

# Transforming mental health services in Ghana

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(A DFID funded research consortium)

Paper presented at the annual conference of the African Association of Psychiatrists and Allied Professionals (AAPAP)

Accra, June 26 -28, 2008.

# Introduction

- In this paper we are looking at transforming mental health services in Ghana based on the results of a situation analysis completed by the Mental Health and Poverty Project, and using a WHO proposed frame-work for such services.

# The Mental Health and Poverty Project (MHAPP)

- Has undertaken a situation analysis of Mental Health policies and services in four African countries (Ghana, Uganda, South Africa and Uganda)
- Partners with WHO, two universities in England, two universities in South Africa, Uganda, Zambia and Ghana and their Ministries of Health.
- Funded by DFID

# Method of Study

## Qualitative method:

- 81 interviews and focus group discussions held with key stakeholders including policy makers, healers, and users of psychiatric services in five regions and nine districts.

## Quantitative method:

- Instruments used included
  - WHO Assessment Instrument for Mental Health Systems (WHO-AIMS version 2.2) (WHO 2005)
  - WHO Policy, Plan and Legislation Checklists

# Interview Analysis

- Interviews were transcribed verbatim
- Local language interviews were transcribed and translated into English
- Using framework analysis, a coding system was developed a priori from the question guides
- Emergent themes were added to the codes as the coding proceeded
- 10% of randomly selected scripts were multiply coded for validation. Inter-rater agreement was consistently above 90%.

# Interview Analysis (contd.)

- The codes were entered into Nvivo version 7
- Charting and mapping were performed, i.e. looking at the links between respondent status such as director, user, traditional healers, nurses, etc. and responses.

# WHO-AIMS

- WHO-AIMS has 6 domains:
  - Policy and legislative framework
  - Mental Health Services
  - Mental Health in Primary Health Care
  - Human Resources
  - Public Education and links with other sectors
  - Monitoring and Research
- Data is entered into an Excel sheet and then converted into a narrative country report using a template provided with the package.

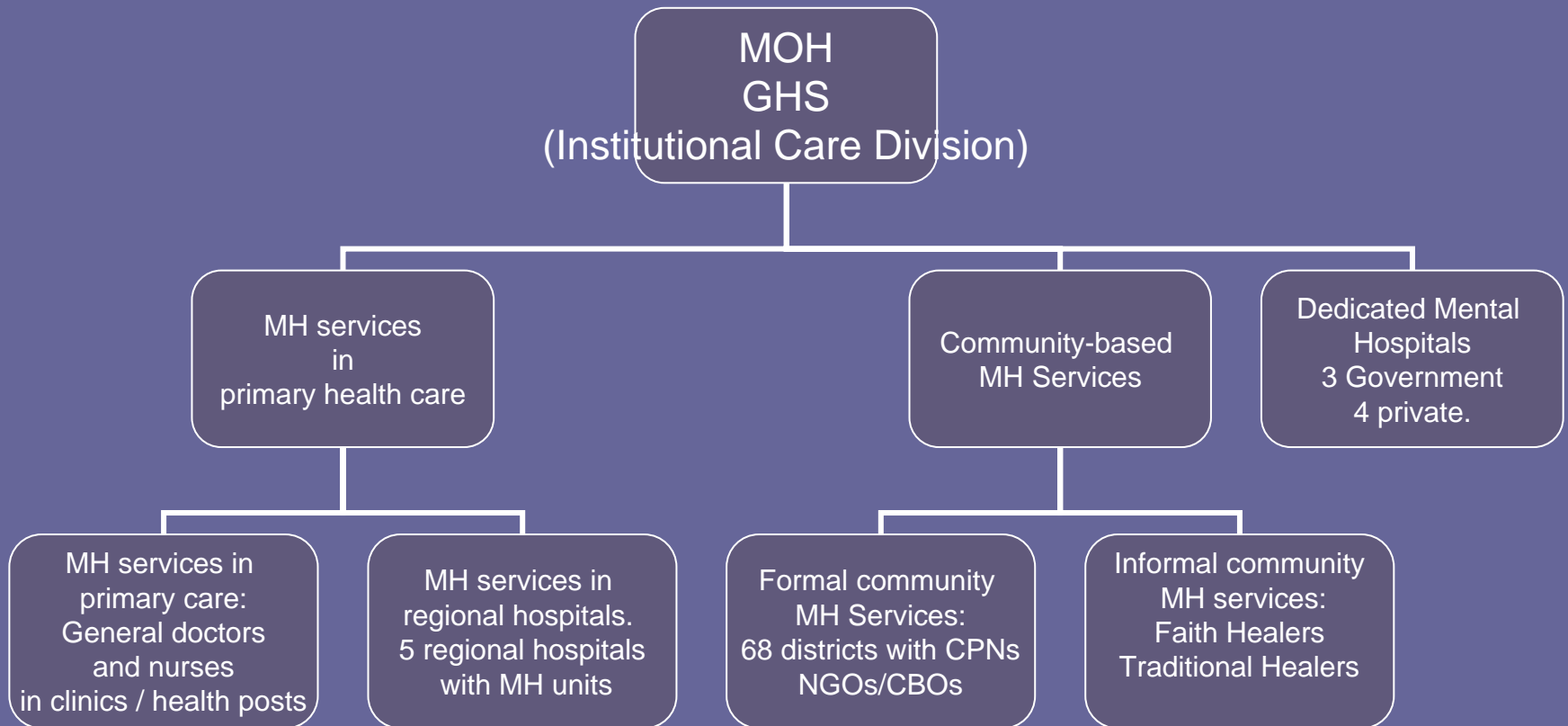
# WHO Mental Health Policy, Plan and Legislative Checklists

- Provide a format for the evaluation of available policy, plans, legislative structures and resources on mental health within a country
- The following policy documents were evaluated:
  - 1972 Mental Health Act
  - 1994 Mental Health Policy and revision (2000)
  - Ghana Health Service Programme of Work 1996 – 2001
  - Mental Health Unit Mental Health Programme 2007 to 2011
  - 2006 Mental Health Bill



# Results

# An overview of Mental Health services in Ghana



# High lights of the Situation Analysis

- Integration with PHC only partial
- Approximately 6% of health budget on MH
- Overcrowded mental hospitals
- Few professionals, aging staff and infrastructure:
  - 15 psychiatrists, 15 clinical psychologists (none hired by MOH), 1 occupational therapist, 6 social workers, etc.

# Results of the Situation Analysis

- Stigma/ Abuse of HR.
- Funding: Free? NHIS?
- an inequitable geographical spread of services and
- absence of mh in the development discourse on poverty
- Lack of specialist services for narcotic drug users, the Aged/ Adolescents/ Children.

# Why these issues?

- Possibly because of the inadequacies of the 1972 legislation
- And possibly because what it provided for was not fully implemented.

# The current (1972) legislation's deficiencies.

- Inadequate attention to human rights provisions for patients, including:
  - the right to humane treatment, confidentiality and privacy, informed consent
  - rights of carers and families of users
  - competency, capacity, and guardianship issues
  - involuntary admission, Issues of seclusion and restraint, etc.
- Little protection of vulnerable groups, including minors and women

# The current (1972) legislation's deficiencies (contd.)

- No provision for financing of mental health care
- Inadequate promotion of mental health within primary care or community-based care
- Inadequate promotion of access to psychotropic drugs
- No provision for educational activities, vocational training, leisure activities and religious and cultural needs for people with mental disorders
- No provision made for involvement of users of mental health services, families and carers in mental health policy and legislation development and planning

# The New Mental Health Bill

- Drafted in 2006 with support from WHO
- pending submission to parliament to be enacted into law
- adopts a human rights based approach to prevent discrimination and provide equal opportunities for people with mental disorder



# The New Mental Health Bill provides for:

- a Mental Health Authority to provide mental health care at the Primary Care level
- A Mental Health Review Tribunal
- The protection of the rights of persons with a mental disorder, including the principle of the least restrictive environment and the right to information and participation
- The protection of vulnerable groups, including women, children and the aged, guardianship, the rehabilitation of persons with mental disorder, the role of the police, and the treatment of offenders with mental disorder

# The new Mental Health Bill

- regional visiting committees to inspect mental health facilities and investigate complaints
- highly endorsed by WHO as reflecting best practice in mental health legislation (WHO 2007)
- promotes de-centralisation and community mental health care
- regulates traditional and faith-based healing practices

# Major flaw

- Again, it does not mention funding. Which would lead it down the path of the previous legislation.
- How will all of this be funded?

# Innovations in other LAMICS

Examples of integration of mental health into PHC (WHO 2003):

- A Mental Health Commission in Argentina for the training of PHC personnel in mental health
- Telephone hotline services in Shanghai
- The inclusion of priority mental disorders in the National Health Management Information System with a separate budget for this purpose in Pakistan
- In Tanzania rural dispensaries and sheltered employment in agricultural rehab. villages with psychosocial support

# Ghana's experiments from the past

- Sefa-Dedeh, Ofori-Atta, and Ohene's DANIDA funded Upper West region Mental Health in Primary Health Care project (1994-1998): established community mental health services and trained PHC medical and nursing staff.
- Asare and WHO's Nations for Mental Health Project (1999): training of health volunteers to provide community support to patients with MH disorders.

# Principles for the organization of services (WHO, 2003)

- Accessibility
- Comprehensiveness
- Coordination and continuity of care
- Effectiveness
- Equity
- Respect for Human Rights.

# Issues

- Legislation: Pass the new law and write into it funding provisions
- Continued deinstitutionalization would release funds for primary MH care

# Issues

- Strong MHIS within HMIS, including training in diagnosis and simple biostatistics (e.g. Pakistan (WHO 2003))
- Access to medication within PHC
- Formation of multi-sectoral district MH Advisory Committees
- District Assembly and District Health Management Team financial and expertise support to informal service providers



# Issues

- Public mental health education
- Hiring of MH allied professionals into Ministry of Health
- Training, training, training (e.g. Argentina, WHO 2003 )
- A primary health care policy which says no team is complete without MH.

# WHO's optimal mix of services



# For Ghana



# Acknowledgements:

- DFID
- WHO

# Refs

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