Ghana
WHO Special Initiative for Mental Health
Situational Assessment

I.CONTEXT

Ghana is located in Western Africa, bordering the Gulf of Guinea, between Côte d'Ivoire and Togo. The coastal country has a tropical, warm climate and contains low plains with a dissected plateau in the south-central region. There are 16 administrative regions, with high population concentration in the southern half of the country, especially near the Atlantic Coast. Among Ghanaians 15 and older, 51.8% are employed and industry focuses on skilled trades including agriculture, forestry and fishery (32.0%), services and sales (26.5%) and craft and related trades (16.1%). [11]

Ghana has a multi-party political system that has seen significant progress towards democracy in the past two decades.[12] The country has experienced rapid economic growth, averaging 7% economic growth between 2017-2019. This growth has been impeded by the COVID-19 pandemic, negatively impacting the poverty rate and fiscal deficit; however, a gradual recovery is projected. Ghana has experienced relative political stability and security and is ranked 2nd in the Global Peace Index among countries in Sub-Saharan Africa.[13] The country has also invested in education, with a high rate of primary school completion and above average literacy rates relative to other Sub-Saharan African countries.[2]

According to World Bank data, Ghana is ranked in the middle of Sub-Saharan African countries for infant mortality (15 out of 48), maternal mortality (16 out of 48), and life expectancy (21 out of 48).[6] Most pregnant women report attending antenatal clinics (93.3%) and 24% of women report being victims of intimate partner violence (IPV).[14] Drug consumption in Ghana is trending toward polysubstance use, with marijuana, cocaine and heroin use most prevalent among those seeking treatment.[15] Emerging concerns include increased tramadol misuse and methamphetamine production.[15]

Ghana has one of the lowest HIV seroprevalences in Sub-Saharan Africa, at 1.7%.[9] An estimated 63% of persons living with HIV/AIDS know their status, and of these an estimated 60% have been initiated on antiretroviral therapy.[9] There has been a 21% reduction in new HIV infections in the past decade.[9]

Ghana's mental health care system has several strengths and challenges. The Ministry of Health (MoH) is committed to de-institutionalization and integration of mental health services into a variety of health care settings. Ghana has an established mental health legislation and governing board. A variety of evidence-based treatments

Table 1: Demographics

Demographic information	
Population	31,072,945[1]
Under 14 years	37.13%[1]
Over 65 years	3.1%[1]
Rural population	42.7%[1]
Literacy	79.0%[2]
Languages	Asante (16.0%), Ewe (14.0%), Fante (11.6%), Boron (4.9%), Dagomba (4.4%), Dangme (4.2%), Dagarte (3.9%), Kokomba (3.5%), Akyem (3.2%), Ga (3.1%)[3]
Ethnicities	Akan (47.5%) Moke-Dagbon (16.6%) Ewe (13.9%)[3]
Religions	Christian (71.2%) Muslim (17.6%)[3]
GDP per capita	2,205 USD[4]
Electricity	81.0% of homes
Sanitation	23.7% of homes[5]
Water	93.1% of homes[5]
Education	93.8% completed primary school[2]
Health information	
Life expectancy	64.1 years at birth[6]
Infant mortality	33.9 per 1,000 live births[6]
Maternal mortality	333 per 100,000 live births[6]
Leading causes of death	Malaria, Stroke, Lower Respiratory Infections[7]
Healthcare Access and Quality Index	49.7[8]
HIV seroprevalence	1.7%[9]
Health Expenditure	
Total	3.54% of GDP[10]
Per Capita	$77.91[10]

January, 2022

are available at public psychiatric hospitals, and within communities, there are there are several non-governmental organizations that support self-help groups for people with mental health conditions.

Despite progress, challenges remain. The distribution of mental health services is skewed toward the southern part of the country, with limited services available in the northern region. Services and resources are largely concentrated in psychiatric hospitals rather than more accessible community settings. There is a significant treatment gap (the difference between need and available treatment), especially for mood and substance use disorders. Additionally, there are systems-level challenges in financing psychotropic medications that limit their availability and procurement. Shortages in human resources also persist. Concurrently, social stigma linked to mental disorders remains prevalent and limits help-seeking.[16]

II.METHODS

The Rapid Assessment used a modified version of the Program for Improvement Mental Health Care (PRIME) situational analysis tool[17] to assess the strength of Ghana's mental health system. The assessment was carried out from November to December 2021. We expanded the tool to include multi-sector entry points for mental health promotion and services, a focus on vulnerable populations, and stratification of relevant sociodemographic and health indicators across the life-course. The PRIME tool assesses six thematic areas: 1) socioeconomic and health context, 2) mental health policies and plans, 3) mental disorder prevalence and treatment coverage, 4) mental health services, 5) cultural issues and non-health sector/community-based services, and 6) monitoring and evaluation/health information systems. The complete situational analysis tool for Ghana is available for review in **Appendix 1.**

Desk Review

The majority of data on socioeconomic status, population health, policies/plans, and the mental health-related readiness of health and other sectors came from secondary sources, including a detailed review of available mental health policies and plans and other government documentation, the World Bank, Demographic and Health Surveys, published peer-reviewed and grey literature, and the WHO Global Health Observatory. We also accessed the Ghana Ministry of Health Health Management Information System to assess treatment coverage, and data from WHO Atlas 2020[18] for staffing complements and facility numbers. Finally, national-level estimates of the prevalence of priority mental health conditions, stratified by gender and age, were derived from the 2019 Global Burden Disease Study (GBD).[19]

Key Informant Interviews

We used qualitative data to inform our description of the strength of the mental health system. Purposively sampled participants were interviewed using structured guides. We aimed to sample at least one participant from each of the following: people with lived experience, advocates for mental health, clinicians and implementers of mental health programs, and mental health system policymakers. The final sample included one ministry specialist, one program implementer, one advocate and one person with lived experience.

Facility Checklists

We also conduced visits to health facilities to document key indicators related to readiness to provide mental health services. We used an adapted version of the WHO Service Availability and Readiness Assessment (SARA) instrument.[20] Facilities were sampled purposively. We aimed to sample at least one facility from each of the following groups: specialist mental hospitals, psychiatric units within general hospitals, and primary care clinics. The final sample included two specialist mental hospitals and two psychiatric units within general hospitals.

Analysis

We calculated total treatment coverage and coverage stratified by female and male. Data were not available to stratify by age. We used simple, deductive thematic coding to align interview content with the sections of the situational analysis tool, outlined below. We also abstracted and summarized data from each facility checklist.

III.RESULTS

Mental Health Policies and Plans

Political Support

The government of Ghana has demonstrated modest support for mental health services through the development of the National Mental Policy, Mental Health Act, and Mental Health Authority Strategic Plan (2019-2022) and the limited allocation of funds for mental health.[21–23] Of the total health budget, 2.97% is allocated to mental health.[18] Public spending on mental health is estimated at 0.639 USD per capita each year.[18]

Mental Health Policy and Mental Health Plan

The Ghana National Mental Health Policy 2019 – 2030 includes plans and innovations for improving mental health services in the country.[21] In addition to the policy, Ghana has a National Mental Health Strategic Plan 2019 – 2022. Table 2 outlines the components that are specifically described in both the policy and the plan, including areas that target equity in access to care.

Table 2: Components of National Mental Health Policies and Plans

		Policy	Plan
	PHC integration		
	Decentralization		
	Hospital Integration		
Components	Maternal		
	Child/ adolescent		
	HIV		
	Alcohol/ substance use		
	Epilepsy		
	Dementia		
	Promotion/ prevention		
	Suicide		
Equity	Gender		
	Age/life course		
	Rural/urban		
	Socio-economic status		
	Vulnerable populations		

Addressed | Partially addressed | Not addressed | n/s Not specified | -- Not assessed

Key Components of the Policy and Plan

Primary Health Care Integration

Integration of mental health services into primary health care and community-based services, such as orthodox/traditional services and community-based facilities, is a goal of the policy and strategic plan. The Mental Health Strategic plan states that prevention, promotion, curative and rehabilitation services are already provided at the 3 psychiatric hospitals that serve the total population. The plan also notes a need to expand these services within the psychiatric hospitals and in other delivery systems.

Ensuring Sustainable Financing and Financial Risk Protection

To ensure sustainable financing, Ghana's strategic plan is focused on advocating for the establishment of a mental health levy, strengthening financial management systems through functional audit committees and sub-committees in mental health facilities, and identifying innovative resource mobilization for mental health services, such as funding through donor support. The Mental Health Strategic plan identifies as priorities the provision of quality care and sustainable livelihood for the poor and vulnerable and provision of financial risk protection for vulnerable populations through cross-agency collaborations and other social interventions.

The country recently launched a mental health policy and strategic plan to complement the mental health law that can help bring about many changes needed to improve mental health in Ghana – Advocate

Legislation

The government of Ghana established the Mental Health Act of 2012 and Mental Health Authority (MHA), which is responsible for regulating mental health practices and providing specialist mental health services. These laws have not been revised since their development. The Act includes protocols for managing patients who require treatment against their will. It also legislates free treatment for all people with mental disorders at public institutions.

A key strategy of the MHA is to protect and promote human rights of people with mental health conditions through training and legislation. The Act criminalizes violations of rights of persons with mental disorders, including stigmatization and discrimination. These legal actions are also supported in the Strategic Plan, which targets agencies, such as the MoH, legislature and judiciary, to amend and repeal existing laws that perpetuate stigma, discrimination and human rights violations.

The government of Ghana has established a National Health Insurance Scheme (NHIS), which pays for physical conditions (co-morbidities) of persons with mental disorders who are insured. The coverage does not include psychiatric services because, by policy, treatment for mental disorders is free at the public psychiatric hospitals and through services provided by community psychiatric nurses. However, if public services are not accessible or medications are unavailable, patients must purchase these privately, and these costs are not reimbursable.

Mental health care should be included in the National Health Insurance Scheme benefit package and fully integrated into primary health care as much as possible; more resources should be deliberately allocated for community mental health care delivery – Ministry Specialist

Implementation Status

According to stakeholders interviewed in 2014, implementation of the legislation has been limited. The MHA notes several barriers to implementation, including inadequate funding, encroachment on land earmarked for development of Psychiatric hospitals, and inadequate staffing and resources.

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Prevalence and Treatment Coverage of Priority Mental Disorders

GBD 2017 estimates a population prevalence of 0.20% for schizophrenia, 0.51% for bipolar disorder, 2.56% for major depressive disorder (MDD), 0.43% for epilepsy, 0.51% for alcohol use disorders, and 0.53% for drug use disorders (Table 3).

Table 3: Prevalence and Treatment Coverage of Selected Mental Disorders

		Prevalence[1] (UI)	Total[1] (UI)	Treated
Schizophrenia	Overall	0.20% (0.15-0.24%)	59,793 (46,922-73,750)	33.21%
	Female	0.19% (0.15-0.24%)	30,729 (24,073-37,881)	34.07%
	Male	0.20% (0.15-0.24%)	29,064 (22,832-36,169)	32.29%
	Young adults (20-29)	0.51% (0.32-0.73%)	14,463 (9,070-21,039)	--
	Older age (70+)	0.14% (0.11-0.18%)	971 (763-1250)	--
Bipolar Disorder	Overall	0.51% (0.38-0.66%)	157,544 (117,643-200,809)	1.68%
	Female	0.52% (0.39-0.68%)	83,354 (62,167-107,064)	1.89%
	Male	0.50% (0.38-0.64%)	74,189 (55,960-94,081)	1.44%
	Young adults (20-29)	1.59% (1.04-2.24%)	46,054 (30,103-65,686)	--
	Older age (70+)	0.48% (0.33-0.65%)	3,257 (2,266-4,458)	--
MDD	Overall	2.56% (2.14-3.04%)	785,510 (656,046-930,422)	0.61%
	Female	3.14% (2.59-3.8%)	499,383 (410,743-602,788)	0.70%
	Male	1.94% (1.62-2.3%)	286,126 (237,708-338,932)	0.45%
	Young adults (20-29)	6.34% (4.08-9.01%)	183,502 (117,825-260,853)	--
	Older age (70+)	7.92% (5.81-10.42%)	53,992 (39,594-71,055)	--
Epilepsy	Overall	0.43% (0.11-0.74%)	130,866 (32,575-227,609)	14.41%
	Female	0.40% (0.1-0.71%)	64,043 (15,550-113,301)	13.75%
	Male	0.45% (0.11-0.78%)	66,823 (16,759-115,472)	15.03%
	Young adults (20-29)	0.84% (0.21-1.59%)	24,576 (5,905-46,466)	--
	Older age (70+)	0.71% (0.18-1.25%)	4,839 (1,229-8,510)	--
Alcohol abuse	Overall	0.51% (0.41-0.62%)	155,249 (124,813-189,308)	2.38%
	Female	0.48% (0.37-0.6%)	75,791 (59,298-96,144)	0.55%
	Male	0.54% (0.44-0.65%)	79,458 (64,078-96,005)	4.13%
	Young adults (20-29)	1.63% (1.04-2.39%)	46,751 (29,889-68,811)	--
	Older age (70+)	0.59% (0.45-0.78%)	4,036 (3,044-5,301)	--
Drug abuse	Overall	0.53% (0.44-0.63%)	163,386 (134,374-194,848)	2.4%
	Female	0.34% (0.27-0.42%)	54,678 (42,615-67,448)	0.52%
	Male	0.74% (0.61-0.88%)	108,708 (89,475-129,772)	3.35%
	Young adults (20-29)	2.42% (1.81-3.11%)	70,154 (52,309-90,350)	--
	Older age (70+)	0.20% (0.15-0.26%)	1,359 (1,021-1,750)	--
Suicide Deaths	Overall	6.6[2] (4.9-8.6)	2,065 (1,541-2,706)	--
	Female	1.3[2] (0.97-1.7)	214 (157-274)	--
	Male	12.1[2] (8.9-16.1)	1,852 (1,358-2,464)	--
	Young adults (20-29)	12.2[2] (7.02-19.25)	356 (205-562)	--
	Older age (70+)	44.7[2] (32.1-57.1)	305 (219-389)	--

[1]Estimates from GBD 2019[19]; [2]Rate of suicide deaths per 100,000 population, UI: Uncertainty interval.

Ghana has a higher prevalence than the global average for epilepsy (0.43% vs 0.34%) and MDD (2.56% vs 2.49%). Ghana has a similar prevalence to Sub-Saharan Africa regional prevalence for each disorder except drug use disorders, which have a 0.53% prevalence in Ghana and 0.38% in the region, and alcohol use disorder, which has a 0.51% prevalence in Ghana and 0.91% in the region.

Males in Ghana have a lower prevalence of alcohol use disorder compared to regional data: 1.36% for the Sub-Saharan Africa Region and 0.54% in Ghana.

Within Ghana, certain demographic groups display a higher prevalence of some conditions. Young adults (age 20-29) have a higher prevalence of schizophrenia (0.51%), bipolar disorder (1.59%), MDD (6.34%), epilepsy

(0.84%), and drug abuse (2.42%). MDD is more prevalent among females (3.14%), young adults (6.34%) and adults ages 70 and older (7.92%).

The suicide rate in Ghana is higher among men (12.1 per 100,000) than women (1.3 per 100,000).

Treatment coverage was estimated to be highest for schizophrenia and lowest for MDD.

Mental Health Services

Governance

The Ministry of Health (MoH) oversees the MHA, Ghana Health Services and Christian Health Association of Ghana. The governing body of the MHA is a Board comprised of a chairperson, the Chief Executive of the MHA, and representatives of the MoH, Attorney-General, Ministry of Interior, Ghana Health Services, a tertiary medical training institution, and NGOs. The MHA in tasked with mental health policy making, mental health law enforcement, and supervising the 3 Psychiatric hospitals.

Table 4: Healthcare Facilities for Mental Health Services[1]

		Total Facilities	Facilities/ 100,000	Total Beds	Beds/ 100,000
Inpatient	Mental hospital	3	0.01	700	2.25
	General hospital psychiatric unit	260	0.84	1200	3.86
	Forensic unit	n/s	n/s	n/s	n/s
	Residential care facility	10	0.03	100	0.32
	Child/adolescent facility	n/s	n/s	n/s	n/s
Outpatient	Hospital-based mental health outpatient services	n/s	n/s	n/s	n/s
	Community-based /non-hospital mental health	1016	3.27	n/s	n/s
	Alcohol/drug/other facility	n/s	n/s	n/s	n/s
	Child/adolescent	n/s	n/s	n/s	n/s
	Other facilities	n/s	n/s	n/s	n/s

[1]Data source: WHO Mental Health Atlas 2020

Healthcare Facilities for Mental Health

The three psychiatric hospitals provide specialist care for patients across the country and is open to other West African nationals. Tertiary care is also provided by the psychiatric units in 5 teaching hospitals namely Korle-Bu, Okomfo Anokye, Ho, Cape Coastand Tamale Teaching Hospitals. Primary health care is provided through Regional, District and other lower-level facilities across the country. The primary health care services predominantly provided by the Ghana Health Services, the Christian Health Association of Ghana (CHAG), and a few private facilities. All regional and district hospitals provide mental health services but may not have a designated mental health unit. About 9298 facilities nationwide provide outpatient mental health services at all levels, that is from primary to tertiary level across public and CHAG facilities.

Four facilities were visited during the assessment process. These are described below. All facilities deliver a wide array of psychosocial interventions, however, challenges to their delivery included few or no clinical psychologists, limited space, few testing instruments, and high patient-to-prescriber ratios. All sites utilized various providers to support treatment delivery (e.g., mental health nurse, physician assistant). One site routinely screens patients for mental health conditions. At the time of assessment, both specialty mental health hospitals had availability of at least one psychotropic medication in each major category. Among the general hospitals, most psychotropic medication categories were available at the time of assessment. Difficulty procuring medications in the absence of government supplies and high costs for patients were noted as challenges. One site is addressing the cost burden by providing Psychiatric Social Welfare funds to patients in financial need.

Primary Care Integration

While explicitly part of the Ghana Mental Health Policy and Plan we were not able to identify evidence of substantial mental health care integration into non-specialty health care delivery settings. Because of the large

volume of patients with the common mental disorders depression and anxiety, they are by necessity treated primarily in non-specialty settings.[24] High risk populations such as adolescents, the elderly, and women in pregnancy and postpartum require specific focus within primary care integration efforts. Association of depression with disability and mortality, through death by suicide,[25] underlie the importance of addressing this need and are reflected in resources such as the WHO mhGAP Intervention Guide (mhGAP-IG).[26]

We are hoping to see mental health fully integrated into primary health in the near future. Primary health care providers currently shun providing mental healthcare due to inadequacy in their skills and knowledge. Updating their skills and knowledge would improve mental health care delivery– Psychiatrist, Ministry Specialist

Table 5: Facility Checklist Results (N = 4)

Description	Psychiat.	RNs	Psych. Nurses	Psychol.	MH Beds	Psych. Meds	Psychosocial Interventions
Regional referral hospital. MoH. Urban.	1	252	14	2	20	Comprehensive, available[1]	PST, BAT, supportive counselling, CBT, IPT, brief alcohol interventions, MET, positive psychotherapy, family support
National Referral Hospital. MoH. Urban.	7	12	28	4	11	Partially comprehensive, available[2]	PST, BAT, supportive counselling, CBT, IPT, brief alcohol interventions, MET, positive psychotherapy, family support, psychological testing and eval.
Specialist Mental Hospital. MoH. Urban.	3	52	268	2	230	Comprehensive, available	PST, BAT, supportive counselling, CBT, IPT, brief alcohol interventions, MET, positive psychotherapy, family support
Specialist Mental Hospital. MoH. Urban.	3	1	202	0	235	Comprehensive, available	PST, supportive counselling, CBT, brief alcohol interventions, MET

Comprehensive- at least 1 medication from each major psychotropic medication category available; Partially comprehensive- all except 1-2 major psychotropic medication categories are available
[1]Oral antipsychotics available, no depot anti-psychotics; [2]Anxiolytics unavailable
Abbreviations. MoH: Ministry of Health. NGO: Non-governmental organization. PT: Part-time. BAT: behavioral activation therapy. CBT: cognitive behavioral therapy. PST: problem solving therapy. MET: motivation enhancement therapy. IPT: interpersonal therapy.

Human Resources

Ghana has 3,294 doctors, 84,239 nurses and midwives, and 1460 pharmacists. The country has 39 psychiatrists (0.13 per 100,000) and 244 psychologists (0.78 per 100,000). There are a larger number of Mental Health social workers (1.17 per 100,000). Despite low rates of psychiatrists and psychologists, there are significantly more mental health nurses (8.10 per 100,000) and mental health social workers (1.17 per 100,000) who comprise the mental health workforce. In total, there are 9.5 mental health workers per 100,000 people in Ghana.

Ghana Health Services, with support from WHO and the Foreign, Commonwealth & Development Office, has been training primary care providers to manage common mental health disorders in the last three years. These included medical officers, physician assistants, nurse prescribers and more recently community psychiatric nurses. The Kintampo Project, a partnership between Southern Health NHS Foundation Trust, UK, and the College of Health and Wellbeing, Kintampo (CoHK) has developed mental health education programs for mid-level health providers to increase human resources for providing mental health services. As of 2014, they increased the number of mid-level providers by 96% and enabled an additional 86,530 individuals to access mental health treatment.[27]

The community mental health initiative (Kintampo Projects) has greatly augmented the shortfall of psychiatrists in Ghana. It has also made mental healthcare community centered, more affordable, and accessible – Implementer

Psychiatric Medications

Essential psychotropic medications including antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications are sometimes present at specialist mental health facilities and at primary care facilities in Ghana. However, barriers to their consistent and reliable availability exist. Primary barriers include limited funds, no framework contract for stable pricing and guaranteed supplies, and small quantities procured at a given time, limiting the attractiveness of bids to suppliers. For most medications, there were large surpluses at the end of 2020 due to late arrival of products. The actual expenditure on psychotropics tends to be less than the budget allocation because not all medicines needed are procured. The National Health Insurance Scheme pays for drugs for physical conditions (co-morbidities) while the patient pays out-of-pocket if not registered with the National Health Insurance Scheme.

Table 4: Human Resources for Mental Health

		#	Rate per 100,000
Generalist	Doctor	3294	10.60[+]
	Nurses and midwives	84,239	271.10[+]
	Pharmacists and Technicians	1460	4.70[^]
Specialist	Neurologist	--	--
	Psychiatrist	39	0.13*
	Psychologist	244	0.78[#]
	Mental Health Social worker	362	1.17*
	Mental Health Nurses	2463	8.10*
	Occupational Therapists	6	0.02*

[+]Estimates from World Bank; [^]Estimate from WHO health workforce survey 2017; *Estimates from WHO mental health Atlas 2020; [#]Estimate from WHO-AIMS 2020

Every time I have an issue, maybe I'm having trouble sleeping or I feel like I'm not getting the effectiveness of my medications, when I go to the hospital and I report it, the doctors try as much as possible to tweak it or find a solution to the problem – Service User

Psychosocial Interventions

Some evidence-based psychosocial interventions are offered at the few public specialist mental health facilities and in public general health facilities in Ghana. However, shortages in trained human resources and high patient to mental health provider ratios limit the availability of these services. The multiple-family group intervention was recently adapted to fit the Ghanaian context and will be implemented and tested for effectiveness in addressing child behavioral challenges in schools in Northern Ghana.[28] Innovative delivery models (e.g., parent peer delivery) will be tested as well.

Health Information System

Facilities routinely report on numbers of different types of diagnoses related to mental health. These indicators are stratified by age, sex, new/returning patients, and in/out referral. Data related to service delivery are not comprehensive and may be of low quality.

Community

Sociocultural Factors

Sociocultural factors influence help-seeking behaviors among people in Ghana. Ghana has been described as one of the most religious societies in the world,[29] with most individuals identifying as Christian[3]. Belief in supernatural or spiritual causes of mental illness is common,[30] however, other causal beliefs exist including biomedical causes and social factors such as work stress and marital problems.[31] Many people seek care from traditional or faith-based healing institutions.[30] Exact estimates of help-seeking from traditional healers are

dated and variable, but suggest 20-70% of individuals seek mental health care from these sources as a first-line approach.[30,32] Traditional and faith-based healers use various methods such as prayer, fasting, spiritual actions performed by consumers and their families and herbal remedies.[31,33] Studies have documented the financial, psychological, social and emotional burdens of caring for family members with mental health issues, which are often exacerbated by lack of social support due to stigma.[34] Human rights challenges have been well documented within the faith-based treatment systems and persist despite governmental efforts to eliminate practices such as chaining.[35]

Civil Society and Non-Health Sector Activities

Community-based mental health care supported by NGOs and self-help peer support groups are important community-based activities supporting mental health in Ghana. Several non-governmental organizations support mental health awareness, advocacy, promotion and prevention activities. For instance, Mind Freedom Ghana and BasicNeeds are two NGOs that are engaging activities to promote the socio-economic wellbeing of individuals with mental illness, educating the public to reduce stigma, influencing policy decisions regarding mental illness, and improving the availability of mental health treatments. There are also many NGO-supported Self-help groups, in which people with common interests work together to improve their living conditions.[36] For instance, BasicNeeds supports many self-help groups for people with mental illness or epilepsy and their caregivers. Some self-help groups also focus on livelihood, with groups enabling women to improve access to credit, land, and income generating activities.[36]

The self-help groups are rallying points for persons living with mental illness and primary caregivers to meet and benefit from peer support. The self-help groups encourage individuals and families to access treatment services and engage in other socio-economic activities that enhance their mental health and wellbeing – Advocate

Ghana's Mental Health Act encourages partnerships between the mainstream healthcare and traditional health practitioners, though few such partnerships occur. There is both widespread approval among stakeholders regarding forging partnerships between Primary Health Care and traditional health practitioners, and also concerns related to potential disrespect, undue criticism, potential harm and human rights abuses.[37] Efforts to expand collaboration have included testing the effectiveness of psychotropic medications delivered within prayer camps,[33] the effectiveness of implementation models for collaboration between primary care providers and prayer camp staff,[38] as well and the development of a digital toolkit, M-Healer, to aid traditional health practitioners in evidence-based psychosocial interventions.[39]

Non-Health Sector Activities

Education: Ghana Education Services has coordinated several mental health outreach, awareness and promotion activities. In 2002, the President's Committee on Review of Education reforms in Ghana recommended that guidance and counseling units be established for all senior high schools and for cluster of schools at the basic level (primary and junior high) to help youth cope with physical and emotional changes.[40] Guidance and counselling units have been established in some senior high schools, comprising a well-liked teacher, a staff member who is a pastor, pastor's spouse or a church deacon.[41] These counseling units have the potential to increase access to mental health care. However, current challenges include a lack of a systematic counselling approach and mental health specific training, dual roles of teachers as counselors and instructors, concerns about confidentiality, and lack of designated space for counseling.[40,41]

Justice: It is estimated that 2% of incarcerated individuals in Ghana who need mental health care receive services while incarcerated.[42] To address this significant gap, the mental health strategic plan aims to develop guidelines for incorporating mental health care into the criminal justice system.

Social Welfare: Ghana has social protection schemes such as Livelihood Empowerment Against Poverty (LEAP), national health insurance, school capitation grants and feeding programs, but these do not adequately benefit poor people with mental illness.[23]

We did not find substantial evidence of non-health sector activities focused on child welfare or refugee services. The Ghana Refugee Board supports refugees with counselling and healthcare which includes child health services, provided in collaboration with Department of Social Welfare and UNHCR, the UN refugee agency. The Department of Gender and Social Protection also works with Social Welfare on child protection activities.

Advocacy, Awareness-raising, Promotion, and Prevention

I am very hopeful that things are going to change. All the noise we are making, all the sharing our lived experience through social media, TV, radio, everywhere, I know that it's going to create change – Service User

The MHA and other agencies coordinate mental health promotion and awareness activities such as World Mental Health Day. In 2020, this included sensitizing Psychiatrists, trainees and stakeholders regarding the mental health law.[43] The MHA launched the QualityRights initiative that aims to implement an e-training program with online coaching on mental health, human rights and recovery to promote attitudes and practices that promote holistic, person-centered, recovery-oriented care and support for mental health stakeholders. Quality Rights and the Time to Change program have targeted awareness and stigma through social media, traditional media, and promotional videos of key influencers and champions.[44] The MHA and Ghana Psychological Association have also organized stakeholder discussions regarding efforts to decriminalize suicidal behaviors.

One of the ways we can improve mental health care in the country is by creating mental health awareness. If we are able to normalize mental health issues and do a lot of anti-stigma and anti-discriminatory campaigns, it would make people really want to seek mental health care – Service User

IV.CONCLUSION

Ghana is a lower-middle income country that has experienced relative political stability, security, and rapid economic growth in the past few years, but whose growth has slowed during the COVID-19 pandemic. Ghana has a relatively low HIV seroprevalence and relatively low prevalence of substance use disorders compared to regional rates.

Ghana leverages several strengths related to mental health care delivery. The MoH has demonstrated support for de-centralization and service integration through policy and strategy and has an established mental health legislation to protect human rights and the service access. Public psychiatric hospitals are relatively well-resourced and offer both psychotropic medications and evidence-based psychosocial interventions. There are strong NGO and community efforts to support mental health and innovative awareness and anti-stigma efforts to improve help-seeking. Notably, a considerable amount of mental health research is also generated in Ghana, creating a growing evidence base for innovative approaches to mental health service delivery.

Despite these strengths Ghana continues to experience a significant treatment gap, especially for mood and substance use disorders. Several challenges contribute to the treatment gap. Fewer resources in the northern regions and in community settings reduce accessibility. Despite the NHIS funding procurement of some psychotropic medications, availability and out-of-pocket expenses continue to pose challenges. Ghana has taken legislative steps to support primary care integration and is making efforts to train primary care providers to treat common mental health disorders, but there is little evidence to date of substantial success in expanding access to mental health care outside of specialty settings. Shortages in human resources also limit access to psychosocial treatments. The great burdens of disability and mortality attributable to common mental disorders

will not be addressed until progress is made in this area. Finally, while Ghana has engaged in innovative and impactful anti-stigma campaigns, stigma continues to be a barrier to help-seeking.

The prominence of religiosity and spiritual interpretations of mental health problems in Ghana has led many to seek help from traditional and complementary health practitioners. Instances of abuse have been observed in these settings. Additional efforts to increase the use of effective interventions and prioritization of human rights, such as those that have emerged in recent years, are needed to enhance services provided within these faith-based settings. In summary, Ghana demonstrates policy readiness, clearly defined needs for community mental health service expansion, an active advocacy community, and mental health research capacity that could contribute to the scale up of services in the coming years.

World Health Organization

MINISTRY OF HEALTH
REPUBLIC OF GHANA

GLOBAL MENTAL HEALTH
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