



QualityRights

QualityRights Ghana Project

JULY 2022



**World Health
Organization**



QualityRights

QUALITYRIGHTS GHANA PROJECT

JULY 2022

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Executive Summary



This report presents a pictorial evaluation of the QualityRights initiative in Ghana and other activities under the World Health Organization – Foreign, Commonwealth & Development Office (WHO-FCDO) Mental Health project in Ghana. The project aims to improve access to good quality mental health services and promote the rights of people with mental health conditions, psychosocial and intellectual disabilities through the development of comprehensive community-based and social care services. Under the project, technical assistance was provided at various levels by the WHO, to strengthen leadership, governance, policy, and systems for Mental Health; build capacity for integrated quality mental health services to improve access at the primary health care level; and promote a reduction in stigma, discrimination, and human rights violations in the provision of mental health services. Financial support was also provided by FCDO.



Outcome

A pictorial presentation showing achievements and improved wellbeing of persons from the WHO-FCDO supported projects in mental health in Ghana. The assignment will present a print ready picture booklet of impact stories of WHO QualityRights in mental health and the integration of mental health services to improve access at the primary health care level in Ghana.

Objective

The objective of this project is to document in pictures, activities under the WHO mental health programs in Ghana; by developing content to produce a high-quality print ready booklet that highlights the key activities of the programs. It is also to tell the success stories of these projects and how these achievements are improving the well-being of persons with psychosocial, intellectual and cognitive disabilities in Ghanaian communities.



Acknowledgement



The content of this report tells the impact stories on programs and activities in mental health following interviews and on-site visits by the authors. We wish to express our gratitude to the numerous service users, families of service users, mental health professionals, carers, students, CSOs and advocates in mental health.

We are also grateful to the Ministry of Health of Ghana and its numerous agencies including the Mental Health Authority and the Ghana Health Service, together with CSOs, including MEHSOG and Mindfreedom who led these projects at various stages in all regions of the country.

We also wish to thank the following people from WHO Ghana for their technical, financial support as well as expert opinion in undertaking this project.

Dr Francis Kasolo, WHO Country Representative
Dr Sally Ohene, Emergency Preparedness and Response WHO Ghana Office
Dr Joana Ansong, Non-Communicable Disease- Risk Factors, WHO Ghana Office
Dr Leveana Gyimah, Technical Officer for Mental Health

Technical guidance and support were given by:

Dr Akwasi Osei, Mental Health Authority, Ghana
Dr Kuma Aboagye, Ghana Health Service, Ghana
Dr Michelle Funk, World Health Organization, Geneva
Dr Natalie Drew, World Health Organization, Geneva

Finally, we acknowledge the financial support from European Commission, the German Government, the Fondation d'Harcourt and DFID for this project.

PREFACE

The World Health Organization (WHO) in response to growing concerns about reported Human Rights Abuses in mental health, as documented in Human Rights Watch Reports, developed the QualityRights Initiative for persons with psychosocial, intellectual, and cognitive disabilities. Ghana is the first country to roll out the initiative nationwide and this has been made possible with financial support from the Foreign Commonwealth Development Office (FCDO).

WHO congratulates the Ministry of Health and its Agencies: Mental Health Authority (MHA), Ghana Health Service (GHS), Christian Health Association of Ghana (CHAG) as well as the numerous Civil Society Organizations working within the Mental Health Space in Ghana for their leadership and commitment to the implementation of the Initiative.

Indeed, the right to mental health care requires that mental health systems provide accessible, good quality care that is acceptable and responsive to people's needs. Again, the support from FCDO has enabled the capacity of prescribers and nurses in the management of common mental disorders across the country who are using the knowledge gained to improve the mental well-being of the Ghanaian populace.

Additionally, through this support, strategic documents such as the ATLAS2020 and the WHO-AIMS2021 survey were undertaken to document the gains made and the gaps in the mental health system to inform policy and guide future investments in mental health in Ghana.



**Dr Francis Chisaka
Kasolo,**
WHO Representative
for Ghana



Goodwill Messages



“

The WHO QualityRights initiative is a truly innovative programme transforming the lives of many persons with mental health conditions in Ghana. The UK is honoured to have partnered with WHO to promote attitudes and practices that respect dignity and rights, and a holistic, person-centered and recovery-oriented care and support.

Susan Adwoa Mensah

Social Development Adviser - Foreign,
Commonwealth & Development Office

”

“

We applaud the achievements of Ghana in transforming their mental health system through the nationwide implementation of the World Health Organization's QualityRights Initiative and offer our continued support. The vision, ambition and commitment shown by the Government of Ghana and civil society partners in placing human rights at the centre of mental health services and advocacy is an inspiration to all countries now embarking on their own QualityRights adventure.

Dr Michelle Funk

Head, Policy, law and human
rights unit, World Health
Organization

”





QualityRights

QualityRights Partners



World Health Organization



Fondation d'Harcourt





QUALITYRIGHTS

**PROMOTING, RESPECTING
AND FULFILLING BASIC
HUMAN RIGHTS; AND
IMPROVING RECOVERY
IN PERSONS WITH PSYCHOSOCIAL,
MENTAL, INTELLECTUAL AND
COGNITIVE DISABILITIES.**



QualityRights in Ghana

QualityRights is a WHO initiative which adopts participatory approach to improve the quality of care and support in mental health and to promote the human rights of people with psychosocial, intellectual or cognitive disabilities throughout the world.

The initiative is set towards instituting respect for persons with mental disabilities in an attempt to ensure speedy recovery in a client-led recovery approach. Ghana received the initiative in 2018 and became the first country worldwide to roll out QualityRights on a national scale. It commenced with eleven in-country partners and three international partners with the WHO office in Geneva as collaborators. The project involves face-to-face and e-training of mental health service providers, caregivers and persons with lived experiences. Beginning with an inception meeting, followed by a national launch and then the roll out of the electronic and face-to-face trainings nationwide, the implementation of these activities were carefully streamlined by the committee of local partners who met bi-weekly to assess the progress of the activities.



A carer and pupil of Special Olympics Ghana



**Participants
at the QualityRights Inception meeting at the
Best Western Premier Hotel, Accra**



**Section of
participants at the QR
inception meeting**

From Left
**Javier Vazquez- Special
Olympics, Abu Dhabi,**

**Faith Chabedi-Special
Olympics, South Africa**

Launch of the QualityRights Initiative in Ghana



Arrival to the Launch of the
QualityRights Initiative
in Ghana

Dignitaries at the Launch of the QualityRights Initiative in Ghana



From left on first row- **Tina Mensah (Dep . Minister of Health)**
-Prof. Akwasi Osei (CE Mental Health Authority)
-Christof Retzlaf (German Mission)





Hon. Tina Mensah
Dep. Minister of Health



Javier Vazquez
Special Olympics, Abu Dhabi



Prof. J. B. Asare
Coordinator, Mental Health Policy and Service Development (MHP)
Department of Mental Health and Substance Abuse,
World Health Organization



Mama Atrato II
Member, Volta Regional Mental Health Sub-committee



Togbe Nakakpo Dugbaza VIII
Paramount Chief of Tefle Traditional Area
delivering a speech at QR Launch



Security Officers present at the QualityRights Launch



Nurses in training and their tutors at the launch



Prof. Angela Ofori-Atta

Clinical Psychologist
at University of Ghana
Medical School



Dzowulu Special School



QualityRights - Ghana; from a participant's perspective



Daniel Fordjour
Lead Clinical Psychologist
(Komfo Anokye Teaching
Hospital- Ashanti Region)



Getting introduced to the quality rights initiative gave me a new perspective in patient care. After completing the online training, I was left with a number of questions on my mind, particularly those that seemed to conflict with my practice.

The follow-up face-to-face program however, gave me the opportunity to have several of these questions addressed with the provisions within the CRPD (article 12), concerning right to legal capacity. I can confidently say that the workshop afforded the chance to deliberate more into this provision and has made advocating for the entire initiative possible for me. What I would wish for is that the content of this training is expanded to members of our community so that they would also be equipped to protect themselves from potential exploitation.



QualityRights E-Training

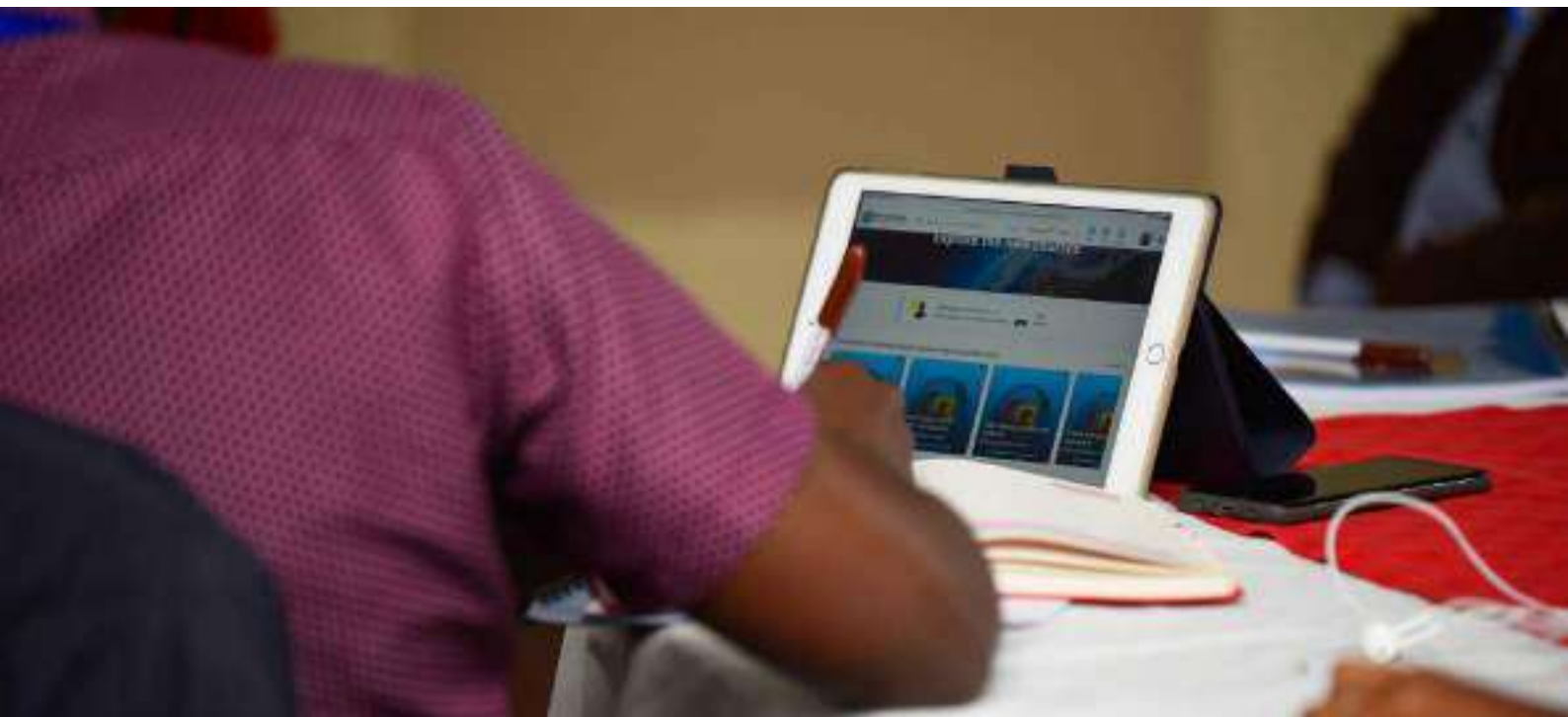
Overview

Under the three-year QualityRights initiative in Mental Health by the WHO in Ghana, two main training strategies are used. These are QualityRights e-training and face-to-face training.

The WHO QualityRights e-training is an online platform designed to increase understanding about issues related to mental health, human rights, and recovery, and to improve the way in which services and supports are provided to people with mental health conditions or psychosocial, intellectual and cognitive disabilities. The online program (www.etraining.com) is developed into various gamified and interactive formats including videos, audios, pictures, fact sheets, discussion forums, peer learning and coaching, allowing users to start and finish the course at their own pace.



QR E-Training certificate





E-Training

<https://www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qe-training>

SITE VISITS

27,223

SIGN UPS

21,893

COMPLETED

17,685

Participants undergoing e-training on their various electronic devices



Participants undergoing e-training on their various electronic devices



Participant experiences and impact from QualityRights E-training



The QualityRights e-training has been an eye opener. There were so many subtle forms of inappropriate use of my authority as a doctor that I became more aware of. This training has shown that, despite inadequate resources, we could collectively improve mental health care services simply by acknowledging and treating persons living with such conditions with respect and dignity, just as we would want to be treated ourselves. It has been my best training thus far and as I tell my colleagues and senior colleagues, I am a stout advocate for QualityRights.

Dr. Ramata Seidu
Resident in Psychiatry



As a beneficiary of the Quality Rights e-training, I attest to the numerous positive changes in the care of persons with mental illnesses. Caregivers and professionals who support persons with psychosocial, intellectual and cognitive disabilities now better understand human rights and dignity for all, particularly in their treatment and recovery process, and the need to prioritize and respect their decisions in the process.

David Naboare.
National President.
Ghana National Association of
Community Mental Health Officers.



Participant experiences and impact from QualityRights E-training



I went through the QualityRights training 16 months ago and it was an enlightening experience. My practice as a mental health physician has changed tremendously. I have learnt to involve my clients in decision making concerning their health. I have come to appreciate that coercing, either from clients or practitioners, is not to be encouraged. Our clients have their rights and they should be upheld and respected at all times. Thank you QualityRights for the opportunity to improve my practice.

— Dr Edward Darfour
Appah, Resident
(psychiatry) - Accra
Psychiatric Hospital



I am so grateful to QualityRights Ghana for introducing the e-training which has had tremendous effect on me. It has taught me to appreciate my mental health condition much better than before and overcome the complex that hang around me. I now live life one step at a time, continuously shoring up my level of confidence, strive to understand others and knowing my rights as a mental health user. All these have culminated in my recent academic excellence, professional and social achievements. God's blessings and more to this great family

— Mariama Issifu
(Service User - Bolgatanga)



Face-to-Face Training

The face-to-face training was the second training strategy adopted under the initiative. People in various health facilities and communities were identified to be trained on QualityRights strategies so they could create awareness that ensured the rights of persons with psychosocial, intellectual and cognitive disabilities are respected, promoted and fulfilled.

To commence the face-to-face training, a pool of facilitators were trained under a National and Regional Trainer of Trainers workshop in 2018. These facilitators were then sent into the regions to train various stakeholders in QualityRights. The sessions used PowerPoint presentations, lectures, group works, brainstorming and

plenary sections as training strategies. In all, three hundred and thirty-four (334) people nationwide were trained to promote attitudes and practices that respect dignity and rights, and promote holistic, person-centred, recovery-oriented care and support.



Peter Yaro (Executive Director - BasicNeeds Ghana) at the Master ToT Session



TRAINERS AT THE TOT SESSION

From the left **Sadhvi Krishnamoorthy** (Programme Manager and Research Fellow), **Jasmine Kalha** (Social Worker), **Soumitra Pathare** (Psychiatrist) **Centre for Mental Health Law and Policy, Indian Law Society**



Trainers and Trainees at the Master ToT Session

Trainer-of-Trainees Sessions in the regions



Kumasi



Accra



Sunyani

Participants Experiences from the Regional Face-to-Face Sessions



I used to work more closely with, and respected the decisions of only the carers of my clients, rather than the clients themselves. Thanks to QualityRights face to face training, I have come to know that the best decisions come from the service users since they understand their condition best. Respecting and involving them in their care, facilitates better and sustained recovery outcomes.

Basagnia Sylvester-
RMHC, UWR



I used to think my son Hissan's decisions did not matter when it came to seeking Mental Health Care; my decisions, as I used to think were best in his interest. But supportive QR Face-to-Face Training enlightened me, such that I now respect his decisions and believe in his decision making capacity.

Madam Madina Nuhu
(Mother of Hissan)



Experiences shared by Participants



QualityRights face to face training has empowered me enough to know that I own the right to my recovery and must not leave decisions concerning my care for others to decide for me. Again I used to stigmatise myself, but QR has emboldened me to overcome the stigma because I now know everyone is entitled to equal basic human rights by birth.

Nuhu Hissan
(Person With Lived
Experience)



QualityRights has broadened my horizon. It has taught me the essence of listening to my clients, understanding their treatment preferences and guiding them through those preferences with respect and in dignity.

Dadzo Tefe Victor-
SNR.RMN



Group Pictures from Regional Training



Tamale



Wa

Kadjebi



Accra



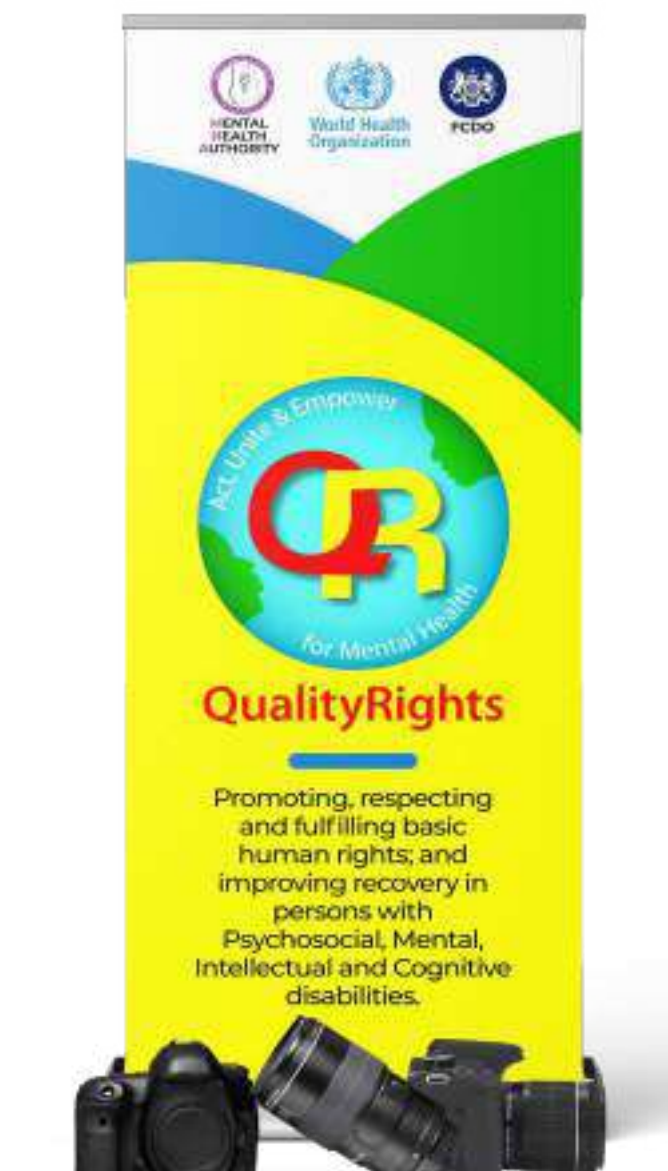
Bolgatanga



Media Activities

Social Media Activities

Social media played a very important role in the awareness creation drive for the QualityRights initiative. Strategizing for social media and its management was an integral part of the process to get people to understand QR and appreciate its role in recovery and protecting, promoting and respecting the rights of persons with psychosocial, intellectual and cognitive disabilities. Social media strategies that were executed included the development of a new QR website with an exclusive and dedicated domain name, deployment of google ads, e-newsletters, mobile SMS and the use of social media influencers.



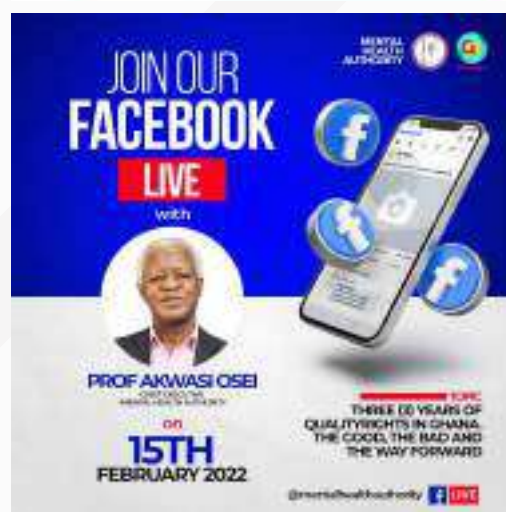
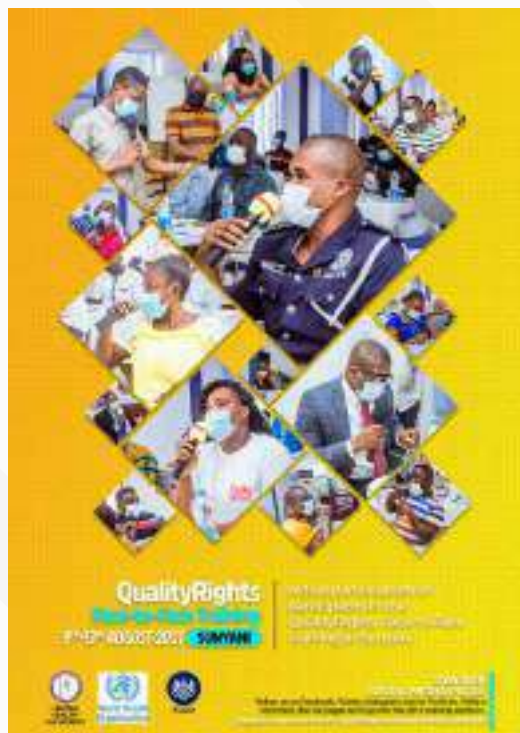


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-  @QualityRights Ghana
-  qualityrights.com.gh

OUR SOCIAL MEDIA PAGES...
 Follow us on Facebook, Twitter, Instagram and on YouTube. Write a comment, like our pages and log onto the QR e-training platform.
<https://www.inrights-ethiopia-qualityrights.coop/academy/en/login>

QR Social Media Handles

Flyers for QR Media Activities





**Social Media Training for QR Partners
at MHA Headquarters**



Pages from QR Social Media handles



Some champions & successful participants shown on the QualityRights website

www.qualityrights.com.gh

The screenshot displays the QualityRights website interface. At the top, a green banner contains the text "Some champions & successful participants shown on the QualityRights website" and the website URL "www.qualityrights.com.gh". Below this, the website content is divided into two main sections. The left section, titled "All you need to know about this course", provides detailed information about the course, including its purpose, objectives, and a list of participants. The right section, titled "Some champions & successful participants", features a grid of photographs showing individuals who have completed the course. At the bottom of the website, there is a blue banner with the text "Want better mental health? Start your free training here." and a button labeled "GET STARTED".

Posts from the QualityRights Youtube Channel @Qualityrights Ghana

The screenshot shows the YouTube channel page for QualityRights Ghana. The channel name "QualityRights Ghana" is prominently displayed at the top, along with the subscriber count "101 subscribers". Below the channel name, there is a row of video thumbnails. The first thumbnail is titled "Mental Health: A Guide to Understanding and Managing Your Mental Health". The second thumbnail is titled "Mental Health: A Guide to Understanding and Managing Your Mental Health". The third thumbnail is titled "Mental Health: A Guide to Understanding and Managing Your Mental Health". The fourth thumbnail is titled "Mental Health: A Guide to Understanding and Managing Your Mental Health". The fifth thumbnail is titled "Mental Health: A Guide to Understanding and Managing Your Mental Health".



One Minute Videos of Celebrities

The idea of the one-minute videos of celebrities was birthed from a decision at the inception meeting to identify prominent persons in the Ghanaian society to be known as QualityRights champions. These champions were to be recorded in short videos to read out messages on QualityRights to the populace. The aim of this activity was to forge an association of these prominent persons to QualityRights, thus giving it the same level of acceptance and credibility by these prominent personalities.

These video messages were designed to be carried on TV and several social media platforms.

Behind the scenes shooting of the one minute videos



Kofi Kinaata



Okyame Kwame





Print Media and Radio Engagements

The print media and radio engagement project was a push to further reach out to the relatively large percentage of the populace who were not very active on social media but consumed most of their news feed from the various traditional media forms. With more than half the population of Ghana (56%) consuming their news feed from radio and news prints every day, the traditional media proved to be a formidable force for information dissemination in Ghana. Radio, TV and newspaper were brought on board as alternative media to complement the work on QualityRights that was being done on social media.

The overarching objective of this QualityRights traditional media campaign was to sensitize and educate about five percent of Ghana's populace on QualityRights, and getting them to understand the concept of protecting, respecting and fulfilling the rights of persons with mental illnesses, psychosocial, cognitive and intellectual disabilities in Ghana over the campaign period, running till the 31st of December, 2021.

A 360 degree traditional media campaign was launched, where all traditional media forms were brought on board to disseminate information concurrently such that these messages would trend on social media.

QualityRights Educational Broadcast at the Regional level



Greater Accra



Volta



Bono



Ahafo

Facility Assessment Using WHO QR Toolkit

A basic principle of the WHO-QR initiative is to improve mental health services and promote the human rights of persons with psychosocial, intellectual and cognitive disabilities. To adequately measure the levels of improvement in service provision in facilities providing mental health care after implementing the QR initiative, it was necessary to establish a baseline assessment of these facilities. This initial assessment was done using the WHO QualityRights toolkit developed on the tenets of CRPD by the WHO. The development of the toolkit has been an important resource worldwide towards assessing improvements in mental health care.

Outcome

The outcome of the assessment carried out in the 7 facilities in Ghana, shows a relative improvement in the quality of service provided and in the general environment of these facilities. Most relevant in these outcomes is the facility's effort in recognizing and protecting the rights of persons with psychosocial, cognitive and intellectual disabilities.

Participants at the Facility Assessment Workshop



Improvement Planning And Implementation



Objectives

This was a deliberate program designed as part of the QualityRights initiative to help bridge the gaps identified in service provision and human rights abuses from the facility assessment program. Having assessed facilities and established some levels of inefficiencies in service provision and the respect for human rights of mental health service user in the facilities, there was the need to advance measures that would help deal with these inefficiencies to promote a rights-centred approach to service provision.



**Publication from
Improvement
Planning &
Implementation
Program**

Reactions from Participants from The Workshops



The QualityRights workshop held at Dodowa was fruitful. Despite the fact that we had our differences with some of the challenges identified in respect of our service delivery, other lapses identified during the survey were not new to us, plans had been made to tackle them once funding was available. At the end of the workshop, the team came up with a composite action plan to address the gaps identified which in my opinion was a good one.

— Lydia Kuukua Sackey
- Nurse Manger



The program was an eye opener. It has empowered me practically to show more respect to patients under my care. I now involve them more in making decisions in the treatment process. This has generally improved the relationship between care givers and patients.

— Mr. Malcolm
Akatinga Ali,
Nursing Officer



Reactions from Participants from The Workshops



The QualityRights Initiative among many things has brought to the fore, the rights of patients and the responsibilities of caregivers towards them. It has increased staff awareness and the appreciation for the care of service users within the remits of the law. Thus, ensuring the rights of service users and protecting care givers in the same vein.

— Dr. Alex Vico-Korda,
Ag. Clinical Care
Coordinator



The program enlightened me to understand that the rights of service users must be upheld at all times irrespective of the circumstance. In light of this, myself and my staff now place more premium on seeking consent from service users before procedures.

— Ms. Florence Biamah
Antwi,
Senior Nursing
Officer & Ward In-
Charge



MHGap Training For Prescribers And Nurses

MHGap is for scaling up care for mental, neurological and substance use disorders in low and middle-income countries.

It is designed for use by non-specialized health care providers in low resource settings, contains clinical protocols & algorithms for the management of eleven (11) mental, neurological and substance use (MNS) priority conditions. MHGap facilitates delivery of interventions in primary health care settings, including both pharmacological and psychosocial interventions.

It has been adapted for Ghana and it is used as the training manual for training primary health care providers in the management of mental, neurological and substance use disorders with the main goal of integrating mental health care into the primary health care system.



Group Picture of Participants

Objective

To build capacity of mental health nurses by training them to update and improve their knowledge and skills in the identification and management of common mental, neurological and substance use disorders, and to improve access and quality of care in primary health care facilities



Role play by participants

Pictures From The Training



Reactions From Participants



Belinda Bentum
Trauma and Specialist Hospital -
Winneba (Central Region)
Senior Staff Nurse.

I was privileged to be part of a selected team of mental health nurses in Central Region to be trained for the MhGap intervention guide introduced by WHO in collaboration with MoH. On a whole, the workshop was an eye-opener.

Personally, the guide has helped in enhancing my work. Assessment and management of people with mental, neurological and substance use disorders have been made easier. For the fact that some physicians and some physician assistants were privy to MhGap, integrating the guide in our daily work routine is not that difficult. Also, I have shared the knowledge gained during the workshop with my colleagues.



Reactions From Participants



The training in Mental Health gap Action Programme has helped to bridge the gap in Ghana's healthcare system. This to a large extent has helped reduce the challenges in the management of Mental Neurological and and Substance Abuse (MNS) related conditions of most clients, as they have for a long time been deprived of comprehensive care by clinicians. Accurate use of the approach to the diagnosis of MNS disorders together with structured case management have been beneficial to healthcare delivery.

General practioners are encouraged to advocate for mental health related conditions as monitoring and general supervision by is routinely done at the district level by supervisors and facilitators of MHGAP .

— Dr Joseph Tetteh



Mental Health Gap Action Plan Intervention Guide (MhGAP-IG) training that took place in the capital of central region – Cape coast last year, which I was privileged to be one of the participants, have helped me gain more insight into mental health issues and mental health nursing. It has motivated me to do more advocacy for people living with mental health conditions. I get more courage to preach against stigmatization, discriminations and infringement of the right of people living with mental illness.

— Nigmal Enoch Nlibe
Registered Mental Health Nurse
Mother And Child Hospital
Kasoa – Central Region



Reactions From Participants



Before I attended the training, I was referring all mental health cases to the municipal hospital. I was not going on home visits for mental health cases because I felt unsafe among clients in their communities. But after the exposure to MHGAP, I was empowered to manage cases on my own without necessarily having to refer those cases. MHGAP has empowered me as a Physician Assistant to provide OPD services in my facility and conduct home visits to clients in confidence.

— Augustina Ampah
Snr Physician Assistant Mamkrong
PolyClinic (Agona East C/R)



The MHGAP training improved my knowledge in mental health disorders. I am now very confident managing clients as I now do full assessment of clients, diagnose, manage and refer cases beyond me with the help of the master chart. I have also been empowered to do continuous case search through community durbars, home visit, clinical outreach and health education and this has helped identify priority conditions in my catchment area.

— Francisca Amegbor
Physician Assistant -
Ajumako District Hospital
C/R



Supportive Supervision

A deliberate plan to follow up on mental health service providers at the primary healthcare level to ascertain how they have been implementing mental healthcare practices for effective integration and improved services.

This objective is to train primary care providers in identifying personal challenges in the management of common mental health disorders and devise solutions to these challenges including how to garner plausible support for mental health from managers.

Supportive Supervision at Asunafo North



Dr Kasolo (WR) handing over the key and documents of a Toyota Fortuner to Dr Patrick Kuma Aboagye, Director General of GHS

Integration Of Mh Into Phc And Benefits Of The Training To Individuals, Facility And District



Mental Health services will best be attained when we integrate the treatment in Primary Health Care. This will enable the clients have confidence in their care since they see us around them and can approach us at any time to discuss their grievances with us.

I support the integration of Mental Health Services into the Primary Health Care system.

— Bismark Kwabla Kpobi,
Snr Registered Community
Mental Health Nurse





The quest towards the integration of Mental Health into the Primary Health Care system was indeed non-negotiable. As a community Mental Health Officer, the integration has widened the delivery of Mental Health Services, helped to gain acceptance by the community and reduced stigmatization to the barest minimum in the community.

Client and caregivers can now access mental health services with all confidence and are assured of the right information at all times.

— Gifty Narkwo Pecku,
Community Mental
Health Officer/Health
Tutor



The integration of Mental Health in the general health system has improved service provision in my community.

Through the integration of mental health to the general system, mental health workers are also empowered to interact more with other stakeholders and barriers hindering mental health care has been addressed.

— Stephanie Oppong
Mental Health Nurse



Advocacy & Health System Strengthening Tools

ATLAS 2020

The WHO Department of Mental Health and Substance Use in 2016 created the Mental Health Atlas, a project designed to collect, compile and disseminate mental health data worldwide. This compilation includes data on mental health policies, legislation, human and financial resources, service delivery, human rights and data collection systems. The project, which is still ongoing in WHO member countries serves as an essential resource that informs decision-making at the country, regional and global levels.

In Ghana, the Atlas project was conducted as a desk review where data was consciously collected from all mental health service points and uploaded onto a mental health data platform. The 2020 edition of the Atlas reflects the new and revised targets and indicators in the newly extended Comprehensive Mental Health Action Plan 2013-2030.



AIMS 2020

Ghana's mental health systems were last assessed in 2021 with the World Health Organization Assessment Instrument for Mental health Systems (WHO-AIMS) tool. The tool collects essential information on the mental health system of a country to improve mental health systems and provide a baseline for monitoring change.

Data Collection from Hospital Records



Objective

The University for Development Studies led the project with an objective to collect data that would identify gaps and barriers in the mental health system through a nationwide mental health service assessment using the tools for Ghana for the year 2020.



Research Assistant discusses data with Hospital Staff Member

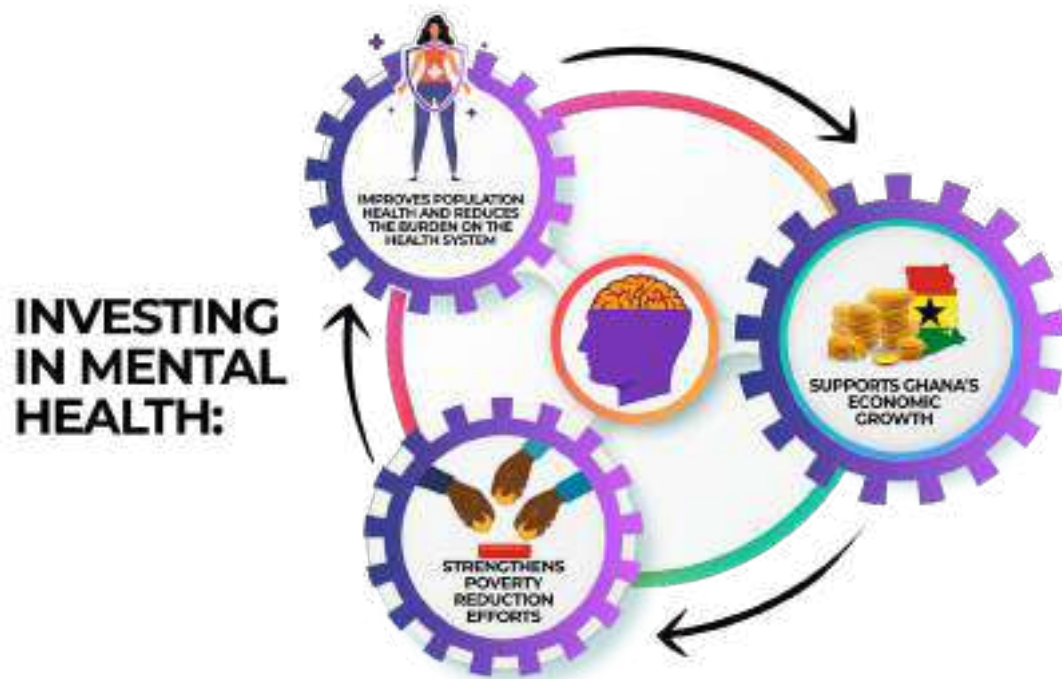
Teammates discussing WHO AIMS Project progress



Investment Case Document



Ghana loses seven percent of its GDP each year due to mental health issues suffered by its citizens. There is however very low investments in the sector to improve this economic distress because policy makers have not been convinced with the relevant data to fund mental health in the country. The introduction of the Investment case document by the WHO with support from FCDO is towards bridging this gap so that the mental health fraternity is able to make a cogent case to policy makers in Ghana and all well meaning persons who desire to support mental health with relevant data, empirically sourced via research to promote investment in mental health.



The return on investing in Mental Health in Ghana



