



MENTAL HEALTH AUTHORITY



2022 ANNUAL REPORT

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**MENTAL HEALTH
AUTHORITY (MHA)**

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Acronyms

AC	Audit Committee
AnPH	Ankaful Psychiatric Hospital
APH	Accra Psychiatric Hospital
AR	Ashanti Region
BAR	Brong Ahafo Region
BMC	Budget Management Centre
CAPEX	Capital Expenditure
CE	Chief Executive
CHAG	Christian Health Association of Ghana
DfID	Department for International Development
DHIMS	District Health Information Management System
ECT	Electroconvulsive Therapy
GAMA	Greater Accra Metropolitan Area
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

Executive Summary

This report captures the activities of the Authority throughout the preceding year, 2022. It sheds light on both the accomplishments and barriers faced by the Authority in its mission to advance the standard of mental health care within the country. It offers a concise historical overview of the Authority, its vision and mission, its mandate, and the scope of its operations. The report also provides an overview of activities spanning the MHA Headquarters, Psychiatric Hospitals, and Community Mental Health Services throughout the nation. Lastly, it underscores the collaborations established with diverse agencies, stakeholders, and civil society.

During the year under review, the Authority undertook several activities such as the establishment of the Mental Health Review Tribunal and Visiting Committees and active engagement with stakeholders regarding the Tracer Medicines List for Psychiatry. Additionally, the launch of the MHA call centre and the activation of a toll-free line (0800678678) took place. Furthermore, the Authority participated in the observance of various world mental health and human rights days.

While the procurement of psychotropic medications was successful, many medicines acquired in 2021 were delivered in the second quarter of 2022 to hospitals and Regional Medical Stores, with a few medications, such as haloperidol 5mg tablets and phenobarbitone 30mg, arriving in December 2022 and still being distributed. Unfortunately, several challenges persist; the acquired medicine quantities are significantly insufficient, for instance, a yearly demand of 3 million tablets of Olanzapine 10mg was only met with 1 million tablets; limited funds have curtailed the range of medicines that can be procured, thus restricting options.

This issue traces back to the ongoing challenge of funding for mental health. Insufficient funding impedes the implementation of vital programs, the growth of mental health facilities, and the recruitment and retention of skilled mental health professionals. As a result, individuals grappling with mental health conditions frequently confront limited access to appropriate treatment and support services, further worsening the mental health difficulties prevalent in Ghana.

Moving forward, the MHA intends to collaborate with the Ministry of Finance and other stakeholders to establish a sustainable approach to financing mental health care in

Ghana. The objective is to alleviate the financial burden on the Authority and empower it to embark on its numerous initiatives aimed at enhancing the mental well-being of Ghanaians.

Other notable challenges include the elevated brain drain among psychiatric nurses. This phenomenon arises from the scarcity of resources within psychiatric hospitals, which not only complicates their duties but also renders mental health care comparatively less appealing than other medical disciplines or alternative vocations. Moreover, the absence of compensation for the inherently high-risk nature of their responsibilities contributes to this trend. Consequently, many opt to seek opportunities abroad due to more favourable incentives.

The MHA seeks to address the challenge of retaining mental health workers by not only identifying cost-effective methods to enhance retention but also emphasizing key areas where investments can be made to improve working conditions. Potential measures like introducing risk pay for psychiatric staff to boost their motivation and attract new professionals to the field will also be considered. Acknowledging exceptional performance through additional compensation or increased responsibilities, ensuring proper tools for patient care, and enhancing the overall hospital environment are all ways to foster a sense of achievement, motivation, and stronger connections between workers and their patients.

In the year 2023, the primary objective of the authority will be to advance the collaborative agenda for sustainable funding and integration for mental health. The underlying goal is to further the Authority's vision of establishing a client-centred and research-driven mental health system that revolves around a motivated human resource. This goal can be achieved by fostering stronger collaboration with diverse agencies and stakeholders, enhancing mental health care systems, and making the most of available resources to guarantee accessible and enhanced quality of care. Additionally, it involves enhancing engagement with and providing support to staff across all levels, reinforcing ICT systems throughout the Authority, expanding the utilization of Telemedicine, and enhancing fund management to ensure better allocation of financial resources, among other strategies.

Chapter 1

BACKGROUND

1.0 Introduction

The Annual Report of the Mental Health Authority (MHA) for 2022 provides an overview of the key activities, achievements, and challenges encountered by the Authority throughout the period from January to December 2022. The report encompasses the operations of MHA Headquarters, Psychiatric Hospitals, and Community Mental Health Care, while also considering the contributions of significant stakeholders and collaborators.

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

- Respect for diversity
- Equal treatment
- Confidentiality
- Professionalism
- Compassion and Empathy
- Teamwork

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 with accreditation of its staff and standards of care. The Authority provides mental health services via the psychiatric hospitals and collaborates with other service delivery agencies at the primary, secondary, and tertiary levels of care.

Chapter 2

LEADERSHIP AND GOVERNANCE

2.0 Governing Board

The governing board of the MHA takes its mandate from the Mental Health Act, 2012 (Act 846) which establishes the Mental Health Authority as an agency responsible for mental health services in the country. The governing board has defined roles and responsibilities within the Mental Health Authority, including establishing policies, making significant and strategic key decisions, and overseeing the organization's operations. During the year under review the six (6) board meetings were held to discuss matters relevant to the Authority and advancement of mental health in the country.

2.1 Management Meetings

Various management meetings took place within the period under consideration, encompassing MHA board meetings, board committee sessions, Directors' gatherings, Mental Health Authority/Hospital Management discussions, Entity Tender Committee assemblies, General Staff assemblies, and Audit Committee (AC) meetings. Additionally, the AC was established during the year under review.

Table 2.1 Summary of meetings organised.

Key Indicator	Target	2020(%)	2021(%)	2022(%)
Number of MHA Board Meetings	4	6(150%)	n/a	6(150%)
Number of MHA Board Committee Meetings	Fluid	1	n/a	1
Directors' Meetings	10	5(50%)	5(50%)	4(40%)

Statutory Committee Establishment	2	1.5(75%)	1.5(75%) Full ETC Pending	1.5(75%) Full ETC Pending
MHA/Hospital Management Meetings	4	1(25%)	0(0%) But with 1/1	1(25%)
Number of Entity Tender Committee Meetings	4	2(50%)	5(125%)	4(100%)
Number of AC Meetings	4	3(75%)	-	1(25%)
Number of Stock Takes	2	1(50%)	1(50%)	1(50%)
Number of General Staff Meetings	4	1(25%)	1(25%)	2(50%)

2.2: Acquisition of Land for New Mental Health Hospitals

The Authority through its traditional landowners and relevant state officials and secured release of parcels of land for the construction of specialist mental health hospitals for the middle and northern belts of Ghana under the Agenda 111 projects.

For the middle belt, thirty-one (31) acres parcels of land were secured at Ejisu-Onwe near Kumasi in the Ashanti Region. An additional thirty (30) acres parcels of land were also secured for the construction of same in the northern belt at Tugu-Yapala on the Tamale-Yendi Highway in Tamale Metropolis.

2.3 Community Mental Health National Retreat

A national retreat was organised to strengthen collaboration among the service delivery agencies. The retreat was themed Community Mental Health Care: Reviewing the Approaches, Sustaining the Gains, and Improving Quality of Care to respect Human Rights. The main idea was to, shared knowledge and experiences, challenges, and workable solutions worth recommending and implementing towards sustained gains made in community mental health care. Participants were drawn from Mental Health Authority, Accra Psychiatric Hospital, Regional Mental Health Coordinators, Ghana Health Service and Christian Health Association of Ghana. In all, thirty-one (31) people participated.

Photo Gallery:



Images of participants during the national retreat of community mental health care

Chapter 3

FINANCIAL PERFORMANCE

3.1 Revenue

Table 3. 1 Consolidated revenue by source (Hospitals Inclusive)

3.2 Expenditure

Table 3. 2 Consolidated expenditure distribution by items (Hospitals Inclusive)

3.3 Funders Summit

Funding for mental health activities has not been encouraging as compared to other general health activities. Investment in physical health is much higher than that of mental health irrespective of the source, private or public. Despite, the significant development of laws and policies governing the mental health system, the lack of funding has particularly hindered the aspired transformation of the system. Improved flow of funding to the mental health sector has a strong potential of transforming and enhancing service delivery. This created the urgent need to engage potential funders in a constructive interaction that would set in motion increased flow of funds for needed results. In attendance were foreign mission, Development Partners, MDAs, and Corporate Organisations.

During the forum, partners revealed that they were surprised at the dire situation of the Authority. They stated that the programme was an eye opener and raised concerns to scale up such the programmes to capture a lot of potential funders and key stakeholders.

3.4 Procurement of medicines

An amount of five million Ghana Cedis was approved for the purchase of psychotropic medicines in 2022.

Table 3.3 Trend in budgetary allocations

YEAR	BUDGET PRESENTED (GHS)	BUDGETARY ALLOCATION (GHS)	ACTUAL EXPENDITURE (GHS)	REMARKS
2022	13,353,600	5,000,000	6,118,900	Bids not received for one (1) lot
2021	17,736,500	5,000,000	4,957,000	All lots tendered were procured.
2020	38,435,000	5,000,000	4,236,696	Quantity of one (1) lot was reduced

Chapter 4

HUMAN RESOURCE FOR HEALTH

The staff strength of the Authority as of 31st December 2022 was 1,999. Made up 1,220 female and 779 males. The professional Nurses (901) constituted most of the health workforce. Thus 45.07% of the total workforce of the Authority. Besides, the period under review ended with 176 Enrolled Nurses, 44 medical officers, and 12 psychiatrists.

Staff Strength – Permanent

Table 4.1 Three year trend of MHA staff strength

S/N	Year	Number
1	2022	1999
2	2021	2070
3	2020	1870

The staff strength was dropped by 71. This was due to high attrition rate due to exodus of health professionals to Europe and other developed countries to seek for greener pastures as well as significant request for transfer by the staff to join other sister agencies.

4.1 Casual Workers

There was a total number of 86 casual workers who complement the permanent staff to offer healthcare services.

Table 4.2 Three year trend of MHA casual workers

S/N	Year	Number
1	2022	86
2	2021	26
3	2020	51

4.2: Performance

4.2.1: Review of staffing norms of the Psychiatric hospitals

The Authority was unable to execute the activity due to lack of financial assistance even though proposals were sent to World Health Organisation (WHO) and USAID for financial support.

4.2.2: Completion of promotion, conversion, and up-grading policy

The zero draft has been developed; however financial approval is needed to continue.

4.2.3: Ms Excel training for human resource managers

To enhance on day-to-day operations of the Human Resource Managers, thirteen (13) Human Resource practitioners selected from all the facilities were trained on the Microsoft excel. The table 4.3 delineates the number of participants per facility.

Table 4.3 Participants per facility

S/N	FACILITY	No.
1	MHA	6
2	Pantang Hospital	3
3	Accra Psychiatric Hospital	3
4	Ankaful Psychiatric Hospital	1
	Total	13

4.2.4 Automated staff performance appraisal tool

The staff of the MHA were trained on the new Automated Appraisal Tool. The Unit Heads and Ward In-charges of the Accra Psychiatric Hospital were trained. The HR. Managers from Pantang Hospital and Ankaful Psychiatric Hospital were trained as Trainer of trainers (ToT) to cascade the training in their respective facilities.



4.2.5: Promotion

Total number of 320 duly qualified staff were all promoted during the year 2022.

Table 4.4 Three year trend of promotions

Year	Number of Staff Promoted
2022	320
2021	292
2020	268

4.2.6 Conversion and upgrading

Staff who were granted approval to under-take further studies were either converted or up graded. In all 29 staff were considered.

Table 4.5 Three year trend of conversion and upgrading

Year	No of Staff Converted/Upgraded
2022	29
2021	44
2020	126

Details of conversion and upgrading

Table 4.6 Details of conversion and upgrading

S/N	Cadre	Number
1	Administrative Manager	1
2	Estate Manager	1
3	Nursing Officer	17
4	Physician Assistant	3
5	Specialist -Psychiatrist	2
6	Specialist (Nurse)	1
7	Specialist (Public Health)	1
8	Staff Midwife	1
9	Staff Nurse	2
	Total	29

4.2.7: Recruitment

During the period under review there was no general recruitment. Only the health professionals assigned to the Authority by the Ministry of Health through the Ministry of Health recruitment portal were recruited.

Table 4.7 Recruitment

S/N	Cadre	Number
1	Comm. Mental Health Officer	1
2	Enrolled Nurse	1
3	Medical Officer	13
4	Staff General Nurse	2
5	Staff Mental Nurse	27
6	Staff Midwife	3
	Grand Total	47

4.2.8 Seconded staff and Key appointments:

Two staff were seconded to the Authority. One each from Controller and Accountant General Department and Ministry of Information

The following key appointments were made. Deputy Director, Health Promotion and Deputy Director Rights and Quality and Deputy Director PPME. The Position of the Chief Executive was also advertised, and the selection interview was done by the Public Services Commission under the auspices of the presidency.

4.4: Training and capacity building

The following officers were sponsored to attend Health Administration and Management Programme at Ghana Institute of Management and Public Administration (GIMPA).

They are:

- » Regional Mental Health Coordinator - Northern Region,
- » Regional Mental Health Coordinator - Western Region,
- » Mental Health Coordinator – Upper West Region
- » Deputy Director- Health Promotion.

This completes the Authority’s objective of training all the Regional Mental Health Coordinators of 10 traditional regions on leadership, management, and administration.

4.5 Peer Review Training

In the review period, the Mental Health Authority conducted training for 30 peer reviewers who were selected from the three psychiatric hospitals. The purpose of this training was to ensure consistent assessment and maintain high quality in the peer review process. Additionally, the training aimed to familiarize participants with the peer review checklist. The training included deputy directors and unit heads from MHA, hospital directors from the three psychiatric hospitals, as well as 10 accredited peer reviewers from Accra Psychiatric and Pantang hospitals. Unfortunately, due to limited funds, Ankafu Psychiatric Hospital could only send one accredited reviewer. However, this reviewer would subsequently train others at the facility after completing the training.

At the end of the training session, the accredited peer reviewers were equipped with the necessary knowledge to carry out successful peer review exercises. They also gained a better understanding of the peer review guidelines, checklist, and the MHA's peer review policy.

4.6: Training on mental health reportage for Journalists

Selected journalists from Ashanti, Northern and Western regions underwent a training on **“Enhancing and Transforming Mental Health Reporting in the Ghanaian Media Space.”**

The primary objectives of the training were to provide participants with a deeper understanding of the connection between mental health, mental illness, depression, and suicide. Additionally, the training aimed to educate participants on the appropriate way to report on suicide and to emphasize the influence of mental health stories on the overall mental well-being.

This initiative aimed to address the unintentional perpetuation of stigma and discrimination towards individuals with mental health conditions in the media.

Chapter 5

HEALTH TECHNOLOGY AND INFRASTRUCTURE

To enhance operational efficiency and streamline internal hospital procedures, the Mental Health Authority (MHA) encouraged its facilities to integrate Information and Communication Technology (ICT) into their daily management and processes. The hospitals modernised their internal business processes by deploying ICT in most of their functional areas.

5.1 Accra Psychiatric Hospital

The facility's IT infrastructure comprises 63 desktop computers, 1 server, 18 laptops, 20 tablets, and 67 desktop wireless phones. The implementation of the Lightwave Hospital Information Management System (LHIMS) has been successful and is running smoothly with round-the-clock support services.

For internal communication, additional AirtelTigo lines have been acquired, and a toll-free line has been established for the Hospital's use.

5.2 Pantang Hospital

The hospital planned for the automation of the following services shown in table 5.1 below.

Table 5.1 Service Automation

Expected delivery points to be automated	Status of Automation as of 31st December, 2022	Remarks
Medical OPD	Fully Automated	Fully Achieved
Maternity	Fully Automated	Partially Achieved
Pharmacy	Fully Automated	Fully Achieved
Stores and Procurement	Fully Automated	Fully Achieved

Medical Ward 3	Fully Automated	Fully Achieved
Psychiatric OPD	Fully Automated	Fully Achieved
Records	Partially Automated	Partially Achieved
Antenatal	Fully Automated	Fully Achieved
Dental	Fully Automated	Fully Achieved
Eye	Fully Automated	Fully Achieved
Accounts	Fully Automated	Fully Achieved
Laboratory	Partially Automated	Partially Achieved
Mortuary	Fully Automated	Fully Achieved
Dietician	Fully Automated	Fully Achieved
Psychiatric Wards	Not Automated	Fully Achieved
OT	Not Automated	Fully Achieved
Psychologist	Not Automated	Fully Achieved

5.3 Ankaful Psychiatric Hospital

In the review year, there was a successful installation of the Lightwave Health Information Management System (LHIMS) across the hospital. This deployment marked a significant leap forward in the hospital's ability to manage and streamline health information, ultimately leading to enhanced patient care and administrative efficiency. This led To an extensive training program which ensured staff were well-versed in the utilization of the system, guaranteeing its effective implementation and integration into their daily workflows. To improve internet connectivity, enhance communication and facilitate smoother data transmission a mast was installed.

5.4 Infrastructural Development/Rehabilitation

5.4.1 Accra Psychiatric Hospital

In view of the upcoming rebuilding of the Hospital and low release of funds by government, a lot of planned renovation works were not carried out in 2022 including the general painting works which were billed to be completed in 2022. However, the stores and pharmacy departments were renovated. Table 5.2 shows the ongoing projects in the review year.

Table 5.2 Ongoing projects

No.	Description	Undertaken by	Remarks
i.	General painting works at the Hospital block	Accra Psychiatric Hospital	On-going
ii.	Provision of televisions for various wards and departments	Accra Psychiatric Hospital	On-going

5.4.2 Pantang Hospital

Various repair and replacement projects were executed. These involved repairing and replacing the metal gate in the kitchen, installing frameless glazed doors in the theatre, constructing burglar proofing for windows and doors in the theatre and psychology unit, establishing a bio-digester for the kitchen and security post, painting the theatre and the exterior walls of ward 3, as well as conducting repair works on the main underground power cable, among other tasks. These projects were successfully completed. Additionally, there are a few projects nearing completion, such as the ongoing renovation works at ward 11 by Eco Bank and the construction of a 12-seater toilet by Greater Accra Metropolitan Area (GAMA.)

5.4.3 Ankaful Psychiatric Hospital

The Estates Unit despite the financial challenges of 2022 saw some quite good efforts, with the assistance of external donors. These included,

- » Renovation of Sangmuah Ward by Enterprise Group Plc.
- » Commencement of Kitchen renovation works from GNPC's support.
- » Procurement of renovation materials from ICGC funds to convert Volta Ward to a Dementia Ward.

- » Drilling and mechanizing one borehole for Volta Ward, with extension to 12-steps, Aggrey, and Lambo Hostel.
- » Repair of booster pump at the booster station
- » Tiling of Nightingale Ward's bathroom
- » Extension of Simew Ward's security wall
- » Internal renovation of one bungalow for a medical officer

5.5 Transport

There was no increase in the fleet size at MHA HQ. The fleet at MHA comprises of (2) two cross-country vehicles, (3) three pick-up trucks, and (3) three motorcycles. The transport unit at APH reported a fleet size of thirteen (13), including eight (8) vehicles, one (1) tricycle, and four (4) motorcycles. The vehicle category comprises four (4) double cabin pick-ups, three (3) buses, one (1) salon car, four (4) motorcycles, and a tricycle. However, the hospital still faces a significant need for additional utility vehicles. The disposal of unserviceable vehicles is pending approval from the Chief of Staff.

Pantang hospital reported a total fleet size of fifteen (15). This is made up of three (3) double cabin pick-ups, two (2) mini-buses, two (2) salon cars, two (2) motorcycles (2) tricycles and (3) tractors and one (1) ambulance.

Ankaful Psychiatric hospital reported a total fleet size of fifteen (11). This is made up of three (3) double cabin pick-ups, one (1) Cross country, one (1) salon car, two (2) buses (3) tricycles and (1) tractor and one (1) ambulance.

Table 5.3 below shows the total fleet size of MHA and the Regions

Table 5.3 Fleet size of MHA and Regions

	MHA	APH	PANTANG	ANPH	REGIONS
Pickups	3	4	3	3	0
Cross country	2		-	1	0
Salon	0	1	2	1	0
Buses	0	3	2	2	0
Motorbikes	3	4	2	-	0

Tricycles	0	1	2	3	0
Tractor	0		3	1	0
Ambulance			1		
Total	8	13	15	11	0

5.6 Availability of Psychotropics

Most of the medicines procured in 2021 were received in the second quarter of 2022 and were supplied to the various hospitals and Regional Medical Stores. A few medicines such as haloperidol 5mg tablets and phenobarbitone 30mg were received in December 2022 and are still being issued out. Table 16 below details quantities of medicines received and issued out in the year under review.

*Table 5.4 Quantities of medicines received and issued out
(January to December 2022)*

NO	DESCRIPTION	UNIT	OPENING STOCK	QUANTITY RECEIVED	TOTAL QUANTITY	QUANTITY ISSUED	CLOSING STOCK
1	Amitriptyline 25mg	Tablet	365,360	1,145,900	1,511,260	624,360	886,900
2	Benzotropine 2mg inj	Ampoule	60	1,000	1,060	1,050	10
3	Benzotropine 2mg tab	Tablet	8,000	10,000	18,000	18,000	0
4	Carbamazepine 200mg tab	Tablet	700	2,000,000	2,000,700	1,936,700	64,000
5	Carbamazepine Syrup	Bottle	870	0	870	870	0
6	Chlorpromazine inj	Ampoule	25,530	20,000	45,530	43,330	2,200
7	Clozapine 100mg tab	Tablet	0	20,000	20,000	19,600	400
8	Diazepam 5mg tab	Tablet	6,100	500,000	506,100	292,100	214,000
9	Diazepam Injection	Ampoule	23,590	30,000	53,590	35,500	18,090
10	Fluoxetine 20mg cap	Capsule	0	150,000	150,000	131,430	18,570
11	Flupentixol 20mg inj	Ampoule	0	2,000	2,000	1,940	60
12	Fluphenazine Inj	Ampoule	21,900	50,000	71,900	67,300	4,600
13	Haloperidol 5mg Inj	Ampoule	25,900	30,000	55,900	35,300	20,600
14	Haloperidol 5mg tab	Tablet	0	1,000,000	1,000,000	64,000	936,000

15	Haloperidol Decanoate 50mg	Ampoule	13,100	10,000	23,100	21,600	1,500
16	Lamotrigine 25mg tab	Tablet	9,500	1,000	10,500	10,500	0
17	Lithium Carbonate 300mg	Tablet	0	12,000	12,000	1,500	10,500
18	Olanzapine 10mg tab	Tablet	3,000	1,248,400	1,251,400	1,251,400	0
19	Olanzapine 5mg tab	Tablet	10,200	1,188,300	1,198,500	1,150,500	48,000
20	Paliperidone 100mg	Syringe	25	122	147	127	20
21	Paliperidone 150mg	Syringe	7	30	37	35	2
22	Paliperidone 75mg	Syringe	3	56	59	51	8
23	Phenobarbitone 200mg Inj	Ampoule	250	500	750	750	0
24	Phenobarbitone 30mg tab	Tablet	0	1,000,000	1,000,000	60,000	940,000
25	Phenobarbitone 60mg tab	Tablet	0	427,500	427,500	427,500	0
26	Risperidone 2mg	Tablet	171,300	1,154,400	1,325,700	1,020,600	305,100
27	Sodium Valproate 300mg tab	Tablet	46,500	600,000	646,500	643,380	3,120
28	Sodium Valproate 500mg tab	Tablet	114,600	600,000	714,600	329,020	385,580

Chapter 6

HEALTH INFORMATION

6.0 Review of Mental Health Data Set in Dhims2

The Authority organised a meeting with stakeholder involving Centre for Health Information Management (CHIM), the 3 psychiatric hospital directors, with their health information officers and the department of mental health (GHS).

The objective of the meeting was to review the mental health data set (variables in the forms) in DHIMS2 for the purpose of comprehensive and accurate mental health data reporting.

During the meeting, some concerns raised were that there are no dedicated mental health data validation teams in the facilities to validate data before entry into the DHIMS. This leads to the reporting of inaccurate mental health data. Again, there was the issue of misinterpretation of data variables (elements) by some staff.

At the end of the meeting, some of the recommendations made were the following: setting up of dedicated data validation teams at the various facilities to validate data monthly before entry into the DHIMS. There should be training of the data validation steam (administrators, HoDs, health information officers etc) to prevent misinterpretation of data variables.

Chapter 7

HEALTH SERVICE DELIVERY

7.0 Causes of psychiatric OPD attendance (2020-2022)

Table 7.1 below shows the trend of top ten causes of psychiatric (OPD) attendance from 2020 to 2022 in Ghana. Schizophrenia, Schizotypal and Delusional Disorders had the highest diagnosis with a total of 24,790 an increase from 20,755 which was recorded in 2021.

Table 7.1 Causes of psychiatric OPD attendance (2020-2022)

No.	Disease Conditions	2020			2021			2022		
		M	F	Total	M	F	Total	M	F	Total
1	Schizophrenia, schizotypal and delusional disorders	9386	10470	19856	9809	10946	20755	11549	13241	24790
2	Epilepsy	10046	8808	18854	10351	9202	19553	10198	8910	19108
3	Mental disorders not specified above	3042	4264	7306	3698	5513	9211	4764	6296	11060
4	Depression	1279	3483	4762	1496	4009	5505	1737	4537	6274
5	Mental Disorders due to other psychoactive substance use	3641	287	3928	4206	370	4576	4811	438	5249
6	Mental Disorders due to Alcohol use	3285	415	3700	3787	582	4369	3773	546	4319
7	Bipolar Disorder	1072	1574	2646	1267	1903	3170	1444	2185	3629

8	Generalized Anxiety	1149	1777	2926	1353	2177	3530	1181	1856	3037
9	Dementia	716	1194	1910	693	1327	2020	797	1441	2238
10	Delirium	762	605	1367	539	566	1105	565	557	1122

7.1.1 Admissions by psychological cases from (2020 - 2022) by Regions

Table 7.2 shows the trend of total Admissions of psychological cases by regions from 2020 to 2022. Central Region recorded the highest admission rate (1,956) during the year under review, while Western Region recorded the lowest (14) in the same year.

Table 7.2 Admissions by psychological cases (2020-2022)

Region	2020			2021			2022		
	M	F	Total	M	F	Total	M	F	Total
Ahafo	166	112	278	133	119	252	101	77	178
Ashanti	202	166	368	266	185	451	348	292	640
Bono	305	215	520	134	97	231	272	210	482
Bono East	93	78	171	79	68	147	71	51	122
Central	439	296	735	705	456	1161	1157	799	1956
Eastern	481	310	791	380	252	632	381	206	587
Greater Accra	393	262	655	380	205	585	509	377	886
Northeast	137	122	259	153	135	288	121	114	235
Northern	118	144	262	90	123	213	94	102	196
Oti	130	168	298	96	178	274	132	119	251
Savannah	77	45	122	55	32	87	80	57	137

Upper East	260	195	455	261	189	450	194	180	374
Upper West	145	108	253	144	121	265	106	89	195
Volta	279	176	455	162	138	300	132	126	258
Western	15	11	26	22	23	45	8	6	14
Western North	41	49	90	83	63	146	144	102	246
Ghana	3281	2457	5738	3143	2384	5527	3850	2907	6757

7.1.2 Community Mental Health Promotion Activities from (2020 - 2022), Ghana

Table 7.3 community mental health promotion activities

Data Elements	Target	Minimum Target	2020	2021	2022
Number of Community durbars organised	20/ DISTRICT (261)= 5,220	5% (261)	1,180	1,080	1,654
Number of Audience/ Attendance at Community durbars			60,616	87,583	108,184
Number of Home visits	1,200/DISTRICT (261)= 313,200	10% (3,132)	86,812	101,599	115,308
Number of Clients found in chain/shackles			3,175	6,781	5,736
Number of Health talks	1,200/ DISTRICT(261) = 313,200	10% (3,132)	121,929	151,446	169,558
Number of Outreach clinics conducted (Routine)	4/ DISTRICT(261) = 1,044	10%	(10)	13,836	17,309
Number of Outreach clinics conducted (Specialist)	4/ REGIONS(16) = 64	50% (4)	883	1,700	1,671
Number of educational institutions health programs conducted	52,557 Schools in Ghana	10%(526)	13,232	15,482	24,753
Number of faith-based healing centres visited	Visit to TFBH(1705)	20%(34)	4,057	5,080	4,955
Number of people in support groups (self-help groups (AA/ NA, etc)			21,882	34,080	32,854
Number of traditional and herbal centres visited	Visit to TFBH(1705)	20%(34)	1,531	1,677	1,743

Figure 7.1 shows the trend of attempted suicide

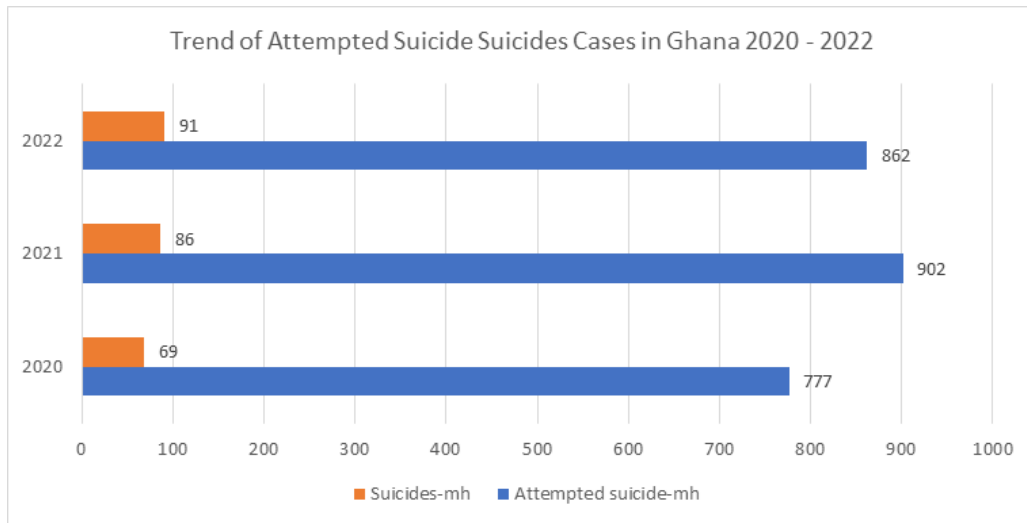


Figure 1 Trend of Attempted Suicide Suicides Cases in Ghana 2020 - 2022

7.4. 2022 Support Supervision Visit: Savanna, Northeast and Northern Regions

As part of the efforts to integrate mental health services into the general healthcare system, the Mental Health Authority undertook support supervision visits in three regions located in the northern belt of Ghana. A total of 14 facilities were visited, with 7 in the Northern Region, 4 in the Northeast Region, and 3 in the Savannah Region.

The primary objective of the visits was to assess the level of integration of mental health services within the selected facilities' general healthcare systems and identify both best practices and areas requiring improvement in terms of skills and knowledge.

Photo Gallery



7.5 2021 Annual Performance Review of the Mental Health Facilities

The Mental Health Authority (MHA) held its annual performance under the theme “Strengthening mental health care and psychiatric emergency response in disaster and pandemics management.”

The aim of the annual review was to evaluate the performance of the Mental Health Authority in delivering accessible and high-quality mental healthcare in line with the Mental Health Policy. The participants involved representatives from various agencies of the Ministry of Health. Regional mental health coordinators, representatives from the three psychiatric hospitals, and training institutions including Pantang, Ankafu, and Yendi nursing training schools, as well as the College of Health in Yamfo participated in the programme.

During the review, esteemed organizations like the Foreign Commonwealth Development Office (FCDO), the World Health Organization (WHO), the Ghana Health Service (GHS), and the Christian Health Association of Ghana (CHAG) conveyed supportive messages. In addition, stakeholders delivered a total of 14 presentations focusing on the provision of mental health services in Ghana.

The annual review emphasized the overall progress made in implementing the Mental Health Policy. It was noted that the Mental Health Authority had increased its visibility, with greater emphasis placed on community mental healthcare. Moreover, there had been advancements in IT infrastructure within the psychiatric hospitals.

However, the review also identified several significant challenges. These included inadequate funding, insufficient availability of psychotropic medications, imbalances in the staff mix and distribution of clinical psychiatric officers and community mental health officers, high staff turnover rates, particularly among nurses, and inadequate and substandard infrastructure within the psychiatric hospitals.

7.6 Psychosocial support for deportees from Oman

The Authority, through the Psychiatric Association of Ghana and Ghana Psychological Association collaborated with the International Organization of Migration and the Ministry of Foreign Affairs to provide psychosocial support for deportees from Oman.

7.7 Launch of the Mental Health Authority call centre.

The Mental Health Authority launched a call centre on 20th September 2022 to provide psychological first Aid to individuals with suicidal ideations. The call centre provides toll free services to all clients.

7.8 Health Promotion Activities

7.8.1 Virtual Seminars

One of the strategies to create awareness on mental health was the organisation of virtual seminars. A total of 7 virtual seminars to create awareness on mental health issues were organised. On average, about 150 participants attended with a total of 20 facilitators. Participated topics treated include.

1. Abusing drugs in contemporary times health risk & mental health implications
2. Examining sexual anxiety in males and females.
3. Social media: Cyberbullying and mental health.
4. When love turns sour and its mental health implications. Adopting strategic coping mechanisms.
5. Schizophrenia- Balancing our beliefs and appropriate knowledge to manage the condition.
6. Considering our mental wellbeing in dating and choosing a life partner. The protective approach.
7. Implications of imposing a career path for your child. The good, the bad and the ugly.

7.8.2 Mental health awareness program in SHS

Mental Health Authority embarked on a “Senior High Schools Mental Health Educational Campaign” at Accra Wesley Girls, Presbyterian boys’ school, Odorgono secondary school and Osu Presbyterian Secondary. Similar educational campaigns went on throughout country.

7.8.3 Show your love campaign

To demonstrate care and compassion for individuals living with mental health disorders, the Mental Health Authority launched a campaign called “Show Your Love.” This initiative aimed to promote love and affection towards those with mental illness, particularly during the month associated with love, February. The campaign’s objective was to encourage the public to express love and support for individuals living with mental health disorders, and to improve on their recovery, specifically on Valentine’s Day.

7.8.4 QualityRights e-training certificates updates

In the year under review a total of Three thousand, one hundred and ninety-nine (3,199) certificates were obtained for QualityRights e-training.

7.8.5 World mental health week celebration

The theme for the year was “Make mental health & well-being for all a global priority.” On Monday, October 10th, 2022, the global community observed World Mental Health Day, an annual event dedicated to raising awareness about mental health and well-being worldwide.

The objectives of the weeklong program were as follows:

- » Increase awareness about preventive measures for mental health.
- » Advocate for greater investment in mental health initiatives.
- » Promote public awareness of the importance of self-care and support for mental well-being.
- » Educate traditional and faith-based healers on guidelines for providing services in a compassionate and dignified manner.

In the various regions, Mental Health Days were commemorated through activities such as radio and TV programs, sensitization efforts targeting religious groups, school health education initiatives, and community durbars. These activities aimed to raise awareness among the public about the designated theme for the year.

By the end of the week-long celebration, participants had gained knowledge about preventive mental health interventions and help-seeking behaviours. Traditional and faith-based healers agreed to adopt a more humane approach in delivering their services.

Gallery

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



Chapter 13

CHALLENGES, MITIGATING STRATEGIES AND OUTLOOK FOR 2023

Table 8.1 presents challenges faced by the Authority Headquarters as well as the three Psychiatric hospitals

Table 8.1 Challenges and mitigating strategies

CHALLENGES	MITIGATING STRATEGIES
FUNDING	<p>The Mental Health Authority (MHA) is dedicated to enhancing cooperation with relevant stakeholders and government with the goal of promoting the creation of a levy or dedicated funding mechanism aimed at increasing financial support for mental health initiatives.</p> <p>Explore more creative approaches to generating internal revenue, eliminate all sources of financial loss within the system, and persist in the effort to incorporate mental health services into the NHIS.</p>
Decrepit Health Infrastructure	<p>Accra Psychiatric Hospital (APH) is currently seeking to construct a 6-toilet seater facility and renovate some departments.</p> <p>Pantang Hospital is in the process of implementing various projects, including the installation of window and door security grilles at the theatre and psychology unit, the establishment of a bio-digester for the kitchen and security post, repairs to the primary underground power cable within the hospital, and the roofing of Ward 3</p> <p>Ankaful Psychiatric Hospital also commenced Kitchen renovation works with GNPC's support, obtained funding from GNPC for the renovation of kitchen and received support from MESOG for Quality Rights activities and securing sponsorship from Enterprise Group Plc. for the complete renovation of Sangmuah Ward</p>
Poor Internal Road network	<p>Pantang Hospital embarked on the project to reshape and level the road for improved drivability.</p> <p>Ankaful Hospital is collaborating with the Department of Urban Roads to explore the possibility of paving internal pathways</p>

<p>Unstable Power supply from ECG</p>	<p>Utilized the generator to supplement power from the ECG, incurring significant fuel expenses for the hospital.</p> <p>Sent a letter to the Energy Commission, requesting assistance in resolving the electricity instability issues at the hospital</p>
<p>Malfunctioning Of LHIMS</p>	<p>1 Regular monitoring of the units and departments was conducted to offer on-site assistance to those encountering system challenges. Additionally, individuals in need of refresher training were provided with support to ensure their proficiency in operating the LHIMS</p>
<p>Hospital land encroachment at the frontage</p>	<p>Pantang Hospital has proactively responded to the situation by erecting a wall around its premises to deter any further encroachment. Furthermore, a dedicated police outpost has been established to enhance the safety and security of both patients and staff. Management of AnPH is collaborating closely with the Regional State Attorney, Regional Police Command, and Regional Coordinating Council to officially inform encroachers of the hospital's intent to reclaim its land. This collaborative effort aims to facilitate the controlled removal of specific structures under the protection of law enforcement</p>
<p>Inadequate Vehicles</p>	<p>Appealed for the provision of vehicles to the Hospital from the Ministry of Health (MoH).</p> <p>Maintained the overage vehicles of the hospital to ensure that we had the means of transport during the period.</p>
<p>High attrition rate among nurses</p>	<p>To address this issue, it is crucial to prioritize staff welfare and benefits by implementing attractive compensation packages that include competitive salaries, benefits, and incentives. Such measures can help retain staff and incentivize them to remain committed to the mental health sector in Ghana.</p>
<p>Lack of psychotropic medication</p>	<p>MHA will collaborate with government and stakeholders to ensure the timely procurement of psychotropic medicine.</p>
<p>Inadequate mental health data</p>	<p>MHA is actively engaged in improving the Mental Health Information Systems as a fundamental aspect of Ghana's National Health Information System. This initiative is aligned with the Authority's dedication to improving data management practices and improving service delivery standards in the field of mental healthcare</p>

Chapter 14

OUTLOOK FOR 2023

This section presents the outlook for the year 2023

LEADERSHIP AND GOVERNANCE

- » Develop a Manual for Tribunal sittings and Visiting Committee visits.
- » Provide orientation of Board members, Directors, and Regional Coordinators on Tribunal and Visiting Committees work
- » Explore more sustainable resource inflows including NHIS and the MH Levy to improve upon delivering MHA mandate.
- » Strengthened partnership with government machinery to address many estate and resultant security challenges at Pantang and AnPH.
- » Engage Committee on Constitutional and Legal Affairs on Legislative Instrument.
- » Obtain accreditation for the Accra Psychiatric Hospital from HeFRA

SERVICE DELIVERY

- » Evaluate and improve the operations of the MHA helpline.
- » Develop of Risk Management Policy & training of staff on risk management.
- » Draft a proposal to review MHA strategic plan.
- » Complete and disseminate the Research agenda.
- » Observe mental health-related days.
- » Carry out Support supervision visits to the remaining thirteen (13) regions.
- » Strengthen public relations in the community and facilities.
- » Actively pursue the repatriation and reintegration drive
- » Strengthen community mental health activities.

HEALTH WORKFORCE/ DEVELOPMENT

- » Train at least two thousand (2000) people on QualityRights E-training.
- » Train two hundred (200) people on QualityRights face-to-face training.
- » Provide IT Training for staff.
- » Train and/or re-train senior and middle-level managers in management and leadership skills

- » Train and/or re- train on standard treatment guidelines (STG) for clinical staff.
- » Strengthen the use of Staff Performance Planning, Monitoring, and Assessment Tool
- » Build capacity on the Workload Indicators of Staffing Need (WISN) so that the facilities can apply it to determine their manpower.
- » Facilitate rebuilding of Accra Psychiatric Hospital

PSYCHOTROPIC MEDICATIONS AND TECHNOLOGIES

- » Ensure continuous access to psychotropic medicines - foster continued cooperation with the MoH to guarantee regular and adequate provision of psychotropic medications.
- » Organize Stakeholder engagement on Tracer Medicines List for Psychiatry.
- » Improve internet and intranet systems at the headquarters and facilities.
- » Improve social media presence.

HEALTH WORKFORCE/DEVELOPMENT

- » Train at least two thousand (2000) people on QualityRights E-training.
- » Train two hundred (200) people on QualityRights face-to-face training.
- » Provide IT Training for all staff.
- » Strengthen the use of Staff Performance Planning, Monitoring, and Assessment Tool
- » Build capacity on the Workload Indicators of Staffing Need (WISN) so that internal facilities can apply it to determine their manpower needs.
- » Training on standard treatment guidelines (STG) for clinical staff.

HEALTH FINANCING

- » Conduct quarterly financial audit visit (MHA& Hospitals)
- » Conduct performance audit visit (MHA & Hospitals)
- » Internal revenue generation improved by at least 20% over 2022, all leakages finances identified and blocked, and mental health care included in NHIS.

PSYCHOTROPIC MEDICATIONS AND TECHNOLOGIES

- » Ensure availability of psychotropic medicines by continuing collaboration with MoH for adequate and regular supply of psychotropics
- » Improve internet and intranet systems at the headquarters and facilities.
- » Improve social media presence of the Authority.