

**MENTAL
HEALTH
AUTHORITY**



NATIONAL MENTAL HEALTH RESEARCH AGENDA

2019 - 2030



**DECEMBER
2021**



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December 2021



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Foreword

Evidence-based mental health care presupposes research in all areas of mental health to inform policies and practice. Research is one area, which has been weak in mental health practice in Ghana. Researchers are often funded, and mental health has not been the priority of funders hence researchers have not been interested in mental health. The low publication output in mental health among health publications is ample testimony of this point. Clinicians have also generally been too busy to engage in mental health research. These and other reasons have contributed to mental health research being low.

The Mental Health Policy 2019-2030 has devoted significant attention to research. Therefore, it has become important to draw an agenda to guide the process of addressing this gap in research. Recommendation goes to the team of researchers from the Ghana Health Service Research and Development Division who led the process to draft this research agenda. The document went through a process that analyzed the mental health research needs of the country. The team went through a situational analysis from the WHO-AIMS assessment for Ghana, reported in 2013. The team also studied the draft 12-year Mental Health Policy 2019-2030. These documents indicated the areas of need which include epidemiological studies on mental illnesses in the life course, prevalence studies on substance use disorders and predictors of drug use, among others.

The research agenda is a pointer to the direction of the Ministry of Health and the Mental Health Authority that services shall be evidence based. The Agenda takes into consideration past and current challenges in mental health care and gaps in information and data.

Researchers, students, and others wishing to have an area of study will find this Agenda useful.

While the Mental Health Authority is taking steps to establish a research fund to finance some of these research activities, we encourage development and private partners to see an opportunity in the identified areas to support mental health research. We also encourage academic institutions to encourage their students to utilize the research agenda during their research dissertation. If this is done, it is hoped that in a few years to come there will be evidence-based response to any question on mental health in Ghana.

Prof. Akwasi Osei,
Chief Executive
December 2021.

List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorders
AIDS	Acquired Immune Deficiency Syndrome
CHAG	Christian Health Association of Ghana
CHPS	Community- based Health Planning and Services
CPN	Community Psychiatric Nurse
DHIMS	District Health Information Management Systems
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
IGF	Internally Generated funds
MHA	Mental Health Authority
MOH	Ministry of Health
NCD	Non-Communicable disease
NGO	Non-Governmental Organization
OPD	Out -Patient Department
PHC	Primary Health Care
RDD	Research and Development Division
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health Systems

Background

The dearth of detailed knowledge of psychiatric illnesses in Ghana has made it difficult to estimate the true prevalence of mental disorders and plan effectively for mental health promotion, prevention, and treatment. Stakeholders in the mental health field had been concerned with the perennial inadequate funding for mental health services. Researchers have used the findings of these types of research to argue for more resources for mental health however, such pleas would be more forcefully made were there are more accurate epidemiological data (Read & Doku, 2012).

The first study of mental illnesses in the then Gold Coast was commissioned by the Colonial Office to study ‘the forms of neurosis and psychosis ...’. Four hundred cases of mental disorder were identified with the help of census enumerators and chiefs (Tooth, 1950). This was followed in the 1950s by ethnographic research of people with mental disorder attending rural shrines. Until recently, majority of the research in mental health has been undertaken by the country’s few psychiatrists, occasionally assisted by expatriate researchers or clinicians, and has remained small in scale (Read & Doku, 2012).

Such hard-pressed psychiatrist had undertaken few studies drawing on records from Accra Psychiatric Hospital (APH) in particularly as the psychiatric hospitals were the most easily accessible sites for research at the time. In a study of first admissions to APH spanning a period of 20 years (1951 - 1971), a sharp increase in admissions from 265 in 1951 to 2284 in 1967 was observed. This was followed by a decline to 736 in 1971 (Foster, 1972). The political climate between 1961-1966 is said to be responsible for this observed change however, since then admissions approximate to the 1960s figure despite political stability and economic development in recent years. Though hospital admissions figures may be useful, they are unreliable indicators of psychiatric morbidity since they are confounded by population growth and increased awareness and exclude many cases who do not attend psychiatric services (Ferri et al., 2004).

The review by Read and Doku (2012) noted a few community-based prevalence studies which do not employ standardized research diagnosis or epidemiological methods (Sikanartey & Eaton, 1984; Osei, 2003).

After a review of mental health research in Ghana, Read and Doku (2012), suggested the following areas as research priority areas:

- Population-based epidemiological studies of mental disorders – including attention to shrines and churches.
- Research on mental disorders, in particular psychosis, substance use, depression, somatisation, and self-harm including risk factors, clinical picture, course, and outcome.
- Outcome studies of interventions within psychiatric services, primary care, and other service providers e.g., NGOs
- Experiences of people with mental illness and their family members, including the psychosocial and financial impact, help-seeking, and treatment experiences.
- The practices of traditional and religious healers and potential for collaboration.

Introduction

The Mental Health Authority (MHA), an Agency of the Ministry of Health established by an Act of Parliament, Mental Health Act 2012 (Act 846), has the mandate to provide an integrated, culturally appropriate, quality, and accessible mental health care of world class standard in Ghana.

The Mental Health Policy document (2019-2030) outlines strategies for improving various aspects of the health system including human resource, financing, governance structures, partnership, infrastructure, health technology and very importantly, research and publications.

The policy document identifies the paucity of research as a constraint to evidence-based decision-making and adequately highlights that this gap is negatively affecting mental health delivery. To address this research gap, the MHA, in collaboration with the Research and Development Division of the GHS and other stakeholders, has developed a research agenda to guide the conduct of research in mental health.

The main objective of this research agenda is to bring relevant issues to the fore and encourage staff of MHA as well as its stakeholders to conduct mental health research that will essentially generate knowledge and results to better understand the issues of mental health amongst individuals, households, and communities.

This research agenda covers broad determinants and key issues of mental health and mental illness. This information would guide the development of effective interventions to help in prevention, diagnosis, case management and effective training of healthcare professionals.

The Agenda Setting Process

The agenda setting process comprised a desk review, stakeholder consultations, expert group reviews and a stakeholder validation workshop.

Desk Review

The RDD team identified and reviewed study reports and documents on mental health in Ghana as well as other relevant materials on research agenda setting. The main objective was to gather knowledge about important research areas or gaps. It was also to learn about strategies adopted by others for research agenda setting.

The documents/materials reviewed include:

- ✚ The study report on overview of Ghana's mental health system,
- ✚ Mental Health Policy for Ghana (2019 – 2030)
- ✚ The Ghana Health Service National Health Research Agenda
- ✚ The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) Report (2012) and
- ✚ The WHO Comprehensive Mental Health Action Plan (2013-2020)

Stakeholder Mapping

The team consulted with the Mental Health Authority to identify stakeholders in Mental Health in Ghana. These included the following:

- Key staff of the Ministries of Health, Gender, Children and Social Protection, Justice and Attorney General and Finance, professional groups, and traditional healers.
- Psychiatric Hospitals, Ghana Health Service (GHS), Christian Health Association of Ghana (CHAG), Teaching Hospitals and private clinics.
- Non-Governmental Organisations in mental health such as Basic Needs Ghana, Mind-Freedom Ghana, Psycho-Mental Health International and Mental Health Society of Ghana (MEHSOG).
- Academics such as tutors and lecturers in the Universities and Nursing Training Colleges
- Private individuals, philanthropists, and Journalists

Following the stakeholder identification, the team sent an email request to stakeholders across the 10 regions of Ghana to propose relevant themes for research in mental health. Follow ups were made via telephone calls. The main aim was to seek views and insights from the diverse stakeholders and to ensure that these views inform the process and outcome of the research agenda setting. The initiative resulted in a list of about 300 areas and/or topics for research submitted by the various stakeholders.

Collation and Categorization of Key Research Areas

The RDD team then collated, reviewed, and organized the suggested topics under the **six (6)** main domains of the WHO/AIMS Tool for the assessment of mental health systems. These domains are Policy and Legislative Framework, Mental Health Services, Mental Health in Primary Care, Human Resource, Public Education, and link to other sectors as well as Monitoring and Research.

Validation and Prioritization of Key Research Areas:

The team further conducted validation and prioritization of key research areas in three stages: an expert group review, stakeholder validation meeting and final stakeholder consultation.

Expert Group Review

An expert group meeting comprising key staff from the MHA, GHS, and a community health expert to review and validate the initial alignment of topics/themes under the domains they were assigned to and advise on the appropriateness of the research topics as stated.

The group also reviewed the list of weaknesses identified in the mental health system in respect of interventions that had occurred in response to the findings of the WHO-AIMS study of 2012. The team following the review revised the collated topics and issues.

Stakeholder Validation Meeting

A meeting with all identified stakeholders was convened to further review and validate the draft research agenda on June 8, 2018, at the AH Hotel, East Legon, Accra. At the meeting, facilitators presented the draft research agenda for discussion. Stakeholders were then constituted into four groups and tasked to assess the relevance of the listed topics, determine appropriateness of each proposed topic based on a set of criteria provided (criteria shown in annex); determine if the topics fitted in the domains assigned them. The groups then presented their work in plenary sessions.

Final Stakeholder Consultation

There was an update of the draft document with the reviewed version after the June 8 stakeholder consultation meeting. The team circulated the updated document (the revised research agenda) via email to the stakeholders for final validation. Finally, the team incorporated the feedback from stakeholders into the final mental health research agenda.

The Research Agenda

The team organized the research agenda along the domains of the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS). Initially, there is a description of the scope of each domain and the weaknesses in the domain as identified by the stakeholders and expert review. Following the initial description is a list of priority research areas for the domain.

Domain 1: Policy and Legislative Framework

Scope of the domain: Included in this domain are policy and plans; legislation, financing of mental health services and monitoring and training on human rights.

Weaknesses in domain 1: Policy and Legislative Framework

- Insufficient funding has affected service delivery particularly access and coverage.
- There is lack of regional and district management structures for mental health with multiple negative consequences including inadequate planning, monitoring, service, and quality improvement.
- The mental health system in Ghana is primarily inpatient care.
- There is inadequate use of legislation to regulate admission of patients
- The supply of psychotropic medications is not consistent or uniform in coverage.
- There is lack of policy and regulation concerning the practice of psychiatry by faith-based practitioners.
- There is insufficient use of clinical guidelines even where they exist.
- There is inadequate legal and financial support for people living with mental disorders especially in the areas of employment and housing.
- There is low potential for internally generated funds (IGF) as service users are usually poor.
- Non-functional visiting committees of the MHA, thus widespread human rights violations

Priority Research Areas in Domain 1

No.	Research Topics
1.	Ethical and legal challenges associated with the provision of mental health services within the Ghanaian socio-cultural context.
2.	Improved efficiency in governance and management of the mental health system
3.	Availability of policies and guidelines on specific life-course service delivery
4.	Robustness of the family/welfare system to aid in the full recovery of treated and discharged persons living with mental illness
5.	Health system design: challenges to effective and efficient delivery of mental health services in Ghana
6.	Understanding mental health and human rights perspectives.
7.	Cost of mental health care in Ghana
8.	Evaluating the economic costs of mental health in Ghana
9.	Social support systems for the mentally ill including housing and employment.

No.	Research Topics
10.	Assessing funding options for mental health service
11.	Scale up of services for mental health: precepts and prospects in Ghana

Domain 2: Mental Health Services

Scope of the Domain: Mental health services include organisational integration of mental health services; outpatient services; day treatment services; community-based psychiatric inpatient services; long stay residential services; and psychiatric hospitals. It also includes community residential facilities; other residential facilities; forensic inpatient units or mental health services in the criminal justice system; availability of psychosocial treatment in mental health facilities; availability of psychotropic medicines; equity of access to mental health services and availability of services across the life course.

Weaknesses in domain 2: Mental Health Services

- Insufficient in-patient facilities in the regions and districts have put burden on families who must travel long distances in search of treatment.
- There is overcrowding in some of the in-patient facilities.
- There are very few community-based rehabilitation facilities.
- Management of substance related disorders is deficient outside psychiatric institutions.
- There is inequitable distribution of resources such that nearly all the resources are to the three psychiatric hospitals located in large urban centres in the south.
- Long-stay patients take up the few rehabilitation facilities.
- Patients are restrained and secluded at the least opportunity without exploring other options.
- Persons living with mental health conditions are secluded and restrained within the community.
- Supply of community mental health facilities (e.g., office & clinic space) and resources (e.g., medication & transport) to support community mental health practice is insufficient.
- There is lack of services specifically for children, adolescents, pregnant women, and the elderly.
- There are insufficient day treatment centres in the country whereas there should be several hundreds.
- The number of community-based psychiatric in-patient units is inadequate.
- The number of community residential facilities is inadequate.
- There are insufficient specialist services, for children, the elderly, children with learning and developmental disabilities, forensic and substance related disorders.

Priority Research Areas in Domain 2 – Mental Health Services

No.	Research Topics
Domain 2-1	Epidemiology of mental disorders in Ghana: population, geographic, condition and age specific
1.	National prevalence study on mental disorders and epilepsy.
2.	Mental disorders among persons with non-communicable diseases (NCDs).

No. Research Topics

3. Epidemiology of mental disorders in Ghana; a comparative study of rural and urban population
4. Prevalence and age-of-onset distributions of mental disorders in Ghana
5. Prevalence of mental disorders among people living with HIV in Ghana
6. Estimates of mental disorders; prevalence and severity in children: the case of Ghana
7. Estimates of mental disorders; prevalence and severity in adolescents: a comparative study of 16 regions in Ghana
8. Perception of the causes of mental illness and treatment in Ghana
9. Risk factors associated with mental illness in Ghana
10. Determining the burden of mental health conditions
11. Prevalence of dementia
12. Prevalence of suicide and suicidal attempts
13. Biological determinants of mental health disorders
14. Epidemiology of violence in mental health

**Domain Depression
2 -2**

15. Prevalence of depression
16. Causes of depression in Ghana
17. Prevalence and risk factors of depression in specific populations
18. Prevalence and determinants of depression in pre- and post-partum mothers
19. Trends in psychological distress and mental health treatment-seeking behaviour in Ghana
20. The relationship between level of depression and HIV positive status

**Domain Alcohol and substance misuse
2 - 3**

21. Alcohol and substance use in Ghana
22. Substance use disorders among adolescents- risk factors, challenges, and epidemiology
23. Prescription drug use e.g., tramadol misuse among the youth
24. Gambling related disorders in Ghana
25. Contribution of media alcohol advertisements to alcoholism among the youth
26. Alcohol and substance use and intimate partner violence in Ghana.

**Domain Access to Care
2- 4**

27. Access and utilization of mental health services in Ghana
28. Integration and collaboration of orthodox mental health care and alternative treatments (faith-based organizations and traditional healers).
29. Integration of mental health services into mainstream health system (primary health care)
30. Access and utilization of substance use rehabilitation facilities
31. Assessment of gender-based barriers to accessing mental health services among insured and uninsured clients
32. Factors influencing the choice of type and place for mental health treatment
33. Effects of care giver attitude on treatment compliance of mental disorders

No.	Research Topics
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| 34. | Reintegration of persons living with mental illness into the society/community |
| 35. | Domiciliary care of the mentally ill in Ghana. |
| 36. | Perceptions on the 'causes' and classifications of mental illness
Screening or assessment and management of the elderly for dementia at the general OPD. |

Domain 2- 5	Mental Disorders – Child and Adolescent Mental Health Care
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2-5-1	Prevalence of Child and Adolescent Mental Disorders
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| 37. | Seizure disorders in the child and adolescent population |
| 38. | Neuropsychiatric complications of neonatal jaundice in the short, medium, and long terms. |
| 39. | Learning and developmental disabilities in children |
| 40. | Attention deficit hyperactivity disorders and associated morbidities in Ghanaian children |
| 41. | The mental health burden/needs of children with chronic medical conditions such as diabetes mellitus, chronic renal failure, sickle cell disease, etc. |
| 42. | Mental health conditions among teenage single mothers. |
| 43. | Major sources of stress among teenage single mothers with mental health conditions |
| 44. | Coping strategies used by teenage single mothers with mental conditions |
| 45. | Prevalence of anxiety and depression among adolescents |
| 46. | The psychosocial impact of socio-cultural dimensions of mental health on vulnerable groups – women accused of witchcraft, single mothers, victims of abuse and victims of early marriages, etc. |
| 47. | Mental health complications of rape and defilement |
| 48. | Prevalence of mental health conditions in Juvenile delinquent institutions in Ghana |

2-5-2	Prognosis of Child and Adolescent Mental Disorders
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| 49. | Academic performance among children with mental health disorders |
| 50. | Childhood trauma and mental health |
| 51. | Pediatric outcomes of perinatal mental illness |
| 52. | The psychosocial effects of abortion among teenagers |

Domain	Suicide and Suicide Prevention
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2- 6

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|-----|--|
| 53. | The major factors contributing to attempted suicide among specific age groups |
| 54. | Epidemiological studies of suicide and attempted suicides in Ghana |
| 55. | Psychosocial and cultural predictors of suicidal ideation among adolescents in Ghana |

Domain	Medicines and Therapeutic Interventions
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2-7

No.	Research Topics
56.	Effectiveness of medicines in treating mental illness
57.	Factors influencing non-compliance to medications for people living with schizophrenia/ other mental disorders
58.	Dispensing practices of pharmacists and chemical sellers in relation to opiate (narcotic) analgesics
59.	The effects of logistical supplies (medicines and non-medicines) on the quality of clinical mental health care
60.	The various types of therapeutic activities and their perceived effectiveness by clients
61.	Evaluation of the available treatment models for persons with substance use disorders.
62.	Examining the unmet need for treatment of mental disorders in Ghana
63.	Management of juvenile mental health problems in Ghana
64.	Balancing management of patients using medication and psychosocial interventions.

Domain 2-8	Socio-Cultural Dimensions of Mental Health
65.	Girl-child marriage and its psychosocial effects on the victims
66.	Mental health care and spirituality
67.	Cultural practices and their influence in mental health
68.	The role of traditional and faith-based healers in mental health care
69.	Costs of mental health care at traditional and faith-based healing centres compared to that of the formal sector
70.	Societal labels for mental illness and how these affect caregivers' perception and attitude towards persons living with mental illness
71.	The contribution of a person's sociocultural background to his/her mental health status.
72.	Social support for persons living with mental illness
73.	Stigma and discrimination among persons living with mental illness
74.	Do Ghanaians understand mental health?
75.	The practice of family caregiving and its psychosocial effects on family caregivers of people living with mental illness.

Domain 2- 9	Health Technology and Infrastructure
76.	Telehealth and mental health
77.	Mobile Apps in the management of mental disorders
78.	Internet based support groups in the management of substance use disorders
79.	Mapping and capacity of community mental health facilities

Domain 3: Mental Health in Primary Health Care

Scope of the Domain: The mental health in primary health care domain includes orthodox, non-orthodox interaction with complementary/alternative/traditional practitioners

Weaknesses in domain 3: Mental Health in Primary Health Care

- Mental health services provided by inadequately trained staff.
- The referral system to the mental health system is generally poor
- Traditional practitioners are breaching the human rights of patients in their practice i.e., starving, chaining, etc.

Priority Research Areas in Domain 3 – Mental Health in Primary Care

No.	Research Topics
1.	Assessment of the level of integration of mental health services into primary health care including CHPS
2.	Type of mental health services at the primary care level
3.	Mental health awareness at the primary care level
4.	Linking mental health care to NCD management at the PHC level
5.	The effect/challenges faced by primary caregivers of persons living with a mental condition.
6.	Level of collaboration between orthodox and traditional /alternative practice
7.	Prevalence of human right abuses in traditional / alternative practice in Ghana.

Domain 4: Human Resources

Scope of the Domain: Included in these human resources domain are staff working in mental health services; training mental health practitioners; user/consumer and family associations, activities of consumer/family associations and other NGOs.

Weaknesses in domain 4: Human Resources

- The right skill mix of professionals is lacking in the mental health field. For example, psychiatrists, psychologists, occupational therapists, workers trained for community mental health practice, social workers, specialized mental health nurses, etc.
- There are insufficient incentives for staff working in the mental health field.
- Inadequate in-service/refresher training for mental health staff at the primary care level
- The number of doctors at the postgraduate level in psychiatry is low.

Priority Research Areas in Domain 4: Human Resource

Research Topics

1. Assessment of the gaps in human resource for mental health care in Ghana. What is available now and what are the standards.
2. Task shifting – Registered Mental Nurses (RMN) and Community Psychiatric Nurses (CPN) providing care in health facilities: success and challenges
3. The health worker's perception of mental health conditions with respect to knowledge, attitude, and skills
4. Safety and wellbeing of mental health care providers in Ghana (Occupational health and safety)
5. Workplace mental health and wellness
6. Exodus of mental health professionals in Ghana, challenges, and prospects.
7. Mapping of mental health resources (personnel) in Ghana
8. Factors that attract and retain mental health professionals in mental health practice in Ghana.

Domain 5: Public Education and Links with Other Sectors

Scope of the Domain: The above covers public education and awareness on mental health and links with other sectors (formal collaboration)

Weaknesses in domain 5: Public Education and Links with Other Sectors

- There is insufficient public education, which is likely to affect acceptance of persons living with mental illness in the community and their reintegration.
- There is no coordination of public education / awareness raising campaigns etc. on mental health.
- Criminal justice personnel have limited mental health training.
- There is inadequate information on the prevalence of mental health problems in prisons.
- Inadequate school mental health services

Priority Research Areas in Domain 5: Public Education and Links with Other Sectors

No.	Research Topics
5-1	Public Education
1.	Promoting mental health and well-being (community mental health literacy)
2.	Knowledge, attitudes, and perception of community members towards mental illness
3.	Young people's attitudes toward people with mental health problems: evaluation of an educational approach
4.	Planning and structuring of mental health promotion programmes.
5-2	Education Sector
5.	An assessment of school-based mental health services for common adolescent mental health problems in Ghana
6.	The perception and attitudes of students towards mental illnesses
7.	The role of teachers in the early detection and management of learning disabilities among pupils
8.	Primary school teachers' level of knowledge on the causes, symptoms, and effects of attention deficit hyperactivity disorder
9.	An assessment of mental health counselling in Schools
5-3	Family, Community, Society
10.	Role and contribution of community/family members in the management, rehabilitation and reintegration of persons living with mental illnesses
11.	The roles and contributions of the media in mental health promotion.
12.	Societal stigmatization
13.	Caregivers' perception of the major factors contributing to relapse among persons living with mental illnesses.
14.	Factors influencing caregivers' choice of treatment pathways for persons living with mental illnesses.
15.	Parents' perception of the causes of mental health conditions and their psychosocial effects on the patients and the family

No.	Research Topics
16.	An assessment of the types of self-help groups and their activities in the promotion of mental health
17.	The practice of family caregiving and the psychosocial effects on family caregivers of persons living with mental illness

Domain 6: Monitoring and Research

Scope of the Domain: Monitoring mental health data through routine data collection and reporting; and research

Weaknesses in domain 6: Monitoring and Research

- The mental health information system is not adequate, not utilised and lack of data aggregation and reporting.
- Inadequate use of standardised assessment tools for mental health care
- Inadequate mental health research in Ghana

Priority Research Areas in Domain 6: Monitoring and Evaluation

No.	Research Topics
6-1	Monitoring
1.	How complete is the mental health data generated from the DHIMS?
2.	What is the quality of mental health data generated from DHIMS?
3.	The usage of data by managers and providers to improve planning and programme implementation?
6-2	Evaluation
4.	Development of national standards and validated scales for the measurement of mental disorders (reporting)
5.	What are the outcomes and impacts of mental health programmes?
6.	Evaluation of community mental health strategy after decades of implementation.
7.	Evaluation of the policy of integration of mental health services into the mainstream clinical services.
8.	Assessing strategies for implementing mental health plans
9.	Measuring the spread of mental health care in Ghana
10.	Assessment of the implementation on quality of the mental health policy
11.	Impact of stigmatization on quality and access to mental health services in health facilities
12.	Assessment of gender barriers to accessing mental health services among insured and uninsured clients
13.	Mapping of formal and informal mental health services in Ghana (including infrastructure)
14.	Evaluation of health research done with respect to mental health

Other Priority Research Areas

No.	Research Topics
	Others

No.	Research Topics
1.	Meeting the sexual and reproductive health needs of persons with mental health disorders
2.	Assessing mental health needs of commercial sex workers.

Conclusion

A research agenda is what drives any setup because it presents evidence among others that helps prioritize urgent needs.

This research agenda is the output of consultation of stakeholders who work in mental health in Ghana. It provides a summary of areas where urgent evidence is required to inform mental health care at all levels of service delivery.

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Annex:

Criteria for selecting topics under each domain

Procedure: For each domain, please review each issue /theme using the criteria below and finally rate the selected issues using the scale below.

1. Relevance

- *How large or widespread is the problem?*
- *Who is affected?*
- *How severe is the problem?*

2 Urgency of data needed (timeliness)

- *How urgently are the results needed for making a decision or developing interventions at various levels (from community to policy)?*
- *Consider which research should be done first and which can be done later.*

3. Feasibility of study

- *Look at the project you are proposing and consider the complexity of the problem and the resources you will require to carry out your study.*
- *Issues of manpower, time, equipment and money that are locally available*
- *In situations where the local resources necessary to carry out the project are not sufficient; you might consider resources available at the national level.*
- *Explore the possibility of obtaining technical and financial assistance from external sources.*

4. Applicability of results

- Is it likely that the recommendations from the study will be applied?*
- This will depend not only on the management capability within the team and the blessing of the authorities but also on the availability of resources for implementing the recommendations.*
- The opinion of the potential clients and of responsible staff will influence the implementation of recommendations*

Scales for rating topics

Relevance

- *1. = Not relevant*
- *2. = Relevant*
- *3. = Very relevant*

Urgency

- *1. = Information not urgently needed*
- *2. = Information could be used right away but a delay of some months would be acceptable*
- *3. = Data very urgently needed for decision-making*

Feasibility of results

- 1. = Study not feasible, considering available resources*
- 2. = Study feasible, considering available resources*
- 3. = Study very feasible, considering available resources*

Applicability

- 1. = No chance of recommendations being implemented*
- 2. = Some chance of recommendations being implemented*
- 3. = Good chance of recommendations being implemented*