

Mental Wellbeing in Ghana

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Summary

This paper provides a clear understanding of the current state of mental wellbeing issues in Ghana and what it means for policy formulation and implementation geared towards the Ghanaian community in Birmingham. Ghana, is a low middle income country in West Africa with a population of about 30 million. The country has experienced a sustained level of economic growth over the years due to a combination of government policies and the implementation of the 1992 constitution which ushered the country into democracy. In the UK, statistics from the 2011 census in the showed that there are about 1,019 Ghanaians (place of birth being Ghana) in Birmingham which makes it one of the cities in UK with high Ghanaian inhabitants. Lessons can be drawn from the measures taken by the Ghanaian government in tackling mental health and implemented to improve the general mental wellbeing of Ghanaians residing in Birmingham

Introduction

According to the WHO (2001, p. 1) mental health refers to "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". Certainly, this shows that mental health is not only the absence of mental disorders as usually perceived but the ability of an individual to cope with the vicissitudes of life as well as living a fulfilled life.

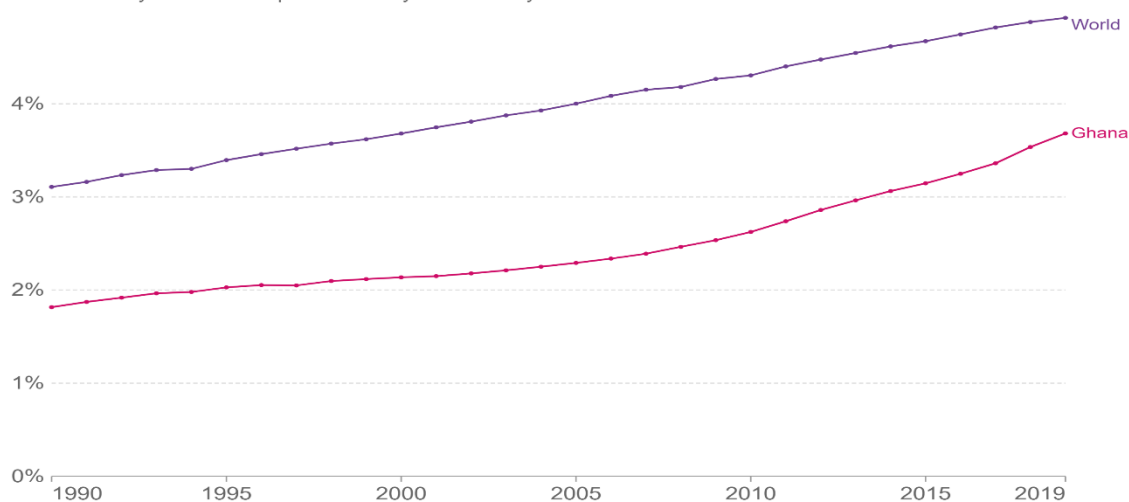
Example of mental health issues include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors, among others. Until recent times, issues of mental health have been ignored and neglected through stigma and discrimination (WHO, 2003), even though mental disorders accounted for roughly 30% of global nonfatal disease burden and 10% of overall global disease burden (Prince *et al.*, 2007).

However, recent data shows that mental health as a share to global disease has been increasing due to an increase in awareness creation. Yet, in developing countries mental health issues receive little attention in terms of funding with depression being the most prevalent (Banis, 2019). Ghana is no exception and follows the global trend of an increase in mental health issues

Mental disorders as a share of total disease burden, 1990 to 2019

Mental health disorders as a share of total disease burden. Disease burden is measured in DALYs (Disability-Adjusted Life Years). DALYs measure total burden of disease, both from years of life lost and years lived with a disability. One DALY equals one lost year of healthy life.

Our World
in Data



Source: IHME, Global Burden of Disease

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Mental Health in Ghana

Mental health is an issue that is barely discussed and given much consideration in the Ghanaian society and culture. Even government expenditure in mental wellbeing emphasized the issue's importance, with mental health receiving only 1.4 percent of total health expenditure (Quakyi, 2017).

A study by Harker (2012) showed that the UK spent about 11.1% of its health expenditure on mental health. This is significantly higher when compared to mental health allocation in Ghana

Mental health treatment is expensive (Mishra and Gupta, 2021) and in effect requires significant budget allocation from governments to subsidise the cost to enable patients seek treatment

Recent reports have shown that the cost of poor financing regarding mental health has significant repercussions. For instance, in Ghana mental illness continues to rise, posing major threats to the nation's socioeconomic development with estimations that about 7% of GDP is lost due to mental health related issues (Ghana Somubi Dwumadie, 2012). This is because people who are faced with mental health issues are not able to work properly or completely thereby affecting productivity.

Yet, in Ghana, mental health issues are the second major cause of years lived with disability, after iron deficiency anaemia (IHME, 2013). With a population of about 30 million people, WHO reports that around 13% of Ghana's population suffers from a mental health issue, with 3% suffering from a severe mental health issue and the remaining 10% suffering from a moderate to mild mental condition (Simmons, Fajans and Ghiron, 2007).

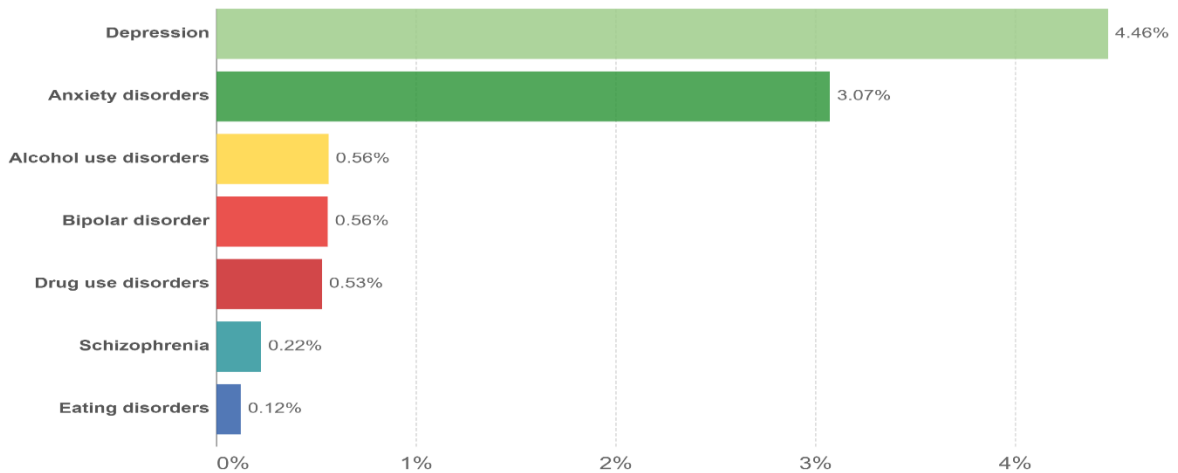
It is reported that approximately 21% of adult Ghanaians face moderate to severe psychological distress at some point in their lives (Canavan *et al.*, 2013).

Despite the apparent prevalence of mental health issues in Ghana, only 2.8 percent of people with mental health issues have access to therapy, with most people with mental health problems unable to receive professional care (Roberts, Morgan, and Asare, 2014). Nonetheless, there have been efforts by government to improve the mental wellbeing of the people in Ghana.

Ghana has similar prevalence of mental health issues when compared to the UK with depression, anxiety disorders and alcohol use disorders being the predominant. Therefore, any policy targeting Ghanaians in the Birmingham, can primarily be centred around these conditions

Prevalence by mental and substance use disorder, Ghana, 2019

Share of the total population with a given mental health or substance use disorder. Figures attempt to provide a true estimate (going beyond reported diagnosis) of disorder prevalence based on medical, epidemiological data, surveys and meta-regression modelling.

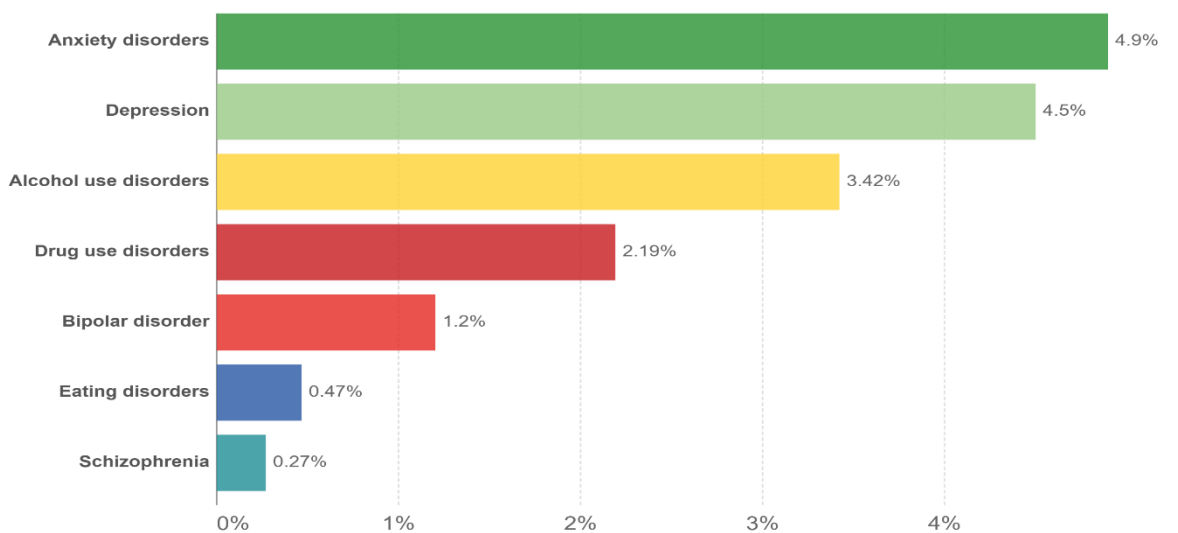


Source: IHME, Global Burden of Disease

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Prevalence by mental and substance use disorder, United Kingdom, 2019

Share of the total population with a given mental health or substance use disorder. Figures attempt to provide a true estimate (going beyond reported diagnosis) of disorder prevalence based on medical, epidemiological data, surveys and meta-regression modelling.



Source: IHME, Global Burden of Disease

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Mental Wellbeing Policy in Ghana

Between 2004 and 2006, a new Mental Act was created in collaboration with World Health Organization (WHO) experts and advisors from South Africa, Zimbabwe, Canada, the United States, and Switzerland (Adu-Gyamfi, 2017).

In 2012, this revised Mental Health Act was finally passed by Parliament following 8 years of extensively collaborative development and political process, replacing the unimplemented Mental Health Decree of 1972 (Osei, Roberts and Crabb, 2011).

The World Health Organization (WHO) approved the Act as an example of best practise in mental health legislation because it was thought to have the potential to improve the provision of mental healthcare in Ghana and to serve as a model for other low- and middle-income nations (Walker and Osei, 2017).

The key objectives are to safeguard the rights and quality treatment of people with mental illnesses, as well as to make improvements to the organisation, provision, and funding of mental health services. The Act's organisational modifications focus on building a new system of decentralised mental healthcare supplied within communities across the country; regional and district mental health subcommittees will be responsible for ensuring that multidisciplinary mental healthcare is available within current medical services in every district (Walker and Osei, 2017).

The omission of specific clauses acknowledging suicide attempts as a sign of mental illness is perhaps its most serious failing, given suicide remains an offence in Ghana's penal code (Eaton and Ohene, 2014). The mental health fee, which was expected to be a source of fund for the mental health fund, has yet to be implemented, leaving a significant budget shortfall (Osei and Brobbey, 2022).

Nonetheless, despite a gap in research to ascertain the impact of the Act on mental health issues in Ghana, it can be said that the enactment of the Act and its objectives is a step in the right direction. However, government and stakeholders need to put in more effort as the access and cost to mental health facilities remains a barrier

Key aspects and provisions of Ghana's Mental Health Act 846 of 2012

- Rights of persons with mental disorder
- Protection of vulnerable groups
- Procedure for voluntary and involuntary admission and treatment
- Creation of the Mental Health Authority
- Establishment of mental health review tribunals
- Establishment of regional visiting committees
- Establishment of the Mental Health Fund
- Introduction of sanctions for the offences of neglect of or discrimination against persons with mental disorder

Source: Walker and Osei (2017)

Identified barriers to the implementation of the 2012 Act

- Limited dissemination so far
- Delays in the parliamentary process for the passing of the Legislative Instrument
- Poor access to patients in non-orthodox mental health facilities
- Inadequate financial resources for implementation
- Inadequate human resources
- Inadequate infrastructure for mental healthcare provision

Implication and Conclusion

Ghana has made strides concerning mental health issues when compared to other countries in the Sub-Saharan region. The implementation of the Mental Act in 2012 gives a clear indication that the country is ready to give the necessary attention to mental health issues which in turn will help in the achievement of SDG 3. Nonetheless, the Act has some challenges and shortfalls. For example, the criminalization of suicidal behaviour may create an obstacle to accessing mental health care. Similarly, there is a need for improved funding from government and stakeholders to support the full implementation of the Act to improve mental health awareness and service delivery in the country. In relation to Birmingham, an open and safe environment can be provided to ensure the Ghanaian community can freely seek mental help particularly those with suicidal tendencies as they seldomly discuss their mental health issues. In addition, people who discriminate against people with mental health problems could be punished as this will help people battling with mental health issues to feel protected and come out more about their struggles

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