MENTAL HEALTH CHALLENGES IN GHANA: A GLOBAL CONCERN

A STUDY AT BIRIM SOUTH DISTRICT ,GHANA

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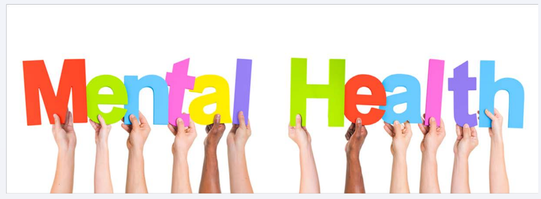
GHANA'S HEALTH DISPARITY



INTRODUCTION

- Mental health disorders account for a significant and growing proportion of the global disease burden. In 2000, Mental illness accounted for approximately 12% of the global disease burden and is projected to increase to 15% by 2020.
- In 2007, the WHO estimated out of the 21.6 million people living in Ghana, 650,000 were suffering from a severe mental health disorder and 2,166,000 were suffering from mild to moderate disorders. That same year, only 32,283 people received treatment, or 1.15% of those estimated to have a mental disorder, rendering a treatment gap of nearly 99%.
- Birim South district has mental health unit but down the lane, there has been reduction in the patronage of mental health services, from 334 in 2013 to 56 in 2014 .

SPECIFIC OBJECTIVE

- Explore psychosocial challenges influencing low mental health service patronage.
- Globally, mental health care world-wide lack access to high-quality mental health services. Stigma, human resource shortages, lack of research capacity for implementation and policy change contribute to the current mental health services gap.
- In Uganda for example, there are gaps in perception of mental illness among mental health stakeholders.
- There is misconception about the shame, weakness, and moral integrity associated with mental illness with increased stigmatization

METHODS

STUDY DESIGN

- A descriptive qualitative approach was used in exploring the psychosocial factors that contributed to the low patronage of mental health services in the district.

SAMPLING AND SIZE

- A sample size of 20 service users was achieved through a purposive sampling approach that included 15 patients who are diagnosed as acute psychotic episode disorder, schizophrenia and depression in their lucid interval and 5 care givers who are also close contacts of the patients. Saturation was achieved once 15 patients and 5 care givers participant interviews were completed as the last 2 interviews of both patients and care givers provided no new concepts.

DATA COLLECTION

- A semi-structured interview guide was used to collect in-depth information from each participant. The interview was tape recorded and conducted personally by the researcher. Each interview lasted for 30-40 minutes. Standard, open-ended probes were used to encourage participants to enhance depth of responses and to elucidate statements.

DATA ANALYSIS

- After the interview responses were transcribed verbatim into English by the researcher. Analysis was performed by looking for content and themes using the constant comparative method. This process included open coding to identify key categories and concepts and axial coding to tie these categories to subcategories.

RESULTS AND DISCUSSION

It was concluded that the following contributed to the challenges;

- Financial constraints
- Lack of family support.
- Unavailability and high cost of psychotropic drugs.
- Increased stigmatization of mentally challenged persons.

CONCLUSION

- Inclusion of psychotropic drugs in national health insurance scheme and awareness creation.
- Active involvement of ministry of health, Good policy direction, stakeholders etc.
- Adequate funding for community mental health services

AT A PRAYER CAMP IN CHAINS

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