Helping to improve mental health services in Ghana

Hampshire Partnership NHS Trust, UK

Linked with

The Rural Health Training School
Kintampo

Summary report on consultation with stakeholders – Accra
June 9th – 15th 2008

www.ghana-krhts-mentalhealth.org

1. Background

In March 2007 a Link was established between Hampshire Partnership NHS Trust (HPT) in the UK and the Rural Health Training School in Kintampo (RHTS). The Link was initiated by the Tropical Health Education Trust (THET). The link is to help to improve Mental Health Services in Ghana through the development of training curricula at RHTS.

In November 2007 the Ministry of Health decided to create two new community based mental health posts and develop curricula at RHTS to support these.
The two posts are

- Medical Assistant Psychiatry (MAP)
- Community Mental Health Officer (CMHO)

In February 2008 a week long programme on Curriculum Development was held at the Rural Health Training School to aid the beginning of the Curriculum development process.
(Please see previous reports for further details – these are available on the project website or can be obtained from the projects leads – please see the end of this report for details).

Following a successful application for a grant from THET to support evaluation of the project, Dr Macfarlane, a member of the HPT team arrived in Kintampo on May 22nd to spend 8 weeks supporting and facilitating the development of the two new curricula and to carry out evaluative research on the curriculum development.

2. Purpose of the consultation

In order to plan the correct educational content for the MAP and CMHO programmes important service and workforce issues need to be answered regarding the eventual practise of the new practitioners.

The MAP and CMHO will be mainly employed by Ghana Health Service. In order to keep 'control' of the practice of their workforce (and thereby resource it and be responsible for the practise of their practitioners), GHS will expect the practitioners to practise within a framework which GHS will resource and support. Although MAP and CMHO might sometimes have different personal views on how to practise they will, like all employees, be expected to practise within the broad frameworks determined by their employers (in consultation with their professional bodies).

This therefore raises important questions which link directly into the education of the MAP and CMHO (in that it determines what they need to know and what skills they need). Therefore

Aims of the visit:

I. This visit was primarily to move the curriculum development for MAP and CMHO ahead by addressing important service and workforce issues that impact on the educational content of the curriculum.

II. To gather data for curriculum evaluation.

III. Networking to further strengthen links made on previous visits and make new links.

IV. To raise the profile of the project in Ghana

3. Outcome of the consultation

This was a successful consultation. All targets were achieved. The team had a very busy week with a tight schedule, which did preclude some meetings, but it is believed that we couldn't have managed more in the time available. In addition to the targets set before the consultation, the week also allowed the HPT / RHTS team to;

- Discuss and deepen the team's understanding of MAP / CMHO
- Answer the questions of those we met to deepen their understanding of MAP / CMHO

Much has already been established concerning the eventual training and work of MAP and CMHO. The main new matters established from this consultation are as follows;

3.1 The psychiatric conditions that MAP and CMHO will treat

MAP and by default CMHO will work with a limited number of diagnoses – please see the appendices for more detail on the rationale and evidence base for this.

Cases for full treatment
The 'diagnoses will be:

1. Schizophrenia
2. Bipolar Affective Disorder
3. Major Unipolar Depression
4. Epilepsy
5. Substance Misuse limited to Alcohol Detoxification

Cases for partial treatment
MAP and CMHO will provide limited advice and occasional initial treatment for

1. Non Schizophrenic Psychosis

Cases for advice and occasional review
MAP and CMHO will be able to recognise the following, but case management will be low level and limited to advice only.

- Mental Subnormality (Learning Disability)
- Dementia

Cases for referral to a psychiatrist
MAP and CMHO will recognise but not manage, the following. These cases will be referred on to psychiatrists;

- Child Psychiatric Disorders

- Anxiety Disorders
- Personality Disorders
- Other non-psychotic dirorders (eg, Post Traumatic Stress Disorder, Anorexia, Obessisive Complusive neorosis etc)
- Other Substance Misuse Disorders

Cases that MAP struggle with will also be referred to a psychiatrist for advice (this will be described in treatment protocols / algorithms)

3.2 Treatments used by MAP and CMHO

MAP and CMHO will treat patients using protocols, algorithms and guidance set nationally by psychiatrists (the same across the whole country). These will describe treatments to use in specific conditions and referral pathways. Drugs will be from the Essential Drug List. The protocols will be ready in time for the start of the training programmes. The Psychiatrists will write these protocols.

It was agreed that this is work that the UK St Georges SpRs could very usefully help with. Dr Sanati (Specialist Registrar from St George's NHS Trust) will make a start under the supervision of the Ghanaian psychiatrists.

3.3 Prescribing

MAP will have the authority to prescribe from a limited formulary determined by the treatment protocols.

3.4 The authority of MAP and CMHO to manage patients who refuse treatment

The New Mental Health Bill when passed will provide CMHO with the authority to intervene in the community in an emergency (the Act allows any citizen to take a person they believe to be suffering from a mental disorder to a medical doctor for assessment for a certificate of Urgency - to enable admission for up to 72 hours).

MAP will have the authority to treat a patient for 28 days through application to a court in conjunction with a doctor. Treatment beyond 28 days will require review and the recommendation of a psychiatrist (and the authorisation of a court).

3.5 MAP and in-patient beds in district hospitals

At district hospitals (and regional hospitals in the absence of a psychiatrist) MAP will be directly responsible to a Medical Officer if present who will delegate responsibility to the MAP for psychiatric in patient management. The MO will still have ultimate clinical responsibility. In-patients would be nursed by RMNs wherever possible.

3.6 The difference between the practice of psychiatrists and MAP

MAP will have clearly delineated guidelines on which disorders to manage and which to refer. They will also have clear protocols for treatment. They will have a limited range of drugs for prescribing. They will not be able to diagnose detailed subcategories of conditions outside those they treat (for example they might recognise anxiety disorder but would not differentiate generalised anxiety disorder from panic disorder, they might recognise personality disorder but they would not subtype it).

3.7 Tasks for community based mental health practitioners

These include (the list is not exhaustive);

1. Case identification and contact tracing
2. Acting as point of referral to hospital.
3. Liaising at the time of admission with families/workplace etc of patient.
4. Family support
5. Education of family.
6. Attending and arranging case conferences.
7. Health education/promotion talks.
8. Acting as guide/link to other services/agencies/NGO's.
9. Health education and liaison to community agencies and organisations such as churches, schools, traditional healers.
10. Setting up health promotion activities.
11. Coordinating satellite clinics and outreach programs
12. Follow up of individual cases.
13. Supervising medication and ensuring compliance
14. Data collection and collation
15. Planning of outreach programs
16. Supervisory roles
17. Managerial and administrative duties

CMHO will be based at Health Centres (sub-district), and also provide community – based services. Their roles will include;

- Case detection
- Work closely with MAP and participate in outreach programs
- Follow up of MAPS cases
- Health promotion
- Monitoring and compliance checks.

3.8 Monitoring and evaluation

It will be important to monitor and evaluate the impact of the MAP / CMHO programme.

Some ‘measures’ that would be helpful include;

- The total number of patients treated within Mental Health services. This would be expected to rise due to improved community access to treatment. It may reflect a decrease in patients being treated by non conventional methods.
- Patients will experience an improvement in their functioning and wellbeing after engaging with the health service. This could be measured by CMHO administering a questionnaire at presentation to determine the patients problems in the lead up to presentation and what treatments have already been received. Then, after treatment the same questionnaire might show improvement. *Consider CMHOs developing a screening tool / questionnaire to measure patient experience and/or function*
- The number of new cases seen
- The number of follow up cases seen
- Diagnoses might change over time eg unconventional to more meaningful diagnoses

3.8 The number of MAP and CMHO that will be needed

At present it is envisaged that there will eventually be approximately 1 MAP per district (in addition to 1 MA per district). The number of CMHO will probably need to 3+ per district.

3.9 ‘Placement’ of MAP and CMHO after qualifying

After qualifying MAP will spend between 6 months - 1 year ‘housemanship’ in the specialist hospitals (Accra Psychiatric, Pantang, Ankaful) before being placed in regional and district hospitals.

The final working placements of qualified MAP and CMHO once they leave the specialist hospitals (Accra Psychiatric, Pantang, Ankaful) will probably, during the early roll out years, have to be determined by a combination of need (ie whereabouts in the country needs MAP / CMHO) and practical matters such as where there is accommodation, clinic space, perhaps existing though not well functioning services etc

3.10 The role of CHAG and the Private Sector

The Christian Health association of Ghana and the private sector will provide services via MAP / CMHO, just as GHS will.

3.11 Post-basic entry into MA training as a gateway to MAP

The post-basic entry into MA training will remain open for another 5 years or so (from 2007) – this can be found in the MoH HR Strategies and Policies 2007 – 2011.

3.12 Career pathways for MAP and CMHO

The career pathways for MAP and CMHO are being established. It is acknowledged that this is very important. It is expected that career development will be orientated toward learning new skills and professional enhancement, for example, once services are improving it might be possible for MAP to develop special interests (under supervision, and with approval of employers) eg old age psychiatry, substance misuse, forensic, child, psychotherapy, rehabilitation, liaison etc. Special interest might lead to the opportunity to actually specialise if curricula are eventually developed for that

4. Summary of the work undertaken

Meetings based at Accra Psychiatric Hospital were held through the week.
The following meetings were held

HPT / RHTS team	Consultation Group
Full team (please see appendix A for details of the 'full team')	Practising **psychiatrists**
Full team	**Senior ward based nurses** working at Accra Psychiatric Hospital
Full team	**RMN's** (Registered Mental Nurses)
Full team	**CPN's** **(**Community Psychiatric Nurses)
Full team	**Medical Assistants** working in Psychiatry at Accra Psychiatric Hospital and Pantang
Full team	**Deputy Directors of Nursing** Accra Psychiatric Hospital
Full team	**Ms Regina Adagbedu** (Clinical psychologist selected for appointment as Tutor RHTS)
Full team	**Dr Joaquim Saweka** (WHO Country Representative, Ghana)
Dr Mark Roberts	**Dr ET Adjase** (Director RHTS and project Lead Ghana)
Dr Mark Roberts	**Dr E Addai** (Director PPME, MoH)
Dr Mark Roberts	**Dr A Osei** (Chief Psychiatrist, Ghana Health Service) (several meetings were held with Dr Osei, some with the full team and some with Dr Roberts only)
Dr Mark Roberts	**Dr S Ohene** (Senior Lecturer in Psychiatry, University of Ghana)
Dr Mark Roberts	**Peter Yaro** (Basic Needs Ghana)

Dr Mark Roberts	**HPT Lead for the Project**
Dr Stroma Macfarlane	**Curriculum Development (HPT)**
Mr Emmanuel Ofori	**Lead tutor for the MAP programme (RHTS)**
Mr Emmanuel Okyere	**Lead tutor for CMHO programme (RHTS)**

June 2008

Abbreviations used in this report

CHAG-Christian Health Association of Ghana
CHPS-Community based Health Planning and Service
CMHO-Community Mental Health Officer
CPN-Community Psychiatric Nurse
GHS-Ghana Health Service
HEI-Higher Education Institution
HPT-Hampshire Partnership Trust
IGF-Internally Generated Funds
KRHTS-Kintampo Rural Health Training School
MA-Medical Assistant
MAP-Medical Assistant Psychiatry
MH-Mental Health
MO-Medical Officer
MOH-Ministry of Health
POW-Plan of Work
PPME-Directorate of Policy, Planning., Monitoring and Evaluation
RMN-Registered Mental Nurse
SHS-Senior High School
SpR-Specialist Registrar
THET-Tropical Health education Trust
WHO-World Health Organisation

Distribution list:

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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

2. Summary report on Hampshire Partnership NHS Trust / RHTS curriculum development week – February 2008

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

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