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SWOT Analysis of Mental Health Services in Ghana

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Abstract

Introduction:

Mental health contributes to general well-being and shapes how individuals react to stress, interact with others, and make decisions throughout their lives. Mental health services in Ghana remain affected by persistent problems that have hampered progress in care provision. Although reforms have been undertaken at the national level, the quality and coverage of services remain poor, particularly at the district level, where information on availability and accessibility is limited. This study aims to review Ghana's mental health system to identify its strengths, weaknesses, opportunities and threats and propose strategic directions for improvement.

Methods

This qualitative study used key informant interviews with 22 mental health stakeholders to examine Ghana's mental health system at the national level. This was complemented by a review of policy documents, government reports, institutional publications, and academic literature, with particular focus on the three main psychiatric hospitals as key referral institutions within the national system. The findings were synthesised using a SWOT framework.

Results

The findings reveal a severe shortage of human resources, with fewer than 70 psychiatrists serving more than 32 million people. The three psychiatric hospitals provide inpatient acute care, outpatient services, addiction treatment and community outreach programmes. However, services remain concentrated in urban centres and are poorly integrated with suburban and rural populations. Key challenges include insufficient funding, inadequate staff training, weak decentralisation and persistent stigma.

Conclusion

Ghana's mental health system remains structurally and resource limited. Strengthening decentralised services, improving policy implementation and investing in workforce development are essential to enhance access, quality and sustainability of care.

1. Introduction

Country profile

Ghana, located in West Africa, encompasses an area of 238,533 square kilometers (92,099 sq mi). It shares borders with Togo to the east, La Côte D'Ivoire to the west, Burkina Faso to the north, and the Gulf of Guinea to the south, hosting one of the continent's most vibrant democracies. Politically and structurally, the country is divided into 16 regions and 260 districts. With a population of 30,792,608, it is the second most populous country in West Africa, with 50.7% of its residents being female (Ghana Statistical Service, 2021). Accra serves as the capital and the largest city. Ghana was the first nation in Sub-Saharan Africa to achieve political independence from colonial authority in 1956, and it operates as a democratic state guided by the 1992 constitution. Classified as a lower middle-income country, 40% of its workforce is engaged in agriculture. Rich in cultural heritage, Ghana is home to various ethnic groups and religions that coexist harmoniously. While English is the official language, local languages such as Akan, Dagbani, Ga, and Ewe are commonly spoken.

The population is predominantly young, with 37.1% comprised of individuals under 15 years old, 59.7% between the ages of 16 and 59, 6.7% aged 60–64, and 3.1% aged 65 and older (Ghana Statistical Service, 2021). The age dependency ratio stands at 67 dependents for every 100 individuals in the working-age population. Additionally, 43% of the populace resides in rural regions (Ghana Statistical Service, 2021), and the literacy rate is recorded at 79% (Ghana Statistical Service, 2021). Life expectancy at birth is approximately 64 years (Ghana Statistical Service, 2021).

Healthcare

In Ghana, healthcare is primarily delivered by the government through the Ministry of Health and its various partners, which include the Ghana Health Service (GHS), the Health Facilities Regulatory Agency, the National Health Insurance Authority, private healthcare providers, faith-based healthcare organizations, umbrella groups, professional health associations/societies, NGOs, and international development partners (Budget Information Technology Ghana, 2022). The Ministry of Health's main responsibilities involve mobilizing health resources, creating policies, monitoring and evaluating health initiatives, and overseeing healthcare delivery regulations. The Ghana Health Service and Teaching Hospitals function as the executing branches of the Ministry, responsible for health promotion, disease prevention, curative services, and rehabilitation care.

Epidemiology and burden of mental illness in Ghana

Ghana has a high burden of mental illness, with high prevalence and high socio-economic burden, but limited access to mental health care, with most affected people, particularly in rural areas, not having access to any formal treatment (World Health Orgainization, 2022). In Ghana, where more than 2.5 million people suffer from mental health problems, the gap in treatment is 98 percent (Sayibu, 2023). According to an estimate by Ritcher and Roser (2018), the prevalence of schizophrenia, anxiety disorder, and depression was respectively 0.3, 2, and 0.1 percent between 1990 and 2017.

The main factors contributing to this wide gap in treatment are stigma against mental illness, insufficient funding and a serious lack of trained mental health professionals. A significant proportion of the Ghanaian population is estimated to be affected by mental illness, although accurate data collection is difficult. According to data, 41 percent of Ghanaians experience psychological distress and 19 percent suffer from mental health problems (Institute of Statistical, Social and Economic Research-ISSER [Osei and the Daily Graphic], March 2018). Early researchers and clinicians predicted that Ghana would experience an increase in mental disorders due to the alleged pressures of industrialisation and acculturation.

Evolution of Psychiatric Services in Ghana

Psychiatry in Ghana is a relatively new field. Before 1951, the country had no psychiatrists, with the exception of a brief period in 1929 when Dr. Maclagand P.M, served as an alienist at the Accra Asylum, a role he held briefly before being transferred to the head office (Foster, 2012). In the early days, mental patients were often confined in prisons, similar to practices in other regions of Africa (Margetts, 1958). The Lunatic Asylum Ordinance, passed in February 1888, enabled the administration of psychiatric patients in a controlled environment. In those early years, the asylum's function was exclusively one of detention. No treatment was provided and the main tasks of the staff members were to monitor patient intake and report on patient physical condition to the competent authority.

The perception of psychiatry has remained largely the same since the time of Professor Forster. Psychiatry has faced ongoing challenges in attracting professionals. According to 'Asare (2010), the decree allowed law enforcement agencies to arrest persons suspected of having mental illness (at least those who were wandering around in the towns, villages, or the bush) in Accra. That facility soon became overcrowded, which required the provision of a madhouse in 1906. The Asylum eventually became the Accra Psychiatric Hospital (Ewusi-Mensah, 2001). Two other purpose-built psychiatric

hospitals, the Ankaful Psychiatric Hospital and the Pantang Psychiatric Hospital, were opened in 1965 and 1975, respectively.

The arrival of Professor Foster in Ghana in 1951 established a scientific perspective on psychiatry, leading to the development of a psychiatric hospital, which was further enhanced by the introduction of Chlorpromazine (Largactil), a medication that transformed psychiatric care (Asare, 2012). A significant number of the sponsored students who studied overseas did not come back.

Psychiatry Hospitals and Mental Health Facilities in Ghana

Ghana offers a range of services, such as prevention, treatment, rehabilitation and support provided by both the public and private sectors, including alternative and allopathic therapies such as faith-based and traditional therapies.

The Mental Health Authority currently oversees three hospitals and has psychiatric units located in various regions and districts. These three hospitals include the following:

1. Accra Psychiatric Hospital: The leading psychiatric institution in Ghana providing the best quality psychiatric care to mentally incapacitated patients.
2. Pantang Hospital: The hospital is renowned for its exceptional psychiatric services and has improved the lives of many people through its psychiatric and occupational therapies and rehabilitation (Mental Health Authority, Ghana, n.d.). The hospital is one of the most diverse providers of both physical and mental health care in Ghana, and the team of staff is committed to improving lives through the wide range of services provided.
3. Ankaful Psychiatric Hospital: this hospital provides general outpatient treatment and specialised psychiatric care. Patients come from all over the country and neighboring countries. Patients from Burkina Faso, Benin, Togo and Cote d'Ivoire are also treated there on an occasional basis. First President Kwame Nkrumah of Ghana founded the Ankaful Psychiatric Institute in 1965 (Ankaful Psychiatric Hospital, n.d.).
4. Other regional and teaching hospitals in the country including Korle Bu Teaching Hospital (a psychiatric hospital), East Regional Hospital, Ho Teaching Hospital, Komfo Anokye Teaching Hospital, and Sunyani Teaching Hospital.
5. Municipal and District Mental Health Units across various Polyclinics and Health Centres.

Mental health policy of Ghana

Ghana's mental health policy was formulated in 1994 and revised in 2000 and 2004. Since 2022, the country has been addressing the gaps and raising the standard of mental health and well-being by implementing the DG Mental Health Special Initiative (DG-SIMH) in four regions.

A new mental health strategy has been developed to improve effective service provision. As part of its initiatives to improve the provision of mental health services, the Government of Ghana has formulated a National Mental Health Policy for the period 2019–2020 (Sayibu, 2023). This policy aims to decentralize mental health services by integrating them into primary healthcare. The policy objective is to provide facilities at the tertiary, regional, district, and sub-district levels for the management of psychiatric cases and provide mental health services.

Mental health law of Ghana

The government ratified the UN Convention on the Rights of Persons with Disabilities and adopted a Mental Health Act in 2012 (Walker, 2017) to improve the quality of mental health care (including improved access to services) and to end human rights violations against people with mental health problems in mental institutions and society. Ghana has therefore adopted a new Mental Health Act, which aims to establish a new mental health system in Ghana. The law contains provisions on the establishment of a modern community mental health system and on the protection of the

rights of mental health sufferers. This is the Mental Health Act 2012 (Law No 846) which was adopted with a view to making the mental health system operational.

The general objectives are: to guarantee the rights and quality of treatment of people with mental health problems; and to ensure that mental health services are organized, provided, and funded in a way that respects these rights. The Mental Health Decree of 1972, which has never been implemented, was replaced by a new law (Osei et al., 2011). It now has the potential to improve the provision of mental health services in Ghana and could serve as a potential framework for other low and middle-income countries (Walker & Osei, 2017).

Primary advocacy group

According to the Ministry of Health, Ghana (2024), prominent among more than 20 mental health NGOs in Ghana include BasicNeeds Ghana, MEHSOG, the Epilepsy Association, World Vision, the Gub-Katimali Society, Friends of Mental Health, the Alzheimer's Association of Ghana, the Autism Awareness Centre, the Centre for People's Empowerment for Right Initiatives, Mission of Hope Society (MIHOSO), the Mental Health and Well-being Foundation, Voice Ghana, Ta-excel, Mind Freedom, Alcoholics Anonymous, Psycho-Mental Health International, the Ghana Mental Health Association, and the Country Alliance for Mental Illness (CAMI).

Founded in 2002, Basic Needs Ghana is a mental health and development support organisation working to improve the lives of people with epilepsy and mental health by providing access to social, economic, and integrated mental health care in Ghanaian communities (Basic Needs-Ghana, 2020). Their major aim is to change public perceptions and policies and enable people with epilepsy or mental illness to live and work well in their communities. The group has made tremendous efforts by they have engaging with communities to empower individuals and families. They have also partnered with governmental and other organisations on mental health issues.

Current Study

Although Ghana has made progress with major policy reforms such as the Mental Health Act 2012 (Act 846), low quality and high costs of care are still combined with insufficient access for many people, including in rural areas, compounded by stigma and literacy barriers, and limited funding. This study aims to identify the strengths, weaknesses, opportunities and threats affecting the provision of mental health services in Ghana, and to provide qualitative evidence to inform interventions addressing the systemic gaps in access.

The urgent national priority of strengthening mental health systems and improving equity of access to care justifies this qualitative study, as Ghana is moving towards community-based mental health services, and the experience and insights of stakeholders will be crucial in informing the sustainable implementation of the policy. This study has the potential to have an impact on:

- Mental Health Agency and the Ministry of Health are refining their policies.
- Decisions on allocation of resources by governments and development partners.
- Adjustments to the programming by non-governmental organisations promoting mental health.
- Improvement of evidence-based practices for mental health professionals.
- Academic contributions to research on mental health systems in low-resource settings.

By conducting key information interviews and integrating findings with the SWOT framework, this study can provide a more detailed view of what is working, what is not working and what needs to be prioritised.

2. Methodology

2.1 Research Design

To address the depth, context and interpretation of complex issues at systemic level, we have adopted a qualitative research approach based on the experiences and views of mental health stakeholders in Ghana.

2.2 Data Collection Method

2.2.1. Key Informant Interviews (KII):

Psychiatric nurses, community mental health workers, representatives of Non-Governmental Organisations (NGOs), administrators of facilities and policy-makers have been carefully selected for their expertise and commitment to mental health services. The themes discussed included:

- Availability and accessibility of mental health services.
- Distribution of human resources and challenges.
- Funding constraints.
- Stigma and involvement in the community.
- Implementation of policies and systemic obstacles.

Interrogations lasted from 30 to 60 minutes, were conducted with the consent of the participants and notes were taken to ensure accuracy.

2.2.2 Sample Size

A total of 22 key informants were selected in a rigorous way across five categories of stakeholders: psychiatric nurses (6), community mental health workers (4), representatives of non-governmental organisations (4), administrators of facilities (4) and policy makers (4). The interviews continued until the thematic saturation was reached.

2.2.3 SWOT Analysis

The qualitative findings were organised and interpreted in the SWOT framework, with the characteristics of the internal system being captured by strengths and weaknesses, while the characteristics of opportunities and threats were captured by external political, economic and socio-cultural influences.

2.2.5 Review of Document

In order to triangulate findings and strengthen their validity, relevant policy documents, WHO reports and academic literature have been reviewed.

To address the depth, context and interpretation of complex issues at systemic level, we have adopted a qualitative research approach based on the experiences and views of mental health stakeholders in Ghana.

3. Mental health services in Ghana

3.1. *Conventional Services.*

The Government of Ghana has been working to improve the provision of mental health services through the implementation of a National Mental Health Policy for the period 2019–2020 (World Health Organization Regional Office for Africa, 2022). Mental health services are provided in all 16 regions and 261 local metropolitan, municipal, and district assemblies, with the three primary psychiatric institutions, in particular. In Ghana, the inpatient follow-up of psychiatric patients is an area of expertise for the Psychiatric hospitals in Accra, Pantang, and Ankaful. These large hospitals receive

most of the nation's psychiatric patients for appropriate care, supervision, and rehabilitation. People access mental health through these government-run hospitals and a few other informal health facilities. These units, located in all districts and municipalities, provide intensive training on mental health and first-hand management of early detection of mental illness and referrals to the three designated mental health institutions.

3. 2 Human Resource

There are 39 psychiatrists in Ghana, but no child psychiatrists. Those serving adults also provide services for children and adolescents with mental health problems. There is no specific number of clinical psychologists, but there are around 244 registered and accredited counselors and psychologists who provide informal counselling and psychological support to people with mental health problems.

There is also no known data on staff working as psychiatric social workers. A total of 3024 psychiatric nurses are designated and work tirelessly to help those who are mentally incapacitated. There are also 2463 psychiatric nurses. Initially, 71 people were trained and worked as psychiatric medical assistants, but not anymore since they were merged with general health services. Community mental health workers are also in place to provide education, sensitization, and first-hand information to people in the various communities across the country.

It is important to note that all health workers in Ghana are in the public sector, while the private sector has generalists to assist people with mental health problems. Most of these mental health workers are placed at the three major mental health hospitals, with quite a small number distributed in the rural communities. In particular, there are also health workers, trained for two to three months and then posted to various mental units to provide support and assistance in the necessary services. Ghana has no accredited social worker in the field of mental health. Notwithstanding, there are also traditional healers, including herbalists, pastors, and imams, who prepare herbal remedies for those suffering mental health problems, as well as spiritual guidance to recovery and health. The above groups have excellent and positive relations with psychiatry due to their close and successful cooperation with mental health professionals. A four-year didactic psychiatry programme is offered for medical trainees.

Nurses in the psychiatric sector are trained for two years, whilst nurses in the community mental health sector are trained for two to three months. There are also several postgraduate psychiatrists in Ghana's three main psychiatric hospitals. There are three or more centres for the training of these mental health professionals, which typically consist of two to four years of intensive and rigorous training in mental health. There is no information about the number of those trained per year. The service does not have any super specialization. However, the number of mental health workers is insufficient, which places a high burden of service provision on a small number of people. “We have two mental health officers for the whole district, and we can't be everywhere at once, so sometimes we have to decide which community to address.”

— Key Informant, Mental Health Officer

The Mental Health Act 2012 (Law No 846) was adopted with a view to making the mental health system operational, viable, and solid in providing services to patients available. Since the inception of the law, there hasn’t been any additional amendment to the act. The most recent piece of legislation on mental health is the Mental Health Regulation, 2019 (Law 2385), which was enacted from 2019 to 2030 without any update. The policy has a single objective to make mental health services a decentralized system by integrating them into primary healthcare.

The total health care budget for 2025 was USD 547.2 million and the allocation for mental health is very small, accounting for only about 1.4 percent of the total budget allocated to the general health care sector. This is very low, as it cannot provide extensive support to those suffering from mental health problems. A participant indicated that: "Mental

health is always last on the budget and we carry out basic activities mostly through NGOs or personal initiatives." - Key Informant (District Health Administrator) There is no special laws or provisions for children's and women's mental health, child abuse, and social media regulations and limits, but rather the general law enacted to protect and guide citizens in the country.

The suicide rate in Ghana is quite down but still requires more room for improvement. Recent modelling estimates put the gross suicide rate in Ghana at around 5–6 per 100,000 inhabitants (circa 2020-21); young people and young adults are particularly affected in some analyses. (WHO; Adoboi etal, 2024). Ae-Ngibise and colleagues Read and Doku (2012) summarized a number of local studies which show that depression and anxiety are widespread and that community and workplace surveys reveal significant gaps and shortcomings (2023). Mental health disorders such as bipolar and schizophrenia are less common in Ghana but still account for the majority of hospital admissions, with the use of the services remaining low (WHO-AIMS, 2020). One participant clearly stated that: "Especially in the areas of substance use and depression, the number of cases is increasing every month, but our resources are not keeping up."— *Key Informant, Psychiatric Nurse*

The three mental health major hospitals in the country have a total of 1171 beds (3.8 beds per 100,000 population) to accommodate patients. A national health insurance scheme covers the general health challenge but does not cover mental health, so patients need to pay first-hand to receive treatment. In terms of mental health awareness and campaigns, it is very high with events such as Suicide Prevention Day, Mental Health Day, and other NGO events, yet stigma is still high. Mental health medications are also provided to patients with a patient-issued issue, and these drugs include antidepressants, antipsychotics, mood stabilizers, and anxiolytics to help stabilize the problems.

3.3 *Organogram of mental health services*

In Ghana, the National Mental Health Authority advises the Government on mental health legislation and policies. Its other tasks include monitoring, quality assessment, management and coordination, implementation of policies, and planning of mental health services (Ministry of Health, 2020). Legislative instrument and the law governing the source of mental health funding have yet to be passed, and funding streams for its activities have not been determined (Eaton & Ohene, 2015). This committee ensures that the government makes considerable decisions in relation to mental health. Policies and strategies on mental health are made by this committee in the interest and safeguarding of mental health workers as well as the patients.

Government-run and private organisations offer mental health services. The government-run facilities include psychiatric hospitals, regional and district hospitals, teaching hospitals, community health centres, community health planning and services (CHPS) centres, Christian Health Association of Ghana, quasi-government hospitals, Ahmadiyya Muslim Medical Mission (AMM) and others. The Mental Health Authority is responsible for the provision of mental health care in mental institutions, while the Ghanaian Ministry of Health and other agencies of the Ministry of Health are in charge of mental health care in other facilities (Ministry of Health, 2020).

3.4 *Informal sector*

Most people who develop symptoms of mental illness, especially in rural areas, first seek help from a traditional healer, herbalist, or religious person, such as a Muslim cleric or Christian minister (Eaton & Ohene, 2015). This is because of the widespread belief that mental health problems are spiritual in nature and often seen as a form of punishment for bad behavior. Especially for those suffering from serious and chronic mental illness, such as schizophrenia, available treatment can be very damaging and often exacerbates the problem. As religious leaders hold a position of authority in the healthcare community, their involvement is essential and highly imperative.

Due to the high level of human rights violations in some places and the fact that the provision of existing mental health services can sometimes be undesirable, as it calls into question authority and competes with it for income, some efforts have been made to work constructively, but it remains difficult (Eaton & Ohene, 2015). Although trained mental health professionals such as psychiatrists, counselors, and psychiatric nurses continue to provide exceptional services to patients with mental health problems, most rural people look to religious communities for treatment.

3.5 *Mental healthcare pathway*

According to the Alliance for Reproductive Health (2024) report on Ghana's health budget for the year 2025, mental health remains critically underfunded, with no specific budgetary commitment to extend services beyond the three main psychiatric institutions in Accra and the Central region. This means that patients will be treated in poor or non-existent mental health care facilities. The resources needed to manage and care effectively for mental health patients are very limited and very competitive between different hospitals and health care facilities. Undoubtedly, Ghanaians desperately need better and more affordable mental health services. The Mental Health Authority was set up in 2013 and has been working hard to improve access to mental health care and to expand the provision of urgently needed mental health services across the country (ISSER, 2017; MHA, 2017).

Notwithstanding, the mental health practitioners are giving out their very best in terms of the care and support for mentally incapacitated patients. Some of them go to the extra mile by providing psychotherapy support to the family members of the patients and financial support as well. As quoted by David Naboare, the President of the Ghana National Association of Community Mental Health Workers, the World Health Organisation report on mental health states: As a mental health professional, my work has evolved considerably. I have learned how to involve my clients in health decisions through coaching, peer learning, and online discussion groups" (World Health Organization Regional Office for Africa, 2022). This clearly indicates that mental health has been dynamic and is undergoing a vigorous process of effective therapy and healing.

4. Challenges of mental health

4.1 Low mental health literacy:

In Ghana, mental health care is historically undervalued, and people usually seek treatment after experiencing severe functional issues, disability or social distress, whilst most people with mental illness do not seek mental health care because of the belief that mental illness is caused by supernatural forces and the continued reliance on traditional remedies People who lack mental health literacy are more likely to suffer mental and physical illnesses and to spend more on healthcare than those who have the necessary knowledge (Palpant etal, 2006). There is very little training, advocacy, or awareness rising in mental health, resulting in poor care and treatment of patients with mental illness. The gap in mental health care is unfortunately more than 98 percent (Read & Doku, 2012). This greatly impedes mental health awareness and care.

4.2 Inadequate community support, stigma, attitudes, and beliefs.

The community support for mental health in Ghana is very insufficient, with a limited number of mental health personnel and volunteers who embark on mobile outreaches to educate the populace about these issues. Stigma is a barrier to training and recruiting mental health personnel. There is a strong stigma attached to mental health care: mental health professionals are considered among the least valued health professionals, and primary care doctors are reluctant to treat psychiatric patients (Forum on Neuroscience and Nervous System Disorders et al., 2016). “When someone says mental health, people think they mean insanity, and most families keep relatives with mental health problems at home because of the stigma.”— *Key Informant, Community Health Nurse.*

In Ghana, it is difficult to prevent mental health problems and to provide effective treatment because of the belief in priests, traditional healers, and other spiritual practitioners. The family members of the patients think this group of people, away from a medical facility, can help them recover from their mental health problems. This is not supportive of patients' overall mental health and well-being. The excessive concentration of certain categories of human resources at the tertiary level prevents the community from receiving sufficient quality care (Ministry of Health, Ghana, 2024).

4.3 Limited financial resources allocation to mental health

Although the Ghanaian Ministry of Health remains the main provider of funding for institutional mental health care, donor support has long been needed to establish a Mental Health Authority (ISSER, 2019). Ghana's mental health services remain seriously and persistently underfunded, and few resources are available to treat patients. The three main mental health institutions in Ghana do an excellent job of treating people with mental health problems, but unfortunately, the resources, medical tools, and equipment available are inadequate because of the small amount of money allocated to them in the health budget. The Mental Health Authority of Ghana (MHAG) has been complaining for many years about the government's lack of funding for mental health services (ISSER, 2019).

4.4 Limited mental health services for children and adolescents

Ministry of Health, Ghana (2024) states that only the psychiatric hospital in Accra has a ward for children, and this ward often receives neurodevelopmental cases, such as children with cerebral palsy and severe learning disabilities, as well as children with purely psychiatric problems. The same can be said of the adolescents since the wards of almost all the mental health facilities in Ghana were created for the adult males and females. Children and adolescents have very few mental health facilities, and there is an urgent need to create more of them as soon as possible to support their treatment and care.

5. Potential ways out

5.1 Effective education and sensitization

The government should take mental health issues in Ghana very seriously and work actively with health stakeholders to prevent stigma and discrimination against people with mental health problems. For example, the Ministry of Health should work with the Ghanaian health service, NGOs, quasi-health care units, and traditional health care units to launch an effective mental health education programme. Good mental health education and awareness raising promote tolerance, empathy, and acceptance of the reality of the problem and how best to deal with it. It also facilitates the work of mental health professionals in providing access to high-quality mental health care.

An NGO like Basic Needs Ghana (2024) is working on a project to use school mental health clubs to disseminate information and services on mental health to primary and secondary school pupils. In addition, raising awareness among citizens of the extra measures taken to deal with mental health problems increases their mental health. Various hospitals can also educate all and sundry about mental health whiles civic society organizations can organize mental health sensitization awareness. Mental Health Day can also be to educate people and bring to their attention about the essence of their mental health as well as others.

5.2 Adequate recruitment of mental health personnel

As a result of the inadequate mental health professionals, such as psychiatrists, mental health nurses, and psychologists in Ghana, there has been an inequitable distribution of staff across various hospitals and units treating mental health. Lots of mental health workers are in the house without the opportunity to practice as a result of no financial clearance for

them. This calls on the government to recruit the majority of these professionals and distribute them equitably to all 16 regions in the country to help facilitate the treatment and care of mental health issues.

As per the World Health Organization's Special Initiative for Mental Health Country Report (2021), Ghana has approximately 39 psychiatrists (0.13 for 100,000 people) and 244 psychologists (0.78 per 100,000) available to a population exceeding 30 million. This highlights a considerable deficiency of specialized mental health practitioners relative to international guidelines (World Health Organization, 2021). The Ministry of Health, Ghana (2024) states that challenges related to human resource capacity, such as insufficient staffing, inadequate training, difficulties in retention, improper distribution, a lack of the right skill combination, and negative staff attitudes, which have hindered effective mental health services delivery over the years, can be greatly reduced and eradicated. This can be achieved through collaborative and shared efforts by all stakeholders in the health sectors with the central government.

5.3. *Enhanced research and financing*

Augmented research funds must be established to support mental health staff in training and capacity building. The Ministry of Health in consultation with the Ghana Health Service can identify potential mental health staff and provide full scholarship funding for advanced training and research to improve the knowledge gap in mental health. The government should also increase the budget allocation on mental health and provide large scale of funding for all research on mental health and general health issues. Donor support from World Health Organisation, Non-Governmental Organisations, and other relevant stakeholders will also go a long way to assist the staff and support patients who cannot afford medication and rehabilitation costs.

5.4 National Health Insurance

The National Health Insurance should be capped to absorb mental health treatments, including medications, reviews, and rehabilitation. Although the government has done very well to expand the benefits package of the National Health Insurance Scheme (NHIS) to include four mental health conditions but, it is very vital to include all the mental health diseases and disorders to provide equitable care to the patients (Daily Statesman, 2024). Lots of people suffering from mental health diseases cannot afford the cost involved in their treatment. The health insurance covering mental health will promote mental health care in Ghana.

6. SWOT Analysis of Mental Health Services in Ghana:

A SWOT analysis was conducted to assess the mental health services situation in Ghana, including internal capacity and externalities, which will inform future strategic orientations to improve mental health services at the national level.

6.1 Strengths

Ghana has made important policy changes in the area of mental health, including the adoption of the Mental Health Act 2012, which provides a legal basis for decentralisation of services and for the protection of the rights of severely mentally ill people. Three regional mental health institutions (Ankaful, Pantang, and Accra) and other decentralised communities provide extensive and comprehensive mental health care. Mental Health services have been significantly improved through increased involvement of non-governmental organisations, including Basic Needs Ghana, World Vision, and international partnerships such as the World Health Organisation, which acts as a focal point for mental health support.

6.2 Weaknesses

The system still has serious structural and operational weaknesses. Mental health is allocated only approximately three percent of the national health budget (WHO, 2022), which drastically restricts the basic services it can provide. Human

resources are severely under-resourced with fewer than 70 psychiatrists for a population of over 32 million (Ae-Ngibise et al., 2020). Services remain highly concentrated in urban areas and leave rural and suburban populations underserved, and social stigma, poor inter-sectoral coordination, and weak data systems inhibit use and evidence-based planning. The cost of mental health care is very high, which leads to people with mental health conditions being neglected by their families and wandering the streets without proper care. As one participant explained: “Transport is also a problem when the purpose is to follow up cases, as we have no vehicle specifically for mental health activities.”— *Key Informant, Community Mental Health Liaison Officer*

6.3 Opportunities

Technological advancements offer new opportunities for strengthening mental health provision in Ghana, where digital and sophisticated ideas for mental health provision through online counselling, the use of artificial intelligence, and online groups of mental health professionals from all over the world are well on track to improve the provision of mental health services. The political underpinnings of the Mental Health Act 2012 could be used to fully decentralise and integrate mental health into primary healthcare. There is also a great potential for mental health institutions in Ghana to strengthen their cooperation with international development partners (such as the WHO and Ghana Basic Needs) to provide technical and financial support to build capacity. Public awareness of mental health issues is increasing, supported by media coverage and academic research, creating the basis for more effective advocacy and de-stigmatisation.

6.4 Threats

Progress in mental health is hampered by continuing threats, such as economic instability and competing health priorities, such as infectious diseases, the brain drain of educated professionals to seek better opportunities abroad, the under-allocation of funds from the general health budget, cultural and religious taboos on mental health, which delay treatment, and the risk of political change and weak enforcement mechanisms. There are some important institutional and political strength in mental health, but these are far outweighed by the external threats and the country's current capacity. Strategic action is therefore needed to turn these challenges into long-term opportunities for reform and resilience. This action, mainly through decentralisation, will help to develop the workforce, reduce stigma, and empower mental health policy-making.

6.5 Limitations of the analysis

While this research provides a deep and comprehensive overview of the subject, it is crucial to identify its limitations in interpreting the results. Researchers used key informants and document review in qualitative research, which is generally suitable for the study of complex health systems and policy environments, but does not allow for population-wide statistical extrapolation.

Furthermore, the secondary data sources used in the survey were biased and not complete. Data such as policy papers, institutional reports and publications of international agencies can have an impact on the accuracy of the figures reported for staffing and budget allocations. In many low and middle income countries, available information systems on mental health can also be incomplete and not up-to-date.

Moreover, although the study was low-risk and no personal identifiers were collected, discussions were conducted informally without formal written consent and in compliance with the ethical principles of voluntary participation and anonymity.

To put this all into perspective, the SWOT framework is a commonly used method for evaluating health systems, but it may not fully capture the complexity of policymaking and may confine the dynamic nature of institutional relations to a single category in the analysis (Nixon & Helms, 2010).

Despite these shortcomings, the study provides important systemic insights for direct tactical adjustments in Ghanaian mental health services.

7. Conclusion

Mental health services in Ghana are not as good as expected, requiring a lot of interventions and support. The SWOT analyses carried out shows that services to patients have improved significantly, but that there is still more scope for exploring how to make mental health services more accessible. Tackling threats and overcoming gaps will go a long way to helping patients get quality mental health care, and staff will give their best, too, as they feel an intrinsic motivation to care for the sick. However, the Ministry of Health, Ghana Health Service, and the Mental Council of Ghana in partnership with stakeholders are truly giving their very best to help improve the service delivery. There is more room for improvement on mental health services in Ghana, and effective collaboration will help mitigate these challenges and improve the whole mental well-being of citizens in the country. The government, institutions and agencies, health workers, traditional leaders, and opinion leaders etc. can come on board for a right approach in handling and addressing mental health challenges in Ghana. Healthcare is an individual's right, and so it is with mental health too.

Declarations

Ethics Approval

This study was reviewed and approved by the Frontier University Research Ethics Committee (FU-REC), Frontier University, Garowe, Somalia (Approval ID: FU-REC/IDLPS/2026/085). The research was conducted in accordance with the ethical principles and guidelines of the Frontier University Research Ethics Committee. Institutional permission to conduct the key informant interviews was also obtained from the relevant hospital administration. All participants provided informed consent prior to the interviews, and no personally identifiable or sensitive personal information was collected.

Consent to Participate

All participants were informed of the purpose and nature of the study and volunteered their participation. Verified informed consent was obtained from all participants prior to the negotiations. Participants were informed that their answers would be used for research purposes and that no personally identifiable information would be collected or disclosed to them.

Consent for Publication

Not applicable. The manuscript contains no personally identifiable information, pictures, video or other information that could identify any of the participants.

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Data Availability Statement

The data sets generated during and/or anlysed during the current study are not publicly available due to confidentiality and ethical considerations but are available from the corresponding author on reasonable request.

Author Contribution

I.K.D. designed the study, collected and analyzed the data, and drafted the initial manuscript; S.M.Y.A. and M.K.H. supervised the study, helped to design the study, assisted with the interpretation of data, and critically reviewed and edited the manuscript; S.M.Y.A. contributed to the conceptualization and critical evaluation of the manuscript and M.K.H. contributed to the methodological review; I.K.D. incorporated the feedback and prepared the revised and final manuscript. All authors read and approved the final manuscript and agreed to be accountable for all aspects of the work.

Data Availability

The datasets generated during and/or analysed during the current study are not publicly available due to confidentiality and ethical considerations but are available from the corresponding author on reasonable request.

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Figures

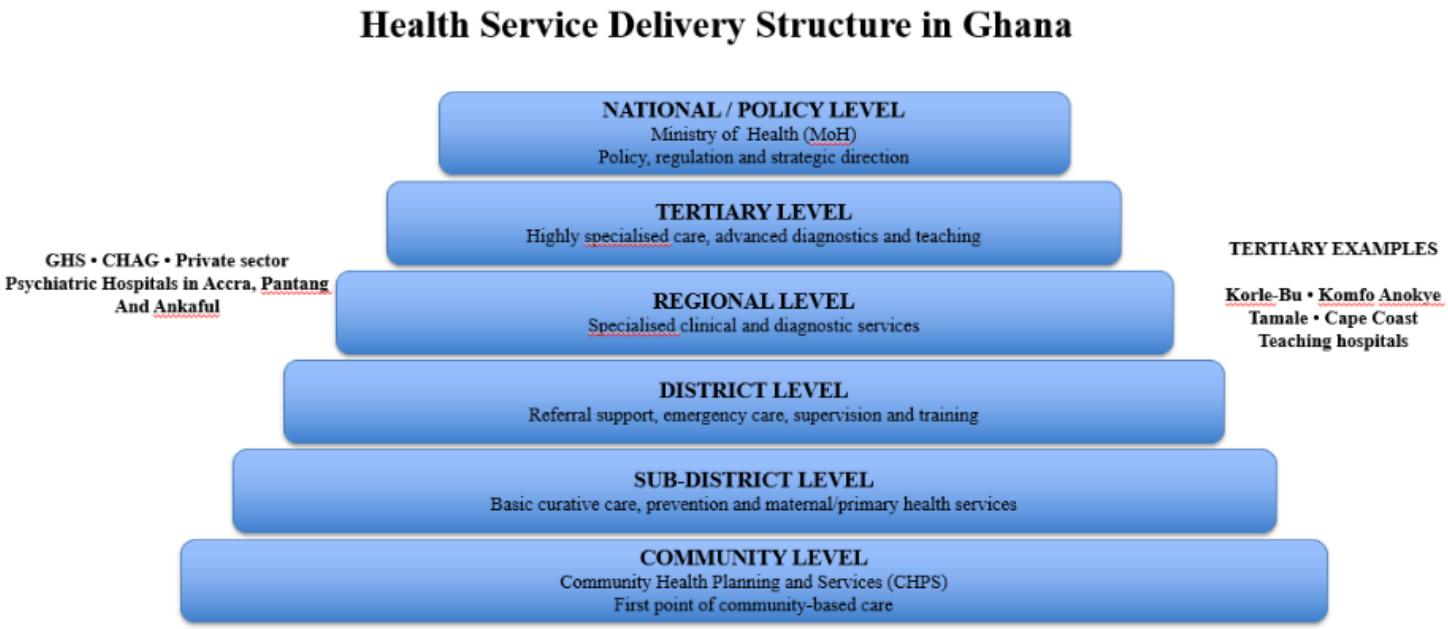


Figure 1

Health Services delivery care in Ghana, Adapted from Sarkpoh, Faustina & Domapielle, Maximillian (2022).

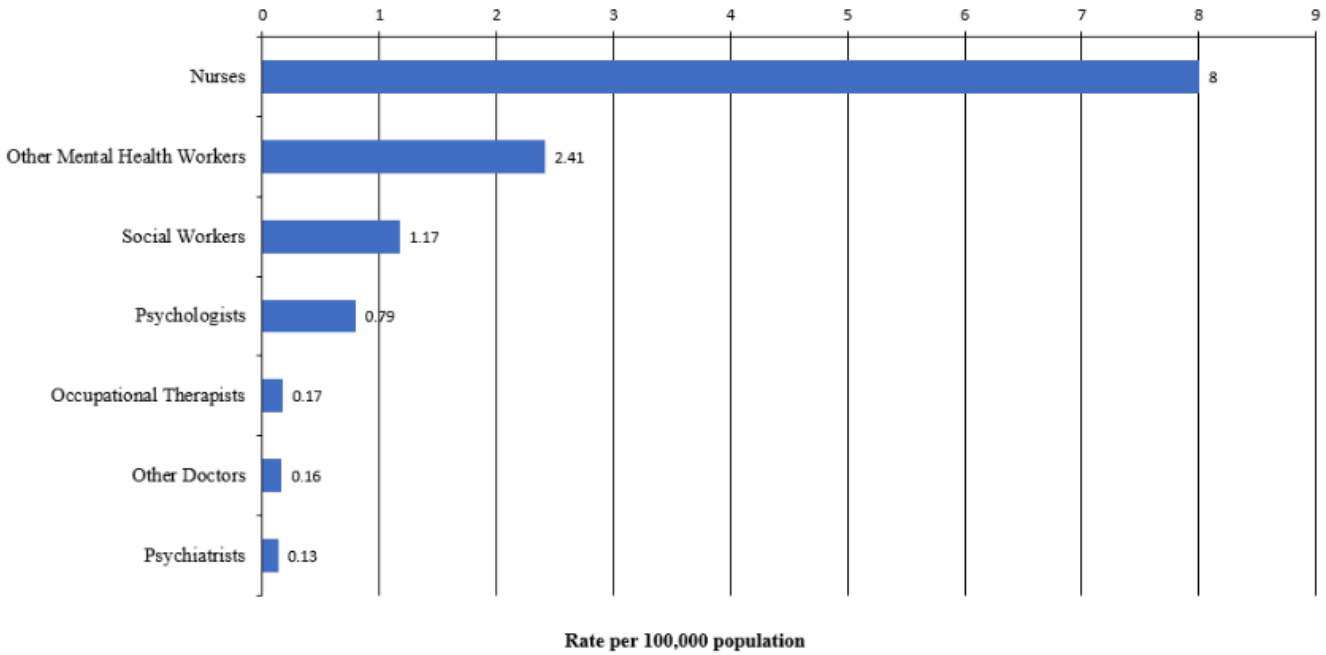


Figure 2

Human Resources in Mental Health, Adapted World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) report on mental health systems in Ghana (2020).

Health Sector Allocation

Selected investment areas and reported allocation figures

Health investment area	Key allocation / development	Allocation
NHIS Allocation (Free Primary Health Care)	Claims, vaccines, medicines, cancer treatment, etc.	GHC 9.93 million
Teaching & Regional Hospitals	Major upgrades: Korle-Bu, Komfo Anokye, Ho, Bolgatanga, Tamale	Not stated
CHPS Compounds & Primary Care	Expanded rural services, ventilators, and diagnostic equipment	Not stated
Cancer and NCD Support	Ghana Medical Care Trust Fund	Not stated
Sector Budget (MoH total allocation)	Overall Ministry of Health sector budget	GHC 6.55 billion

Note: 'Not stated' means no allocation amount was visible in the supplied reference image.

Figure 3

Ghana 2025 Annual Budget Analysis. Adapted from BudgIT Ghana.