



Ghana

Psychiatry

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Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on publicly available sources of information, as well as oral anonymised sources who are based in Ghana. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

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On 19 January 2022 the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

The drafting of this report was finalised on 31 October 2023. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.



Glossary and abbreviations

Term	Definition
CAMHA	Care and Action of Mental Health in Africa
CHAG	Christan Health Association of Ghana
CHPS	Community-Based Health Planning Services
ECT	Electroconvulsive Therapy
EMDR	Eye Movement Desensitisation and Reprocessing
FDA	Food and Drug Authority
GBD	Global Burden of Disease
GHS	Ghanaian Cedi
MDD	Minor Depressive Disorders
MEHSOG	Mental Health Society of Ghana
MHA	Mental Health Authority
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
PHC	Primary Healthcare
PTSD	Post Traumatic Stress Disorder
UK	United Kingdom
WHO	World Health Organisation



Introduction

Methodology

The purpose of the report is to provide information on access to psychiatric treatment in Ghana. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report were developed by EUAA.

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period was finalised on 8 September 2023, peer review occurred between 9 - 29 September 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 31 October. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Ghana.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from multiple oral sources with ground-level knowledge of the healthcare situation in Ghana who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),¹ the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)² and the EUAA Writing Guide (2022).³ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

¹ EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

² EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

³ EUAA, The EUAA Writing Guide, April 2022, [url](#)



The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental publications, academic publications, reports by non-governmental organisations and international organisations. All sources that are used in this report are outlined in the Bibliography section.

Key informant interviews were carried out in July 2023. Interviews were conducted mainly with officers who work within organisations of Ghana's healthcare system. A complete anonymised list of interviewees can be found in the bibliography.



1. Psychiatry

Psychiatry is the field of medicine that specialises in the diagnosis, treatment and prevention of mental, emotional and behavioural disorders. This report looks at mood disorders like depression, anxiety disorders like post-traumatic stress disorder (PTSD), psychotic disorders like schizophrenia and bipolar disorder, and sleeping disorders. Additionally, it focuses on addiction problems, e.g. alcohol and opioid addiction.

1.1. Prevalence of psychiatric diseases

Although the government in the past decade has increased the attention given to mental health, some challenges remain. This includes the need for an accurate database to establish the actual prevalence and incidence of mental disorders.⁴ The World Health Organization (WHO) estimates that 2.3 million of Ghana's population lives with mental disorders and only about 2 % receive psychiatric care.⁵ The Global Burden of Disease (GBD) 2017 estimates a population prevalence of 0.20 % for schizophrenia, 0.51 % for bipolar disorder, 2.56 % for major depressive disorder (MDD), 0.43 % for epilepsy, 0.51 % for alcohol use disorders, and 0.53 % for drug use disorders.⁶

Ghana has a higher prevalence than the global average for MDD (2.56 % vs 2.49 %). Ghana has a similar prevalence to Sub-Saharan Africa regional prevalence for each disorder except drug use disorders, which have a 0.53 % prevalence in Ghana and 0.38 % in the region, and alcohol use disorder, which has a 0.51 % prevalence in Ghana and 0.91 % in the region. Males in Ghana have a lower prevalence of alcohol use disorder compared to regional data: 1.36 % for the Sub-Saharan Africa region and 0.54 % in Ghana.⁷

Within Ghana, there are differences between certain demographic groups, in the prevalence of some conditions. Young adults (aged 20-29) have a higher prevalence of schizophrenia (0.51 %), bipolar disorder (1.59 %), MDD (6.34 %) and substance use disorders (2.42 %). Mood disorders are more prevalent among women (3.14 %), young adults (6.34 %) and the elderly (7.92 %).⁸ The suicide rate in Ghana is higher among men (12.1 per 100 000) than women (1.3 per 100 000) and treatment coverage was estimated to be highest for schizophrenia and lowest for MDD.⁹

⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁵ WHO, Africa, Ghana, Redefining mental healthcare in Ghana, October 2022, [url](#)

⁶ WHO, Ghana, WHO Special Initiative for Mental Health Situational Assessment, January 2022, [url](#), p. 5

⁷ WHO, Ghana, WHO Special Initiative for Mental Health Situational Assessment, January 2022, [url](#), p. 5

⁸ WHO, Ghana, WHO Special Initiative for Mental Health Situational Assessment, January 2022, [url](#), p. 5

⁹ WHO, Ghana, WHO Special Initiative for Mental Health Situational Assessment, January 2022, [url](#), p. 6



1.2. Overview of the health sector

Ghana has a pluralistic health sector in terms of ownership (public and private) and in terms of healthcare models (orthodox, traditional and alternative medicine).¹⁰ Healthcare services are provided by the public sector, as well as by private sector service providers made up of for-profit providers and non-profit faith-based health facilities.¹¹ The health system is organised in three levels: the primary level, with a focus on primary healthcare (PHC) services, starts with the community-based health planning services (CHPS) compound, followed by the sub-district health centre/clinic and lastly the district hospital. The secondary and tertiary levels have regional and teaching hospitals, respectively.¹²

Public and private facilities, at all levels of the health system, can provide care within limits set by the Standard Treatment Guidelines 2017.¹³ The primary level of care has the capacity to identify and make differential diagnosis of some of the psychiatric conditions. This capacity is mostly at the district hospital level where medical staff can make more definitive diagnosis, commence basic care and also refer the client to the appropriate secondary or tertiary facility for definitive case management.¹⁴

The Mental Health Authority (MHA) is the Ministry of Health's agency that oversees the operations of psychiatric hospitals. It formulates and operationalises the government's mental health plans, policies and enforcement of the Mental Health Act (846) (2012) to ensure humane and culturally appropriate services.¹⁵

Ghana has three psychiatric hospitals, namely Accra Psychiatric Hospital and Pantang Hospital, both in the capital Accra, and the Ankaful Psychiatric Hospital in the Central region. Thus, all the psychiatric hospitals are in southern Ghana but are end-referral points serving country-wide and nationalities in the West African sub-region. The teaching hospitals, namely the Korle Bu, Komfo Anokye, Ho, Cape Coast, and Tamale teaching hospitals, also provide tertiary mental health services, including both inpatient and outpatient care.¹⁶

Table 1 lists some of the facilities that treat mental diseases and undertake rehabilitation.¹⁷

¹⁰ Ghana, MOH, National Health Policy: Ensuring healthy lives for all (Revised Edition), January 2020, [url](#), p. 23

¹¹ Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

¹² Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

¹³ Ghana, MOH, GNDP, Standard Treatment Guidelines, Seventh Edition, 2017, [url](#), pp. 207-242

¹⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

¹⁵ Ghana, Republic of Ghana Mental Health Act (846) (2012), Section 11, June 2012, [url](#)

¹⁶ CMKII101, consultant psychiatrist, interview, July 2023, Accra

¹⁷ CMKII101, consultant psychiatrist, interview, July 2023, Accra

**Table 1. Mental health treatment and rehabilitation facilities in Ghana**

Facility	Website
Ghana Health Service facilities	https://ghs.gov.gh
Christan Health Association of Ghana (CHAG)	https://chaq.org.gh/
Accra Psychiatric Hospital	https://accrappsychiatrichospital.org
Pantang Hospital & Drug Treatment & Rehabilitation Centre	https://pantanghospital.gov.gh
Ankaful Hospital Ankaful Rehabilitation Center	https://www.ghana.gov.gh/mdas/06165edcb1
Korle Bu Teaching Hospital (KBTH)	https://kbth.gov.gh/departments-centres/psychiatry-department/
Komfo Anokye Teaching Hospital (KATH)	https://kath.gov.gh/
Ho Teaching Hospital	https://www.hth.gov.gh/
Tamale Teaching Hospital	https://www.moh.gov.gh/tamale-teaching-hospital/
Cape Coast Teaching Hospital	http://www.ccthghana.org/
Serenity Place	https://gh.africabz.com/greater-accra/serenity-place-392989
The Brains and Sleep Medical Centre Ltd	https://thebraincentregh.com/
Compassion Rehabilitation Center	https://compassionrc.com



Facility	Website
House of St. Francis Clinic	https://www.recoveryafrica.org/house-of-st-francis
WellCare Ghana	https://www.facebook.com/WellCareGH
Redemption Place	https://www.africabizinfo.com/GH/redemption-place-residential
Hope Sobriety Home	https://www.cybo.com/GH-biz/hope-sobriety-home
Peep-Ters Extension Institute	https://rehab.africa/providers/the-peep-ters-extension-institute/
New Hope Rehab Centre	https://newhopewellnesscenterfoundation.org/about-us
Willing Way Foundation	https://willingwayghana.org
Nyaho Medical Center	https://www.nyahomedical.com
37 Military Hospital, Therapy & Wellness Dept.	https://www.ghana.gov.gh/mdas/ee0f1b1bcc
The Bank Hospital	https://thebankhospital.com
Trust Hospital	https://thetrusthospital.com/about-us/
Kumasi Chesire Homes	https://www.cybo.com/GH-biz/kumasi-cheshire-home
Valley View Clinic, Dzorwulu	https://valleyviewclinic.org
Iris Place Rehabilitation Center, North Legon	https://rehab.africa/providers/iris-place/
Nazareth Home for God's Children	https://www.catholicmission.org.au/Ghana
Brottier House	https://nicelocal.com.gh/kumasi/medical/brottier_recovery_home



Facility	Website
Shekhinah Clinic	https://shekhinahclinic.org/
Recovery Pathway Clinic	https://www.facebook.com/RecovPathways/about
Adiebeba Specialist Hospital, Kumasi	https://www.adiebebahospital.com
Mercy Rehabilitation Center, Cape Coast	https://www.nchs.org.gh/institutions/specialized-facilities/

Resources for the treatment of mental diseases and human resources in Ghana are limited. There is a low provider-patient ratio, which translates to relatively long waiting time to receive specialist care.¹⁸

2. Access to treatment

As described in the introduction, treatment is available at all levels of the health system, within the prescribed limits of the Standard of Treatment Guidelines 2017.¹⁹ All patients can access care at the nearest point of service to them at any level of the health system. Based on the severity of the condition and the capacity of the point of service to manage the condition, care will be continued, or the patient will be referred to the next higher level of care for further appropriate case management.²⁰

The distribution of mental health services is skewed toward the southern part of the country, with limited services available in the northern regions. Services and resources are largely concentrated in psychiatric hospitals rather than more accessible community settings. There is a significant treatment gap (the difference between need and available treatment), especially for mood and substance use disorders. Additionally, there are systems-level challenges in financing psychotropic medications that limit their availability and procurement. Shortages in human resources also persist. Concurrently, social stigma linked to mental disorders remains prevalent and limits help-seeking.²¹

Most regional hospitals have mental health units, which are often managed by mental health nurses and general practitioners. Some regional hospitals have specialist mental health

¹⁸ CMKII101, consultant psychiatrist, interview, July 2023, Accra

¹⁹ Ghana, MOH, GNDP, Standard Treatment Guidelines, 2017, [url](#)

²⁰ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²¹ WHO, Ghana, WHO Special Initiative for Mental Health Situational Assessment, January 2022, [url](#), p. 2



providers, such as psychiatrists and clinical psychologists, or both. Tertiary level care is provided by specialists in teaching hospitals and psychiatric hospitals.²² Only the Accra Psychiatric Hospital makes provision for the admission of children and adolescents.²³ Owing to the limitation of human resource, people needing specialist mental health professionals (i.e. psychiatrists and psychologists) often have long waiting times. This is especially problematic for follow-up.²⁴

A few private mental health practices offer care by psychiatrists and psychologists. These are located mainly in Accra and Kumasi. Very few private practices offer inpatient care and they often refer to the tertiary level care where admission is required.²⁵

Various treatment options for mental disorders are available in Ghana. These include psychotherapies / counselling, pharmacotherapy, support groups, electroconvulsive therapy (ECT), hospital and residential treatment programmes.²⁶

Additionally, Ghanaians seek alternate health from traditional medical practitioners as a first line, and this is recognised by the Ministry of Health (MHA) and hence such alternate practices are incorporated in the Mental Health Act.²⁷ In alternative care facilities, there are different forms of care. Some use herbal medications, spiritual psychism, divination, prayers and other forms of spiritual practices for healing.²⁸

There are no national treatment programmes for specific psychiatric diseases. Alcohol and other substance use disorders benefit from drug treatment and rehabilitation programmes in the psychiatric hospitals and in many private rehabilitation facilities. Suicide hotlines have been established across the country and these are managed by the MHA. In 2022, the authorities launched the toll-free number '0800678678' that offers support for people with psychosocial difficulties, and can link them to mental health experts to access support.²⁹

Treatment is geographically available in all the regions. However, urban towns, primarily because of the presence of secondary and or tertiary facilities, have better access to specialist services than populations in rural areas. In theory, everyone has access to all services that are available at all levels of the health system. The inability to pay for the care available is among the main barriers to accessing treatment. Patients who have registered with the National Health Insurance Scheme (NHIS) or private medical insurance schemes will have their cost of care (either inpatient or outpatient) covered, as determined by their insurance package, while those without any form of insurance will have to pay out of pocket for these services. Private health insurance schemes provide a better coverage in terms of services that will be paid for and cost of services than the NHIS.³⁰

²² CMKII101, consultant psychiatrist, interview, July 2023, Accra

²³ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²⁵ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²⁶ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²⁷ CMKII101, consultant psychiatrist, interview, July 2023, Accra

²⁸ Kpobi, L. and Swartz, L., Indigenous and faith healing in Ghana: A brief examination of the formalising process and collaborative efforts with the biomedical health system, July 2019, [url](#), p. 1

²⁹ Ghanaian Times, Business Ghana, MHA unveils toll-free No. for psycho-social support, 23 September 2022, [url](#)

³⁰ CMKII101, consultant psychiatrist, interview, July 2023, Accra



Uninsured patients pay out-of-pocket for all services received at outpatient as well as inpatient points of care. These include the cost of consultation, diagnostic services, medicines and inpatient accommodation fees, as necessary. If insured and if the treatment or medication is covered by NHIS, on presentation of one's insurance card, whether NHIS or private, no direct payment is made as the insurance company re-imburses the service provider at a later date on submission of claims.³¹

The social welfare officers in the district are responsible to ensure that people living with mental illnesses and vagrants receive assistance to receive mental healthcare, including paying for their medical bills.³²

Stigma is a considerable barrier that prevents a person suffering from mental health conditions from seeking healthcare. Stigma towards mental disorders impacts negatively on how patients, their family and friends are perceived and their health seeking behaviours. The stigma extends to health professionals who provide mental health services and that has impacted the recruitment and training of personnel for this area of health.³³ Few health professionals want to specialise in mental health, hence there are a limited number of psychiatrists and psychologists in the country.³⁴

3. Insurance and national programmes

The NHIS does not cover the cost of mental health disorders because care for mental health is supposed to be free, but this has not been achieved. The NHIS scheme however sometimes supports psychiatric hospitals by releasing funds for the purchase of some psychotropic medications, which patients will receive for free. In effect, people suffering from mental health disorders must pay out of pocket for services they access. Private schemes cover mental healthcare as they do other health conditions. The extent of cover is dependent on the scheme but covers inpatient and outpatient as well as medication.³⁵

Ghana does not have a government covered programme for mental health disorders. The Foreign, Commonwealth and Development Office and the WHO are currently supporting the Ministry of Health and its agencies in their efforts to improve access to high-quality mental health services.³⁶

There is a disability programme with specific focus on mental health called the Ghana Somubi Dwumadie, also known as the Ghana Participation Programme. The programme primarily engages in community education, the establishment and development of community-based mental self-help groups, promoting access to community-based mental health care services

³¹ CMKII101, consultant psychiatrist, interview, July 2023, Accra

³² CMKII101, consultant psychiatrist, interview, July 2023, Accra

³³ CMKII101, consultant psychiatrist, interview, July 2023, Accra

³⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

³⁵ CMKII101, consultant psychiatrist, interview, July 2023, Accra

³⁶ CMKII101, consultant psychiatrist, interview, July 2023, Accra



and secure livelihood opportunities for persons with mental health disabilities.³⁷ The programme is currently running until the end of 2023. It is a four-year programme funded by the United Kingdom (UK) aid and run by a consortium consisting of non-governmental organisations (NGOs) and universities, including Basic Needs Ghana and Kings College London.³⁸

4. Non-governmental organisations (NGOs)

There are several NGOs working in mental health.³⁹ Significant among many of such NGOs are BasicNeeds Ghana,⁴⁰ the Mental Health Society of Ghana (MEHSOG), the Mental Health Foundation of Ghana,⁴¹ MindFreedom Ghana,⁴² the Care and Action of Mental Health in Africa (CAMHA),⁴³ PsychoMental Health Foundation and the Ghana Mental Health Association.⁴⁴

Most of these NGOs play the role of advocating to eliminate human rights abuses against people living with mental disorders and for improved services.⁴⁵ Some organise specialist-led outreach programmes, supply free psychotropic medications where possible, and have created community self-help groups led by community volunteers who liaise between patients and their family and the Ghana Health Service community mental health units. Additionally, they are involved in building capacity of health staff, traditional/faith-based medical practitioners, as well as livelihood opportunities for service users, and they support mental health research at the community level and make mental health services accessible to rural communities.⁴⁶

Support groups have been formed by people living with bipolar disorder. The Alcoholic Anonymous and a Janssen Schizophrenia Support programme for patients on the antipsychotic medication paliperidone palmitate (Invega Sustenna, a Janssen Pharmaceutical product) are a few programmes that support patients with psychiatric diseases.⁴⁷

³⁷ Ghana Somubi Dwumadie, Our Management Team, [url](#)

³⁸ Ghana Somubi Dwumadie, Self-help groups support service users in times of crisis and give them a sense of belonging, A four-year disability inclusion programme in Ghana, 2020, [url](#)

³⁹ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁴⁰ BasicNeeds Ghana, 2020, [url](#)

⁴¹ Mental Health Foundation Ghana, Mental Health and Human Rights Info, n.d., [url](#)

⁴² Mind Freedom Ghana, Explore the Nation in Mental Health Care, 2022, [url](#)

⁴³ CAMHA, What we're all about, n.d., [url](#)

⁴⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁴⁵ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁴⁶ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁴⁷ CMKII101, consultant psychiatrist, interview, July 2023, Accra



The Cheshire Home and Brottier House,⁴⁸ established by NGOs and operating on donor support, provides treatment and rehabilitation; however, none of the other NGOs provide treatment services.⁴⁹

5. Cost of treatment

The Mental Health Act (2012) legislates free treatment for patients seeking mental healthcare in public institutions,⁵⁰ but this has not been operationalised.⁵¹ The cost of treatment in the public sector is regulated by fees approved by the parliament. These fees are by and large adhered to in all the public facilities. The cost for treatment in psychiatric hospitals is subsidised by the government and hence patients do not pay full cost. The NHIS does not cover the cost of treatment of mental disorders.⁵² The difference between the subsidised and the full cost of care is paid by the patient out of pocket.⁵³

The cost of treatment in the private sector is not regulated and different service providers set different fees and charges that enable them to, at least, fully recover their costs. These fees and charges may be revised at any time, and the revisions are primarily influenced by foreign exchange rates and market forces.⁵⁴

The cost of treatment is generally higher in private than in public facilities and also increases from primary to tertiary level of care.⁵⁵

In Table 2 and Table 3 below, the public outpatient and inpatient treatment prices are derived from information provided by interviewee CMKII01,⁵⁶ and the private outpatient and inpatient treatment prices are based on information provided by interviewee CMKII02.⁵⁷

⁴⁸ WHO, Ministry of Health, WHO-AIMS Report on Mental Health System in Ghana, 2020, [url](#), p.14

⁴⁹ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵⁰ Ghana, Government of Ghana, Mental Health Act 2012 (Act 846), section 88,2012, [url](#)

⁵¹ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵² CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵³ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵⁴ CMKII02, administrator at a private hospital, interview, July 2023, Accra

⁵⁵ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵⁶ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁵⁷ CMKII02, administrator at a private hospital, interview, July 2023, Accra

Table 2: Cost of consultation for adults in public tertiary and private health facilities

Specialist	Public outpatient treatment price in GHS	Public inpatient treatment price in GHS	Private outpatient treatment price in GHS	Private inpatient treatment price in GHS	Reimbursement/ special programme/ free/ comments
Psychiatrist	30 - 100 per consultation	65 - 200 per day covering bed, food and direct medical care	200 - 800 per consultation	250 - 1 200 per day covering bed, food, and direct medical care	Out-of-pocket payment
(Clinical) psychologist	30 -100 per consultation	65 - 200 per day covering bed, food and direct medical care	200 - 800 for consultation	Price not found	Out-of-pocket payment

Table 3: Cost of treatment for adults in public tertiary and private health facilities

Treatment	Public treatment price in GHS	Private treatment price in GHS	Reimbursement/ special programme/ free/ comments
Psychotherapy session with cognitive behavioural therapy (one session)	40 - 150 per session	100 - 800 per session	Out-of-pocket payment
Psychotherapy session with EMDR (one session)	Not found	400 - 800 per session	Out-of-pocket payment
Psychotherapy session with	40 -150 per session	100 - 800 per session	Out-of-pocket payment



Treatment	Public treatment price in GHS	Private treatment price in GHS	Reimbursement/ special programme/ free/ comments
other type of psychotherapy			
Clinical admittance in psychiatric clinic (daily rates)	3 000 per week covering bed, food and direct medical care	3 360 - 5 600 per week covering bed, food and direct medical care	Some reimbursement to service provider by some private insurance service for treatment only when it is administered by a registered psychiatrist
(Psychiatric) nurse at home (hour and daily rates)	Information not found	80 - 150 per hour 1 200 per day	Out-of-pocket payment
Psychiatric treatment of alcohol drug addiction in specialised clinic (detox.); daily admission rate	3 800 per month	5 000 - 7 000 per month detox, including laboratory	Out-of-pocket payment
Psychiatric treatment of drug addiction in a specialised clinic (rehab.); daily admission rate	6 000 per month	8 000 - 10 000	Out-of-pocket payment
Psychiatric treatment of drug addiction; outpatient care; rate of one consultation	30 - 100 per consultation only	200 - 800 per consultation	Out-of-pocket payment



6. Cost of medication

The cost of medication in the public sector is regulated by the NHIS medicines list.⁵⁸ The NHIS medicines list is expected to reflect the official charges for medicines in public facilities. This is often not adhered to because the prices of NHIS' medicines are lower than the market prices. Facilities, mainly the teaching hospitals, will go on to secure parliamentary approval for higher fees and charges to ensure they are able to recover the cost of services and medicines that the NHIS may not fully cover. These additional fees and charges are paid out of pocket by patients.⁵⁹

The cost of medicines in the private sector is not regulated and different service providers set different fees and charges that enable them to, at least, recover their costs. These fees and charges may be revised at any time and the revisions are primarily influenced by foreign exchange rates.⁶⁰

The cost of medication is generally higher in private as compared to public facilities, and also increases from primary to tertiary level of care.⁶¹ Most medicines are available in the whole country. The private sector pharmacies maintain a more complete stock of medicines than public facilities and medicines are more readily available in urban than in rural communities.⁶²

As far as possible, medicines found in the country are registered by the Food and Drugs Authority (FDA) for use. The implication of this is that the quality of the medicines can be assured, to a large extent. For a product to be registered, it means that it has gone through and passed the rigorous testing and product source verification processes carried out by the FDA of Ghana. However non-registered, as well as fake, medicines are also found in the country.⁶³

Some of the medicines are on the Essential Medicines List and the National Health Insurance Medicines List. Their inclusion on the list encourages pharmacies and health facilities to stock them, reducing situations when stocks run out. Public facilities prices as available in the NHIS medicines' list. No brand names are covered under the medicines' list.⁶⁴

In situations where needed medicines are not available in the country, citizens may make arrangements for friends and family living abroad to purchase and send to them these medicines or they may seek the support of pharmacies to order the medicines. These scarce medicines may or may not be registered by the FDA. These medications are often prescription-only medications and often need to be accompanied by the prescription.⁶⁵

⁵⁸ Ghana, NHIS, Medicine List, February 2023, [url](#)

⁵⁹ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁶⁰ CMKII102, administrator at a private hospital, interview, July 2023, Accra

⁶¹ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁶² CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁶³ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁶⁴ CMKII101, consultant psychiatrist, interview, July 2023, Accra

⁶⁵ CMKII101, consultant psychiatrist, interview, July 2023, Accra



Though the NHIS does not cover the cost of treatment of mental disorders, it supports mental health services with some funds, periodically, for the procurement of psychotropic medications to be made available across the country. These medicines are also subsidised and in the psychiatric hospitals they may be free when in stock.⁶⁶

In Table 4 below ‘*Pharmacy*’ refers to the private sector and ‘*Hospital*’ refers to the public sector. The prices in pharmacies as well as insurance coverage and reimbursement information are based on information provided by interviewee CMKII01.⁶⁷ Public facilities prices are as listed in the NHIS medicines list. Medicines in public health facilities are generic and not branded.⁶⁸

Concerning the coverage and reimbursement of the medication prices in the table below, the following principles apply:

1. Psychiatric medications are not covered by NHIS, but they can be found for free in public health facilities, upon availability. They can be covered also by private health insurance schemes.
2. If medications are not available for free in public facilities or bought in pharmacy or not covered by any private insurance, cost is paid out of pocket by the patient. Uninsured patients pay also out of pocket.

Table 4: Medicine prices in public and private health facilities

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
Amitriptyline <i>(also used for neuro-pathic pain)</i>	Amitriptyline	10 mg	tablet	56	23.2	Hospital
Citalopram	Citalopram	10 mg	tablet	28	9.5	Hospital
		20 mg		28	30	
Clomipramine	Anafranil®	25 mg	tablet	30	183	Pharmacy
Duloxetine	Duloxetine	30 mg	tablet	28	16.8	Hospital
	Cymbalta	30 mg	tablet	28	56	Pharmacy
Escitalopram	Escitalopram	20 mg	tablet	28	26.32	Hospital

⁶⁶ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁶⁷ CMKII01, consultant psychiatrist, interview, July 2023, Accra

⁶⁸ Ghana, NHIS, Medicine List, February 2023, [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
	Ciprallex®	20 mg	tablet	28	918.40	Pharmacy
Fluoxetine	Fluoxetine	20 mg	capsule	30	30	Hospital
	Prozac®	20 mg	capsule	30	98	Pharmacy
Imipramine	Imipramine	25 mg	tablet	30	21.84	Hospital
Nortriptyline <i>(also used for neuropathic pain)</i>	Nortriptyline	25 mg	tablet	90	765	Pharmacy
Paroxetine	Paroxetine	20 mg	capsule	28	45.36	Hospital
	Seroxat®	20 mg	capsule	28	93	Pharmacy
Sertraline	Sertraline	50 mg	tablet	28	50.7	Hospital
	Lustral®	50 mg	tablet	28	649	Pharmacy
Trazodone	trazodone	50 mg	tablet	84	117.6	Pharmacy
Alfuzosin (also used with prostate complaints)	Xatral®	10 mg	tablet	30	681	Pharmacy
Lamotrigine (also anti-epileptic)	Lamotrigine	50 mg	tablet	28	14.84	Hospital
	Lamictal™	50 mg	tablet	30	677	Pharmacy
Topiramate (also anti-epileptic)	Topiramate	25 mg	tablet	60	43.2	Hospital
	Topamax™	25 mg	tablet	60	223	Pharmacy
Amisulpride	Amisulpride	200 mg	tablet	28	78.68	Hospital
Chlorpromazine	Chlorpromazine	50 mg	injection	1	6.5	Hospital
	Chlorpromazine	50 mg	tablet	500	235	Hospital
	Largactil™	50 mg	tablet	100	459	Pharmacy
Flupentixol	Flupentixol	20 mg	injection	1	84.7	Hospitals



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
Haloperidol	Haloperidol	5 mg	tablet	28	21.84	Hospital
	Haldol®	5 mg	tablet	30	105	Pharmacy
Clozapine	Clozcare 100	25 mg	tablet	30	356.4	Hospital
Olanzapine	Olanzapine	5 mg	tablet	28	32.48	Pharmacy
Quetiapine	Quetiapine	25 mg	tablet	28	36.4	Hospital
Risperidone	Risperidone	1 mg	tablet	30	32	Hospital
	Exeter®	2 mg	tablet	28	252	Pharmacy
Flupentixol decanoate depot injection	Flupentixol decanoate depot	20 mg	Injection	1	84.7	Hospital
	Depixol®	40 mg	Injection	10	840-1200	Pharmacy
Haloperidol decanoate depot injection	Haloperidol depot	50 mg	injection	5	950 - 1080	Hospital
Paliperidone palmitate depot injection	Paliperidone palmitate depot	50 mg	injection	1	1262	Hospital
Diazepam	Diazepam	5 mg	tablet	100	17	Hospital
Lorazepam	Lorazepam	2 mg	tablet	28	Free	Hospital
	Lorazepam	2 mg	tablet	100	21.84	Pharmacy
Carbamazepine	Carbamazepine	200 mg	tablet	100	35	Hospital
	Exeter™	200 mg	tablet	100	82	Pharmacy
Lithium carbonate	Lithium carbonate	200 mg	tablet	100	Free	Hospital
Melatonin	Novo melatron®	5 mg	tablet	60	182	Pharmacy



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
Nitrazepam	Dormicum®	1.5 mg	tablet	20	290	Pharmacy
Trihexyphenidyl	Trihexyphenidyl	5 mg	tablet	28	28	Hospital
Thiamine	Thiamine	100 mg	tablet	100	63	Hospital
	Thiamine	100 mg	tablet	100	116	Pharmacy



Annex 1: Bibliography

Oral sources, including anonymous sources

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Annex 2: Terms of Reference (ToR)

Psychiatry; mood disorders like depression, anxiety disorders like PTSD, psychotic disorders like schizophrenia, bipolar disorder, sleeping disorders. Addiction problems: e.g. alcohol- and opioid addiction

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Briefly describe prevalence and incidence of psychiatric diseases [mood disorders (e.g., depression), psychotic disorders (e.g., schizophrenia, bipolar disorder), anxiety disorders (e.g., PTSD) and addiction problems (e.g., alcohol and opioid addictions)] / types of these diseases (epidemiologic data).
- How is the health care organized for these diseases?
- How are these diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat the diseases [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with these diseases? Are there sufficient resources available to treat all patients?
- Is there a particular type of these diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating psychiatric diseases?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for these psychiatric diseases: mood disorders like depression, anxiety disorders like PTSD, psychotic disorders like schizophrenia, bipolar disorder, sleeping disorders. Addiction problems: eg alcohol- and opioid addiction? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for these diseases? If so, what are the eligibility criteria to gain access to it?



- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with psychiatric disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., for psychiatric hospitals,, etc)?
- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance?
- Any occurrences of healthcare discrimination for people with psychiatric disease?

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report.

Insurance and national programmes

Include if relevant, otherwise delete section.

- National coverage (state insurance).
- Programmes funded by international donor programmes,
- Include any insurance information that is specific for patients with psychiatric diseases.

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. Instead state that they could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatment in public and private facility and if the treatments are covered by any insurance or by the state.



- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. Instead, state that they could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
- If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients of psychiatric diseases? What are the conditions to obtain help from these organisations? What help or support can they offer?



- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).

