MINISTRY OF HEALTH

Mental Health Strategic Plan

2014-2018
Foreword

In May 2013 the 66th World Health Assembly (WHA) took major decisions on new public health measures and recommendations aimed at ensuring greater health benefits for all. These conclusions included a comprehensive Mental Health Action Plan 2013-2020 which sets four major objectives: 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, and strengthen information systems, evidence and research for mental health.

Ghana has taken a major step towards implementing this Action Plan by the WHO. With the enactment of the Mental Health Act 846 of 2012 Ghana has taken steps to fulfil these aspirations particularly strengthening of leadership and governance in mental health and laid emphasis on mainstreaming mental health and integration of same in general health care. This document of Mental Health Strategy 2014-2018 has taken practical steps towards this fulfilment. All health facilities will routinely see persons with mental health problems, district hospitals will make provision within their wards for a few dedicated beds to allow for admission of acute cases for a few days. All regional hospitals will have mental health wings where patients with acute mental health problems can be admitted for up to two weeks. Regional psychiatric hospitals will be constructed with 40-50 beds where patients may be admitted for up to a month after which, if they require further admission, they will be referred to the downsized national psychiatric hospitals.

This Strategy enables training of more mental health personnel, especially middle level cadre who will man the district and regional psychiatric facilities. It also enables public education which will go a long way to reduce stigma against mental illness.

Never again shall the mentally ill be mistreated, neglected and discriminated against. The society has the responsibility to attend to them to enable them realise their full potential and to have this treatment free by the policy of the government. The government through the Ministry of Health, on its part, will ensure the leadership and provide the wherewithal to enable the realisation of the aspirations of the Strategy and all health workers have the responsibility to do their part to ensure
that it works. An important feature of the Strategy is its outlining collaboration with other agencies and ministries to ensure mainstreaming and full integration of mental health.

By the end of the duration of the Strategy, 2018, it is expected that mental health care in Ghana will have been raised to a high pedestal, no mentally ill patients would be seen roaming the streets of the cities and villages, knowledge on mental health will be widespread, people should be able to go to mental health workers and facilities to evaluate their own mental health for preventive purposes without fear of stigma, and the rights of persons with mental illness will have been fully respected. May the Strategy live fully to these and other aspirations. Congratulations to those who, in diverse ways, brought this document of Strategy to fruition.

Sherry Ayittey

Hon. Minister for Health
Accra.
November, 2013.
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<tr>
<td>ICD</td>
<td>Institutional Care Division</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<td>CSDD</td>
<td>Clinical Services Development Department</td>
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<td>UGMS</td>
<td>University of Ghana Medical School</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>National Health Insurance Scheme</td>
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<td>CPN</td>
<td>Community Psychiatric Nurse</td>
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<td>OPD</td>
<td>Out Patient Department</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>VSO</td>
<td>Volunteer Services Organization</td>
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<td>RMN</td>
<td>Registered Mental Nurse</td>
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<td>PAP</td>
<td>Physician Assistant Psychiatry</td>
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<td>CMHO</td>
<td>Community Mental Health Officer</td>
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<td>CHPS</td>
<td>Community-Based Health Planning and Services</td>
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<td>DHIMS</td>
<td>District Health Information Management System</td>
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<td>GES</td>
<td>Ghana Education Service</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<td>NADMO</td>
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1.0 Introduction
Mental Health is one of the key components of health. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

In Ghana large segments of the population, who live in rural and remote areas, have woefully inadequate access to mental health care. To meet the mental health needs of the communities there is the need to improve and expand existing services by developing strategies to promote mental well-being. Such a strategy should concentrate on positive approach to mental health through promotion of mental health and prevention of mental illness, provision of treatment and rehabilitation services within the reach of the communities and should be implemented within the existing primary health care system in collaboration with the secondary and tertiary levels.

There have been several attempts to develop mental health in primary health care and provide community-based mental health services. However, Ghana’s operational 1972 mental health decree emphasized institutional care to the detriment of mental health care in primary health care settings contrary to current international policy directives.

Ghana’s new Mental Health Act (Act 846) of 2012, enacted on 31 May 2012 rightly emphasizes community care. This Strategic Plan will therefore, provide the direction for implementation of the Act for integrated community-based mental health services in Ghana.

1.1 History of Mental Health Care in Ghana
In the early days, mentally ill patients were kept in homes or roamed about at the mercy of the weather or were handled solely by traditional healers. Formal mental health care in the country started in 1888 with the enactment of the 'Lunatic Asylum Ordinance'. This legislation was passed in response to the growing numbers of mentally ill people who roamed the streets. The ordinance enabled the building and commissioning of the Accra Asylum in 1906, which has now become the Accra Psychiatric Hospital. Two more facilities were later built and commissioned in 1965 in Ankaful and 1975 in Pantang, all in the coastal area.
Training of psychiatric nurses started in 1952. In 1974 twelve psychiatric nurses were given in-service training in community psychiatric nursing and posted to some communities. By 1988 all regional capitals had community psychiatry nurses though inadequate at the districts.

By 1996, a policy was written aimed at sending mental health care to the doorstep of every community. The implementation of this policy was however, hampered by shortage of human resources, financial and logistical problems and lack of enabling legislation for community care among others.

In 1998, WHO’s Nations for Mental Health Project trained providers and volunteers to provide community support to patients with mental illness. However, these efforts at community mental health care have not been sustained on account of lack of funds contributing to the current treatment gap.

In Ghana, local training for psychiatric doctors started in 2005, while that for physician assistants in psychiatry started in 2010.

The private sector and NGO’s have also played a role in mental health service delivery in health promotion, policy development, awareness creation and advocacy. Traditional and faith healers have cared for mentally ill patients in the communities.

2.0 Situational analysis

2.1 Health Service Delivery in Ghana

Generally, the overall health service delivery and health status of Ghanaians have improved over the decades. Ghana’s population is **25.37 million (World Bank Report, 2012)**, a four-fold increase from 6.5 million at independence. Key health indices of Ghanaians have been improving since independence in 1957. Life expectancy at birth has increased from 45 years at independence to 61.4 years in 2011; Under-five mortality rate has decreased from 220 deaths per 1,000 live births in 1957 to 74 deaths per 1,000 live births in 2011; maternal
mortality from 900/100,000 to 351/100,000 live births (World Bank Report, 2012). OPD attendance per capita from 0.3 to 1.0 (GHS Annual report, 2011), financing of health care has moved from ‘cash and carry’ or out-of-pocket payment to national health insurance scheme.

Every region has a regional hospital with three of them being ultra-modern (Volta, Brong Ahafo and Central), the rest hoping to get theirs soon. Most districts have district hospitals and staff/patient ratio has generally improved over time.

There has been a very modest progress in mental health delivery. While at Independence there was only one psychiatrist, now there are 11 psychiatrists in active public practice. Some patients can be seen in the communities where there are psychiatric nurses. There are 260 Community Psychiatry Nurses compared to only 12 in 1974. Awareness of mental health disorders and the need for care has also improved.

Notwithstanding the improvement in general health situation, mental health facilities and services have not improved enough to keep pace with the growing population. Only three regional hospitals now have psychiatric wings, while only 108 of the 230 district hospitals have community psychiatric units. The number of psychiatrists has not increased appreciably. Treatment gap still remains very wide at 97.7% (WHOAIMS Survey Report, 2012)

The lack of remarkable improvement in mental health care is partly to be blamed on general phenomenon of mental health being very low on the scale of health priorities for low-income countries and Ghana is no exception. Mental health care continues to suffer neglect in terms of practical sustainable actions that will bring about results for the benefit of the poor and marginalized people with mental illness.

The neglect and low prioritization are largely due to, among other reasons, the fact that mental illness is seen as being of low fatality though it contributes to a great loss of disability adjusted life years (DALYS). Human rights abuses of the mentally ill are rampant both in state institutions and private unorthodox centres. At traditional and faith-based healing centres
mentally ill patients are chained, shackled, flogged, starved and used for forced labour with some females going through sexual abuse.

2.2 Mental Health Services
Mental health care in the country is currently largely provided by the three specialized psychiatric hospitals all located in the south. There is little emphasis on community based care which is provided by five Regional Hospitals and few district community psychiatric units.

There is some collaboration of orthodox mental health practice with traditional and faith based healers but this tends to be informal and largely not documented. There is also private involvement to a limited extent with a few private psychiatrists and non-governmental organizations providing or facilitating services.

Majority of mental health care is provided through specialized psychiatric hospitals with inadequate government provision and funding. The funding for mental health care in the general hospital and community-based services is almost non-existent. Child and adolescent mental health services are woefully inadequate, likewise geriatric care and these should be promoted.

Basic Needs-Ghana, one of the few NGO’s involved in mental health care, has partnered with MOH/GHS. Since 2002 it has actively worked to promote a model for community mental health care and development. It emphasizes a multi-dimensional intervention to address communities’ need for mental health services with the active involvement of people with mental illness, epilepsy and their primary carers and families. The organization has worked with the Ghana Health Services, particularly with the available Community Psychiatric Units, to promote treatment services within the proximity of the communities.

2.2.1 Types and levels of Mental Health Services
Mental health services provided include promotion/prevention, case management and rehabilitation at all levels of care, namely community, district, regional and tertiary levels. Case management is provided on outpatient and inpatient basis. From one psychiatric hospital at Independence, (Accra Psychiatric Hospital) Ghana now has three large public psychiatric hospitals and three regional hospitals have psychiatric wings with 10-20 beds each. This is a
positive development. Inpatient care can be in community residential facilities, facility based inpatient and Day treatment facilities.

These facilities are, however, inadequate and general practitioners and nurses have limited capacity to manage mental health cases. Moreover, physical structures are grossly inadequate. Many of those in need of treatment do not reach psychiatric services at all.

Institutionalization (with very little community component), medicalization (care based almost exclusively on medicines which themselves are supplied irregularly and inadequately) are largely the mainstay of treatment with very little of other components like clinical psychology, occupational therapy and other non-medical approaches.

Community based mental health service is inadequate with less than half of the districts having community psychiatric nurses.

Mental health care is also characterized by stigmatization and under resourcing - financially, logistically, human resource, structures and facilities, low priority, etc. Superstitious beliefs among Ghanaians have also served as a great barrier to adequate mental health care.

2.3. Financing Mental Health Care

Funding for mental health care in Ghana is poor. Mental illness is associated with high levels of health service utilization and associated cost. (Raja et al 2010) 1.4% of the overall health care expenditure by the government health department was devoted to mental health in 2012, majority of which was (nearly 80%) allocated for the running of the three psychiatric hospitals leaving out the community, district and regions (2012 WHO-AIMS report). This level of funding is not adequate for the basic needs of all the patients, especially as the funding is largely for the rather expensive tertiary institutional care. More importantly, however, though this level of funding is inadequate, if the services were more widespread and community oriented, the same funding would have made more impact hence the need to re-strategize.

The government of Ghana pays for drugs for mental ailment while the patient pays out-of-pocket for co-morbidities if not registered with the National Health Insurance Scheme.
(NHIS). Many mentally ill patients, however, are not insured with the NHIS. The NHIS, at any rate, does not cover psychiatric services because, by policy, treatment for mental illnesses is free at the public psychiatric hospitals and through community psychiatric nurses. However, if these services are inaccessible or medications run out as do occur, then patients have to purchase these privately from out of pocket without recourse to a refund.

2.4 Access to Mental Health Service
Since Independence, and particularly since 1978 following the Alma Ata declaration, efforts have been made to increase access to mental health care through efforts at community care. However, access to mental health services as it is now reveals wide variation between socio-economic groupings and geographical areas as most of the services are in the southern part of the country and unavailable in most of the communities throughout Ghana. This even affects the applicability of the free policy, as people have to travel far to access mental health and the cost of transportation not reimbursed.

2.5 Human Resources for Mental Health Services
There are only 18 psychiatrists with 11 working in public health facilities, 14 physician assistants, 793 psychiatric nurses, 260 community mental health nurses, 34 clinical psychologists, 7 psychiatry social workers and 1 occupational therapist (VSO) managing mental illnesses in the country.

2.6 Current Challenges

2.6.1 Low priority for mental health
Low priority for mental health has generally led to mental health programmes not being seen through for full implementation by the government and non-governmental organizations. Communicable diseases like malaria, HIV/AIDS and tuberculosis are top priorities for more than two decades. Reasons why mental health care has continued to endure low priority are varied.
Mental health problems are perceived to have low fatality and therefore in a resource poor country with high infection endemicity and high fatality rate, less attention tends to be focused on mental health care. Secondly the general stigma of mental health problems tends to be associated with mental health care generally. Thirdly mental health care has not had representation at the highest level of policy making. These and other reasons have together conspired to give low priority to mental health care.

2.6 Inadequate Resources allocated to mental health Service
Inadequate resources (financial, human, logistics, medicines etc.) allocation has negatively affected mental health service delivery.

2.6.3 Inequitable distribution of mental health services
All the three psychiatry hospitals are situated in the southern part of Ghana leaving the northern part underserved.

2.6.4 Inadequate integration of mental health services into general health care
Five out of ten regional hospitals and 108 out of 230 district hospitals provide psychiatric services. Mental health is seen as not part of general health care.

2.6.5 Human rights abuses
Abuses of the mentally ill patients are rampant in both state institutions and private unorthodox centres. At traditional and faith-based healing centres mentally ill patients are chained, shackled, flogged, starved and used for forced labour while others go through sexual abuse. In public institutions the general congestion, poor sanitary conditions and unacceptably poor staff/patient ratio leading to inevitable neglect of patients, together amounts to abuse of the rights of the patients to quality care.
2.6.6 Over medicalization of mental health services
Mental health services subsist almost exclusively on doctors and nurses while other core mental health services like clinical psychological services, occupational therapy and social welfare services are almost absent.

2.6.7 Institutionalization of mental health services
Mental health care in the country is largely hospital based where patients spend months and years on admission.

2.6.8 Lack of awareness of mental illness
Not many people recognise mental illness which they attribute to supernatural factors and hence may not take appropriate steps for remedies.

The supernatural model of understanding of mental health: Ghanaians are typically religious and tend to explain everything in religious terms thereby overlooking and downplaying the underlying medical and scientific factors. Mental illness is usually said to be caused by evil spirits, angry gods and ancestors and/or the result of breach of a taboo or not adhering to key cultural values and practices (Kirby, 1997).

2.6.9 Lack of research in mental health issues
There is very little research in mental health and researchers show less interest in mental health issues and do not get support for mental health research; thus data on mental health is limited for planning and implementation for evidence-based care. The few clinicians also tend to be overworked leaving them with very little time even for operational research.

2.6.10 Poor socio-economic status of mental health patients
There is a vicious cycle between poverty and mental illness. Mental illness increases the risk of poverty and poverty exacerbates mental illness (Basic Needs-Ghana, 2010; Lund, et al., 2011). As a result, many people with mental illness have inadequate means to a livelihood, are destitute and can hardly afford treatment. Their poor status makes them unable to afford even their basic medication or transportation fare to attend to their health needs.
Ghana’s social protection schemes such as LEAP, national health insurance, school capitation grants and feeding programme hardly benefits poor people with mental illness (SEND-Ghana, 2006).

2.6.11 Widespread use of alcohol, cannabis and other drugs
The overuse of alcohol at almost every occasion and the use of hard drugs predispose the user to mental illness if unchecked.

2.6.12 Inadequate collaboration with various stakeholders
Mental health care has little collaboration with education service, local government, NADMO, Police etc. This needs to be addressed to give maximum advantage to mental health care.

2.6.13 Inadequate Political commitment
Commitment by policy makers including technocrats and politicians has been inadequate.

2.6.14 Social stigmatization
Social stigmatization across all facets of society is underpinned by poor attitudes and perceptions towards mental health. Stigma in all its forms, public stigma, self-stigma and association stigma, is rife in mental health care. This stigma is largely due to inadequate understanding of the nature of mental illness and also the current practice of mental health care which is largely institutionalised. This stigma leads to clients refusing to report early, relatives failing to own up to their responsibilities to their mentally ill wards, employers sacking employees with mental health problems from their jobs, school authorities finding reasons to sack their mentally ill students and landlords evicting their mentally ill tenants.

2.6.15 Human resource challenges
Young men and women are not interested in coming into mental health and those already in it are leaving by the day. While there are real occupational risks of injury by patients there is no risk allowance. Psychiatric nurses do not have avenue for career progression compared to their counterparts in the general setting. The Universities are not working out diploma and degree
programmes for further training for psychiatric nurses, leading to demoralisation of nurses. Until recently there was no established post for clinical psychologists.

2.7 Opportunities
Notwithstanding the numerous challenges, there are great opportunities:

- The mental health bill was passed on 2 March 2012, signed into an Act on 31 May 2012 and has become a law since 1 December 2012.
- There is a sudden surge of political commitment evidenced by mental health now being on the priority lists of the National Planning and Development Commission and the Ministry of Health
- There is great media support
- There are a number of NGO’s in mental health with strong advocacy including the formation of Coalition of Advocates for Mental Health Reform
- Increased International interest in promoting mental health in Ghana
- Establishment of institutions to train mental health professionals: Kintampo College of Health training Physician Assistants Psychiatry (Clinical Psychiatric Officers) and Community Mental Health Officers, Ghana College of Physicians training psychiatrists.
- Ghanaian mental health professionals in the diaspora (abroad) are also supporting

3.0 Rationale
The rationale for an integrated Mental Health Care strategic plan for Ghana is to:

- Make high standard quality mental health services available
- Increase advocacy and awareness about mental health
- Reduce stigma and discrimination
- Improve prevention and early detection
- Increase accessibility to treatment and rehabilitation
• Ensure integration of mental health care in general health care

• Build capacity for mental health care

• Foster closer collaboration with and involvement of communities, agencies and stakeholders

• Reduce costs of mental health care
4.0 Mental Health Care Strategic Plans for 2014 to 2018

4.1 Purpose/Goal
To provide a framework for improved and integrated mental health care delivery which is available and accessible at all levels of care - community, district, regional and tertiary.

4.2 Defining the scope of work
The primary focus of the strategic plan is to address availability, accessibility, equity, quality; and human rights issues in client-oriented community based mental health services.

4.3 Vision
Contribute to the national vision of attaining upper middle income status by ensuring holistic health of its citizens through state-of-the-art mental health care.

4.4 Mission
To promote mental health and provide humane care including treatment and rehabilitation in a least restrictive environment; and promote a culturally appropriate, affordable, accessible and equitably distributed, integrated and specialized mental health service that will involve both the public and private sectors.

5.0 Policy Statements
1. All hospitals (tertiary, secondary and primary) shall establish mental health units and provide both in-patient and out-patient services

2. The psychiatric hospitals shall collaborate with all levels of the health services delivery in the referral and management of psychiatric patients

3. The psychiatric hospitals shall provide forensic services in collaboration with ministry interior.

4. At sub-district and health centre levels community mental health services shall be provided

5. The capacity of all health professionals and non-health professionals who have a stake in mental health shall be built.
6. Effort shall be made to include mental health care in the benefit package of NHIS and other private insurance schemes

7. Volunteers in mental health care shall be sought for capacity building at the community level to help with case identification and follow-up.

8. Appropriate and relevant medications shall be made available at all times at all levels of care.

6.0 Strategic Objectives

Objective 1: Increase access to quality mental health services (prevention, promotion, curative and rehabilitation)

Objective 2: Build capacity for mental health care

Objective 3: Build sustainable financing system for mental health care service delivery

Objective 4: Foster closer collaboration with communities, agencies and all other stakeholders in promoting mental health care.

6.1 Objective 1: Increase access to quality mental health services (prevention, promotion, curative and rehabilitation)

This objective aims at addressing the persistent problems of access to mental health care, whether geographical, financial or related socio-cultural factors. Country-wide community service delivery shall be undertaken in partnership with district assemblies, the private sector and communities. The emphasis will be on addressing priority actions in primary health care.

The main strategies to be employed are as follows:

1. Increase public awareness on mental health disorders and services

2. Reduce the prevalence of psychoactive substance use.

3. Provide for early detection and management of mental illness.
4. Strengthen community mental health services including community rehabilitation and promotion of self-help groups

6.1.1 Strategy 1: Increase public awareness on mental health disorders and services
Increasing public awareness will reduce stigma and demystify mental illness. Activities to be undertaken will include

- Develop and implement communication plan to include the media, social networks and texting messages
- Organize educational and promotional activities
- Observe International days to promote public awareness on mental health by organizing seminars, durbars, symposium to highlight theme for the World days:
  - World No Tobacco Day - 31 May
  - World Day Against Drug Abuse and Illicit Trafficking - 26 June
  - World Suicide Prevention Day - 10 September
  - World Mental Health Day - 10 October

6.1.2 Strategy 2: Reduce the prevalence of psychoactive substance use
This will be achieved through:

- Promotion of healthy living and lifestyle (refer Regenerative Health plan),
- Introduction and use of screening tools
- Early intervention methods
- Public education targeted at vulnerable groups (early adolescents, street children, pupils, sex workers etc.)

6.1.3 Strategy 3: Provide for early detection and management of mental illness.
To ensure continuity and holistic care mental health shall be integrated at all levels of care through the following activities:

- Provide mental health check-ups and screening services at the community level, workplaces, schools, etc.
- Strengthen home tracing, case finding and home visits for patients
- Provide outreach services including specialist support services to the communities (including remote and hard-to-reach areas)
• Strengthen mental health care at health facilities (refer guidelines for establishment of mental health units in hospitals) and e-medicine.
• Provide psychological intervention during disasters and crisis in collaboration with NADMO, police and other agencies.

6.1.4 Strategic 4: Strengthen community mental health services including rehabilitation
• Provide community mental health services through CHPS
• Promote formation of self-help groups in the communities
• Provide rehabilitation and support services to mental health patients
• Provide half way homes and day care and community centres in collaboration with the local authorities, NGOs, churches and etc.
• Provide occupational therapies

6.2 Objective 2: Build capacity for mental health care
To build capacity for mental health care there is the need to train more staff, distribute them equitably, conduct regular in-service training for staff, provide avenues for professional development, motivate staff, and improve case management capacity of staff

The main strategies to be employed are:

1. Build workforce capacity at all levels in the health system, among all categories of professionals and non-professionals including volunteers
2. Improve case management of mental disorders at all levels of care
3. Strengthen governance and leadership
4. Promote Human Rights of the mentally ill patients

6.2.1 Strategy 1: Build workforce capacity at all levels in the health system, among all categories of professionals by:

a. Establishing 4 new 40-50 bed capacity regional psychiatric hospitals in the middle and northern belts.
b. Expanding training institutions to increase numbers of mental health professionals
c. Encouraging tertiary institutions to train mental health professionals
d. Promoting private sector participation in the training of mental health professionals

e. Continuous professional development of existing staff

f. Organizing in service training for existing staff

g. Sensitization/orientation for health workforce including, Professional Nurses, Community health nurses, Medical officers, other Para-medics with regards to the new mental health act and care of mentally ill people

h. Train volunteers in the community, eg. teachers, traditional and faith based healers for use as informal community frontline workers

6.2.2 Strategy 2: Improve case management of mental illnesses at all levels of care

a. Review or develop Standards, protocols and treatment guidelines for mental health in line with mental health Act.

b. Train both mental health and non-mental health professionals to improve case management of mental health conditions.

c. Improve quality assurance systems

d. Strengthen referral and support systems

e. Strengthen supervision, monitoring, research and improve health information management system

6.2.3 Strategy 3: Strengthening governance and leadership

a. Finalise the LI and the implementation of the Act 846, 2012

b. Develop relevant policy and protocols

c. Sensitize stakeholders (Regional and District Coordinating Councils, RHMT, DHMT, Traditional Leaders and etc) on the Mental Health Act 846

6.2.4 Strategy 4: Promote Human Rights of mentally ill patients

a. Train and engage media to promote Human Rights of mental ill patients to the public

b. Collaborate with Faith based and traditional healers on human rights issues

c. Engage the judiciary and police on violation of human rights of mentally ill patients
6.3 Objective 3: Establish sustainable financing system for mental health care service delivery
- Advocate for the set up of the mental health fund as spelt out in the Mental Health Act
- Sensitize, educate and encourage public to contribute to the mental health fund
- Advocate for the inclusion of mental health in the benefit package of NHIS

6.4 Objective 4: Foster closer collaboration with communities, agencies and all other stakeholders in promoting mental health care.
- Build mental health service capacity for collaboration with relevant stakeholders
- Collaborate with relevant institutions (Training institutions, Judiciary, Prisons and Police service etc) and stakeholders (WHO, NGOs, Community opinion Leaders, NADMO, Parliament, GPRTU) to promote mental health.
### 7.0 Monitoring & Evaluation Plan (M & E)

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>Baseline as at 2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Regional Hospitals with Mental Health Wings</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td># of District Hospitals with identifiable¹ mental health units</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td># of District Hospitals which run Mental Health clinics²</td>
<td>115</td>
<td>230</td>
<td>240</td>
<td>250</td>
<td>260</td>
<td>273</td>
</tr>
<tr>
<td># of District Hospitals with dedicated beds for mentally ill patients</td>
<td>0</td>
<td>125</td>
<td>180</td>
<td>200</td>
<td>240</td>
<td>273</td>
</tr>
<tr>
<td># of District Hospitals with CPNs</td>
<td>115</td>
<td>125</td>
<td>180</td>
<td>200</td>
<td>240</td>
<td>273</td>
</tr>
<tr>
<td>CPNs: pop</td>
<td>1: 31,095</td>
<td>1:30,000</td>
<td>1: 28,000</td>
<td>1:25,000</td>
<td>1: 22,000</td>
<td>1:20,000</td>
</tr>
<tr>
<td>Psychiatric Nurses: pop</td>
<td>1: 31,250</td>
<td>1: 20,000</td>
<td>1: 15,000</td>
<td>1: 10,000</td>
<td>1: 8,000</td>
<td>1: 5,000</td>
</tr>
</tbody>
</table>

¹ Identifiable mental health units means there is a recognizable dedicated unit for mental health
² No such identifiable units but they run mental health clinics in makeshift rooms as and when available
### Community Mental Health Officers: pop

<table>
<thead>
<tr>
<th></th>
<th>1: 125,000</th>
<th>1: 100,000</th>
<th>1: 75,000</th>
<th>1: 30,000</th>
<th>1: 20,000</th>
<th>1: 8,300</th>
</tr>
</thead>
</table>

### Psychiatrist: Pop

<table>
<thead>
<tr>
<th></th>
<th>1: 2.3 million</th>
<th>1: 2.3 million</th>
<th>1: 2.3 million</th>
<th>1: 1.5 million</th>
<th>1: 1.0 million</th>
<th>1: 0.5 million</th>
</tr>
</thead>
</table>

### Medical Assistant Psychiatry

<table>
<thead>
<tr>
<th></th>
<th>1: 1.4 million</th>
<th>1: 1.0 million</th>
<th>1: 750,000</th>
<th>1: 400,000</th>
<th>1: 150,000</th>
<th>1: 41,000</th>
</tr>
</thead>
</table>

### Clinical Psychologist

<table>
<thead>
<tr>
<th></th>
<th>1: 735,000</th>
<th>1: 600,000</th>
<th>1: 400,000</th>
<th>1: 100,000</th>
<th>1: 75,000</th>
<th>1: 41,000</th>
</tr>
</thead>
</table>

### Psychiatric Social Workers

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1: 5.0 million</th>
<th>1: 3.0 million</th>
<th>1: 1.0 million</th>
<th>1: 500,000</th>
<th>1: 250,000</th>
</tr>
</thead>
</table>

### Occupational Therapist: Population

<table>
<thead>
<tr>
<th></th>
<th>1: 6.2 million</th>
<th>1: 4.0 million</th>
<th>1: 3.0 million</th>
<th>1: 2.0 million</th>
<th>1: 1.0 million</th>
<th>1: 500,00</th>
</tr>
</thead>
</table>

### Availability of tracer medicines for mental health care

<table>
<thead>
<tr>
<th></th>
<th>90%</th>
<th>95%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
</tr>
</thead>
</table>

Ministry of Health – Mental Health Strategic Plan 2014-2018
### 8.0 Planned Activities for Strategic Objectives

**Objective 1: Increase access to quality mental health services (prevention, promotion, curative and rehabilitation)**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Key activities</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Responsible Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Increase public awareness on mental health disorders and services</td>
<td>1. Develop and implement communication plan to include social networks and texting messages</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>MHA/GHS/MOH</td>
</tr>
<tr>
<td></td>
<td>2. Organize educational and promotional activities</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>MHA/GHS/MOH</td>
</tr>
<tr>
<td></td>
<td>3. Observe International days to promote public awareness on mental health by organizing seminars, durbars, symposium to highlight theme for the World days:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MHA/GHS/MOH</td>
</tr>
<tr>
<td></td>
<td>o World No Tobacco Day - 31 May</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o World Day Against Drug Abuse and Illicit Trafficking - 26 June</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o World Suicide Prevention Day - 10 September</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o World Mental Health Day - 10 October</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Reduce the prevalence of psychoactive substance use</strong></td>
<td>1. Promotion of healthy living and lifestyle (refer Regenerative Health plan)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Introduction and use of screening tools</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Early intervention methods</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Public education targeted at vulnerable groups (early</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Provide for early detection and management of mental illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Provide mental health check-ups and screening services at the community level, workplaces, Schools, etc.</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Strengthen home tracing, case finding and home visits for patients</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provide outreach services including specialist support services to the communities (including remote and hard-to-reach areas)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Strengthen mental health care at health facilities (refer guidelines for establishment of mental health units in hospitals) and e-medicine.</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provide psychological intervention during disasters and crisis in collaboration with NADMO, police and other agencies</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Strengthen community mental health services including community rehabilitation and promotion of self-help groups

1. Provide community mental health services through CHPS  
2. Promote formation of self-help groups in the communities  
3. Provide rehabilitation and support services to mental health patients  
4. Provide halfway homes and day care and community centres in collaboration with the local authorities, NGOs, churches and etc.  
5. Provide occupational therapies

<table>
<thead>
<tr>
<th>Objective 2 Build capacity for mental health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build workforce capacity at all levels in the health system, among all categories of professionals</td>
</tr>
</tbody>
</table>

1. Expand training institutions to increase numbers of mental health professionals  
2. Encourage tertiary institutions to train mental health professionals  
3. Promote private sector participation in the training of mental health professionals  
4. Continuous professional development of existing staff  
5. Organize in service
<table>
<thead>
<tr>
<th><strong>Improve case management of mental disorders at all levels of care</strong></th>
<th><strong>Strengthen governance and leadership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Sensitization/orientation for health workforce including, Professional Nurses, Community health nurses, Medical officers, other paramedics with regards to the new mental health act and care of mentally ill people</td>
<td>1. Set up the Mental Health Board</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>training for existing staff</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review /develop Standards, protocols and treatment guidelines for mental health in line with mental health Act.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Train both mental health and non-mental health professionals to improve case management of mental health conditions.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve quality assurance systems</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Strengthen referral and support systems</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Strengthen supervision, monitoring, research and improve health information management system</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Objective 3: Establish sustainable financing system for mental health care service delivery

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Set up the mental health fund as spelt out in the Mental Health Act</td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>Advocate for the inclusion of mental health in the benefit package of NHIS</td>
<td>X</td>
</tr>
</tbody>
</table>

### Objective 4: Foster closer collaboration with communities, agencies and all other Stakeholders in promoting mental health care.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Build mental health service capacity for collaboration with relevant stakeholders</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Collaborate with relevant</td>
<td>X</td>
</tr>
<tr>
<td>Institutions (Training institutions, Judiciary, Prisons and Police service) and stakeholders (WHO, NGOs, Community opinion Leaders, NADMO, Parliament, GPRTU) to promote mental health.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Collaborate with Ministry of Interior to promote forensic mental health</td>
<td>X</td>
<td>x</td>
</tr>
</tbody>
</table>
References

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