman M, Kay LB, Miller ES, Simas TAM, et al. Consensus bundle on maternal mental health perinatal depression and anxiety. *Obstetrics and Gynecology*. 2017;129(3):422–30.

6 Adjorlolo S, Aziato L. Barriers to addressing mental health issues in childbearing women in Ghana. *Nurs Open*. 2020 Nov 1;7(6):1779–86.

Ghana Health Service	<ul style="list-style-type: none"> » High level advocacy » Development of new and review of existing tools and guidelines » Alignment to Network of Practice Concept and implementation » Prioritization of mental wellbeing of all healthcare workers » Capacity building programmes » Innovations for improved data capture, reporting & analytics for decision-making » Strengthen comprehensive compassionate care » Equitable healthcare worker distribution » Monitoring and evaluation of MMHS
Mental Health Authority	<ul style="list-style-type: none"> » Prioritize maternal mental health in the review of Mental Health Act and other related strategic national documents » Advocate for the establishment of mental health facilities to improve access » Strengthen referral pathways for maternal mental health disorders » Build the capacity of traditional healers and promote collaboration with orthodox facilities » Monitor and regulate activities of traditional and spiritual healers and prayer camps
Health Facilities Regulatory Authority	<ul style="list-style-type: none"> » Include availability of minimum standards for level-appropriate effective provision of MMHS (infrastructure, standards, logistics and care environment) into checklist for accreditation of healthcare facilities across all levels of care
Teaching Hospitals, Quasi Government Institutions, Faith-Based, Private & Public Health Facilities	<ul style="list-style-type: none"> » Train and orient healthcare workers including community-based volunteers for the provision of MMHS » Promote provision of non-judgemental, client-centered and respectful care for MMH » Provide supportive environments and logistics to promote client-centered, rights-based services, ensuring privacy and confidentiality. » Strengthen integration and synergies among various Health Programmes » Enhance data capture and analytics capacities at subnational levels for effective data use for decision making in MMHS » Train Quality Improvement teams to proactively identify MMH Services gaps and facilitate implementation of intervention to improve service at facility level » Provide psychoeducation, stress management techniques, self-care strategies and life skills » Integrate routine screening and counselling services for MMH during antenatal, pregnancy schools, postnatal and child welfare clinics, as well as post-abortion reviews. » Strengthen supportive supervision, clinical mentoring, and onsite coaching at subnational levels » Actively implement interventions to promote and improve mental health of healthcare staff

Development Partners	<ul style="list-style-type: none"> » Advocate for improvement of maternal mental health » Advocate for strengthened governance, intersectoral collaboration and partnerships » Provide technical assistance for the improvement of MMH in areas of: <ul style="list-style-type: none"> a. development and adaptation of standards, guidelines, and protocols, b. development of monitoring and evaluation frameworks, & facility-level indicators c. capacity development programmes to improve MMH <ul style="list-style-type: none"> ▪ Support resource mobilization efforts ▪ Support development of training models ▪ Catalytic financial support for the piloting MMH interventions for scale up ▪ Promote and support research agenda for MMH ▪ Support the piloting of perinatal mental health units to generate evidence to guide scaling up of integrated MMH services
Academic Institutions	<ul style="list-style-type: none"> » Include MMH modules into curriculum for medical, nursing, midwifery, and allied health training institutions » Prioritize implementation research in MMH » Include MMH module in postgraduate residency training (obstetrics/ gynaecology and psychiatry) training and advanced midwifery,
Postgraduate Training Institutions	<ul style="list-style-type: none"> » Explore the creation of subspecialty training in MMH for postgraduate fellowships in Obstetrics/Gynaecology (Reproductive Psychiatry), Psychiatry, Nursing, Midwifery
Health Regulatory Bodies	<ul style="list-style-type: none"> » Accreditation of continuous professional development (CPD) programmes on maternal mental health as a prioritized area » Actively promote the mental health of all healthcare personnel
Professional Societies & Associations	<ul style="list-style-type: none"> » Organize CPDs on maternal mental health for members » Awareness creation for public education on maternal mental health » Advocate and actively promote the integration of MMHS at the points of care
Media	<ul style="list-style-type: none"> » Drive public advocacy agenda on maternal mental health issues in the Ghanaian society » Lead awareness creation campaigns nationwide through print, radio, television, social media, etc » Prioritize agenda setting for discussions on MMH related issues (policy, service delivery, social support systems and structures) in collaboration with relevant stakeholders
Traditional and Spiritual Healers	<ul style="list-style-type: none"> » Strengthen collaboration with orthodox health facility
Traditional Leaders, Civil Society Organizations and Community-Based Health Groups	<ul style="list-style-type: none"> » Advocate for screening services in the community » Support advocacy initiatives for awareness creation and stigma reduction » Mobilize resources for promotion and provision of MMHS » Promote community members' help-seeking, service utilization, participation, and ownership

Conclusion

Maternal mental health conditions are highly prevalent in Ghana with some documented evidence of its significant adverse impact on maternal, newborn and child outcomes as well as long term growth and cognitive developmental sequelae.

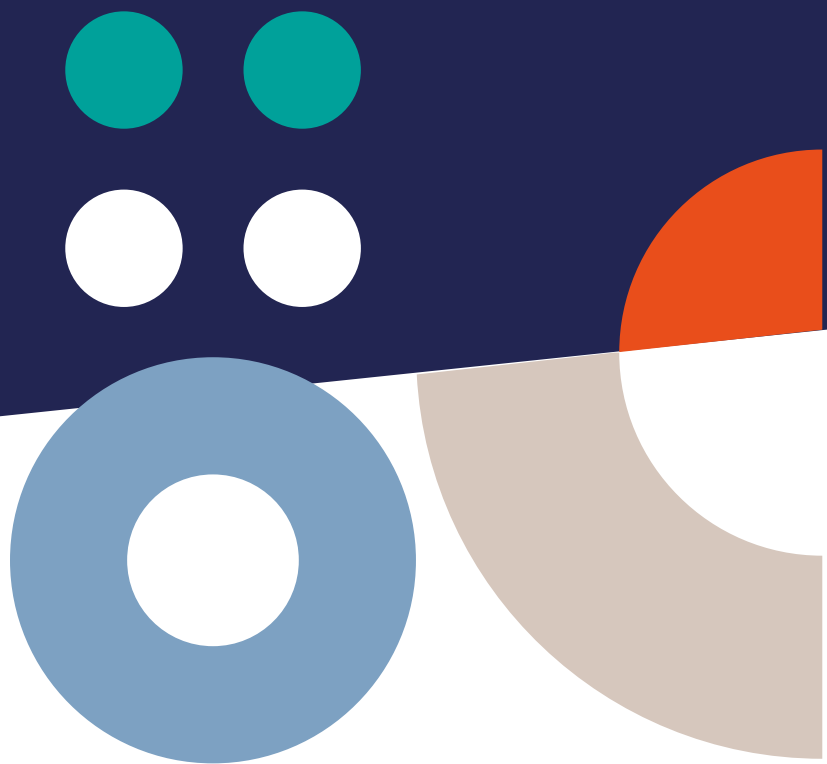
Strong national leadership that promotes multi-sectoral collaboration and the adoption of a rights-based approach across all levels of care holds significant prospects for effective integration of maternal mental health services within the enhanced context of compassionate respectful maternity care that would improve quality as well as reproductive, maternal, newborn and child health outcomes in Ghana.

The implementation of a pilot perinatal mental unit that educates, screens, and provides appropriate therapeutic interventions to eligible women across selected primary, secondary and tertiary healthcare facilities would significantly enable learning and documentation of real impact, and implementation challenges for redress prior to nationwide scaling up and integration in Ghana.

A coordinated intensive hands-on attachment placement in a well-established system in Ghana, learning from best practices from the United Kingdom's mother and baby unit (MBU) for instance should be useful for national level capacity building towards the integration.

Ultimately, improving maternal mental healthcare in Ghana requires national prioritization, intentional high-level advocacy, multi-sectoral collaboration, undergirded by a concomitant safeguarding of mental health of providers to guarantee delivery of compassionate respectful client-centered integrated maternal mental healthcare routinely.





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