

MENTAL HEALTH CARE SYSTEM IN GHANA

BY

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Introduction

A survey was conducted in 2011 to meet pressing needs for high quality information for the Mental Health System in Ghana to establish a baseline in preparation for the implementation of the new Mental health Act. The information obtained has been updated following the establishment of the Mental Health Board and subsequent implementation of the Mental Health Act 846. The presentation also updates the WHO mental health Ghana profile included in the Mental health Atlas and incorporates the WHO comprehensive Action Plan

The four major objectives of the action plan are to:

- strengthen effective leadership and governance for mental health.
- provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
- implement strategies for promotion and prevention in mental health.
- strengthen information systems, evidence and research for mental health

Governance

Results of the survey of the 2011 WHO AIMS Ghana as adapted are below

- Policy and plans**

A mental health policy (1996) and plan (2007-2011) existed.

Emergency and disaster plans for mental health did not exist.

- Legislation**

A new Mental Health Act 846 was passed in 2012 and

Mental Health Board of the Authority was inaugurated in November 2013

- Financing of mental health services**

Mental health had a ring-fenced budget of 1.4% of total governmental health expenditure. Since the inauguration of the Board in 2013, no Governmental funds have been provided. The Board has survived on DIFID funding with limitations.

- Monitoring of human rights**

A national human rights review body existed and all three national mental hospitals had been inspected

- **Organisation of mental health services**

There was no national or regional mental health body to provide advice to the government on mental health policies and legislation until the Board was established. In 2014/2015, Regional Mental Health sub-committees are being established with structures that will establish District equivalents in decentralization efforts that will expand and implement mental health policies and services

- **Outpatient services**

There were 123 outpatient units and one day treatment unit in 2011 but with establishment of New Districts and training of Primary care workers ,services are expected to increase at least by 30% in the next 5 years

- The total number of outpatients treated in 2011 was 57,404.

- **Day treatment services**

There was one day treatment service (Damien House in Western Region).

- **Women and children**

Women comprised 32-54% of those treated and children around 1-10%.

Mental hospitals had wards segregated by sex. There were 15 beds reserved solely for children

Number of patients treated in 2011

The number of patients treated across all available facilities was:

123 outpatient units	57,404
1 day treatment unit	18
7 inpatient units	2,255
3 mental hospitals	7,993
4 community residential units	122
TOTAL	67,792

Diagnoses across the facilities

The range of diagnoses across all facilities was:-

- Schizophrenia, schizotypal and delusional disorders -21 – 32%
- Mood disorders - 6 – 19%
- Neurotic and stress related disorders - 0 – 8%
- Psychoactive substance related disorders - 7 – 26%
- Disorders of adult personality and behaviour -0 – 1%
- Others or no diagnosis made - 10 – 58%

Availability of medication 2011

- At least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) was available all year long in 40% of outpatient facilities, 57% of hospital inpatient units and 100% of the mental hospitals

Prescription in primary health care in 2011

Over 80% of physician-based PHC clinics had access to at least one psychotropic medicine of each therapeutic category. However ,since 2014, there has been erratic psychotropic drug supply.

Mental health service provision in primary health care .

- Less than 20% of physician-based primary health care clinics had assessment and treatment protocols available for key mental health conditions in 2011. There was **no data** available on **referral rates** from PHC to mental health staff. The Board is addressing these through an LI
- The Board is training PHC workers for Christian Association of Ghana (CHAG) and extending the training to PHC workers of the GHS. This will increase coverage in line with WHO Action Plan

Informal primary health care

Ten faith-based and 10 traditional practitioners treating 1,253 and 749 mentally ill people respectively were sampled. The practitioners identified some patients as having diagnoses similar to those found in the western practitioner samples. Fifty six per cent of faith based practitioners administered medications. Restraint was used on 41-57% of patients. Some facilities referred cases to psychiatric services. The New Act reinforces collaboration monitoring and involvement of Mental health Authority in activities of traditional and faith-based

Human resources

- Staff working in mental health services in 2011.**

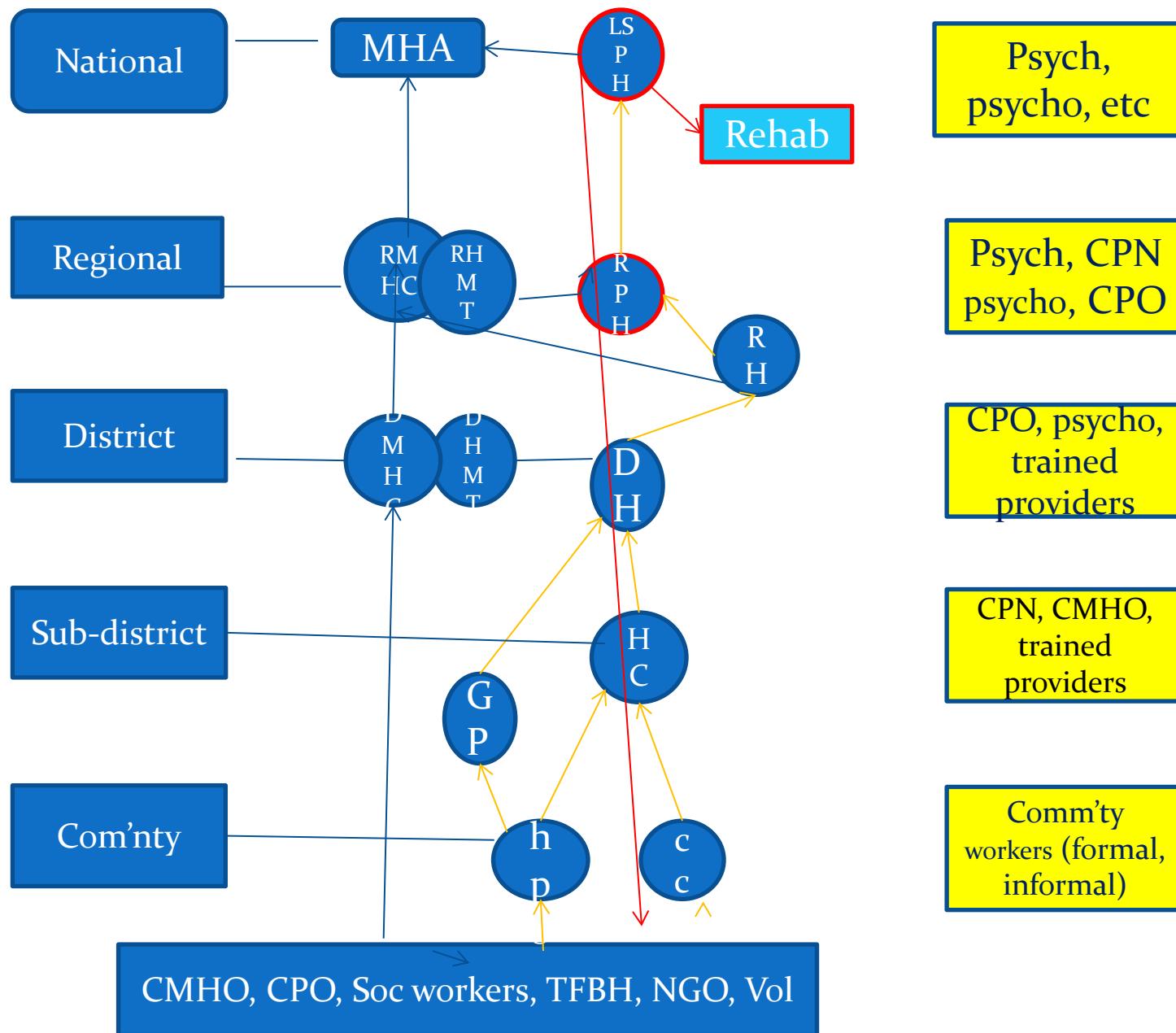
There were 1,887 staff working in mental health services. Sixty two per cent (1,177) of the 1,887 were specifically trained in mental health and 710 (38%) were staff working in mental health but not specifically trained in mental health.

- Training of Mental Health Workers
 - Psychiatrists are trained by West African College and Ghana College of Physicians and surgeons
 - Psychiatric Nurses are trained by Pantang and Ankaful Nurses Training Schools
 - Clinical psychiatric Officers(CPOs) and Community Mental Health Officers (CMHOs) are trained at Kintampo College of Health and well being.
 - Community Psychiatric Nurses (CPNs) are trained on the field after orientation but a Degree course has started in Cape Coast.

Number of human resources in mental health care 2011

- Psychiatrists18
- Other medical doctors31
- All nurses (ie. not only psychiatric nurses) ...1256
- Psychologists19
- Social workers21
- Occupational therapists (VSO's)4
- Others 546
- **TOTAL1895**

Mental health delivery flow chart



Public education and links with other sectors

- Between 1-20% of schools were actively promoting good mental health.
Less than 2% of prisoners had contact with a mental health professional.
There was no mental health training for police, lawyers, judges.

Monitoring and Research

- 1% of health related research is on mental health.
- The Act makes provision for 5 member Visiting committees to monitor activities of mental health providers in the Districts and Mental Health Tribunals to be established to deal with violations of the Act in institutions.

The New Mental Health Act

- Main strength of the Act is the protection of the rights of persons with mental disorders with respect to non-discrimination and basic human rights.
- These include the right to humane and dignified treatment, employment, leisure and inclusion in socio-cultural and economic activities.
- The Act protects vulnerable groups such as females, children and the aged in terms of their accommodation, treatment, guardianship, confidentiality and care. (**section 64,65,66**)

Changes the Act seeks to bring

Decentralization of mental health care Sec 3b

- Deemphasizing institutional care Sect 3b
- Strengthening community care and providing care close to where people live Sec 3 b
- **Recognition and regulation of traditional and faith-based healers Sect 3m**
- **Establishment of Mental Health Fund Sec 8o**
- Attract and retain the right mix of human resource. Sect 3n**
 - Protection of the rights of people with mental disorders and vulnerable people in society (Sec 3f,3g,&54-56&64-67)
 - Monitoring care of people with mental disorders in all facilities including traditional and faith-based healers.
 - Establishing Visiting committees and tribunals to expose and correct and sanction people and facilities abusing the rights of the mentally ill Sec 34-38

Funding of Mental Health Care

- Funding of mental health has always been a challenge .
- Parliament has provided in Sect 8o of the Act the establishment of the Mental Health Fund.
- The Board has constituted a committee and the Act states sources of possible funds that is:-
 - Voluntary contributions from individual organizations and the private sector
 - Moneys approved by parliament
 - Grants from bilateral and multilateral sources and gifts
 - Donations and gifts and
 - Moneys from any other sources approved by the Minister responsible for finance

Achievements of the Mental Health Board

- Legislative Instrument has been prepared and deposited at AG department which being fine tuned
- Strategic plan has been produced and approved by National Planning commission.
- An organogram, Job Descriptions of our major community workers have been approved at stakeholders meeting
- A prototype building of the Authority is available awaiting funding to make the Authority visible.
- An accommodation has been rented and being furnished
- Regional sensitization exercise has been completed to start decentralization
- Regional Mental health committees are being established with one inaugurated (Eastern Region)
- 10 Regional Coordinators have been appointed.

Achievements of the Mental Health Board

- Two vehicles have been acquired for the Authority
- Mental Health Fund has been established and an accountant seconded to the Authority
- Activities have been laid down to create awareness and raise funds for the Authority during the 3rd week in April.
- First Annual Mental Health Lecture took place on the 21st April.
- 50 mental health workers will be trained on the Mental health Act to inform stakeholders including community members on the Act so as to solicit cooperation and compliance.
- Advertisement is being made to appoint Directors to the Psychiatric Hospitals, Administrators and key officers to the Authority

Stigma

Stigma has been a barrier in training and recruitment of mental health personnel

- The mentally ill suffer the most from stigma.
- In addition, people who are involved in the lives of the mentally ill also are impacted. Mental health care professionals, friends, and communities all are impacted by the sense of public stigma.
- Sometimes family members & those associated with persons with mental illness experience avoidance by others because of stigma.
- Some say mental health services receive less funding because of the area they service.

Observations

- Spending on mental health**

Spending on mental health was less than half that of other LMICs. To reach median levels for UMICs a 35 fold increase will be needed.

- Outpatient treatment rates**

Treatment rates were one third (33%) that of LMICs. The rates were similar to that of low income countries (LICs). This is likely to increase with expansion of services to cover all districts.

Observations

- **Patients treated in psychiatric day services**

Day treatment rates were very low. To reach median LMIC levels a 92 fold increase is needed. This is an area that the Authority can improve with less difficulty

- **Psychiatric beds in hospitals and clinics**

Provision was nearer that of LIC countries than LMICs. To reach LMIC level, beds must be increased from 120 to 278, ie average 28 per region. UMIC levels would be 220 beds per region

- **Admissions to psychiatric beds in hospitals and clinics**

Ghana admits fewer patients per 100,000 population than LICs . The rate needs to double to reach LMIC levels. Ghana will need a six fold increase to reach UMIC levels .
- **The balance of nursing to non-nursing staff in hospital and clinic inpatient units**

In Ghana this service provision is dominated by nurses far more than for most other countries as there are not enough specialists.

- **Beds in mental hospitals**

Ghana has almost the same number of mental hospital beds per 100,000 population as other LMICs. There is a trend upwards as countries become more prosperous so Ghana should redistribute beds across the country. UMICs have three times more mental hospital beds than Ghana. The trend continues upwards for HICs.

- **The balance of nursing to non-nursing staff in mental hospitals and the ratios of staff to beds**

Ghana has more than one nurse for every two beds in the mental hospitals which is far more than other countries. As countries become more prosperous there is a downward trend in staff: bed ratios. Other LMICs have more mental hospital psychiatrists and ‘psychosocial staff’ than Ghana.

The Future

- The paradigm shift from institutional to community care as envisaged by the Mental Health Act, calls for downsizing or total abolition of the Accra Psychiatric Hospital and the retraining of the staff for community based activities.
- The discrepancy whereby mental health services are concentrated in Accra will be addressed in the implementation of the Act through decentralization and refocusing on community care.
- Psychiatric wings attached to Regional hospitals will be provided and will be manned by trained prescribers until more psychiatrist are trained or recruited.
- Day hospitals and more outpatient clinics will be provided in the Regions and Districts .

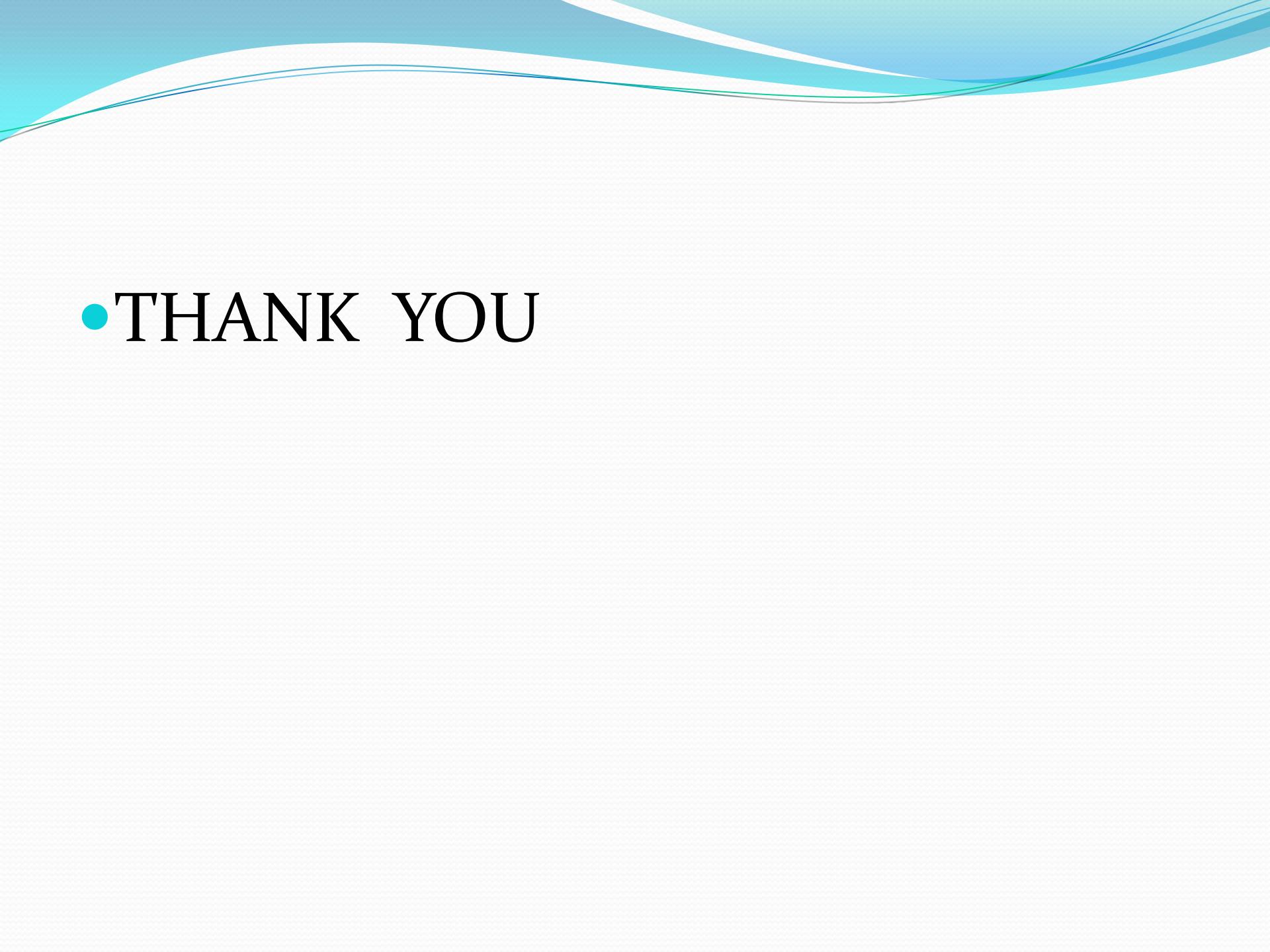
The Future cont.

- Programmes are being be put in place to train non-mental health workers in the Primary Health Care system and existing primary care practitioners will be provided with specific training in mental health for public education, case detection, support and referral of cases.
- Treatment protocols are being developed for Primary Health Care providers. These will include recommended appropriate psychotropic medication for use at the Primary Health Care level. The Mental health Board will ensure that medication in the protocols are available at all times

The Future

cont.

- Series of meetings are being organized with traditional and faith based healers (non-orthodox mental health practitioners) to harmonize their integration and their practices in line with the Mental Health Act.
- Clear policy guidelines for the practice of non-orthodox mental health practitioners are being produced.
- Traditional and faith based healers and other stake holders are going to be trained on the new Mental Health Act particularly their obligations in relation to the human rights of patients and their roles



•THANK YOU

References

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