



## A REVIEW OF MENTAL HEALTH POLICY AND IMPLEMENTATION IN GHANA: A ROADMAP TO ACHIEVING SUSTAINABLE DEVELOPMENT GOAL (SDG) 3

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### Abstract

*The paper is a review of works on mental health in Ghana which identified some barriers to mental health policy implementation to meeting the Sustainable Development Goal 3 (SDG 3) by 2030. A total of 31/42 articles were reviewed and included in the study. Barriers to the effective implementation of mental health policy identified by reviewers included the low priority of mental health, inadequate human resources, lack of consultation in policy formulation, ineffective policy dissemination, and the absence of an evidence base for policy directives. Other barriers included insufficient funding for mental health services; mental health resources centralized in and near big cities and in large institutions; complexities of integrating mental health effectively in primary care; low numbers and limited types of health workers trained and supervised in mental health care, and mental health leaders often deficient in public health skills and experience. It was suggested that the much-anticipated passing of the Mental Health Bill in Ghana will provide the impetus for the development of new mental health policy. New concepts for a revised policy must include a rights-based perspective and promote best practices in mental health, in line with the proposed legislation. However, it is essential that any new mental health policy does not follow the path of previous policies by providing both the financing and resources for its successful implementation, and ensuring that all stakeholders including users, careers, health workers and other sectors such as social welfare and the police, are consulted throughout the policy development process. In addition, it is important that those responsible for implementation at the frontline of health service delivery are provided with the necessary training and resources to implement the policy.*

**Keywords:** Sustainable Development Goals, Alcohol, Mental, Psychiatric, Policy

### Background to the Review

Globally, neuropsychiatric disorders including depression, schizophrenia, alcohol use disorders and bipolar disorder account for a third of years lived by people with a disability among adults (WHO, 2008). Despite this, the World Health Organization (WHO, 2008) indicates that over 40% of countries including Ghana do not have a mental health policy and over 30% have no mental health programmes. Most African countries appear to adopt a similar attitude towards the issue of mental illness and its stigmatisation, and little legislation exists to provide improved mental health care services (Omar *et al.*, 2010; Bartlett *et al.*, 2011; Faydi *et al.*, 2011). This is worrisome and urgent attention needs to be given to the issue of mental health across the world.

In the context of mental health, laws and policies are of critical importance, as it allows for the rights of individuals with mental illnesses to be protected and can

direct the government to provide funding for effective services. Laws and policies embody, a clear written government commitment to work towards the improvement of mental health services (Faydi *et al.*, 2011). The Ghanaian legal system is based on English common law traditions and this does not give clear explanation of what constitutes mental illness in the Ghanaian context (Drew *et al.*, 2013; Walker, 2015).

Although the mental health laws currently implemented in Ghana have improved, more work is still needed (Drew *et al.*, 2013). First, the revised laws do not present consistent and appropriate language when referencing mental health. The lack of concrete, objective and common definitions leads to ambiguity in the implementation of the laws (Drew *et al.*, 2013). Second, the current mental health laws in Ghana do not explicitly address the protection of people with mental illnesses'

rights. Lastly, there are no explicit and clear guidelines relating to the competence, capacity, and guardianship of individuals with mental illness, reinforcing the stereotype that individuals with mental illness are incompetent and incapacitated (Drew *et al.*, 2013).

Historically in Ghana, implementing mental health policies has been challenging for many reasons (Walker, 2015). Firstly, in the implementation stage, bureaucratic barriers are encountered because its legislative process is often time-consuming. Furthermore, financial restrictions from the government and international donors often have strict conditions. Funds donated are to be used for mandated projects and therefore cannot be used for other purposes such as providing infrastructure, bringing about an infrastructure deficit in the mental health institutions.

According to Barke *et al.* (2011), the Ghanaian Ministry of Health reported that 70 to 80% of Ghanaians use traditional healers as their primary care providers, most often in conjunction with modern medicine. Research suggests that the lack of mental health services and finances may result in the use of traditional medicine and churches in most African countries (Jenkins *et al.*, 2010; Bartlett, *et al.*, 2011; Ame & Mfofo-M'Carthy, 2016). Approximately 45,000 traditional healers and churches currently treat patients throughout Ghana (Barke *et al.*, 2011; Walker, 2015).

In Ghana, there are eight well-known grassroots nonprofit organizations mostly created by international stakeholders (Roberts *et al.*, 2014). Only one, that is, the Mental Health Society of Ghana (MEHSOG), was founded by communities in Ghana (Roberts *et al.*, 2014). MEHSOG is a membership-based organization advocating for the rights of people with mental health issues in Ghana. The association offers self-help groups and has an advocacy presence in legislative and legal matters. For instance, in 2015 MEHSOG advocated for someone after he made a threat to shoot the former president (Awaf, 2016). He was confirmed to have mental health issues, yet the court convicted him to a 10-year jail sentence. The Mental Health Society of Ghana argued that he should be receiving mental healthcare, not a jail sentence. In August 2016, his lawyer, with support from MEHSOG, succeeded in having his sentence dismissed. Nevertheless, he was incarcerated until December 2015. Upon his release, he was finally admitted at the Accra Psychiatric Hospital (Awaf, 2016). The World Health Organization (WHO) in 2001 in a report on health recommended ten key areas including community mental health provision that needs to be taken into consideration in developing an effective mental health care delivery (WHO, 2001). Despite the wide

dissemination of such recommendations for improving mental health care delivery, progress in the implementation of mental health policy still remains unsteady. Unfortunately, there has been little progress towards implementing these recommendations and mental health care remains a low priority because over 40% of African countries including Ghana have no community mental health provision, and mental health care remains concentrated in psychiatric hospitals (Flisher *et al.*, 2007). However, to meet the Sustainable Development Goal 3 (SDG 3) which is targeted at reducing mental health by 2030, much effort is still needed to make progress towards achieving the goal.

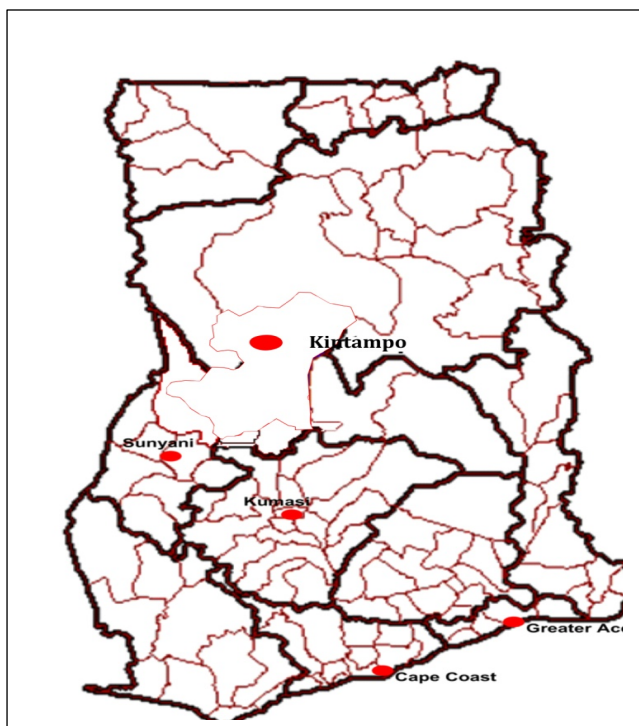
Despite progressive public policy aimed at addressing the serious gaps in the treatment of the mentally ill, Ghana fails to deliver adequate access to mental health services (Bartlett, 2016). This failure is rooted in inadequate government funding. Only 1.4 percent of the total health budget was allocated to mental health, and virtually all of this money went to finance the state-sponsored institutional facilities. The inadequate access to mental health services is also a product of the misallocation of healthcare resources and human resources by region and within the system. Regions like the Upper West, Upper East and Eastern regions, that treated some of the most patients, received the least amount of resources and regions like the Northern region that treated some of the least number of patients, had a high concentration of mental health professionals (Ofori-Attah *et al.*, 2010). The uneven allocation of financial resources directly contradicts the goal of the new public policy, which is to expand the community-level facilities rather than the institutional facilities (Bartlett, 2016).

In an attempt to reduce the problem of mental health, a number of initiatives have been undertaken in Ghana with the aim of improving mental health care with impressive advancements. Some of these initiatives included mental health act and policy (Doku *et al.*, 2012). To this effect, mental health policy was developed in Ghana in 1994 and revised in 2000 to help improve mental health care delivery (WHO, 2005). In 2012 the Ghana legislature passed the "Mental Health Law" aimed at updating standard practice to conform to international ideals of best practice standards for mental health practice and legislation. The law reorganized the bureaucratic nature of mental healthcare in order to make mental healthcare more of a priority with the Ghana Health Services and more integrated within the Ministry of Health. The policy set out among other things twelve objectives including: decentralization of mental health services, establishment of a national mental health coordinating group, the

training of mental health professionals, including specialist community mental health workers, provision of transportation for community mental health workers, raising mental health awareness for the family and community and providing for community rehabilitation of the mentally ill (Awenva *et al.*, 2010).

Unfortunately, since the mental health policy in Ghana was drafted, none of the provisions of the policy has been fully implemented. Whilst there have been some moves towards decentralization through the provision of psychiatric beds in five of the ten regional hospitals and an increase in the number of mental health professionals trained, these strategies have only gone some way to improve mental health care delivery in Ghana (Awenva *et al.*, 2010). Psychiatric care remains largely centralised within mental hospitals in the south, and is unevenly spread across the rest of the country, with the northern part of Ghana being the most neglected. The red dots in **Figure 1** below, shows the location of mental health hospitals (facilities) in the southern part of Ghana. The mental hospitals are located in Accra, Sunyani, Cape Coast, Kumasi and Kintampo. The number of mental health professionals is far below what is required by WHO to provide even basic level care to mental patients. Human rights abuses in informal treatment centres such as shrines and prayer camps remain widespread (Read *et al.*, 2009). Read *et al.*, (2009) further reiterated that the mentally ill are often chained and beaten and sometimes deprived of food in the name of fasting to exorcise them of spiritual attacks. They further noted that in Ghana, traditional and faith healers remained highly popular despite the inhumane treatment meted out to the mentally ill in their facilities.

**Figure 1: Map of Ghana showing location of psychiatric hospitals/facilities in the South**



*Source: Read et al., 2009*

Similarly, research in Ghana has been conducted by psychiatrists and concluded that mental health has been a neglected area in healthcare in Ghana with few clinicians and trained researchers in the field and limited research both in quantity and quality (Gilbert, 2006). Also, there is very little published research on mental health care by psychologists, psychiatric nurses and social workers in Ghana. Some of the researches were small in scale and thus largely speculative in their conclusions. Epidemiological data is scarce and unreliable and no large-scale studies have been published. Besides, there are very few studies of clinical practice in mental health. One among the few published works on mental health is identified to be on counseling and argued for consideration of notions of self-identity, as well as the influence of the multi-lingual post-colonial environment when importing talking therapies (Gilbert, 2006).

Notwithstanding these challenges, little research has been conducted to identify the barriers encountered when attempting to implement mental health policy and suggested solutions to overcome these barriers. There is a need to identify strategies for overcoming these barriers in line with recommended guidelines for the implementation of mental health policy in Ghana. The main objective of this paper was to do a critical review of mental health issues in Ghana by identifying existing key barriers and policy implementation challenges preventing Ghana from meeting the Sustainable Development Goal 3 (SDG 3) and to suggest ways of overcoming them.

## Materials and Method

In order to examine the mental health issues in Ghana and provide meaningful suggestions for effective implementation of mental health policy, a critical literature review was done. The literature search was conducted on health science and medical science journals in Ghana to locate some of the relevant mental health issues for discussion. The reviewers conducted an on-line search on Science Direct and PubMed using MeSH. In addition to the on-line search, a manual search of libraries was done to add more value to the literature and materials gathered. The PubMed online database search was conducted during August-December 2017 and articles on related works synthesized to obtain relevant data for the review. The reference lists of each article were reviewed in details to find additional articles for the review.

Two reviewers independently read each article in full text (n = 42 articles, including 5 WHO documents and 10 referenced materials). They evaluated the relevance of retrieved articles and recorded the main findings of each study in a table. Reviewers slated each article in the table for “inclusion” or “exclusion” based on the article's relevance to the topic. Included articles described barriers and solutions associated with mental health policies in Ghana (16/42 articles were included). The main barrier identified in each article and their proposed solutions were recorded. A set of key thematic issues emerged and were recorded. These thematic issues were now used for the review. They include: barriers of implementing mental health policies/acts in Ghana, suggested impetus for the development of new mental health policies in Ghana, Ghanaian legal system and mental illness, Attitudes of Ghanaians towards mental illness and stigmatization and the key factors that impede the development of mental health programmes in Ghana. The search was limited to the contemporary mental health information from the Ghanaian perspective.

### ***Outcome of the Review***

In Ghana, mental health service delivery is perceived by most people to be the result of uneven mental health policy implementation. The review of the available articles reveals a number of longstanding problems and structural barriers to the implementation of mental health policies in Ghana. The review shows that mental health research in Ghana remains limited in both quantity and quality. In the absence of comprehensive research, much is assumed based on scanty evidence and services are heavily influenced by the results of research conducted elsewhere, most often in high-income settings (Read *et al.*, 2012).

Whilst researchers have used their findings to argue for more resources for mental health, such pleas would be more forcefully made if there were more accurate epidemiological data. It is difficult to estimate the true prevalence of mental disorder and plan effectively for mental health promotion and treatment without more rigorous, large-scale population-based studies. However, the published research on mental health disorders such as psychosis, depression, substance misuse and self-harm provides insights for future research on the cultural context of these disorders in Ghana, including risk factors, with important implications for clinical intervention and mental health promotion.

A major omission in the literature regards studies of the practice and efficacy of psychiatric treatment in Ghana. Given the scarcity of psychosocial interventions,

psychotropic medication is the mainstay of treatment and has

been the topic of some papers (Sanati, 2009). One of such studies reports that adherence to medication is poor among many patients (Mensah & Yeboah, 2003) suggesting the need for further research into the reasons for this and methods by which to improve both access and adherence. Similarly, the findings of the study by Awenva *et al.* (2010) demonstrates that there is low priority of mental health in Ghana and the lack of political commitment to the implementation of mental health implementation. The study shows that adequate and reliable data for the development of evidence-based mental health policy is seldom available. Reliable, comprehensive and accurate data on the incidence of mental disorders, the numbers of people attending both specialist treatment centres and primary care and the impact of mental disorders on the individual and family, can provide a sound basis for arguing for increased commitment and resources for mental health and for planning effectively for mental healthcare delivery.

In the same vein, the World Health Organization (WHO, 2007) suggests to government, the need to develop a national advisory body on the implementation of mental health policies and the development of mental health services. Such a group could play a role in reviewing, monitoring and evaluating mental health policies and programmes. The committee could also collaborate with other sectors such as the Ministries of Education, Justice, Local Government, Social Welfare and development agencies and donors to raise awareness of the impact of mental disorders and the need to consider mental health when developing their own policies and programmes (WHO, 2005).

The review of the studies reveals that the quality and availability of mental health care in Ghana is severely constrained by the paucity of mental health professionals and limited opportunities for professional development. This lack of professionals with training in psychosocial interventions further means that treatment remains focused on psychotropic medication and there is very limited provision of psychosocial care and rehabilitation. It was noticed that, despite a recent attempt to increase the numbers of psychiatric nurses being trained, it remains difficult to attract highly qualified staff to the rural areas where the need is greatest. Most of the previous initiatives in community mental health in Ghana have suggested that there is the potential to enhance the skills of lower level community health workers such as

community nurses, technical officers and volunteers to detect and refer cases of mental illness.

Adequate funding and logistical support across all sectors is essential for effective execution of mental health policy yet respondents identified a lack of finance and resources for mental health policy implementation in Ghana. Indeed, the current mental health policy fails to mention the sources of funding for its objectives (Awenva *et al.*, 2010). For example, most community psychiatric nurses, are unable to carry out effective community outreach due to lack of transport. Since most funding for mental health is absorbed by the psychiatric hospitals in Ghana, it is hoped that de-institutionalization would release some funds for primary care (Awenva *et al.*, 2010). However, in order for policy to move beyond 'lip-service' to the ideals of community mental health care as claimed by some authors, there is a need for policy directives to be adequately costed and for funding to match policy objectives.

Some writers recognized that mental health policy formulation in Ghana tend to follow a top-down approach. There was little consultation in both the development and implementation of current mental health policy. Yet it was recognized that broader consultation across all stakeholders, particularly with health workers at the district level, is vital for the successful implementation of the mental health policy. As argued by some scholars, future mental health policy should follow the example of the Mental Health Bill in conducting wide consultation with all stakeholders, not only at the level of 'experts', but with those most affected by mental health policy: the users of mental health services and their careers and health professionals both within specialized services and within primary care.

It was realized from the review that despite widespread poverty and underdevelopment and the related high burden of mental illness, mental health remains a low priority in Ghana, with many remaining untreated by mental health

services. Also, there was limited data on mental health policy and legislation. The limited data that exists suggests that mental health policy and legislation are outdated and financing for mental health is inadequate to meet the needs of the population.

Though there are some efforts towards the reform and expansion of mental healthcare, little progress has been made. Mental health services continue to labour under institutional patterns of care, while international trends are towards the downscaling of psychiatric institutions and the provision of community-based mental health

services and the integration of mental health services into general health services (Geller, 2000). Decentralization of mental health services has only occurred on a limited scale and community-mental health services are inadequate (Bossert & Beauvais, 2002). Mental health care remains focused on pharmacological interventions, with little provision for psychosocial interventions such as psychosocial rehabilitation (Roberts, 2001). Whilst a new mental health bill has been drafted, there are concerns as to when it will be passed and to what extent the bill will be implemented in practice.

### **Conclusions and Recommendations**

The paper concludes that lack of awareness of the burden of mental illness, the lack of a reliable information system, insufficient human and financial resources and an absence of mental health policies are among the factors which impede the development of mental health programmes. Another conclusion is that mental health issues are often given a low priority by policy-makers in the context of competing health needs. Whilst health is inadequately funded, compared to other areas mental health receives even less funding.

Multidisciplinary research is also needed on the particular social and psychological factors which play an important part in the aetiology or cause of mental disorders within Ghana and how these might be addressed. Research on beliefs and attitudes towards mental illness suggests that they influence not only help-seeking behaviour but also stigma, care-giving and social inclusion. Research in this area may not only point to the roots of stigma, social exclusion and human rights abuse, but also to potential resources for the support and social integration of those with mental disorders. Strengthening the evidence-base through research in mental health and the development of an efficient and comprehensive mental health information system is therefore an important first step for Ghana in developing mental health policies which address those areas most in need.

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