**INTERNATIONAL ASSOCIATION OF PSYCHIATRIC NURSES (IAPN)**

**15TH ANNUAL SCIENTIFIC CONFERENCE (ACCRA 2023)**

**THEME:**

**AGENDA 2030: REPOSITIONING MENTAL HEALTH CARE**

**KEYNOTE SPEAKER**
**REV. DR. DINAH BAAH-ODOOM**

Mr Chairman,

Distinguished Colleagues,

Delegate of this Conference

All protocol Observed

I deem it an honour to be called upon to give the Keynote Address for this august function ceremony. Mental Health has always been my first love and still my love. And so I am particularly happy to be part of this ceremony and to give the Keynote Address on the theme: **AGENDA 2030: REPOSITIONING MENTAL HEALTH CARE.** Mental Health is everybody's business. So to reposition Mental Health as our Agenda for 2023 is apt.

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## Global Health Agenda

The Global health 2030 Agenda envisions a secure world free from poverty and hunger, with full and productive employment, access to quality education and Universal Health Coverage, the achievement of gender and empowerment of all women and girls, and an end to environmental degradation. The GOAL is to improve health for all nations by promoting wellness and elimination avoidable disease, disability and death.

So, for Agenda 2030 the 17 Sustainable Development Goals (SDGs) with corresponding 169 targets provide the road map for global development in the coming years.

The SDG 3 in particular. This Goal 3 is about "ensuring healthy lives and promoting well-being for all at all ages."

The SDG 3 offers a unique opportunity to promote public health through integrated approach to policies across different sectors as in the ONE HEALTH approach in Ghana. As it is closely linked to many of the targets and health related goals. Consequently, Ghana has agreed to sign the UHC 2030 COMPACT.

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The **Universal Health Coverage (UHC)** is about **SDG 3.8** - Ensuring that all people (Individuals and Communities) have access to needed health services (including prevention, promotion, treatment (curative and restorative), rehabilitation and palliation/palliative) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to the financial hardship. This also mean there is:

- **EQUITY** in access to health services - those who need the services should get them, not only those who can pay for them. Targeting the Poor and Marginalized and Leaving No One Behind
- The **QUALITY** of health services is good enough to improve the health of those receiving services. The Services are People Centred and of good quality and comprehensive (multi sectoral action)
- **FINANCIAL-RISK PROTECTION**: - ensuring that the cost of using care does not put people at risk of financial hardship (the cost of the service does not make the person poor or poorer). More and better spending and effective financial protection
- **PREPAREDNESS:** -Strengthening Health Security
- **GOVERNANCE**: -Political and Institutional foundations for the UHC Agenda

Looking at the **Sub-Themes** for this Conference we are on course:

- Governance and Leadership in Mental Health Nursing

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- Contemporary Mental Health Nursing in Global Health

- Individualization and standardization of mental Health Care

- Help Seeking: Overcoming personal Threshold

-  Climate Change and Mental Health

- Disaster and War: Psychological First Aid and Psychosocial Support

- Panel Discussion on LGBTQ+ and Mental Health

## HEALTH SYSTEMS STRENGHENING FOR UNIVERSAL HEALTH COVERAGE (UHC)

There is now a plethora or a proliferation of **Health System Strengthening** models, strategies and approaches. But the **WHO** and **World Bank** models are the two approaches employed in Ghana and in other Low and Middle Income Countries.

Health Systems Action Network (2006) defines Health System Strengthening as any array of initiatives and strategies that improves one or more of the functions of the health system and that lead to better health through improvements in access, coverage, quality or efficiency.

The World Bank in its 2007 strategy document on "Healthy Development" described health system strengthening as "collaborative

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division of labour with global partners" (p. 18). The Bank considers the following as broader systemic issues to address:

1. health financing and health economics,
2. public-private partnerships,
3. public sector reform and governance,
4. inter-sectoral collaboration for health and
5. macroeconomics and health.

The Bank conceives WHO, UNICEF and the United Nations Population Fund (UNFPA) as providing technical expertise in disease control, human resource training and service delivery.

**WHO (2000)** defines a health system as "all the activities whose primary purpose is to promote, restore or maintain health."

- It encompasses a broad range of individuals and institutions actions to ensure efficient and effective delivery and uses a spectrum of products and information for prevention, treatment, care and support to people in need of the services.
- Health System applies to levels: National, Regional, District, Community and Household.

WHO (2007) defined **<u>Health Systems Strengthening (HSS)</u>** as building capacity in critical components of health systems to achieve more

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equitable and sustained improvements across health services and health outcomes

WHO identified the **four core functions** of a health system as:

1. Financing
2. Human and physical resources
3. Organization and management of service delivery
4. Stewardship (also referred to as governance or oversight)

WHO (2007) revised and expanded the core functions of a health system as ("**Six Building Blocks**"):

1. Service delivery.
2. Health Workforce
3. Medical Products, Vaccines and Technologies
4. Health financing
5. Health information
6. Leadership and governance

How do we <u>evaluate these different</u> conceptual models and select an appropriate one? Maintaining the fact that health systems rely on a myriad of crosscutting activities. A major factors that affected implementation of the strategy are:

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1. the Bank's reducing financial contribution to global health funds. The substantive problems encompass more than the Bank's areas of comparative advantage, and the previous Bank's strategy of 1997 has not been effectively evaluated (p. 38).
2. Issues with definitions of the variables/components

## Service Delivery

This refers to mechanisms designed to improve people's health by providing

- Comprehensive, integrated, equitable, safe environment, responsive and quality clinical services.
- Includes measures to improve acceptability, affordability and equity in service utilisation;
- Availability of essential health service (promotive, preventive, curative and rehabilitative);
- Involvement of public, private, quasi-government etc in the provision of care

## Quality Service Delivery

- Quality of care, including the cleanliness of the facilities, the quality and cleanliness of the patient beds, the availability of food during inpatient stay, patient satisfaction, etc.

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- Promptness of care/waiting time, such as average waiting times in facilities and average waiting times to get specialized care, when needed.

- Access to social networks (mostly for inpatient care), such as whether patients are able to have their family members and other members of their social network visit during their hospital stay.

- Communication between providers and patients, such as whether diagnoses are effectively communicated to the patient and whether the patient understands what they are supposed to do upon leaving the facility in terms of taking medication, follow-up visits, etc.

## Health Workforce /Human Resources

That is Human Resource for healthcare delivery services. It entails the availability of the requisite numbers, mix, quality and motivated health professionals for health services delivery at all levels. WHO uses the phrase "human resources for health" for public and private sector physicians, nurses, midwives, and pharmacists, as well as technicians and other paraprofessional personnel.

The category also includes untrained and informal sector health workers, such as practitioners of traditional medicine, community health workers, and volunteers (WHO, 2006).

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## Medicines logistics, equipment and supplies and Infrastructure

- Availability of appropriate, relevant and functional health infrastructure
- The application of technologies in terms of devices, medicines, vaccines, biological equipment and procedures.

## Health Financing

Financing services systems

- Governmental (National - NHIS)
- International (Donors)
- 

## Health Information

- A comprehensive, integrated, available and accessible health Information systems.
- It includes information to manage the administrative, financial and clinical aspects of health care.

## Leadership, management and governance

- The availability policy framework and existence of appropriate management structures at all levels of service delivery to oversee and guide the development and implementation of healthcare interventions.

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- Includes service accountability

## Ghana's Approaches to Health Systems

Global efforts to improve health conditions particularly in poor and resource constraint countries including Ghana, have embraced two different strategies:

- Focusing on health systems (horizontal approach to health improvement)
- Focusing on specific diseases (vertical approach to health improvement).

## Ghana's UHC Performance

Institutional, legal and regulatory Environment improvement

- **Access**

  a. Coverage –CHPS, MCHNP

  b. Range of services -Primary care package

  c. Continuum of care-Referral policy

- **Service delivery:** Quality of Care: Regulatory Agencies, National Health Care Quality Strategy

- **Leadership and Governance**

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- Alignment of HSMTDP to Global and National Development Planning Framework (Coordinated Programme on Social and economic policies)
- Review of the National Health Policy
- Review of the Common Management Arrangement
- Functional Health Sector Dialogue Mechanisms
- Health Sector Holistic Assessment

## Health information systems

- Data systems available-DHIMS II
- M &E framework
- Private sector reporting

## Health Financing

Financing services systems

- Governmental (National - NHIS)
  - Financial risk protection-NHIS
- International (Donors)
- Health Financing Strategy
- Resource Mobilization Strategy
- Comprehensive and integrated planning involving all actors including the private Sector in real time (leave no one behind)

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- Domestic Resource Mobilization and health systems optimization towards efficiency
- Training of health workforce based on Disease burden
- Organization and Management of Health Services based on Life course approach
- Inter-sectoral Collaboration and partnership around **One Health and Health in All Policy** (SDG 17)

## GAPS

- Lack of a consistent framework for HSS
- Increasing access to evidence-based mental healthcare in order to reduce the treatment gap. This is a central priority of Global Mental Health.
  - There is a wide range of reports of mhGAP use in formal and grey literature, including a systematic review.
  - There remains a question as to local applicability of the guidelines in the vastly different contexts in which they are to be applied.
- The World Health Organization (WHO) has made available normative guidelines that can be applied in different settings in the form of the mental health Gap Action Programme (mhGAP) was developed for this purpose.

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- The WHO mhGAP as a basis for integration of mental health into state primary care services, and was aligned to the National Mental Health Policy.
- There remains a gap in terms of understanding mechanisms of impact, the role of local context and what factors contribute to effective integration of mental health services into primary care in low-income settings.
- Reform of overly centralised services has focused on delivering mental health _interventions in community or primary care settings_,
  - Making use of existing infrastructure and systems where possible, for _efficiency, sustainability, local ownership and equity_.

## WHAT SHOULD WE DO DIFFERENTLY?

Repositioning Mental Health to achieving Universal Health Coverage should be our watch word.

Strengthening health systems to improve clinical service delivery and improve mental health care outcomes consists of

### _Leadership, management and governance_

Relates to the availability policy framework and existence of appropriate management structures at all levels of service delivery to oversee and

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guide the development and implementation of clinical care interventions. It includes how accountability of services delivered ensure

*Financing of Clinical services – systems for financing services*

*Human resource*

This entails the availability of the requisite motivated health professionals (numbers, mix and quality) for clinical services delivery at all levels.  .

*Health information*

- Relates to a comprehensive and integrated information system for patient care, clinical research and health professional education. It includes information to manage the administrative, financial and clinical aspects of health institutions.

*Medicines logistics, equipment and supplies and Infrastructure*

- Includes the application of technologies in terms of devices, medicines, vaccines, biological equipment and procedures.
- Availability of appropriate, relevant and functional health infrastructure

*Service delivery Interventions*

This refers to mechanisms designed to improve people's health by providing comprehensive, integrated, equitable, responsive and quality

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clinical services.   A good health service is one that is effective, safe and of quality.   It entails:

- design of systems that ensure patient safety;
- measures to improve acceptability, affordability and equity in service utilisation;
- availability of essential health packages that took cognisance of high priority conditions and high impact interventions;
- development of integrated referral system regardless of the organisation and nature of the services (promotive, preventive, curative and rehabilitative);
- Development of mechanisms to involve all clinical care providers (public, private, quasi-government, etc) to ensure a continuum of care among all citizens

**Service Delivery:** Health Service delivery can be presented from the health system perspective, with

1. **Bio-Psycho-Social Approach to mental Health care.**
2. **Inputs, Processes, Outputs and Outcomes:** Inputs deemed necessary for health care delivery include financial resources, competent health care staff, adequate physical facilities and equipment, essential medicines and supplies, current clinical

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guidelines, and operational policies. Inputs must be used properly to carry out the system processes to produce desired health outcomes.

- **<u>Human Resources In Mental Health Care In Ghana</u>**: The distribution of psychiatric nurses per 100,000 of the population is 6.29 times greater in Accra than in the entire country. The low numbers of psychologists and occupational therapists is largely attributable to the fact that GHS does not hire psychologists and has no training for occupational therapists, psychiatric social worker etc.

- **<u>Mental Health Services through Primary Health Care</u>** The integration of mental health into primary health care services would ensure that those with mild and moderate mental disorders are able to access care through primary health care facilities, with referral to specialist services only for those with severe symptoms.
  o This would require training primary health care workers in the detection and treatment of mental disorders and providing regular supervision by mental health professionals.
  o There should be reliable access to psychotropic medication at the district and sub-district level and effective systems of referral and back-referral between primary care and specialised mental health services.

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- **<u>Community Mental Health</u>** Strengthening the provision of community mental health services, ensuring an adequate and reliable supply of psychotropic drugs, as well as the provision of transport for community health workers, would improve access to treatment within the community and help prevent the need for hospital admission for many. The Ministry of Health should also consider the full involvement of other mental health professionals such as psychologists, for districts to provide psychosocial interventions.

- **<u>Specialist Services and De-institutionalisation</u>** is required to reduce the numbers of long-stay patients in the psychiatric hospitals so as to offer humane, high quality care for those most in need. There is also a need for more diversity within specialised services. At present inpatient care is largely medicinal with little attention to psychosocial interventions. Half-way houses and vocational rehabilitation could help with the process of de-institutionalisation, particularly for those long-stay patients who are estranged from their families, and are in need of a graded reintroduction to life within the community
  - De-institutionalisation should release some funding for community mental health care. However, there may be a need for significant investment in such aspects as training, personnel, outpatient services (Halfway Home and Day Care Centres) and

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transport, particularly at the outset, to establish mental health within primary care.

- **Public Education and Awareness Campaigns for Stigma and Discrimination Reduction**

- **Self Care** The situation analysis showed that there is a lack of awareness of mental health and illness among many in Ghana and few public education programmes for mental health. There is therefore a need to empower people to give self-care through an active public mental health education programme.
  - Topics need to include causes, symptoms, and prevention of mental illness, access to treatment and government programmes on disability and poverty alleviation, and safeguarding patient rights.
  - Support for families through education and carers' groups would assist families in caring for family members with mental illness.

- **Informal Community Care** Informal community care in Ghana is offered through **faith and traditional healers**. Human rights abuses by these healers have been reported, however they remain very popular. Many Ghanaians approach faith and traditional healers for

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common mental disorders such as anxiety and mood disorders. This is reflected in the low numbers of people with common mental disorders who utilise mental health services. Closer collaboration between faith and traditional healers and orthodox psychiatric care could help to protect the human rights of those with mental illness and ensure that those who would benefit from psychiatric treatment are referred to appropriate services. Look at best practices from Ghana and elsewhere

- **Public and Health Community Nurses Involvement**

- **Community Based Surveillance Volunteers (CBSVs) and Traditional Birth Attendants (TBAs)** who work mainly in rural communities.
  - The training of such volunteers in mental health could enable them to extend their support services and make appropriate referrals of people with mental illness.
    - There is also the need to consider issues of remuneration for such volunteers in order to ensure they are motivated and committed to complete their work effectively

- **Multi and Inter-sectoral collaboration**: In addition, multi-sectoral district mental health advisory committees should be established to

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advocate for mental health within relevant sectors such as education, the police and judiciary, social services, and faith and traditional healers

- **<u>Information systems</u>** The completion of the WHO-AIMS, relies on data collection by government, private and voluntary services, the weaknesses, particularly in respect of mental health. This highlights the need for the introduction of a standardised and comprehensive mental health information system in order to provide the necessary evidence for scaling up mental health services in Ghana.

## Conclusion

This address has provided a comprehensive review of mental health policy and service provision in Ghana, and charts a way forward for the reposition of mental health care. The Mental Health Law has been passed and so a lot can be done within the law to reposition Mental Health Care.

Again, Repositioning Mental Health to achieving Universal Health Coverage for our Agenda 2030 should be our watch word.

Thank you for your attention

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