



MINISTRY OF HEALTH
REPUBLIC OF GHANA

IOM
INSTITUTE OF
MEDICINE

Sustainable Mental Health Care in Ghana: A Demonstration Project

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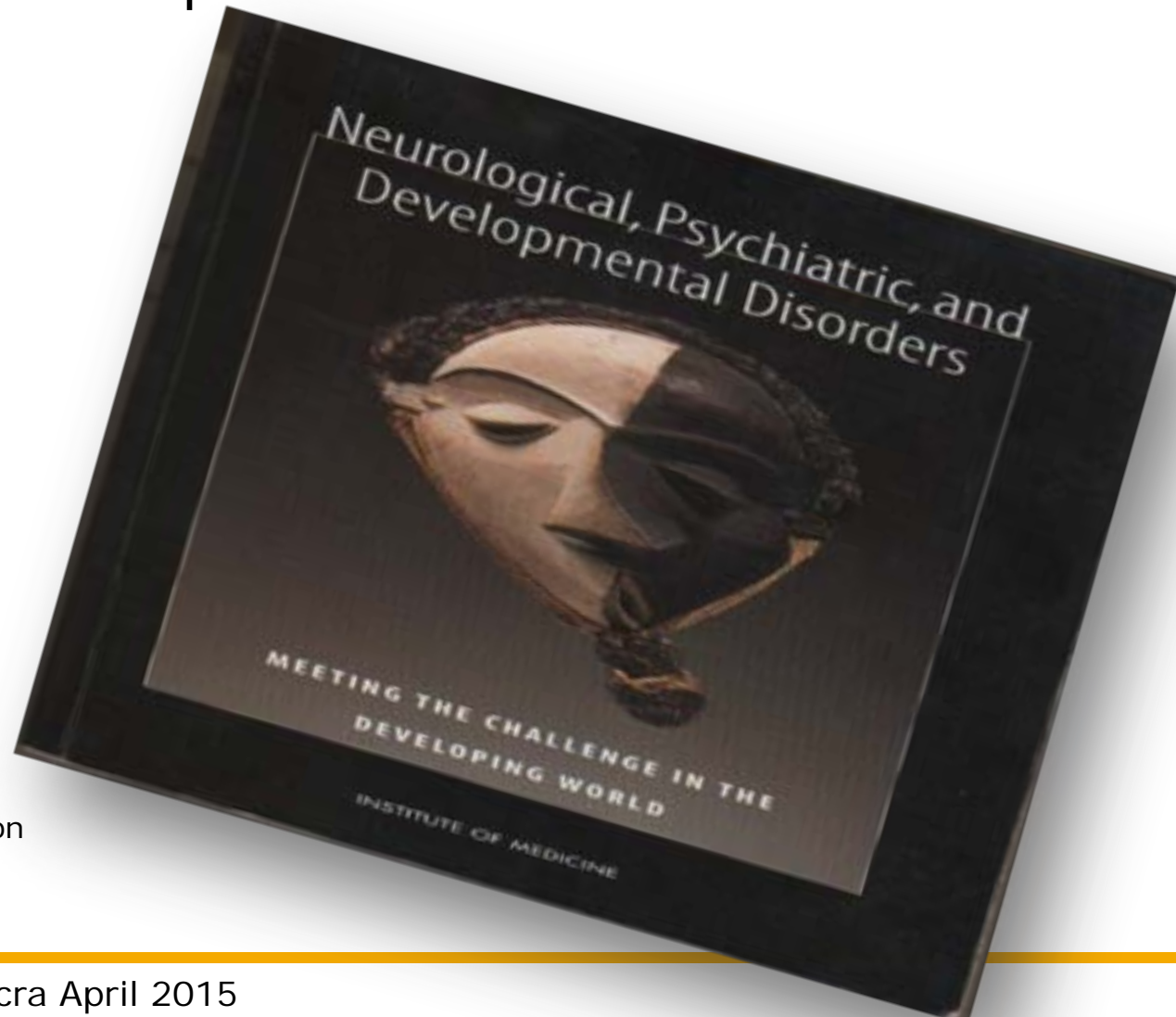
Rationale

- Persons with mental health needs and psychosocial disability are able to have access to good quality mental health care through local mainstream health services, and to be included in community life
- Demonstration project to be carried out and evaluated to inform replication

Sources for proposed project

i. Expert advice and reports/documentation

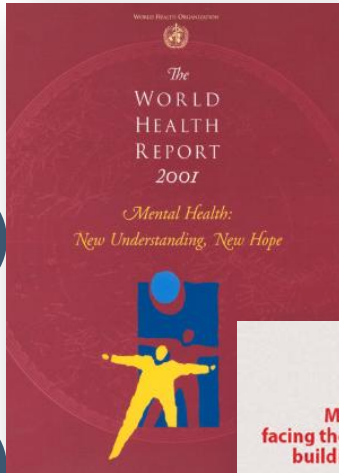
ii. Growing evidence-base for what works in Low and Middle Income Countries



Institute of Medicine publication
2001

Part of a process...

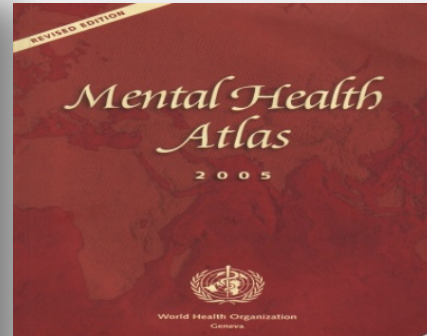
2001



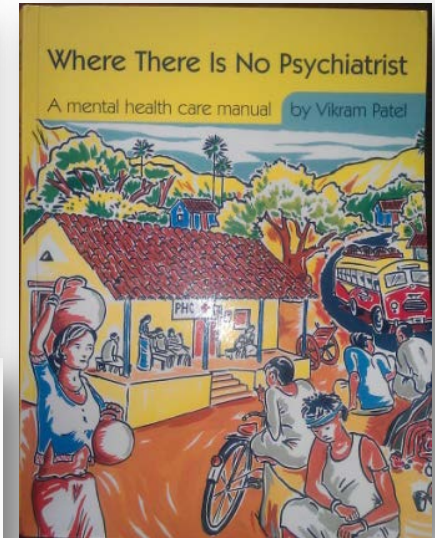
2005



Helsinki



Brasilia



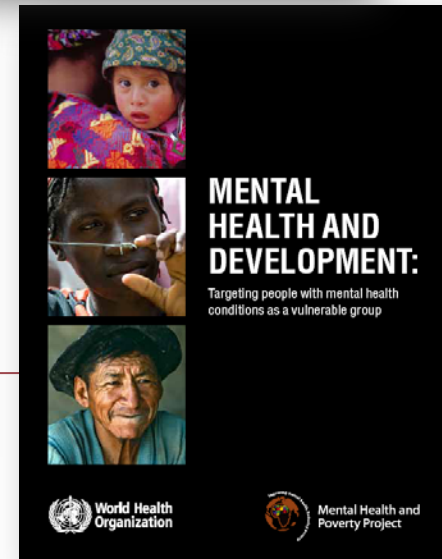
2007

2008



2011

2nd Lancet series



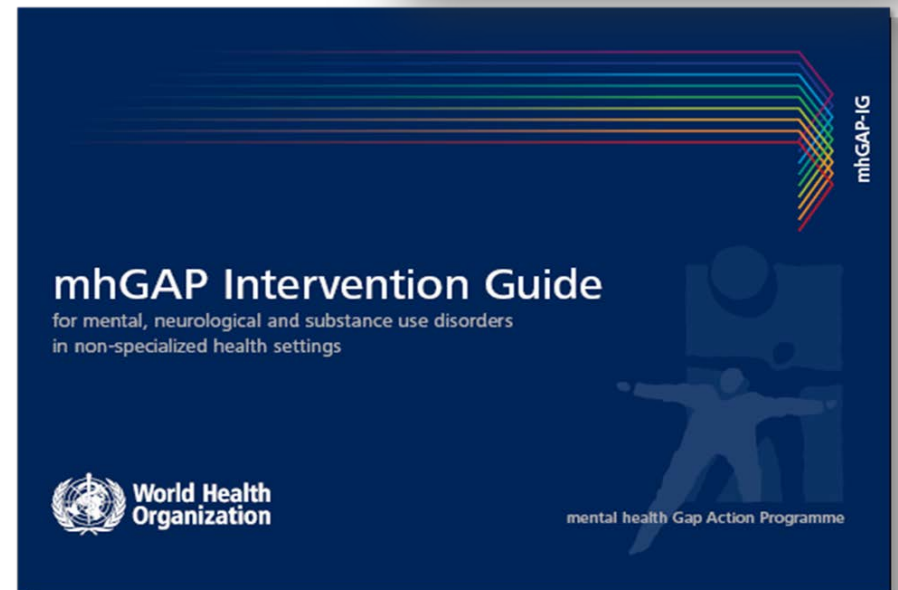
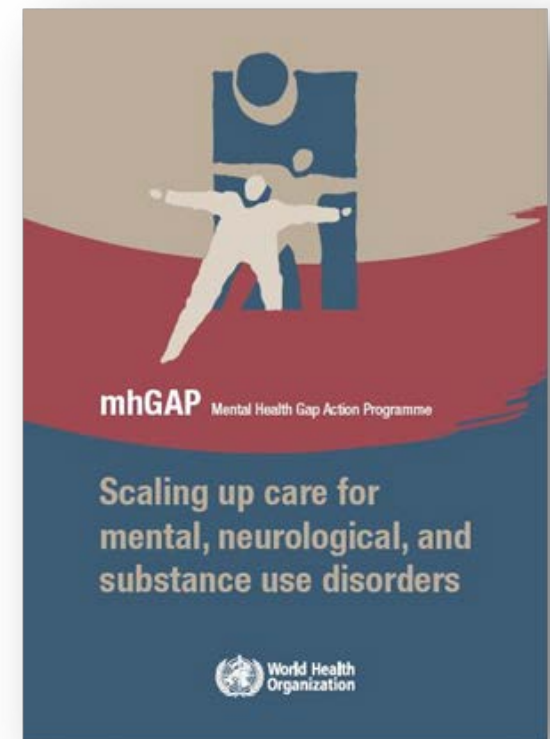
2015 +

post-2015 SDGs

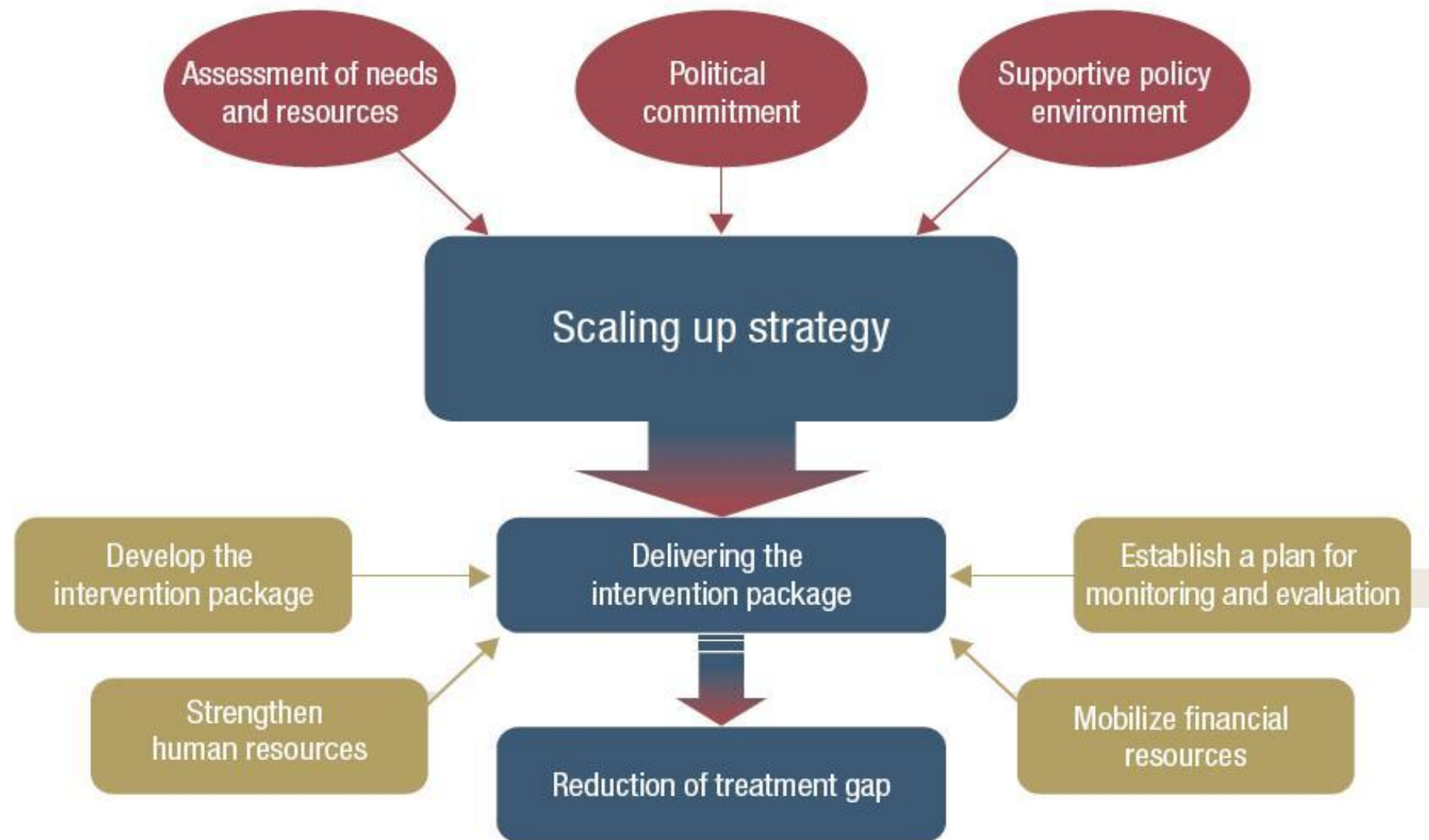
Sites Demonstration and Scale Up

WHO mhGAP

- Based on systematic review of evidence of effective treatments for priority conditions
- http://www.who.int/mental_health/mhgap/evidence/en/
- For use by non-specialized health providers in low resource settings
- Includes both pharmacological and psychosocial interventions
- Ghana will have mhGAP trainers through mhLAP programme



Overview mhGAP



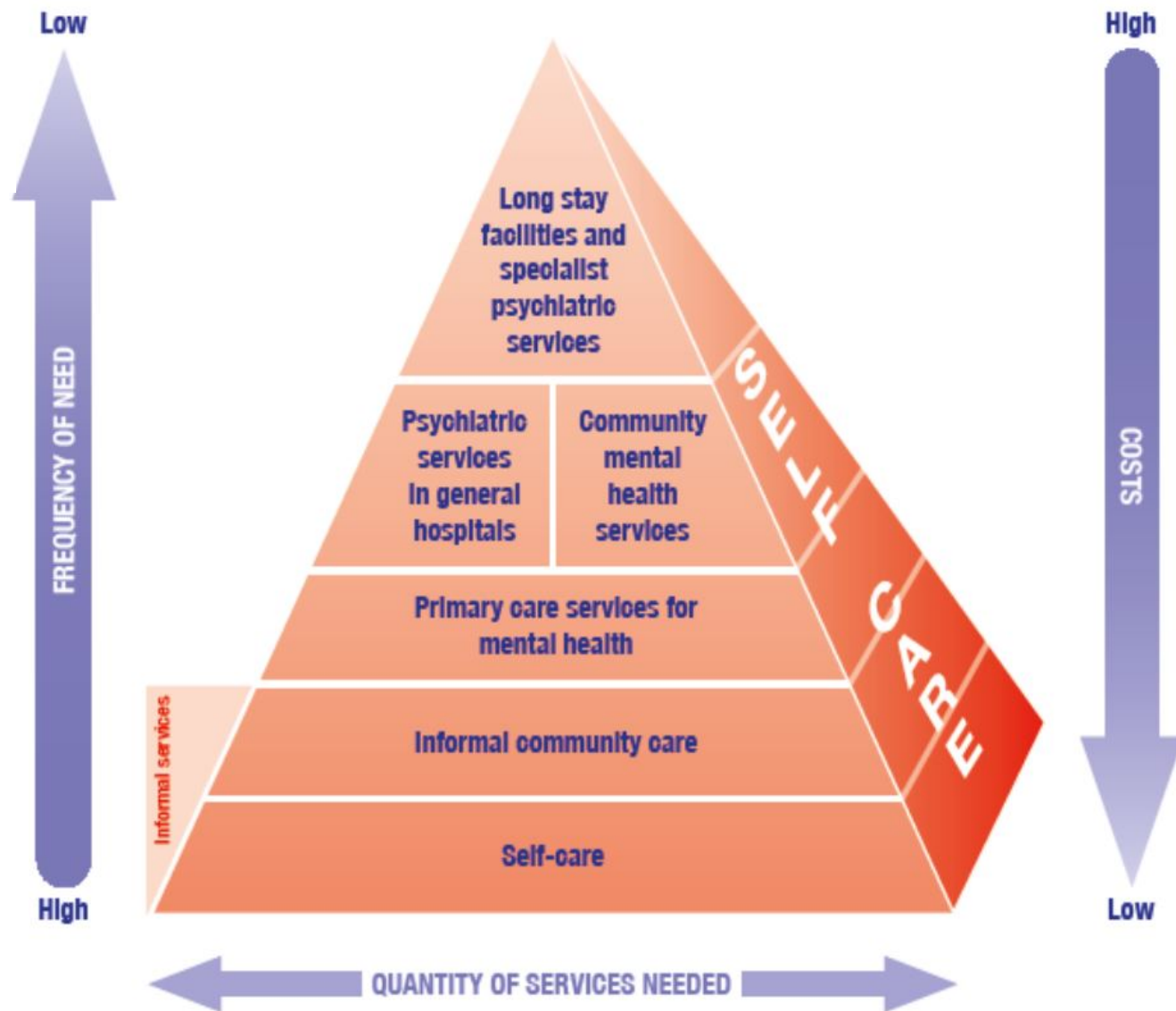
Raising the profile in West Africa and Ghana

- Mental Health Service Users Conference 2010
- WPA Abuja 2012; Africa mental health road maps
- BasicNeeds model in Ghana, franchising
- MEHSOG, mhLAP partnership
- Ghana Mental Health Act 2012
- Human Rights Watch Report
- Research; MHaPP, PRIME, Emerald, NIMH Hubs etc
- IoM Workshops on mental health in Africa
- mhGAP demonstration sites in Ethiopia and Nigeria
- Launch of global WHO Comprehensive MH Action Plan 2013-2018
- Planned launch of Africa MH Action Plan in 2015

Principles

- Considering all elements of system
 - Adapted for the local cultural context
 - Developed in a participatory way
 - Sustainable and economically viable
 - Well evaluated and documented
 - Replicable at scale
 - Interaction with other sectors
-
- Comprehensive and holistic services
 - Accessible, affordable, appropriate
 - Decentralised into mainstream services at District level
 - Using task sharing model with
collaborative and
stepped care

Fitting into a
system



WHO pyramid of
services

Result 1: Establish buy-in, management structure and project oversight. Engage with relevant structures for integration of mental health

1.1 Engage with **figures of authority** in health care in Ghana and identified districts. Identify focal person in established structures.

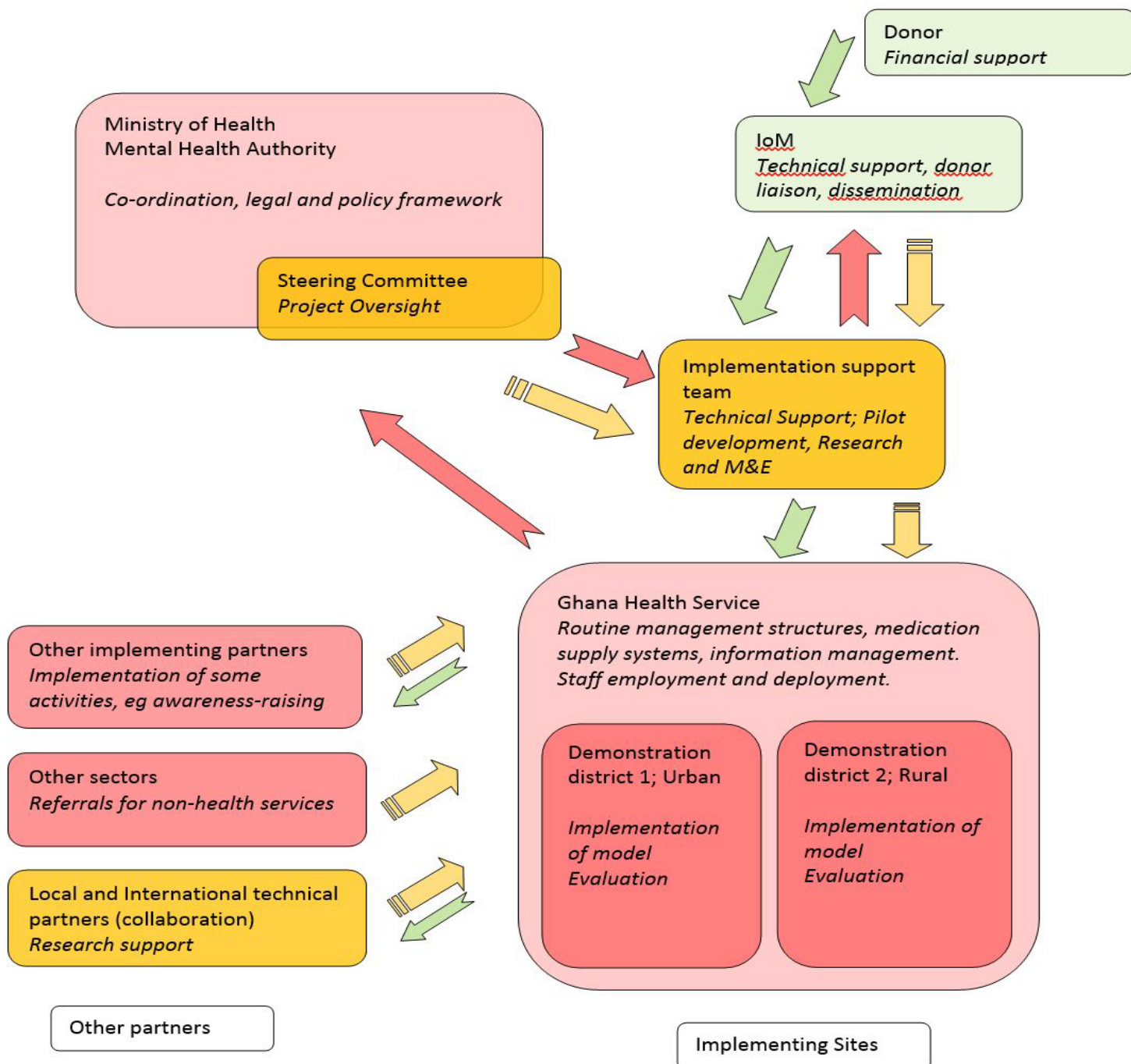
1.2 Build a **Steering Committee** within established health system structures. Include representation of those providing the services and using services.

1.3 Build a strong project **management team**, building their capacity to deliver the project and reporting requirements.

1.4 Participate in forums relevant to mental health.

Mainstream mental health into work of other sectors

Governance structure



Results 2: Situation analysis and planning: Complete situation analysis in identified demonstration sites, design implementation model, develop M&E plan

2.1 Carry out detailed **situation analysis** in identified demonstration sites to document needs and available resources

2.2 Use detailed situation analyses to inform development of a **project model**

2.3 Develop **M&E plan** in line with recognised indicators, that will provide evidence and lessons for replicability (include costs and process indicators)

Measure baseline for indicators

Results 3: Establish integrated CMH services in government health structures in 2 demonstration sites

- 3.1 Ensure proposal has support of authorities
- 3.2 Build capacity of personnel at each level based on clearly defined tasks
- 3.4 Ensure staff at each level are equipped with tools they need to work
- 3.5 Provide ongoing training and clinical supervision

Results 4: Maintain a system-wide perspective. Ensure good inter-sectoral links to facilitate access to non-medical services

- 4.1 Systematically address historical barriers;
- 4.2 low availability of medication
- 4.3 lack of psychological component of care
- 4.4 weak health management information system
- 4.5 ineffective referral and counter-referral/senior support
- 4.6 lack of inter-sectoral collaboration, including physical health education, social services, traditional and religious healers

Results 5: Increase community awareness of mental health issues, existence of new services. Challenge myths and stigma

5.1 Hold forums to engage with **traditional custodians of care**

5.2 Develop **Advocates** and equip them to promote messages

5.3 **Messages** might include

- mental health promotion and illness prevention;
- the treatability of mental disorders;
- the existence of (new) services;
- the right of PWPD for inclusion in community life

5.4 Engage in local and national-level campaigns to change attitudes

Results 6: Monitoring and Evaluation, Accountability, Research, measuring impact

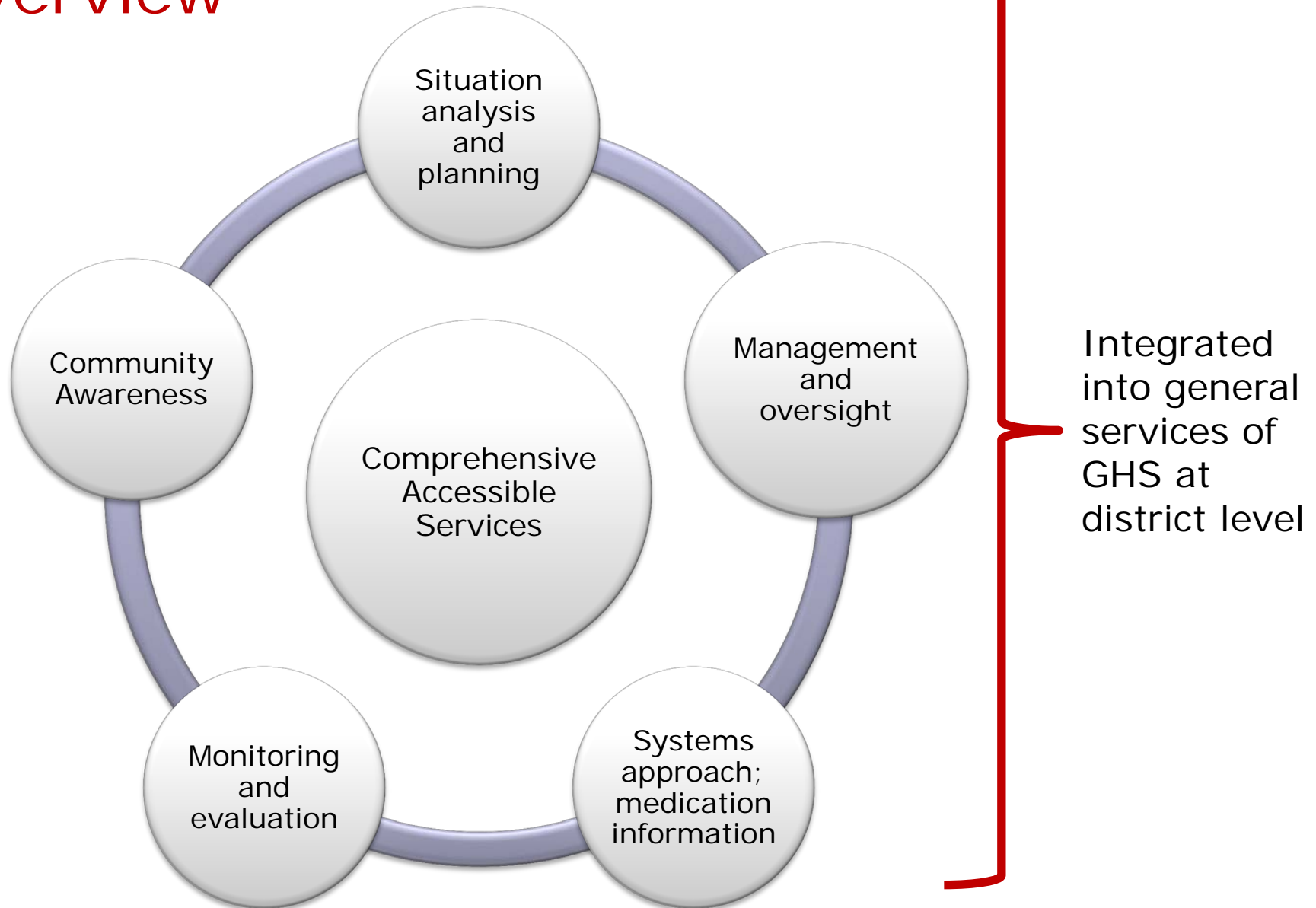
6.1 Internal record-keeping, accounting, **monitoring and evaluation**

6.2 Gather reliable data and **analyse** so as to have strong evaluation of model. Share evidence generated by research related to the programme.

6.3 **Document** roll-out and make resources developed available

6.4 **Engagement with stakeholders** in mental health (including Government structures) so that findings can be disseminated and lessons learnt

Overview



Questions

No condition is permanent...