

Mental Health Systems and Policy in Ghana: A Systematic Review and Meta-analyses

By

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Psalm 34:1-8; I will extol the Lord at all times; His praise will always be on my lips. I will glory in the Lord; let the afflicted hear and rejoice. Glorify the Lord with me; let us exalt His name together. I sought the Lord, and He answered me; He delivered me from all my fears. Those who look to Him are radiant; their faces are never covered with shame. This poor man called, and the Lord heard him; He saved him out of all his troubles. The angel of the Lord encamps around those who fear Him, and He delivers them. Taste and see that the Lord is good; blessed is the one who takes refuge in Him.

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Last, I am grateful to the individuals and communities affected by mental health challenges in Ghana, whose experiences and perspectives underscore the urgency and importance of improving mental health services and promoting well-being for all.

DEDICATION

To my beloved son,

In the moments of uncertainty and challenges, you have been my anchor, my motivation, and my greatest blessing. Your presence in my life has brought me immeasurable joy, strength, and determination to overcome obstacles and pursue my passions. Your laughter, innocence, and unwavering love have kept me going.

This work is dedicated to you, my precious Tyler, your presence has filled my days with joy and purpose. Your resilience and curiosity remind me of the importance of perseverance and the beauty of new beginnings.

As I navigate the complexities of mental health research and policy, I carry your spirit with me, inspiring me to push forward, explore new horizons, and strive for a better future for all.

May this dedication serve as a testament to your profound impact on my life and work. Thank you for being my motivation, my reason to never give up.

With all my love.

ABSTRACT

Background: This systematic review aims to critically evaluate the landscape of mental health systems and policies in Ghana, focusing on identifying strengths, weaknesses, and opportunities for improvement within the existing framework.

Objectives: The main objective of this review is to examine the current state of mental health systems and policies in Ghana, highlighting areas for enhancement and providing recommendations for future interventions and policy changes.

Methods: Studies and reports focusing on mental health systems and policies in Ghana, published in peer-reviewed journals, books, or grey literature between 2014 and 2024, were included in the review. Databases such as PubMed, PsycINFO, and Google Scholar were searched to identify relevant studies. The last search was conducted in January 2024. The risk of bias in the included studies was assessed using established criteria for quality assessment, considering factors such as study design, methodology, and reporting. The results were synthesized using a narrative approach, summarizing key findings and themes across the included studies to provide a comprehensive overview of mental health systems and policies in Ghana.

Results: A total of 43 studies were included in the review, encompassing a variety of study designs such as cross-sectional, ethnographic, and alternative methodologies. The studies provided insights into the strengths and challenges of mental health systems in Ghana. The synthesis of results highlighted key issues in mental health policy and practice in Ghana, emphasizing the need for integrated and evidence-based approaches to address gaps in service delivery and coordination.

Discussion: Limitations of the evidence included in the review includes study risk of bias, inconsistency in findings, and imprecision in data reporting. The findings of this review underscore the importance of addressing deficiencies in mental health systems and policies in Ghana to improve service delivery and promote better mental health outcomes. Recommendations for policy changes and interventions are provided to guide future efforts in this area.

Keywords: Mental health, systems, policies, Ghana, service delivery, human rights, stakeholder collaboration, intersectionality

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
DEDICATION	ii
ABSTRACT	iii
TABLE OF CONTENTS	v
LIST OF TABLES AND FIGURES	viii
CHAPTER ONE	2
INTRODUCTION	2
Problem Statement	8
Objectives of the Study	10
Research Questions	11
THEORETICAL APPROACH	12
Human Rights Approach	12
Biopsychosocial Approach	13
Health Systems Approach	13
CHAPTER TWO	15
METHODS	15
Study Design	15
Search Strategy	15

Database Search	15
Additional Sources	16
Inclusion and Exclusion Criteria.....	16
Inclusion Criteria	17
Exclusion Criteria	17
Study Selection and Screening Process	18
Data Management and Extraction	19
Data Synthesis	20
Analysis and Interpretation.....	23
Quality Assessment.....	24
Ethical considerations	25
CHAPTER THREE	27
RESULTS	27
Study Characteristics.....	27
POLICY AND LEGISLATION	39
Implementation challenges and successes	42
Compliance with human rights standards	43
HEALTHCARE INFRASTRUCTURE AND RESOURCES.....	46
Availability and distribution of mental health facilities.....	46

Access to essential medications and technologies	50
COMMUNITY-BASED INTERVENTIONS AND CULTURAL CONTEXT AND	
INDIGENOUS HEALING PRACTICES	52
Influence of cultural beliefs and norms on mental health	52
Role of traditional healers, community health workers, and NGOs	54
Integration of Indigenous healing practices with formal mental health services	56
ACCESS AND EQUITY	59
Barriers to access	59
Strategies to promote equitable access to mental health care	61
INTEGRATION WITH PRIMARY CARE	63
Collaborative care models and task-shifting approaches	63
Training programs for primary care providers	66
Coordination challenges between mental health specialists and primary care teams	
.....	68
MENTAL HEALTH FINANCING	70
Government funding and donor contributions	70
Out-of-pocket expenditures and financial barriers	73
Sustainability of financing models and strategies for increasing investment	74
MENTAL HEALTH INFORMATION SYSTEMS	78

MENTAL HEALTH HUMAN RIGHTS AND ADVOCACY	81
Stigma, discrimination, and human rights violations	81
Advocacy efforts and social inclusion initiatives	84
Legal protections and policy reforms	86
RESEARCH AND INNOVATION	87
CHAPTER FOUR	92
DISCUSSION.....	92
Limitations of the study	102
Policy and Future Research Implications	102
CHAPTER FIVE.....	105
CONCLUSION	105
APPENDIX A: Data extraction form.....	108
APPENDIX B: Methodological Assessment tool.....	110
REFERENCE LIST.....	113

LIST OF TABLES AND FIGURES

Figure 1: PRISMA Diagram	18
Figure 2: Flowchart of data analysis	25

Table 1: Background of Included Papers	29
Table 2: Study Characteristics	33
Table 3: Key Themes Identified	34

CHAPTER ONE

INTRODUCTION

Mental health is an important human experience. It substantially influences our ideas, behaviors, and interactions. My interest in mental health began with personal experiences and scholarly research influencing my understanding and passion for this important issue.

From a young age, I found myself navigating a world where comparisons seemed to be the currency of validation. Growing up with a brother who effortlessly excelled in mathematics, I often found myself in the shadow of his accomplishments. While he solved mathematical puzzles effortlessly, I struggled with formulas that seemed out of reach.

It was not until my early years of education that my interest in mental health became even stronger. As I walked through the classrooms, I witnessed an uncomfortable phenomenon: the quiet battle of students with learning disabilities, their voices silenced by traditional teaching methods. In courses where conformity reigned supreme, deviations from the norm were met with disinterest, and at times, rejection. It was this realization that moved me down a path of advocacy and research, determined to highlight the complexity of mental health and how it impacts schooling.

I began to explore mental health via the lens of qualitative research. In my undergraduate thesis, I studied primary school teachers' understanding of learning disabilities and how they addressed those they recognized. It was concerning to observe that the teachers were aware of difficulties with learning but did not take remedial measures to ensure the effective inclusion of all pupils in the classroom. Though learning disabilities are not mental health issues, the seeming link between them strikes me. Research has shown that having a learning difficulty predisposes one to certain kinds of mental illnesses (Turner, 1989).

Learning disabilities represent a significant challenge for individuals across the lifespan, impacting their academic, social, and emotional well-being.

This review aims to cross disciplinary boundaries and illustrate the interplay of mental health systems and policy in Ghana.

Ghana is in West Africa, encompassing a land area of 238,533 square kilometers (92,099 square miles). It is structured politically and administratively into 260 districts and sixteen regions. With a population of 30,792,608, 50.7% are female (Ghana Statistical Service, 2021). Ghana is a culturally diverse nation. English is the designated official language, however Indigenous languages Akan, Dagbani, Ga, and Ewe are also spoken (GSS, 2021).

Healthcare is primarily administered by the Ministry of Health (MoH) and its collaborative stakeholders, which include the National Health Insurance Authority, private healthcare organizations, faith-based healthcare and umbrella organizations, health professional associations/ societies, non-governmental organizations (NGOs), and development partners (Ministry of Health, 2020). Mobilizing health resources, devising policies, monitoring and evaluating health services, and supervising their delivery are the Health Ministry's principal responsibilities. The Ministry's implementing agencies, the GHS and Teaching Hospitals, are responsible for preventative, curative, and rehabilitation treatment (MoH, 2020).

Since its inception in 2003, the National Health Insurance Scheme (NHIS) has been a game-changer in the nation's pursuit of universal healthcare and alleviating the financial burden of healthcare for its citizens (Kwarteng et al., 2019). Subscribers who utilize services in accredited private and public facilities are granted healthcare coverage under the Scheme. Its operations are supported by premiums paid by subscribers, the national health insurance levy, and the Social Security and National Insurance Trust. The Scheme provides coverage for emergency, inpatient,

outpatient, ocular, dental, reproductive and maternal, and dental care for 95% of the most prevalent diseases (Kwarteng et al., 2019).

The historical roots of underdeveloped mental health services trace back to 1888 when Governor Sir Griffith Edwards introduced the Lunatic Asylum Ordinance, advocating for the confinement of mental health patients in prisons in Accra (Adu-Gyamfi, 2017).

Subsequently, in 1906, a Lunatic Asylum was established to accommodate the growing number of mentally ill individuals. The first psychiatric hospital was built in 1951.

Both the government and the private sector provide mental health services.

The establishment of the Mental Health Authority (MHA) was mandated by the Mental Health Act of 2012. The Authority is tasked with developing and executing mental health policies, as well as providing and overseeing culturally sensitive mental health services in the country. There are three psychiatric facilities in the nation, all of which are situated in the southern region. The nation has included mental health treatments into every level of healthcare to improve accessibility throughout the entire country. Mental health services are structured according to catchment areas at the sub-district, district, and regional levels. Before the foundation of the Authority, the Ministry of Health (MoH) and other healthcare organizations, such as the GHS, were responsible for delivering mental health services. These services have continued without interruption (MoH, 2020).

The Authority has focused on providing services in mental hospitals. Individuals seeking mental health services frequently incur expenses for treatment, as the NHIS does not include coverage for this area (MOH, 2020). The government allocates 1.4% of the healthcare budget to mental health and also receives extra assistance from domestically produced money, as well as local and international partners and charitable organizations (MOH, 2020). Many initiatives are

underway to provide basic mental health education to other healthcare professionals. The aim is to enhance the availability of mental health services (MoH, 2020).

According to WHO, (2001a):

mental health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (p.1).

This definition encapsulates the presence of positive experiences and serves as a benchmark for mental health, encompassing elements such as well-being, self-realization, stress management, and societal engagement. Galderisi et. al (2015) also characterize mental health as a multidimensional concept involving intellectual, psychological, emotional, and social well-being, aligning with the WHO's emphasis on a positive state of well-being.

On a global scale, there's a significant disparity between mental health needs and the quality of accessible services. Faydi et al. (2011) highlighted those nations with lower incomes, including Ghana, grapple with severe mental health issues and limited access to therapeutic intervention. Consequently, approximately 76%-79% of people with mental conditions lack treatment (Faydi et al., 2011).

“Mental health is considered a low priority relative to other social, economic, and health problems”(Omar et al., 2010, p. 4). Surprisingly, Ghana lacks the right infrastructure and public services, such as mental health care, to match the growing population's needs (Ofori-Atta, 2010). The absence of community care reduces the efficiency and quality of services for those with mental conditions. Due to a lack of hospitals and professionals, many people seek informal care from traditional and faith healers (Ofori-Atta, 2010). Mental illness in developing countries is

also associated with poverty, where a lack of basic needs leads to depression and other mental conditions.

Ghana has a population of 30.8 million, and approximately 10% of individuals are reported to live with mental health conditions or various disabilities, such as psycho-social, intellectual, and cognitive challenges (World Bank, 2020). Regrettably, a significant portion of these individuals encounter difficulties in accessing mental health care services. The mental health infrastructure in Ghana comprises three public psychiatric hospitals with a combined capacity of 1322 beds, all located in the southern region (Human Rights Watch, 2021; Mfoafo-MCarthy & Sossou, 2017). Also, there are 10 community inpatient psychiatric units, all mainly situated in the country's southern part. Among these units, five are government-owned, while the remaining five are privately operated, including two in Accra and three in Kumasi (WHO, 2020). District hospitals across Ghana provide mental health outpatient units, with ongoing initiatives aimed at integrating mental health services into the community (Adu-Gyamfi, 2017; MoH, 2020). Despite the availability of some private mental health services, these facilities often have limited capacity and are financially inaccessible to a significant portion of the population (Roberts et al, 2014).

The lack of accessibility to mental health services affects a significant portion of the Ghanaian population, leading many families to resort to traditional healing methods for their mentally ill loved ones, often complicating the initial condition (Adu-Gyamfi, 2017). Despite these challenges in the mental health sector, policymakers and politicians have shown minimal interest in addressing the issues faced by mental health patients, prioritizing other health concerns (Adu-Gyamfi, 2017). This study aims to address and focus on such issues.

In Ghana, as well as in the majority of African countries, the prevalence of witchcraft beliefs and practices and the correlation between such practices and mental disorders are both evident.

The practice of pursuing mental health treatments from spiritual or prayer camp healers, as well as native clinicians, who are deeply ingrained in the larger cultural belief systems, is not an uncommon occurrence (Amo-Asare 1994; Harding 1975). Myths and cultural beliefs on mental illness are perceived as divine retribution for the wrongdoings of individuals or their families.

This pervasive cultural phenomenon not only perpetuates stigma but also creates significant impediments to afflicted individuals' social acceptance and access to adequate mental health treatment resources. Furthermore, Ofori-Atta et al. (2010) explore the integration of traditional and religious healing methods in Ghana's mental health care system, giving insight into how cultural factors influence the perception and treatment of mental health concerns.

The continuation of such beliefs has an impact not just on individuals, but also on Ghana's overall mental health awareness and education initiatives (Ofori-Atta et al., 2018). Challenging these deeply ingrained cultural attitudes is vital for creating a more inclusive and helpful environment for people dealing with mental health issues. Ghana faces challenges in promoting early interventions for mental health disorders due to inadequate policies and infrastructure, leading to a high incidence of mental illnesses.

The World Health Organisation (WHO, 2013) defines mental health as illnesses such as depression, schizophrenia, alcoholism, and bipolar disorder. Poverty, unemployment, and education all contribute to this global trend, with over 40% of countries, including Ghana, lacking effective mental health policies and institutions (Nartey et al., 2019). Despite some mental health legislation in Ghana, issues like stigmatization and the rising number of mental health patients persist (Magna and Yemoh, 2018).

Osei et al. (2012) claim that inadequate policy frameworks, poor implementation, and lack of support hinder mental health care. Drew et al. (2013) assert that while there's improvement in

mental health laws, more needs to be done, especially in implementation. The existing legislation exhibits a lack of logical consistency, appropriate linguistic origins, and precise explanations, which leads to uncertainty and strengthens preconceived notions regarding mental disorders (Drew et al., 2013).

Gaining a comprehensive understanding of Ghana's mental health policy and systems is crucial to guarantee access to suitable care and support, which in turn contributes to enhanced public health outcomes. These policies are strongly linked to the safeguarding of human rights and dignity, promoting and defending the rights of individuals impacted by mental health concerns, and addressing social stigma.

Problem Statement

“The Mental Health Gap Action Programme (MHGAP) states that the majority of the worldwide burden of mental, neurological, and substance use disorders is concentrated in countries with low-income and lower-middle incomes” (WHO, 2013, p1). In Ghana, the field of mental health is plagued by notable difficulties, including insufficient policy structures and disjointed systems that impede the efficient provision of mental health services and assistance (WHO, 2020). This problem statement seeks to elucidate the pressing challenges confronting Ghana's mental health policy and services, leading to inadequate care, social stigma, and restricted availability for individuals requiring assistance.

Currently, Ghana is experiencing a significant scarcity of mental health experts, with less than ten psychiatrists available per one million inhabitants (WHO, 2020). The current shortage of skilled workers is exacerbated by a lack of clinical psychologists, psychiatric nurses, and social workers, resulting in an overburdened and burdened mental healthcare system (WHO, 2020).

The few human resources now available are unable to meet the demand for comprehensive and

timely mental health interventions, especially in rural and underserved areas. In addition, the lack of a comprehensive and current mental health policy worsens the difficulties. Osei and Doku (2013) observed deficiencies in the implementation of the Mental Health Act, specifically in the delivery of mental health care within the community. In addition, Keynejad et al. (2018) highlighted the act's failure to adjust to the evolving mental health demands, leading to gaps in treatment provision and quality. The scarcity of a comprehensive policy framework has hindered the equitable allocation of resources towards mental health services. When precise guidelines are lacking, the distribution of financial resources for mental health therapies is frequently insufficient. Moreover, the structure of mental health policy in Ghana impedes the harmonization of provisions across various sectors. Priority is given to projects that focus on infectious diseases and reproductive health, allocating limited resources to mental health concerns (Prince et al, 2007).

Notably, according to data from the WHO (2019), it is estimated that out of the 21.6 million individuals in Ghana, 650,000 have a severe mental condition, and 2,166,000 are identified as having moderate to mild mental conditions.

These individuals do not have adequate mental health systems for medication and referrals to address these conditions (WHO, 2013). There is a need for a progressive public mental health policy aimed at addressing the serious gaps in the treatment of the mentally ill, through improved access to mental health services (Bartlett, 2016).

Moreover, Magna and Yemoh (2018) reported that funds allocated for mental health are not used for such purposes, thus leading to poor delivery of mental care services. Stigma and discrimination surrounding mental health further contribute to the problem. Societal misconceptions and prejudices perpetuate the view that mental health conditions are a result of

personal weakness rather than genuine medical conditions. The act of stigmatizing not only discourages persons from seeking assistance but also obstructs the support provided by their families and the acceptance from their communities, resulting in isolation for those afflicted and impeding their process of recovery (Mfoafo-M'Carthy & Sossou, 2017). Public mental health facilities suffer from insufficient financing, outdated equipment, and inadequate infrastructure, which hampers their ability to deliver top-notch care. Most Ghanaians face financial barriers when trying to get private mental health services, which worsens the existing disparities in mental health care access (Badu et al., 2018). Therefore, it is evident that the country's mental health care policy and system is weak and fragmented (Badu et al., 2018; Kpobi et al., 2018). The rationale for selecting this subject is rooted in comprehending these deficiencies and resolving them through efficient mental policy development and execution. Mental health policies are essential for establishing priorities, coordinating services, and minimizing the duplication of vital mental health services in Ghana and worldwide. For these policies to be successful, they must accurately represent the demands of the population, have a strong dedication from the government, and be consistent with both empirical data and global benchmarks. Hence, undertaking a systematic study of Ghana's mental health policies and systems is a substantial undertaking, offering useful insights to improve the mental health environment.

Objectives of the Study

The main objective of this study is to provide a thorough and systematic evaluation of mental health policy and systems in Ghana. This target is directed by specific goals:

- To examine the existing mental health policies and frameworks in Ghana.
- To examine the efficacy of mental health policy implementation in Ghana.

- To identify deficiencies or inadequacies in the current mental health policies and systems in Ghana.

- To assess the extent of engagement and cooperation among various stakeholders, including government agencies, non-governmental organizations, healthcare providers, and community members.

The study intends to examine the current state of mental health policy and systems in Ghana by focusing on specific objectives. It will identify the existing problems, efficiency, gaps, and areas that need development. The study aims to find deficiencies on matters such as accessibility, fairness, quality of care, and incorporation of mental health services within the wider healthcare system.

This involves examining the allocation of resources, staffing, and infrastructure dedicated to mental health services. Such exercise will make it easier to understand the extent to which the country's mental health policies and systems are aligned with international standards and best practices.

Research Questions

In line with the objectives, the following research questions will be addressed:

- What are the key components and objectives of the current mental health policies and frameworks in Ghana?

- How effective is the implementation of mental health policies in Ghana, and what measurable indicators can be used to assess this effectiveness?

- What specific gaps or shortcomings exist in the current mental health policies and systems in Ghana that need addressing?

These research questions establish a structure for the study, enabling a focused analysis of the efficacy, capability, quality, difficulties, and obstacles to mental health policies and systems in Ghana. Undoubtedly, the questions have a crucial role in eliciting significant insights about the condition of mental health policy and services in Ghana. The study seeks to provide useful insights and achieve a thorough understanding of the present condition of mental health policies and systems in the country by addressing these concerns.

THEORETICAL APPROACH

Ghana has an array of theoretical approaches to policy and systems development and implementation. For mental health-related issues, they usually fall on the human rights approach.

Human Rights Approach

The human rights approach prioritizes the concepts of dignity, autonomy, non-discrimination, and the provision of high-quality care for those living with mental illness (United Nations, 2006). Regarding mental health systems and services in Ghana, the human rights approach entails evaluating the degree to which policies, legislation, and practices adhere to or infringe on human rights principles. The Mental Health Act of 2012 in Ghana aims to safeguard the rights of individuals living with mental illness and advance the provision of care within the community (Doku et al., 2012). There are ongoing difficulties in ensuring the implementation of these rights, namely related to the issues of stigma, discrimination, and the availability of healthcare (Ofori-Atta et al., 2010). The review analyzed mental health systems and services in Ghana by applying a human rights perspective, focusing on human rights concepts and norms. This approach prioritizes the entitlements of individuals with mental illness to dignity, self-governance, absence of prejudice, and availability of high-quality healthcare. The task entailed evaluating the degree

to which mental health policies, legislation, and practices in Ghana adhere to or infringe upon human rights, such as the right to health, the right to treatment, and the right to community inclusion. The study additionally examined endeavors to advance human rights, tackle stigma and prejudice, and empower those with mental illness to assert their rights.

Biopsychosocial Approach

The biopsychosocial approach is a comprehensive framework that considers biological, psychological, and social factors in understanding and addressing various aspects of human health and well-being. The biopsychosocial approach examines mental health by considering biological, psychological, and social aspects (Engel, 1977). Mental health in Ghana is shaped by a multifaceted interaction of genetic, neurological, psychological, and cultural factors (Sarfo et al., 2020). Ghanaians' help-seeking behaviors and treatment preferences are influenced by cultural beliefs and traditional healing methods (Sarfo et al., 2020). Additionally, socio-economic factors such as poverty, unemployment, and urbanization contribute to the prevalence of mental illness in the country (Agyapong et al., 2015). This review employed the biopsychosocial approach to analyze the intricate relationship between biological, psychological, and social factors that influence mental health in Ghana. The review intended to comprehensively comprehend mental health and analyze the complex nature of mental disease in Ghanaian society by adopting a biopsychosocial perspective.

Health Systems Approach

The health systems approach involves the examination of mental health systems and services within the wider context of the health system (WHO, 2007). Mental health services in Ghana are incorporated into the primary healthcare system, although there are difficulties related to infrastructure, worker capability, and money (Doku et al., 2012). Furthermore, there are ongoing

inequalities in the availability of mental health services, especially in rural regions and among marginalized groups (Sarfo et al., 2020). This method considers the relationships among several elements of the health system, including service delivery, personnel, information systems, medicines, and finance mechanisms.

By adopting a health systems perspective, the systematic review aimed to assess the organization, governance, financing, and delivery of mental health care. By adopting a health systems perspective, the review aimed to identify strengths, weaknesses, and opportunities for strengthening mental health services and integrating them into the overall healthcare system in Ghana.

This systematic review of mental health systems and services in Ghana is enhanced by the incorporation of human rights, biopsychosocial, and health systems approaches. By including these frameworks, the evaluation provides a thorough examination of the difficulties and possibilities in Ghana's mental health environment. Furthermore, it offers valuable information to guide policy making, implementation of strategies, and research efforts focused at advancing social justice, fairness, and comprehensive healthcare for those with mental illness in Ghana and other locations.

CHAPTER TWO

METHODS

The research methodology describes the structured examination of mental health policies and systems in Ghana. The aim is to examine the available literature to gain insight into the present mental health policies and frameworks in Ghana. This involved implementing a thorough search strategy, selecting relevant studies, extracting data, assessing quality, synthesizing the data, and conducting sensitivity analysis. The objective is to offer significant perspectives on mental health policy and practice in Ghana, ultimately contributing to the academic literature and policy decisions. The methodology places a strong emphasis on ethical considerations at every stage of the research process.

Study Design

This systematic review used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards to guarantee a thorough and clear analysis of the existing evidence on mental health systems and policies in Ghana.

Search Strategy

Database Search

A systematic search of electronic databases including International Journal of Mental Health Systems, Springer, Science Direct, PubMed, eScholarship, African Journal of Psychiatry, Journal of Health Psychology, Health Policy System, Health Policy, and Planning, African Journal of Disability Studies, Taylor and Francis, WHO, ResearchGate, PsycINFO, and Google Scholar was conducted. The following search terms were used: ("mental health" OR "psychiatric" OR "mental disorders") AND ("social model" OR "disability" OR "human rights") AND ("policy" OR

"system" OR "framework") AND "Ghana" was done between August 1, 2023, and February 29, 2024.

Additional Sources

Grey literature (literature that is not formally published in sources such as books or journal articles). This can include information such as government reports, conference proceedings, graduate dissertations, unpublished clinical trials, and much more. Relevant reports (reports on mental health, mental health systems, and mental health policy) from governmental and non-governmental organizations in Ghana were also searched to ensure a comprehensive overview of mental health systems and policies.

Inclusion and Exclusion Criteria

The process of developing inclusion and exclusion criteria for a systematic review requires a methodical approach to guarantee the relevance and thoroughness of the review process (Bramer et al., 2017). At first, the review objectives and research questions were thoroughly analyzed to determine the extent and emphasis of the review (Grant & Booth, 2009). Subsequently, a thorough literature review was conducted to identify existing studies and reports relevant to mental health systems and policies in Ghana (Higgins & Green, 2011).

Based on the review of objectives, and literature, draft inclusion and exclusion criteria were developed. The criteria were formulated to be unambiguous, precise, and in harmony with the main objective of the systematic review. The drafting process considered several important factors. These included a specific emphasis on mental health systems and policies in Ghana, the types of publications that were deemed suitable for inclusion (such as peer-reviewed journals, books, and grey literature), the relevance of the publications to mental health policies and initiatives, the incorporation of the social model of disability (the model says that people are

disabled by barriers in society, not by their impairment or difference), the consideration of human and disability rights, and the specified publication date range of 2014 to 2024.

Subsequently, criteria for the draft are established by considering the examination of objectives, literature, and feedback from stakeholders. These criteria prioritize clarity, specificity, and congruence with the aims of the review (Higgins & Green, 2011). The initial criteria were subjected to a thorough evaluation and improvement process, incorporating input from the research team, specifically the research committee, as well as stakeholders (Higgins & Green, 2011). The iterative procedure guarantees that the criteria precisely include the extent and emphasis of the systematic review (Booth et al., 2013). The methods part of the systematic review recorded the inclusion and exclusion criteria, which improved transparency and reproducibility (Moher et al., 2009).

Inclusion Criteria

Studies and reports were included if they:

- Focused on mental health systems and policies in Ghana.
- Were published in peer-reviewed journals, books, or grey literature.
- Included information on policies, programs, or initiatives related to mental health.
- Included information on mental health and the social model of disability.
- Included information on mental health and human/disability rights.
- Published between 2014 and 2024

Exclusion Criteria

Studies were excluded if they:

- Were not related to mental health systems or policies.

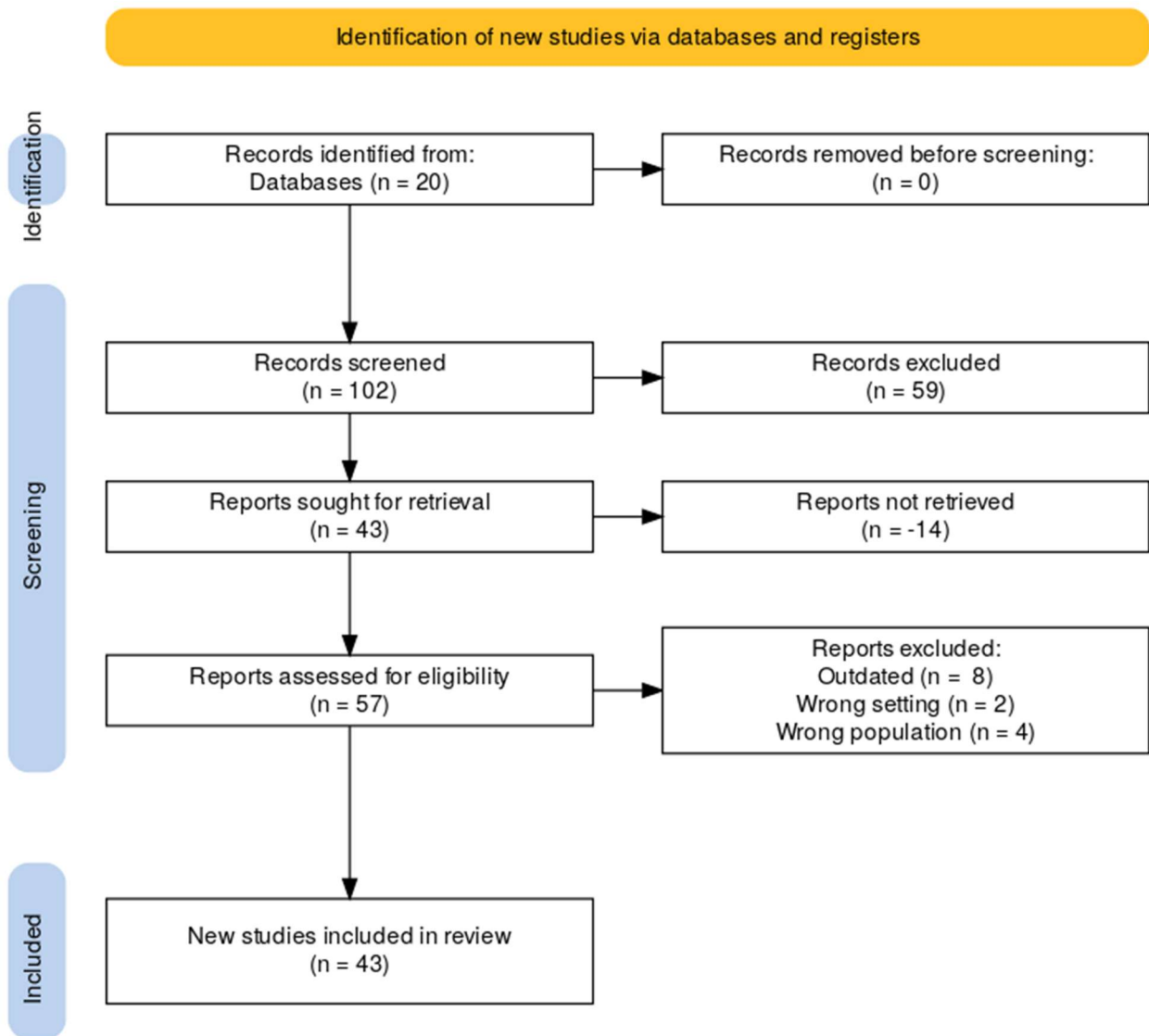
- Lacked relevant information on mental health policies.
- Did not include information about Ghana.
- Published before 2014

Study Selection and Screening Process

I initially screened titles and abstracts of prospective works. 102 number of works were selected after this stage. Full-text articles were then assessed based on the inclusion and exclusion criteria stated above. Inquiries were resolved via introspection and, if needed, by rereading the literature. I conducted an initial online database search on various platforms. To expand the scope and comprehensiveness of the collected literature and materials, a manual search of libraries was conducted in addition to the first search.

I initially assessed the pertinence of the titles and abstracts of every identified article. The eligibility of the full-text articles was subsequently determined using predetermined criteria for inclusion and exclusion. The initial search strategy generated 102 works. After a review of abstracts, 57 potentially fulfilled the eligibility criteria. After scrutiny of the text of these publications, a further 14 papers were excluded based on the inclusion and exclusion criteria. A final 43 papers were selected for review. The screening was done with the help of Rayyan. Rayyan is a web-based tool designed to facilitate the screening process for researchers working on systematic reviews, scoping reviews, and other literature review projects

Figure 1. PRISMA Diagram .



Ouzzani et al., (2016)

Data Management and Extraction

The study used Zotero to manage the search results. Zotero is a free-to-use reference management software that helps to collect, organize, cite, and create reference lists for one's research work. The papers were then exported to Rayyan (Ouzzani et al., 2016) for screening and to particularly handle duplicate references. Data was extracted from all included papers using a

data extraction form (see appendix). The data extraction form was customized to match the previously determined themes and codes in the review. The form has fields that allow for the extraction of pertinent data from the included research, which is organized according to specific themes and their corresponding codes. The retrieved data encompassed study features, methodology, significant findings, discovered gaps, details on mental health policies and systems, as well as supplementary material and recommendations pertaining to mental health.

Data Synthesis

The AAAQ framework, which consists of Accessibility, Availability, Acceptability, and Quality, is a comprehensive methodology used to examine and enhance healthcare systems and services (Levesque et al., 2013). The retrieved data was analyzed qualitatively using this framework. Accessibility prioritizes the provision of healthcare services to individuals who require them, considering issues such as location, price, and the overcoming of cultural and language obstacles (Penchansky & Thomas, 1981). Availability pertains to the sufficiency of healthcare resources and services to satisfy the requirements of the populace, including the quantity of facilities, professionals, and prescriptions accessible (Peters et al., 2008). Acceptability refers to the extent to which healthcare services are culturally relevant to the needs and preferences of the public, hence fostering trust and confidence in healthcare practitioners (Levesque et al., 2013). Quality in healthcare involves multiple dimensions, such as efficacy, safety, efficiency, and patient-centeredness (WHO, 2000).

The AAAQ framework was integrated by categorizing the different codes into themes that align with each branch of the framework during the analysis.

A mixed methods strategy was used to gather information. A thematic analysis was employed for the qualitative synthesis. Thematic analysis is a useful methodological strategy for obtaining

the intricate details of qualitative data. Researchers can extract coherent themes from large datasets by employing a systematic and repetitive procedure, which provides insights (Braun & Clarke, 2006).

The qualitative research approach, known for its emphasis on comprehending human experiences, behaviors, and viewpoints, frequently utilizes thematic analysis to condense abundant qualitative data into significant insights (Braun & Clarke, 2006).

The initial stage of theme analysis entails fully engaging with the data. I thoroughly engaged with the provided materials by repeatedly studying the facts to acquire a comprehensive understanding of its substance, context, and subtleties. Through thorough analysis of the data, I established the foundation for classification and thematic inquiry (Guest, MacQueen, & Namey, 2012).

I created basic codes. Codes function as markers or identifiers for distinct concepts, ideas, or patterns. (Saldaña, 2015). In this way, researchers divide the data into units and allocate appropriate codes.

Equipped with a collection of codes, I began my search for themes. Themes are identified by systematically grouping and clustering related codes, which leads to the emergence of overarching patterns or concepts (Braun & Clarke, 2006). Through careful analysis of encoded segments and the identification of correlations between codes, I discovered prospective themes that effectively capture important elements of the data. This stage requires meticulous attention to detail and a readiness to examine various interpretations and perspectives that are present in the dataset.

Once the themes started to take shape, I conducted a thorough evaluation to make sure they were logical, meaningful, and accurate (Nowell et al., 2017). This involved reviewing the coded

data to determine the strength and reliability of the identified themes. I evaluated if the themes effectively represented the full range and complexity of the data, and if any themes needed to be improved or combined. I evaluated and analyzed the data to discover meaningful patterns, ensuring that the resulting themes are distinct, logically connected, and representative of the main concepts expressed in the dataset.

After carefully examining the themes, I proceeded to define and name each theme. A clearly defined theme captures a distinct element of the data and enhances the overall outline of the research (Braun & Clarke, 2006). I provided descriptions for each theme, making sure that they were relevant to the content and context of the dataset. In addition, I chose names that concisely convey the fundamental nature of each subject.

This review uncovers a diverse and complicated mental health landscape in Ghana, which is influenced by intricate policies, limited resources, cultural factors, and endeavors to promote fairness, human rights, and innovation. These topics offer a thorough comprehension of the difficulties and possibilities in Ghana's mental health industry, guiding efforts in policymaking, implementation, and research to improve mental health outcomes and foster social integration. The final step of theme analysis is combining and incorporating the findings into a logical and persuasive story. By analyzing the data thematically, I used supporting evidence to construct a narrative that reveals significant patterns, meanings, and insights. By following the ideals of transparency and rigor, I explain my findings in a clear, logical, and scholarly manner.

Also, a meta-analysis of the included works was done. Once the thematic analysis was completed, a cross-study comparison was adopted to undergo the qualitative meta-analysis. In the cross-study comparison phase of the meta-analysis, the goal is to scrutinize the findings of different studies within each theme, seeking commonalities, discrepancies, and emerging patterns

(Hannes, 2011). An in-depth analysis like this enables a subtle comprehension of the subject matter and contributes to confirming the strength of the results (Sandelowski & Barroso, 2007). Through the process of comparing findings from multiple studies, researchers can detect consistent patterns or trends within each theme. This helps to strengthen the credibility and dependability of the conclusions drawn from the meta-analysis (Sandelowski et al., 2012). On the other hand, differences between research may indicate areas of ambiguity or variability that need to be explored further (Campbell et al., 2011).

Performing cross-study comparisons allows for the validation of data derived from individual investigations (Harden et al., 2020). The credibility and reliability of the conclusions generated from the meta-analysis are improved when the results are consistent across several investigations (Dixon-Woods et al., 2006). After the cross-study comparison is finished, the combined results are utilized to formulate conclusions or interpretations for each subject (Thomas & Harden, 2008). The synthesis phase involves combining the knowledge obtained from the topic analysis and cross-study comparison to develop logical conclusions (Sandelowski et al., 2007).

Analysis and Interpretation

The analysis of the results required integrating qualitative and quantitative data, recognizing, and accounting for variations across research.

The essay emphasized the significance of stakeholder involvement and perspectives in shaping mental health policies. The impact and effectiveness of identified policies were critically assessed. The implications of the findings for future research and policy development were discussed and pointers for addressing gaps in mental health systems were also provided.

Quality Assessment

I assessed the caliber of the incorporated studies to ascertain their credibility and authenticity. I did this by mainly examining the credibility of the journal/website/database the studies were published. Potential biases, study design, and methodology were identified as factors. The methodological rigor of every publication that was incorporated in the final review was assessed by me. Using the critical evaluation tools JBI (Joanna Briggs Institute, 2017) and Mixed Methods Appraisal Tool (Hong et al., 2018), I subsequently formulated a critical appraisal checklist (see appendix). The JBI Critical Appraisal Tools are structured checklists adapted to different study designs. They are applied to assess a wide range of aspects in a study: from a justification for the appropriateness of a research question, clarity of the objectives, validity of the measurement instrument, and strength of the data analysis. The checklists facilitate systematically assessing the methodological quality of each paper by researchers. The MMAT is explicitly developed for mixed-method studies that check both the qualitative and quantitative modules of a study with comprehensive coverage. It also assesses how well these modules are integrated into the study, so the findings are coherent and strongly supported by the data.

Using the above tools, a customized critical appraisal checklist was developed. This checklist includes specific criteria derived from these tools, which helps to systematically and consistently apply them to each of the studies under review. The application of a checklist increases the reliability and validity of the review, enabling the results to be presented more strongly. The evaluation instruments were classified into six distinct subsections, each representing a unique methodology or structure: mixed methods, quantitative descriptive, quantitative randomized

controlled trials, quantitative non-randomized (analytical cross-sectional), and quantitative randomized controlled trials.

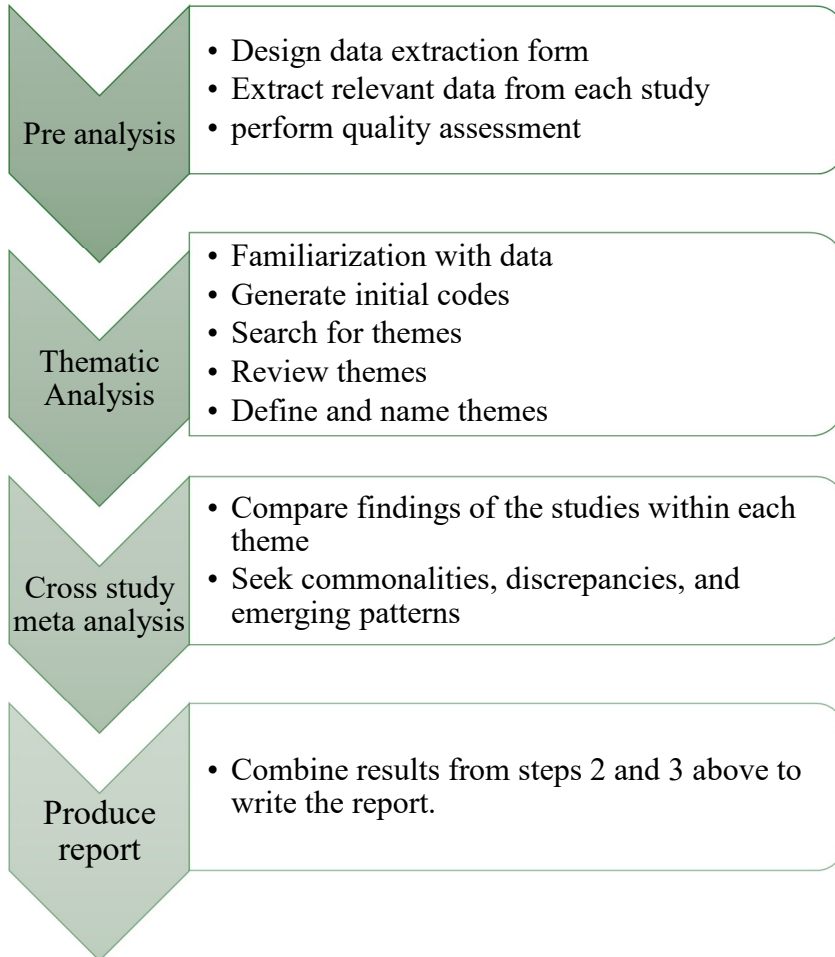
Each constituent outlined distinct apprehensions regarding the quality of methodology and reporting. The purpose of this evaluation was to strengthen comprehension of the included papers and solicit additional information from the authors. In determining the overall methodological quality score, the following categories were applied: low-quality (less than 25%), medium-quality (50%), and high-quality (over 75%). The results were expressed as a percentage of the positive responses (JBI, 2017).

Ethical considerations

Due to the utilization of publicly accessible data sources, this systematic study did not require ethics approval. All the papers contained in my work were cited correctly, and I followed the copyright restrictions.

The incorporation of qualitative and quantitative evidence enhanced the dependability of the conclusions. The essay emphasized the significance of stakeholder engagement, evaluated the effects of policies, and provided significant perspectives for future study and policy-making in the domain of mental health in Ghana. The study is intended to act as a valuable resource for influencing the direction of mental health policies, assuring a thorough and future-oriented approach to addressing the changing needs of individuals.

Figure 2: Flowchart for data analysis.



CHAPTER THREE

RESULTS

This Chapter provides a thorough examination of mental health systems and services in Ghana, covering multiple aspects such as policy and legislation, healthcare infrastructure, community-based interventions, access and fairness, integration with primary care, mental health funding, information systems, cultural context, human rights, advocacy, and research and innovation. This review sought to gain significant insights into the strengths, problems, and possibilities for enhancing mental health care delivery in Ghana by conducting a comprehensive analysis of available literature.

Study Characteristics

In total, 43 publications were incorporated into the integrative synthesis. The majority of papers (90.70%) focused solely on studies conducted in Ghana, while a smaller proportion (9.30%) consisted of multi-country studies that included Ghana. 13.95% of the studies that were included in the study used a cross-sectional design. Cross-sectional studies offer a momentary glimpse of a population at a particular moment, enabling the analysis of connections between different factors. 11.63% of the studies that were included in the study utilized an ethnographic design. Ethnographic studies have a primary objective of comprehending the culture and social dynamics of a particular group or society. These studies yield valuable qualitative information regarding mental health practices and beliefs. Approximately 46.52% of the papers included in the study utilized unspecified alternative designs. These may encompass longitudinal research, case-control studies, or mixed-methods designs, providing varied viewpoints on mental health concerns in Ghana. Remarkably, 27.91% of the papers included in the study failed to mention the

study design. The absence of clear information on the study design gives rise to issues regarding the scientific rigour and replicability of the research results. Examining the range of study designs demonstrates a diverse methodology for investigating mental health systems and services in Ghana. Although cross-sectional and ethnographic methods were often utilized, a significant portion of studies adopted alternative designs or did not explicitly state their methodology.

This diversity in study designs highlights the complexity of mental health research in Ghana and underscores the need for transparent reporting of study design to ensure the credibility and reliability of the findings.

The distribution of study types among the included papers is as follows: 46.51% utilized qualitative methods, 27.91% employed mixed methods (combining both quantitative and qualitative approaches), 11.63% relied solely on quantitative methods, and 13.95% did not specify the study type in their reports. The majority of the included papers (55.81%) employed non-probability sampling methods such as purposive sampling, snowballing, inclusion and exclusion criteria, criterion sampling, non-randomized purposive sampling, and convenience sampling. On the other hand, a smaller proportion (9.25%) used probability sampling methods including simple random sampling and systematic sampling. A considerable proportion (44.19%) of the papers included in the study employed various forms of thematic analysis, such as constant comparative analysis, thematic content analysis, and interpretative phenomenological analysis, as a means of data synthesis. A subset of the publications (6.98%) utilized content analysis and descriptive methods. Content analysis is a methodical process of classifying and examining textual data to derive significant insights. These insights can then be utilized to comprehend the substance and setting of mental health policies and frameworks in Ghana. A subset of the papers that were included (16.28%) employed descriptive and inferential statistics to analyze the data.

By employing a quantitative methodology that entails data summarization and inference regarding relationships or distinctions, this approach provides a measurable viewpoint on mental health concerns in Ghana. A minority of scholarly articles (4.65%) utilized hybrid analytical methods, which involved the integration of qualitative and quantitative approaches to synthesize data.

This mixed-methods approach allows for a comprehensive analysis of mental health systems and policies in Ghana by integrating diverse types of data and perspectives. It is noteworthy that 27.91% of the included papers did not report the specific data synthesis methods used.

Examining the data synthesis techniques employed in the presented publications provides valuable insights into integrating and interpreting findings on mental health systems and services in Ghana.

By examining the prevalence of thematic analysis, content analysis, statistical methods, and mixed analytical approaches, I and other researchers can assess the robustness and comprehensiveness of the evidence base in this field.

The study found that 58.14% of the papers included multi-stakeholder groups as participants, such as policymakers, psychiatrists, mental health nurses, users of psychiatric services, teachers, police officers, academics, herbalists, Christian faith healers, and traditional healers. In contrast, only 30.23% of the papers focused solely on users of psychiatric services. Most included papers (60.47%) focused on measuring mental health systems. A smaller proportion (23.26%) measured treatment pathways, while an even smaller percentage (16.28%) measured attitudes toward mental illnesses.

Table 1: Background of included papers.

Included Paper	Study Design	Study Type	Sampling Method	Data Collection Method	Analysis Used	Methodological Quality Score
Adu-Gyamfi, 2017	Ethnography	Qualitative	Not reported	Interview Document review	Thematic Analysis	87.5
Ae-Ngibise et al., 2017	Longitudinal	Mixed methods	Purposive	Interview, review, observation	Thematic Content Analysis	60
Agorinya et al., 2023	Not reported	Qualitative	Not reported	Not reported	Not reported	75
Agyapong et al., 2015	Cross-sectional survey	Mixed methods	Purposive	SSQ. KII	Descriptive statistics and thematic content analysis	77
Agyapong et al., 2016	Cross-sectional survey	Qualitative	Purposive	Self-administered SSQ	Descriptive and Inferential statistics	73
Ahuja et al., 2016	Not reported	Qualitative	Nonrandomized purposive	SSI, document review	Framework approach	75
Arias et al., 2016	Not reported	Qualitative	Purposive	SSI Document review	Constant comparative	75
Asafo, 2021	Ethnography	Qualitative	Purposive	SSI FGD	Thematic analysis	75
Atakora et al., 2020	Cross sectional	Qualitative	Snowball	Interview	Systematic approach	87.5
Badu et al., 2018	Integrative review	Mixed method	Predefined inclusion and exclusion criteria	Database search	Mixed method synthesis	75

Badu et al., 2020	Cross sectional	Quantitative	Convenience	WHO/DASS and VSSSS-54	Descriptive and Inferential Statistics	90.9
Bedi et al., 2021	Evaluation	Qualitative	Not reported	Database search	Not reported	37.5
Canton, 2018	Not reported	Mixed method	Convenience	SSQ Observation	Descriptive and Inferential Statistics	66.6
Duorinaah et al., 2023	Descriptive	Mixed methods	Purposive and Convenience	Interviews and FGD	Thematic analysis	75
Fordjour, 2022	Situational Analysis	Qualitative	Purposive	FGD and KII	Situational analysis	87.5
Ghana Somubi, 2021	Not reported	Mixed methods	Not reported	Not reported	Not reported	n/a
Ghana Somubi, 2023	Policy Brief	Not reported	Not reported	Not reported	Not reported	n/a
Harden et al., 2023	Cross-sectional	Quantitative	Convenience	Questionnaire	Descriptive and Inferential Statistics	58.3
Javadi et al., 2017	Review	Not reported	Inclusion and exclusion criteria	Database search	Not reported	88.8
Kpobi et al., 2018	Not reported	Qualitative	Convenience	SSI	Interpretative Phenomenological Analysis	50
Magna & Yemoh, 2018	Literature review	Qualitative	Inclusion and exclusion criteria	Database search	Thematic analysis	60

Mfofo-M'Carthy & Grishow, 2017	Not reported	Qualitative	Not reported	Not reported	Not reported	62.5
Mfofo-M'Carthy & Grishow, 2022	Literature review	Qualitative	Not reported	Not reported	Not reported	62.5
Ministry of Health Ghana, 2020	Report	Mixed methods	Not reported	WHO-AIMS Interviews	WHO-AIMS excel data entry program	100
Ministry of Health Ghana et al., 2022	Rapid assessment	Mixed methods	Not reported	PRIME Interviews, secondary data	Deductive thematic coding	100
Moro et al., 2022	Convergent Study	Mixed methods	not reported	Interview, observation and document review	WHO Quality Rights toolkits	100
Mprah et al., 2024	Descriptive	Mixed methods	Purposive	Interview and FGD guide	Thematic analysis	66.6
Mwangi et al., 2023	Rapid review	Qualitative	Predefined inclusion and exclusion criteria	Database search	Thematic analysis	60
Nartey et al., 2019	Cross-sectional	Quantitative	Systematic	Questionnaire	Descriptive and Inferential statistics	66.6
Nyame et al., 2021	Cross-sectional	Qualitative	Convenience	FGD and Interview	Thematic framework	62.5
Ocran, 2019	Not reported	Qualitative	Not reported	Not reported	Not reported	n/a

Ofori-Atta et al., 2018	RCT	Quantitative	Randomized	Questionnaire	Descriptive and Inferential statistics	100
Poynton-Smith et al., 2023	Evaluation	Quantitative	Convenience	Questionnaire	Descriptive and inferential statistics	75
Read, 2019	Ethnography	Qualitative	Not reported	FGD, Observation, Interview	Not reported	100
Read et al., 2020	Ethnography	Mixed methods	Purposive	Interview and observation	Interpretive case study	66.6
Read et al., 2023	Comparative ethnography	Qualitative	Criterion and snowballing	Interview and observation	Thematic analysis	75
Sodi et al., 2021	Case study	Qualitative	Not reported	Literature review	Conceptual framework	75
Taylor, 2019	Not reported	Not reported	Not reported	Not reported	Not reported	75
van Driessche, 2016	Not reported	Qualitative	Not reported	SSI	Thematic analysis	75
Walker & Osei, 2017	Not reported	Not reported	Not reported	Not reported	Not reported	n/a
Weobong et al., 2023	Cross-sectional	Mixed methods	Purposive	PRIME Situational analysis tool and KII	Thematic analysis	66.6
WHO, 2020	Not reported	Not reported	Not reported	Not reported	Not reported	n/a
Wilson & Somhlaba, 2017	Critical perspective review	Not reported	Inclusion and exclusion criteria	Database search	Not reported	75

Table 2: Study characteristics

Variable	Frequency	percentage
Study Design		
Ethnography	5	11.63
Longitudinal	1	2.33
Cross-sectional	6	13.95
Not reported	12	27.91
Review	7	16.28
Empirical	1	2.33
Evaluation	2	4.65
Descriptive	2	4.65
Situational Analysis	1	2.33
Policy Brief	1	2.33
Report	1	2.33
Convergent	1	2.33
Rapid Assessment	1	2.33
RCT	1	2.33
Case study	1	2.33
Type of Study		
Qualitative	20	46.51
Quantitative	5	11.63
Mixed methods	12	27.91
Not reported	6	13.95
Sampling		
Probability	2	4.65
Nonprobability	24	55.81
Not reported	17	39.53
Type of analysis performed		
Qualitative	19	44.19
Descriptive and Inferential	7	16.28
Descriptive and content	3	6.98
Not reported	12	27.91
Mixed methods	2	4.65
Outcomes of included studies		
Mental health systems	26	60.47
Attitudes	10	23.26
Treatment pathways	7	16.28
Participants		
Multi-stakeholder group	25	58.14
Persons with mental disorder	13	30.23
Community members	5	11.63
Study Setting		
Multi-country	4	9.30
Ghana only	39	90.70

Table 3: Key Themes Identified.

<i>Component</i>	<i>Themes</i>	<i>Codes</i>	<i>Number of Papers</i>	<i>Papers</i>
<i>Accessibility</i>	<i>Access and Equity</i>	<i>Barriers to access</i> <i>Strategies to promote equitable access to mental health care</i>	6	(Duorinaah et al., 2023; Ministry of Health, 2020; Moro et al., 2022; Mprah et al., 2024; Nartey et al., 2019; van Driessche, 2016)
		<i>Collaborative care models and task-shifting approaches</i> <i>Training programs for primary care providers</i> <i>Coordination challenges between mental health specialists and primary care teams</i>	6	(Agyapong et al., 2015, 2016; Duorinaah et al., 2023; Javadi et al., 2017; Ministry of Health, 2020; Ministry of Health et al., 2022)
	<i>Health Infrastructure and Resources</i>	<i>Availability and distribution of mental health facilities</i> <i>Workforce capacity and training programs</i> <i>Access to essential medications and technologies</i>	6	(Badu et al., 2018; Magna & Yemoh, 2018; Ministry of Health, 2020; Nartey et al., 2019; Poynton-Smith et al., 2023; Weobong et al., 2023)
<i>Availability</i>				

	<p>Mental Health Financing</p>	<p>Government funding and donor contributions Out of pocket expenditure and financial barriers Sustainability of financing models and strategies for increasing investment</p>	<p>12</p>	<p>(Adu-Gyamfi, 2017; Agorinya et al., 2023; Asafo, 2021; Atakora et al., 2020; Bedi et al., 2021; Ghana Somubi, 2021; Magna & Yemoh, 2018; Ministry of Health, 2020; Ministry of Health et al., 2022; Nartey et al., 2019; WHO, 2020; Wilson & Somhlaba, 2017)</p>
<p>Acceptability</p>	<p>Community-Based Interventions and Cultural Context and the Role of Traditional Healing Practices</p>	<p>Influence of cultural beliefs and norms on mental health Role of traditional healers, community health workers, and NGOs Integration of traditional healing practices into formal services</p>	<p>11</p>	<p>(Arias et al., 2016; Asafo, 2021; Atakora et al., 2020; Canton, 2018; Fordjour, 2022; Ministry of Health, 2020; Nartey et al., 2019; Nyame et al., 2021; Ofori-Atta et al., 2018; Read, 2019; Taylor, 2019)</p>

<i>Quality</i>	<i>Mental Health Human Rights and Advocacy</i>	<p><i>Stigma, discrimination, and human rights violations</i></p> <p><i>Advocacy efforts and social inclusion initiatives</i></p> <p><i>Legal protections and policy reforms</i></p>	10	<p><i>(Adu-Gyamfi, 2017; Ae-Ngibise et al., 2017; Harden et al., 2023; Mfoafo-M'Carthy & Grischow, 2022; Mfoafo-M'Carthy & Grishow, 2017; Ministry of Health, 2020; Ministry of Health et al., 2022; Nartey et al., 2019; Ocran, 2019; Read et al., 2020)</i></p>
	<i>Policy and Legislation</i>	<p><i>Description of mental health policies and legislation in Ghana</i></p> <p><i>Implementation challenges and successes</i></p> <p><i>Compliance with human rights standards</i></p>	10	<p><i>(Arias et al., 2016; Asafo, 2021; Atakora et al., 2020; Canton, 2018; Fordjour, 2022; Ministry of Health, 2020; Nyame et al., 2021; Ofori-Atta et al., 2018; Read, 2019; Sodi et al., 2021)</i></p>

<i>Mental Health Information System</i>	<i>Data availability and quality Strengths and weaknesses of existing information systems</i>	2	<i>(Ahuja et al., 2016; Kpobi et al., 2018)</i>
Research and Innovation		2	<i>(Magna & Yemoh, 2018; Mwangi et al., 2023)</i>

POLICY AND LEGISLATION

In 2012, Parliament enacted the new Mental Health Act, which replaced the unimplemented Mental Health Decree of 1972. The WHO has recognized the Act as a model for effective mental health legislation (Walker and Osei, 2017).

The implementation of this initiative in Ghana can enhance mental health care and establish a blueprint for other nations of comparable economic conditions (Walker & Osei, 2017). Walker and Osei, 2017, identified “the overall aims are: to ensure the rights and quality treatment of persons with mental disorder; and to stipulate changes to the organization, provision and funding of mental health services” (pg. 1). According to Badu et. al, 2018, the Ghana mental health law (Act 846) of 2012 is a notable advancement in enhancing the welfare of those withing from mental disease. The new legislation is perceived as having the capacity to improve the standard of mental healthcare, safeguard the fundamental rights of individuals receiving services, and address the specific requirements of those with mental illness. The provisions of the Mental Health Act 2012, Act 846, have been organized into ten sections (Mental Health Act 2012)

An introductory section of the Act is devoted to the MHA, detailing its inception, functions, and objectives. The MHA is led by psychiatrists. The subsequent segment pertains to the management of the Mental Health Authority and addresses the formation of an integrated Mental Health Authority tasked with supervising the operations of the mental health sector at the district and regional levels, as well as the selection and responsibilities of critical personnel. The establishment of a Mental Health Review Tribunal to investigate complaints regarding detained or involuntarily admitted individuals is the subject of a second section.

The subsequent segment delineates the establishment of visitation committees for mental health services in every region of Ghana, whose objective is to safeguard the rights of individuals

afflicted with mental illnesses. The Voluntary Treatment section pertains to the admission and discharge of voluntary patients, in addition to the voluntary treatment of mental disorders within a facility. The segment on involuntary treatment elaborates on the treatment regimen and involuntary admission of an individual who is presumed to be living with a severe mental disorder, per a court order for interim solace.

Protection of the rights of individuals with mental maladies, non-discrimination, and fundamental human rights are all addressed in the section devoted to these topics. The section on vulnerable groups discusses measures taken to safeguard individuals with mental retardation, infants, and women from all forms of discrimination. Establishing a dedicated fund to finance mental health therapies is the purpose of the Mental Health Fund provision. The section additionally discusses the funding sources utilized, and the procedures implemented to supervise them. In its final section, Miscellaneous Provisions, the Act addresses, among other things, the examination of the financial records of the Mental Health Authority, violations of the Act, and incidents involving patient mortality.

Act 846 of 2012, Ghana's Mental Health Act, creates the Mental Health Authority (MHA), whose principal function is to formulate rules and regulations. As a result, mental health treatments are provided across the board in Ghana's healthcare system, as is required by law and policy. These services are provided jointly by the MHA and the GHS. All three of Ghana's psychiatric hospitals provide tertiary mental health services, which are under the MHA's purview in addition to regulators. You may find these mental health centers in the southern zone of Ghana. A directorate under the GHS's mental health section coordinates the provision of mental health services at the primary and secondary care tiers, which are mainly the responsibility of the GHS.

Furthermore, the Ghanaian government has shown limited but significant support for mental health services by implementing the National Mental Policy, Mental Health Act, and Mental Health Authority Strategic Plan (2019-2022) and allocating a certain amount of funds for mental health. The World Health Organisation (WHO) devoted 2.97% of the overall health budget to mental health in 2020. The annual per capita expenditure on mental health is predicted to be 0.639 USD, according to the World Health Organisation (WHO) in 2020. The Ghana National Mental Health Policy 2019 – 2030 outlines strategies and advancements aimed at enhancing mental health care in the country. Ghana has implemented a National Mental Health Strategic Plan from 2019 to 2022, in addition to its existing policy.

An essential objective of Ghana's mental health strategy and plan, as delineated in the WHO MH Atlas 2020, is to incorporate mental health services into primary health care and community-based services. This integration encompasses orthodox/traditional services as well as community-based institutions, intending to offer a comprehensive range of care that includes preventative, promotion, curative, and rehabilitation services. The strategy recognizes the current services offered at psychiatric hospitals and highlights the importance of enhancing these services both inside psychiatric hospitals and other healthcare systems.

The WHO AIMS 2020 Report on Ghana's mental health system offers valuable information on the country's mental health policies, strategies, and legislation. Ghana's mental health policy underwent revision in 2019, with the changes being implemented for a duration of twelve years, spanning from 2019 to 2030. This revision exemplifies the nation's dedication to tackling mental health concerns over a prolonged duration and harmonizing policies with objectives for the future. The study also notes the presence of a Legislative Instrument that outlines the specific steps and protocols for carrying out various aspects of the Mental Health Act 2012. This signifies

a methodical approach to enacting mental health laws and guaranteeing adherence to established norms. Consequently, there have been ongoing endeavors to systematically evaluate mental health legislation, policies, services, and funding by fostering cooperation among the Government of Ghana, non-governmental organizations (NGOs), and Civil Society organizations (CSOs). The purpose of this collaborative strategy is to guarantee that mental health policies continue to be pertinent and efficient in meeting the requirements of the population.

The research states that Ghana has a Mental Health Strategic Plan (2019-2022) which includes clear objectives, allocated funds, and set dates for implementation. This strategy plan outlines a clear and specific timeline for implementing mental health policies and initiatives. The report emphasizes that while there is no formal emergency/disaster preparedness plan in place, steps have been taken to guarantee that individuals affected by disasters receive the required mental health assistance when necessary. This demonstrates an acknowledgment of the significance of attending to mental health requirements during emergency circumstances.

Implementation challenges and successes

Ghana possesses a comprehensive Mental Health Act (2012) that has received praise from the World Health Organisation (WHO) for its exemplary approach to integrated, community-based therapies and its recognition of access to care as an essential human right. Nevertheless, the execution of these programs continues to be a formidable task, even if the necessary legal and policy frameworks are in place to enhance mental health care (Ghana Somubi, 2021). “The majority of people with mental health conditions in Ghana – between 85 and 98% of people in need – either cannot or do not, access the treatment they require” (Ghana Somubi, 2021, pg. 1).

Some of the obstacles to effective implementation that Magna and Yemoh (2018) found in their research include a lack of a centralized system for mental health resources, a lack of

consultation during policymaking, a low priority for mental health, and inadequate human resources.

According to stakeholders interviewed in 2014 for a country report on Ghana by the MoH, (2020) using the WHO-AIMS reported that implementation of the legislation has been limited. The MHA notes several barriers to implementation, including inadequate funding and encroachment on land earmarked for the development of psychiatric hospitals

In addition, previous policy research has identified certain challenges that could pose possible barriers to the successful implementation of this Act. Some of the challenges in the mental health field include the absence of a comprehensive information system and various legal, judicial, and social services obstacles (Badu et al., 2018). In addition, a lack of understanding about the level of discrimination faced by those with mental illness and the lack of a reliable information system are two more obstacles that impede the successful implementation of mental health policies in the country.

Despite the accomplishments made in passing Ghana's Mental Health Act 846 of 2012, there are still ongoing difficulties in implementing the law. The government, with the involvement of Parliament, should tackle the matters of legislative instruments and the budgetary consequences of implementing them effectively.

Compliance with human rights standards

The Mental Health Act, 2012 (Act 846) of Ghana includes provisions to ensure compliance with human rights standards in mental health care. It protects vulnerable groups, maintains confidentiality, respects privacy and autonomy, provides access to information, safeguards employment rights, and establishes a complaints mechanism. Patients have legal recourse for grievances, ensuring accountability and upholding human rights in mental health treatment.

The primary objective of these laws is to mitigate the adverse effects of stigma, including but not limited to eviction, unemployment, and abandonment. The Act contains provisions regarding the removal, evaluation, rehabilitation, and treatment of destitute individuals living with mental illnesses. Currently, admission of patients against their will is restricted to accredited institutions only. Consequently, non-traditional facilities such as prayer centers will be unable to ensnare or seclude patients. Visiting committees will conduct inspections of institutions and have the authority to visit all mental health facilities to investigate complaints and ensure compliance. The Act seeks to protect the constitutionally protected rights of individuals with mental illness. Rights will be safeguarded by implementing measures to prevent discrimination in employment and daily life; establishing transparent protocols and protections for both voluntary and involuntary admissions; and aiding particularly vulnerable populations, including women, individuals with intellectual disabilities, and the elderly.

In 2012, Ghana implemented substantial measures to improve mental healthcare and avoid infringements on the human rights of persons with mental health disorders. The country took steps to officially approve the United Nations Convention on the Rights of Persons with Disabilities and put into action a Mental Health Act (Moro et al., 2022).

Furthermore, it has been documented by several local and international groups that Ghana has been under recent scrutiny for violating the human rights of those living with mental health conditions. Based on these findings, Ghanaians living with mental health illnesses in psychiatric hospitals encounter a lack of proper physical infrastructure, poor food provisions, and overcrowding. A significant number of residents are coerced into residing in these establishments without their approval and have few means to challenge their situation. Instances of verbal and physical mistreatment have been documented towards service users who want to escape and do

not comply with medication or hospital regulations. There are more claims alleging that electroconvulsive treatment is administered without anesthesia, and individuals are sometimes confined in isolation cells for a maximum of three days.

Again, Moro et al. (2022) conducted a study of mental health facilities in Ghana, which provided useful insights into the quality of care and respect for human rights in psychiatric services. Their research focused on five key areas from the United Nations Convention on the Rights of Persons with Disabilities, which serves as a modern human rights framework. Each theme focused on a specific UN CRPD right to assess human rights compliance and identify areas for growth and development. They also identified limited support for service users to participate in political life and gaps in promoting community inclusion, arguing that providing information on public activities post-discharge and improving community integration opportunities are critical for promoting the rights of people with mental illnesses.

According to Adu-Gyamfi (2017), it is well acknowledged that the Commission for Human Rights and Administrative Justice (CHRAJ) receives complaints from individuals with mental illness, particularly those who are admitted to various mental facilities and investigates them. CHRAJ might be considered the de facto Mental Health Review Tribunal when it comes to receiving and investigating complaints. In recent years, CHRAJ has become more actively engaged in disability rights advocacy, namely concerning the implementation of the Persons with Disability Act, 2006 (Act 715) and the associated demands. The Mental Health Act stipulates that the Minister in charge of Social Welfare is obligated to offer post-treatment services for individuals living with mental health conditions, which encompass psychosocial rehabilitation, oversight, and vocational instruction. The Persons with Disability Act 715 requires that, as far as possible, individuals living with disabilities should be rehabilitated within their communities to

encourage inclusion. This would ensure that persons living with mental illness, who experience psychosocial disability as a result of their condition, would be eligible to receive the benefits outlined in this legislation. Likewise, individuals who have mental illness may encounter psychosocial difficulties due to their condition, rendering them qualified for safeguarding under the Rights of Persons with Disability (sections 1–15 of the Ghana Disability Act 2006). The incorporation of the Rights of Individuals with Mental Illness within the CHRAJ program on Human Rights is still questionable.

In summary, the Mental Health Act 2012 in Ghana is a significant measure toward comprehensive mental health care. However, its practical implementation still lags because of challenges such as inadequate funding and lack of infrastructure.

HEALTHCARE INFRASTRUCTURE AND RESOURCES

Availability and distribution of mental health facilities

Based on the "WHO-AIMS Report on Mental Health System in Ghana" published by the Ministry of Health in 2020, the nation currently possesses three mental hospitals accommodating a combined 1171 beds (equivalent to 3.8 beds per 100,000 inhabitants). Because all three mental hospitals are located in the southern belt of the nation, individuals requiring treatment from the middle and northern belts are required to undertake considerable journeys to reach these facilities. Two are situated in the Central region, whereas the third is in the capital city. Every facility is linked to a mental health outpatient facility and a substance rehabilitation unit on an organizational level.

Additionally, it was found that ten community-based psychiatric inpatient units exist in Ghana, with a combined capacity of 133 beds, or 0.43 beds per 100,000 individuals. Five facilities, totaling 73 beds, are under the management of the government in Accra (the capital),

Kumasi, Koforidua, Sunyani, and Ho. There are three institutions in Kumasi and two privately owned establishments in Accra, with a combined capacity of sixty bedrooms.

Additionally, only one of the facilities for mental health care has a children's ward, which is underfunded, according to the report. Inmates do not have access to forensic mental health hospitals or inpatient mental health facilities. One and only one mental health facility is equipped with a forensic unit. The aforementioned section is overrun with individuals who were neglected by the criminal court system when it mandated their medical attention decades ago. The majority of the country's inpatient substance rehabilitation facilities only take adult male patients. They are restricted to the middle and southern districts.

Furthermore, it has been determined that the Brottier House and the Cheshire Home, both located in Kumasi, amount to an overall capacity of 0.21 beds/places per 100,000 inhabitants and are the two communal residential facilities in the country. Both were founded by non-governmental organizations and are supported by donors. Females comprise 47% of the total population undergoing treatment in community residential facilities. Additionally, two day-treatment facilities are available within the country: the Damien Centre, situated in the western region, and the Shekhinah Clinic, situated in the northern region. Both facilities cater solely to the adult population, with 63% of the total service consumers per 100,000 individuals being female.

The MoH, (2020) further found that the Health Ministry is gradually integrating mental health services into primary care through the GHS and other organizations. Mental health outpatient units are located in all Regional and District Hospitals, as well as other hospitals, clinics, some health centers, CHPS complexes, and private institutions. The country has a total of 423 outpatient mental health clinics, none of which are exclusively dedicated to children and

adolescents. Nevertheless, mental hospitals and teaching hospitals designate specific days for providing outpatient care for children and adolescents with mental health issues.

Workforce capacity and training programs

The MoH, (2020), in their “WHO-AIMS Report on Mental Health System in Ghana”, as of 2020, reported that:

The total number of human resources working in mental health facilities or private practice per 100,000 population is 10.32. The breakdown according to profession is as follows: 39 Psychiatrist, 49 other Medical Doctors (not specialized in psychiatry), 2463 Registered Mental Health Nurses (RMN), 244 Psychologists, 362 Social Workers, 52 Occupational Therapists, 561 Community Mental Health Officers (CMHO) and 35 Clinical Psychiatric Officers (CPO), 1 Art Therapist, 742 Other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counsellors). Almost all (95%) of psychiatrists work for both government-administered mental health facilities and NGOs/for profit mental health facilities/private practice. Ninety-seven percent (97%) of psychologists, social workers, nurses and occupational therapists work only for government administered mental health facilities, 1% work only for NGOs/for profit mental health facilities/private practice, while 2% work for both sectors. (p.26).

Inclusivity in mental health services is another key aspect addressed in the report, with a recommendation to provide mental health staff with adequate training in sign language. This training is essential to improve communication with individuals who are deaf or hard of hearing, ensuring that all individuals have equal access to mental health services and support.

According to Magna & Yemoh, (2018), the quality and availability of mental health care in Ghana are severely hampered due to a scarcity of mental health practitioners and inadequate professional development opportunities. Because of a paucity of experts trained in psychosocial interventions, therapy is still primarily centred on psychotropic medication, with very limited provision of psychosocial care and rehabilitation. It was discovered that, despite a recent initiative to expand the number of psychiatric nurses training, it remains difficult to attract highly skilled workers to remote areas where the greatest need exists. Most prior projects in community mental health in Ghana have revealed that there is the opportunity to improve the abilities of lower-level community health professionals such as community nurses, technical officers and volunteers to detect and refer cases of mental illness.

Furthermore, there are various gaps that make it difficult for existing mental health practitioners to provide mental health services. Although training for community mental health workers (CMHWs), such as CMHOs, CPOs, and community psychiatric nurses (CPNs), is necessary for providing mental health services at the primary healthcare (PHC) level, there are gaps in the training provided to these professional groups. In this regard, two publications indicated that, while existing CMHW training may be competent for executing their officially assigned duties, it falls short of equipping them to effectively administer mental health services (Badu et al., 2018).

They further contend that this is due to deficiencies in CMHW training, including its insufficient practical experience, its brief duration, and its shallow instruction of subjects such as CMHO prescription and treatment, as well as assessment and diagnosis. The CMHWs also observed a deficiency in training in various domains, including the management of mental health in marginalized populations (such as children, the elderly, pregnant women, and forensic or

prison populations), neurological disorders (such as epilepsy), the evaluation and management of risks, medico-legal aspects in psychiatry, psycho-social intervention training, the utilization of seclusion and physical restraint techniques, as well as general administrative procedures, research methods, and report writing.

Furthermore, it has been ascertained that mental health practitioners delivering mental health services at the primary healthcare (PHC) level lack adequate supervision, in addition to the shortcomings in their training.

Specifically, the Quality Rights e-training program was implemented nationwide in Ghana, targeting important stakeholders such as healthcare professionals, persons with personal experience, carers, NGOs/OPDs, academics, students, and others. The training program addressed crucial subjects such as mental health human rights, the recovery strategy, respect for legal ability, cessation of coercion, violence and abuse, and community engagement.

The QualityRights e-training sought to improve the knowledge and skills of mental health professionals and other stakeholders, ultimately leading to more positive attitudes towards people with mental health disorders and impairments. The study emphasized the usefulness of these training programs in transforming attitudes and aligning actions with human rights norms in mental healthcare settings.

Access to essential medications and technologies

Access to medicine and technology is essential for the effective delivery of mental health services. Service users sometimes face the challenge of acquiring psychotropic drugs because of their limited availability, resulting in the need to purchase them from private pharmacies without any means of reimbursement. Basic Needs-Ghana, a non-governmental organization (NGO), aims to provide access to mental health treatments in disadvantaged areas via the implementation

of specialist-led outreach programs that offer free psychotropic drugs. Their contributions encompass a range of activities that benefit both individuals and the society. These include offering psychosocial assistance to service users, enhancing their capabilities, designing accessible programs, generating livelihood possibilities, and facilitating research, among other endeavors.

According to the MoH (2020), the National Health Insurance Scheme does not provide coverage for the cost of treating mental illnesses. However, it does allocate funds to support mental health services, specifically for the acquisition of psychotropic medications that are distributed free of charge to individuals receiving care in different facilities across the country. Chlorpromazine, an antipsychotic, and amitriptyline, an antidepressant, cost 0.36 Ghana cedis each, or 5% and 3% of the daily minimum wage, respectively, according to the retail price of medications on the National Health Insurance Scheme's Medicine list and the Defined Daily Dose.

In a situation analysis across five districts in Ghana, Weobong et al., (2023), discovered that “Access to regular supplies of psychotropic medications is a major challenge across all districts. Access to antiepileptics is, however, not a challenge as it is readily available in all districts” (p.11). The GHS typically supplies psychotropic drugs through national medical outlets, which are then distributed to the district via regional medical supplies and district hospitals. Psychotropics are then distributed to health facilities by the mental health focal person in each district. The allocation of these drugs is usually determined by patient load, with facilities that have a higher patient load receiving a larger allocation.

Essential psychotropic medications including antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications are sometimes present at specialist mental health

facilities and primary care facilities in Ghana. Nevertheless, obstacles to their continuous and dependable accessibility are there. The main obstacles include insufficient financial resources, the absence of a framework agreement for consistent pricing and assured supplies, and the procurement of small amounts at any one moment, which reduces the appeal of bids to suppliers. At the conclusion of 2020, a significant excess of drugs was seen primarily as a result of delayed product deliveries. The actual expenditure on psychotropics tends to be less than the budget allocation because not all medicines needed are procured. The NHIS pays for drugs for physical conditions (co-morbidities) while the patient pays out-of-pocket if not registered with the NHIS.

To summarize, the distribution of mental health infrastructure in Ghana is severely imbalanced, with a significant concentration in the southern regions. This creates a major barrier for individuals in the northern regions, making it extremely difficult for them to receive mental health services. There is a severe scarcity of mental health specialists and vital drugs.

COMMUNITY-BASED INTERVENTIONS AND CULTURAL CONTEXT AND INDIGENOUS HEALING PRACTICES

Influence of cultural beliefs and norms on mental health

The Ghanaian community's perception that mental disorders are influenced by supernatural forces and curses may have contributed to the rise in faith-based healers and prayer camps as providers of mental health services. As per the research conducted by Atakora et al., (2020), there is a belief among individuals that mental illnesses can be caused by supernatural forces when one comes into contact with them. This belief system reinforces the idea that people are more likely to turn to traditional healers for therapy because it aligns better with their cultural perspectives on the causes of mental illness.

The staff members of prayer camps surveyed by Arias et al. (2016) held firm convictions regarding spiritual explanations for mental illness. They frequently advocated for the use of fasting and restraints as treatment methods and supported the temporary use of medication because long-term medication regimens could obscure the spiritual origins of the illness. Additionally, their research revealed that for individuals living with mental illnesses to achieve complete recovery, it was imperative to address the fundamental spiritual factors contributing to the condition. Failure to do so would result in the continuation of physical manifestations associated with their illnesses.

Asafo, (2021) identified several potential impacts of cultural norms and beliefs on mental health within the context of Ghana. He believes that cultural norms shape the perception and explanation of mental diseases in Ghanaian society. Various cultural groups may possess distinct interpretations of mental health disorders, ascribing them to spiritual origins, ancestral impacts, or supernatural phenomena. These beliefs have the potential to exacerbate the stigma and discrimination associated with mental health issues. Within certain societies, mental illness is perceived as a manifestation of vulnerability, spiritual control, or retribution, resulting in social ostracism, disgrace, and hesitancy to pursue expert assistance. Prejudiced attitudes based on cultural beliefs can impede the availability of mental health services and sustain misunderstandings about mental illness. The study also indicated that cultural norms and beliefs can have an impact on the specific therapeutic techniques and solutions that persons with mental health difficulties seek. In Ghana, the incorporation of conventional healing methods alongside biological approaches emphasizes the intricate interaction between cultural beliefs and the treatment of mental health.

According to Asafo (2021), comprehending these cultural dynamics is crucial to creating culturally sensitive and efficient mental health interventions. In his investigation, Canton (2018) reaffirmed the information mentioned earlier. The situation demonstrated the intricate relationship between cultural norms, social disapproval, and the level of support for mental health issues within the community. The study emphasized the significance of taking cultural norms and beliefs into account when dealing with mental health problems in global societies.

Role of traditional healers, community health workers, and NGOs

According to MoH, (2020), it has been observed that many service users in Ghana choose to seek the assistance of traditional healers or faith-based institutes before or during their treatment at allopathic treatment facilities. There is a total of 1,705 of these institutions across the whole country. The Mental Health Act of 2012 mandates that the MHA oversee and control the activities of non-conventional healers in the provision of mental health services. In 2018, the MHA released guidelines for Traditional and Faith-based (TFB) healers in the field of mental health to ensure the protection of service consumers' dignity and human rights. The text emphasizes the importance of providing high-quality accommodation for inpatient treatment, ensuring safety and security, supplying sufficient food and clothing, eliminating the use of chains and cages, prohibiting human rights abuses such as coerced confessions, flogging, starvation, and forced marriage, and training practitioners through mental health coordinators appointed by the MHA.

TFB healers in Ghana utilize cultural practices such as herbal treatments and spiritual/prayer treatments in their healing methods. Others also incorporate orthodox treatment into their practices, despite lacking legal backing to do so (MoH, 2020)

The utilization of traditional healers as vital assets for mental health care in Africa has been a longstanding advocacy, owing to the services they offer that align with traditional belief systems. In many sub-Saharan African nations, the prevalence of Christian healing modalities has proliferated to the point where they may, in certain instances, surpass that of traditional practitioners. In the context of Ghana, residential prayer centers have experienced significant growth since the 1990s, providing a wide range of activities that fall under the purview of Pentecostal or charismatic theology. Global mental health promotes extensively the potential of traditional and faith healers to "play a key role in the mental health care system" (as quoted in Read, 2019), especially in light of the so-called treatment gap, which is defined as the discrepancy between the estimated prevalence of mental disorders and the supply of mental health services.

In Ghana, attempts to lessen the focus on institutionalization of care began in the 1970s and continued into the 1990s with the establishment of mental health facilities outside of Accra. However, the deinstitutionalization goals of these measures were not met, and the majority of mental health care is still institutionalized. A framework for the development of community mental health care was established with the passage of the Mental Health Act 2012 (Act 846), yet it has not yet been fully implemented. However, a greater percentage of individuals seek care from traditional and faith-based physicians in the community as a result of limited dissemination and inaccessibility of formal mental health services (Fordjour, 2022).

A significant number of individuals with psychosocial disabilities lack access to high-quality care and services, and institutionalization remains a prevalent approach. The recent report submitted to the UN CRPD Committee highlighted the ongoing mistreatment of individuals with mental illness within their communities. It revealed that these individuals are often subjected to

involuntary confinement in informal institutions such as churches and prayer camps (as cited in Fordjour, 2022).

The execution of Ghana's mental health strategy towards deinstitutionalization has not yet been effectively carried out under the five-tier health care system. This system entails the establishment of health facilities at the national, regional, district, sub-district, and community levels (Fordjour, 2022). Community-based mental health treatments are being offered by entities beyond public sector healthcare facilities. Several studies have confirmed the involvement of non-governmental organizations operating inside local communities. Organizations such as the Mental Health Society of Ghana (MEHSOG), Basic Needs Ghana, MindFreedom Ghana, and the advocacy project "Ghana Somubi Dwumadie" are among the notable organizations working in this field.

Integration of Indigenous healing practices with formal mental health services

Read, (2019) demonstrated the efforts of mental health professionals in Ghana to develop the ethical principles for working together with traditional healers, even when their methods go against global and national rights-based guidelines. They utilize a collective moral imagination influenced by Christian theology and the possibility of spiritual factors contributing to mental illness. They also believe it is important to mandate treatment when rationality is compromised.

According to Read (2019), "Their approach exposes the uncertainties and contradictions within the human rights discourse of global mental health, and the practical and ethical challenges for mental health workers when urged to censure human rights abuses through establishing collaborating relationships with healers" (p. 630). The principles of human rights regulations do not sufficiently serve as practical guidelines when health professionals face ethical challenges within the lived sociality of interpersonal relationships.

Relationships between healers and health workers are formed in the particularities and ambiguities of situated interactions, which weave together established forms of sociality and ways of knowing to actively figure out what collaboration might mean in practice and how authority lines might be negotiated. Read, (2019), further presents that, in times of scarcity, mental health professionals' relationships with healers, families, and communities are essential to carrying out difficult work. Instead of imposing sanctions, relationship-building strives to establish mutual commitments that allow both parties to claim assistance, communication, and collaboration. In addition to preventing the breakdown of essential support networks, this might pave the way for gradual but significant transformation. In contrast to the transient nature of interventions funded by international organizations, these connections survive and influence the social context in which mental health professionals carry out their role as community change agents.

The randomized trial conducted in Ghana's prayer camps by Ofori-Atta et al., (2018) demonstrated that integrating psychiatric care with traditional faith healing practices within the prayer camp setting led to significant improvements in general psychiatric symptoms, particularly in areas such as thought disorder and violent/hostile behavior. While the intervention did not result in a reduction in the number of days spent in chains, the study highlighted the potential benefits of collaborating between biomedical and faith-based healing approaches in addressing mental health issues comprehensively. Overall, the findings underscored the value of combining different treatment modalities to enhance mental well-being in individuals with mental disorders within the prayer camp environment.

Findings from Asafo, (2021) showed that the push towards collaborative care between faith-based and traditional mental health practices has various advantages, but it is also hampered by a

number of obstacles and constraints. Both parties are eager to work together to solve mental health concerns in Ghana. This readiness, demonstrated by the operators of the faith healing Centre, is greatly needed, welcome, and ready for implementation. This is demonstrated by the fact that they and other conventional biomedical practitioners have already established a collaborative model at the Centre, which includes psychiatrists, psychiatric nurses, and psychologists who care for persons with mental illnesses.

The psychologists included in the study revealed a great inclination to collaborate with faith-based institutions in Ghana to provide complete and holistic therapy and care to individuals afflicted with mental diseases. The practicing professionals demonstrated their willingness to collaborate not just with faith-based institutions, but also with other non-professional practices that provide care for those living with mental disorders in Ghana. The respondents contended that collaboration would offer the chance to impart biomedical mental health expertise to faith-based practitioners, grant access to the facilities of the faith healing center and streamline the operations of faith-based practitioners in Ghana's mental health sector. This collaboration would be facilitated by national policies and regulations and would involve the cooperation of biomedical, traditional, and faith-healing service providers.

He also identified some possible barriers to effective collaboration between the said parties. These were Differences in Diagnostic and Treatment Practices, Loss of Autonomy, Bureaucracy and Recognition, Cultural and Religious Differences, and Human Rights Concerns on the part of the parties involved.

To summarize, cultural beliefs and practices strongly influence mental health care in Ghana. The incorporation of the services of traditional healers with formal mental health services still presents a challenge

ACCESS AND EQUITY

Barriers to access

The obstacles to obtaining mental health services in low- and middle-income countries such as Ghana are complex and encompass various factors, including social stigma and prejudice, scarcity of resources, geographical constraints, cultural norms, lack of knowledge, legal and policy restrictions, as well as language and communication difficulties.

Moro et al. (2022) found various obstacles to accessing mental health care, such as financial limitations and difficulties with transportation. These barriers have a direct impact on the fair and equal availability of mental health services. Additionally, they discovered that there was a dependence on private agreements to get crucial medical supplies, such as psychiatric drugs, because of insufficient government assistance. This obstacle has the potential to affect the accessibility and cost-effectiveness of prescriptions for individuals who use the services. The study emphasized a scarcity of mental health practitioners at the institutions, potentially impeding access to complete mental health care services. Inadequate staffing can result in treatment delays, limited access to specialized care, and difficulties in providing adequate support to service users. Additionally, it was determined that certain service users frequently lacked knowledge of their entitlements to make decisions concerning their treatment and care. This obstacle has the potential to hinder individuals from actively engaging in their healthcare decisions and exercising their legal ability, which could result in potential infringements of their rights. Additionally, the lack of sufficient resources at the community level to assist those with mental health disorders has been seen as a hindrance to their access to care. The absence of assistance may have a negative effect on the smooth reintegration of service recipients into the

community after being discharged, impeding their capacity to live autonomously and participate in community engagements.

The study on stakeholder perceptions in challenges of the Ghanaian mental healthcare system (van Driessche, 2016) equally shed light on various barriers to accessing mental health services in Ghana. These barriers encompassed a range of factors that hindered individuals from seeking and receiving the care they needed. The stigma and prejudice associated with mental health issues had a harmful impact on discouraging persons from seeking help, as the fear of being judged and facing negative social consequences often seemed more significant than the potential advantages of therapy. Additionally, a widespread lack of knowledge regarding mental health concerns and the resources that are accessible has contributed to a decrease in individuals seeking assistance, hence worsening the difficulties in obtaining care. Another obstacle that was highlighted was self-stigma and shame. Certain deaf individuals with mental health disorders may encounter self-stigma and humiliation, resulting in feelings of embarrassment or hesitancy to seek assistance. The internalized stigma can hinder persons from obtaining essential mental health assistance (Mprah et al., 2024).

Research conducted by Duorinaah et al. (2023) and Mprah et al. (2024) has examined the obstacles faced by the deaf community in accessing mental healthcare and services. The absence of sign language interpreters in hospital settings poses a major challenge, impeding efficient communication between healthcare workers and deaf patients. In addition, the researchers emphasized the participants' insufficient understanding of mental health, as they lacked awareness about mental health concerns and were inhibited from obtaining appropriate mental health treatments due to the stigma associated with mental health conditions and hearing loss.

Additionally, the lack of availability of mental health information in sign language and the scarcity of resources in printed formats presented obstacles for deaf individuals in acquiring pertinent mental health information. The omission of deaf individuals from mental health programs and services additionally limited their ability to obtain crucial care. The lack of sign language interpretation services in healthcare settings worsened the challenges experienced by deaf individuals in comprehending medical information and instructions.

Strategies to promote equitable access to mental health care

The Mental Health Act 846 (2012) also outlined some key strategies for promoting equitable access to mental health care and services.

Some of the key strategies include improving access to care, safeguarding human rights, decentralization of mental health care, integration of traditional practices, and establishment of oversight bodies.

The Mental Health Act 715 focused on enhancing access to care for people with mental illness, including epilepsy, by recognizing the challenges faced by poor and vulnerable populations. This emphasis on improving access aimed to reduce disparities in mental health service provision. The Act also prioritized safeguarding the human rights of individuals with mental disorders by promoting their participation in restoration and recovery processes. This approach aimed to ensure that individuals with mental illness are treated with dignity and respect, in line with international human rights standards. Moreover, the Act supported decentralizing mental health care services, shifting the focus from institutional care to community-based care. This strategy aimed to bring mental health services closer to the communities in need and reduce barriers to access, especially in rural areas. Another strategy was that the Act recognized the importance of integrating and regulating spiritual and traditional

mental health practices in Ghana. By acknowledging and incorporating traditional healing methods, the Act aimed to promote culturally sensitive and holistic approaches to mental health care. Further, the Act proposed the establishment of the MHA with a governing board and various departments to oversee mental health services. Additionally, visiting committees were mandated to conduct inspections of mental health facilities to ensure quality of care and adherence to standards.

Duorinaah et al., (2023) and Mprah et al., (2024) both recommended strategies that aimed at raising awareness and providing education are crucial. This involves increasing awareness among healthcare providers, policymakers, and the public about the unique challenges faced by deaf individuals with mental health conditions, aiming to reduce stigma and enhance understanding of the intersection of deafness and mental illness. Cultivating cultural sensitivity and offering training to healthcare professionals, fostering community support, advocating for policy changes, improving mental health literacy among deaf individuals and their communities by providing information in accessible formats, and conducting research and developing programs tailored to the specific needs of deaf individuals with mental health conditions is key to promoting equitable access to mental healthcare in the deaf community (Duorinaah et al., 2023).

The promotion of equitable access to mental health services in Ghana is crucial for addressing the barriers to access to mental health services in Ghana. To achieve this goal, van Driessche, (2016) suggested a multifaceted approach is needed to ensure that individuals from all backgrounds can access the care they require. One key strategy involves improving geographic accessibility by establishing mental health facilities in underserved rural areas and implementing mobile clinics to reach remote populations. Transportation support programs can significantly help individuals overcome barriers related to travel to mental health facilities, while financial

assistance initiatives can make services more affordable for those with limited resources.

Telehealth services also offer a valuable solution for providing remote consultations and therapy sessions, particularly in areas where in-person services are scarce.

Lastly, she suggested that peer support programs provide individuals with lived experience of mental health conditions the opportunity to offer support and guidance to others seeking help and that policy advocacy efforts are essential for driving systemic changes, securing increased government funding, and strengthening the mental health system to expand services to underserved populations (van Driessche, 2016)

The factors of stigma, low levels of awareness, and financial constraints bring about significant disparities in the access and use of mental health care. There is a real need to develop strategies toward inclusivity and equitable access.

INTEGRATION WITH PRIMARY CARE

Collaborative care models and task-shifting approaches

Task shifting refers to the practice of assigning some responsibilities from highly qualified healthcare personnel to less skilled individuals, such as CPOs and CPNs, to increase the availability of mental health services (Agyapong et al., 2015).

The WHO AIMS 2020 Report on Ghana's mental health system highlights the importance of integrating mental health services with basic healthcare as a crucial approach to improving the delivery of mental health care in the country.

The research states that mental health services have been incorporated into primary healthcare across Ghana, resulting in greater dissemination of mental health services. The MoH (2020) stated that:

this integration signifies a concerted effort to ensure that mental health care is accessible at the primary care level, where individuals often seek initial healthcare services. An estimated 21-50% of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. (p.24)

According to the data, certain primary healthcare facilities in Ghana offer fundamental mental health treatments, even if there is a lack of mental health personnel. The provision of mental healthcare services is facilitated by the involvement of healthcare practitioners in the Mental Health Gap Action Programme (mhGAP) program, which provides them with the essential skills to deliver mental healthcare services efficiently.

The Ministry of Health (MoH) in 2020 reported that the Standard Treatment Guideline (STG) of the Ministry of Health and the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) of WHO are used as assessment and treatment protocols for important mental health problems in the country. These guidelines establish a uniform approach to mental healthcare practices and guarantee that primary healthcare professionals possess the essential resources to diagnose and treat mental health issues.

Psychotropic medications can be prescribed by primary healthcare prescribers in Ghana, but there are certain limitations imposed (MoH, 2020). This license empowers primary care physicians to efficiently oversee mental health issues and administer suitable medicines as necessary, hence enhancing the holistic treatment of patients with mental health needs.

“Double Tragedy: Examining the Effects of Mental Health Stigma on Help Seeking Behaviour among Deaf People in Ghana”, by Duorinaah et al., (2023), highlighted some importance of collaborative care models in mental health care delivery in Ghana for the disabled community, specifically, deaf persons. They are of the view that, collaborating across sectors and

involving relevant stakeholders such as government ministries, non-governmental organizations, traditional leaders, service user groups, and professional organizations, a multidimensional and multisectoral approach can be implemented to address the multiple stigmas faced by deaf individuals with mental health conditions. Collaborative treatment also involves focusing on healthcare workers to enhance their attitudes and diminish discrimination and stigma toward deaf individuals living with mental health disorders

Agyapong et al. (2016) examined the incorporation of mental health services into primary healthcare as a crucial approach to enhance the availability of mental healthcare services, particularly in resource-limited environments such as Ghana. Integrating mental health services with primary healthcare allows individuals to access comprehensive and holistic care that caters to their physical and mental health requirements.

The study emphasizes the significance of primary care physicians in administering mental health services, encompassing responsibilities such as evaluating, diagnosing, and treating prevalent mental health disorders. Moreover, the authors proposed that the successful incorporation of mental health services into primary healthcare necessitates collaboration and communication among various healthcare specialists.

It can be said, according to (Agyapong et al., 2015) that task shifting allows CMHWs to play a vital role in recognizing and treating common mental disorders, thereby filling the gap in mental health service provision at the community level and also points out that CMHWs often perform tasks beyond their formal job descriptions, such as prescribing medication and providing various healthcare services, to meet the needs of patients in their communities. Moreover, the practice of task shifting in mental health treatment facilitates a comprehensive approach to delivering healthcare by including mental health services in primary care settings. This

integration not only enhances the availability of mental health services but also diminishes the negative perception around the act of seeking mental health treatment, as services are delivered in familiar community settings by trusted healthcare experts.

Agyapong et al., (2016) highlighted the favorable views of psychiatrists and health policy directors on the strategy of extending mental health care provision in Ghana through task-shifting. The success of task-shifting initiatives in enhancing mental healthcare services relies heavily on government commitment, training programs, supervision, and monitoring.

Training programs for primary care providers

In the research conducted by Agyapong et al. (2016), the need for training programs for primary health care professionals was highlighted, specifically in relation to task shifting and the integration of mental health services into primary care settings. It emphasizes the significance of integrating concise and streamlined diagnostic and treatment protocols into the education of CMHWs to ensure they are adequately prepared to deliver mental health services in their communities. Moreover, it underscores the need to have appropriate legal protections, obligations, and a regulatory framework that is expressly designed to support the growing use of task-shifted techniques.

The article highlights that around 33% of psychiatrists and roughly 10% of health policy directors lacked information regarding explicit policy standards governing the activities of CMHWs. This suggests a deficiency in awareness and understanding that might be addressed by training programs. The study highlighted the significance of training programs for primary health care workers, specifically CMHWs, to improve their ability to provide mental health services efficiently, ensure adherence to guidelines and regulations, and tackle opposition to task-shifting initiatives in Ghana's mental health delivery system.

The WHO AIMS 2020 Report on Ghana's Mental Health System (MoH, 2020) offers valuable information regarding the training initiatives aimed at equipping primary healthcare providers in the country. The paper states that the curriculum for medical doctors, State Registered Nurses (SNR), and physician assistants includes training in mental health treatment for primary care workers. More precisely, the training curriculum for medical doctors dedicates 6% of its content to mental health, whereas SNRs receive 8% and physician assistants receive 3%. This allocation demonstrates the significance attributed to mental health training in the primary healthcare field. In 2020, the GHS in collaboration with WHO, conducted a thorough 6-day mental health refresher training program (mhGAP) specifically designed for primary healthcare professionals in every region. The purpose of these workshops was to improve the knowledge and abilities of primary healthcare practitioners in efficiently offering mental healthcare services.

The data reveals that a mere 1% of primary healthcare doctors, fewer than 1% of nurses, and 6% of physician assistants actively engaged in the mental health refresher training sessions conducted in 2020. Although the participation percentages differed among various categories of primary healthcare professionals, the training sessions functioned as a platform for ongoing professional growth in mental health treatment.

The Psychiatry Faculty of Ghana College of Physicians and Surgeons, the Psychiatric Association of Ghana, and the Ghana Psychological Association conducted multiple refresher classes both online and in-person. These sessions were organized as a means of providing continual professional development for health professionals in the country. These efforts were designed to improve the ability and expertise of primary healthcare practitioners in providing mental health treatments.

“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” (WHO, 2022, p. 7). These included medical officers, physician assistants, nurse prescribers, and, most recently, community psychiatric nurses.

The report by the WHO (2022) also stated that:

the Kintampo Project, a partnership between Southern Health NHS Foundation Trust, UK, and the College of Health and Wellbeing, Kintampo (CoHK), has established mental health education programs for mid-level medical professionals in order to boost human resources in providing services related to mental health. 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. (p. 7).

The research states that these training programs have the objective of improving the ability of primary healthcare providers to accurately recognize, evaluate, and manage prevalent mental health conditions in their communities. The focus on training programs for primary health care professionals highlights the significance of developing a capable and proficient workforce to tackle mental health requirements at the local level. Ghana is enhancing its mental health system and improving the ability of primary care practitioners to give high-quality mental health treatment to people by investing in training efforts.

Coordination challenges between mental health specialists and primary care teams

In their study, Agyapong et al. (2015) emphasize the existence of various coordination difficulties between mental health experts and primary care teams. These problems have the potential to affect the provision of mental health services at the community level. The research findings revealed that a limited percentage of CMHWs engage in close collaboration with

psychiatrists, psychologists, social workers, and other professionals specializing in mental health. The absence of collaboration can impede the efficacy of communication, consultation, and referral processes between primary care teams and mental health professionals. The survey also found that CMHWs frequently engage in responsibilities that go beyond their official job descriptions and training, including prescribing medication and delivering a range of healthcare services. The difference in the range of responsibilities between CMHWs and mental health professionals can result in confusion, conflicts, and difficulties in effectively coordinating the care of patients with intricate mental health needs.

Their research indicated that CMHWs, such as CPOs and CPNs, may not be sufficiently trained to identify and treat all mental health disorders without assistance. The lack of expertise in some mental health illnesses can provide challenges in coordinating care between primary care teams and mental health professionals, as CMHWs may not have the requisite skills and confidence to properly manage these conditions. Furthermore, the study highlighted that less skilled health workers, such as CMHWs, may lack efficient systems for referring patients to mental health specialists for consultation or specialized treatment. The absence of a comprehensive referral system can hinder the seamless coordination of healthcare and cooperation between primary care teams and mental health experts.

The researchers believed that to tackle these coordination challenges, it is necessary to improve communication channels, enhance training programs for CMHWs, establish clear referral pathways, and encourage interdisciplinary collaboration between primary care teams and mental health specialists. Enhancing coordination and collaboration among healthcare providers can improve the quality and effectiveness of mental health treatments at the community level.

Agyapong et al., (2016) identified that there may be difficulties in clearly defining and identifying the specific duties and obligations of mental health experts and primary care teams within the integrated care framework. Establishing clear and defined roles, tasks, and expectations for each group is crucial to guarantee efficient coordination and collaboration in the provision of mental health services. In addition, inadequate communication can lead to misinterpretations, disruptions in the provision of care, and disjointed services for those seeking mental health assistance in primary healthcare settings.

The study found differences in the distribution of resources, such as finance, staff, and infrastructure, between mental health services and primary care settings. These differences could potentially create difficulties in coordinating care. The scarcity of resources in either sector can affect the caliber and availability of mental health services offered in primary care settings. To tackle these coordination challenges, it is necessary to implement proactive measures such as improving communication channels, fostering interprofessional collaboration, offering continuous training and support for primary care providers, and simplifying referral processes to ensure smooth transitions between primary care and mental health services within integrated care models (Agyapong et al., 2016).

Integration of mental health services into primary care is progressing, but challenges like inadequate training for primary care providers and coordination issues with mental health specialists remain.

MENTAL HEALTH FINANCING

Government funding and donor contributions

Sections 81 to 90 of the Mental Health Act, 2012 (Act 846) of Ghana specifically address matters pertaining to government funding, donations from donors, and financial aspects

concerning mental health care. The Mental Health Act, 2012 (Act 846) of Ghana establishes the Mental Health Fund to allocate financial resources for the treatment and administration of individuals afflicted with mental diseases. The Fund acquires funds from several channels, such as voluntary contributions, legislative endorsement, grants, gifts, and other authorized sources. In addition, the Act grants the Fund an exemption from tax payments.

The Act stipulates that mental healthcare in Ghana is provided at no cost, and those with mental problems accompanied by physical conditions are eligible for free healthcare through the National Health Insurance Scheme. The Minister in charge of finance is responsible for determining the suitable levy or taxation for supporting mental health treatment through the legislative body, Parliament. Moreover, the Act stipulates that the funds of the MHA encompass sums of money sanctioned by Parliament, fees, donations, grants, gifts, investments, and other authorized sources as defined by the Minister in charge of finance. The Act explicitly emphasizes the significance of diverse financial resources, like government funding, donor contributions, and other means, to sustain mental health care and services in Ghana.

It was reported in the country profile of Ghana in the Mental Health Atlas that as of 2019, the government's total expenditure on mental health was 3.0% of total government health expenditure, and the total expenditure on mental hospitals was 67.8% of total government mental health expenditure. Also, service users paid at least 20% towards the cost of services, and at least 20% towards the cost of psychotropic medicines (WHO, 2020).

The research indicates that the government has made restricted allocations for mental health funding in Ghana, suggesting that there is some financial backing from the government for mental health efforts. Nevertheless, the research emphasizes the significance of donor contributions in bolstering mental health programs and services within the nation. Although the

government allocates funds for mental health services, donor donations are also essential in supporting mental health programs, training initiatives, and capacity-building activities in Ghana. The synergy between government funding and donor contributions is crucial to enhance the mental health system and enhance the availability of high-quality mental health care for the population (WHO, 2022).

The MoH, (2020) proposed the implementation of a Mental Health Levy or alternative methods to secure the required funding for the Mental Health Authority to carry out its objectives. The objective of this funding mechanism is to guarantee long-term financial backing for mental health services in Ghana. Furthermore, there is a proposal to implement a sin tax on tobacco and alcohol as a means of generating funds for mental healthcare. The report highlighted the necessity for the Ghanaian government to augment its health budget and provide more resources for mental health to enhance the development of the mental health system. Sufficient funding is crucial for the implementation of innovative strategies and policies in mental healthcare, as well as for addressing the issues encountered by mental health organizations in the nation. The text discusses the amicable connection between the Government of Ghana, NGOs, and civil society organizations (CSOs) to promote the ongoing assessment of mental health legislation, policies, services, and funding. Partnering with NGOs and CSOs can effectively mobilize extra resources and assistance for mental health projects in Ghana.

Agorinya et al., (2023) found that some low- and middle-income countries are investing about 4.0% of their health expenditure in mental health, indicating that Ghana's current investment of 3% may be insufficient. Additionally, the study points out that there are issues with the availability of psychotropic medications in Ghana, leading to an overreliance on medical

treatments and out-of-pocket payments due to limitations in government funding and insurance coverage.

Other studies also made similar presentations. (Adu-Gyamfi, 2017; Atakora et al., 2020; Bedi et al., 2021; Ghana Somubi, 2021; Magna & Yemoh, 2018).

Out-of-pocket expenditures and financial barriers

Adu-Gyamfi (2017) highlights the considerable financial obstacles and personal expenses that people face when seeking mental health services in Ghana. These problems can affect the price and accessibility of care, which may impede individuals from seeking the required treatment for mental health conditions. The report emphasizes that individuals in Ghana who are seeking mental health care frequently experience the financial burden of paying for it out of their own pockets. Consequently, individuals are obligated to personally cover the costs of specific mental health services, medications, or treatments, resulting in financial burden, particularly for individuals with limited financial resources.

Furthermore, although there is a policy that stipulates that specific mental health services, such as psychotropic drugs, should be offered without any cost, the actual situation is that patients frequently need to buy these medications from other sources at exorbitant prices. This scenario presents economic obstacles for persons who are seeking mental health care, as they may encounter difficulties in affording necessary medications. The financial expense can discourage persons from obtaining or continuing mental health care. The financial difficulties experienced by persons seeking mental health care can have consequences for the provision of services. Inadequate financing and resources can result in a scarcity of pharmaceuticals and other vital supplies, which can have a detrimental impact on the quality of patient treatment. In

addition, the study proposes that certain charges may be necessary to counterbalance the expenses associated with the provision of care for individuals with mental illness.

Although the National Health Insurance Scheme (NHIS) in Ghana provides coverage for the physical conditions (co-morbidities) of covered individuals with mental disorders, it does not include psychiatric therapies in its coverage (WHO, 2022). Consequently, individuals in need of mental health care may encounter financial obstacles, since treatment for mental disorders at public psychiatric hospitals and services offered by community psychiatric nurses are supplied at no cost. However, in cases where these treatments are not accessible or prescriptions are unavailable, patients are required to buy them privately, and these expenses are not eligible for reimbursement.

Agorinya et al., (2023) identified that the nation experiences a substantial reduction in its GDP due to psychological anguish, underscoring the economic consequences of unaddressed mental health problems. “Even though the return on investment in mental healthcare ranges from 2 to 7 Ghana cedis for each Ghana cedi invested, there is still a need for increased investment to address financial barriers and improve access to mental health services” (Agorinya et al., 2023, p. 2).

Sustainability of financing models and strategies for increasing investment

The sustainability of financial models and strategies for increasing investment in mental health care are outlined in Ghana's Mental Health Act, 2012 (Act 846). The establishment of the Mental Health Fund provides a dedicated financial resource for the care and management of persons with mental disorders. The Fund acquires funds from several channels including voluntary contributions, parliamentary endorsement, grants, donations, gifts, and other authorized sources. Through the process of diversifying financing sources, the Fund can improve

sustainability and guarantee ongoing investment in mental health services. The Act highlights that mental healthcare in Ghana is provided at no cost, and those with mental problems accompanied by physical conditions have the right to receive free treatment under the National Health Insurance Scheme. The Minister of Finance has the authority to choose a suitable levy or tax for supporting mental health treatment through the legislative body known as Parliament. Government financing is essential for maintaining mental health services and providing financial assistance for continuous care. The Mental Health Fund also welcomes funding from bilateral and international sources, in addition to accepting donations and gifts. Utilizing donor contributions improves financial stability and enables further expenditures in mental health programs and services. The Act specifies that the Mental Health Fund is managed by a Sub-Committee of the Board, which consists of representatives from the Mental Health Authority and the Controller and Accountant-General. Efficient financial management methods guarantee the clearness, responsibility, and optimal use of resources, which in turn supports the long-term viability of financial models. The Act seeks to integrate these components into the financial structure for mental healthcare to foster sustainable funding models and techniques that facilitate greater investment in mental health services in Ghana.

According to Wilson & Somhlaba (2017), one way to increase investment in mental health in Ghana is to expand health insurance coverage to include mental health services, which would reduce out-of-pocket expenses for individuals seeking care.

The WHO AIMS 2020 Report on Ghana's Mental Health System (MoH, 2020) offers valuable information on the long-term viability of financial models and approaches to enhance funding for mental health services in the country. The paper proposes the implementation of a Mental Health Levy or alternative methods to ensure that the Mental Health Authority has the required financial

resources to carry out its goals. Implementing a specific tax for mental health can establish a long-lasting financial framework to sustain mental health services in Ghana and guarantee reliable funding for mental health projects. The research suggests implementing a sin tax on locally produced or imported tobacco and alcohol as a means to create supplementary income for mental healthcare. This taxation strategy can serve as a sustainable financial model to increase investment in mental health services and address the funding gaps faced by mental health agencies in the country.

“The cordial relationship between the Government of Ghana, non-governmental organizations (NGOs), and Civil Society Organizations (CSOs) facilitates the continuous review of mental health laws, policies, services, and financing” (MoH, 2020, p. 41). The paper highlights the imperative for the Ghanaian government to augment its health budget and provide more resources to mental health to enhance the development of the mental health system. By implementing this approach, the government may bolster investment in mental health infrastructure, augment worker capacity, and optimize service delivery, guaranteeing long-term viability and enhanced accessibility to care.

By expanding the pool of funding sources, Ghana can reduce reliance on a single funding stream and enhance the financial sustainability of mental health programs. It also suggests that “Psychotropics can be produced locally by pharmaceutical companies to boost supplies and availability. This may reduce the cost incurred by the government in the procurement of psychotropics.” (MoH, 2020, p. 42)

Ghana Somubi, (2021) document on “Why Ghana needs to Invest more in Mental Health” emphasized the importance of sustainable financial models and strategies for increasing investment in mental health in Ghana. Ghana Somubi, (2021) mentions that:

A growing body of evidence demonstrates that a minimum package of mental healthcare services would cost between 3 and 4 US dollars per person per annum. This is the target investment level in Ghana's 12-year Mental Health Policy, equivalent to GHS 540 to GHS 720 million. This is less than 1% of estimated total government spending for 2020 (p. 4). Asafo, (2021) proposes sustainable finance models, insurance coverage for mental health treatment, and government subsidies as feasible strategies to mitigate financial obstacles and enhance the affordability and accessibility of mental health services in Ghana. Ensuring the long-term effectiveness and impact of mental health care in Ghana requires sustainable finance models and initiatives to increase investment. Robust government dedication to mental health treatment is essential for the establishment of sustainable financial models. Governments must prioritize mental health as a critical component of their national health initiatives, allocate adequate financial resources, and establish viable financial frameworks to guarantee the availability of mental health services. The establishment of clearly defined policies and strategies that outline sustainable investment plans for mental health is critical to guarantee its viability over an extended period. To establish financially viable models, it is imperative to consistently and adequately allocate resources toward mental health care. Governments must ensure that the allocation of funds for mental health is a top priority in their national budgets, with an additional emphasis on ensuring the efficient and effective distribution of these resources. Furthermore, the investigation of innovative financial mechanisms, such as dedicated funds or mental health levies, may enable the collection of additional funds to support mental health services.

The study proposed that partnerships between the public and commercial sectors can bolster the long-term viability of financial frameworks for mental healthcare. Public-private partnerships can utilize resources, experience, and creativity from both the public and private sectors to

enhance mental health services. By collaborating, it is possible to create sustainable finance models that optimize resources and enhance the quality of service. In addition, it is crucial to involve communities, stakeholders, and civil society organizations in the financing and planning of mental health services. This is necessary for long-term viability. By including the community in decision-making and resource distribution, financial models can better meet the population's needs and ensure that investments are directed toward effective and culturally suitable interventions. Stakeholders can identify areas for improvement, modify plans as necessary, and maintain the long-term sustainability of investments in mental health care by monitoring important indicators, assessing outcomes, and making decisions based on data.

In Ghana, mental healthcare delivery is poor due to underfunding and significant out-of-pocket expenditures by the patients. Sustainable financing models are essential to ensuring the improvement of mental health care delivery

MENTAL HEALTH INFORMATION SYSTEMS

The Mental Health Act, 2012 (Act 846) of Ghana includes provisions for mental health information systems to ensure effective data management and monitoring of mental health services. Section 62 talks about Access to Information. The Act emphasizes the right of individuals with mental disorders to access information, including information provided by newspapers and other media. This provision underscores the importance of ensuring that individuals have access to relevant information about mental health services and resources. Privacy and Autonomy (Section 61) of the Act addresses privacy and autonomy concerns for individuals with mental disorders. Protecting the privacy of individual's health information is essential for maintaining confidentiality and upholding their autonomy within the mental health system. Section 60 of the Act talks about Confidentiality. The Act includes provisions on

confidentiality to safeguard the privacy of individuals' mental health information. Ensuring confidentiality in mental health information systems is crucial for maintaining trust between patients and healthcare providers and protecting sensitive data. By incorporating provisions for mental health information systems, the Act aims to promote transparency, accountability, and the effective management of mental health data to support the delivery of quality care and the monitoring of mental health services in Ghana.

The study on the key influences of mental health information systems (MHIS) in South Africa and Ghana (Ahuja et al., 2016) emphasized the importance of data availability and quality concerning mental health information systems MHIS in Ghana. It mentions that the MHIS interventions in Ghana aimed to enhance data availability and quality by implementing new indicators, forms, and tally sheets in primary care clinics and hospitals. The study also highlights the positive influence of resources, such as the procurement of new computers and availability of forms, on improving data availability in the MHIS design and implementation in Ghana. Additionally, “continued monitoring of implementation by the research team and other stakeholders helped to establish the system of bi-monthly feedback to the hospital staff containing information on patient data” (Ahuja et al., 2016, p. 9), which led to a boost in worker motivation and a heightened recognition of the need of accurate information for effective management and strategic decision-making.

The resource-related constraints encompassed challenges such as acquiring new computer equipment, the availability of necessary forms, limited internet connection, and worries over the security of data (Ahuja et al., 2016).

These resource constraints could impact the efficiency and effectiveness of data collection and management within the MHIS. The study mentioned challenges related to staff motivation in

Ghana, indicating that some staff members faced increased workloads due to the implementation of the new MHIS. This could lead to issues such as data entry backlogs and incomplete data collection. Poor communication was identified as a challenge in the implementation of the MHIS in Ghana. Effective communication among staff members is crucial for the successful integration of mental health indicators into routine Health Management Information Systems (HMIS). The low priority given to mental health as a policy issue in Ghana was also highlighted as a constraint to the MHIS design and implementation. This could affect the allocation of resources, support, and attention needed for the effective functioning of the MHIS. The study mentioned low confidence in research projects as a challenge in Ghana. This lack of confidence could impact the willingness of stakeholders to engage with and support MHIS initiatives, potentially hindering the overall success of the system.

The study by Kpobi et al.,(2018) highlights challenges related to data availability and quality in the context of MHIS. They mentioned a situation where there were only a few computers available for data entry in the MHIS at the Accra Psychiatric Hospital, despite close to 100 records being generated daily. This lack of sufficient data entry capacity can lead to delays in entering information into the system. Also, factors such as erratic power supplies were identified as challenges affecting data availability and quality. The unreliable power situation can disrupt the functioning of the MHIS, leading to potential data loss or inaccuracies. Wear and tear of hardware, along with other maintenance needs, were also highlighted as factors that could impact data availability and quality. These issues can affect the overall functioning of the MHIS and compromise the integrity of the data stored within the system. Their study also points out that patient data in the Accra Psychiatric Hospital were kept in paper-based folders, leading to potential issues with data standardization. Different diagnostic systems used by care providers

further contributed to the absence of standardized information, which can affect the quality and reliability of the data collected.

Kpobi et al., (2018) also talked about some challenges in the initial design and implementation of MHIS, such as inadequate resources, lack of trained personnel, and workflow issues, which can hinder the system's effectiveness. Problems with data quality, including incomplete or inaccurate information, can compromise the reliability and usefulness of the data collected through MHIS. Maintenance issues, such as hardware/software failures and lack of ongoing support, can impact the sustainability of MHIS and lead to data loss or system inefficiencies as identified by the study. The insufficient involvement of staff and training in the implementation process can result in resistance to using the system, leading to underutilization and potential data entry errors.

Ghana's 2012 Mental Health Act (Act 846) emphasises mental health information systems, privacy, and confidentiality in mental health care management. MHIS implementation in Ghana is hindered by resource constraints, personnel motivation, and inadequate communication, which affect data quality and system performance.

MENTAL HEALTH HUMAN RIGHTS AND ADVOCACY

Stigma, discrimination, and human rights violations

The Mental Health Act, 2012 (Act 846) of Ghana specifically targets the issues of stigma, discrimination, and human rights violations that are associated with mental health. Section 54 of the Act highlights that individuals living with mental illnesses have the right to basic human rights and freedoms and should not face discrimination based on their mental health condition. It guarantees that individuals living with mental illness possess the same fundamental rights as other citizens, irrespective of the cause, nature, or severity of the mental disorder. Additionally, it

includes measures to safeguard vulnerable populations. Section 64 of the legislation prioritizes the safeguarding of female patients in mental health facilities. Its main objective is to guarantee that these patients are treated fairly and equally in all aspects of their rights and that they are not subjected to any form of discrimination in their treatment or care. Section 65 of the legislation focuses on the provision of appropriate care and support for children who have mental disorders. It highlights the importance of creating an environment that minimizes restrictions and ensures that children are housed separately from adults. Section 63 of the law forbids companies from firing employees only because they have or had mental problems, to prevent discrimination in the workplace. These sections collaborate to address stigma, discrimination, and human rights abuses against individuals with mental disorders by advocating for equal rights and protection for vulnerable groups within the mental health care system.

Adu-Gyamfi, (2017) found that:

The Mental Health Act adopts a human rights approach to mental health, in accordance with the UN Charter on Human Rights and international consensus on the healthcare needs of a person with mental disorder. The Act aims to prevent discrimination and provide equal opportunities for people with mental disorder. (p. 307).

Mfoafo-M'Carthy & Grishow, (2021) highlights the pervasive stigma and discrimination faced by individuals with mental illnesses in Ghana. The document mentions that in Ghana, mental illness is often attributed to spiritual causes such as evil spirits, sorcery, and witchcraft. These beliefs perpetuate the negative perception and discrimination associated with mental illness, resulting in persons being compelled to seek therapy in unconventional places such as fetish shrines or prayer camps. Stigmatization and prejudice towards individuals living with mental

illnesses are widespread within families, communities, employers, and even among healthcare personnel in Ghana.

Mfofo-M'Carthy & Grishow, (2021) touched on some significant impacts of stigma, discrimination, and human rights violations on individuals with mental illness in Ghana. The presence of stigma towards mental illness in Ghana significantly hinders individuals from seeking and receiving mental health support. Stigma refers to the adverse and discriminatory labeling and mistreatment of individuals due to their mental health condition. It results in embarrassment, dishonor, and exclusion from the community, which undermines the credibility of individuals impacted by mental illness. Individuals living with mental illness in Ghana frequently encounter infringements on their human rights, such as being marginalized socially, economically, and politically. Discrimination driven by preconceived notions and bias leads to unfair treatment, avoidance, hostility, and undervaluation of those with mental illness. These infractions harm their capacity to get housing, employment, education, treatment, and assistance, resulting in substantial deprivation for both individuals and communities. Furthermore, it exacerbates the social alienation and marginalization experienced by those with mental illness in Ghana. They may encounter harassment, assault, bias, and discrimination, resulting in their ostracism and marginalization from society. This exclusion hinders their complete engagement in community activities and limits their access to vital resources and assistance. Furthermore, individuals with mental illness may encounter difficulties when attempting to advocate for improved services, social policies, and legislation. In addition, government authorities in Ghana, swayed by public stigma, frequently assign a low level of importance to mental health concerns. This, in turn, continues the cycle of marginalization and hardship for individuals with mental illness.

It has been reported by WHO, (2022) that:

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. (p. 11).

Advocacy efforts and social inclusion initiatives

MoH, (2020) reported that:

WHO Quality Rights in Mental Health Ghana had been launched in 2018 and facilitated the promotion of attitudes and practices that respect the rights of persons with mental health conditions, psychosocial and intellectual disabilities through online learning platforms and in-person seminars for the staff of the mental hospitals, community-based inpatient psychiatric units, community residential facilities and the other stakeholders. (p. 9)

“NGOs and civil society organizations in Ghana are increasingly active in campaigns to improve public awareness of the rights of persons with mental illness, counter stigma, and social exclusion, and implement the Mental Health Act and the CRPD” (Read et al., 2020, p. 100). NGOs have additionally developed peer support groups to offer reciprocal assistance and enhance the abilities of those with mental illness. These programs enable individuals to actively support and defend their rights while also confronting and combating stigma and discrimination. Several advocacy groups are provided with training and financial support by international organizations such as the WHO Quality Rights program and the "Time to Change" global anti-

stigma campaign (Read et al., 2020). This assistance enhances the effectiveness of advocacy initiatives and fosters the integration of marginalized groups into society. Efforts are undertaken to empower persons who have personal experience with mental illness to participate in advocacy efforts, communicate their narratives using diverse platforms such as social media, television, and radio, and enhance public awareness in places like markets and shopping malls. The study also examines the capacity of solidarity and social activity to advance the rights of those with mental illness. Establishing forms of practical solidarity can promote social integration by providing chances for engagement in employment and other socially esteemed endeavors.

(Mfoafo-M'Carthy & Grischow, 2022) discusses the challenges faced by individuals with mental illnesses and the efforts being made to address these challenges. These efforts include advocacy campaigns, educational programs, and increased interaction between the public and individuals with mental illness. The active participation and cooperation of healthcare experts, policymakers, government officials, individuals with mental illness, and their families are crucial in advocating for better mental health services and resources. The objective of these initiatives is to promote social integration, reduce discrimination, and improve the overall well-being of those living with mental illness in Ghana. Legislative changes are also being advocated to prioritize mental health care and combat stigma and prejudice, to create a more inclusive and supportive environment for individuals with mental illness.

It is essential to have collaborative efforts among healthcare experts, lawmakers, government officials, individuals with mental illness, and their families to advocate for better mental health services and resources.

Legal protections and policy reforms

The Mental Health Act, 2012 (Act 846) of Ghana is crucial in protecting the rights and welfare of people living with mental illnesses. The Act's Sections 1 and 2 establish the Mental Health Authority, which aims to propose and execute mental health policy. This institutional structure guarantees the advancement and safeguarding of mental health in the country, with a focus on creating and implementing policies that preserve the rights of individuals with mental disorders. Sections 54 and 55 of the Act offer legal safeguards to prevent discrimination against individuals with mental problems. These parts guarantee that persons have the right to fundamental human rights without any kind of discrimination based on their mental health status. The Act encourages equal treatment and rights for all individuals by forbidding eviction from dwellings or dismissal from work based only on mental health. Section 57 of the Act ensures that individuals with mental disorders receive the utmost level of mental health care, which is on par with the care provided for physical health issues. Section 58 of the Act governs the utilization of isolation and constraint, allowing their application solely in situations of immediate peril where tranquilization is impracticable.

The implementation of legal safeguards and policy reforms is essential in protecting the rights of individuals living with mental health disorders and improving mental health care in Ghana. As per the WHO-AIMS Report (MoH, 2020), the country has implemented a thorough legislative structure, which includes the Mental Health Act and a Legislative Instrument, to safeguard, provide care for, and uphold the rights of individuals with mental illness and psychosocial disabilities. These legislative measures emphasize the importance of human rights in mental health care and provide guidelines for the implementation of mental health services across Ghana.

Moreover, Ghana has undertaken significant policy reforms to improve its mental health system. The revision of the mental health policy in 2019, covering a twelve-year period, reflects a strategic commitment to enhancing mental healthcare quality and accessibility for the population. The updated strategy delineates critical domains including community mental health care, deinstitutionalization, human resources, advocacy, human rights protection, equitable access, financing, quality enhancement, and monitoring mechanisms. The objective of these policy reforms is to rectify deficiencies in mental health services, advocate for ways that prioritize human rights, and guarantee the availability of comprehensive and all-encompassing mental healthcare services (MoH, 2020).

The Mental Health Act, 2012 (Act 846) of Ghana aims to combat stigma, discrimination, and human rights violations related to mental health by ensuring that individuals with mental illnesses have equal rights and protections. Despite innovative anti-stigma campaigns and advocacy efforts, pervasive stigma, and spiritual interpretations of mental illness in Ghana continue to hinder help-seeking and perpetuate discrimination and marginalization of those affected.

RESEARCH AND INNOVATION

The review conducted by Magna & Yemoh (2018) identified several persistent issues and structural obstacles hindering the execution of mental health policy in Ghana. Additionally, they demonstrated that the amount and caliber of mental health research conducted in Ghana is restricted. Without thorough research, many assumptions are made based on limited information, and services are greatly affected by study findings from other places, typically in affluent contexts.

In their study, Mwangi et al. (2023) performed a fast evaluation to consolidate the existing

information on mental health and disability research in or on Ghana from 2010 to 2020. The aim was to identify any areas where research is lacking and to determine the potential impact on future research. In general, the assessment revealed a rise in the output of research on mental health and disability. Their review also emphasized that 25% of the research studies were conducted without the involvement of Ghanaian institutions. These studies utilized observational study designs and were mainly focused on the southern regions of Ghana. Additionally, the review found that the research funding support was inadequate and insufficient considering the research output during the review period.

The evaluation highlighted a deficiency in research in Ghana about mental health and disability. Although the total number of studies done has risen, the proportion of mental health and disability studies with overall health-related research publications seems to have decreased. This indicates a gap in the allocation of research efforts towards mental health and disability in comparison to other health-related subjects. The study also highlighted the methodological difficulties associated with the type and manner of research carried out in Ghana. The majority of research conducted in the field of mental health and disability consists of observational studies, either quantitative or qualitative in nature. However, there is a scarcity of intervention studies in this area. The absence of intervention studies can be attributed to insufficient finance and technical expertise necessary for conducting such investigations. The technical proficiency for formulating rigorous studies in mental health and disability research in Ghana is assessed as feeble, suggesting a difficulty in carrying out research of high quality in these domains. Their analysis also revealed a prevalence of observational studies in mental health and disability research in Ghana, which presents a methodological obstacle. Observational studies are valuable for determining the extent of disease and guiding preventive actions, but they do not yield

information on the effectiveness or efficiency of therapies. The review highlights that the absence of intervention studies hampers the assessment of intervention effects and the development of evidence-based practices in mental health and disability services. Another concern that was brought up was the clustering of research activities in the southern parts of Ghana, indicating an imbalanced distribution of studies across the country. This geographical disparity may limit the generalizability of research findings and overlook important mental health and disability issues in other regions, particularly in the northern areas.

They discovered specific research themes throughout the publications they analyzed for their review. Out of the 234 publications on mental health, 55 (24%) delved into mental health systems, covering areas such as mental health policy and law, health workforce challenges, and mental health services. Out of all the articles focused on mental illness, a significant portion (18%) delved into the topic of general depression and anxiety disorders in adults. Following closely behind were articles that discussed unspecified mental illness (15%), psychological distress (14%), pre and postpartum depression (9.9%), and schizophrenia or psychosis (9%). The mental illnesses that have been relatively overlooked in terms of research include dementia, post-traumatic stress disorder, attention deficit hyperactivity disorder, and substance misuse disorders.

Each of these conditions has only been the subject of one research study. Out of the 234 studies linked to mental health, seventy-eight (33%) specifically examined the prevalence and risk factors of mental health-related disorders and occurrences in certain groups in Ghana. These papers did not solely focus on mental health problems but also looked at other aspects of mental health.

Socioeconomic determinants of health and knowledge, attitudes, beliefs, and practices of patients, carers, healthcare providers, and society (n=48) were identified as research themes

(n=35). Much attention has been devoted to caregiving concerns, traditional and religious healing, and the need for collaboration between conventional mental health and alternative medical therapies. Mwangi et al. (2023) identified only four publications that specifically addressed the mental health workforce, community-based mental health workers to be precise.

The review also suggested that promoting collaboration between different disciplines and sectors is essential for enhancing research capacity and addressing complex mental health and disability issues. Collaboration among academics, healthcare providers, policymakers, and other stakeholders can enhance the sharing of knowledge, skills, and resources to enhance the quality and effectiveness of research in various fields. Researchers can effectively address complex issues in mental health and disability research by utilizing a multidisciplinary strategy, which allows them to benefit from a wide range of views, approaches, and abilities. The integration of knowledge from diverse disciplines, including public health, psychology, social sciences, and medicine, can result in comprehensive and novel research solutions that effectively tackle the intricate aspects of mental health and disability concerns. Interdisciplinary collaborations enable the interchange and dissemination of knowledge, enabling researchers to share their results, best practices, and lessons learned across other disciplines and sectors. Collaborative initiatives might additionally facilitate capacity-building endeavors by offering researchers chances to improve their abilities, broaden their connections, and obtain resources for undertaking studies of exceptional quality. Ghana may enhance its research capacity in mental health and disability and cultivate a culture of information exchange and learning by encouraging interdisciplinary collaborations (Mwangi et al., 2023).

In summary, there are ongoing difficulties and structural barriers to mental health policy implementation in Ghana, as well as insufficient and low-quality research in the field. There has

been a growth in mental health and disability research, but also a dearth of intervention studies, limited funding, and a geographical imbalance in study distribution, with a primary concentration on Ghana's southern areas.

CHAPTER FOUR

DISCUSSION

The adoption of the Mental Health Act in 2012 was a major step forward for Ghana in its efforts to strengthen its mental health infrastructure and services. This legislation has been acknowledged by the WHO as an exemplary example of excellent mental health legislation. It encompasses a complete framework that is designed to protect the rights and guarantee high-quality treatment for those who are dealing with mental health illnesses. The Act outlines primary goals, such as improving the organization, provision, and funding of mental health services. It emphasizes the Act's crucial role in promoting a change towards a more comprehensive and rights-focused approach to mental healthcare (Walker & Osei, 2017).

The Mental Health Act, 2012, includes a wide range of measures that cover several areas, such as the creation of the MHA and the definition of rights for those with mental illness. This legislative framework not only heralds the establishment of essential administrative bodies such as the MHA and Mental Health Review Tribunal but also enshrines mechanisms for protecting the rights of vulnerable groups and ensuring access to voluntary and involuntary treatment modalities (Walker & Osei, 2017).

Although there have been commendable efforts to pass comprehensive mental health laws, effectively implementing these rules and achieving actual advances in mental health services remains a difficult task. The Act's aims have not been fully realized due to various obstacles, such as insufficient funding and human resources, weak policy dissemination, and infrastructural flaws (Ghana Somubi Dwumadie, 2021; Magna & Yemoh, 2018). The concentration of mental health services in one central location, along with the lack of strong information systems,

worsens the challenges of implementing these services. This highlights the urgent need for coordinated efforts to overcome these impediments (Adu-Gyamfi, 2017; van Driessche, 2016).

Furthermore, the issue of human rights compliance in mental health facilities brings attention to ongoing difficulties in maintaining the dignity and independence of individuals with mental health issues. Legislative laws intend to protect human rights and reduce stigma. However, there are complaints of insufficient infrastructure, mistreatment, and restrictions on personal freedom, highlighting the pressing need for improved supervision and methods to ensure responsibility (Moro et al., 2022). To tackle these difficulties, it is essential to adopt a comprehensive approach that includes ongoing advocacy, mobilization of resources, and activities to enhance capacity. The involvement of governmental institutions, civil society organizations, and international partners is crucial for creating a favorable climate to effectively execute mental health programs and uphold human rights values (Walker & Osei, 2017).

The introduction of the Mental Health Act in 2012 is a crucial move to strengthen Ghana's mental health system. However, turning the legal requirements into actual improvements requires focused efforts to overcome obstacles and ensure that human rights norms are upheld. Ghana can effectively manage the complexities of mental health governance, address inequalities in service provision, and promote a culture of inclusiveness and respect for those facing mental health issues by cultivating cooperative partnerships and using a rights-based approach.

In Ghana, the accessibility and allocation of mental health services exhibit a varied panorama marked by regional discrepancies and constraints in resources (MoH, 2020).

In addition, there is a limited availability of community-based psychiatric inpatient units, with just ten units spread around the country, resulting in approximately 0.43 beds per 100,000 individuals (MoH, 2020). This scarcity emphasizes the necessity for focused endeavors to

broaden the geographical scope of mental health care, especially in areas that lack adequate access.

The current mental health infrastructure lacks the ability to effectively serve certain groups, such as children and adolescents. There is only one facility that has a children's ward, and it is facing limitations in funding (MoH, 2020). Moreover, the lack of mental health facilities within prisons and specialized hospitals for individuals with mental health issues involved in the criminal justice system highlights deficiencies in meeting their mental health needs.

Also, the quality and accessibility of mental health services are significantly influenced by the ability of the workforce and the effectiveness of training programs. Although Ghana has a noteworthy ratio of mental health professionals per 100,000 population, which includes psychiatrists, nurses, psychologists, and social workers (MoH, 2020), there are concerns about the sufficiency of training and possibilities for professional growth. The limited number of professionals with expertise in psychosocial therapies increases the dependence on pharmacological treatments, underscoring the need to improve the abilities of mental health practitioners to provide comprehensive and holistic care (Magna & Yemoh, 2018).

Nevertheless, there are ongoing difficulties in ensuring that training programs are in line with the changing requirements of mental health service provision. These issues are particularly evident in areas such as effectively managing certain populations, administering psychotropic medications, and implementing psycho-social therapies (Badu et al., 2018).

The availability of necessary medications and technologies is identified as another crucial factor influencing the provision of mental health services. Although the availability of psychotropic drugs poses difficulties, efforts such as specialist-led outreach programs and government assistance in medication procurement aim to reduce obstacles to access (MoH,

2020). However, there are still differences in the availability of medication and inefficiencies in the process of obtaining them. This requires the implementation of comprehensive measures to guarantee the fair and consistent distribution of necessary psychiatric medications in all areas (Weobong et al., 2023). To tackle these problems, it is essential to adopt a thorough and unified strategy that includes expanding infrastructure, developing the workforce, and optimizing the supply chain (Adu-Gyamfi, 2017). By giving priority to these initiatives, Ghana may make progress towards a mental health system that is more inclusive, accessible, and effective, thereby improving the well-being of its population.

The impact of cultural ideas and conventions on conceptions of mental health and the act of seeking therapy in Ghana is significant. There are prevalent beliefs that associate mental disorders with supernatural powers, curses, and spiritual causes. The cultural context has resulted in the widespread presence of faith-based healers and prayer camps as alternative options for mental healthcare. This is because individuals think that these traditional healing practices are more compatible with their cultural values (Atakora et al., 2020).

Research has shown that prayer camp personnel frequently rely on spiritual explanations for mental illness. They commonly incorporate fasting, constraints, and short-term drug use into their treatment plans (Arias et al., 2016). The recognition that treating fundamental spiritual factors is crucial for achieving comprehensive healing further emphasizes the importance of cultural beliefs in creating mental healthcare procedures.

Cultural norms exert an influence on individuals' tendencies to seek help, their preferences for treatment, and their attitudes toward mental health issues. Stigma and prejudice frequently arise from the assumption that mental disease indicates weakness, spiritual possession, or retribution (Asafo, 2021). This social stigma might hinder individuals from accessing formal mental health

services, causing them to instead seek therapy from traditional healers or faith-based centers. In Ghana, traditional healers and faith-based institutions have a substantial impact on the provision of mental health care. Many people seek assistance and treatment from these practitioners (MoH, 2020). Traditional healers employ cultural techniques, including herbal therapies and spiritual interventions, in conjunction with biomedical methods, even though they do not have legal support.

Studies have shown that combining indigenous healing methods with mainstream mental health care has produced positive results. Collaborating between biomedical and faith-based healing techniques is beneficial, as demonstrated by research conducted by Ofori-Atta et al. (2018). The incorporation of psychiatric care into prayer camp settings has resulted in enhancements in mental symptoms, demonstrating the potential synergies between various therapy modalities.

Nevertheless, the successful cooperation among traditional healers, faith-based institutions, and formal mental health services encounters several obstacles, such as disparities in diagnostic and therapeutic approaches, diminished independence, administrative obstacles, and cultural and religious divergences (Asafo, 2021). To overcome these obstacles, it is crucial to consider the many viewpoints and customs within the Ghanaian setting. Additionally, it is important to foster a sense of shared understanding, respect, and collaboration among all individuals working in mental healthcare.

To create mental health interventions in Ghana that are both culturally sensitive and effective, it is crucial to acknowledge and honor the impact of cultural beliefs and indigenous healing practices.

The theme of Access and Equity focuses on identifying and addressing obstacles to accessing mental health care in Ghana, including financial limitations, transportation difficulties, and cultural attitudes. The investigation highlights the significance of comprehending and reducing inequalities in the availability of mental health services, especially for marginalized communities. The findings from the included studies emphasize the necessity of focused interventions, policy reforms, and community involvement initiatives to address barriers to access and equality in mental health services and provide fair and equal access to high-quality care. The conversations regarding financial limitations, obstacles in transportation, and cultural factors highlight the intricacies of guaranteeing accessibility and fairness in mental health care and emphasize the significance of tackling these difficulties through collaborative endeavors.

It underscores the necessity for specific interventions and legislative changes to promote fairness and inclusiveness in mental health services. Addressing obstacles to entry, fostering culturally appropriate treatment, and championing the needs of marginalized groups are crucial measures in guaranteeing fair and inclusive availability of high-quality mental health services for every individual in Ghana. Active involvement of the community, and strategic measures are essential in promoting accessibility and fairness in the provision of mental health care.

The included research examined collaborative care models, task-shifting approaches, and the difficulties in coordinating care between mental health professionals and primary care clinicians in Ghana. The investigation highlighted the importance of incorporating mental health treatments within the wider healthcare system to improve accessibility and efficacy. The analysis of the integration with primary care emphasized the significance of interdisciplinary collaboration, measures to enhance capacity, and strategies for coordinating care to enhance the provision of mental health services. These conversations highlight the advantages of combining mental health

services with primary care to serve the comprehensive needs of individuals with mental illness. To effectively integrate mental health services with primary care and meet the comprehensive needs of individuals with mental illness, strong connections can be made between mental health experts and primary care practitioners, advocate for the implementation of coordinated care plans, and enhance educational programs for healthcare professionals.

The topic of Mental Health Financing emerged as a recurring element in the many research that were analyzed. This explores the crucial issue of financing and distribution of resources for mental health treatment in Ghana. An examination of government funding, donor donations, and out-of-pocket expenses provides insight into the financial systems that support the delivery of mental health treatment in the country. The debates over the sustainability of finance models and strategies for augmenting investment in mental health highlight the difficulties and possibilities in guaranteeing sufficient financial resources for mental health services in the face of competing healthcare objectives. The theme emphasizes the importance of implementing creative funding methods, effective distribution of resources, and strategic collaborations to improve the long-term financial viability of mental health initiatives in Ghana.

The studies showed that though there is a mental health fund set apart for mental health care, the system is still underfunded. Most of the funding for mental health care and services comes from NGOs, charitable organizations, and individuals. Also, to guarantee the sustainability and effectiveness of mental health services in Ghana, it is crucial to tackle budget limitations and investigate innovative methods of financing. In Ghana, the promotion of mental health funding and the improvement of high-quality care for individuals require the establishment of collaborative alliances, implementation of regulatory changes, and initiation of resource-gathering activities.

The outcomes highlight even more the need for trustworthy information systems for collecting relevant information, monitoring signs of mental health, and evaluating the efficacy of treatments. Adoption of technology, improvement of data management abilities, and involvement of stakeholders can all play a part in increasing the value of mental health information systems in directing the creation of evidence-based treatments and policies.

The examination showed the prevailing perspectives on social inclusion initiatives, stigma, discrimination, and the human rights of individuals with mental illness in Ghana. The significance of confronting human rights violations, combating stigma, and advancing social justice in mental health is underscored by the analysis. The theme emphasizes the significance of advocacy organizations, NGOs, civil society groups, and community stakeholders in promoting the rights and welfare of individuals with mental health conditions through an examination of social inclusion initiatives and advocacy efforts. The discourse on stigma, discrimination, and social inclusion underscores the criticality of collective endeavors to increase understanding, dispel fallacies, and cultivate a nurturing atmosphere for those who are afflicted with mental illness.

However, the intersectionality of physical disabilities and mental health disorders has been the subject of only a limited number of studies. A "double tragedy" is what these individuals are confronted with, according to Duorinaah et al. (2023).

The interplay between mental health disorders and physical impairments underscores the intricate nature of health and overall welfare. Individuals with mental health issues and physical disabilities frequently confront unique and exacerbated barriers to getting care, navigating social contexts, and achieving overall health equity. The stigma associated with mental health illness

can exacerbate the social stigma already felt by people with physical disabilities, isolating them and hindering their capacity to fully engage in society.

The intersectionality of mental health illness and physical disability also affects healthcare delivery and service supply. Healthcare systems may occasionally lack the necessary resources to address the unique needs of individuals who also have co-occurring diseases, leading to fragmented care and deficiencies in support services. Moreover, healthcare environments are vulnerable to the expression of societal prejudices and preconceived notions regarding mental illness and disability. Such attitudes can dramatically reduce the quality of care offered and exacerbate existing inequities in health outcomes.

Based on the available facts, it is possible to infer that Ghana's mental health care does not provide specialized services for vulnerable populations such as adolescents, newborns, the elderly, people with disabilities, forensic clients, and substance abusers. The scarcity of specialized services for these user groups has many consequences, the most significant of which is the inability to procure adequate mental health services. It is highly unlikely that these user groups will obtain sufficient psychiatric services.

Based on the available evidence, it appears that these user groups are capable of making use of the inpatient and outpatient psychiatric facilities that are currently utilized by other user groups. Consequently, acknowledging the necessity for multiple accommodations for these user groups indicates that it is improbable that their particular requirements will be satisfied when utilizing mental health services. The primary reason for the absence of dedicated provisions for these user groups is their low priority, which consequently results in inadequate acknowledgment during the process of policy development and execution. Before the recent past, mental health policies and laws hardly addressed the requirements of underserved user groups, such as

children, adolescents, the elderly, and individuals with disabilities. The inadequate acknowledgment in policy may undoubtedly contribute to the restricted availability of services at the level of delivery.

The significance of upholding human rights, combating stigma, and promoting social inclusion for individuals with mental health conditions in Ghana also came up in the review. The review has underscored the significance of confronting systemic obstacles and advocating for a rights-based approach to mental health treatment. Community stakeholders, advocacy organizations, and civil society groups all play a crucial role in advocating for the rights and dignity of individuals with mental illness, spreading support and inclusion, and combating stigma and discrimination. Promoting social inclusion initiatives, adhering to human rights principles, and fostering advocacy initiatives are all crucial measures in the pursuit of mental health equity and justice in Ghana.

Furthermore, the results emphasize the significance of promoting innovation, advancing knowledge, and translating research outcomes into practical applications to enhance mental health outcomes. Critical mental health concerns necessitate the implementation of rigorous research methodologies, interdisciplinary collaboration, and knowledge translation strategies. Research, innovation, and interdisciplinary collaboration in advancing mental health care in Ghana should not be overlooked as there is the potential for research to drive positive change and improve mental health outcomes. Leveraging technology, community-based interventions, and evidence-based practices can enhance the effectiveness and accessibility of mental health services in Ghana. Embracing interdisciplinary collaboration, promoting research translation, and fostering a culture of innovation are some essential steps toward advancing mental health research and practice in the country.

Limitations of the study

This systematic review has many limitations mostly related to the search terms, language restrictions, breadth, and the timeframe of the included studies. Initially, the evaluation was exclusively focused on research carried out in Ghana. Also, there is a bias as it was carried out by one person. My analysis was done with a lens of disability studies seeking to address the social issues of mental health systems and policy in Ghana rather than medical.

Overall, the diversity in pertinent terminology and concepts related to mental health issues may have overlooked some significant publications pertinent to the study. Similarly, by restricting the scope of research to only those conducted in English and published between 2010 and 2024, there is a possibility of overlooking valuable publications published in other languages and before 2010. Nevertheless, the utilization of well-defined search techniques, along with the implementation of a critical evaluation instrument to assess methodological rigor, effectively tackled the multiple constraints.

Policy and Future Research Implications

The comprehensive analysis of mental health systems and policies in Ghana has substantial ramifications for the formulation of policies and future investigations in the realm of mental health. Several significant consequences arise from this.

According to the conclusions drawn from this assessment, I can provide a number of suggestions for policy reforms, as outlined below:

- The results emphasize the significance of enacting and overseeing mental health policies to tackle deficiencies in providing services, advance approaches based on rights, and guarantee comprehensive and all-encompassing mental healthcare services.

- Reforms in policies should concentrate on enhancing community mental health services, reducing reliance on institutions, bolstering human resources, advocating for human rights, ensuring equal access, securing funding, improving quality, and establishing monitoring systems to enhance mental health outcomes in Ghana.
- There is a requirement for policies that align with practices supported by evidence, international standards, and the evolving needs of the population to drive positive change and ensure effective delivery of mental health services.
- Service users must be included in the policy process to ensure their exact needs are being addressed.

In addition, the following recommendations for future research are made in light of the present findings:

- **Intersectionality Studies:** The provision of mental health services for marginalized consumers, such as children and adolescents, women, individuals with disabilities, and the elderly, has been largely overlooked in the extant body of evidence. Subsequent investigations ought to strive towards guaranteeing sufficient mental health services for these susceptible populations. It is necessary to investigate the intersectionality of mental health illness and other disabilities to gain a comprehensive understanding of the service users' experiences. In addition, it will facilitate the creation of targeted interventions for these populations.
- **Comparative Studies:** Assess the efficacy of various mental health interventions and treatment modalities in Ghana to determine optimal practices and customize interventions to meet the individual requirements of the population.

- Research cultural competence to examine the cultural elements that impact the way people in Ghana seek help for mental health issues, their treatment preferences, and the stigma associated with it. This research aims to develop interventions and support techniques that are culturally sensitive.
- Health Economics Studies: Analyze the financial consequences of mental health disorders in Ghana, including the expenses associated with sickness, the reduction in productivity, and the benefits gained from investing in mental health interventions. This information will be used to make informed decisions about allocating resources and developing policies.
- Technology Integration Research: Assess the viability and efficacy of incorporating technology, such as telemedicine and mobile health applications, into the provision of mental health services in Ghana, with the aim of enhancing accessibility and extending support to marginalized populations.
- Conduct community-based participatory research to actively involve community members in the planning, execution, and assessment of mental health programs, guaranteeing their appropriateness and long-term viability.
- Conduct comprehensive evaluations of recent mental health policy improvements in Ghana to evaluate their effectiveness, identify obstacles to implementation, and provide insights for future policy development.
- Conduct studies on the mental health workforce in Ghana to assess the availability, distribution, and training requirements of mental health professionals. The aim is to alleviate shortages in the workforce, enhance the quality of care, and improve service delivery.

CHAPTER FIVE

CONCLUSION

This comprehensive assessment examines the mental health systems and policies in Ghana, providing a critical examination of the complex mental health situation in the country. This review offers a grounded appraisal of the various aspects of Ghana's mental health sector, such as policy frameworks, healthcare infrastructure, community interventions, access and equity issues, financing mechanisms, information systems, cultural considerations, human rights perspectives, advocacy efforts, and research and innovation initiatives. It offers a practical synopsis of the sector's opportunities, challenges, and strengths.

By conducting an extensive review of the available scholarly works, this research not only illuminates the primary factors that influence the provision of mental health services in Ghana but also explicates the intricate and interconnected nature of these diverse aspects. The prioritization of stakeholder engagement and collaboration underscores the importance of implementing a multi-sector approach to addressing mental health concerns and advancing policy implementation. The significance of effective collaboration among diverse stakeholders, including governmental bodies, non-governmental organizations, healthcare providers, and community members, is emphasized in the review. It emphasizes the joint endeavor necessary to bring about significant improvements in the mental health field. Also, there is a need for pragmatic and flexible mental health policies that enable individuals to effectively handle and address problems while averting potential severity and repercussions.

Furthermore, the review's primary objective is to pinpoint deficiencies and inadequacies in the current mental health policies and systems in Ghana, which would pave the way for specific interventions and policy changes. The study provides some important direction for policymakers,

practitioners, and academics to address important challenges and improve the delivery of mental health services in the country by identifying specific areas that need attention and development

It is noteworthy that most of the studies included in this review were qualitative. They are known to offer a comprehensive understanding of the lived experiences, attitudes, and behaviors of service users, policymakers, stakeholders, and citizens at large within the mental health system. The plethora of data contributed to the knowledge of how the cultural, societal, and contextual factors affect the outlook of mental health in Ghana. Qualitative research is particularly suitable for investigating the intricate and diverse aspects of mental health problems within distinct cultural contexts. They provided insight into the distinct difficulties encountered by persons seeking mental health care in Ghana and the cultural beliefs that influence their help-seeking behaviors

In conclusion, this systematic review is a helpful tool for influencing the direction of mental health policies in Ghana. The review provides valuable insights, recommendations, and a thorough understanding of the current state of mental health systems in the country. This will help guide future research, policy reforms, and advocacy efforts focused on promoting social justice, equity, and holistic care for individuals with mental illness. This study makes a substantial and valuable contribution to the field of mental health policy and systems in Ghana. It offers a detailed and insightful critical review that may be used to inform and direct activities aimed at improving mental health outcomes and promoting the well-being of individuals throughout the country.

Before commencing this review, I harbored pessimistic expectations. I am pleased to report that, although there is still work to be done, the current situation surpasses my initial

expectations. The government and other stakeholders are actively endeavoring to improve the circumstances.

As I near the end of this academic journey, I was inspired by a great desire to speak up for people whose voices have been neglected, to challenge the status quo, and to build a culture of empathy and understanding for mental health. I hope that this study will not only increase scholarly understanding but also serve as a catalyst to promote concrete changes that promote overall well-being.

Finally, this thesis is more than just the culmination of academic endeavors; it is a testament to the human spirit's perseverance and the transformative power of knowledge in building a world where mental health is not only recognized but also embraced with compassion and justice.

APPENDIX A: Data extraction form

Study Identification:

1. Study Title:
2. Authors:
3. Year of Publication:
4. Journal/Source:
5. DOI/URL (if available):
6. Study Design (e.g., qualitative, quantitative, mixed methods):
7. Sampling Method:
8. Sample Size:
9. Data Collection Method:
10. Analytical method:

Themes and Codes:

- a. Policy and Legislation:
 - Description of mental health policies and legislation in Ghana
 - Implementation challenges and successes
 - Compliance with human rights standards
- b. Healthcare Infrastructure and Resources:
 - Availability and distribution of mental health facilities
 - Workforce capacity and training programs
 - Access to essential medications and technologies
- c. Community-Based Interventions and Cultural Context and the role of Traditional Healing Practices:
 - Role of traditional healers, community health workers, and NGOs
 - Effectiveness of psychosocial support programs
 - Integration of indigenous healing practices with formal mental health services
- d. Access and Equity:
 - Barriers to access, including financial constraints and transportation challenges
 - Strategies to promote equitable access to mental health care
- e. Integration with Primary Care:
 - Collaborative care models and task-shifting approaches
 - Training programs for primary care providers
 - Coordination challenges between mental health specialists and primary care teams
- f. Mental Health Financing:
 - Government funding and donor contributions
 - Out-of-pocket expenditures and financial barriers
 - Sustainability of financing models and strategies for increasing investment
- g. Mental Health Information Systems:
 - Data availability and quality
 - Surveillance mechanisms and reporting systems
 - Strengths and weaknesses of existing information systems

- h. Mental Health Human Rights and Advocacy:
 - Stigma, discrimination, and human rights violations
 - Advocacy efforts and social inclusion initiatives
 - Legal protections and policy reforms
- i. Research and Innovation:
 - Research gaps and methodological challenges
 - Innovations in service delivery and technology adoption
 - Interdisciplinary collaborations and knowledge exchange

Key Findings:

11. Summary of Key Findings Relevant to Mental Health Systems and Services in Ghana

APPENDIX B: Methodological Assessment tool. (JBI, 2017; Hong et al., 2018)

Types of Study	Methodological Quality Assessment Criteria	Yes	No	Cannot tell
Screening Questions (for all types)	Do the research questions or objectives have a clear and unambiguous formulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the obtained data directly answer the research question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Additional evaluation is not possible when the response is 'No' or 'Cannot determine' to one or both of the screening inquiries.</i>			
Qualitative	1.1 Does the claimed philosophical stance align with the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.2 Do the qualitative data sources (archives, papers, informants, observations) effectively pertain to the research subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3 Is the technique of assessing qualitative data applicable to addressing the research question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4 Is there sufficient and accurate representation of people and their voices? (The subject mentioned has been accurately represented through the use of appropriate quotations and language).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.5 Does the researcher's statement provide information about their cultural or theoretical background? (Are the professed views and values, and their possible impact on the study, stated?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.6. Is the reciprocal influence between the researcher and the research adequately considered? (Regarding the possibility of the researcher having an impact on or being impacted by the study)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.7. Are the findings in the study report derived logically from the analysis or interpretation of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.8. Have the ethical problems been sufficiently addressed? (declaration confirming that the necessary ethical approval has been obtained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative randomized controlled trails	2.1. Does the study provide a concise and explicit explanation of the randomization process (or a suitable sequence-generating method)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2. Does the study include a concise and explicit description of the allocation concealment or blinding, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3. Is there a sufficient amount of comprehensive outcome data (80% or more)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	2.4. Does the programme have a low withdrawal/drop-out rate (less than 20%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative non-randomized (Cohort study, case-control study, analytical cross-sectional)	3.1. Are participants recruited in a manner that reduces selection bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2 Were the inclusion criteria for the sample properly delineated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3 Were the study subjects and the setting described in detail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3 Did the study provide a detailed description of the individuals and the setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.4 Were objective and standardised criteria employed for the measurement of the condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5 Were the results assessed using a method that is both valid and reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was the appropriate statistical analysis employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6 Was appropriate statistical analysis used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7 Have the ethical problems been sufficiently addressed? (statement confirming the presence of valid ethical approval)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.8 Are the findings in the study report derived logically from the analysis or interpretation of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.9 Are the measures for the exposure/intervention and outcomes adequate, with a clear origin, proven validity, and the use of standard instruments? Additionally, is there no contamination across groups when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.11 Do researchers ensure comparability between the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), or do they adjust for the differences between these groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Does the study have full outcome data, with a rate of 80% or higher? Additionally, if relevant, does it have an appropriate response rate of 60% or higher, or an acceptable follow-up rate for cohort studies, depending on the period of follow-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantitative descriptive	4.1. Is the sampling technique appropriate for addressing the quantitative research issue (quantitative element of the mixed methodologies topic)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2. Does the sample accurately reflect the population being studied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.3. Are the measurements suitable, with a clearly defined origin, recognized validity, or using a standard instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.4. Is there a minimum acceptable response rate of 60% or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Systematic Review	5.1 Does the review question demonstrate clarity and explicitness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.2 Did the inclusion criteria align with the review question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.3 Did the search technique meet the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.4 Did the sources and resources employed to look for research meet the necessary requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.5 Were the criteria used to evaluate the studies suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.6 Was the critical assessment undertaken by two or more evaluators independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.7 Were any techniques employed to reduce mistakes throughout the process of data extraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.8 Were the methodologies employed to integrate the research suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.9 Was an evaluation conducted to determine the probability of publication bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.10 Did the presented statistics provide support for the policy and/or practice recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.11 Were the precise instructions for new research suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed methods	6.1. Does the mixed methods research design effectively address both the qualitative and quantitative research questions, or the qualitative and quantitative elements of the mixed methods question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.2. Does the combination of qualitative and quantitative data (or outcomes) help to address the research topic effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.3 Is sufficient attention given to the difficulties related to this integration, such as the disparity between qualitative and quantitative data in a triangulation design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Apply the criteria use for qualitative data for the qualitative component and quantitative component, respectively.</i>			
Overall Quality Score	<i>Comments on score:</i>	<input type="checkbox"/> Low (25%) <input type="checkbox"/> Medium (50%) <input type="checkbox"/> High 75% - 100%		
		<i>The score can be computed by counting the total number of “yes” and expressing them as a percentage i.e. below 25% represent Low Quality, 50% represent Medium Quality, and 75% and above represent high Quality.</i>		

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