



A Study of Financing and Mental Healthcare Delivery in Ghana

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ABSTRACT

This study looked into how mental healthcare is delivered and funded in Ghana. For the investigation, a descriptive survey was employed. Purposive sampling and basic random sampling techniques were used. A total of 151 people participated in the study: 50 medical professionals from Accra Psychiatric Hospital, 100 members of the Accra general public, and an expert from Ghana's Mental Health Authority. The primary tools for gathering data were questionnaires and an interview guide. The data was analysed using SPSS version 16, a statistical product and service solution. Frequencies and percentages were the statistical tools employed. The study found that Ghana has inadequate funding for mental health services. It was once more demonstrated that the Ghana Mental Health Act of 2012's successful implementation is threatened by insufficient financial investment. It came to the conclusion that it would be a great idea for the Ghanaian government and the private sector to collaborate (i.e., engage in a public-private partnership) in the funding of the provision of mental healthcare, leading to the government enacting laws that encourage private participation. The model of Donaldson and Gerard framework (2005) should be used by the stakeholders in the provision of mental healthcare in Ghana, it was recommended based on the findings. The Private sector should be in charge of the entire administrative management of the facilities, including worker salaries and complete regulation of the activities of mental healthcare professionals. The Government of Ghana should assume responsibility for the training of mental healthcare professionals and the provision of mental health facilities. The Mental Health Authority of Ghana should be adequately resourced with seed money by the Ghanaian government through private partnership involvement.

1. INTRODUCTION

Background of the Study

The process of allocating resources to put plans and policies into practise is known as financing. According to the World Health Organisation (2003), funding is therefore not only a key component of the system but also a potent instrument that policymakers can use to design and influence mental health services and their outcomes. Over time, the Ghanaian healthcare system has faced numerous budgetary challenges, particularly in the area of mental health services. The Ghanaian government and private sector have shown egregious neglect when it comes to mental healthcare. Government and private sector capital investment in mental healthcare delivery is low in Ghana, a developing West African nation. The Mental Health Act of 2012 (Act 846) and the Mental Health Authority (MHA) were established by the Ghanaian government in an effort to address the country's mental health issues. It is anticipated that the Mental Health Authority (MHA) will be able to implement the Mental Health Act with this kind of commendable initiative, ensuring that the various issues facing mental health care and its delivery are addressed and elevating the quality of mental healthcare delivery in Ghana to an international level.

The Mental Health Act would support and enhance Ghana's provision of high-quality mental healthcare, according to Akwasi Osei (2014), acting CEO of the Mental Health Authority. He said that the Mental Health Act would provide for the well-being of patients by providing them with spacious, well-ventilated, well-lit, rain-resistant, rodent- and reptile-proof housing that is also clean and equipped with washing and storage facilities. According to him, the legislative instrument will also specify the procedures for attaining standards and quality healthcare as prescribed by the Health Facilities Regulatory Act and practitioners' professional standards.

Problem Statement

Two categories of barriers exist for financing mental health services: (1) those that are related to social values and the general public's perception of mental health services and their efficacy, and (2) those that are directly related to financing methods and processes. It is necessary to overcome both sets of obstacles in order to secure sufficient funding. A broad consensus among society is necessary for mental health to be prioritised (World Health Organisation, 2003).

Additionally, since the majority of patients were too impoverished to pay fees and mental health care was intended to be free by government policy, mental health services were not bringing in a sizable amount of money. Therefore, internally generated funds were typically not very large. Some patients and their families were directly purchasing mental health services through traditional/faith-based practitioner networks and private services. When government supplies became low, some patients purchased their own medications (WHO-AIMS, 2013).

In addition, a number of research have found connected potential issues with the provision of mental healthcare. Before the Mental Health Authority of Ghana to fully execute the Ghana Mental Health Act of 2012, mental healthcare financing in Ghana needs to be reexamined from a wide range of perspectives (Doku, Wusu-Takyi, & Awakame, 2012). The cost of mental healthcare should only be covered by the Ghanaian government, but due to the country's health budgetary limits, this is all but impossible. The Mental Health Authority (MHA) of Ghana is facing a significant financial obstacle to fully implementing the Mental Health Act of 2012 (Act 846). The public and private sectors must be made aware of potential collaborations to supply sufficient money or funds for the enhancement of mental healthcare delivery in Ghana. This study aimed at investigating into financing and mental healthcare delivery in Ghana.

1.5. Objectives of the Research

The main objective of this research work is to examine financing and mental healthcare delivery in Ghana.

The specific objectives of this research work are to:

1. Examine the status of financing of mental healthcare delivery
2. Ascertain the significance of finance in mental healthcare delivery
3. Analyze the sum of financing that would be adequate in making mental healthcare delivery accessible
4. Find out the challenges to the financing of mental healthcare
5. Proffer solutions to the financing of mental healthcare delivery

LITERATURE REVIEW

Theoretical Review

The financing of psychiatric care is an important variable in determining the type of treatment, the duration of hospitalization, and the length of outpatient psychotherapy. Despite many clinical innovations, new legislation, and increased federal funding in the last decade, there are only scant research data on new methods of financing mental healthcare (Burnell, 1971). The study is underpinned by three theories below:

The Capital Structure Irrelevance Financing Theory

The capital structure irrelevance theory proposed by Modigliani and Miller (1963) holds that a firm's value is not affected by its capital structure. The theory, however, was proposed under some stride assumptions, such as frictionless markets, no tax, no bankruptcy costs, and no growth. On the other hand, the TTO theory of capital structure recognizes taxes and bankruptcies. The essence of the TTO is that a firm's debt-equity decision is based on the trade-off between the debt's tax shield and the costs associated with bankruptcy and financial distress (Robichek & Myers, 1966; Marsh, 1982).

According to the TTO, the firm sets an optimal target debt-to-equity ratio at which the marginal costs and marginal benefits of debt exactly offset each other. The firm will gradually move toward the target ratio. Typically, the target debt-equity ratio varies across firms. Companies with plenty of taxable income to shield tend to have high debt-equity ratios. Unprofitable companies may want to rely more on equity financing.

Empirical studies attempting to find the determinants of capital structure within the trade-off framework in dude are those by Fem and Jones (1979), March (1982), and Castanias (1983). Bradley et al. (1984) provided an overall review of the TTO theory and empirical studies. The problem with the TTO theory, as Brealey and Myers (1984) pointed out is that the theory cannot explain the real-life capital structure phenomenon that the most profitable companies generally thrive with little debt.

Public and Private Ownership and Financing of Healthcare Systems

Underpin of this research work is Donaldson and Gerard's framework (2005). The Donaldson and Gerard's framework (2005) seeks to explain the interplay between public and private ownership and financing of healthcare systems. This framework is considered because it has a very strong link to this research work which is about the examining of financing and mental healthcare delivery in Ghana. The method of financing health systems affects the performance of the healthcare system. Every health-financing mechanism has three key functions such as revenue collection, risk pooling and purchasing. Health is regarded as a basic human right and a necessity for development. Such recognitions have been underpinned in many international instruments. For instance, Article 25(1) of the 1948 Universal Declaration of Human Rights highlights that; 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and necessary social services, and the right to security in the event of sickness, disability in circumstances beyond his control.'

In view of this, the 1978 Alma-Ata declaration impressed upon national governments to develop 'universally accessible' health systems. However, many years after this declaration, several governments have failed to live up to this responsibility and access to healthcare especially mental healthcare still remains challenging for many populations. Nearly 1.3 billion persons worldwide cannot access health care. Although, the reasons underscoring this span

severely, in many developing countries, financial-barriers such as out-of-pocket payments has been identified as a key factor. What is disturbing is that these measures are driving nearly millions of people across the globe into abject poverty annually.

The conspicuous catastrophic impacts emanating from financial-barriers to healthcare and in recognition of the fact that systems in many states have failed to address such problems, the WHO in 2005 passed a resolution impressing upon governments to develop effective health-financing mechanisms towards achieving universal health coverage. By this, Universal health coverage has been defined as 'ensuring that all people can use the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.' However, a 2007 report by the Social Watch group highlighted that at the pace of many developing countries, universal health coverage can only be realized in 2108 (94 years from now) unless drastic reforms are implemented. This call has renewed interest in how health should be financed in developing countries to attain universal health coverage. Although, there seems to be a consensus that health-insurance can be a useful tool for delivering universal health coverage in developing countries, there are divergent views as to the form in which it should assume. While many donor-countries and institutions like the World Bank have been pushing for Private Health Insurance (PHI), many critics have highlighted equity and efficiency issues in such mechanisms. The three main goals that universal health coverage seeks to achieve are: (1) equity in access to health services - those who need the services should get them, not only those who can pay for them, (2) that the quality of health services is good enough to improve the health of those receiving services; and (3) financial-risk protection - ensuring that the cost of using care does not put people at risk of financial hardship. Nevertheless, as Kutzin indicates, the realization of these goals depends on the existing health financing mechanism.

METHODOLOGY

This study adopted a descriptive survey of the employees of Accra Psychiatric Hospital and selected general public. The descriptive survey helped to locate and obtain data for the study and described issues as they were. A survey design was selected since it can be used to collect many different kinds of information, it is also quick and low cost, as compared to experimental method and it is carefully designed to ensure that there was complete description of the situation as they were, making sure that there is minimum bias in collection of data and reduced errors during interpretation stage.

This study targeted selected general public, healthcare professional staffs and the Mental Health Authority (MHA) of Ghana. The Mental Health Authority (MHA) of Ghana consist of 11 Board Members and other unspecified supporting administrative staffs as at 23rd June 2014. There are a total of 451 employees in Accra Psychiatric Hospital as at 1st to 2nd July 2014 and the researcher targeted those professional healthcare employees of the hospital because these were the people concern with psychiatric matters. In this study, the researcher was interested in studying financing and mental healthcare delivery in Ghana and it was necessary to understand how the hospital is funded. The total sample size for the study was 151. A simple random sampling method was used to select 100 people from the general public who were between the age group of 18 to 40 years living in Accra. Also, a purposive sampling method was used to select participants at the Accra Psychiatric Hospital at Adabraka in Accra (figure 1). 50 healthcare professionals in the Accra Psychiatric Hospital were considered for this study.

The main instruments used to collect bulk of data were the questionnaire and interview. Item of the questionnaire were designed by the researcher to elicit important information on studying financing and mental healthcare delivery in Ghana. The questionnaires were open-ended and close-ended.

Self-administered questionnaires were used in the collection of data from the field with respect to the 150 respondents and almost 100% of the questionnaires were hand delivered to the various respondents and the filled questionnaires retrieved also by hand. Recognizing the possible problems to be encountered by some of the respondents with respect to their busy schedule, the researcher provided assistance based on the responses given to complete the forms. The researcher turns to the task of analyzing the data. The analysis of data requires a number of closely related operations such as establishment of categories, the application of these categories to raw data through coding, tabulation and then drawing statistical inferences. The data was analyzed using descriptive statistics like the measures of central tendency, frequencies and percentages, and with the help of the Statistical Product and Service Solution (SPSS) version 16. Tables like bar charts, pie charts and column graphs also assisted in the data presentation. The research aimed at investigating the study of financing and mental healthcare delivery in Ghana.

Analysis and Results

Analysis and Evaluation of Primary Data

The data was analyzed and interpreted in terms of the framework of the questionnaires. Data presentation, interpretation and analysis were done in two (2) main parts. The first one hundred questionnaires were distributed to selected general public and the second questionnaire to fifty professional healthcare staffs of Accra Psychiatric Hospital. In addition to the questionnaires, expert interview was conducted with the Mental Health Authority of Ghana.

4.3.4. Assessment of Government Takes on Mental Healthcare System

67% of the respondents embraced that Ghana Government takes the mental healthcare system seriously and 33% of the respondents rejected the statement.

From the 67% respondents above, 32% agreed it requires financial resources whiles 19% of the respondents viewed the professional skills and the other remaining 12% of the respondents believed patients' satisfaction of healthcare delivery in Ghana. These are displayed in table 1 on the next page.

Responses	Frequency	Percentage (%)
Do you think the Ghana Government takes the mental healthcare system serious?		
Yes	67	67
No	33	33
Total	100	100
If yes, what ways?		
Financial resources	32	32
Professional skills	23	23
Patients' satisfaction	12	12
Total	67	67

Source: Researcher's Field survey Report, 2014

The table demonstrates that majority of the respondents agreed that Ghana Government takes the mental healthcare system seriously but it lacks financial resources in terms of better healthcare delivery.

4.3.5. Analysis of Visitation of Accra Psychiatric Hospital

64% of the respondents accepted that they have never visited the Accra Psychiatric Hospital before and 36% of the respondents agreed.

From the 36% respondents above, 18% of the respondents stressed that the state of facilities in the hospital are good whiles 11% of the respondents viewed as average meanwhile the remaining 7% of the respondents believed it is poor.

Out of the 64% above, 44% of the respondents believed that it lacks modern equipment and the remaining 20% of the respondents viewed poor training. These are shown in table 2 on the next page.

Responses	Frequency	Percentage (%)
Have you ever visited the Accra Psychiatric Hospital before?		
Yes	36	36
No	64	64
Total	100	100
If yes, carefully comment on the state of facilities in the hospital?		
Good	18	18
Average	11	11
Poor	7	7
Total	36	36
If No, explain why?		
Lacks modern equipment	44	44
Poor staffs training	20	20
Total	64	64

Source: Researcher's Field survey Report, 2014

The table above indicates that majority of the respondents accepted they never visited the Accra Psychiatric Hospital before however, the state of the facilities in the hospital are good but lacks modern equipment and poor staffs training.

4.3.6. Assessment of the Status of Financing of Mental Healthcare Delivery in Ghana

12% of the respondents viewed that status of financing of mental healthcare delivery in Ghana is excellent, 18% of the respondents believed it is very good while 15% of the respondents agreed as good and 10% of the respondents recognized the assertion as average and 45% of the respondents claimed as poor. This is shown in figure 6 on the next page.

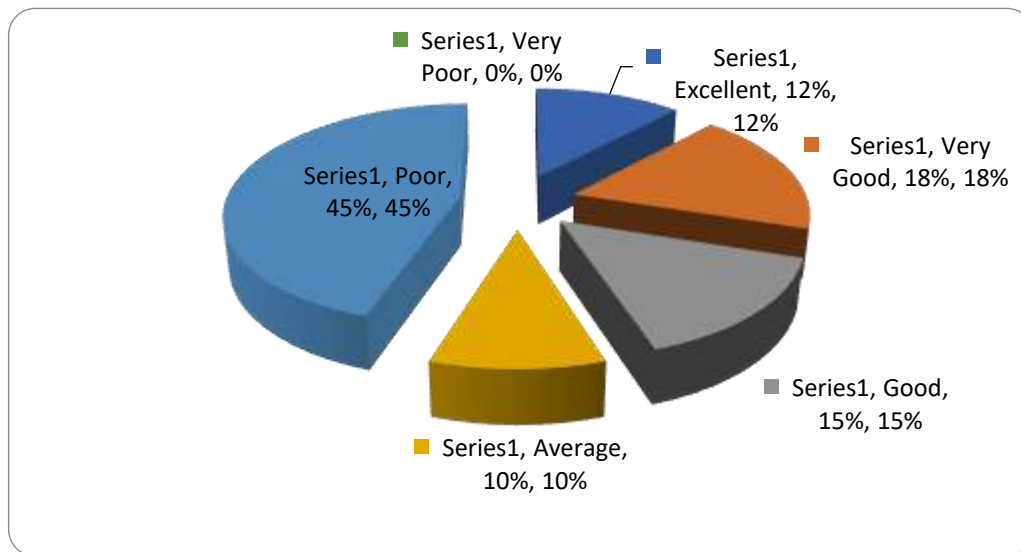


Figure 6: Assessment of the Status of Financing of Mental Healthcare Delivery

Source: Researcher's Field survey Report, 2014

According to the result, it demonstrates that majority of the respondents agreed that the status of financing of mental healthcare delivery in Ghana is poor.

4.3.7. Challenges to the Financing of Mental Healthcare Delivery

39% of the respondents stated that lack of financial resources while 36% of the respondents viewed as government neglect and 25% of the remaining respondents indicated corruption as the challenges to the financing of mental healthcare delivery in Ghana as shown in figure 7 on the next page.

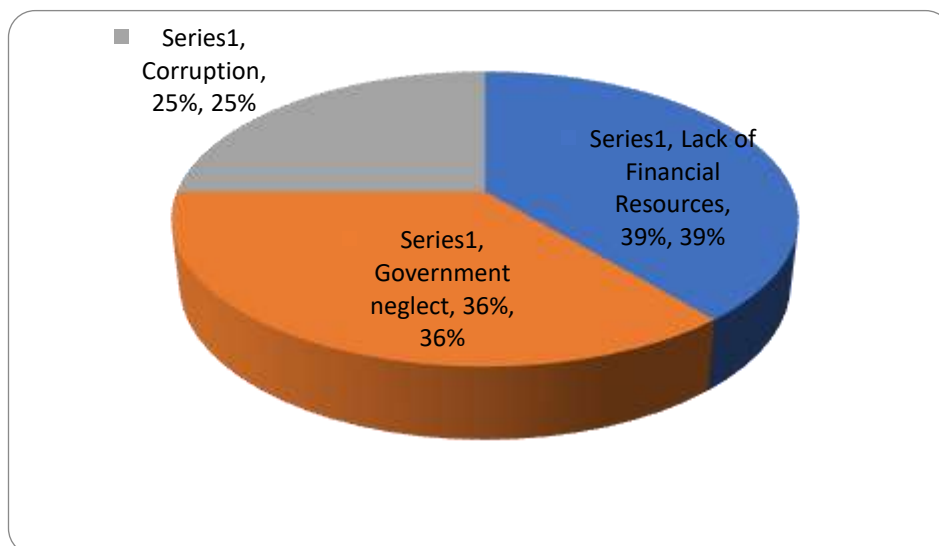


Figure 7: Challenges to the Financing of Mental Healthcare Delivery

Source: Researcher's Field survey Report, 2014

The result illustrates that majority of the respondents agreed that lack of financial resources is the major challenge to the financing of mental healthcare delivery in Ghana.

4.3.8. Significance of Finance in the Delivery of Mental Healthcare

67% of the respondents claimed that the significance of finance in the delivery of mental healthcare are quality drugs purchasing and eradication of shortages while 33% of the respondents believed it would help develop good human resources for the mental hospitals as indicated in figure 8 below.

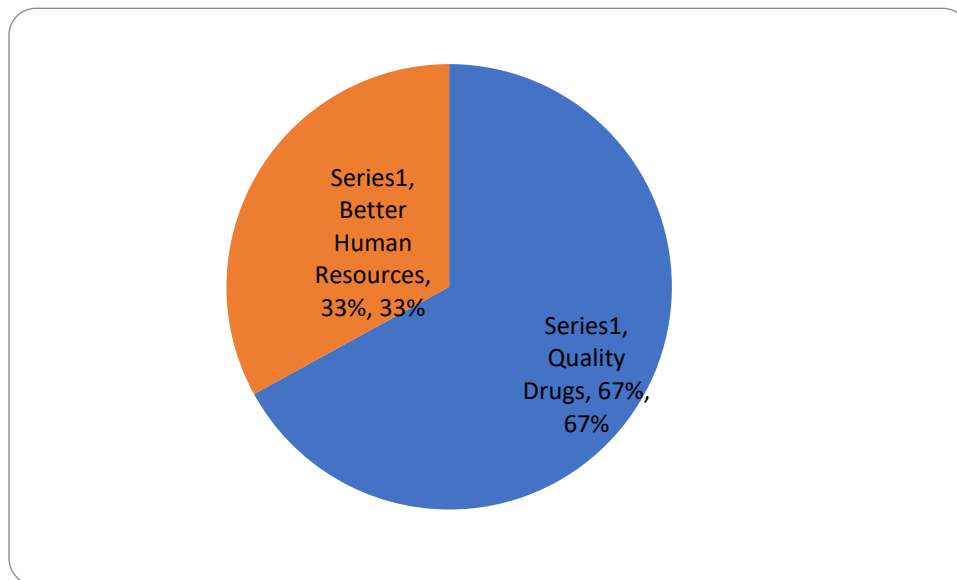


Figure 8: Significance of Finance in the Delivery of Mental Healthcare

Source: Researcher's Field survey Report, 2014

The result indicates that majority of the respondents agreed that the significance of finance in the delivery of mental healthcare are the purchasing of quality drugs for mental patients.

4.3.9. Accessibility of Mental Healthcare Delivery

12% of the respondents viewed that accessibility of mental healthcare delivery in Ghana is excellent while 18% of the respondents agreed as very good, meanwhile 15% of the respondents believed as good and 10% of the respondents claimed the statement as average. However, 31% of the respondents accepted accessibility as poor and 14% of the respondents indicated very poor. This is shown in figure 9 below.

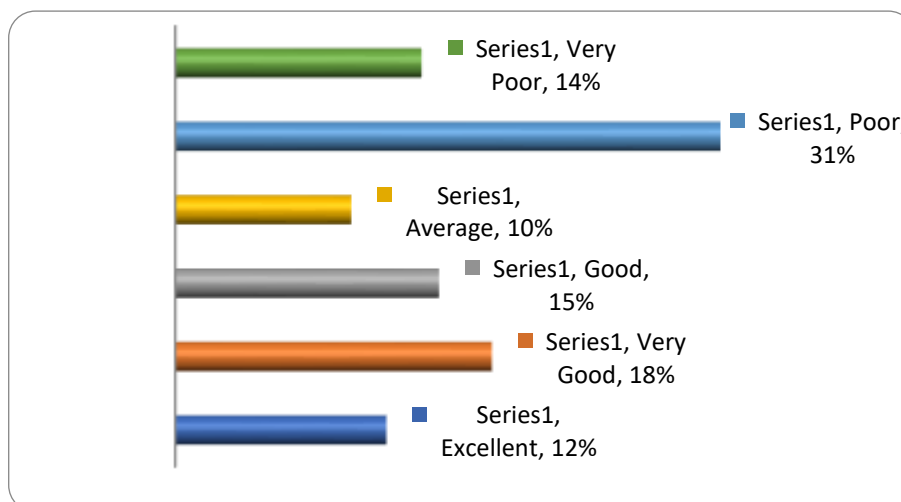


Figure 9: Accessibility of Mental Healthcare Delivery

Source: Researcher's Field survey Report, 2014

The result demonstrates that majority of the respondents agreed that accessibility of mental healthcare delivery in Ghana is poor.

4.3.10. Assessment of Challenges to the Accessibility of Mental Healthcare

56% of the respondents believed that the challenges to the accessibility of mental healthcare delivery in Ghana are few government and private mental hospitals while 44% of the respondents stated stigmatization as shown in figure 10 on the next page.

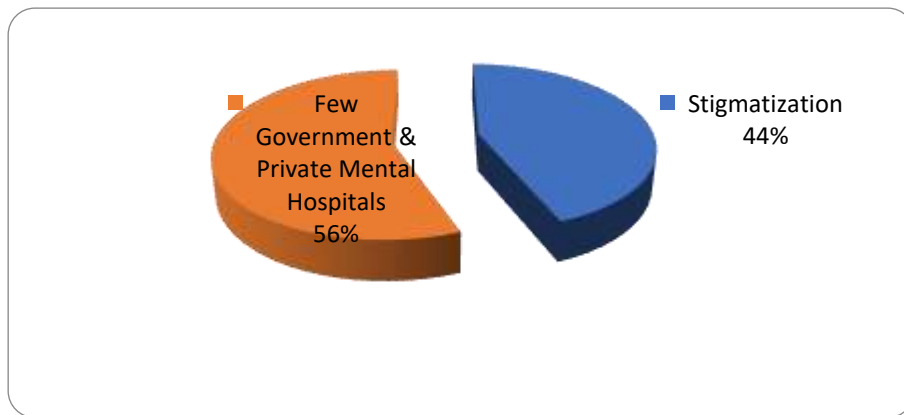


Figure 10: Assessment of the challenges to the accessibility of mental healthcare

Source: Researcher's Field survey Report, 2014

According to the result, it illustrates that majority of the respondents agreed that due to few government and private mental hospitals cause inaccessibility of mental healthcare delivery in Ghana.

4.3.11. Analysis of Ways of Financing the Accessibility of Mental Healthcare Delivery

The ways financing contribute to the accessibility of mental healthcare delivery. 58% of the respondents accepted that improvement of quality standard of the facilities and 42% of the respondents approved the provision of more mental hospitals and clinics. This is illustrated in figure 11 below.

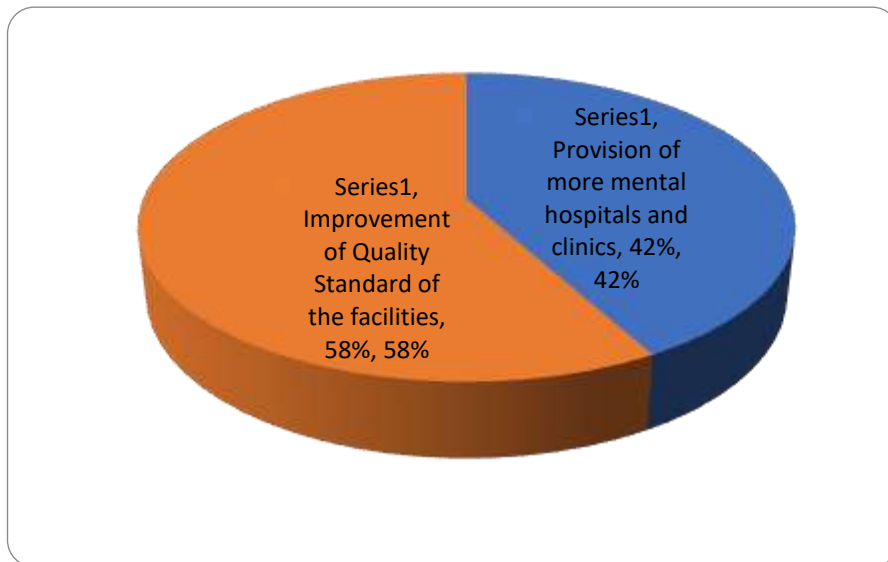


Figure 11: Analysis of ways of financing the accessibility of mental healthcare delivery

Source: Researcher's Field survey Report, 2014

The result indicates that majority of the respondents agreed that improvement of quality standard of the facilities can contribute to the accessibility of mental healthcare delivery.

4.3.12. Assessment of Government and Private Sector Partnership

It is a laudable idea for the Government of Ghana and the Private sector to partner in the financing of mental healthcare delivery in Ghana. 63% of the respondents believed this assertion while 37% of the respondents disagreed.

Out of the 63% of the respondents whom agreed above, 46% of the respondents agreed that Government making policies that support private investment and the remaining 17% of these respondents appeared to be uncertain regarding joint investment.

The 37% of the respondents above whom disagreed, all of the respondents believed it is government sole responsibility to provide the financing of mental healthcare delivery in Ghana. These displayed in table 3 below.

Table 3: Assessment of Government and Private Sector Partnership		
Responses	Frequency	Percentage (%)
Do you think it is a laudable idea for the Government of Ghana and the Private sector to partner in the financing of mental healthcare delivery in Ghana?		
Yes	63	63
No	37	27
Total	100	100
If yes, suggest two possible ways?		
Government making policies that support private investment	46	46
Joint investment	17	17
Total	63	63
If No, explain why?		
Government sole responsibility	37	37
None	-	-
Total	37	37

Source: Researcher's Field survey Report, 2014

The table indicates that majority of the respondents agreed that it is a laudable idea for the Government of Ghana and the Private sector to partner in the financing of mental healthcare delivery, hence Government making policies that support private investment.

4.4. Assessment of the Responses from the Professionals

This section describes analysis of data based on the sample size of 50 Healthcare Professionals perceptions given in the questionnaires. 100% of the questionnaires were answered and submitted. The areas investigated included the following:

4.4.1. Age Distribution

The age categorized into groups starting from 21 to 30 years representing 30% while second group 31 to 40 years representing 40%, meanwhile third group 41 to 50 years representing 18% and the final group 51 to 60 years representing 12%. This is shown in figure 12 below.

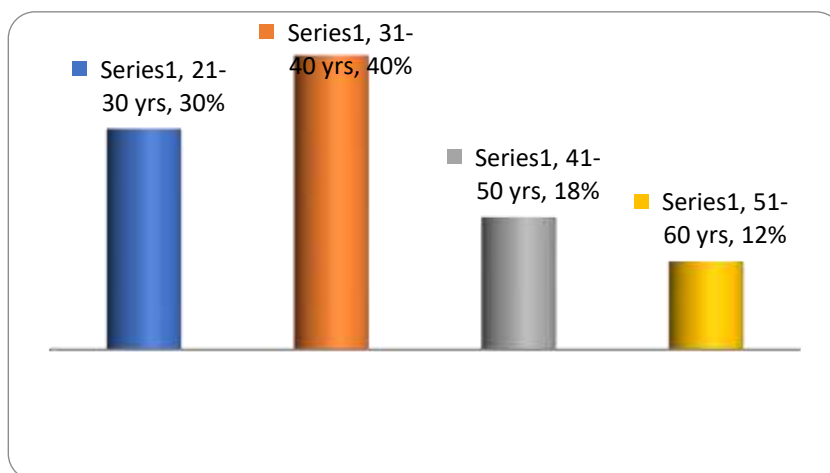


Figure 12: Age distribution

Source: Researcher's Field survey Report, 2014

From the result, it indicates that majority of the respondents are between the ages of 31 to 40 years.

4.4.2. Gender Distribution

The respondents were made up of 26 representing 52% for males and 24 representing 48% for females. The figure 13 below illustrates the gender distributions.

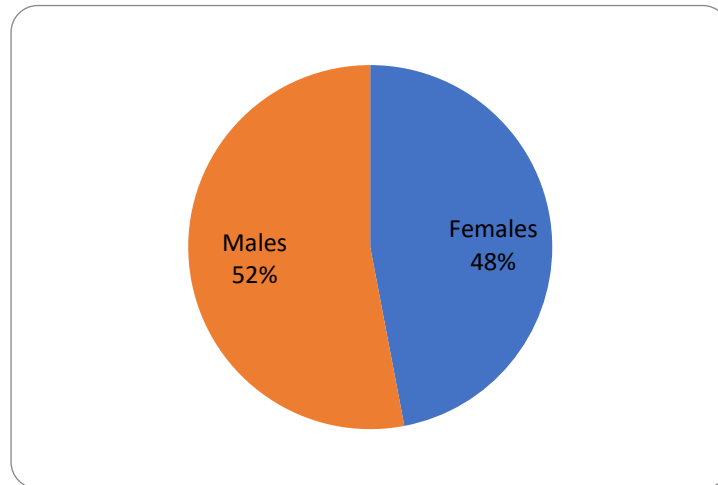


Figure 13: Gender distribution

Source: Researcher's Field survey Report, 2014

The graph indicates that majority of the respondents interviewed were males in the survey.

4.4.3. Assessment of Years of Practice (Experience)

The survey identified that experience between 1 to 5 years represent 20% of the respondents, while from 6 to 10 years representing 23%, meanwhile 11 to 15 years represent 34% of the respondents and 16 to 20 years represent 23% of the respondents. This is displayed in figure 14 on the next page.

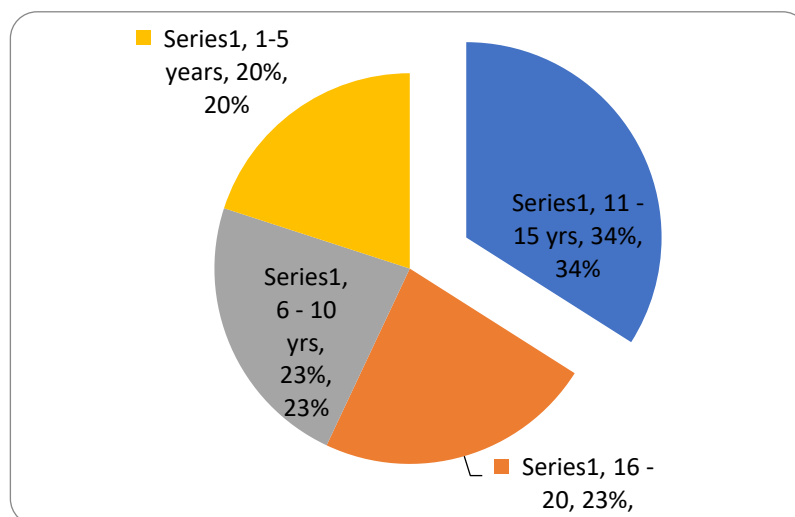


Figure 14: Assessment of Experience

Source: Researcher's Field survey Report, 2014

From the result, it implies that majority of the respondents have experience above 11 years in the practice.

4.4.4. Analysis of Roles of Professionals

84% of the respondents accepted they play a role in the delivery of mental healthcare and 16% respondents disagreed.

Out of the 85% above, 38% of the respondents were in Finance and Administration Department while 24% of the respondents were in Diagnosing of mental patients, meanwhile 12% of the respondents were in Counseling of mental patients and the other 10% of the respondents were in Monitoring Department. These are shown in table 4 on the next page.

Table 4: Analysis of Roles of Professionals		
Responses	Frequency	Percentage (%)
Do you play any role in the delivery of mental healthcare in Ghana?		
Yes	42	84
No	8	16
Total	50	100
If yes, which of these roles do you perform?		
Finance and Administration	19	38
Diagnosing of mental patients	12	24
Counseling of mental patients	6	12
Monitoring of mental patients	5	10
Total	42	84

Source: Researcher's Field survey Report, 2014

The result demonstrates that majority of the respondents play roles in Finance and Administration of the hospital in terms of better healthcare delivery.

4.4.5. Assessment of Current Knowledge on Mental Healthcare Financing

The rate on current knowledge on mental healthcare financing are 34% of the respondents who viewed as excellent, 19% of the respondents believed it is very good while 9% of the respondents agreed as good and 12% of the respondents recognized the assertion as average, and 21% and 5% of the respondents claimed as poor and very poor respectively. This is shown in figure 15 on the next page.

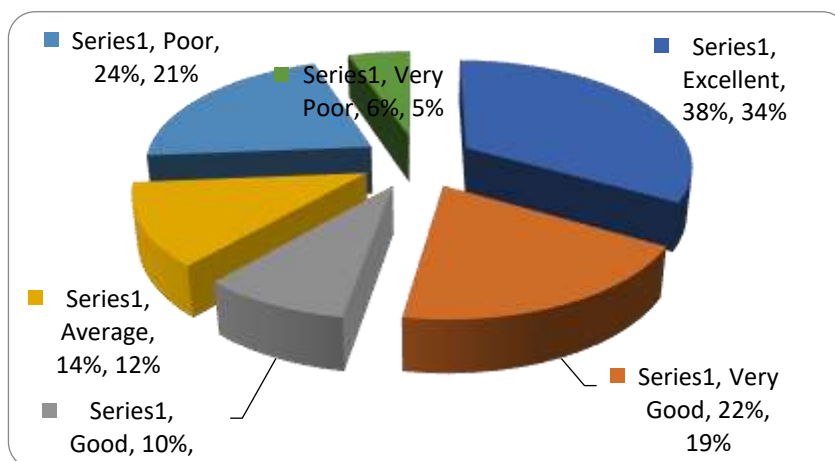


Figure 15: Assessment of Current Knowledge on Mental Healthcare Financing

Source: Researcher's Field survey Report, 2014

According to the result, it demonstrates that majority of the respondents current knowledge on mental healthcare financing is excellent.

4.4.6. Analysis of Management of Mental Healthcare

57% of the respondents claimed management have excellent interest in the managing of mental healthcare while 21% of the respondents stated very good, meanwhile 13% of the respondents believed the statement as average and 6% of the respondents disagreed. However, 3% of the respondents indicated very poor involvement as shown in figure 16.

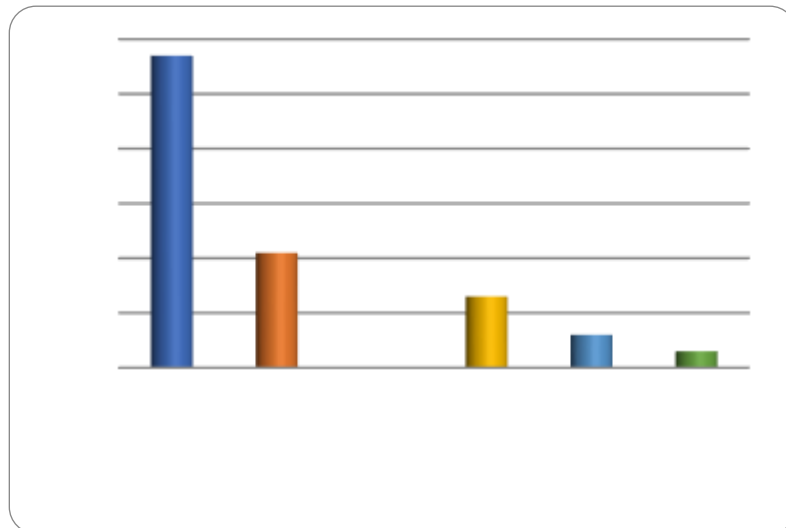


Figure 16: Analysis of Management Involvement of Mental Healthcare

Source: Researcher’s Field survey Report, 2014

The result indicates that majority of the respondents believed there is higher interest in management involvement of mental healthcare in Ghana.

4.4.7. Assessment of Conditions of Service of Mental Healthcare Professionals in Ghana

5% of the respondents viewed the conditions of service of mental healthcare professionals in Ghana as excellent, 8% of the respondents believed it is very good while 17% of the respondents agreed as good and 10% of the respondents recognized the assertion as average and 45% of the respondents claimed as poor and the remaining 15% of the respondents stated very poor. This is shown in figure 17 below.

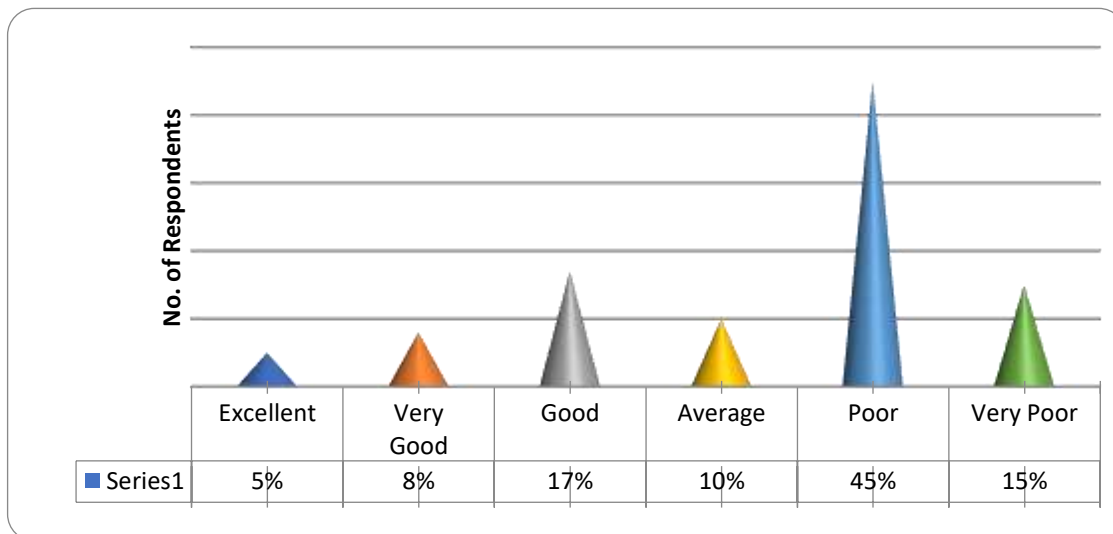


Figure 17: Assessment of Conditions of Service of Mental Healthcare Professionals in Ghana.

Source: Researcher’s Field survey Report, 2014

The graph indicates that majority of the respondents believed that the conditions of service of mental healthcare professionals in Ghana is poor.

4.4.8. Assessment of Facilities of Accra Psychiatric Hospital and Other Government Psychiatric Hospitals

12% of the respondents viewed the status of facilities of Accra Psychiatric Hospital and other Government Psychiatric Hospitals as excellent, 18% of the respondents believed were very good while 15% of the respondents agreed as good and 10% of the respondents recognized the assertion as average and 45% of the respondents claimed as poor. This is shown in figure 18 below.

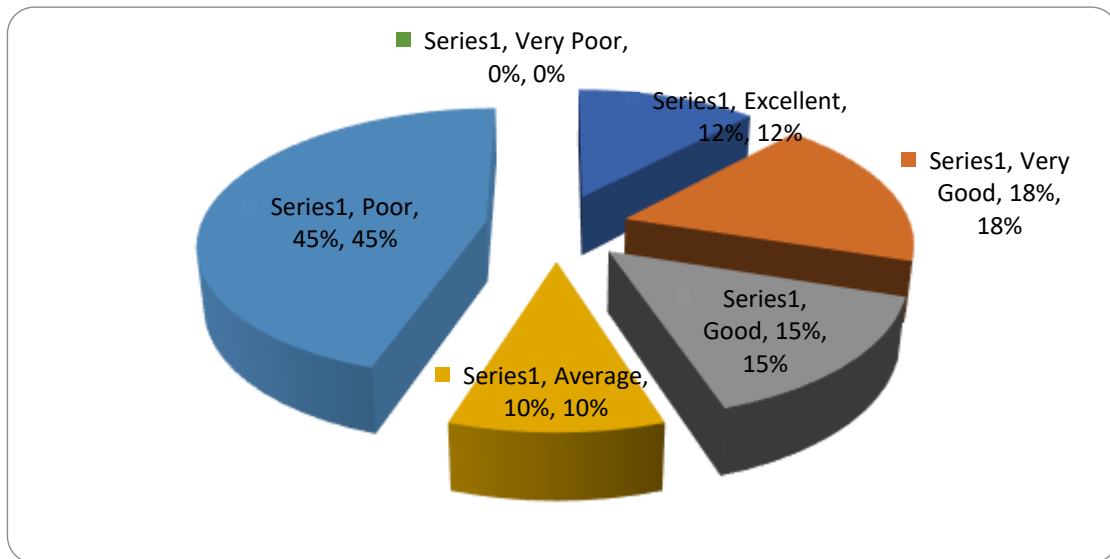


Figure 18: Assessment of Facilities of Accra Psychiatric Hospital and other Government Psychiatric Hospitals

Source: Researcher's Field survey Report, 2014

According to the result, it illustrates that majority of the respondents agreed that the facilities of Accra Psychiatric Hospital and other Government Psychiatric Hospitals are poor.

Conclusions

The result of the study provides that studying financing and mental healthcare delivery in Ghana is based on Ministry of Health which exercises control over the whole system including policy formulation, monitoring and evaluation. Funding for this may comprise allocations made at or may be a subset of health planning efforts. However, even these activities require financial underpinnings.

➤ What is the status of financing of mental healthcare delivery?

Ghana's mental health sector is funded primarily by government and is supplemented to a small extent by internally generated funds and donations. According to the literature review, World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS, 2013) assessed mental health had a ring-fenced budget of 1.4% of total governmental health expenditure. Hence, mental healthcare was being purchased directly by some patients and their families via private services and the traditional or faith-based practitioner systems. Some patients were buying their own medicines when government supplies were short.

➤ What is the significance of finance in the delivery of mental healthcare?

Financing is not only a major driver of the system but is also a powerful tool with which policy-makers can develop and shape mental health services and their impact (World Health Organization, 2003). According to the acting Chief Executive Officer (CEO) of the Mental Health Authority, Akwasi Osei (2014) the Mental Health Act would help to improve and maintain quality mental healthcare delivery in Ghana. The literature reviews revealed that mental health services were not generating significant revenue, since most patients were too poor to pay fees and by government policy mental healthcare was supposed to be free. As a result, internally generated funds were usually relatively small. Financing ultimately depends on politics, advocacy and broader societal expectations. A major aim of this module and other WHO initiatives is to establish a priority for mental health.

➤ Analyze the sum of financing that would be adequate in making mental healthcare delivery accessible?

There is evidence in the literature that Blank and Bureau (2004) commented, that public funding by use of taxation or Social Health Insurance (SHI) contributions creates universal or near universal access to healthcare. In a good financing system the well-off subsidize the poor, at least to some extent. This is the hardest characteristic because it depends on the coverage and progressivity of the taxation system and on who is covered by social or private insurance. According to the expert from the Mental Health Authority of Ghana, adequate funding between \$120-200million dollars would contribute to the expansion of better social amenities to mental healthcare facilities, and also help to facilitate the purchase of psychotropic medications and other supplies.

Recommendations

Based on the conclusions of findings of the study, the following recommendations are made to the study of financing and mental healthcare delivery in Ghana. There is concern that mental health services in such settings should not be neglected. These include the following:

- Integration allows mental health services to become part of a primary care budget and there is a danger that, given other health care priorities, mental health funding could remain static or even diminish, in particular for persons with severe mental illnesses
- The funds expended on mental health services, the training of primary care providers in mental health detection, and persons receiving mental health services should be tracked.
- Line items can be developed for specialized services in priority populations, e.g. adults with severe mental disorders, children with serious emotional disturbances and persons with dual diagnosis, e.g. persons affected by both mental illness and substance abuse.
- The amount being expended on mental health services can be established, with a condition that it cannot be reduced (given that the current level of funding is considered inadequate). The Ministry of Health should separate the budget of mental health from the general healthcare financing.
- Major problems are presented by disparities of resources between urban and rural areas and between income groups. Policy-makers also have to guide and make decisions on the distribution of funding within the mental health system; defining which services are covered and which receive priority.
- In order to promote quality it is necessary to bring about change not only in financing but also in the encapsulating policies and structures.

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