

Helping to improve mental health services in
Ghana

Hampshire Partnership NHS Trust, UK

Linked with

The Rural Health Training School
Kintampo

Summary report on the Hampshire Partnership NHS Trust visit to the
Rural Health Training School, Kintampo

16 – 23 February 2008

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1. Background

In March 2007 Hampshire Partnership NHS Trust (HPT) made a formal Link with The Rural Health Training School (RHTS), Kintampo, under the auspices of THET (The Tropical Health Education trust, UK)

On Friday 30th November 2007, through a meeting in Accra, the Ministry of Health, Ghana Health Service and Rural Health Training School agreed that mental health provision in Ghana should be strengthened by the development of a new workforce consisting of two new types of mental health worker. These fit into the current healthcare structure of Ghana. Hampshire Partnership NHS Trust is assisting RHTS in this development. The 2 new workers will be;

1. Medical Assistant Psychiatry (MAP) - a cadre of fully trained Medical Assistants who after some years of experience in clinical practice and evidence of interest in mental health, will spend a further 18 months in full time psychiatric training at Medical Assistant level via the Rural Health Training School, Kintampo. The MAP's duties will be almost identical to those of a psychiatrist (including diagnosis and prescribing) but the MAP will work under the supervision of a doctor. Difficult cases will be referred on to psychiatrists.

2. Community Mental Health Officer (CMHO) – this cadre will be community based field workers operating from CHPS compounds. Their main duties will be case finding, education, health promotion and supervision of treatment. Entry to the grade will be from practising Field Technicians, Community Health Nurses and Community Health Officers who show evidence of a special interest in mental health. Training will be a further 1 year in mental health via the Rural Health Training School, Kintampo. The CMHO will work under the supervision of a MAP

2. Details of the February 2008 Visit

In February 2008 a team from Hampshire Partnership NHS Trust (HPT) with input from Professor Colin Coles visited the Rural Health Training School (RHTS), Kintampo to conduct a one-week workshop programme on curriculum development for the two new programmes.

The visiting team comprised:

- Sarah Baines, Associate Director of Nursing (HPT)
- Dr Rosie Lusznat, Consultant in Old Age Psychiatry (HPT) (and Associate Dean for the Wessex Postgraduate Medical Education Deanery)
- Dr Stroma Macfarlane, Specialist Registrar in Psychiatry (HPT)
- Professor Colin Coles, Medical Educationist, Faculty of Education, University of Winchester

The workshop was based on the following educational principles and assumptions:

1. The curricula will be developed locally by the people most closely associated with them
2. HPT input will help facilitate that development
3. The approach to be adopted would involve some input from the HPT team, much plenary discussion with the whole group, and considerable small-group working.
4. There would be a clear recognition of the interdependence of educational, workforce and service issues (see below for more explanation of these concepts) in the development of the new curricula. All three elements would need to be developed simultaneously, though each element would require particular input from a variety of interested groups including the RHTS, the Ministry of Health and Ghana Health Service
5. The provision of support for the Programme Leads would be essential
6. More generally, the workshop would contribute to educational capacity building at the RHTS.

Before the visit, the HPT team had prepared an outline programme, recognising that what actually happened would reflect a 'dynamic' view of curriculum development. This is consistent with a 'research' model of curriculum development, since

- (a) the 'problems' for which the development of these curricula was intended were complex and inevitably unclear at the outset
- (b) the nature of the proposed workforce still under consideration
- (c) the clinical service these new health workers would undertake was yet to be developed.

3. Outcome

The workshop showed:

- Considerable progress in developing curricula for the new programmes.
- Significant development of the participants' thinking concerning, at a general level, the process of curriculum development.
- The value of providing support for programme leads and their curriculum development teams
- The importance of policy decisions becoming more widely known throughout the RHTS.

4. Recommendations

As a result, the following recommendations are made:

1. Continued support for the Programme Leads is crucial to the success of the curriculum development process.
2. The academic status of the programmes requires further consideration: are they primarily for 'professional development' or for 'academic qualification'.
3. Arrangements need urgently to be made nationally for the professional recognition of these two new posts, including accreditation.
4. Student placements for the new curricula need to be found, and placement supervisors need to be appointed.
5. An induction programme for RHTS tutors and placement supervisors regarding the new curricula needs to be planned and provided.
6. Urgent resolution is necessary of workforce matters relating to recruitment to the curricula, which probably requires discussions at National level in Ghana; this is a necessary pre-requisite to further detailed development of the two new curricula.

7. Progress should be made to develop a psychiatric (mental health) facility in Kintampo District North, perhaps initially in the form of an out-patient clinic at the hospital.
8. Future visits by the HPT team need to focus on:
 - Policy discussions with the Ghana MoH and Health service.
 - Curriculum development work.
 - Support for report writing and project administration during visits.
9. The following questions need to be addressed by HPT in collaboration with RHTS:
 - a. What is required over the next ten months or so?
 - b. Who is best suited to meet these needs?
 - c. When would it be best to make future visits?
 - d. How would it be best to use the Project's limited resources (funding, people's time, etc)?

5. Conclusion

In conclusion, the five-day workshop provided a sound basis for the development of the two new curricula and capacity building for the RHTS. The HPT team thank all those, particularly at the RHTS, who worked hard to make the workshop a success.

Sarah Baines, Colin Coles, Rosie Luszkat & Stroma Macfarlane

April 2008

6. Definitions

In the text we have referred to 'Workforce issues' and 'Service issues' – what we mean by this is;

Workforce issues – this is what the MAP and CMHO will be doing, who they will be working with and for, and all such 'employment' issues

Service issues – this concerns such questions as what will be the nature of the professional practice of the MAPs / CMHOs ? How that practice will be organised - including, where, by whom, how regulated, how accredited, etc ?

7. Abbreviations used in this report

CHPS	Community-based Health Planning and Service
CMHO	Community Mental Health Officer
HPT	Hampshire Partnership NHS Trust
MoH	Ministry of Health
MAP	Medical Assistant Psychiatry
RHTS	Rural Health Training School (Kintampo)
UK	United Kingdom

8. Further information

Previous reports in this HPT – RHTS Link series are;

1. Summary report on Hampshire Partnership NHS Trust visit to Ghana (16.11.07 – 30.11.07)

Readers who wish to know more about the project or request other reports should contact either:

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www.ghana-krhts-mentalhealth.org