

Expanding Universal Health Coverage for Mental Health in Ghana: Integration of Services into the National Health Insurance Scheme

Specific Area of Focus

The inclusion of mental health services in Ghana's National Health Insurance Scheme, addressing financial barriers and expanding access to equitable mental health care.

Background and Context

Context/Implementation Setting:

Ghana's 2012 Mental Health Law established an ambitious framework for integrated, community-based services and rights-based care. Yet more than a decade after its passage, substantial systemic challenges persisted. National mental health services remained underfunded, the workforce was overstretched, and service provision continued to be concentrated in three psychiatric hospitals located in country's south. Stigma, cultural beliefs, and limited mental health literacy further hindered help-seeking and delayed access to care¹.

Before 2024, mental health services were not included in Ghana's National Health Insurance Scheme (NHIS). This meant that even when services existed, they were often financially inaccessible. Mental health services delivery was subsidised by Government, but this was irregular.

Ghana's selection as a priority country for the World Health Organization (WHO) Special Initiative for Mental Health (SIMH) in 2021 represented a pivotal turning point. With coordinated support from WHO, the Ministry of Health (MoH), Mental Health Authority (MHA), and Ghana Health Service (GHS) sought to operationalise the country's longstanding mental health policy commitments through system-wide reforms. These included expanding service availability, building workforce competence, strengthening reporting systems, and embedding mental health more firmly within national Universal Health Coverage (UHC) efforts².

The 2021 SIMH situational assessment³ revealed extremely low treatment coverage across priority mental health conditions. Estimated national treatment rates ranged from 0.61% for major depressive disorder to 33.21% for schizophrenia, demonstrating that the majority of people with mental health conditions did not receive care.

1. World Health Organization. (2024). Strengthening maternal mental health in Ghana: Situational analysis of maternal mental health services in Ghana. <https://www.afro.who.int/sites/default/files/2024-02/MMHD%20Situational%20Analysis.pdf>

2. World Health Organization. (2023). Ghana: WHO Special Initiative for Mental Health – Country profile. https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/simh-countrypage_ghana-3pages.pdf?sfvrsn=fbe4f36f_2

3. World Health Organization. (2021). WHO Special Initiative for Mental Health: Ghana country report. https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---ghana---2021.pdf?sfvrsn=e39fc056_3

At the same time, population-level stressors—such as rising depression and substance use, the socioeconomic impacts of COVID-19, and humanitarian events like the Akosombo Dam spillage which resulted in floods—highlighted the urgent need for accessible, community-based mental health and psychosocial support (MHPSS)⁴. Through SIMH support, Ghana accelerated its transition from policy aspiration to implementation, establishing the foundation for integrating mental health financing for four priority conditions (psychosis, anxiety, bipolar and depression) into the NHIS and expanding access nationwide.

Rationale for Intervention

The integration of mental health into Ghana's NHIS was a critical response to persistent financial and access barriers that left most people with mental health conditions without care. Historically, mental health received limited operational prioritisation in national health planning. Expansion efforts were constrained by inadequate funding and system capacity, with Ghana spending only 1.4% of its government health budget on mental health⁵.

When public services or medicines were unavailable, people were required to pay out-of-pocket; costs that could reach up to one-third of monthly household earnings⁶. These financial barriers, combined with geographical inequities and limited financial risk protection, disproportionately affected poorer and rural populations and posed substantial obstacles to accessing timely care.

The economic rationale for reform was powerfully presented in Ghana's 2020 Mental Health Investment Case⁵, which drew on published research showing that psychological distress costs the country nearly 7% of its GDP—exceeding the economic burden of malaria⁶.

The investment case also demonstrated a strong return on investment, estimating that every 1 Cedi invested in treating depression could yield up to 7 Cedis in economic benefits⁷. This evidence provided a powerful rationale for increased investment in mental health as a means to enhance productivity, reduce poverty, and improve national wellbeing.



Ghana. 2025 @ WHO

4. World Health Organization. (2025). Special Initiative for Mental Health (SIMH): Ghana – Key achievements and priorities 2025 [Poster]. https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/simh-poster---ghana-2025.pdf?sfvrsn=19322e64_3

5. World Health Organization & Ghana Somubi Dwumadie. (2020). Ghana mental health investment case. https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/ghana-investment-case_final.pdf?sfvrsn=d6bb31e4_1

6. Canavan, M. E., Sipsma, H. L., Adhvaryu, A., Ofori-Atta, A., Jack, H., Udry, C., ... & Bradley, E. H. (2013). Psychological distress in Ghana: associations with employment and lost productivity. *International Journal of Mental Health Systems*, 7(1), 9.

7. Nonvignon J., Ammisah CR., Agyemang SA., Wong B. (2020). Benefit-cost analysis of mental health interventions in Ghana. In *Ghana Priorities*, Copenhagen Consensus Center, 2020

Ghana's journey toward integrating mental health services into the NHIS was not a single policy decision but the culmination of several years of system strengthening, multisectoral collaboration, advocacy, and progressive expansion of service capacity. The reform emerged at a moment when political commitment, technical readiness, and advocacy efforts converged, allowing Ghana to take a significant step towards including mental health in UHC.

Another key enabler of the NHIS policy shift was the long-term investment in capacity-building, supported by WHO since 2015.

Ghana's investment in capacity-building began with the national adaptation of the WHO mhGAP Intervention Guide, which was significantly scaled up as part of the WHO SIMH between 2022 and 2024. During the period, more than 870 primary healthcare providers were trained in target regions, with emphasis on conditions such as depression, psychosis, anxiety, and bipolar disorder - the same conditions that would form the initial NHIS benefits package⁴.

In parallel, Ghana expanded its implementation of WHO's QualityRights Initiative: over 3,000 professionals completed the self-paced e-training, and more than 120 stakeholders received face-to-face training⁸. These activities helped strengthen clinical competencies, promote rights-based and person-centered care, and ensure that frontline services would be ready to deliver mental health care once it became insured.



As national commitment to mental health reform grew, so did the depth of technical planning. The MHA, GHS, NHIS, and WHO worked collaboratively to review policy options, assess cost implications, and determine system-level requirements for implementation. With financial support from the UK-FCDO under the QualityRights Initiative, WHO and the MHA conducted a comprehensive costing of Ghana's mental health service package using the WHO OneHealth Tool. This actuarial analysis provided essential evidence to demonstrate the financial viability of including mental health conditions in the NHIS benefit package. Additionally, WHO supported the revision of the mental health and noncommunicable diseases (NCD) components of Ghana's Essential Medicines List and Standard Treatment Guidelines, which were key prerequisites for implementation.

8. World Health Organization. (2023). SIMH Updates & Achievements 2022-2023. https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/updates_achievements_ghana_simh_2022_2023.pdf

Also between 2022 and 2024, work began to strengthen information systems. Nine health facilities across the Northern, Bono East, and Ahafo regions were established as sentinel surveillance sites, where mhGAP-trained providers routinely collected standardised data on diagnoses, interventions, follow-up patterns, WHO Disability Assessment Schedule (WHODAS) functioning scores, and days out of role. This longitudinal monitoring generated real-world evidence on service use, treatment patterns, and clinical progress, helping to inform implementation adjustments and guide scale-up under NHIS.

In 2024, Ghana began exploring the integration of maternal mental health services into routine antenatal and postnatal care - an evolution informed by earlier mhGAP training of midwives and primary care staff¹. In the same period, mental health reporting was strengthened through Ghana's participation in global monitoring frameworks, including the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders (IGAP), the WHO Mental Health ATLAS, and the Global Dementia Observatory (GDO). These platforms reinforced national accountability and aligned domestic reforms with global commitments.

Collectively, these actions illustrate a gradual approach: strengthening frontline capacity, building systems for monitoring and quality assurance, fostering cross-sector collaboration, and then embedding mental health financing within a national insurance scheme.



Outputs, Results, and Impacts

Key Outputs:

- Four mental health conditions formally included in the NHIS benefits package
- Over 870 primary care providers trained in mhGAP
- 21 national mhGAP trainers certified through Enhancing Quality in Psychological Support (EQUIP) based refreshers
- 3,000+ people completed QualityRights e-training
- New mental health indicators developed and embedded in District Health Information Management Systems (DHIMS2)



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Short-Term Results:

- In 2024 alone, nearly 2.2 million additional people gained access to mental health services and SIMH-related activities. Since 2021, that figure is 5.3 million⁹
- Also in 2024, over 11,500 newly treated cases were registered for mental health care and over 15,000 for psychosocial support
- Identification of psychosis increased by 25% in implementing regions
- mhGAP-based services delivered in nine implementing facilities contributed to consistent improvements in functioning among service users, as reflected in reduced WHODAS disability scores and fewer days out of role across follow-up visits¹⁰.

Long-Term Impacts:

- Four priority mental health conditions embedded in Ghana's UHC architecture
- Reduced out-of-pocket expenditure and strengthened financial protection for individuals and families
- Integration of mental health into primary healthcare has been strengthened through large-scale mhGAP training and emerging efforts to integrate maternal mental health into routine antenatal and postnatal care
- Enhanced national data and monitoring systems for mental health
- Expanded opportunities for community-based, rights-oriented mental health care

9. World Health Organization. (2025). Cross-country quarterly monitor: Coverage (to Q4 2024) [Unpublished internal document].

10. Schafer, A., Gyimah, L., Wang, Y. E., Sala, G., Chisholm, D., Bennet, I., & Ansong, J. Service user outcomes of people in selected sites in WHO's Special Initiative for Mental Health in Ghana [Manuscript in preparation].



Challenges and Lessons Learned

Challenges:

- Operationalising NHIS coverage required several rounds of technical refinement**
Developing appropriate costing models, reimbursement codes, and clinical protocols for mental health conditions proved more complex than anticipated. Adjustments were needed after initial implementation to align with service delivery realities at the primary care level.
- Health workforce shortages due to staff migration to high-income countries restricted scale-up, despite training gains**
While over 870 primary healthcare workers were trained, staffing levels in remote areas remained too low to meet rising demand. Trained personnel were often reassigned, migrated or were overburdened with competing responsibilities, limiting the practical reach of services.
- Persistent shortages of psychotropic medications limited continuity of care**
Despite service integration efforts, many public facilities experienced frequent stockouts of essential medications. This affected treatment adherence and patient confidence, particularly for conditions like schizophrenia and bipolar disorder, where medication continuity is critical.
- Stigma continues to delay help-seeking, particularly in underserved areas**
Public campaigns raised awareness nationally, but deep-rooted stigma and misconceptions about mental health remain prevalent in many communities. These beliefs discourage individuals and families from accessing services, especially in districts with weak community outreach.
- Full integration into routine systems (e.g. maternal health, chronic care) is still ongoing**
Although progress was made, mental health has yet to be fully embedded in broader health system platforms, such as antenatal care, adolescent health, and chronic disease management. This limits early detection and holistic support for vulnerable groups.

Lessons Learned:

- Early investment in system readiness created the foundation for successful NHIS integration**
Ghana's experience shows that insurance reforms can be effective when preceded by strengthening of frontline services. The large-scale mhGAP rollout, QualityRights training, and regional capacity-building efforts - undertaken between 2022 and 2024 - helped prepare facilities to deliver insured services once NHIS coverage began. Early investments in human resources, data systems, and stakeholder engagement proved essential for a smooth transition.

● **Advocacy grounded in economic evidence — like the Investment Case — builds strong consensus**

Demonstrating the economic burden of untreated mental health conditions helped secure high-level political buy-in and align mental health reform with broader development goals.

● **Inclusive, multisectoral collaboration was essential for advancing reform and ensuring accountability**

Strategic dialogue between the Ministry of Health, Mental Health Authority, Ghana Health Service, NHIS, WHO, civil society, and networks of people with lived experience fostered shared ownership and alignment across institutions. The active engagement of service users, peer advocates, and community organisations ensured that reforms were rights-based, contextually relevant, and responsive to real-world barriers. This collaborative model also enabled Ghana to navigate complex technical issues — such as costing, reimbursement structures, diagnosis coding, and essential medicines planning — and may serve as a valuable example for other countries integrating mental health into national insurance schemes.

● **Data integration into national systems (e.g. DHIS2) supports accountability and planning**

Embedding mental health indicators into routine health information systems enabled better tracking of service delivery, guiding decision-making at both local and national levels.

● **Flexibility and iterative learning helped refine NHIS mental health coverage**

As the NHIS benefit package was operationalised, practical implementation insights from facilities, districts, and regional managers informed several refinements to protocols and reimbursement procedures. This iterative approach strengthened the effectiveness of the reform and highlighted the importance of phased learning in complex policy transitions.

 **Further Reading**

- [WHO SIMH Ghana Webpage](#)
- [WHO One Health Tool](#)
- [Mental Health Law of Ghana \(2012\)](#)
- [Ghana Mental Health Economic Investment Case \(2020\)](#)
- [Situational Analysis of Maternal Mental Health Services in Ghana \(2024\)](#)
- [WHO QualityRights Initiative Materials](#)
- [EQUIP](#)