MENTAL HEALTH ATLAS 2020

Member State Profile

[Ghana]

Total population (UN official estimate):¹
Total mental health expenditure per person (reported

30 417 858 Income Group:³
3.3 [GHA- CEDIS] WHO Region:

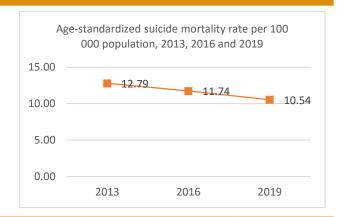
Lower-middle

AFRO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

1 584.2 10.54



Mental health research and reporting

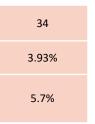
Availability / status of mental health reporting:

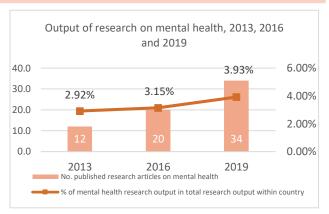
Mental Health specific data compiled in the last two years for public sector

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





MENTAL HEALTH SYSTEM GOVERNANCE					
Mental health policy / plan		Mental health legislation			
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental health:		Yes	
(Year of policy / plan):	2019	(Year of law):		2012	
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶	5	Law is in line with human rights covenants (self- rated 5-points checklist score; 5 = fully in line) ⁷		5	
Human resources are estimated and allocated for implementation of the mental health policy/plan	No	authority or independent body	A dedicated auth irregular inspecti- health services a		
Financial resources are estimated and allocated for implementation of the mental health policy/plan	No			plaints of human	
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	Indicators were available but not used				
Child and/or adolescent mental health policy/plan					
Stand-alone or integrated policy or plan for child mental health	Yes	Stand-alone or integrated policy or plan for adolescent mental health		Yes	
(Year of child mental health policy / plan):	2019	(Year of adolescent mental health policy / plan):		2019	
Suicide prevention strategy/policy/plan					
Stand-alone or integrated strategy/policy/plan for suicide prevention	No	(Year of strategy/policy/plan) -		-	

RESOURCES FOR MENTAL HEALTH Mental health financing The government's total expenditure on mental health as % of total government health expenditure 3.0% The government's total expenditure on mental hospitals as % of total government mental health expenditure 67.8%

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay at least 20% towards the cost of services

How the majority of persons with mental health conditions pay for psychotropic medicines

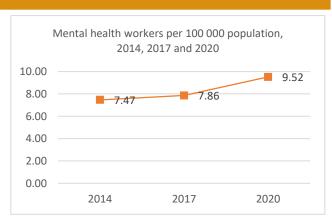
Persons pay at least 20% towards the cost of medicines

The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

No

Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	39	0.13
Mental health nurses	2 463	8.10
Psychologists	26	0.09
Social workers	362	1.19
Other specialized mental health workers (e.g. Occupational Therapists)	6	0.02
Total mental health professionals	2 896	9.52

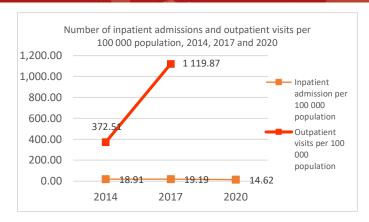


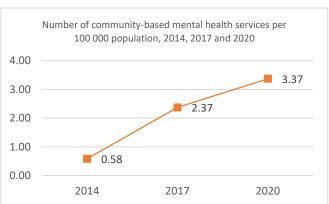
Mental health workers in child and/or adolescent mental health services:						
			Total mental health workers in			
Child and/or adolescent psychiatrists	4	0.03	child and adolescent mental	45	0.31	
			health services			

MENTAL HEALTH SERVICE AVAIL	ABILITY AN	ID UPTAKE (Mental health se	ervices include care f	or mental health,
neurological and substance use disorders)					
Integration of mental health into primary health		alf waterd 5 was into als	a al-liat a como N	4 formational	
Integration of mental health into primary care is consid integration) ⁸	ered functional (s	eif-rated 5 points ch	ieckiist score; ≥	4 = functional	5
Outpatient care (total facilities)		Outpatient care	luisits par 10	00 000 populațio	n)
Outpatient care (total facilities)					''',
Mental health outpatient facilities attached to a hospital	250		mber of visits made by service users in the last ar in mental health outpatient facilities ached to a hospital		
"Community-based / non-hospital" mental health outpatient facility	1 016	Number of visits m year in "Communit health outpatient	ty-based / non-	371.54	
Other outpatient facility (e.g. Mental health day care or treatment facility)	10	Number of visits m year in other outpon health day care or	atient facility (0.77	
Total number of outpatient facilities specifically for children and adolescents	1	Number of visits made by service users in the last year in outpatient facility specifically for children and adolescents			0.80
Inpatient care (total facilities)		Inpatient care (k	oeds/admissi	ons per 100 000	population)
Mental hospitals	3	Mental hospital beds / annual admissions			2.30 / 8.44
Psychiatric units in general hospitals	260	General hospital paradmissions	sychiatric unit	3.95 / 5.28	
Community residential facilities	10	Community reside	nmunity residential beds / annual admissions Id and adolescent specific inpatient beds / ual admissions		
Inpatient facilities specifically for children and adolescents	11	Child and adolesce annual admissions			
Mental hospitals		Mental hospitals (length of stay)			
Total number of admissions	2 567	Inpatients staying less than 1 year			4 067
Admissions that are involuntary	382	Inpatients staying 1-5 years			74
Follow-up of people with mental health condition		Inpatients staying more than 5 years Percentage of inpatients staying less than 1 year in the total number of inpatients			309
discharged from hospital in the last year (discharged persons seen within a month)	51%-75%				91.4%
Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions(e.g. cancer, diabetes or TB) 51%-75%					51%-75%
inputions receiving timely diagnosis, treatment and rol					
Community based mental health services ⁹					
	1 026	Number of commu facilities per 100 0		ental health	3.37
Community based mental health services ⁹ Total number of community based mental health	1 026			ental health Male	3.37 Female

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MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes (self-rated 3 points checklist score; ≥ 2 = functioning programme)¹⁰

(self-rated 3 points checklist score; ≥ 2				
Category of mental health promotion & prevention programme	Programme examples Scope of program		Programme management	Functionality of programme
Suicide prevention programme	Annual National Suicide Prevention day	National	-	-
Mental Health Awareness /Anti- stigma	Stigma Prevention Campaign	National	-	-
Early Child Development	No Designed program	-	÷	-
School based mental health prevention and promotion	Routine	National	-	-
Parental / Maternal mental health promotion and prevention	Piloted program by an NGO	Regional	-	-
Work-related mental health prevention and promotion	Piloted program	District	-	-
Mental health and psychosocial component of disaster preparedness, disaster risk reduction	Piloted integrated program	District	-	-

Endnotes

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

⁸ Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)

¹ UN, 2019. World Population Prospects. https://population.un.org/wpp/

² GBD, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys. Value represent DALY rate per 100,000 and for mental disorders only.

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)