

# **Implementation of the Mental Health Act in Ghana:**

## **A study of barriers and enablers using a mixed-method approach**

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## STATEMENT OF ORIGINALITY

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## **DEDICATION**

To my beloved family who endured my intermittent absence for nearly 4 years. The work is also dedicated to God Almighty for the guidance, and for granting me knowledge and good health to complete the programme.

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## ABBREVIATIONS

CHRAJ	Commission for Human Rights and Administrative Justice
CPO	Clinical Psychiatric Officer
DACF	District Assembly Common Fund
DFID	Department for International Development
DHIMS-2	District Health Information Management System
DALYs	Disability Adjusted Life Years
DOVVSU	Domestic Violence and Victim Support Unit
GFD	Ghana Federation of Disability Organisations
GHS	Ghana Health Service
GMHA	Ghana Mental Health Authority
GSS	Ghana Statistical Services
HMRI	Hunter Medical Research Institute
KHRC	Kintampo Health Research Centre
KHDSS	Kintampo Health and Demographic Surveillance System
LEAP	Livelihood Empowerment Against Poverty Program
LHPS	Learning Health Policy System
LI	Legislative Instrument (LI)
LMICs	Low and middle-income countries
MHA	Mental Health Act
MLGRD	Minister of Local Government and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MOH	Ministry of Health
MoH	Ministry of Finance
NCCE	National Commission for Civic Education
NHIA	National Health Insurance Authority
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NIER	Newcastle Institute for Energy and Resources
NUPSA	Newcastle University Postgraduate Students Association
OECD	Organisation for Economic Cooperation and Development
PMD	Persons with Mental Disorders
REDCap	Research Electronic Data Capture
RHD	Research Higher Degree
RMHC	Regional Mental Health Coordinator

SDG                Sustainable Development Goals

**ABBREVIATIONS Continued**

SRC                Scientific Review Committee

SWCD            Social Welfare and Community Development

TFH                Traditional and Faith-Based Healing

TFHs             Traditional and Faith-Based Healers

UN                 United Nations

UNCRPD        United Nations Convention for Rights of Persons with Disabilities

UoN                University of Newcastle

WHO              World Health Organisation

WHO-AIMS     WHO Assessment Instrument for Mental Health System

YLLS              Years of Life Lost

## CONFERENCE PRESENTATIONS

Name	Date
31 <sup>st</sup> Annual conference of the International Society for Environmental Epidemiology, Utrecht, The Netherlands. Title of poster presentation: Impact of prenatal maternal stress on birth anthropometrics and pregnancy outcomes in rural Ghana.	August 2019
2019 National Health Research Dissemination symposium. Making research drive innovation and progress towards UHC and the SDGs, GIMPA, Accra, Ghana. Title of oral presentation: Implementation of a Mental Health Act in Ghana: A study of potential barriers and enablers using a mixed method approach	June 2019
4 <sup>th</sup> Mental Health and Well-being Conference of Ghana: Kwame Nkrumah University of Science and Technology, Kumasi-Ghana. Title of oral presentation: Implementation of the Mental Health Act in Ghana: A study of potential barriers and enablers using a mixed-method approach.	October 2018
4 <sup>th</sup> Mental Health and Well-being Conference of Ghana: Kwame Nkrumah University of Science and Technology, Kumasi-Ghana. Title of oral presentation: Analysis of Service Provision for Mental and Neurological Disorders among Adolescents in two Districts of Ghana.	October 2018
Global Initiatives in Maternal Care – School of Nursing and Midwifery (Johnson et al.) Research Seminar, Callaghan, University of Newcastle, Australia. Title of oral presentation: Implementation of the Mental Health Act in Ghana: A study of potential barriers and enablers using a mixed-method approach.	August 2018
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## **ABSTRACT**

### **Background**

The introduction of the Mental Health Act (MHA) 846 in 2012 to promote and improve mental health service provision has been recognised locally and internationally as an excellent step for transforming mental healthcare in Ghana. Despite some achievements resulting from implementing the MHA, there has been a weak implementation of the policy provisions similar to previous policies such as the 1888 Lunatic Asylum Act and the 1972 Mental Health Decree that were loosely implemented. Little is known about the main contextual issues that would facilitate or impede the implementation of the present MHA. The aim of this Thesis was to investigate the barriers and enablers to implementing the current MHA.

### **Methods**

A mixed-method approach including a survey, focus group, interviews, and field observations were used to investigate the barriers and enablers to implementing the MHA. The study participants included senior civil servants, health professionals, law enforcement officers, parliamentarians, carers, community opinion leaders, mental health service users and traditional and faith-based practitioners. For the quantitative study, the World Health Organisation Disability Assessment Schedule (WHODAS-12, version 2.0) was used for data collection to measure level of functional disability among people with mental disorders. A study-specific survey was conducted to assess both participants' access to support from the available mental health stakeholders in Ghana and their knowledge of the MHA. For the qualitative study, in-depth interviews and focus group discussions were conducted with district, regional, and national key stakeholders. The qualitative data collected through interviews and focus groups were digitally recorded, transcribed verbatim and exported into NVivo 11 for analysis. Quantitative data were analysed using descriptive statistics, while thematic analysis utilising the 5-step Framework approach was used for analysing the qualitative data.

### **Results**

This Thesis reports significant achievements in mental health service provision attributable to the influence of the MHA. Some of these notable achievements include: establishing the Ghana Mental Health Authority (GMHA); expansion of the mental health workforce through the appointment of regional mental health coordinators (RMHC) entrusted with the mandate to coordinate mental health services in the various administrative regions; and the provision of other mental health personnel that invariably increased access to mental health services.

Participants also reported that there had been a systematic reduction in the use of chains and flogging of people with mental illness to drive out evil spirits.

Thematic analysis identified five main barriers impeding the implementation of the MHA. These include: underfunding mental health due to a lack of political commitment; policy failure and delay in passing the Legislative Instrument (LI); insufficient resources and mental health workforce; poor mental health literacy and limited knowledge of the MHA and a lack of mental health data for planning. Participants reported that the insufficient allocation of resources for mental healthcare results in poor mental health service provision, which directly affects the implementation of the statutory provisions of the MHA. Some of the identified enablers for implementing the MHA include advocacy, central Government intervention through increased funding, and effective collaboration with Traditional and Faith-Based Healers (TFHs) through guidance and regulation to minimise human rights abuse.

Findings from this study showed that key stakeholders play a central role in facilitating the MHA implementation, yet no broader consultation and collaboration among stakeholders currently exist in efforts to implement the MHA. Stakeholders and key institutions such as the GMHA, Ministry of Health (MoH), Ghana Health Service (GHS), TFHs, National Health Insurance Authority (Igbinomwanhia et al.), District Assembly, Social Welfare, NGOs, health service providers, legal services including Ghana Police Service, Prison Services and Commission for Human Rights and Administrative Justice, community opinion leaders, service users and carers were identified as playing critical roles to ensure the MHA is implemented.

The quantitative study reports higher disability (66%) among participants with mental illness, indicating an inability to function well due to the mental disorder. Also, there was a general lack of a support network for people with mental disorders in the area, with only a third of the participants having access to any form of support or social protection services.

## **Conclusion**

Key stakeholders' commitment to mental healthcare in Ghana is lacking, evidenced by the limited implementation of the provisions of the MHA. Integrating mental health in primary healthcare and collaboration between various healthcare providers could be an excellent strategy in harnessing and maximising the limited human and material resources and, more significantly, destigmatising mental illness. Government commitment and investment in mental healthcare will be significant in facilitating the implementation of the MHA provisions to ensure the desired improvement of Ghana's mental healthcare delivery.

**Keywords:** Mental Health Act (MHA), policy implementation, mental illness, barriers, enablers, mental healthcare, mixed-methods, Ghana

## DEFINITIONS OF TERMS

The working definitions of the key terms used in this document are as follows:

**Barrier:** Anything which prevents, or limits, a given policy instrument from being implemented.

**District Assembly:** Is the basic unit of political governance at the district or regional level and includes municipal and metropolitan assemblies.

**Durbars:** Gathering of chiefs and people to discuss community development agenda

**Enablers:** Factors, forces, and resources that facilitate the successful implementation of a program.

**Implementation:** Roll out of the Mental Health Act since its introduction in 2012 in Ghana.

**Mental disorders/illness:** The WHO refers to mental illness as a diagnosable illness which affects a person's thinking, emotional state and behaviour, and disrupts the person's ability to work or carry out other daily activities and engage in satisfying relationships (DSM-V).

**Mental Health Act/Law 846 (MHA):** An Act of Parliament for the provision and regulation of mental healthcare and associated matters.

**Mental health users:** People living with mental disabilities otherwise referred to as mental health consumers in other jurisdictions.

**Pastors:** A minister in charge of a Christian church or congregation, especially in some charismatic or religious churches.

**Persons with disabilities:** These are people with long-term physical, mental, intellectual or sensory impairments which interact with various difficulties and may hinder their full and effective participation in society on an equal basis with others.

**Policy:** A statement of intent, or principles to guide decisions in order to achieve individual or corporate goals. A policy is implemented as a procedure or protocol.

**Prayer camps:** Non-governmental religious institutions for spiritual healing.

**Severe mental disorders:** These refer to severe disturbances in thinking, emotion, and behaviour. Examples include schizophrenia, major depression, and bipolar disorders.

**Shrines:** A sacred or holy place, that is dedicated to a specific deity, ancestor, god or a figure of awe and respect, at which people venerate or worship them.

**Stakeholders:** Relevant individuals or institutions (both public and private) responsible for playing an active role in mental healthcare.

**Traditional Healers:** Persons who use long established 'Traditional' methods to treat people suffering from various diseases, many of which have psychological underpinnings.

**Traditional healing:** The practice of using local herbs to treat diseases including mental disorders.