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POLICY BRIEF

Mental Healthcare in Ghana: A Serious Setback to Sustainable Healthcare for Development

INTRODUCTION

Mental health has fundamental national importance in Ghana. Data shows that 19% of Ghanaians have mental illness while 41% have some form of psychological distress (Osei¹/Daily Graphic, March, 2018; Institute of Statistical, Social and Economic Research [ISSER], 2019). Police and media reports show that suicide is becoming an alarmingly frequent and a critical public health problem in Ghana (Quarshie, Osafo, Akotia, & Peprah, 2015; ISSER, 2019). Even though mental health is still stigmatised in Ghana, an increasing number of Ghanaians are now accessing care in psychiatric hospitals (ISSER, 2017). Initiatives by the Mental Health Authority (MHA) to raise awareness about mental health issues and liaise with key stakeholders in the sector constitute steps in the right direction. For instance, the MHA has tried to raise its profile and visibility by launching its website: www.mhaghana.org. It has also liaised with and educated relevant primary stakeholders such as traditional healthcare practitioners, the Parliament of the Fourth Republic of Ghana, among others (MHA, 2018).

¹ Dr. Akwasi Osei is the Chief Executive Officer, Mental Health Authority, Ghana Health Service.

KEY ISSUES

Consistent with the Ministry of Health's service delivery system, mental health service delivery is done at national, regional, district, sub-district and community levels. ISSER (2017) reported a paradigm shift by the MHA to de-institutionalise mental healthcare in favour of community-oriented care, as enshrined in the Mental Health Act, 2012 (Act 846). In 2016 and 2017, this became the focus of mental healthcare. Consequently, in-patient intake in the three psychiatric hospitals declined, in favour of integrated community care. The MHA thus supported the Regional Health Directorates to engage in community-based activities and outreach such as home visits, community durbars and school health programs (MHA, 2018: xv).

Given its critical importance, it is a source of worry that mental healthcare in Ghana remains seriously and perpetually underfunded. In 2016, the MHA relied on three main sources of funds: subventions from the Government of Ghana (GoG), internally generated funds (IGF) and sector budget support (SBS). In addition, donations were received from stakeholders, corporate

organisations and individuals (MHA, 2018:15). The Chief Executive Officer of Ghana’s Mental Health Authority (MHA), Dr. Akwasi Osei, has long lamented the lack of financial support from the government for mental health services (ISSER, 2019). While the Ministry of Health (MoH) remains the main financier of institutional care for mental healthcare in Ghana, funds for the headquarters of the Mental Health Authority has been left to donor support for some time now. In 2016 for instance, the main funding for the MHA’s headquarters and by extension, Ghana’s only three psychiatric hospitals, was provided by the United Kingdom’s Department for International Development (DFID). Funding from DFID was set to run out in June 2018, leaving a big funding gap and uncertainty in the efforts of the MHA (MHA, 2018).

The funding gap for mental healthcare in the country is troubling. According to the MHA (2017), budgeted expenditure for 2016 was GH¢243,386,436.03. Of this, actual expenditure was only 14.43% (GH¢35,118,175.03), leaving an unfunded amount of GH¢208,268,261.02 (85.57%) (Table 1). Also, goods and services for the MHA were not funded by GoG in 2016. The repercussions of this funding gap include the

inability to recruit additional specialists for the MHA headquarters and the regions, inability to strengthen community care by recruiting District Mental Health coordinators and training staff, and unavailability of psychotropic medicines. Another major challenge is that the country had just about 18 mental health specialists or psychiatrists as at 2017 (ISSER, 2017; MHA, 2018).

Regarding the shortage of psychotropic medicines, only 30% of essential medicines for mental healthcare in Ghana were officially available in 2015. In 2016, the situation was far worse: only 10% of these medicines were available. In fact, the MoH has not purchased psychotropic medicines since it last purchased them in 2011 (stock which was meant to last for two years), neither have local pharmaceutical producers been eager to supply them due to the government’s delayed payment or non-payment for medicines (MHA, 2017, p. 45). These financial bottlenecks have led to the grim situation where psychiatric patients have had to purchase psychotropic medicines on cash-and-carry basis, buy them in the open market out-of-pocket, and/or go without their medications (MHA, 2017; ISSER, 2017, 2019). The vulnerable situation of a typical psychiatric patient in Ghana makes such realities unfathomable.

Table 1: Budgeted expenditure against actual expenditure, 2016 (GH¢)

<i>Expenditure</i> <i>Item</i>	<i>BMC² budget</i>	<i>Actual</i> <i>expenditure</i>	<i>Variance</i> <i>(Revenue gap)</i>	<i>Variance (%)</i>
Compensation	98,962,637.77	27,131,122.18	71,831,515.59	72.58
Goods and services	67,177,038.26	7,750,215.69	59,426,822.59	88.46
Capital Expenditure	77,246,760.0	236,837.16	77,009,922.84	99.69
Total expenditure	243,386,436.03	35,118,175.03	(208,268,261.02)	85.57

Source: MHA, Annual report, 2017, p. 13

² Budget Management Centres

Furthermore, despite the passage of the Mental Health Act, 2012 (Act 846), the Legislative Instrument (LI) supporting the Act has not been passed by Parliament. Passage of the LI will pave the way for the establishment of the Mental Health Levy which will guide the Ministry of Finance in establishing independent funding for mental healthcare in the country. This will go a long way towards establishing a minimum funding base for mental healthcare services and relieving the MHA of some of its dire financial constraints. The current state of mental healthcare in Ghana militates against the nation's development and rolls back progress towards Ghana's achievement of the Sustainable Development Goal which seeks to achieve sustainable development through improved and equitable healthcare.

To conclude, Ghanaians are in dire need of improved and equitable mental healthcare. Since its creation in 2013, the Mental Health Authority has worked assiduously to increase delivery of critically needed mental health services across the country and to improve access to mental healthcare (ISSER, 2017; MHA, 2017). However, there exist several operational bottlenecks, mostly financial and legal, which militate against the smooth delivery of mental healthcare and sustainable, equitable development in Ghana.

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RECOMMENDATIONS

To ensure the effective, efficient, and sustainable delivery of mental health needs in Ghana, as part of the country's sustainable healthcare development, ISSER recommends that:

- The Parliament of Ghana, as a matter of urgency, passes the LI for the MH Act, 2012 (Act 846) to facilitate the securing of independent sources of funding for mental healthcare.
- Ghana's Ministry of Health and its stakeholders employ, train, resource, and retain more psychiatrists, clinical psychologists and other highly specialised mental healthcare practitioners.
- The policy shift of de-emphasising institutional care in place of community care should be supported by the GHS and its stakeholders. This means, at the very least, providing the MHA with District Mental Health Coordinators.
- As a matter of urgency, the GoG should make psychotropic medicines available at mental healthcare institutions in the country.

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**A full version of the information on which this policy brief is based is titled ‘Health’, and can be found in the Ghana Social Development Outlook 2018 (ISSER, 2019, pp. 33-81)*

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