

## The WHO- Quality Rights Initiative in Ghana.

Joana Ansong<sup>1</sup>, Leveana Gyimah<sup>2</sup>, and Sally-Ann Ohene<sup>3</sup>

<sup>1</sup>National Professional Officer for Non-Communicable Disease and Risk Factors, World Health Organization Country Office in Ghana., <sup>2</sup>Technical Officer for Mental Health, World Health Organization Country Office in Ghana, <sup>3</sup>National Professional Officer for Emergency Preparedness and Response, World Health Organization Country Office in Ghana.

### Abstract

Ghana is the first country to roll out a nationwide initiative to improve the quality of care in mental health and social care services and promote the rights of people with psychosocial, intellectual, and cognitive disabilities using the World Health Organization's QualityRights Initiative launched in 2018 and implemented between 2019 and 2022. The initiative leverages the strengths of strategically selected partners across government agencies and civil society organizations to implement the key activities to achieve the initiative's goals. This article outlines the basis of the initiative and its relevance to the mental health system in Ghana, the initiative's goal, and the strategies employed in achieving the initiative successfully on a nationwide scale, even in a global public health emergency. The essence of this narrative is to share Ghana's story in this journey to guide other countries, particularly in low- and middle-income countries seeking to improve their mental health service in line with international human rights standards.

### Background

Mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." However, mental health remains a neglected part of global efforts to improve health. People with mental health conditions experience widespread human rights violations, discrimination, and stigma. More than 80% of people experiencing mental health conditions, including individuals experiencing neurological and substance use conditions, are without any form of quality, affordable mental health care.

Mental Health is a recognized growing problem in Ghana, requiring a concerted effort to address it. In 2005, WHO estimated that, of the then 21.6 million Ghanaians, 2.1 million suffered various kinds of mental health conditions, of which 650,000 were severe (Ofori-Atta et al., 2010). Canavan et al. (2013) showed that 41% of Ghanaians had one form of psychological distress, contributing to a 7% GDP loss.

Over the years, commitment to mental health in Ghana has culminated in the enactment of the Mental Health Act, 2012 (Act 846), the development of policies and strategies to strengthen leadership and governance to improve mental health care in Ghana. A lot of progress has since been made in delivering mental health services in the country through many challenges persist.

In the context of improving access to care and service quality, the WHO recommends the development of comprehensive community-based mental health and social care services; the integration of mental health care and treatment into general hospitals and primary care; continuity of care between different providers and levels of the health system; effective collaboration between formal and informal care providers; and the promotion of self-care, for instance, through the use of electronic and mobile health technologies.

Developing mental health services of good quality requires the use of evidence-based protocols and practices, including early intervention, incorporation of human rights principles, respect for individual autonomy, and the protection of people's dignity. Developing good mental health services requires evidence-

based protocols and practices, including early intervention, incorporation of human rights principles, respect for individual autonomy, and the protection of people's dignity.

The human rights violations and poor quality of care and support for people with mental health conditions and psychosocial or intellectual disabilities in Ghana have been well documented (Human Rights Watch, 2012, 2020). In a report by Human Rights Watch, (2012), some human rights abuses occur in health and mental health services, faith-based settings (including prayer camps), and the community more generally.

Quality Rights is an initiative developed by the World Health Organization, aiming to improve access to quality mental health services and promote the rights of people with mental health conditions, including psychosocial, intellectual, and cognitive disabilities. This initiative is not a fixed intervention delivered uniformly to all but a framework with associated training and guidance to improve services considering local priorities, resources, and needs. A classic example is the Quality Rights implementation in the State of Gujarat in India as part of a large-scale research project between 2014 and 2016. The mental health services in Gujarat that implemented QualityRights showed significant improvements in the quality of care provided. Staff at the services showed substantially improved attitudes towards service users, and service users reported feeling significantly more empowered and satisfied with the services offered. A journal article demonstrating the effectiveness of the QualityRights approach in Gujarat will appear in an upcoming issue of the British Journal of Psychiatry (Pathare et al., 2019).

Delivery of this rights-based approach to mental health care and support requires ensuring that healthcare providers are equipped with the skills and knowledge to assess and manage mental health conditions. Building the capacity of primary healthcare providers to identify and manage common mental health conditions paves the way for addressing mental health care as a key component of total healthcare and aligns with Ghana's mental health policy of promoting deinstitutionalization and community-level care. Delivery of this rights-based approach to mental care goes hand in hand with health care providers equipped with the skills and knowledge needed to provide assessment and management for people with mental health conditions. The Mental Health Gap Action Programme (mhGAP) tools developed by WHO has been used to build such capacity in countries.

The WHO sought to support the implementation of the QR initiative in Ghana by setting the following objectives

1. Provide technical assistance to strengthen leadership, governance, policy, and systems for mental health
2. Build capacity for integrated quality mental health services to improve access at the primary health care level
3. Promote reduction in stigma, discrimination, and human rights violations in the provision of mental health services

### Methodology

The initiative used a multiprong approach to targeting different areas of the health system to improve access to good quality mental health services and promote the rights of people with mental health conditions and psychosocial and intellectual disabilities in Ghana.

The WHO collaborated with the MHA to form a local coordinating team comprising eleven (11) partners including state agencies ( The Ghana Health Service, Christian Health Association of Ghana, Mental Health Authority) and seven (7) Civil Society Organizations ( Mental Health Society of Ghana, BasicNeeds Ghana, Ta-Excel, Passion for Total Care, Inclusion Ghana, Special Olympics Ghana, MindFreedom Ghana).

The local coordinating team had bi-weekly meetings to review partner performance in the number of people they have supported to complete the QR e-training evident by the number of certificates they have received from participants. The meeting further discussed challenges, and strategies employed in achieving performance by each partner. These meetings created a platform for partners to be accountable, motivated others to do better, and provided a learning opportunity to adopt practical strategies as others shared.

Partners had collective roles of enrolling individuals to undertake the e-training, but also specific roles based on their area of work and their strengths. For example, the WHO provided technical guidance and financial support with funding from the FCDO. The MHA is the agency responsible for providing policy direction in mental health for the Ministry of Health of Ghana. The MHA engage professional bodies in health to share the concept of the QR as a means to build the capacity of their members in human rights. To motivate these professionals to enroll and undertake the training, the e-training was registered the QR as a continuous professional development module to earn points to renew their practice license. In line with the authority's policy to promote rights-based care, all staff working in the psychiatric hospitals must have undertaken the training, evident by the availability of an e-training certificate as part of the requirement for promotional interviews.

Again, the authority set up a solid social media machinery under its Communication Directorate to engage the public through social media channels created and managed by a dedicated team. This social media team leveraged renowned individuals with a wide social appeal across social strata as QR advocates. As part of the engagement, short videos of these individuals endorsing the initiative were produced. The advocacy messages focused on the promotion of human rights approaches in mental health care and respect for the person with mental health conditions in communities. These advocates included persons with lived experience of mental health conditions to ensure a successful awareness creation and anti-stigma campaign, as been observed in other countries cited in the recently launched Lancet Commission Report on Ending Stigma and Discrimination in Mental Health(Thornicroft et al., 2022)

The Ghana Health Service is the largest health service provider. It leads the training of primary health care practitioners. This includes medical officers, physician assistants, and nurses who identify and manage common mental health conditions using the mhGAP intervention guide in training non-specialized staff across all sixteen regions. This improved capacity of the primary health staff provided an integrated and enhanced quality of mental health care within the communities these trained staff practiced.

A summary of the achievement of the initiative is available in an engaging picture book showcasing the activities of the QualityRights initiative.

### **Conclusion**

Human rights are fundamental to every individual and must be protected as enshrined in international standards. Unfortunately, ratifying documents such as the Convention on the Rights of Persons with Disabilities (CRPD) does not guarantee these rights. Therefore, through the office of Policy, Law, and Rights, WHO has developed guidance documents for countries to implement human rights approaches in psychosocial, intellectual, and cognitive disabilities.

Ghana has successfully implemented the QR initiative on a national scale using multiprong context-specific approaches targeting specific stakeholders and strategic engagement of relevant agencies to achieve the initiative's goals.

### **Conflict of Interest**

The authors of this paper are staff of the WHO Country Office in Ghana and have been instrumental in implementing the initiative.

## Acknowledgment

The team would like to acknowledge the Foreign Commonwealth Development Office for their funding support for the initiative. All the local partners of the QualityRights initiative in Ghana, particularly the Mental Health Authority, for the collaboration.

## References

- Canavan, M. E., Sipsma, H. L., Adhvaryu, A., Ofori-atta, A., Jack, H., Udry, C., Osei-akoto, I., & Bradley, E. H. (2013). Psychological distress in Ghana : associations with employment and lost productivity. *International Journal of Mental Health Systems*, 7, 1–9.
- Human Rights Watch. (2012). Like a Death Sentence: Abuses against Persons with Mental Disabilities in Ghana. <https://www.hrw.org/sites/default/files/reports/ghana1012webwcover.pdf>
- Human Rights Watch. (2020). Living in Chains: Shackling of People with Psychosocial Disabilities Worldwide.
- Ofori-Atta, A., Read, U., & Lund, C. (2010). A situation analysis of mental health services and legislation in Ghana: challenges for transformation. *African Journal of Psychiatry*, 13(2), 99–108. <https://doi.org/10.4314/ajpsy.v13i2.54353>
- Pathare, S., Funk, M., Drew Bold, N., Chauhan, A., Kalha, J., Krishnamoorthy, S., Sapag, J. C., Bobbili, S. J., Kawade, R., Shah, S., Mehta, R., Patel, A., Gandhi, U., Tilwani, M., Shah, R., Sheth, H., Vankar, G., Parikh, M., Parikh, I., ... Khenti, A. (2019). Systematic evaluation of the QualityRights programme in public mental health facilities in Gujarat, India. *British Journal of Psychiatry*, 218(4), 196–203. <https://doi.org/10.1192/bjp.2019.138>
- Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hija-zi, Z., Hoffman, C., Hosny, N., ... Mak, W. (2022). Lancet Commission on Ending Stigma and Discrimination in Mental Health. *The Lancet*, 6736(22), 1–43. [https://doi.org/10.1016/S0140-6736\(22\)01470-2](https://doi.org/10.1016/S0140-6736(22)01470-2)