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Assessing the Effectiveness of Healthcare Service Delivery in Responding to Children's Mental Health Issues in Ghana: A Systematic Literature Review

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A B S T R A C T

The research presented in this review of empirical literature intended to examine the efficacy of service delivery health systems for child mental health in Ghana (an empirically grounded study), and in reader careful consideration, through 18 peer-reviewed studies from 2010 to 2025. While school-based and community-integrated interventions cited some promising results, issues persisting in the delivery of mental health care for children in Ghana included workforce shortages; lack of infrastructure; stigma and funding; and social determinants, such as poverty; education; and family stability that attach to access to care. Also, there was a detriment in service delivery by region, as the most underserved areas faced significant barriers for families accessing mental health service delivery. The most significant indicators regarding the outcomes were the levels of community involvement and the types of appropriate culturally relevant and designed coping strategies that are emphasized. The research broadly offers recommendations for strengthening levels of human resource capacity, adding mental health into primary care settings, and continuing investment in school-based mental health interventions. The study also maintains an emphasis on longitudinally based studies regarding children's mental health research, as well as regional diversity and its relationship to policy regarding patterns of effectiveness in service delivery for children's mental health across Ghana.

Keywords: Children's mental health, Healthcare service delivery, Stigma, Access to care, Well-being

1. INTRODUCTION

As children's mental health becomes an increased area of concern, this issue has emerged as a top priority and topic of discussion at particularly the global and national level in regards to public health. Children's mental health involves their emotional, psychological, and social well-being, and it has a significant impact on their cognitive development, their academic performance, and their quality of life (Patel et al., 2018). Children with mental health issues may have problems learning, forming relationships, and coping with day-to-day life. The World Health Organization (WHO, 2021) identified mental health as an important component of health and well-being and indicated that 50% of all mental health disorders occur before the age of 14, noting that many remain undiagnosed or untreated, especially in countries labeled 'low' or 'middle-income (an example is Ghana, as a low- and middle-income country that offers very limited access to mental health services)' (Ayeh et al., 2024).

Presented in the context of public health, the delivery of services includes how mental health care (including prevention, early intervention, treatment, and rehabilitation) is delivered to individuals (Jacob et al., 2007). Delivering the service is important in order for children to get timely and appropriate services for mental health challenges and therefore minimize long-lasting consequences (Shatkin & Belfer, 2004). However, differences in how the services are available, how accessible they are, and the quality of the mental health services continue to hinder children from getting services. In developing countries, mental health services are often underfunded, poorly embedded in primary healthcare, and compromised by the lack of trained professionals (WHO, 2013).

Ghana encounters several structural obstacles to mental health service delivery for children. For instance, insufficient infrastructure, limited access to child psychologists and psychiatrists, and little attention to public awareness of the issue (Munasinghe et al., 2020). The Mental Health Act of 2012 (Act 846) set out to create improved access to mental health services that met international levels of care and most significantly, community mental health. Yet, mental health programs remain poorly integrated into child health and existing services continue to be limited and poorly implemented (Agyapong et al., 2015). In essence, mental health service is poorly recognized in the general health systems, especially in the primary care context, where early detection and intervention are most useful (Doku et al., 2012).

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Internationally, there is an agreement based on various frameworks and strategies such as the WHO Comprehensive Mental Health Action Plan and Sustainable Development Goal 3 (Good Health and Well-being), which identify children as vulnerable population groups (WHO, 2021) that access to reliable and suitable mental health services must be made more convenient and beneficial. The call to strengthen national healthcare systems and provide equitable access to quality mental health services is paramount in these endorsed international strategies. In Ghana, stakeholders including policymakers, health practitioners, and researchers are recognizing the need to improve the delivery of mental health services to children, therefore, there is growing academic interest in reviewing the potentials and lapses in Ghana's health care system in addressing children's mental health needs.

Theoretical Framework In the study, we will embed our theoretical framework in systems theory and the systems theory of healthcare delivery, which maintains that care is most effective when coupled with all the aspects required for its appropriate delivery (Levesque et al., 2013). The social determinants of health perspective also suggest that children's mental health outcomes cannot be equated to clinical care alone but rather are influenced by elements such as education, social support, and economic aspects (Marmot et al., 2008). These positions advocate for coordination and integration across a continuum of service delivery and among clinical and structural aspects that influence children's mental health in Ghana.

While several studies have looked at aspects of mental health care in Ghana, including barriers to access and the nationwide rollout of policies, few studies have reviewed the literature and assessed the overall effectiveness of the delivery of healthcare services for children's mental health. The need for a review is evident when considering whether or not to aggregate what we know, see if there are common challenges, or what has been successful in terms of interventions. This study aims to conduct a systematic literature review to assess the effectiveness of the delivery of healthcare services when addressing children's mental health in Ghana. The systematic literature review serves to inform policy and practice and directions for future research in child mental health care.

2. RESEARCH METHODOLOGY

2.1 Research approach

This study used a systematic literature review (SLR) methodology to be systematic when identifying, assessing, and synthesizing all relevant studies that focused on a specific area of interest (Paul & Barari, 2022). In the bounds of this research, the SLR identified and examined the literature on healthcare service delivery in Ghana. More specifically, the SLR examined the literature on how health service delivery in Ghana addressed children's mental health needs. The systematic literature review methodology was appropriate because it reduces researcher bias, creates transparency, and allows for an overall understanding of the trends, gaps, and efficacious nature of service delivery mechanisms in the Ghanaian healthcare context as they relate to children's mental health (Paul & Barari, 2022).

2.2 Data Search

The data searching process was characterized by a thorough search of relevant studies with well-chosen keywords and Boolean operators. This rendered the review exhaustive and demanding (Wohlin et al., 2022). Keywords and phrases applied in this research were: *"children's mental health", "mental health services in Ghana", "healthcare service delivery", "child and adolescent mental health Ghana", "mental health challenges in children"*, and "*Ghana health system and child mental health"*. Van Dinter et al. (2021) detailed that the application of Boolean operators (AND, OR, NOT) within search terms is crucial to researchers because it ensures the exhaustiveness of the search, and also helps specify all aspects of the research inquiry that are relevant. This study, therefore, employed Boolean operators to integrate keywords and phrases in data searching. For instance, the study employed the use of the "AND" operator to combine "healthcare service delivery" and "mental health services in Ghana" to identify studies covering the two topics simultaneously. Searches were conducted across reputable internet libraries and academic databases like PubMed, Google Scholar, Web of Science (WoS), JSTOR, and Scopus. The sites were selected due to their vast coverage of peer-reviewed articles, and policy reports, as well as superior quality academic content concerning the public health domain in Ghana (Kayesa, 2018).

2.3 Screening and selection of relevant studies

Screening is an important step in systematic literature review, and it consists of systematically evaluating potentially relevant research articles in order to determine if they can be included for review (Okoli & Schabram, 2015). The researchers applied specific inclusion and exclusion criteria to attain study screening.

Inclusion Criteria:

- Studies that examined service delivery in health care in Ghana with a specific emphasis on children's mental health.

- Peer-reviewed articles, reports, and empirical studies.

- Articles published in the years 2000 to 2025 will allow for relevance.

- Publications that have been published in the English language.

Exclusion Criteria:

- Research entirely irrelevant to children's or adolescent's mental health.

- Research focused on mental health other than in Ghana

- Articles that have not been peer-reviewed or that are not empirically based.

- Research that does not examine the delivery of healthcare services.

As such, after establishing the inclusion and exclusion criteria, the researchers commenced sorting and selecting studies by thoroughly examining the titles and abstracts of studies located and applying the inclusion and exclusion criteria established, which allowed the researchers to screen out studies that aligned with the study question and purposes. The selected studies were then reviewed in detail by examining each chosen study's full-text paper to ensure it met the established criteria. The screening phase was aimed at reducing bias, and ensuring the study included the most relevant and quality research to improve the precision and comprehensiveness of the final synthesis of findings for the systematic review. Studies meeting the inclusion criteria will contribute to the final evaluation.

The PRISMA flowchart is a visual representation that presents how papers are chosen for a systematic review, from the initial search to the final inclusion (Sembay et al., 2023).
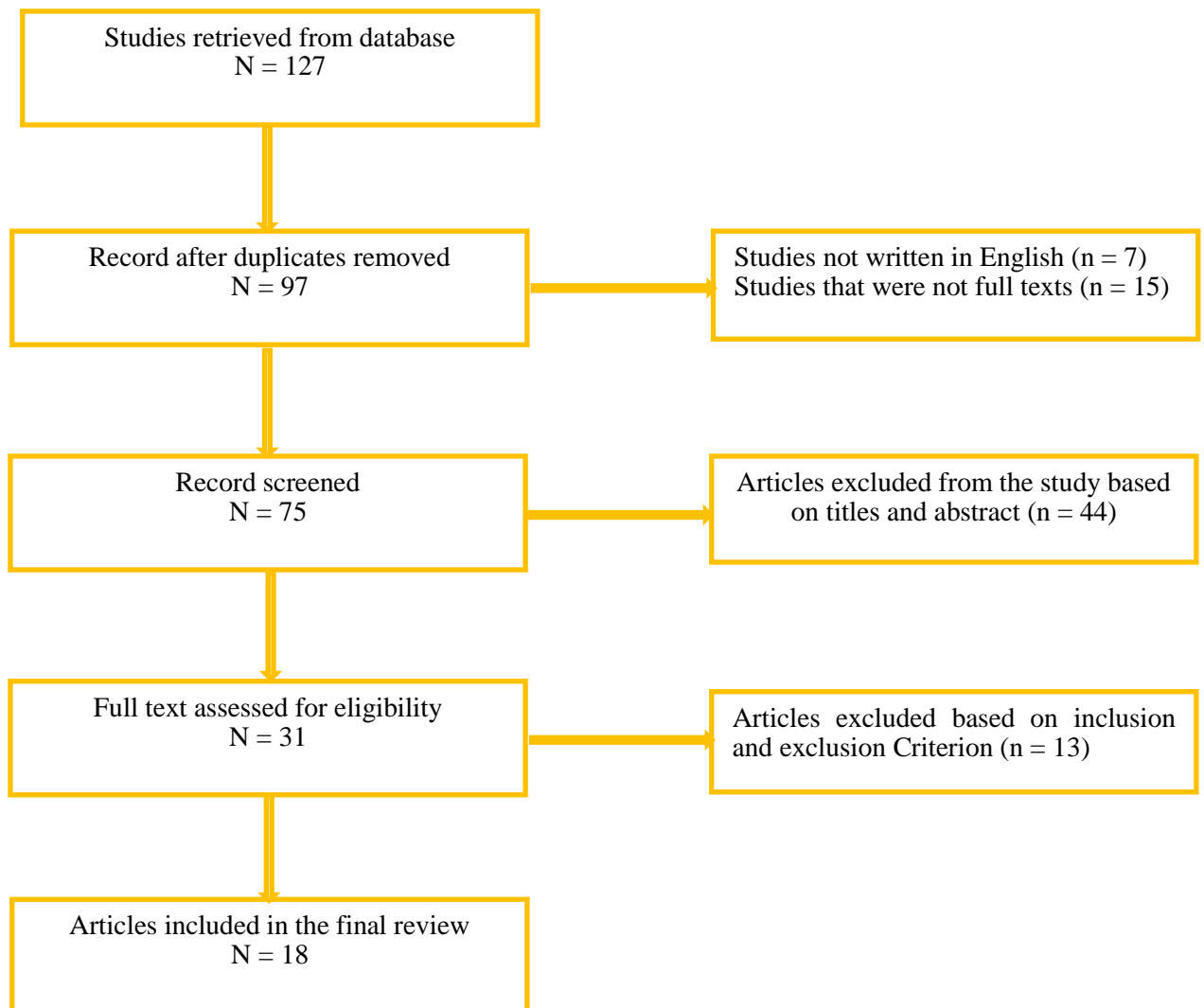

Figure 1: PRISMA reporting framework

2.4 Data quality assessment

Quality appraisal of the chosen studies was performed using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI QARI), which is appropriate for evaluating qualitative and mixed-methods studies (Yang et al., 2021). The quality appraisal included the introduction, methodology, findings, and conclusion for each of the chosen studies. This meant confirming if the chosen studies;

- Had clarity on the aim of the study and its relevance.

- Had enough detail on the methodology and analysis of the data.

- Reported the findings clearly and transparently.

- Provided sensible and evidence-based conclusions.

A rating scale of 0 to 4 was employed. Studies that scored below 50% would not be included and studies that scored above 75% would be included in the final synthesis. The results indicated that of the 20 papers included in this study, 16 scored with a satisfactory evaluation score of 100 percent, 3 scored with a good assessment score of 75 percent, and 1 scored a quality assessment rating of 50 percent.

2.5 Data extraction

The data-gathering approach undertaken in a systematic review also involves the comprehensive gathering of pertinent data and information from the chosen papers. The data extraction process is the systematic collection of relevant information of significance, which includes addressing a specific research question or topic (Sembay et al., 2023). Data extraction took place through the systematic gathering of key information from the identified studies utilizing the JBI-QARI tool and entered into an Excel spreadsheet for organization and summary. The data extraction points included: author(s), year of study, aims, methodological design, key findings, and relevance to healthcare delivery and children's mental health. This structured approach of systematic data extraction allowed for consistency, traceability, and relevance of the identified data (Sembay et al., 2023). A breakdown of this extracted data is presented in Table 1.

Table 1: Data extraction

Authors	Year	Purpose of study	Setting	Research approach	sampling size and technique	Data collection method	Data analysis	Findings
Daliri et al.	2024	To explore barriers to mental health service utilization in Bolgatanga Municipality	Bolgatanga Municipality, Ghana	Qualitative descriptive	19 participants; purposive sampling	In-depth interviews using a semi-structured guide	Thematic analysis using NVivo 12 Pro Software	Barriers included individual (insight, finance), interpersonal (beliefs), community (stigma), organizational (staffing), and policy (insurance).
Oppong Asante et al.	2015	To assess psychological functioning and associated risk behaviours among a sample of homeless youth	Accra, Ghana	Cross-sectional quantitative	227 homeless youth; convenience sampling	Interviewer-administered questionnaire	Pearson correlation and multiple regression	High psychosocial symptoms linked to stigma, violence, suicidal ideation; and emotional issues tied to substance use.
Anarwat et al.	2021	To examine the disparities in equity and access to maternal and child health services in Ghana for policy intervention	Ghana (national data)	Quantitative – Cross-sectional analysis	10,627 households from MICS data	Secondary data from the Ghana MICS survey	Multivariate regression, CI, risk ratio	Inequities were found based on education, and income; poorer households had worse child health outcomes.
Kpobi et al.	2018	To explore challenges using the mental health information system (MHIS)	Accra Psychiatric Hospital, Ghana	Qualitative–interpretative phenomenological	9 staff (clinical/admin); purposive sampling	Semi-structured interviews	Interpretative phenomenological analysis	MHIS use is challenged by increased workload, lack of training, and poor logistics.
Owusu et al.	2024	To review adolescent-responsive healthcare and service delivery in Ghana	Ghana (national scope)	Scoping review	248 studies included from a database search	Database search using JBI & PRISMA-Scr guidelines	Qualitative and quantitative synthesis	Most studies focused on SRH; limited longitudinal and youth-led studies; more comprehensive approaches are needed.
Dokurugu et al.	2025	Investigate factors influencing patient satisfaction with mental health services	Tamale Metropolis, Ghana	Cross-sectional quantitative	382 participants; multi-centre	Semi-structured questionnaire (PSQ-18)	Descriptive and inferential (SPSS v 20)	54.7% were satisfied; location, marital status, education, and stigma impacted satisfaction.
Ayeh et al.	2024	Evaluate mental health integration in Ghana's primary care health system	Ghana	Mixed-methods systematic review	Multi-source data	Document review and facility survey	Trend and quantitative synthesis	Detection improved; treatment gaps persisted; screening tools effective.

Asante & Andoh-Arthur	2015	Assess prevalence and predictors of depression in university students	Ghana (university)	Cross-sectional quantitative	270 students; convenience sample	CES-D10 questionnaire	Logistic regression	39.2% had depressive symptoms; social support, trauma, and alcohol were key predictors.
Ofori-Atta et al.	2010	Analyze Ghana's mental health system and legal framework	Ghana	Mixed-methods	122 stakeholders; purposive	Surveys, interviews, documents	Narrative and thematic synthesis	Identified systemic gaps, workforce shortages, poor infrastructure, stigma, and legislative challenges.
Nyame et al.	2021	Explore collaboration between traditional and primary health providers	2 Ghana regions	Qualitative cross-sectional	8 FGDs; purposive sampling	Focus group discussions	Thematic framework analysis	Support for collaboration, but mistrust and rights violations are barriers.
Amadu & Hoedoafia	2024	To explore prevalent mental health issues and challenges from practitioners' perspectives in Northern Ghana.	Northern Region, Ghana	Qualitative	Not specified; expert practitioners	Interviews with practicing psychologists	Thematic analysis	Challenges include stigma, resource constraints, SGBV cases, and inadequate infrastructure; socio-economic factors are key contributors.
Asampong et al.	2021	To adapt and implement the Multiple-Family Group intervention in schools in Ghana.	Northern Ghana	Mixed-methods implementation study	3 schools; 60 dyads per school	Surveys, implementation monitoring	Fidelity assessment, descriptive statistics	Adaptation faced logistical and stakeholder-related challenges; expected to support child behavioral health.
Quarshie, Asante & Andoh-Arthur	2021	To synthesize evidence on self-harm and suicidal behaviour in Ghana.	Ghana (National)	Systematic review protocol	Review of existing literature	Database and grey literature search	Narrative synthesis or meta-analysis (planned)	Self-harm and suicide are under-researched; risk factors include trauma, stigma, and lack of services.
Asiamah & Naporo	2023	To examine historical mental health practices and colonial impacts in Asante.	Asante Region, Ghana	Qualitative historical analysis	Archival/documentary sources	Literature and archival review	Narrative thematic analysis	Colonialism disrupted traditional practices; challenges from the colonial era persist today in modern services.
Gyamerah et al.	2025	To explore the mental health impacts of COVID-19 on healthcare workers in Ghana.	13 regions, Ghana	Exploratory descriptive qualitative	29 participants; purposive sampling	Semi-structured interviews	Thematic analysis using Dedoose software	Stressors included stigma, fear, and poor preparedness; coping via spirituality, family support, and limited institutional help.
Daliri et al.	2024	To explore coping strategies of informal caregivers of persons with mental illness.	Upper East Region, Ghana	Descriptive qualitative	15 caregivers; purposive sampling	In-depth interviews	Thematic analysis	Caregivers used religious faith, self-motivation, social support, and leisure to cope with the burden.

| Fuseini & Kemp | 2016 | To analyze urban growth in Tamale and governance responses in infrastructure and service delivery. | Tamale, Ghana | Mixed-methods (remote sensing + qualitative) | Satellite imagery + document and policy analysis | Satellite imagery, qualitative data, secondary sources | Spatial analysis, content analysis | Urban expansion led to infrastructure stress; gaps in sanitation and governance efficiency impacted public health outcomes. |
| Adu, Jurcik & Grigoryev | 2021 | To examine mental health literacy in Ghana and its relationship with religiosity, education, and stigma. | Ghana (National) | Quantitative – Vignette survey design | 409 participants; non-random sample | Questionnaire using vignettes (depression & schizophrenia) | Correlation and regression analysis | Higher education predicted disorder recognition and lower stigma; religiosity was linked with mixed stigma patterns. |

Source: Authors' compilation (2025)

2.6 Data synthesis

Utilizing qualitative meta-synthesis, this study synthesized the qualitative data extracted from the studies identified for analysis (Chrastina, 2018). The synthesized study mapped and selected recurring themes, patterns, and relationships in the findings. The review then designed a synthesis approach aimed at organizing and comparing the data from the studies selected for analysis. After this was achieved, the study established an interpretive narrative that articulated the common themes and elucidated the adverse effects to reflect the state of healthcare service delivery for children's mental health in Ghana.

2.7 Reporting the study

In systematic reviews, summarizing involves outlining the aspects of the studies included in the review and reporting on their outcomes (Sembay et al., 2023). This study relied on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), to report on the important parts of systematic review, choosing the study, gathering data, risk assessment, and findings compilation. A PRISMA flow diagram is included to explain the study selection process and a summary table of the included studies is also included to improve transparency and traceability (Sembay et al., 2023).

3. FINDINGS

3.1 Scientometric analysis

Year of publication

The study revealed that most of the scholarly literature regarding the provision of healthcare services to children's mental health in Ghana was published between the years 2020 and 2025. Particularly, it was the years 2021 and 2024 that registered the most publications, demonstrating recent exponential attention by researchers to this issue. This boom in literature is consistent with increased national concern for children's mental health as well as the need for efficient healthcare provision systems. For instance, there was a high volume of such studies in 2021 and 2024, and since 2 studies were noted in 2025 concerning the fact that we are at mid-year currently, this reflects that the subject matter is still quite new, pointing toward the fact that there remains a lot more to learn about the provision of health services and mental health severity among children.

Research approaches

Of the 18 studies summarized, the majority were qualitative (9 studies), which enabled an in-depth examination of individual experiences and organizational dynamics. Five studies employed quantitative methods as well to study prevalence rates and correlational trends. Utilization of the quantitative approach was appropriate for assessing the impact of healthcare services on children's mental health on precise outcomes, such as patterns of prevalence and correlation. Four studies also employed mixed-methods design to blend statistical depth with narrative richness. This methodological diversity allowed a comprehensive synthesis of Ghana's mental health state of service provision.

Region of study

Research was carried out in several areas throughout Ghana and there were prominent areas of focus in carrying out research in the Northern, the Upper East, and the Greater Accra Regions. Studies at the national level also took center stage and provided a system-wide view of mental health delivery. There are however major regional imbalances in representation and most regions, like the Volta and Western Regions, have not been heavily represented in some of the existing research. This is a significant research gap since it means that we do not know much about the impacts of the health service delivery of mental health to children in these regions. The impacts of the program under discussion in these locations may be diverse from those noted in the territories involved in the current research works.

3.2 Effectiveness of Healthcare Services Delivery

The findings of the reviews that were added in this review occupy an intermediate place between the effectiveness and the inefficiency of the healthcare services delivery in meeting the mental health demands of children in Ghana. To illustrate, researchers also mentioned that the systemic barriers to addressing the mental health of students consisted of poorly staffed and inadequate infrastructure and insufficient mental health training (Daliri et al., 2024; Dokurugu et al., 2025). This indicates the possibility of imbalance as far as service delivery is concerned. Similarly, according to Asampong et al. (2021), one of the challenges affecting adaptation to healthcare service delivery in response to children's mental health is logistic constraints and stakeholders, which were anticipated to support child behavioural health. On the contrary, according to research by Ayeh et al. (2024), there has been an improvement concerning the mental health of children in an issue of early detection, completing the gap between treatment, and access to screening tools. In general, although problems continue to exist, there exist indications that local-scale interventions and reforms can help achieve significant changes in service delivery.

3.3 Factors Influencing Healthcare Access and Outcomes

The findings of the research on the purpose of testing the factors affecting the access of children to mental care services in Ghana show a multi-layered complex of influences on the one hand, the authors identify the individual level of stigma, violence, suicidal thoughts, poverty, and disinformation as the

main factors preventing help-seeking behaviours the authors find as provided by Adu et al. (2021) and Oppong Asante et al. (2015). Institutional risk-related factors involve the shortage of workers and a disorderly referral system (Kpobi et al., 2018; Gyamerah et al., 2025). Kpobi et al. (2018) noticed that the problems of working with MHIS were related to the workload, incompleteness of training, and inefficient logistics. Once more, Gyamerah et al. (2025) discovered that stressors were mental health effects that consisted of stigma, fear, and inadequate preparedness; spirituality, family backing, and insufficient institutional assistance as coping strategies. The service delivery is also complicated by larger structural constraints, e.g., urban-rural imbalance and an insufficient level of government investment (Fuseini & Kemp, 2016). There are, however, other studies identifying protective factors like family support, church involvement, and school interventions that have a positive impact.

3.4 Coping Strategies and Community Involvement

These studies indicate how the coping style and engagement with the community led to the success and the challenge in the provision of healthcare in child mental health, which gives a full understanding of the dynamics of the program. There are several approaches used by caregivers and community players to deal with mental health problems in children. As the studies conducted by Daliri et al. (2024) and Amadu & Hoedoafia (2024) stated, informal caregivers turn to faith, self-motivation, and social support to de-stress. Other studies highlight that traditional healing practices should be integrated and local leaders incorporated in order to increase uptake rates and gain trust (Nyame et al., 2021). These results perfect the significance of culturally sensitive and community-based interventions.

3.5 Gaps and Research Implications

Regardless of the increased interest in child mental health, there are major research gaps. There are only a few longitudinal and interventional studies and data in some places are insufficient. Further, early childhood mental health has not been given adequate consideration even though it is important. Future studies must be devoted to the assessment of policies; implementation science, and the creation of scalable and community-based models. These gaps will be important in addressing to help improve mental health outcomes in children in Ghana and enhance the strengthening of healthcare delivery.

4. DISCUSSION

The review results indicate that there is an inconsistent evaluation of the efficacy of healthcare provision services to tackle the mental health problems of children in Ghana. Although some studies (Daliri et al., 2024; Ayeh et al., 2024; Asampong et al., 2021) showed that certain interventions like school-based programs, integrated primary care methods, and community-based support systems depict promising signs of managing the mental health requirements of children, other studies (Dokurugu et al., 2025; Kpobi et al., 2018; Fuseini & Kemp, 2016) provided evidence of poor health infrastructure, shortages of personnel These differences help to emphasize the idea that the trend towards improvement can be observed in certain areas, whereas some obstacles restraint the efficiency of the healthcare delivery system overall in the setting of child mental health.

The results of research conducted internationally indicate that well-designed systems of mental health services may contribute considerably to the enhancement of health indicators among children and adolescents. School-based procedures and combined care designs have been identified overall to improve accessibility to early mental health treatment and diminish delays of care in this field (WHO, 2021; Patel et al., 2018). As an example, Brazilian and Indian studies proved that incorporating mental health into primary care settings resulted in higher service uplift and de-stigmatization levels in families (Saxena et al., 2007). The insights also indicate the need to incorporate mental health services within the larger circles of public health to enhance early identification and continuity of treatment.

The review also confirms the existence of critical roles played by social determinants in determining the mental outcomes of children. Social economic differences, education, and household stability issues came out as big predictors of access to mental healthcare. A research study conducted by Adu et al. (2021) and another conducted by Oppong Asante et al. (2015) highlighted the fact that children with disadvantaged backgrounds are overrepresented in mental health challenges but suffer the most harassment concerning care accessibility. On the same note, the results correspond with global reports in the area of the connection between mental health and social inequality in which marginalized children are more vulnerable to persistent structural disadvantage (Marmot et al., 2008; WHO, 2013).

Mental health Community engagement has been identified as an important aspect of effective mental health service delivery. Investigations related to the topics of reviews by Nyame et al. (2021) and Daliri et al. (2024) also demonstrated the significance of co-working with traditional leaders, religious organizations, and families to positively influence the mental health of children. In these results, it is possible to find universal appeals to approach mental health services design that is context and culture-sensitive (Patel et al., 2018). In such resource-scarce environments as in Ghana, existing community structures can be used to increase the reach, acceptability, and sustainability of mental health programs.

The analyzed articles all present the idea of involving a multisectoral and systems-strengthening intervention to enhance the care delivery of children's mental health in Ghana. The major strategies are: training more mental health professionals, funding on mental health infrastructure, and the inculcation of mental health benefits in the current child health programs. Besides, it can be seen that the literature lacks information on empirical research on the effectiveness of interventions, in particular on longitudinal and regional research that could serve as the basis of evidence-based policy. In line with the global evidence, equity, accessibility, and sustainability of service delivery should be the main focus of such attempts to maximize child mental health outcomes.

5. CONCLUSION AND RECOMMENDATIONS

The study aimed to conduct a systematic literature review to test the effectiveness of healthcare service delivery in addressing mental health challenges in children in Ghana. This finding reflects that despite some advancements especially at the school level through school- and community-based interventions, there still are considerable gaps in providing equitable, timely, and culturally appropriate mental healthcare services to the children. Barriers to service delivery like underfunding, geographical variation, stigma, low mental health literacy, and workforce supply remain a challenge. The Ghanaian system of healthcare provision of mental health support to children is thus, disparate as there have been areas of much success in particular program applications but there continues to be a systemic failure to serve children across the wider healthcare system.

5.1 Recommendations for future research

The existing research body on children's mental health provision in Ghana was considered to be limited through the reviews' lack of intervention-based research, geographical biases, and the presence of cross-sectional research design. It is recommended that future studies incorporate their limitations by carrying out longitudinal and regionally diverse and interventional research. It can also be recommended to explore the following areas further:

- ➢ The psychological needs of particularly vulnerable populations like children with disabilities, children in conflict, orphans, and street-connected youth.

- ➢ The involvement of traditional and religious institutions in terms of developing the actual process of service engagement and outcomes in mental health.

- ➢ Economics of combined mental health interventions at the school and primary health levels.

- ➢ Long-term effects of mental health of children in formal care and informal care.

- ➢ The possibility of digital mental health care provision that is apt to the local situation in Ghana.

Indeed, through such limitations and having researched in these unexplored areas, a better grasp of the healthcare services available to the mental health of the children can be achieved as well as how it can be further reduced to the level of fulfilling the necessities of the children of Ghana.

5.2 Considerations for policy

According to the study's findings, the Ministry of Health, the Ghana Health Service, and other allied stakeholders are therefore recommended to consider the following policy recommendations aimed at improving the treatment of child mental health services in Ghana:

- ✓ Enhance the capability of human resources through training and deployment of more mental health professionals on children and adolescents who will be stationed in all regions.

- ✓ Incorporate the Provisions of mental health into the Current maternity and child health services at the basic health care centers.

- ✓ Enhance the development of mental health programs at schools and incorporate psychological help into the regular educational system.

- ✓ Conduct education programs to enhance mental health awareness and decrease stigma issues among parents, teachers, and the community.

- ✓ Promote intersectoral cooperation among health, educational, and social protection agencies in terms of coordination of care and support interventions.

- ✓ Invest in Mental Health Information systems to enhance data collection, monitoring, and evaluation of outcomes of the services.

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