

Policy brief:

Scaling up mental health services in Ghana: Preliminary evidence from district demonstration sites

Key messages

- District mental healthcare plans can have a positive impact on reducing the treatment gap for mental health services through an integrated approach to the detection, treatment, and management of mental health conditions.
- Training and supportive supervision are required to ensure that district-level mental health service providers have the skills and knowledge to deliver high-quality mental healthcare. Focus areas for training and supervision include identification, assessment, and management of mental health conditions.
- It is important to engage all relevant stakeholders in the planning and implementation of the plans to ensure ownership.
- Standard Operating Procedures are essential to ensure that mental health care plans are effective and sustainable.

Executive summary

Mental health conditions are one of the major contributors to the burden of disease worldwide, contributing 4.9% of total Disability Adjusted Life Years (DALYs). Limited access to mental health services has led to a large treatment gap in low- and middle-income countries (LMIC). In Ghana, this treatment gap is estimated to be between 95 and 98%. Poor access to mental health services can be addressed by integrating mental health services in primary healthcare (PHC). Using the Programme for Improving Mental Healthcare (PRIME) model, Ghana Somubi Dwumadie¹ (Ghana Participation Programme) has facilitated the development and implementation of District Mental Healthcare Plans (DMHCPs) in three

¹ <https://www.ghanasomubi.com>

demonstration districts to reduce the treatment gap for mental healthcare services in Ghana. PRIME is a research programme that develops, implements, and evaluates DMHCPs for priority disorders to provide evidence for how to integrate mental health into primary care.² Based on the PRIME approach, mental healthcare plans are delivered at each of the three levels of care addressing five critical domains of raising awareness, improving detection, treatment and recovery, and enabling functions. The three levels of care are:

1. the healthcare organisation,
2. health facilities (including general primary care facilities and specialist support); and
3. the community.

This policy brief presents preliminary evidence from district demonstration sites to inform the scaling up of integrated mental health services in Ghana.

The development, implementation and evaluation of the mental healthcare plans involves the following systematic and participatory approach:

- A well-designed situation analysis is needed to understand the PHC system and opportunities for integrating mental health services.
- It is critical to assemble an operations team made up of representatives from key units or departments in the district to serve as the anchor for the planning and implementation of the mental healthcare plan.
- Development of the care plans should be participatory; Theory of Change (ToC) is a useful approach to design mental healthcare plans that are tailored to the needs of districts. The operations teams can be trained on the use of ToC to develop their district plans.

When implemented properly, these plans can make an important contribution towards improving access to mental health services and reducing the large treatment gap. This brief is useful for policymakers in planning the expansion and scaling up of mental health services.

Designing District Mental Healthcare Plans

Step 1: Situation analysis of mental health services

To understand the primary healthcare system and opportunities for integrating mental health services, a situation analysis of mental health services was conducted in five districts to describe the mental health infrastructure and services

² Lund, Crick, et al. 'PRIME: a programme to reduce the treatment gap for mental disorders in five low-and middle-income countries.' PLoS Med 9.12 (2012): e1001359

available. These districts were Anloga (Volta Region), Ahanta West (Western Region), Asunafo North (Ahafo Region), Tolon (Northern Region), and Bongo (Upper East Region). Lessons from Programme for Improving Mental Healthcare (PRIME) were used to develop the selection criteria for the districts. The criteria included **geographic equity**: the five districts should be distributed among Ghana's three geographic regions: the Southern, Middle Belt, and Savannah; **representativeness**: the districts should not be under-resourced, but neither should they be over-resourced, particularly in relation to human resources so that lessons could be generalised to inform scale up in other districts; and the districts should have an **appropriate level of mental health activity**: specifically having a district mental health coordinator and delivery of basic mental health services.

The findings of the situation analysis confirm an unmet need for mental health services, with underdeveloped mental health infrastructure and systems (only 0.5% of those in need have access to mental health services)³. Lack of a working mental healthcare plan, lack of a dedicated budget, insufficient human resource capacity, training, and supervision, unreliable medication supplies, and lack of experience in the use of psychological treatments, are all factors that contribute to the underdevelopment of mental health structures and systems.

Step 2: Theory of Change workshops

As part of a broader strategy to facilitate a scale-up of district mental health services in Ghana, the Programme conducted a Theory of Change workshop in three⁴ demonstration districts: Anloga (Volta Region), Asunafo North (Ahafo Region), and Bongo (Upper East Region) (see Figure 1). Through these workshops, the District Mental Health Operation Teams developed Theory of Change maps, setting out the steps needed to achieve their intended impact: improving the quality of life and wellbeing of people with mental health conditions in each district. The Operations Teams were made up of representatives of key units or departments such health, education, Judiciary, District Assembly and mental health service users. The ToC maps were aligned with the provisions of Ghana's mental health policy⁵ which aims to integrate mental health services in primary care (see Figure 2).

To help each district to achieve its desired impact, the operation team identified specific interventions and outcomes across the three districts. The interventions included:

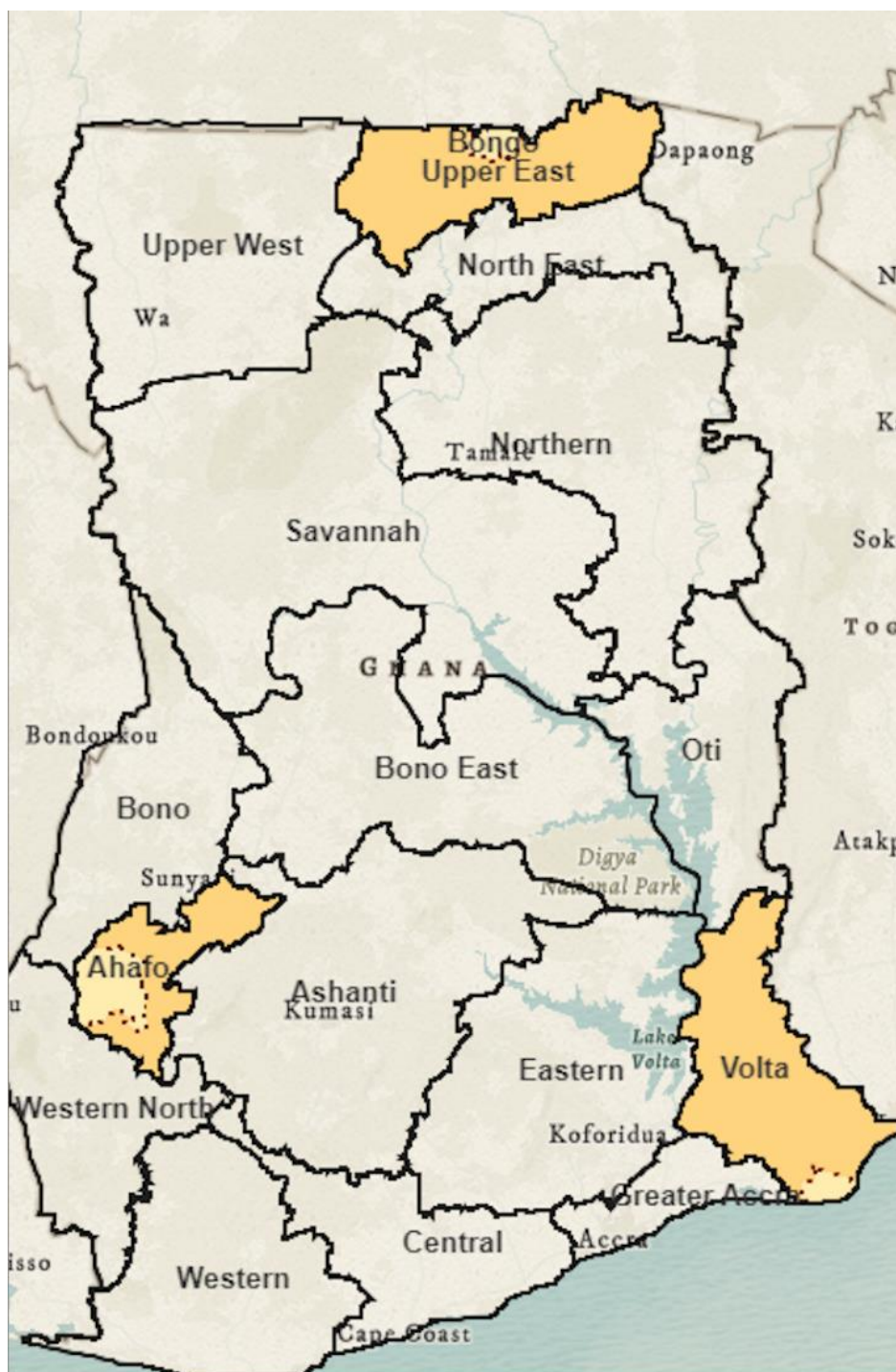
3 Weobong et. al (2021) Towards Implementation of Context-specific Integrated District Mental Health Care Plans: A Situation Analysis of Mental Health Services in Five Districts in Ghana

4 The original five districts were downsized to three due to a reduction in the scope of work necessitated by funding review and realignment by the funder

5 Mental Health Authority (MHA). (2019). Ghana Mental Health Policy, 2019-2030. Accra: MHA, Ministry of Health

- Training primary care professionals in the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP)
- Regular staff supervision and monitoring
- Improving psychotropic medicine procurement to ensure regular supply
- Enrollment of people with mental health conditions on National Health Insurance Scheme (NHIS), Livelihood Empowerment Against Poverty (LEAP)

Figure 1: Map of Ghana showing the three Demonstration Districts



The intended outcomes of these interventions included:

1. Reducing the treatment gap for mental healthcare in primary healthcare settings
2. Improved access to basic economic needs for people with mental health conditions

The theory of change maps are used as a framework by the district operation team to measure progress towards reducing the treatment gap (see Figure 2).

Step 3: Implementation of District Mental Healthcare Plans

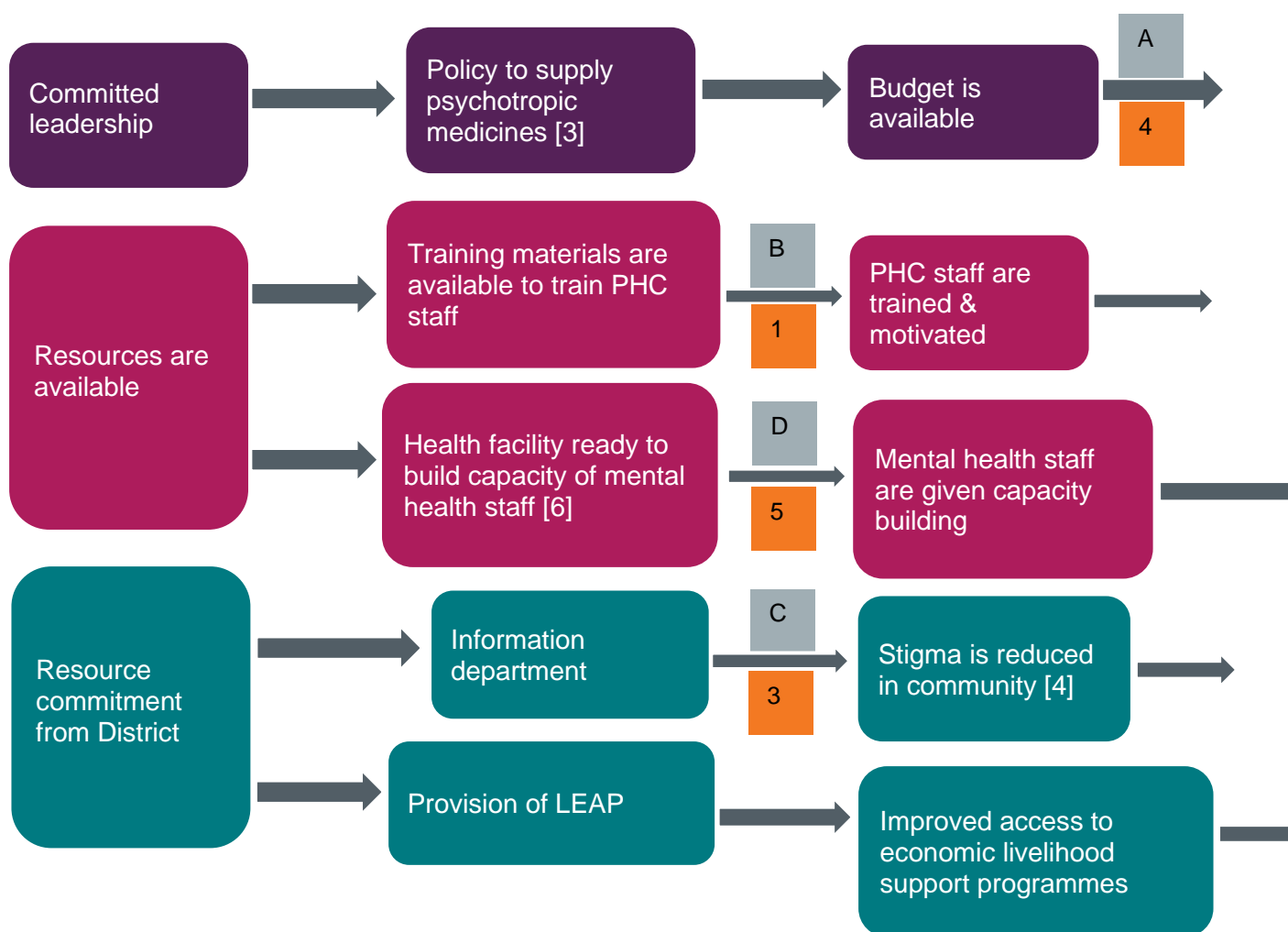
The implementation of the District Mental Healthcare Plans (DMHCPs) in the districts involved key activities listed in each district's workplan. These activities included mhGAP training and supervision, as well as community health volunteer training.

mhGAP training and supportive supervision

The main objective of the mhGAP training was to build the capacity of non-specialist healthcare providers in the three demonstration districts in detecting and managing mental, neurological and substance-use (MNS) conditions. The training sought to improve their knowledge and confidence in detection and management of MNS conditions. The mhGAP training reached 84 participants from 15 randomly selected health facilities. A pre-post assessment was conducted to evaluate participants' knowledge of mhGAP. Results showed that participants had increased knowledge of mhGAP and they could better detect and refer mental health conditions.

One of the feedback items from participants was the need for continual supervision to get everyone to the point where they can confidently identify, treat, and refer people with MNS conditions. In response, Ghana Somubi Dwumadie team collaborated with mhGAP experts from Ghana Health Service to provide supportive supervision to trainees in the mhGAP programme. The Ghana Somubi Dwumadie team supported the Ghana Health Service to adapt their existing supervision checklist to include key mhGAP measures and accompanied the mhGAP experts visiting staff who had been trained in mhGAP to provide ongoing supportive supervision and to ensure that their new skills were being implemented. Trainees in turn transferred their skills to other healthcare workers in their respective health facilities.

Figure 2: Theory of change map for Asunafo North Municipality

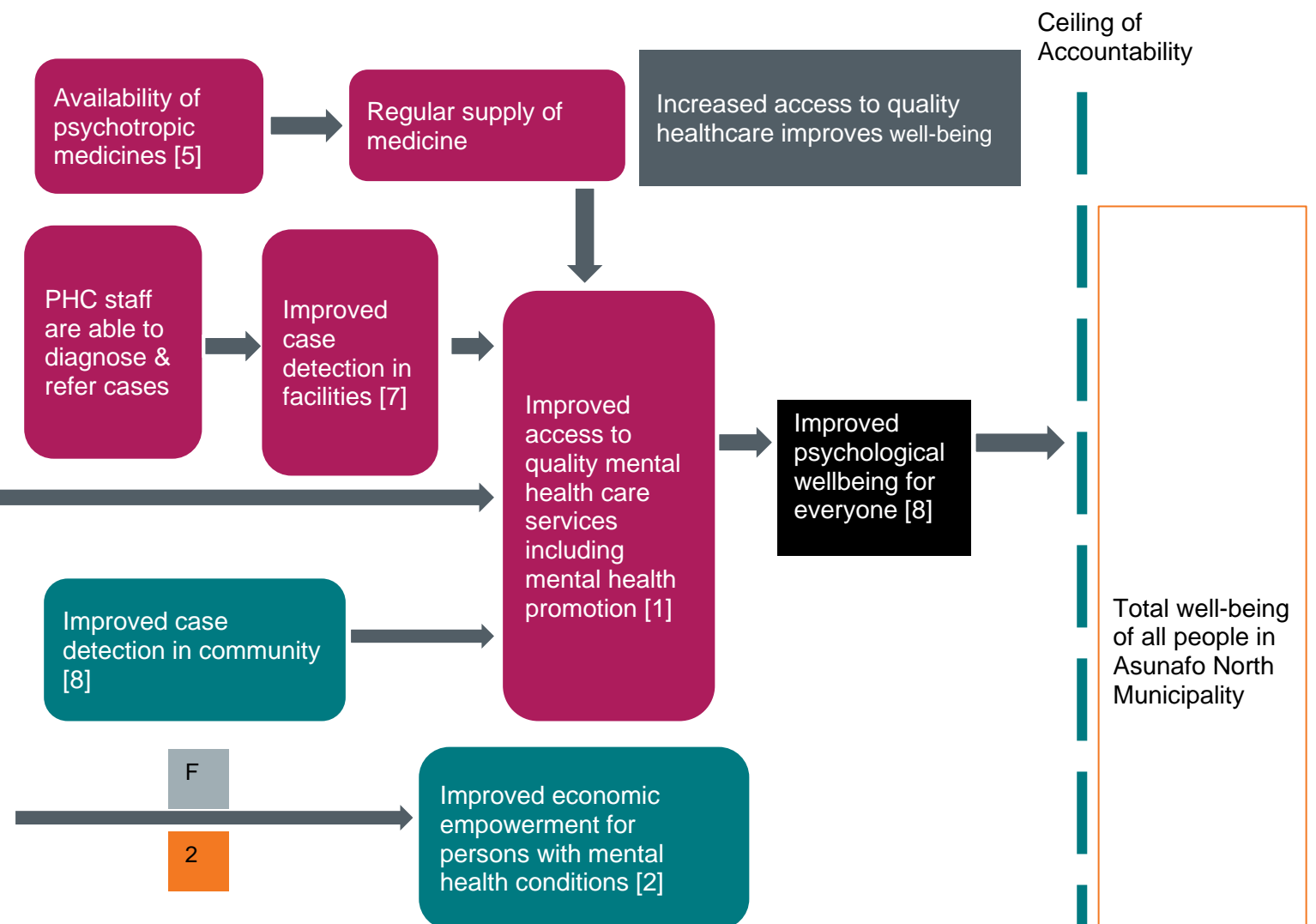


Legends

Health organisation level
Health facility level
Community level
Assumptions
Interventions
Rationale

Indicators

- 1) Proportion of mental health patients who have access to mental health services
- 2) Proportion of people with mental health conditions who have access to economic livelihood support programmes
- 3) Psychotropic medicine policy document
- 4) Survey to measure reduction in stigma
- 5) Inventory taken of psychotropic medicine
- 6) Number of staff posted to the district facilities
- 7) Number of cases detected per quarter
- 8) % of service users attending clinics who have improved symptoms and reduced disability



Assumptions	Interventions
A) Ministry of Health has budget for mental healthcare B) Health staff willing to undergo mhGAP-Intervention Guide training C) Health promotion are available D) Training will lead to improved performance E) Livelihood support programmes are available	6. mhGAP training for staff 7. Enrollment of mental health on LEAP, Microfinance and Loans Centre 8. Community awareness via Community Information Centres 9. Inclusion of psychotropic medicines in routine request & procurement plan 10. In-service training of all staff on mental health

Community Health Volunteer training

A key indicator in the districts' mental healthcare plan is to train community health volunteers to improve case detection in the various communities. The main objective of the training was to help community health volunteers to attain basic level of competency in detecting and reporting MNS conditions. This is crucial to reduce stigma and discrimination and the treatment gap for mental health services in the districts. Trainees were trained on MNS conditions such as depression, psychosis, substance use disorders and others. The training involved 87 community health volunteers and 17 mental health practitioners from the Bongo, Anloga and Asunafo North Districts. Performance from the post-test evaluation indicated a significantly higher level of knowledge in detection and referral of mental health conditions.

Supervising the implementation of District Mental Healthcare Plans

Supervision is crucial for effective implementation of the district mental healthcare plans. As part of the implementation strategy the programme has conducted both virtual and on-site supervision.

Virtual meetings with members of District Mental Health Operation team in each district provided an opportunity for them to share updates on activities, discuss challenges and highlight several successes in implementation of the mental healthcare plans. Virtual supervision allows supervisors to review the work of the different districts at the same time. This saves time and resources compared to conducting on-site visits to each district separately. Overall, virtual supervision can be a powerful tool for improving the implementation of healthcare plans in districts. It provides a forum for districts to learn from each other by sharing challenges and successes. By increasing efficiency, enhancing communication, and reducing costs, virtual supervision can help to ensure that the mental healthcare plan is properly implemented. To supplement the virtual supervision, Ghana Somubi Dwumadie also conducted bi-monthly on-site supervision in the three demonstration districts. The goals of the supervision visits were to discuss, review and update the mental healthcare plans using the Standard Operating Procedures (SOP) designed by the programme. These supervision activities complement each other as Ghana Somubi Dwumadie was able to physically assess progress on the ground against what is reported during the virtual meetings.

Feasibility and acceptability of the plans

‘It has been highly acceptable by almost all the stakeholders including the healthcare providers, because it helps them not only in the delivery of mental healthcare to the people, but in all physical healthcare and we have recently seen an improvement in the care of the people.’ District Mental Health Coordinator

Implementing district mental healthcare plans is a critical step in reducing the treatment gap in mental healthcare and addressing the burden of mental illness in districts and communities. Examples from other countries’ district mental healthcare plans have been implemented using the PRIME model⁶ have shown that it is possible to implement such plans, resulting in improvements in case detection and clinical and functioning outcomes.

Preliminary successes of the mental healthcare plan implementation in Ghana include:

- Training PHC providers and community health volunteers improved detection, management, and referral of people with mental health conditions.
- Establishment of a supervisory team led by the district director of health services and district mental health coordinator to conduct mhGAP supportive supervision visits to mhGAP trainees.
- Collaboration with traditional and faith-based healers and community health volunteers improved case detection and referral.
- Improvements in supply of psychotropic drugs through frequent submission of drug returns to regional stores to ensure that they receive medication from the central government when they are available.
- Enrolment of people with MNS conditions on NHIS and LEAP.

As part of generating evidence, the programme has been conducting interviews with stakeholders in the three demonstration districts to assess the feasibility and acceptability of the mental healthcare plans being piloted. The district mental healthcare plans are highly accepted by stakeholders in the three districts because they have started experiencing the benefits of implementing them.

One of the useful strategies adopted by the districts is building on existing structures such as joining other health staff for routine monitoring and health promotion visits and training of non-mental health staff on mhGAP to reduce the treatment gap. Other existing structures include collaboration with traditional and faith-based healers and community health volunteers. This integration of mental health services in the

⁶ Breuer, E., 2019. Using Theory of Change to design and evaluate a complex mental health intervention in five low and middle-income countries: the case of PRIME.

districts facilitates implementation of mental healthcare plans. Due to these already-existing structures, fewer personnel and less money are needed to implement the district's mental healthcare initiatives.

'I will say it is a very feasible plan. There may be a few challenges, but on the whole, the plan is very workable and feasible if we all put our efforts to it. This plan was not done in isolation, the various stakeholders were also involved, and their inputs were received before the plan was finalised.' School Health Education Programme coordinator

Tools developed to support district mental healthcare plans

To facilitate the implementation of the district mental healthcare plans, the programme together with stakeholders have developed essential tools to support future scale-up efforts. All these tools are available on the resources page of our website www.ghanasomubi.com/resources

- **Theory of change maps**, that provide the logic frame for the design, implementation and evaluation of district mental healthcare plans.
- **Training manual for community health volunteers** to help with the training as part of its effort to increase community members' abilities to identify and refer suspected MNS problems.
- **Standard Operating Procedures** detailing key processes and expectations on the implementation of district mental healthcare plans to help improve efficiency, offer consistent outcomes, and ensure conformity to operating standards.
- WHO also has a dedicated website for mhGAP training tools <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme>

Conclusion

District mental healthcare plans are an essential part of efforts to reduce the mental healthcare treatment gap in Ghana. The district mental healthcare plans that are being implemented and evaluated recognise that mental healthcare is not only about treating symptoms or illnesses, but also about addressing the economic and social empowerment of people with mental health conditions to help with their recovery and reintegration. Preliminary evidence from the process evaluation component of the district mental healthcare plans suggests an emerging value in terms of:

- renewed and strengthened interest in mental health within the district health management teams,
- the active presence of district mental health operations teams,
- improving competencies of primary healthcare workers in the detection and initial management of common mental disorders,
- and increasing collaboration with community structures such as traditional and faith-based healers and community-based volunteers.

Further to this, essential tools and processes have also been established. These are important learnings and resources to guide decisions of future scale-up of district mental healthcare plans in Ghana.

Policy recommendations for Ghana Health Service and Development Partners

The development and implementation of district mental healthcare plans is an important step towards improving the delivery of mental health services at the primary healthcare level. The preliminary findings of our district demonstration sites indicate that it is feasible to implement these plans to improve mental health services in resource-limited settings. The following recommendations are made:

1. **Building the capacity of primary healthcare workers and community health volunteers is essential for successful implementation:** To ensure that district-level mental health service providers have the skills and knowledge to deliver high-quality mental healthcare, adequate training and capacity building are required. Capacity building efforts should be targeted at two levels: train primary healthcare providers to detect, manage, and refer people with common mental, neurological and substance use (MNS) conditions using the mhGAP intervention guide (mhGAP-IG); train district mental health focal person to conduct supportive supervision post-mhGAP training.
2. **Integration within primary healthcare is important:** Integration of mental health services within the primary healthcare system is important to ensure a wider involvement of other health professionals in the delivery of mental healthcare and thus the potential to close the treatment gap.
3. **Partnerships and collaboration are crucial:** To ensure that the plans are tailored to the needs of the districts, it is crucial to include all stakeholders including healthcare professionals, policymakers, community members, and service users, in the planning and implementation processes. In this regard, the use of Theory of Change is an effective approach to achieve this and should be encouraged.
4. **Monitoring and evaluation is essential for assessing progress:** Monitoring and evaluation of district mental healthcare plans is essential, using standard operating procedures to ensure that they are effective and sustainable. This includes regular monitoring of service delivery as well as evaluation of the impact of the plans on mental health indicators and outcomes.



For further information contact us:

Address: No.6 Asoyi Crescent, East Legon, Accra

Email: info@ghanasomubi.com

Website: <https://www.ghanasomubi.com>



@ghanasomubi



@ GhanaSomubi