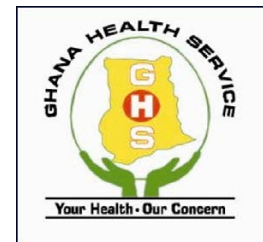


# The State of Mental Health in the Ashanti Region of Ghana

*April 2015*

With the support of J&J, Direct Relief, Breast Care International and the Ashanti Regional Health Service



## Study Area: Ashanti Region

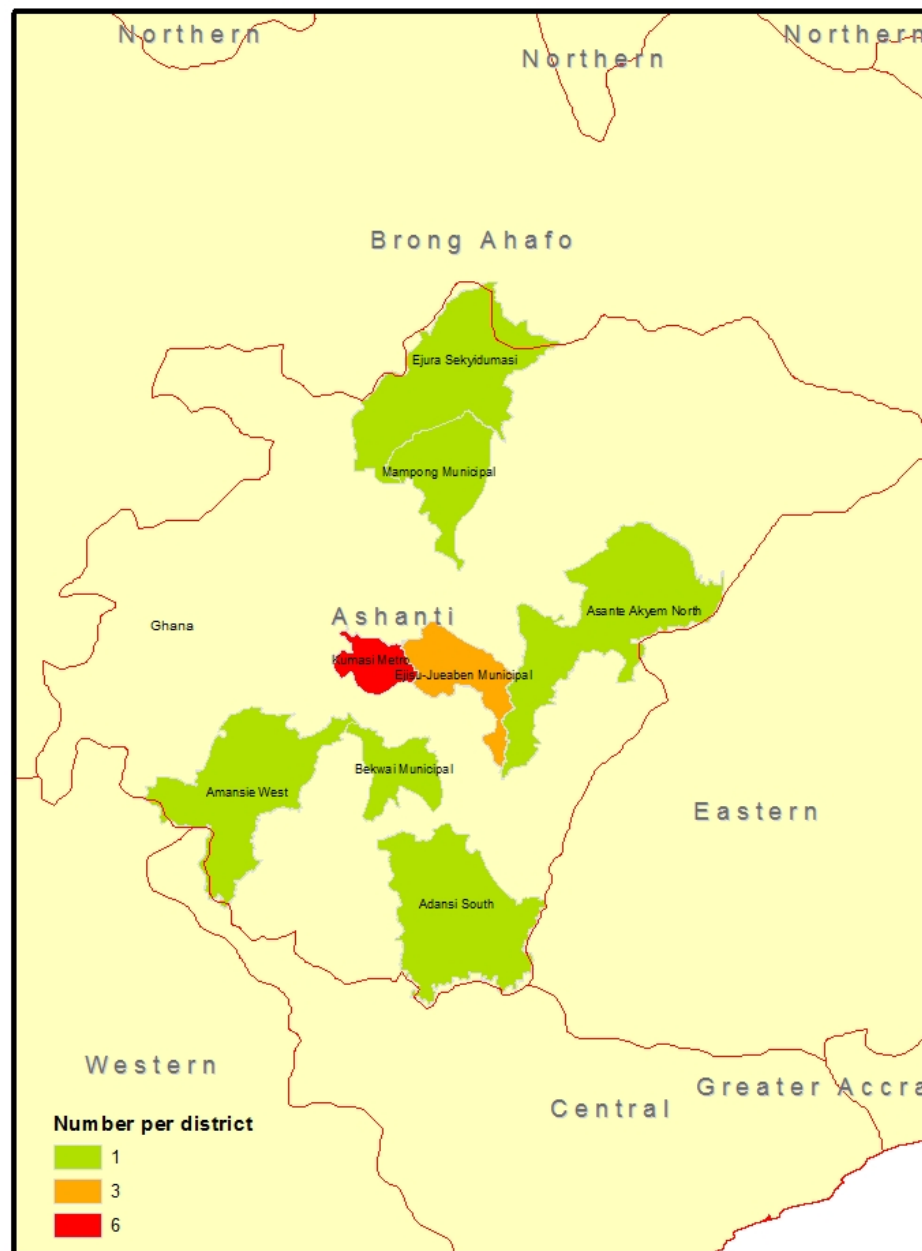
- 24,390sq km (about 10.2% of the land area of Ghana.)
- Population of 4,780,380 and a population density of 163.8 per sq. km (Housing and Population Census, Ghana Statistical Service)
- Contains 21 districts with 114 sub-districts

### Health Facilities

- 530 health facilities in the region (Source: Service Availability Mapping Survey, 2007).
- No Mental Hospital
- Survey covered 15 facilities in 8 districts with a concentration in Kumasi Metro.

### Facility Type:

- 2 Private mental health facility
- 11 Community psychiatric units
- 2 Community residential facilities



# Research Objectives

- Determine the extent of **mental health as a burden of disease** in the Ashanti Region
- Determine the type of **mental health services available** in the region
- Identify the **gaps in the mental health services** by type, location, and level
- Produce a helpful **case study for direct, holistic intervention** into the mental health situation in the Ashanti Region.
- Recommend **remedial measures** for addressing some challenges mental health services face in the region
- Establish the **role NGOs are playing** in mental health Services in the Ashanti Region

# Survey Instrument

- Based on WHO Assessment Instrument for Mental Health Systems version 2 (AIMS-2).
- Question categories:
  - Facility characteristics
  - Distribution of diagnoses
  - Out-patient Services
  - Inpatient services
  - Mental Health Daycare Services
  - Pharmaceutical/Medical Supply
  - Human Resources
  - NGO Operations

# Permission for Study

An institutional approval to conduct the study was obtained from Ghana Health Service together with an introductory letter to the facilities.

This approval enabled the recruitment and administration of the questionnaire at the respective facilities.

# Data Collection Strategy

- 15 out of 18 (83%) facilities that received the questionnaire returned them.
- Completed questionnaires were collected within an average of 2 weeks after they were distributed.
- To ensure maximum return of the survey, follow up calls were made to the respondents to remind them about the questionnaire.
- To ensure credibility of the data, highly qualified professionals and senior staff members were recruited to complete the survey.

<b>JOB POSITIONS OF SURVEY RESPONDENTS:</b>
<b>Community Psychiatry Nurse</b>
<b>Senior Staff Nurse</b>
<b>Managing Director</b>
<b>Head of Community Psychiatric</b>
<b>Community Mental Health Office</b>
<b>Registered Mental Nurse</b>
<b>Administrator</b>
<b>Medical Assistant (Psychiatry)</b>
<b>Psychiatric Nurse specialist</b>
<b>Head of Department</b>

# Findings: Facility Utilization

***Total Patients = 30,759 (0.64% of total population in Ashanti region)***

- Total outpatients - 30,024  
(52% female | 48% male)
- Total inpatients - 735  
(36% female | 64% male)
- 12% total children and adolescents
- 2.8% of inpatients (21 persons) were forcibly restrained at some point.
- ~50% of total outpatients treated at one facility: Tafo Government Hospital
- Decentralization is occurring and access to services is improving.
  - In 2011 WHO reported **57,404** outpatients for the entire country. In 2014 there were **30,024** in Ashanti alone.
  - In 2011 WHO reported **2.1** beds per 100,000 in Ashanti. Currently there are at least **3.1** per 100,000

# Findings: Diagnoses

***Over 60% of primary diagnoses consist of schizophrenia / delusional disorders and mood affective disorders.***

***Schizophrenia diagnoses in Ashanti are now more than double the national rate of 21% reported by WHO in 2011, and total roughly 1% of Ashanti's population. The likely explanation of the increase is a combination of over-diagnosis, awareness and service availability.***

Diagnosis Type	Number	Percentage
Mental and behavioral disorders due to psychoactive substance use (F10-F19)	2,687	8.35%
Schizophrenia, schizotypal and delusional disorders (F20-F29)	14,569	45.25%
Mood [affective] disorders ((F30-F39)	5,029	15.62%
Neurotic, stress-related and somatoform disorders (F40-F48)	1,080	3.35%
Disorders of adult personality and behavior(F60-F69)	446	1.39%
Other (e.g. epilepsy, organic mental disorders, mental retardation, behavioral and emotional disorder with onset usually occurring in childhood and adolescence, disorders of psychological development)	8,387	26.05%



# Findings: Staff and Training

- Provision of care primarily by nurses
  - Roughly 2/3 of all staff are nurses
- Most patients have no access to a psychiatrist
  - Only 5 facilities have at least one psychiatrist
- Only 40% of facilities have some sort of training opportunity available to staff.
- All facilities expressed a desire for additional training – particularly in the specialized use of mental health drugs.
- 142 total staff:
  - 8 psychiatrists
  - 9 other doctors
  - 95 nurses
  - 10 psychosocial / occupational therapists
  - 22 other health staff

# Findings: Drug Supply

- Access is primarily conditional on drug availability.
- 73.3% of the facilities had at least one psychotropic medicine of each therapeutic category (antipsychotic, antidepressant, mood stabilizer, anxiolytic and antiepileptic medicines) available in 2014.
- Anti-psychotic medications not covered by the national health insurance.
- Decentralization is not occurring in the drug supply:
  - Needs are reported quarterly by facilities and fulfilled centrally by the MoH based on availability.

# Next steps

- Complete data analysis
- Establish additional data on the role of NGO's in mental health Services in Ashanti Region.
  - 3 NGOs currently working in Ashanti's mental health system (Basic Needs, Breast Care International, CEDEP)
  - 10/15 facilities reported receiving some NGO assistance
  - Focus areas include logistics and drug supply, financial assistance to programs, and community outreach.
- Recommend additional remedial measures to stakeholders for improving mental health services in the region
- Publish final report in May.

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