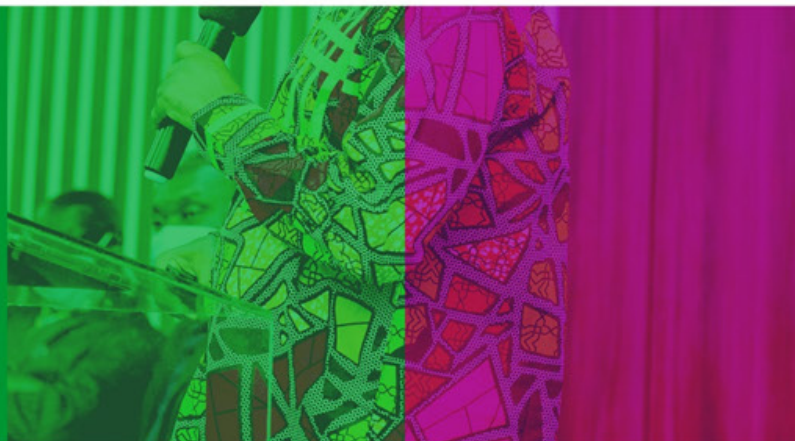
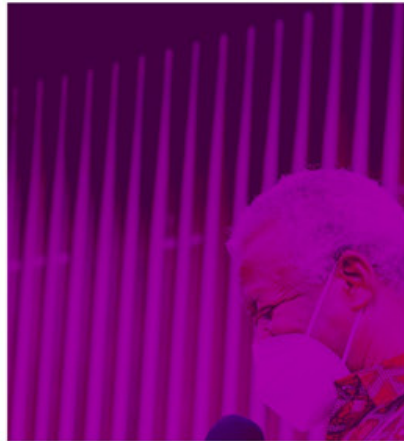




**MENTAL
HEALTH
AUTHORITY**

2021

ANNUAL REPORT



DECEMBER 2022

CONTENTS

- I **List of tables**
 - II **Acronyms**
 - III **Acknowledgements**
 - 1 **Executive summary**
-

2 **CHAPTER 1 - INTRODUCTION**

- 1.1 Introduction
 - 1.2 Vision
 - 1.3 Mission
 - 3 1.4 Core Values
 - 1.5 Mandate
 - 1.6 Scope
-

4 **CHAPTER 2 - GOVERNANCE AND LEADERSHIP**

- 5 2.2 Mental Health Policy Launch and Dissemination
 - 2.3 Memorandum Of Understanding Between Mental Health Authority and Ghana Health Service
 - 6 2.4 Costing of Mental Health Service Delivery in Ghana
 - 2.5 Mental Health Review Tribunal and Visiting Committees
 - 7 2.6 Amendment Of The Mental Health Regulations L.i. 2385
-

8 **CHAPTER 3 - HUMAN RESOURCE**

- 3.0 Introduction
- 9 3.1: Temporary Staff
- 3.2: Promotion, Conversion and Upgrading
- 10 3.3 Recruitment
- 12 3.3.4: Filling of Vacant Management Positions
- 3.3.5: Critical Staff Needs Of The Authority
- 14 3.4: Transfers
- 3.4.1: General Transfers
- 15 3.4.2: Study Leave-With-Pay

- 15 3.4.3: Completed Study Programme.
 - 3.4.4: Provisional Approval For Study Leave
 - 3.4.5: In-Service Training. (IST)
 - 17 3.5: Attrition
 - 3.5.1: Leave-Without-Pay
 - 3.5.2 Wastage
-

18 **CHAPTER 4 - FINANCIAL PERFORMANCE**

- 4.1 Revenue
 - 19 4.2 Expenditure
-

20 **CHAPTER 5 - AUDIT PERFORMANCE**

- 5.1 External Audi
 - 5.2 Financial Audit
 - 5.3 Performance Audit
 - 21 5.4 Audit Committee Meetings
-

22 **CHAPTER 6 - HEALTH TECHNOLOGY AND INFRASTRUCTURE**

- 6.0 Introduction
 - 6.1 Automation of Appraisal Form
 - 23 6.2 Information Communication Technology
 - 6.3 Infrastructural Rehabilitation
 - 25 6.4 Transport
 - 26 6.5 Equipment
 - 6.6 Psychotropic Medications and Stock Level
-

31 **CHAPTER 7 - COMMUNICATION AND VISIBILITY**

- 7.1 Mental Health Promotion
 - 7.1.1 Training of Journalists
 - 32 7.1.2 Virtual Seminars
 - 7.1.3 World Suicide Prevention Day
 - 33 7.1.4 World Mental Health Week Commemoration
 - 7.1.5 Development Of Mental Health Promotion Materials
 - 7.2 Communication
 - 7.2.1 Routine Engagements
 - 34 7.2.2 Completion of Mental Health Terminologies Translation into Akan
 - 7.2.3 MHA Call Centre And Helpline
 - 7.2.4 Mental Health Education
 - 35 7.2.5 Social Media Activities
 - 36 Conclusion
-

37 **CHAPTER 8 - SERVICE DELIVERY**

- 8.0 Introduction
 - 8.1 Causes of Psychiatric Opd Attendance (2019-2021) - Ghana
 - 42 8.2 Quality Rights in Mental Health Face-To-Face Training across the Country.
 - 44 8.2.1 E-Training Performance
 - 46 8.5.1 Mental Health Gap Action Programme (Mhgap) Support Supervision
 - 47 Gallery
 - 8.6 International Organization for Migration (IOM)
 - 48 Gallery
-

49 **CHAPTER 9 - QUALITY IMPROVEMENT**

- 9.1 Qualityrights Traditional Media Campaign
 - 50 9.2 Infection, Prevention and Control
 - 9.3 Patient and Staff Safety
 - 9.4 COVID – 19
-

51 **CHAPTER 10 - MONITORING AND EVALUATION**

- 10.1 Internal Performance Review, 2020
 - 52 10.2 Annual Performance Review, 2020
 - 10.3 Service Delivery Data Validation
-

53 **CHAPTER 11 - CHALLENGES**

- 11.1 Challenges, Solutions and New Initiatives
-

55 **CHAPTER 12 - OUTLOOK FOR 2019**

LIST OF TABLES

- Table 1: Three-year trend of permanent staff strength by the Authority
- Table 2: Non-Permanent Staff
- Table 3: Promotion, Conversion & Upgrading
- Table 4: Mechanization of Causal Workers
- Table 5: MoH Recruitment Portal
- Table 6 : General Recruitment
- Table 8: Critical Staff Needs
- Table 9: Transfer In & Out
- Table 10: Study Leave Approval
- Table 11: Provisional Approval per Facility
- Table 12: IST. Programmes
- Table 13: Leave Without Pay
- Table 14: Distribution of Wastage by Type
- Table 15 Consolidated Revenue by Source (Hospitals Inclusive Ghs)
- Table 16 Consolidated Expenditure Distribution by Items (Hospitals Inclusive)
- Table 17 Three Year Trend of MHA’s total likes on Facebook
- Table 18 Three Year Trend of Facebook Post Impressions and Post Reach
- Table 19 Three Year Trend of Twitter Impressions and Followers
- Table 20 Three Year Trend of YouTube Subscribers
- Table 21 Causes of Psychiatric OPD Attendance (2019-2021) - Ghana
- Table 22 Total Admissions From 2019 - 2021 by Regions
- Table 23 Community Mental Health Promotion Activities from 2019 - 2021 (Psychiatric Hospital)
- Table 24 Mental Health Clients Status 2019 - 2021 - Ghana
- Table 25 Face-To-Face Training Across the Country

ACRONYMS

AC	Audit Committee
AnPH	Ankaful Psychiatric Hospital
APH	Accra Psychiatric Hospital
AR	Ashanti Region
BAR	Brong Ahafo Region
BMC	Budget Management Center
CAPEX	Capital Expenditure
CE	Chief Executive
CEO	Chief Executive Officer
CHAG	Christian Health Association of Ghana
DfID	Department for International Development
DHIMS	District Health Information Management System
ECT	Electroconvulsive Therapy
GAR	Greater Accra Region
GHS	Ghana Health Service
GoG	Government of Ghana
HAMS	Health Administration Management System
ICT	Information Communication Technology
IGF	Internally Generated Funds
KATH	Komfo Anokye Teaching Hospital
KBTH	Korle-Bu Teaching Hospital
LI	Legislative Instrument
MEHSOG	Mental Health Society of Ghana
MHA	Mental Health Authority
mhGAP	Mental Health Gap Action Plan
MMDAs	Metropolitan, Municipal, District Assemblies
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
OPD	Outpatient Department
PPME	Policy Planning Monitoring and Evaluation
PSP	Private Sector Participation
RMHCs	Regional Mental Health Coordinators
RMN	Registered Mental Nurse
SBS	Sector Budget Support
TFBH	Traditional and Faith Based Healers
TOT	Training of Trainees
TTH	Tamale Teaching Hospital
UER	Upper East Region
UHAS	University of Health and Allied Sciences
UWR	Upper West Region
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Mental Health Authority acknowledges the role of the Government of Ghana for the support and commitment in ensuring development of quality and accessible mental health care in the country. Special thank you is given to the Ministry of Health (MoH) and Finance for supporting the Authority in its work.

Further appreciation goes to the development partners, particularly the Country Office of the World Health Organization (WHO) and the Foreign Commonwealth Development Office FCDO for their financial support and contribution to the advancement of mental healthcare in the country.

The MHA would also want to thank organizations and institutions such as, BasicNeeds- Ghana, Mind Freedom- Ghana, Christian Health Association of Ghana, and International Central Gospel Church, among others for their support during the year under review. The media has been partners in mental health education and advocacy and their role is similarly acknowledged.

Special thanks to all mental health workers for their involvement in provision of quality Mental Health Services in the country. The authority would like to acknowledge FCDO, Ghana Somubi Dwmadie, the Ministry of Health and all other partners and stakeholders in this report.

The MHA finally appreciates the contribution of the directors and staff at the Headquarters in the preparation of this Annual Report.

Dr Akwasi Osei
Chief Executive
Mental Health Authority

EXECUTIVE SUMMARY

This report chronicles events and activities of the past year, 2021. It highlights the achievements and challenges of the Authority in its quest to ensure an optimum level of mental health care in the country.

The report shows great progress in service delivery and mental health advocacy during the year under review. This was achieved as a result of improved collaboration with other agencies such as GHS, CHAG and partners such as, WHO, IMO. Likewise, the Authority increased the use of social media for its sensitization and public education. This education included articles and news on Covid-19. The Authority's Facebook followership was a little over 3000, with 42,516 hits on a single post. Twitter grew in its followership to above 750 while YouTube channel did better than previous years. Nine virtual seminars were held. Three of these seminars commemorated world mental health related days such as the: Bipolar day, International Day Against Drug Abuse and Illicit Trafficking and International Day of Older Persons. During the year under review there was improvement in the use of ICT for daily operations. The Mental Health Authority and the three psychiatric hospitals employed the use of ICT to ensure efficiency. In addition, there was an improvement of 10.57% total permanent workforce compared to 2020.

However, in 2021, the MHA Board, whose role is to propose policies and proffer strategic objectives and direction, was not constituted. This was because the

previous Governing Board was dissolved in January 2020 alongside other Boards of state institutions upon the re-election of the government. Therefore, matters that required the Board's input were referred to the Minister for Health thereby delaying implementation of some key activities.

Government of Ghana (GoG) funding for the operationalisation of mental health activities was inadequate during the year under review. This inadequate funding affected adequate and widespread programme execution, as well as monitoring and evaluation.

Even though there has been improvement in service delivery and mental health advocacy, the government and policy makers are implored to demonstrate prioritizing mental health by committing more resources. Non-governmental organisations are also implored to pay attention to mental health by investing more in activities that would promote mental health and wellbeing. The international community are equally encouraged to invest in building robust systems to promote mental health and wellbeing to enable individuals acquire appropriate knowledge and develop favourable attitudes to maintain, support and improve mental wellbeing.

CHAPTER 1: BACKGROUND

1.1 INTRODUCTION

The Mental Health Authority's (MHA) 2021 Annual Report highlights the primary activities, successes and challenges facing the Authority for the period January to December 2021. The report includes MHA Headquarters, Psychiatric Hospitals, and Community Mental Health Care. Activities of other important stakeholders and collaborators are captured in the report. The 2021 Report illustrates an integrated and all-inclusive presentation of the MHA headquarters as well as institutional and community care activities carried out in the year under review. It presents the activities of the Authority in narratives, tables, graphs, and pictures.

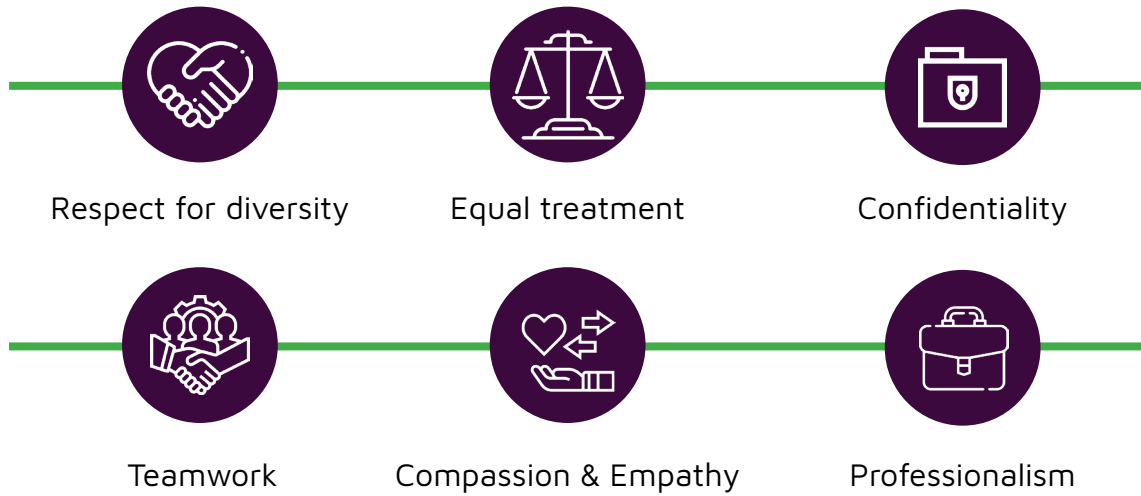
1.2 VISION

Ensuring quality mental health care for all persons commensurate with Ghana's middle-income status.

1.3 MISSION

To promote mental health, prevent mental illness and provide accessible, community-oriented, integrated, quality and culturally appropriate mental health care to persons with mental illness.

1.4 CORE VALUES



1.5 MANDATE

The Mental Health Authority takes its mandate from the Mental Health Act, 2012 (Act 846).

1.6 SCOPE

The Mental Health Authority has both regulatory and service delivery roles. As a regulator, the Mental Health Authority collaborates with relevant regulatory bodies to ensure compliance of various agencies to quality standards in their delivery of mental health care.

The service delivery role of the Authority is the provision of mental health services through the psychiatric hospitals and collaboration with other service delivery agencies at the primary, secondary and tertiary levels of care.

CHAPTER 2: LEADERSHIP AND GOVERNANCE

2.0 GOVERNING BOARD

The MHA is governed by a Board whose role is to propose policies and define its strategic objectives. The Authority is responsible for providing mental health services across the country, both via psychiatric institutions and through collaboration with other agencies. It is also responsible for supervising the implementation of mental health services across the country.

Notwithstanding the august functions of the Board in the period under review, there was no Board as the previous Governing Board was dissolved in January 2020 alongside other Boards

of state institutions upon the re-election of the government. Matters that required the Board's input were referred to the Minister for Health.

2.1 MANAGEMENT MEETINGS

Meetings were held to discuss implementation of plans and progress on activities of the Authority. Issues concerning staff welfare, land encroachment, construction of two (2) new psychiatric hospitals and the redevelopment of Accra Psychiatric Hospital among others were some of the key issues discussed.

2.2 MENTAL HEALTH POLICY LAUNCH AND DISSEMINATION

The Mental Health Authority collaborated with key stakeholders and development partners to launch the 12-year Mental Health Policy (2019 to 2030). The policy is to guide and direct services of mental health promotion, prevention, and management in the whole country. It will therefore serve as the basis of strategic plans for the attainment of the agency's vision.

The policy development began in 2016 and was completed in 2019 after it has gone through all the statutory procedures for national policy development and was launched on Thursday, April 29, 2021. At the launch, all stakeholders and MMDAs present were given a copy of the document. The Mental Health Policy was disseminated in Greater Accra and Northern Region, Tamale to orient Metropolitan, Municipal and District Assemblies (MMDAs), health training institutions, regulatory bodies, and other stakeholders on the contents of the policy. The distinctive roles of implementing partners and actors in the implementation process were spelt out.

The dissemination meeting provided an avenue to sensitize all stakeholders on their roles and responsibilities in ensuring the successful implementation of the Mental Health Policy. The MMDAs and other stakeholders present at the meeting pledged to support the provision of quality mental healthcare to all citizenry since the duty cannot be left on the shoulders of one entity.

2.3 MEMORANDUM OF UNDERSTANDING BETWEEN MENTAL HEALTH AUTHORITY AND GHANA HEALTH SERVICE

Mental health service delivery is a collaborative effort of a number of sectors and agencies within the country. Two of such main agencies are the MHA and the GHS. For a smooth collaboration to provide the needed services, an MoU was signed in September 2020. Subsequently a joint meeting was held to update new officers from both organisations on the spirit behind the development of the MOU and implementation thereof.

At the meeting, it was agreed among participants that there were areas of cooperation and collaboration while taking cognisance of each organisation's internal policies and structures. The MoU was fashioned around WHO health systems building blocks.

2.4 COSTING OF MENTAL HEALTH SERVICE DELIVERY IN GHANA

In collaboration with World Health Organisation, MHA costed mental health service delivery in Ghana. The exercise aimed at determining the gaps in financing and make available reliable data to support the case for investment in mental health services. The One-Health Tool was used to project the costing of mental health services which covers the period of five (5) Years (2022-2026) (see appendix 1 for a summary of the costing).

The costing activity, which commenced in July and ended in December 2021 was led by a consultant and a technical working team of accounting personnel, clinicians (including directors of the three psychiatric hospitals) and health information officers. Other members of the technical team were from WHO, GHS, CHAG, and the teaching hospitals.

2.5 MENTAL HEALTH REVIEW TRIBUNAL AND VISITING COMMITTEES

Mental Health Act (Act 846, 2012) makes provision for the establishment of Mental Health Reviewed Tribunal and the Visiting Committee to promote and protect the right of persons living with mental health conditions in Ghana. In view of that, a task group comprising of staff from MHA and Ghana Somubi Dwumadie was put together in November 2020 to get nominations from various organisations and groups named in the Mental Health Act towards the establishment of these 2 statutory committees named in the Mental Health Act 2012 (Act 846). The group successfully received nominations needed for the establishment of the Mental Health Review Tribunal and Visiting Committees awaiting the formation of the Mental Health Board.

2.6 AMENDMENT OF THE MENTAL HEALTH REGULATIONS L.I. 2385

The Mental Health Regulations 2019 (L.I. 2385) was passed in 2019 to operationalize the Mental Health Act, 2012 (Act 846).

At various meetings to sensitise mental health practitioners on the LI and its implementation, various concerns were raised including the implementation forms not corresponding to the appropriate regulations. These errors were so significant that there was the need for corrections and amendment before effective implementation. The process of amending LI 2385 commenced stakeholder meetings organised in Accra and Kumasi to sensitize stakeholders on the LI. At these meetings practitioners and stakeholders expressed concerns about certain provisions in the regulations. These concerns were noted, and a zoom meeting was organised on July 27, 2020, where the concerns were discussed.

A special technical committee comprising representatives from MHA, MoH and the Office of the Attorney General was set up to review and propose amendments for the consideration of Parliament. The committee proposed amendments to some provisions and redrafted most of the forms in the schedule to the LI 2385.

CHAPTER 3: HUMAN RESOURCE

3.0 INTRODUCTION

A core function of the Human Resource Department of MHA is to ensure availability, development, and effective utilization of the human capital of the Authority to achieve its corporate goals.

The total permanent workforce of the Authority in 2021 went up by 10.57% as compared to the year 2020. That is Two-Thousand and Seventy (2070) as against One Thousand Eight Hundred and Seventy-Two (1872) in the previous year. The increment is as results of the approval granted to MHA to mechanized hundred (100) of the temporary staff and recruitment of recruitment of the health professionals through Ministry of Health Recruitment Portal. The outbreak of the COVID-19 pandemic in the year 2020 made Ministry put on hold recruitment of the newly qualified health professionals from the public health training institutions. The increment alleviated workload on the existing health workforce.

Table 3.1: Three-year trend of permanent staff strength by the Authority

YEAR	TOTAL
2021	2,071
2020	1,872
2019	1,960

The reduction in the year 2020 was as result of non- recruitment of newly qualified health professional from the various public health training institutions due to the outbreak of the COVID19 pandemic. The increase in staff strength in 2021 was mainly due to mechanization of the Hundred (100) temporary staff and re-activation of the Ministry of Health Recruitment Portal.

3.1 TEMPORARY STAFF

Besides the permanent staff, there were Seventy-Seven (77) temporary staff. The existence of the temporary staff was as results of difficulty in procuring financial warrant to engage some of the critical staff. In order not to over-stretched existing personnel, facilities apply part of the scanty Internally Generated Fund (IGF) to engage such critical personnel as temporary staff.

Table 3.2: Non-Permanent Staff

YEAR	TOTAL
2021	77
2020	86

3.2 PROMOTION, CONVERSION AND UPGRADING

As part of staff motivation, during the year under review, a total number of Three Hundred and Thirty-Six (336) officers were either promoted, converted, and upgraded. The table below depicts 3-year trend.

Table 3.3: Promotion, Conversion & Upgrading

TYPE OF GRADE CHANGE	2021	2020	2019
Promotion	292	268	206
Conversion/Upgrading	44	126	77

3.3 RECRUITMENT

To improve on the skill-mix, lessen the workload on the existing staff, for the purposes of ensuring improved quality of care, various cadre of staff were recruited in the year 2021. The Ministry of Health (MoH) granted approval for the Authority to mechanise One Hundred Temporary (100) staff. These officers were apportioned to the three psychiatric hospitals as indicated below.

Table 3.4: Mechanization of Casual Workers

S/N	FACILITY	No of Casual Staff Mechanised
1	Accra Psychiatric Hospital	50
2	Ankaful Psychiatric Hospital	16
3	Pantang Hospital	34

Again, through the MoH Recruitment Portal, Two Hundred and Fifteen (215) staff were engaged by MHA and deployed to the facilities. See table 5

Table 3.5: MoH Recruitment Portal

S/N	GRADE	No. Assigned	No. Reported
1	Dietician	2	2
2	Enrolled Nurse	91	74
3	Biomedical Scientist	6	6
4	Medical Officer	13	12
5	Dentist	1	1
6	Midwifery Officer	2	2
7	Nursing Officer	12	10
8	Occupational Therapist	4	1
9	Pharmacist	5	5
10	Staff Nurse General	24	18

11	Staff Nurse Mental	76	69
12	Staff Midwife	3	2
13	Technical Officer (HI)	3	1
14	Technical Officer (Laboratory)	13	13
15	Laboratory Assistant	3	3
16	Medical Records Assistants	1	0
	Total	258	219

The Authority also embarked on general recruitment through selection interviews to engage administrative staff to support operations of the Authority. However, a clinical psychologist among the selected staff for the job placement did not take up the offer. See table 6 below

Table 3.6 : General Recruitment

S/N	CADRE	No. Engaged	No. Reported
1	Administrative Manager	5	5
2	Executive Officer	2	2
3	Auditor	2	2
4	Clinical Psychologist	1	0
5	Stenographer	1	1
6	Human Resource Manager	1	1
7	Accountant	2	2
8	Supply Manager	1	1
	Total	15	14

3.3.4

FILLING OF VACANT MANAGEMENT POSITIONS

A selection interview was held for the following positions for appointments. The selected candidates would be appointed in the year 2022.

- i** Deputy Director PPME
- ii** Deputy Director, Finance
- iii** Deputy Director Health Promotion
- iv** Deputy Director Research
- v** Deputy Director Rights and Quality

3.3.5

CRITICAL STAFF NEEDS OF THE AUTHORITY

The ensure provision of quality mental health care across all the Specialised Hospitals, data was collected on the critical health workforce needs of the Hospital and total of Forty (40) different occupational categories were identified. This was made up of clinical and non-clinical. The table 7 below delineate the details.

Table 3.7 : General Recruitment

S/N	STAFF CATEGORY	NO. REQUIRED
1	Certified Anaesthetist	2
2	Artisan	12
3	Biomedical Engineer	1
4	Biostatistics Assistant	7
5	Clinical Engineering Technologist	1
6	Clinical Psychologist	4
7	Conservancy Labourer	5
8	Cooks	9
9	Critical Care Nurse	10

10	Driver	2
11	Estate Manager	1
12	Health Service Administrator	1
13	I.T Officer	3
14	IT Manager	4
15	Laboratory Technician	4
16	Labourer	30
17	Launderer	4
18	Medical Officer	21
19	Medical Records Assistant	7
20	Medical Records Officer	8
21	Medical Social Welfare Officer	1
22	Mortuary Attendant	4
23	Occupational Therapist	3
24	Orderly	126
25	Pharmacist	5
26	Pharmacy Technician	11
27	Phlebotomist	2
28	Prosector	2
29	Radiographer	2
30	Record Assistant	5
31	Security Guard	51
32	Sonographer	2
33	Staff cook	11

34	Staff Midwife	10
35	Staff Nurse	160
36	Statistician	2
37	Sterilization Machine Operator	6
38	Supply officer	8
39	Technical Officer (Health Information)	9
40	Technical Officer (X-Ray)	2
	Total	558

3.4 TRANSFERS

3.4.1 GENERAL TRANSFERS

Twelve staff (11 professional nurses and 1 management staff) were transferred out from the Authority to join other sister agencies while three (3) staff (a professional nurse, an enrolled nurse, and a security guard) joined the Authority on permanent transfer. Proximity to the family and distance between workplace and home were mostly the reasons given by the staff.

Table 3.8: Transfer In & Out

YEAR	TRANSFER-IN	Transfer-Out	Total Transfers	Variance
2021	3	12	15	-9
2020	3	52	55	-49
2019	2	36	38	-34
Total	8	100	108	-92

3.4.2 STUDY LEAVE-WITH-PAY

As part of the motivation to stimulate optimal performance from the staff approval was granted to 55 officers to pursue diverse academic and professional courses within their respective professional areas. These were in the areas of fellowship in the Ghana College of Nurses and BSc programs in nursing and midwifery.

Table 3.9: Study Leave Approval.

YEAR	NUMBER
2021	55
2020	35
2019	67
TOTAL	175

3.4.3 COMPLETED STUDY PROGRAMME

Thirty-Eight (38) staff completed their approved study programme and fully resumed duty. The programmes they studied were predominantly BSc Nursing and psychiatric membership.

3.4.4 PROVISIONAL APPROVAL FOR STUDY LEAVE.

To improve our services by providing high quality mental health care, eighty-one (81) staff were granted provisional approval to pursue further studies in the 2021/2022 academic year.

Table 3.10: Provisional Approval per Facility

Facility	# of Provisional Approval
2020/2021	98
2021/2022	81

3.4.5 IN-SERVICE TRAINING (IST)

To enhance the capacity of the staff to deliver high quality mental health services, twenty-four (24) different capacity building programmes were organised for staff across all the facilities.

Table 3.II: IST. Programmes

S/N	Title	TOTAL
1	Infection Prevention and Control (IPC) Sensitization	100
2	Communication & Hand Washing	27
3	Micronutrient	27
4	Health Administration Management System	54
5	ECG Training	6
6	Physical Health Assessment	49
7	Occupational safety & Env. Mgt	69
8	Risk Assessment & Mgt of Aggression	15
9	Malaria Case Management	42
10	Emergency Preparedness	17
11	Basic Dietary Guidelines & Therapeutic Feeding Techniques	23
12	Logistic management	7
13	Occupational Therapy	23
14	Administrative Procedure and Practices	25
15	Health Leadership and Management	89
16	Waste Management	62
17	Aggression Management	127
18	Nursing Documentation	79
19	Voluntary and Involuntary Treatment	65
20	Protocols for documenting Abscondment and processes for last offices and documentation in Death	82
21	MHA policies	44
22	Ward Management	38
23	12 Step facilitation	21
24	Employee Assistant Programme	63

3.5 ATTRITION

3.5.1: LEAVE-WITHOUT-PAY

A total number of 6 staff took Leave-Without-Pay during the year under review as compared to 16 in the year 2020. Most of them had left with the excuse of joining families or attending to family issues. The reduction in 2021 could be due to movement restrictions in 2020 from COVID-19 pandemic by which a good number of staff who had travelled outside could not return and they took advantage to seek employment at their new places of abode.

Table 3.12: Leave without pay.

YEAR	NUMBER
2021	6
2020	16
2019	6
MHA	1
TOTAL	98

The reduction was fact that some of the Leave- Without- Pay request were treated as Vacation of Post since the officers did not follow the laid down protocols.

3.5.2 WASTAGE

The Authority recorded eighty-three (83) wastage in the year under review. Vacation of Post was the leading cause of attrition. This was because most applications for Leave-Without-Pay, and resignation were treated as vacation of post as applicants failed to comply with laid down rules and regulations. Other contributions to wastage were retirement, resignation, and death.

Table 3.13: Distribution of Wastage by Type

TYPE OF WASTAGE	2021	2020	2019
DEATH	8	9	7
RETIREMENT	20	24	37
VACATION OF POST	41	10	13
RESIGNATION	14	6	5
TOTAL	83	49	62

CHAPTER 4: FINANCIAL PERFORMANCE

4.0 INTRODUCTION

Revenues and expenditures being accounted for in this report are strictly those that came to MHA and the 3 psychiatric hospitals.

4.1 REVENUE

Table 4.1 presents financial performance of MHA in the year under review.

The Authority recorded a total of GHS91, 237,164.24 as a consolidated revenue from all sources throughout the 2021 financial year. The contributions from Government of Ghana (GOG) and IGF were GHS73, 352,084.16 and GHS 11,175,952.11 respectively in the year under review.

The Authority also received GHS2, 778,238.00 from DFID now FCDO in the 2021 financial year. WHO supported the Authority with an amount of GHS3, 730,052.00 towards the running of Quality Rights programmes. Donations amounted to GHS200, 837.97 in the reporting period.

Table 4.1 CONSOLIDATED REVENUE BY SOURCE (HOSPITALS INCLUSIVE GHS)

CONSOLIDATED REVENUE BY SOURCE (3 PSYCHIATRIC HOSPITALS INCLUSIVE)			
	APPROVED REVENUE (GHS)	ACTUAL REVENUE (GHS)	REVENUE GAP (GHS)
GOG(compensation & goods and services)	102,795,310.00	73,352,084.16	29,443,225.84
IGF	23,817,475.21	11,175,952.11	12,641,523.10
SBS (FCDO)	-	2,778,238.00	N/A
WHO	-	3,730,052.00	N/A
DONATIONS	-	200,837.97	N/A
TOTAL	126,612,785.21	91,237,164.24	35,375,620.97

4.1 EXPENDITURE

Table 15 presents a total consolidated expenditure of GHS89,429,378.95. Compensation of Employees was GHS73,407,825.93. This represents 82.08% of the budget approved for compensation. This is a combination of payment made to both mechanized and casual staff in the year under review.

Use of Goods and Services was GHS15,749,525.34 in 2021. Assets amounted to GHS272,027.68 in 2021 financial year.

Table 4.2 CONSOLIDATED EXPENDITURE DISTRIBUTION BY ITEMS

CONSOLIDATED EXPENDITURE DISTRIBUTION BY ITEMS (3 PSYCHIATRIC HOSPITALS INCLUSIVE)			
ITEMS	APPROVED BUDGET	ACTUAL EXPENDITURE	VARIANCE
EMPLOYEES COMPENSATION	82,970,384.00	73,407,825.93	9,562,558.07
USE OF GOODS AND SERVICES	8,644,002.00	15,749,525.34	-7,105,523.34
CAPITAL EXPENDITURE	2,144,275.00	272,027.68	1,872,247.32
TOTAL	93,758,661.00	89,429,378.95	4,329,282.05

CHAPTER 5: AUDIT PERFORMANCE

5.1 EXTERNAL AUDIT

5.2 FINANCIAL AUDIT

For the year under review, the audit service carried out its annual financial audit in Mental Health Authority (MHA) Headquarters and the three Psychiatric Hospitals. Some of the weaknesses identified include poor procurement procedures and segregation of duties.

5.3 PERFORMANCE AUDIT

A team of Auditors from the Ghana Audit Service carried out a performance audit on mental health management and care delivery in Ghana.

The purpose of the audit was to determine whether the MHA is ensuring that

citizens who need mental health care get the required treatments and education. The Audit team visited several treatment facilities across the country: 3 Psychiatric Hospitals, 4 Teaching Hospitals, 5 regional Hospitals, 15 District Hospitals and forty (40) selected traditional and Faith-Based Healers.

The audit focused on the availability of plans and recourses to execute mental health activities such as community care service, institutional service delivery, and supply of psycho-tropics medicines.

The report concluded that the MHA and the Hospitals planned their activities, but they were not comprehensively carried out due to non-dedicated funds to implement their activities. These activities include, community care services, timely supply of psycho-tropics medicines, and training of staff.

The report recommends that MHA, MOH and the Government should speed up the establishment of the mental health levy to fund mental health activities in Ghana.

5.4 AUDIT COMMITTEE MEETINGS

The MHA Audit Committee held quarterly meetings to discuss internal and external audit reports for the period. They also approved the Internal Audit Risk Based Audit Plan for the year 2022 plan and budget.

CHAPTER 6: HEALTH TECHNOLOGY & INFRASTRUCTURE

6.0 INTRODUCTION

This chapter covers health technology and infrastructure and its contribution to mental health service delivery in the year under review.

6.1 AUTOMATION OF APPRAISAL FORM

To facilitate performance planning, monitoring, and evaluation processes of staff, there was a shift from the use of manual appraisal forms to electronic forms. A team from human resources and IT divisions at MHA together with MoH HRHD facilitated the automation process. However, training of staff on the use of the automated tool was scheduled to be done in 2022.

6.2 INFORMATION COMMUNICATION TECHNOLOGY

In the year under review there was an improvement on the use of ICT for daily operations. The Mental Health Authority and the three psychiatric hospitals employed the use of ICT to ensure efficiency and promote productivity. For instance, Pantang Hospital automated patient's records gathering at the OPD, Medical ward 3, Antenatal and Dental departments. APH, also piloted the use of Hospital Administration Management System (HAMS) at 3 OPDs. Towards the last quarter of the year under review, MHA negotiated with the eHealth team at MoH to implement the eHealth System to cover both the MHA and the three psychiatric hospitals under the Government's eHealth policy for the country.

6.3 INFRASTRUCTURAL REHABILITATION

The year under review saw the complete construction of a new pharmacy block at Pantang hospital. There was a renovation of the general infrastructure at the hospital (psychiatric OPD), main administration block, a section of OT as child wellness clinic and the renovation and equipping of ward 8 as a COVID 19 isolation and treatment centre. There was also reshaping of the internal road network at Pantang Hospital. Other projects including the construction of a fence wall around the Hospital, and the renovation of 3 residential buildings is ongoing.



Administration block before and after painting



Before and after reshaping of Pantang Hospital Road



Construction of new pharmacy block

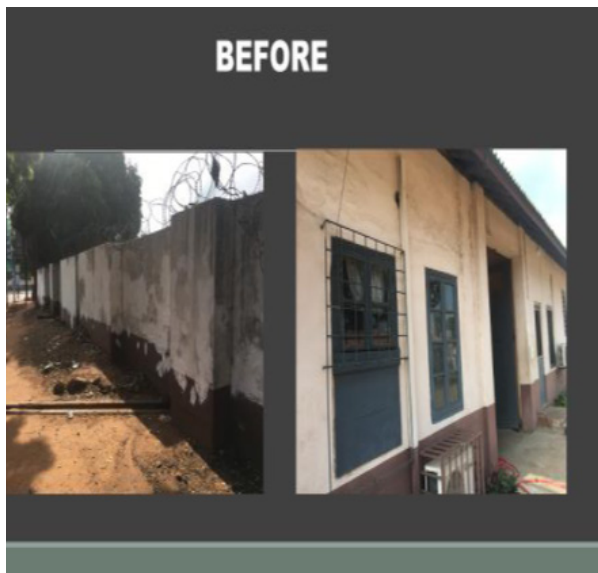


Fencing of the Hospital

At APH, the stores and pharmacy department's buildings which were dilapidated and deserted for a long time were renovated during the year under review. Customised plastic chairs and benches were procured and distributed to all units and departments to improve the comfort of staff and patients and reduce the scourge of bed bugs. Other works included re-wiring of the administration block, and renovation of consulting room 6



RENOVATION OF CENTRAL STORES



6.4 TRANSPORT

The fleet size at both MHA and the three psychiatry hospitals did not witness improvement in the year under review. The fleet size at MHA consists of 2 cross country vehicles, three pick-ups and 3 motor bikes.

The transport unit in APH has a fleet size of thirteen (13). This is made up of one (1) tricycle, four (4) motor bikes, four (4) double cabin pick-ups, three (3) buses, and one (1) salon car. The unserviceable vehicles were yet to be disposed because approval was yet to be obtained from the Chief of Staff.

Pantang hospital had a total fleet size of fourteen (14). This is made up of three (3) double cabin pick-ups, three (2) mini-buses, two (2) salon cars, two (2) motorcycles (2) tricycles and (2) tractors and one (1) ambulance.

6.5 EQUIPMENT

In the year under review, the International Central Gospel Church (ICGC) procured ECT machine and donated to MHA. However, the machine did not pass installation testing. MHA scheduled a follow up to rectify the situation.

At APH, the male infirmary and emergency wards was equipped with oxygen concentrators which was donated by the Ghana Somubi Dwumadie. A new microscope from the national malaria control programme was also provided to APH in recognition for the good practices and record keeping in malaria testing and reporting.

6.6 PSYCHOTROPIC MEDICATIONS AND STOCK LEVEL

During the year under review, MHA presented psychotropic medicines budget of seventeen million, seven hundred and thirty-six thousand, five hundred Ghana Cedis (GHC 17,736,500.00) to the Ministry of Health. However, Five Million Ghana Cedis (GHS 5,000,000.00) was approved for the purchase of psychotropic medicines. As of 31st December 2021, award letters for the procurement of the medicines had not been issued to the winning firms. It was expected that the award letters would be issued in early 2022.

Table 6. 1: TRENDS IN BUDGETARY ALLOCATION

YEAR	BUDGET PRESENTED	BUDGETARY ALLOCATION	ACTUAL EXPENDITURE	REMARKS
2021	17,736,500	5,000,000	4,957,000	The 53.9% reduction in the budget presentation of 2021 as against 2020 was because we had to take out some of the expensive drugs which were never procured anyway.

2020	38,435,000	5,000,000	4,236,696	The variance between actual expenditure and budgetary allocation was because the MoH reduced the quantity of one lot which had exceeded its allowed threshold
2019	38,094,968	7,3000,000	5,907,055.00	No bids were received for five (5) lots

It must be noted that medicines budget is directly managed by the MoH who are responsible for medicines procurement for mental health. Table 6.1 provides a trend of psychiatry medicines budgets between 2019 and 2021.

The availability of psychotropic medicines during the year under review improved. Medicines such as Amitriptyline 25mg/50mg tablets, Chlorpromazine Injection, Olanzapine 10mg, and Trihexyphenidyl Hydrochloride 5mg tablets were available throughout the year. The improvement was due to the fact that medicines procured in 2020 were received at the end of the year 2020 which were then distributed in 2021. The distributed medicines added up to the stock in 2021

Table 6.2: Psychotropic Medicines Stock level January 2021- December 2021

NO	DESCRIPTION	OPENING BALANCE	QUANTITY RECEIVED	TOTAL QUANTIY	QUANTITY USED	CLOSING BALANCE	REMARKS
1	Amitriptyline 25mg	1,760,220	0	1,760,220	1,394,860	365,360	
2	Amitriptyline 50mg	1,499,800	0	1,499,800	852,800	647,000	
3	Aripiprazole 5mg tab	0	9,912	9,912	0	9,912	

4	Aripiprazole 10mg tab	0	295,044	295,044	42,070	252,974	This is for now is prescribed by psychiatrists. There is a need for sensitisation of prescribers t
0 5	Benzotropine 2mg injection	630	2,000	2,630	2,570	60	
6	Benzotropine 2mg tab	0	20,000	20,000	12,000	8,000	
7	Carbamazepine 200mg tab	1,655,700	0	1,655,700	1,655,700	0	
8	Carbamazepine 400mg tab	404,930	85,680	490,610	490,610	0	
9	Carbamazepine Syrup	20	1,200	1,220	350	870	
10	Chlorpromazine injection	28,970	30,000	58,970	33,440	25,530	
11	Diazepam 10mg tab	74,900	0	74,900	74,900	0	
12	Diazepam 5mg tab	86,800	0	86,800	80,700	6,100	
13	Diazepam Injection	3,120	50,000	53,120	29,530	23,590	
14	Fluoxetine 20mg cap	113,900	0	113,900	113,900	0	

15	Fluphenazine injection	0	60,000	60,000	38,100	21,900	
16	Haloperidol 5mg injection	0	50,000	50,000	23,100	26,900	
17	Haloperidol 5mg tab	555,100	165,000	720,100	720,100	0	
18	Haloperidol 50mg injection	0	27,750	27,750	14,650	13,100	
19	Lamotrigine 100mg tab	0	12,000	12,000	9,000	3,000	
20	Lamotrigine 25mg tab	0	12,000	12,000	2,500	9,500	
21	Lithium Carbonate 200mg	1,000	0	1,000	1,000	0	
22	Olanzapine 10mg tab	3,615,900	297,100	3,913,000	3,910,000	3,000	
23	Olanzapine 5mg tab	805,800	277,000	1,082,800	1,082,800	0	
24	Methylphenidate 5mg tab	6,000	0	6,000	6,000	0	
25	Naloxone injection	0	2,000	2,000	430	1,570	
26	Paliperidone 100mg	0	190	190	165	25	

27	Paliperidone 150mg	0	100	100	93	7	
28	Paliperidone 75mg	0	132	132	129	3	
29	Phenobarbitone 200mg injection	0	500	500	250	250	
30	Phenobarbitone 30mg tab	493,500	0	493,500	493,500	0	
31	Phenobarbitone 60mg tab	969,500	0	969,500	969,500	0	
32	Quetiapine 200mg tab	0	100,000	100,000	13,600	86,400	
33	Risperidone 2mg	1,974,400	0	1,974,400	1,803,100	171,300	
34	Sertraline 50mg	0	100,000	100,000	100,000	0	
35	Sodium Valproate 300mg tab	407,500	50,700	458,200	411,700	46,500	
36	Sodium Valproate 500mg tab	143,300	309,100	452,400	337,800	114,600	
37	Topiramate 25mg	4,980	30,000	34,980	19,980	15,000	
38	Topiramate 50mg	0	30,000	30,000	20,400	9,600	
39	Trihexyphenidyl 5mg tab	1,557,500	742,500	2,300,000	596,500	1,703,500	

CHAPTER 7: COMMUNICATION & VISIBILITY

This chapter reports on activities that the Health Promotion and Communication Department embarked on with the objective of communicating with the outside world and enhancing its visibility in the public space.

7.1 MENTAL HEALTH PROMOTION

The Health Promotions Department has the core objective to create awareness of mental health and build resilience to cope with the daily stresses of life, promote mental health, self-care and improve help-seeking behaviour within the Ghanaian populace. In the year under review several strategic activities were conducted in line with this objective.

7.1.1 TRAINING OF JOURNALISTS

Foremost, was a tailored mental health literacy training programme for journalist named "Strengthening and transforming mental health reportage in the Ghanaian media space". The training was geared at exposing media personnel to strategies that sought to strengthen and transform their reports about mental health that would in turn reduce stigma and discrimination and encourage supportive attitudes

towards persons with mental illness and promote appropriate choice of words and descriptions in suicide cases. Two of such trainings for editors and reporters of various media house took place in Accra and Kumasi and about 122 participants benefited. Subsequently, it was observed that, media reportage on mental health had increased, contained fewer stigmatising descriptions and were more informative with such details as how to seek for professional help.

7.1.2 VIRTUAL SEMINARS

In midst of Covid 19 and taking advantage of technological innovations in holding meetings, a virtual strategy was adopted as way to reach the public. Contemporary and practical mental health issues were chosen for discussions, and these were facilitated by experts in academia, practice, and persons with lived experience. These experts included Specialist Psychiatrist, Clinical Psychologist, Sociologist, Lawyers, Industrial Psychologists, Care providers and Counselling Psychologists. Overall, nine interactive sessions were held. Three of these seminars commemorated world mental health related days such as the: Bipolar day, International Day Against Drug Abuse and Illicit Trafficking and International Day of Older Persons. On these occasions the global themes coined for the celebration served as a guide in the formulation of the topic and objectives of the programme. The rest of the seminars discussed topical mental health issues such as “Re-defining psychosocial support in the management of persons with bipolar disorder” and “Contemporary strategies in dealing with stress in the work-life balance”. These are available for viewing on MHA webpage and YouTube.

7.1.3 WORLD SUICIDE PREVENTION DAY

The commemoration of Suicide Prevention Day on 10th September began with a press release to all the media houses informing or reminding them about the day. This was an informative piece with available statistics about suicide in Ghana, the tell-tale signs of suicidal intentions, how to help someone with suicidal ideations and the availability of professional help. Following that, in collaboration with the mental health unit of the Ghana Health Service and Ghana Psychological Association, a suicide awareness programme and a psychological first aid clinic was done at Accra Girls Senior High School. In this programme, in an interactive session the students were exposed to all they needed to know about suicide. Subsequently, students who needed help were assisted to see a psychologist in an on-site clinic set up for purpose on that day.

7.1.4 WORLD MENTAL HEALTH WEEK COMMEMORATION

The world celebrated mental health day with the theme “Mental health in an Unequal World”. The objective of the celebration was to make a strong case for investment into mental health and to raise awareness of the public of need to take care of their mental health and wellbeing. Thus, MHA had a weeklong celebration for the said goal. The celebration began and was jointly launched by MHA, WHO, Ghana Somubi Dwumadie and Ecobank Ghana. Other activities included a community mental health awareness for the youth, school mental health awareness and psychological first aid programme organised in collaboration with Ghana Psychological Association. Other activities included radio and tv appearances to discuss the theme of the celebration and its significance, sensitisation of religious groups, and community durbars. Furthermore, a seminar attended by major stakeholders was also held to discuss the importance and the need to commit more resources into mental health in Ghana.

7.1.5 DEVELOPMENT OF MENTAL HEALTH PROMOTION MATERIALS

In the year under review the department developed three mental health promotion materials. This included a 2.5 -minute animation titled “The impact of COVID 19 and what we can do to help ourselves”. This was shared across media platforms and aired on GTV on several occasions. Another was a leaflet captioned “Strengthening and transforming mental health reportage in the Ghanaian space”. This was a customised promotion material for journalist that provided information about mental illness, what positive mental health meant, mental health problems, self-help strategies, enhancing mental health awareness through media reportage. The third promotional material is a booklet containing detail information about depression and suicide including strategies to deal with them. The target group for distribution is the Senior High School students but could also be of use to the public.

7.2 COMMUNICATION

7.2.1 ROUTINE ENGAGEMENTS

The communication department monitored newspapers and clipping of news items that are relevant to mental health. There was also the monitoring of various radio and TV stations for mental health related broadcast and same for the various social media platforms. Some online stories together with scanned copies of newspaper report on mental health areas were captured on a database at the department. There were also several media appearances by staff of the MHA and Public Relations (PR) Units of the Hospitals. These activities were mostly coordinated by the department.

7.2.2 COMPLETION OF MENTAL HEALTH TERMINOLOGIES TRANSLATION INTO AKAN

After a long break on processes to translate mental health terminologies into Akan language, the process was rekindled and there were three stakeholders' meetings to correct, validate and conclude on the work. The document was finally completed and published, and ready for dissemination, and use.

7.2.3 MHA CALL CENTRE AND HELPLINE

Another outstanding activity on the mental health calendar had been the setting up and operationalization of a call centre. In the year under review, management was able to finally put in place the call centre. The centre has all basic gadgets required to sustainably operationalize it to support persons who require these services.

7.2.4 MENTAL HEALTH EDUCATION

On public awareness and education of the populace on mental health in Ghana, the unit adopted an approach known as the one-on-one trainer-of-trainees (O³TOT) approach. Here, heads of health desks of two media houses were engaged on one-on-one basis to correct and educate them on the common mistakes media houses make in mental health reportage. They were then impressed upon to convey the education to other colleagues in the organization. This approach was successfully executed with the Multimedia brand and Citi FM radio station on their premises. It is deemed to be replicated in other media houses in Accra and beyond.

Below are images showing activities done during the commemoration of world mental health days in the regions.





7.2.5 SOCIAL MEDIA ACTIVITIES

The Authority utilized the social media a lot for its sensitization and public education. This education included articles and news on Covid-19. The Authority’s Facebook followership grew to a little over 3000, with 42,516 hits on a single post. Twitter grew in its followership to above 750 while YouTube channel did better than previous years. The tables below indicate our social media performance.

Table 7.1: Three Year Trend of MHA’s total likes on Facebook

YEAR	PAGE LIKES
2019	1,053
2020	3,078
2021	4,675

Table 7.2 Three Year Trend of Facebook Post Impressions and Post Reach

	2019	2020	2021
POST IMPRESSIONS	181,341	86,970	77,065
POST REACH	131,013	79,534	74,837

As shown in the 3-year trends above, Facebook likes, post impressions decreased in number, as compared to the numbers of the previous years. In 2019 there was a conscious effort to use celebrities to promote our social media messages. This could not be sustained in subsequent years. The Authority may however need to relook our social media content.

Table 7.3 Three Year Trend of Twitter Impressions and Followers

	2019	2020	2021
IMPRESSIONS	58,880	28,872	63,288
FOLLOWERS	244	615	870

Table 7.4 Three Year Trend of YouTube Subscribers

YEAR	SUBSCRIBERS
2021	82
2020	32
2019	13

The subscription rate on YouTube rose by about 150% annually from 2019 to 2021. The viewership (not in the table) rose from 345 in 2019 to 3,073 in 2020, then 4,900 in 2021.

CONCLUSION

While these promotional activities have brought into sharp focus the issues of mental health in the media landscape, awareness about mental health have heightened in the public. However, more needs to be done to reduce the stigma and discrimination in the public space. The government and policy makers are implored to demonstrate prioritizing mental health by committing more resources to the system. Organisations are also encouraged to pay attention to workplace mental health by investing in systems and structures that would promote mental health and wellbeing in the workspace. Individuals are equally asked to acquire appropriate knowledge and develop favourable attitudes to maintain, support and improve mental wellbeing.

CHAPTER 8: SERVICE DELIVERY

8.0 INTRODUCTION

The Mental Health Authority carried out its service delivery activities in collaboration with the Accra, Pantang and Ankaful psychiatry hospitals mainly through mental health promotion, prevention, early identification, treatment, rehabilitation, and clinical support for persons living with mental health conditions. Mental health services include out-patient attendance, in-patient care, occupational therapy, counselling, and other psychological interventions among others. The data and information provided in Table 22 were retrieved from DHIS 2 which captures data from all health facilities throughout Ghana including MHA facilities. The information therefore is not only what was seen at the psychiatric hospitals but also general hospitals providing mental health care in Ghana and reporting through the DHIS2.

8.1 CAUSES OF PSYCHIATRIC OPD ATTENDANCE (2019-2021) - GHANA

The Table 8.1 shows the trend of top ten causes of psychiatric (OPD) attendance from 2019 to 2021 in Ghana. During the year under review, Schizophrenia, Schizotypal and Delusional Disorders had the highest diagnosis with a total of 20,755.

Table 8.1 Causes of Psychiatric OPD Attendance (2019-2021) - Ghana

DISEASE/ CONDITIONS (NEW CASES ONLY)	2019			2020			2021		
	M	F	Total	M	F	Total	M	F	Total
Schizophrenia, schizotypal and delusional disorders	9502	10,385	19887	9,386	10,470	19,856	9,809	10,946	20,755
Epilepsy	10,951	9,698	20,649	10046	8,808	18,854	10,351	9,202	19,553
Mental disorders not specified above	3,333	4,628	7,961	3,042	4,264	7,306	3,698	5,513	9,211
Depression	1,302	4,037	5,339	1,279	3,483	4,762	1,496	4,009	5,505
Mental Disorders due to other psychoactive substance use	3,878	277	4,155	3,641	287	3,928	4,207	370	4,577
Mental Disorders due to Alcohol use	3,584	546	4,130	3,285	415	3,700	3,787	582	4,369
Generalized Anxiety	783	1,478	2,261	1,149	1,777	2,926	1,354	2,179	3,533
Bipolar Disorder	1,613	2,438	4,051	1,072	1,574	2,646	1,267	1,903	3,170
Dementia	571	975	1,546	716	1,194	1,910	693	1,327	2,020
Delirium	484	561	1,045	762	605	1,367	539	566	1,105

Table 8.2 shows the trend of total admissions of psychological cases by regions from 2019 to 2021. Central Region recorded the highest admission rate (1 161) during the year under review, while Western Region recorded the lowest (45) in the same year.

Table 8.2 Admissions by psychological cases from 2019 to 2021 by regions

Regions	2019			2020			2021		
	M	F	Total	M	F	Total	M	F	Total
Ahafo	180	133	313	166	112	278	133	119	252
Ashanti	242	145	387	202	166	368	266	185	451
Bono	276	288	564	305	215	520	134	97	231
Bono East	99	65	164	93	78	171	79	68	147
Central	489	312	801	439	296	735	705	456	1 161
Eastern	406	279	685	481	310	791	380	252	632
Greater Accra	915	590	1 505	393	262	655	380	205	585
North East	51	38	89	137	122	259	153	135	288
Northern	92	60	152	118	144	262	90	123	213
Oti	143	287	430	130	168	298	96	178	274
Savannah	39	26	65	77	45	122	55	32	87
Upper East	242	214	456	260	195	455	261	189	450
Upper West	221	216	437	145	108	253	144	121	265
Volta	363	270	633	279	176	455	162	138	300
Western	47	60	107	15	11	26	22	23	45
Western North	53	53	106	41	49	90	83	63	146
Ghana	3858	3036	6,894	3281	2457	5,738	3143	2384	5,527

Table 8.3 Community Mental Health Promotion Activities from 2019 - 2021

Community Mental Health Promotion Activities 2019 - 2021			
INDICATOR	2019	2020	2021
Audience/Attendance at Community durbars	4,862	455	635
Clients found in chain/shackles	59	40	38
Community durbars organized	31	4	3
Health talks	549	295	1195
Home visits	212	188	779
Outreach clinics conducted (Routine)	15	12	15
Educational institutions health programs conducted	26	18	20
Traditional and Faith-based healing centers visited	31	16	24

Community Mental Health Promotion Activities carried out during the year under review improved significantly as compared to the previous year. This is due to the easing of Covid 19 restrictions.

Table 8.4 Mental Health Clients Status 2019 - 2021 - Ghana

Indicators	2019	2020	2021
Voluntary treatment	179,337	159,450	173,254
Non-insured clients	116,982	61,271	65,524
New cases	53,983	47,154	52,544
Defaulters	40,187	31,749	31,070
Involuntary treatment	15,565	12,493	14,254
New cases through active case search	7,920	5,245	6,602
Discharges	6,139	5,216	5,496
Admissions (voluntary)	5,614	4,889	4,354
Relapsed	5,057	3,945	3,857
Recurrent	2,107	2,457	3,056
Clients referred (out)	2,552	2,064	2,200

Clients referred (in)	2,882	2,108	2,181
Clients received from faith-based healing centers	1,493	1,363	1,578
Admissions involuntary	1,214	759	1,038
Clients with physical disabilities (motor, vision, speech, hearing)	1,268	1,040	1,000
Deaths	1,709	963	921
Attempted suicide	880	777	902
Clients with adverse medicine reactions	642	500	453
Patients brought to the facility in chains or shackles	621	368	344
Vagrants treated	497	2,146	296
Clients received from traditional & herbal centres	348	296	261
Clients received from criminal justice institution and special institution (police cells, security services)	307	224	210
Admissions by certificate of urgency	46	39	109
Suicides	81	69	86
Perinatal depression	324	77	72
Repatriated clients	99	57	59
Repatriated clients received	74	42	42
Admissions (court order)	20	51	26
Seclusions (confinement of mental patient)	150	35	21

Table 8.4 presents Mental Health Clients Status from 2019 - 2021. During the year under review Voluntary treatment recorded the highest (173,254) and Seclusions recording the lowest (21).

Trend of Attempted Suicide And Suicides Cases in Ghana from 2019 - 2021

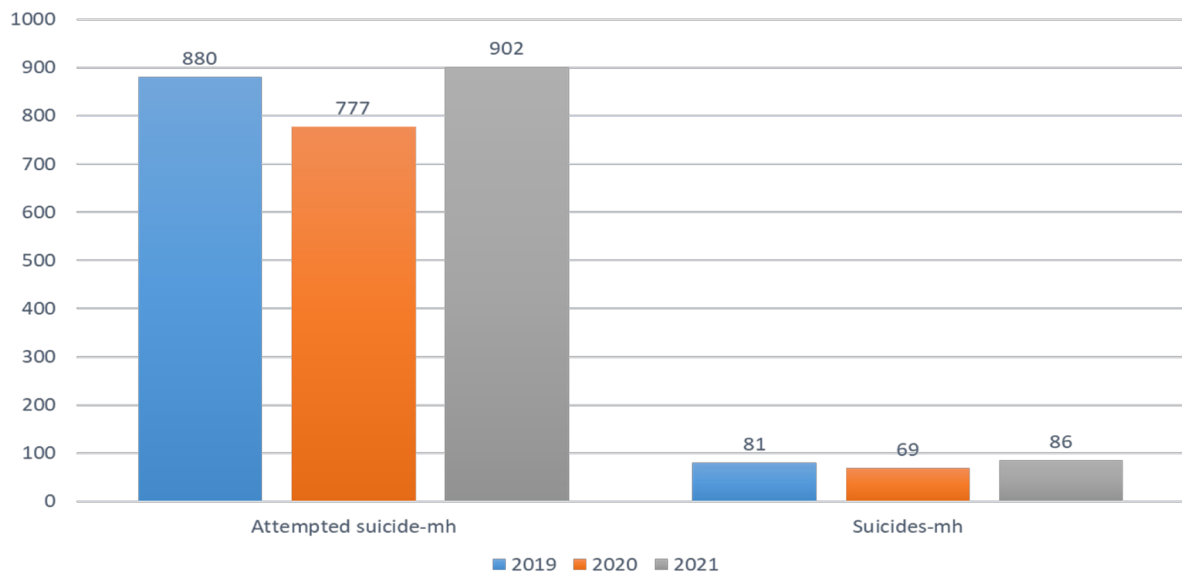


Figure 8.1 Trend of attempted suicide and suicide cases in Ghana

Figure 8.1 shows that, attempted suicide cases recorded was 902 in 2021. This marked a significant increase from 777 in 2019. Suicides recorded was 86, also an increase from 69 recorded in 2020.

8.2 QUALITY RIGHTS IN MENTAL HEALTH FACE-TO-FACE TRAINING ACROSS THE COUNTRY.

Quality Rights (QR) in Mental Health, Ghana, is a three-year initiative established by WHO, Geneva, and Stakeholders in Ghana. QR initiative is WHO strategy of person centred and recovery approach to provide human rights-based quality mental health care of persons with psychosocial, intellectual, and cognitive disabilities. Two strategies are used in this initiative. These are QualityRights e-training and face-to-face training. The training empowers mental health providers, caregivers, users of services, mental health advocates, students and individuals who go through the training to incorporate QR in service provision to know their rights in treatment and to be able to effectively advocate for policy changes to protect and defend those rights.

Table 8.5 Face-To-Face Training Across the Country

No.	PHASE	PARTICIAPNTS	NO. PARTICIPANTS EXPECTED	NO. TRAINED		
				Male	Female	Total
1.	Southern Zone	Psychiatrist, CPOs, Clinical Psychologists	150	103	82	185
2.	Northern zone	NTC MH Tutors, CPNs	200	232	102	334
3	TFBH	Traditional and faith-based healers	150	94	58	152
4.	5 selected regions across the country	Self-help Groups		38	83	121
TOTAL			500	467	325	900

GALLERY

Below are images showing activities of the various workshops.



8.2.1 E-TRAINING PERFORMANCE

QR e-training is promoted by 11 partners who facilitate for individuals to enrol and complete the training and thereafter submit their certificates to the MHA which coordinates the initiative. In the year 2021, a total of 8,141 persons completed e-training and submitted their certificates.

Table 8.6 shows three-year performance of partners on enrolment of the general public on the QualityRights e-training.

In the year of inception, a total of 5,082 persons completed e-training with certificates, whereas in the year of the pandemic, 1,819 certificates were obtained with 2021 having a total of 8,141 certificates.

The figures indicate that, in the year of the pandemic, the performance decreased due to the restriction and the inability to reach out to a number of people to encourage them to enrol on the QualityRights e-training platform whereas in the year 2021 the performance picked up due to the ease of the restrictions and even overtook the performance of the first year.

8.6 Table showing the e-training three-year performance of partners

Partners	Performance			Total
	2019	2020	2021	
	2019	2020	2021	3,909
CHAG	571	296	3,042	1,938
GHS	1338	138	462	1,879
MHA	651	25	1,203	1,623
MEHSOG	521	409	693	1,216
Ta-Excel Foundation	610	338	268	1,233
BasicNeeds Gh.	24	88	1,121	911
MindFreedom Gh.	297	221	393	971
Passion for Total Care	609	73	289	905
Inclusion Gh.	429	202	274	457
Special Olympics Gh.	32	29	396	15,042
Total	5,082	1819	8,141	3,909

Different ways of promoting QR training include using the certificates as CPD points for accreditation of professionals, social media campaign, and traditional media engagement. Some of the people who engage in e-training using this approach do not submit their certificates to MHA, yet they may be recorded in WHO database. Hence there may be a disparity between number of certificates obtained by MHA and number of persons who have completed the training as recorded in WHO database. In the year under review, WHO registered 17,685 and MHA obtained 15,042 certificates.

8.5.1 MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP) SUPPORT SUPERVISION

In the quest to scale up care for mental, neurological and substance disorders, the implementation of the mhGAP continued 2021.

During support supervision the following were some of the observations made by the support team:

- General Practitioners still refer mental health cases to Mental Health Units
- Integration of Mental Health Care into Primary Health Care is essential
- Mental Health Care Wards were compelled to see cases that were beyond their capacity
- Referral of Epilepsy cases to Mental health units by General Practitioners
- Non-reimbursement of NHIA for mental health conditions
- Irregular supply and shortage of Psychotropic medicine

GALLERY

Below are images showing activities of the support supervision.



8.6 INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

During the year under review, the IMO organised a workshop to seek support the share lessons learnt as well as good practices regarding the provision of MHPS reintegration support within the Sahel and Lake Chad region.

During the workshop, the MHPS mental health practitioners were provided with technical support on reintegration programmes and discussed issues in relation to sustainable reintegration for returned migrants to Ghana.

GALLERY

Below are images showing activities of the workshop.



CHAPTER 9: QUALITY IMPROVEMENT

9.1 QUALITYRIGHTS TRADITIONAL MEDIA CAMPAIGN

The WHO QualityRights initiative was led by MHA with the underlying notion of transforming the delivery of mental health care and to change attitudes towards people with psychosocial, intellectual, and cognitive disabilities. The aim of the initiative is to institute measures to ensure the protection, promotion, and fulfilment of the rights of persons with psychosocial, intellectual, and cognitive disabilities. In that stead, MHA decided to embark on a traditional media campaign to promote this ideology.

The traditional campaign in the regions also begun with training of stakeholders via zoom meeting. Participants included regional coordinators, regional health promotion officers, health workers and service users in the regions and some staff of MHA. These meetings were to ensure coordination in the messages that persons visiting various media houses in the regions were supposed to present. This was necessary to ensure that messages on QR within the various regions were presented in one voice and not in an uncoordinated manner that leads to disparities and non-conformity in the messages.

Furthermore, the campaign included video messages on QualityRights from high profile personalities including statemen and women, musicians, politicians, and regional talks. The video messages began to air on various TV stations on the 10th of September 2021, which happened to coincide with the observation of the World Suicide Prevention Day. The common theme of their messages was to impress on individuals, communities, stakeholders, organisations, and the public at large to take actions that will support the protection, promotion, and fulfilment of the rights of persons with psychosocial, intellectual, and cognitive disabilities

9.2 INFECTION, PREVENTION AND CONTROL

Infection Prevention Protocols have been instituted to ensure that all service users within the psychiatric hospitals were protected from hospital acquired infections. Protective clothing was available for use throughout the year. Onsite training on cleaning, decontamination and appropriate use of PPEs was organized for staff on the various wards. Proper segregation and disposal of waste was ensured during monitoring exercises.

9.3 PATIENT AND STAFF SAFETY

In Accra Psychiatric Hospital, staff were screened and those with anomalies were managed accordingly. Staff who were identified to have high body mass index (BMI) during the staff health screening exercise were taken through a weight management program. A total of twenty (20) incidents were recorded in the year under review. These include attack from patients, attack from strangers after close of work, destruction of property amongst others. Staff sustained various injuries including bites, broken finger, broken medical glasses, etc. The affected staff were given needed support and care.

9.4 COVID – 19

Covid-19 screening was carried to ensure all persons entering the facility wore mask and performed hand hygiene. Management of suspected and positive cases was done at a designated isolation ward to prevent spread of the virus. Staff were trained on the overview of covid-19 vaccination, nursing management of covid-19 positive cases, covid-19 in mental health and covid-19 safety protocols.

CHAPTER 10: MONITORING AND EVALUATION

10.1 INTERNAL PERFORMANCE REVIEW, 2020

Internal Performance Review was organised at the Authority's HQ and the 3 psychiatric hospitals in the year under review. This was done to monitor and assess the performance of the 3 psychiatric hospitals and to devise strategies to grow and extend mental services in the country. The review saw a significant increase in human resource (increase in recruitment of critical staff and mechanisation of casual staff), improvement in IT infrastructure, community mental health activities, health promotional activities and data management among others.

The review also gave the Authority and its facilities the opportunity to outdoor their plans for the ensuing year and to devise strategies to implement them amidst its challenges.

10.2 ANNUAL PERFORMANCE REVIEW, 2020

The Annual Performance Review of the Authority was held on 30th June 2021 and 1st of July 2021 at Accra City Hall in the Greater Accra Region under the theme 'Positioning Mental Health in National Economic Emergence from COVID-19 Pandemic.'. The objectives of the review were to evaluate progress on the 2020 calendar of activities, discuss issues relevant to Mental Health in Ghana and outline plans for the year, 2021.

The annual performance review showed a substantial improvement in activities at both the headquarters and health facility level. For instance, the expansion of IT infrastructure within the psychiatric hospitals, automation of Performance Planning, Review and Evaluation Tool, increase in the budgetary allocation for the provision of psychotropic medication and the securing of land for the construction of psychiatric hospitals in the middle and northern belts of Ghana.

The two-day session was seen as very insightful and instructive as it presented an opportunity to the Authority to review their activities for the year, criticise constructively, identify challenges, and best practices and help

10.3 SERVICE DELIVERY DATA VALIDATION

As part of efforts to enhance the quality of mental health service delivery data, the MHA conducted monitoring exercises at the 3 Psychiatric Hospitals from 9th - 17th August 2021. The objective was to ensure data provided and generated at the facility level is reconciled with data entered into the DHIS2.

The validation exercise highlighted inconsistency in patient diagnosis as reported in the patient's folder and the consulting room register, mismatch of data recorded on DHIS2 and that of the monthly report sheet of the facility, and inadequate Health Information Officers to manage the health information department at the facility level. It was recommended that to improve upon data management in the Authority, standard consulting room registers, recruitment of well-trained health information officers and medical health record officers were required. It was again noted that collaboration with head of Centre for Health Information Management (CHIM) was needed to review the mental health reporting forms in the DHIS2.

CHAPTER 11: CHALLENGES

11.1 CHALLENGES, MITIGATIONS AND NEW INITIATIVES

- **Funding**

The fundamental issue with mental health care in Ghana has been a lack of funding. GoG funding for mental health activities was inadequate during the year under review. This has led to a high indebtedness of the facilities and the inability of the MHA to fund certain planned activities.

- **Infrastructure**

There are some dilapidated buildings in the Psychiatric Hospitals which require urgent renovation. For instance, wards 9 and 11 at Pantang Hospital, Ankaful Hospitals OPD building. Some of the buildings also have a very poor sewage system which poses as a serious health risk to patients and staff of the hospital. Staff accommodation is also inadequate in all the 3 psychiatric hospitals. The internal road networks in Pantang and Ankaful also needs improvement as its current state makes it difficult to ply them.

- **Encroachment of hospital land**

Encroachment on Pantang and Ankaful Psychiatric Hospital lands remains a major challenge to the MHA. This has led to insecurity among staff and patients of the hospitals.

- **High attrition of staff particularly nurses**

The pursuit of greener pastures outside the county is a major contributor to this issue. Many nurses vacate their posts to work overseas due to poor conditions of service in the health sector.

- **Inadequate equipment and other logistics**

The non –availability of ultrasound machines, inadequate supply of Foetal Dopplers and oxygen cylinders and other important equipment greatly hampers treatment of patients in the facilities

- **Transport**

The psychiatric hospitals do not have enough vehicles to conduct their services, and the few that they do have are old and costly to maintain. In Pantang, transportation fare was given to staff to take commercial vehicles in the absence of Hospital vehicles, and this puts a lot of financial pressure on the hospital. The Authority requires additional cross-country vehicles to enable it carry out its monitoring and supervision exercises with ease.

CHAPTER 12: OUTLOOK FOR 2022

Reviewing activities and operational performance for the year 2021, the underlisted are provided as focal activities to be pursued in the year 2022.

- Re-train senior and middle level managers in management and leadership skills.
- Training on standard treatment guidelines (STG) for clinical staff.
- Train stakeholders on psychiatric terminologies in Twi
- Train staff in administrative procedures and practices
- Improve emergency preparedness: managing aggression effectively
- Review the Code of Conduct and Disciplinary Procedures for MHA
- Validate data entered DHIS2 monthly
- Scale up mental health terminologies to cover two more local language
- Disseminate document on psychiatric terminologies in Twi
- Lobby the MoH for staff accommodation
- Lobby MoH for recruitment of critical staff
- Lobby Urban Roads Department to rehabilitate internal road system in Pantang and Ankaful.
- Continue collaboration with MoH to transfer land ownership earmarked for the construction of psychiatric hospitals in the middle and northern belts of Ghana.
- To continue liaising with Regional State Attorney, Regional Police Command, and the Regional Coordinating Council to demolish selected structures situated on hospital land.

Appendix 1: Costing of mental health services in Ghana (2022-2026)\

Unit Cost Breakdown Per Level – Community (GHS ₵)

Disorder	Total -Community	Medicines & Supplies	Staff Compensation	Outpatient/ In-Patient
Anxiety disorders	50.20	0.00	20.20	30.00
Conduct disorders	80.20	0.00	20.20	60.00
Drug use/ dependence	47.00	0.00	5.00	52.00

Unit Cost Breakdown Per Disorder – Health Centre (GHS ₵)

Disorder	Total - Health Centre	Medicines & Supplies	Staff Compensation	Outpatient/ In-Patient
Anxiety disorders	349.03	56.70	72.33	220.00
Depression	465.58	73.91	91.67	300.00
Psychosis	492.61	114.40	78.21	300.00
Bipolar disorder	1,223.77	551.71	132.06	540.00
Epilepsy	135.22	43.47	11.75	80.00
Developmental Disorder	374.62	12.00	134.62	240.00
Conduct disorders	312.19		112.19	200.00

Attention disorders	42.03	32.85	1.18	8.00
Dementia	211.39	141.88	9.51	60.00
Alcohol use/dependence	17.63	17.63	80.00	98.75
Drug use/dependence	564.08	466.45	17.63	80.00
Self-harm/suicide	35.26	35.26	80.00	115.26

Cost Breakdown Per Disorder Hospital (GHS ₵)

Disorder	Total - Hospital	Medicines & Supplies	Staff Compensation	Outpatient/ In-Patient
Anxiety disorders	682.32	28.35	75.97	578.00
Depression	899.16	57.49	91.67	750.00
Psychosis	1,978.07	114.40	83.67	1,780.00
Bipolar disorder	2,944.23	551.71	137.52	2,255.00
Epilepsy	255.22	43.47	11.75	200.00
Developmental Disorder	734.62	-	134.62	600.00
Conduct disorders	612.19	-	112.19	500.00
Attention disorders	54.39	32.85	1.54	20.00
Dementia	844.96	141.87	23.09	680.00
Alcohol use/dependence	224.21		23.09	200.00
Drug use/dependence	2,889.54	466.45	23.09	2,400.00
Self-harm/suicide	46.18	46.18	200.00	246.18

Appendix II TRACER MEDICINES LIST FOR PSYCHIATRY

Name of Facility:.....

Date:.....

No.	Generic Name	Available
1	Cap. Fluoxetine 20mg	
2	Inj. Diazepam 5mg/ml	
3	Inj. Chlorpromazine 25mg/ml	
4	Inj. Fluphenazine decanoate 25mg/ml	
5	Inj. Haloperidol hydrochloride 5mg/ml	
6	Tab. Amitriptyline 25mg	
7	Tab. Phenobarbitone 30/60mg	
8	Tab. Diazepam 5mg/10mg	
9	Tab. Haloperidol 5mg/10mg	
10	Tab. Lorazepam 2mg	
11	Tab. Trihexyphenidyl hydrochloride 5mg	
12	Tab. Carbamazepine 200mg	