

Strengthening Mental Health Care Systems in Lower Middle Income Countries

Mental Health care Infrastructure session

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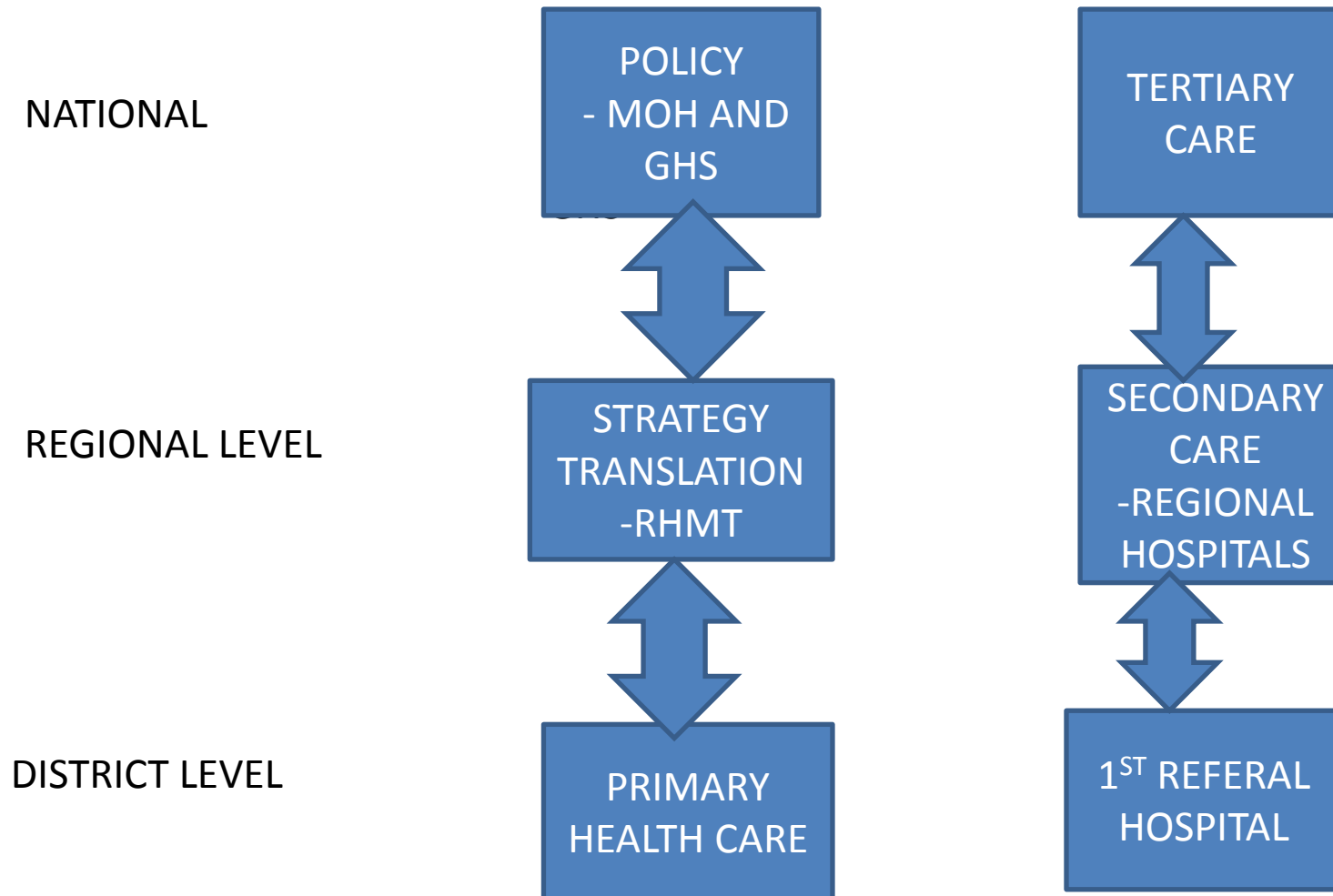
Disclosure

- Neurologist
- Fond of Psychiatrists
- No conflict of interest

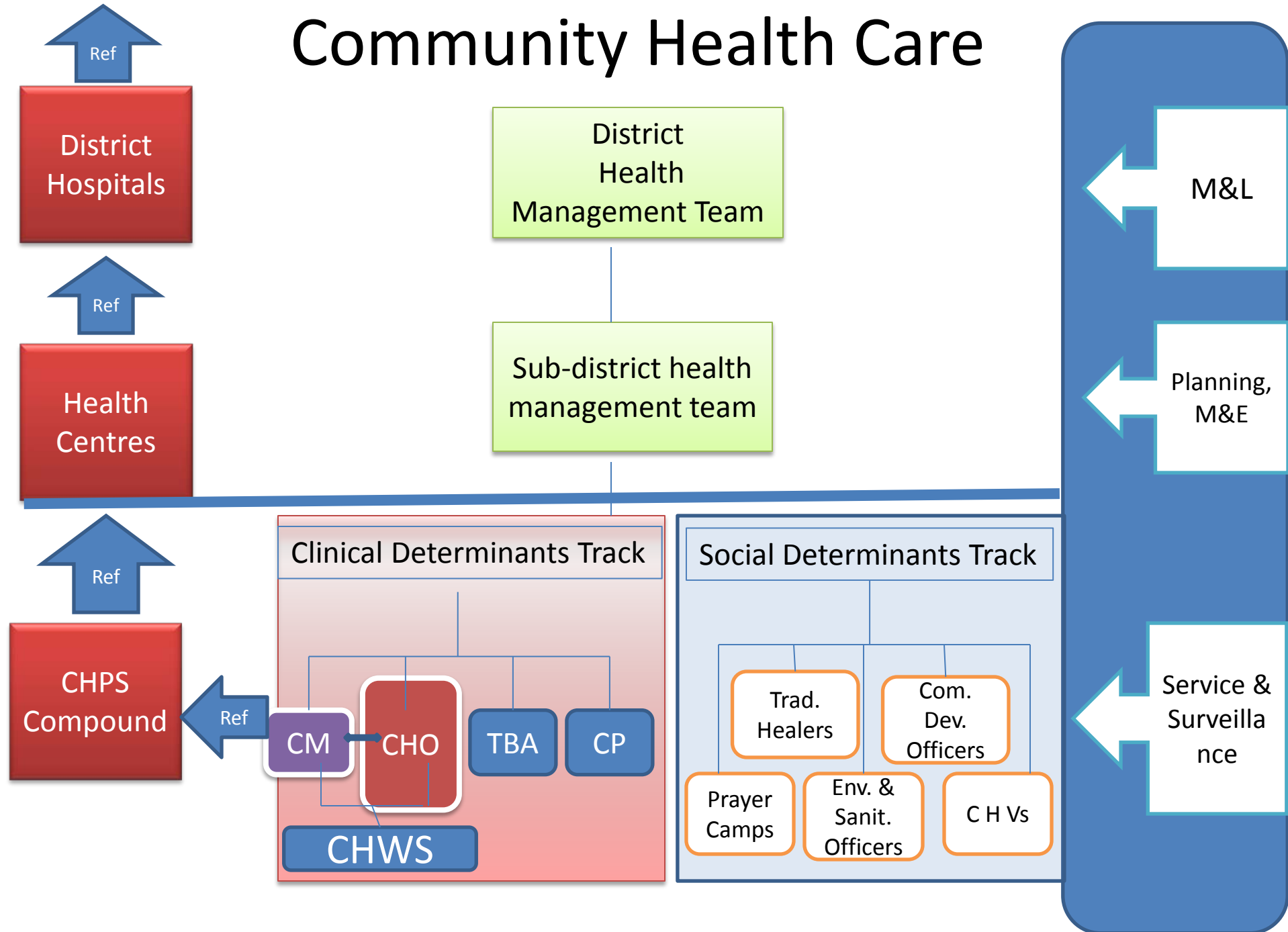


- <1% budget for mental health
- Mental health Act = Authority
- Decentralized mental health care

Organization of care



Community Health Care



The New NHIS Act 2012 (Act 852)



Significant revisions in the Law include the following:

- A Mandatory NHIS**
- A Unified NHIS with District Offices**
- Premium exemptions for persons with Mental Disorders**
- Expenditure cap of 10% on non-core NHIS activities**
- Relevant family planning package**
- Board oversight committee for**
 - i. Scheme Operations**
 - ii. Private Health Insurance schemes**
 - iii. Fund Management**

NHIS & MDGs



MDG 1
Poverty & Hunger

Free registration and access to healthcare for the poor and vulnerable. Thus, preventing catastrophic health expenditures and poverty

MDG 4
Child Mortality

All persons under 18 years have free access to health insurance. They represented almost 50% of registered members as at December 2012.

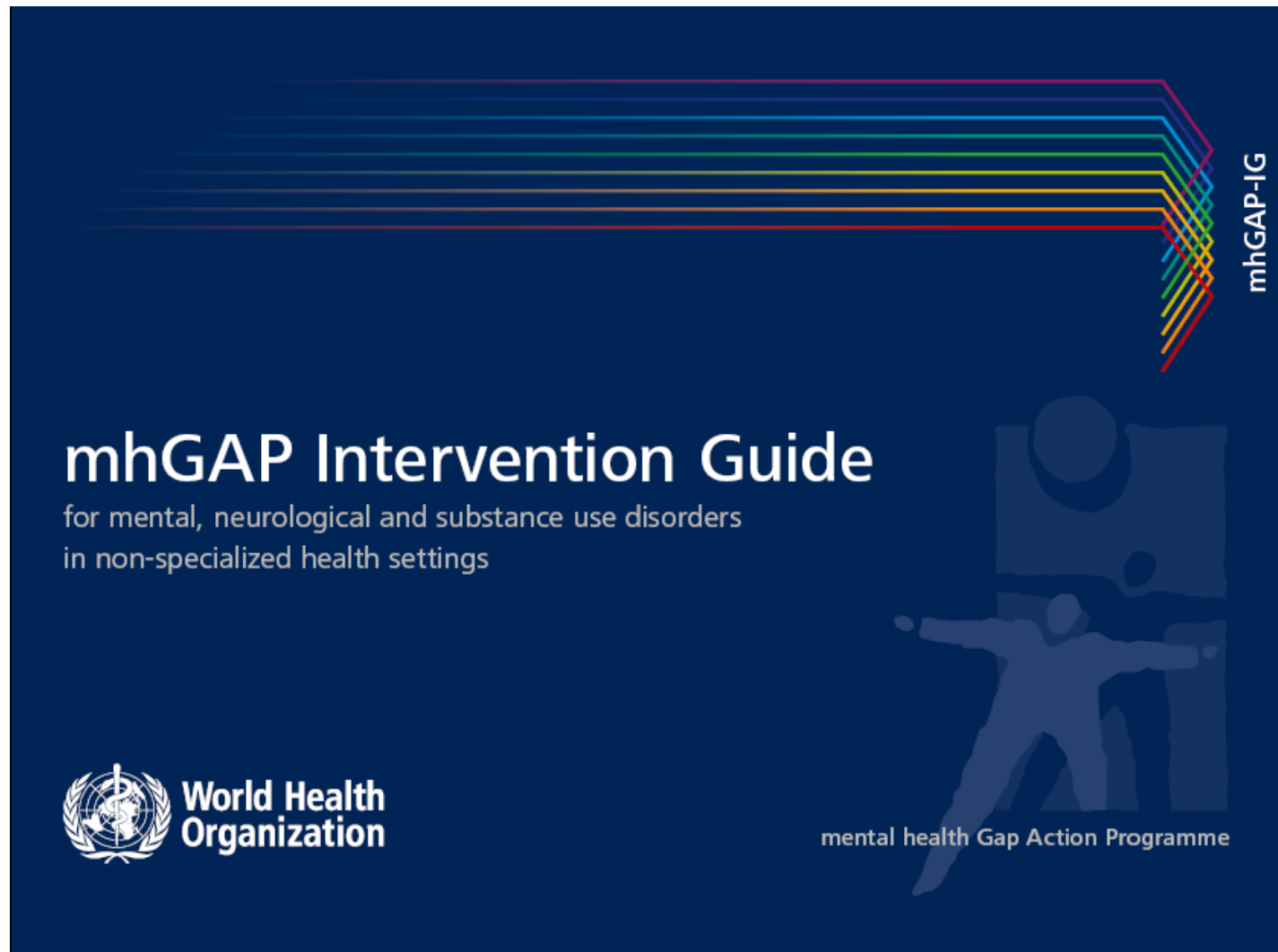
MDG 5
Maternal Health

Free maternal care policy introduced in July 2008

MDG 6
HIV/AIDS,
Malaria & TB

Malaria, TB, HIV opportunistic diseases are covered

NO MDG FOR MENTAL/NEUROLOGICAL HEALTH?



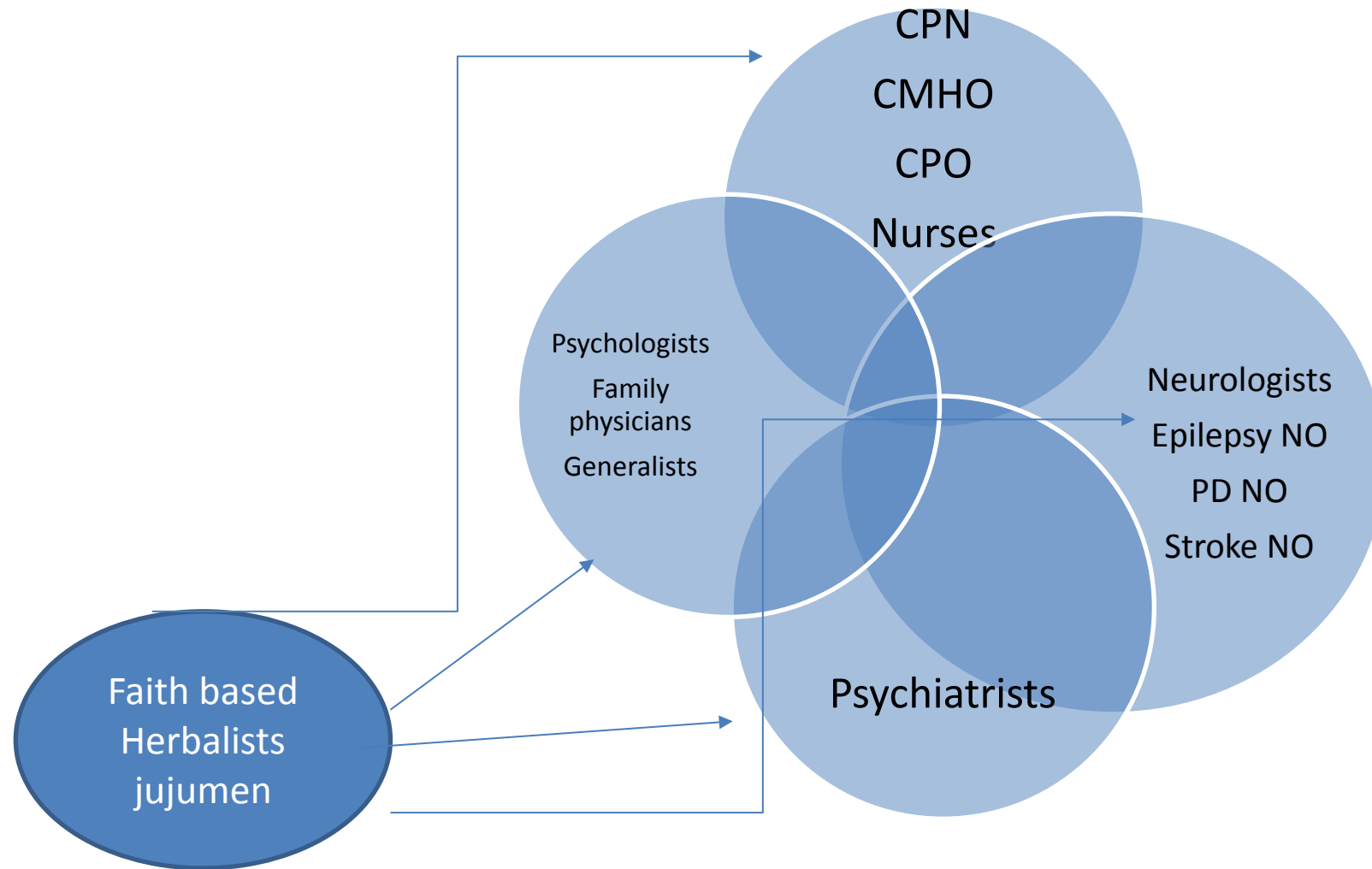
An evidence-based, clinical guide for the assessment and management of mental neurological and substance use disorders in non-specialized health settings

mhGAP-IG conditions

1. Depression
2. Psychosis
3. Bipolar disorder
4. Epilepsy
5. Developmental disorders
6. Behavioral disorders
7. Dementia
8. Alcohol use and alcohol use disorders
9. Drug use and drug use disorders
10. Self-harm/suicide
11. Other significant emotional or medically unexplained complaints



Interaction of Neurology & Psychiatry



Demand/burden of disease

The need for services for people with epilepsy/mental health disorders is high and largely unmet in Ghana. The main issues are the following:

WHO AIMS Country report for Ghana 2011

- 3% of the training for medical doctors is devoted to mental health, in comparison to 14% of the training for nurses.
- No mental health care workers received mental health refresher training in 2011.
- In terms of physician-based primary health care clinics less than 20% have assessment and treatment protocols available for key mental health conditions available.
- The total number of human resources working in mental health facilities per 100,000 population is 7.83. There are 0.07 psychiatrists and 0.08 psychologists per 100,000 population.

“80% of people who live with epilepsy in Africa do not receive treatment due to:

- ***poor integration into primary health care system,***
- ***poor supply and distribution of anti-epileptic medicines,***
- ***poor health information systems,***
- ***weak community- based interventions or support, beliefs, attitudes, stigma and human rights abuse***

- High burden;
- Stigma and cultural beliefs of the condition;
- Poor financial resources allocated to epilepsy(neurological dx)/mental health;
- Lack of human resources and poor capacity for providing services and care for epilepsy;
- Non-existence of a locally adapted, evidence-based, government-approved basic health care package and training materials;

- Lack of clear referral and support system;
- Limited choice of antiepileptic(N) drugs;
- Lack of adequate supervisory support by specialists; and
- Non-systematic and fragmented mental health service delivery system.

Programs in Ghana to improve access

- GFAEI(Ghana Fights Against Epilepsy Initiative)
- Parkinson's disease in Africa project

Problems?

Drugs available

Problems with clearing meds from port? Not for profit?

Change in legislation

Training using the mhGAP model

- Key actions
 - 1. Establish communication and build trust**
 2. Conduct assessment
 3. Discuss and start management
 4. Link with other services and supports
 5. Follow up

We will discuss these points in general. We will later revisit them for each condition throughout the base course.

GFAEI Objective 4: To integrate provision of care and services for epilepsy within the primary health care

- 4.1 Develop treatment protocols for management of epilepsy
- 4.2 Develop mechanisms for improving supply of antiepileptic medications
- 4.3 Develop mechanism for better follow-up
- 4.4 Strengthen referral system and develop guidelines on when to refer
- 4.5 Supportive supervision methods developed and implemented.

Form 05

FIGHT AGAINST EPILEPSY INITIATIVE - GHANA
District Supervisory form

To be filled in by the national supportive supervision team quarterly

District: Tolon/Kunbungu Region: Northern

Date: 28/04/2014

Name and designation of supervisory team members:

Mrs Edith Annan WHO Program Manager of GFAEI

Lt Col Samuel Odonkor Psychiatrist, 37 Military Hospital

Dr Albert Akpalu Neurologist KBTH

Reporting period: 1/1/2014 to 28/4/2014 and covering 1/5/2013 to date

Monitoring visit



New patient case 1

Health care provider took adequate history

Healthcare provider enquired about mental health of the patient

Health care provider carried out adequate medical examination

Health care provider correctly diagnosed the patient

Health care provider prescribed correct medicine and dosage or advised on correct management plan

Health care provider gave proper education to patient

Health care provider asked patient to come for follow-up or made appropriate referral

Health care provider made a record of the consultation

Epilepsy is Life Threatening



What are reasons for high treatment gap?

Reasons vary in different settings

Health system:

- Epilepsy usually not a priority for policy makers and clinicians
- Shortage of trained medical and para-medical personnel
- Lack of health facilities where epilepsy can be treated
- Lack of access to medications
- Absence of widespread health insurance

Community:

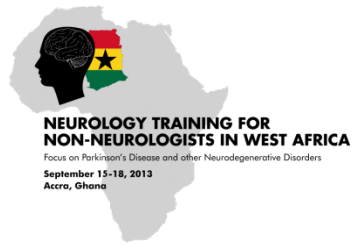
- Cultural expectations
- Stigma and discrimination attached to epilepsy
- Patient's beliefs
- Logistics- expense, distance from facilities

Ghana Model of Care for Epilepsy Treatment

Document

Patrick Adjei & Albert Akpalu

3/16/2013



The 'PD in Ghana' project

OBJECTIVES

1. CLINICAL:

a) Identify as many cases of PD as possible

- Confirm the Diagnosis of Parkinsonism
- Provide Free Long-Term Levodopa treatment
- Direct Follow-Up twice/year

b) Improve clinical skills of local doctors, health professionals

- Educational courses about PD diagnosis and management
- Regular e-mailing with local doctors

2. SCIENTIFIC:

- *Demographics*
- *Insights into Motor and Non-Motor features*
- *Genetics*
- *Nutritional status*

Psychotherapy

- Few Clinical Psychologists
- Lack of psychotherapy in care plans
- Existing primary health care providers can be trained to deliver structured simplified psychological interventions.
- Family Intervention and Support in Schizophrenia: A Manual on Family Intervention for the Mental Health Professional (Varghese et al., 2002)

Way forward

- Strengthen Quality assurance/Monitoring & Evaluation
- Training awareness creation
- Deemphasize institutional care
- Traditional/faith based
- Integrate training for neurological disorders with psychiatry
 - Adopt fully mhGAP
- Scale up training for psychotherapy

