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# Progress and challenges in implementation of the WHO special initiative on mental health in Ghana (2019 - 2023): A narrative review

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## Abstract

**Background:** The WHO Special Initiative for Universal Mental Health (2019 - 2023) seeks to expand access to affordable, high-quality mental health services for 100 million people across 12 priority countries, including Ghana. Despite the ongoing efforts, Ghana continues to face a substantial treatment gap of approximately 98%, with limited service coverage.

**Objective:** This review article aims to synthesise the literature on the implementation of the WHO Special Initiative in Ghana, evaluating its progress, highlighting challenges, and offering recommendations to strengthen the country's mental health system.

**Methods:** This review analysed peer-reviewed and grey literature, policy documents, and reports on the WHO's Special Initiative for Universal Mental Health. Sources published in English up to 2023 were retrieved from major databases and key institutional websites. Data were synthesised thematically, guided by the WHO Health System Building Blocks Framework.

**Results:** Ghana has made notable progress under the WHO's Special Initiative for Universal Mental Health. Key achievements include the Ministry of Health approval of a comprehensive essential health services package which includes mental health, the establishment of the Mental Health Board for service delivery, and the inclusion of selected mental health conditions in the National Health Insurance Scheme (NHIS) benefits. Despite these significant gains, critical challenges remain, including a limited workforce, low accessibility and treatment coverage, persistent stigma and discrimination, limited funding, shortages and non-adherence to psychotropic medications, limited availability of psychosocial therapies, and ongoing human rights violations.

**Conclusion:** Despite Ghana's notable advancements in strengthening its mental health system, the targets of the WHO's Special Initiative remain unmet due to complex systemic and structural challenges. Achievement of these remaining targets requires multifaceted interventions, including expanding the workforce, improving access and coverage, addressing stigma and discrimination, securing sustainable funding, ensuring availability and adherence to psychotropic medications, scaling up psychosocial services, and addressing sociocultural, religious, and human rights concerns. These findings outline actionable steps toward universal mental health coverage.

## INTRODUCTION

Several countries have launched global and national initiatives and interventions to enhance mental health. However, a recent report indicates that Ghana records a treatment gap of 98% [1] and inadequate treatment coverage [2]. Despite global efforts, mental health continues to receive limited policy attention and scholarly focus, reflected through low prioritisation [3], weak political commitment [4], limited funding [5], inadequate modern infrastructure [6] and a shortage of mental health professionals [6-8]. To address these challenges, the World Health Organisation (WHO) launched the Special Initiative for Mental Health (2019-2023) in 12 member countries, including Ghana [9]. This

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initiative aims to provide universal mental health coverage to approximately 100 million people, with an estimated 5.2 million Ghanaians targeted. The initiative seeks to expand access to affordable and high-quality care for mental, neurological, and substance use disorders [9]. The strategic actions of the initiative are focused on strengthening mental health policy, advocacy, and human rights, and expanding services across the community, general health, and specialised care. However, despite the ongoing efforts, Ghana still faces a substantial treatment gap and limited service coverage.

Mental, neurological, and substance use disorders contribute significantly to suboptimal health outcomes [10], including poor quality of life [11], human rights violations such as discrimination and stigma [12], economic losses [13], and premature deaths [14]. A study in sub-Saharan Africa [15] reported that anxiety and depression were the leading causes of years lived with disabilities (YLDs) in 2010, projected to rise from 20 million to 45 million by 2050. Global estimates indicate that the estimated US$2.5 trillion cost of treating psychological disorders in 2010 is expected to reach US$6.0 trillion by 2030 [16]. Specifically, anxiety and depression alone are estimated to cost the global economy approximately US$1 trillion annually [9]. In Ghana, several interventions have been implemented to strengthen mental health services. Since 2022, mental health and well-being standards have been rolled out in four regions [1]. The Mental Health Board was established to provide national strategic direction for mental health services [17]. Ghana has enacted the National Mental Health Policy [9] and the Mental Health Act, 2012 (Act 846) [6,18], which recommends the deinstitutionalisation of mental health services across the country [19]. The Mental Health Authority (MHA), together with NGOs, launched the "QualityRights in Mental Health" initiative to protect the rights of people with mental illness [20]. Notably, three NGOs—BasicNeeds Ghana, MindFreedom Ghana, and the Mental Health Society of Ghana (MEHSOG)—support community-based mental health initiatives, including awareness campaigns, advocacy, promotion, and prevention programmes [21].

Despite efforts by the government, NGOs, and other stakeholders to improve mental health services, challenges persist in Ghana's mental health system. Mental health resources are unevenly concentrated in the southern coastal regions, leaving the middle and northern regions underserved [7]. Ghana has only three major public psychiatric hospitals, all located in the southern and central regions of the country [22], with mental health services and resources largely centred around these facilities. Limited private psychiatric facilities, mainly in Accra and Kumasi, further reinforce geographic disparities [Basic Needs, n.d.]. Only about 2% of Ghanaian prisoners have access to mental health care [7], highlighting the critical gap in prison mental health services. To address these inequalities, the Mental Health Strategic Plan (2019 – 2022) outlines guidelines to

better integrate mental health care into the criminal justice system. The financing of psychotropic medications remains a systemic challenge in Ghana [5]. Despite improvement over the years, intermittent supply gaps persist, often forcing patients to purchase drugs from private pharmacies at exorbitant prices. Even among patients who can afford these drugs, adherence is often poor, due to adverse side effects such as extrapyramidal symptoms, including acute dystonia, tardive dyskinesia, akathisia, pseudo-Parkinsonism, and neuroleptic malignant syndrome [23]. Religious and cultural beliefs are known to significantly influence treatment choices and adherence to psychotropic medications [24]. Despite the overall increase in mental health professionals, the shortage of psychiatrists and clinical psychologists persists in both urban and predominantly rural/remote areas, limiting early diagnosis and comprehensive care [1]. Stigma is also widespread, further limiting help-seeking behaviours among individuals with mental disorders [25]. Strengthening mental health education is therefore critical to improving literacy, reducing stigma and discrimination, and ultimately enhancing patient and family care.

To address these challenges and meet the WHO Special Initiative target, Ghana must undertake pragmatic steps, including implementing multi-level health education and sensitisation, strengthening collaboration with international donors, engaging community stakeholders, ensuring sustained mental health funding, improving the availability of psychotropic medications, and tackling sociocultural and structural barriers. While Ghana has recorded notable successes, the extent to which it has fully realised the WHO's Special Initiative remains unclear. To date, no review has synthesised the literature on the WHO's Special Initiative in Ghana to guide policy direction and programming. Given this context, we evaluated Ghana's progress relative to the WHO Special Initiative to determine the outstanding targets and unmet goals. Understanding these dynamics will enable policymakers, healthcare professionals, and stakeholders to develop effective strategies to address remaining gaps, inform policy formulation, and strengthen intervention programming to achieve the initiative's targets and Sustainable Development Goal (SDG) 3, Target 8. This review critically examined the action plans, focusing on mental health policy, advocacy, and human rights, and scaling up interventions and services across community, general health, and specialist settings. We also compared accomplishments with remaining setbacks and provided insights and recommendations to strengthen Ghana's efforts to achieve Universal Mental Health Coverage.

## MATERIALS AND METHODS

This study employed a narrative review approach to synthesise existing literature and relevant reports on the implementation of the WHO Special Initiative for Universal Mental Health Coverage in Ghana. A narrative review, grounded in subjectivist and interpretivist research

paradigms, offers a qualitative, interpretive, and flexible approach that is suitable for integrating evidence from diverse sources. This approach facilitates the exploration, critique, and identification of gaps in complex health systems and policy issues by accommodating both empirical studies and grey literature. We conducted a comprehensive literature search across several electronic databases, including PubMed, Scopus, CINAHL, Google Scholar, and African Journals Online, as well as institutional websites, such as the WHO, Ghana Health Service, and the Mental Health Authority, and other relevant documents published up to 2023.

### Search strategy

We conducted a comprehensive search for relevant literature up to 2023 across various electronic databases, including academic platforms such as PubMed, Scopus, CINAHL, Google Scholar, and African Journals Online (AJOL), as well as policy and grey literature. Additionally, we employed official websites of the World Health Organisation (WHO), the Ghana Health Service (GHS), and the Mental Health Authority of Ghana. These electronic databases provided access to peer-reviewed articles and grey literature on Ghana's mental health in relation to the WHO special initiative. We snowballed key peer-reviewed journals to identify additional references from key articles. The search utilised a combination of key terms such as "WHO Special Initiative," OR "mental health systems," OR "Universal Health Coverage," OR "Universal Mental Health Coverage," OR "mental health system strengthening," OR "mental health financing in LMICs," AND implementation OR "program implementation," OR evaluation OR progress OR challenges OR barriers OR facilitators OR uptake OR outcomes OR delivery OR access AND Ghana OR "West Africa," OR "sub-Saharan Africa." Studies deemed relevant were reviewed for inclusion, and key data were extracted and organised using the WHO Health System Building Blocks Framework. This framework, which comprises six components: service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance, guided the thematic synthesis and analysis of the data.

### Data analysis

We screened the retrieved articles for relevance, extracted the data, and thematically analysed the findings guided by the WHO Health System Building Blocks Framework. This approach allowed us to synthesise articles from diverse sources and assess the progress, challenges, and opportunities for implementing universal mental health coverage in Ghana. The WHO framework comprises six components: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. This framework was selected because it offers a structured approach to identifying system-level facilitators, barriers, and gaps in health system and policy implementation, aligning with the goals of the WHO's Special Initiative on Universal Mental Health Coverage in Ghana. Superficially, the framework guided the thematic analysis of the data on the implementation of the WHO's special initiative.

### Study framework

This review employed the WHO Health System Building Blocks Framework to evaluate Ghana's implementation of the WHO's Special Initiative. This framework enabled a comprehensive analysis of the systemic factors that promote or impede mental health reforms in Ghana, in line with the WHO's Special Initiative. Tables 1 and 2 present a summary of the findings in relation to the WHO Health System Building Blocks.

Table 1 Mapping Ghana's progress areas to WHO health system building blocks

| | Progress | WHO Health System Building Block(s) |
|---|---|---|
| **1.** | Advancing Mental Health Policy, Advocacy, and Human Rights. | Leadership/Governance, Health Care Financing, Health Workforce, Health Information Systems |
| **2.** | Interventions and Services Across Community-Based, General, and Specialist Settings | Service Delivery, Health Workforce, Access to Essential Medicines & Technologies, Health Care Financing, Health Information Systems, Leadership/Governance |

Table 2. Mapping the findings to the WHO health system building blocks

| Findings | WHO health system building block(s) |
|---|---|
| Advancing policy, advocacy & human rights | Leadership/governance |
| Limited accessibility & treatment coverage | Service delivery, health workforce |
| Stigma and Discrimination | Leadership/governance, service delivery, health information systems |
| Funding & budgetary constraints | Health financing |
| Medication shortages & non-adherence | Access to Essential Medicines & Technologies |
| Limited psychosocial therapies | Health Workforce and Service Delivery |
| Sociocultural influences abd human rights abuse | Leadership/governance, service delivery |

## RESULTS

The findings in this review are presented as a narrative synthesis of evidence, aligning with the six WHO Health System Building Blocks Framework. We extensively relied on the WHO's policy documents, situational analysis reports, and strategic action plans from the WHO's Special Initiative for Universal Mental Health, as well as relevant peer-reviewed articles, in our discussion of these findings.

**Ghana's efforts towards the achievement of universal health coverage for mental health**

**Advancing mental health policy, advocacy, and human rights**

Mental health policies provide a foundational framework for coordinated care [26]. Ghana has made significant strides in this area by enacting the Mental Health Act, 2012 (Act 846), and developing the National Mental Health Policy. The law established the Mental Health Authority and recommended the creation of the Mental Health Fund [27], although the Fund remains under-resourced and has not been able to fulfil its intended purpose. Ghana's National Mental Health Strategic Plan 2019–2022 outlines measures that target equitable access to care by providing preventive, promotive, curative, and rehabilitative services, currently concentrated within the three public psychiatric hospitals. Additionally, the National Health Insurance Scheme (NHIS) covers the physical health needs of individuals with mental disorders [28] while sustainable funding was ensured with the introduction of a mental health levy. The Mental Health Authority (MHA) aims to enhance financial management within mental health facilities by establishing effective audit committees and sub-committees. Additionally, the plan seeks innovative ways to mobilise resources, including donor funding [28].

Legislative protections have also been put in place to ensure employee job security in the event of mental illness [29]. Advocacy initiatives such as the WHO Quality Rights Initiative [30] and the Time to Change anti-stigma campaign [31] have empowered service users and protected human rights. Ghana's Mental Health Law, together with the WHO Quality Rights, safeguards the rights of people with mental illness by abolishing discriminatory laws and prohibiting stigma, criminalisation, and coercive treatment [20,28,32]. In line with its regulatory mandate, the Mental Health Authority ensures that the Mental Health Review Tribunal remains a review body for human rights violations and the enforcement of sanctions.

**Interventions and services across community-based, general and specialist settings**

According to the WHO [28], as of 2020, Ghana had 39 Psychiatrists (0.13 per 100,000 population) and 244 psychologists (0.78 per 100,000 population), 362 social workers, 52 occupational therapists, 561 community mental health officers, 1 art therapist, and 2,463 registered mental health nurses. Despite the limited number of psychiatrists and psychologists, there were significantly more mental health nurses (8.10 per 100,000) and mental health social

workers (1.17 per 100,000), representing a notable milestone, as reported in the 2022 WHO Special Initiative for Mental Health Situational Assessment. Overall, Ghana had 9.5 mental health workers per 100,000 people, highlighting improvements alongside persistent shortages of trained specialists [28,29]. To improve access and strengthen service delivery, the Ministry of Health, Ghana Health Service, and its affiliated agencies are progressively integrating mental health services into primary healthcare. For example, in 2020, the Ghana Health Service, in collaboration with the WHO, organised a refresher training session for primary healthcare providers under the Mental Health Gap Action Programme.

Outpatient mental health services are now available at all regional and district clinics, designated health centres, Community-Based Health Planning and Services (CHPS) compounds, and some private facilities. In 2020, 423 outpatient mental health centres across the country served approximately 49,635 users, equivalent to 161 users per 100,000 of the general population [28]. Ghana has offered crisis support and suicide prevention and implemented school-based mental health programmes to 21–50% of primary and secondary schools nationwide [28]. At the specialist level, Ghana's three public psychiatric hospitals provide mental health services to residents and patients from other West African countries. Private psychiatric hospitals, two located in Accra and three in Kumasi, complement the public psychiatric hospitals. Primary health care is available at regional, district, and lower-level facilities nationwide. Furthermore, psychiatric units also operate at the teaching hospitals, including Korle-Bu, Komfo Anokye, Ho, Cape Coast, and Tamale Teaching Hospitals.

**Challenges hindering Ghana's efforts towards Universal Health Coverage for Mental Health**

Ghana has made notable progress towards the WHO Special Initiative for Mental Health (2019-2023); however, numerous barriers hinder its advancement. Understanding these challenges is crucial to formulating effective, robust strategies to address them.

**Limited mental health human resources**

Despite an increase in the number of mental health professionals, particularly mental health nurses, a critical shortage of essential specialists persists. These specialists include psychiatrists, clinical psychologists, occupational therapists, and art therapists. For example, in 2020, with a population of 32 million, Ghana had only 39 psychiatrists, 94 clinical psychologists, and one art therapist [28,33]. This imbalance in the workforce limits access to specialised care, leading to additional service demand on the remaining few specialists. Although there is growing interest among some health professionals, including doctors and nurses, many are seeking better opportunities abroad, further depleting the already scarce workforce. Currently in Ghana, the Ghana College of Physicians and Surgeons is the only institution training specialist psychiatrists in general adult

psychiatry. The limited availability of training programs contributes to an inadequate workforce, undermining equitable access to mental health services nationwide.

### Limited accessibility and treatment coverage

Mental health services in Ghana are disproportionately concentrated in the southern and central regions, with limited or no dedicated inpatient facilities in the middle and northern regions [7,22]. Consequently, service users often travel to the south in emergencies, delaying prompt treatment and worsening health outcomes. Further, Ghana lacks psychiatric hospitals dedicated to children and adolescents, with Accra Psychiatric Hospital being among the few reportedly maintaining a children's ward that remains under-resourced. Additionally, there are limited inpatient drug rehabilitation centres, which are expensive for many Ghanaians. Although the three public psychiatric hospitals (Ankaful, Pantang, and Accra Psychiatric Hospital) and three teaching hospitals (Komfo Anokye, Korle-Bu, and Tamale Teaching Hospital) provide addiction services, coverage remains insufficient [34]. Currently, only the Accra Psychiatric Hospital has a forensic unit, and it is often overcrowded, given that the courts and law-enforcement agencies have limited alternatives for assessing and managing individuals with mental illness who come into conflict with the law.

### Stigma and discrimination

Stigma and discrimination remain among the most persistent barriers to mental health care in Ghana and SSA, due to the demonological framing of mental illness. Different forms of stigma, including public (felt) stigma, self-personal/internalised) stigma, stigma by association (associative/label), and structural (enacted) stigma [25,35], undermine help-seeking behaviour [36]. These stigmatisation and discrimination are rooted in religious, cultural, and structural factors, which evoke a sense of social seclusion, loneliness, alienation, delays in recovery, difficulties with community reintegration, and reluctance to seek help [37–39]. The experience of discrimination extends to the healthcare providers and the wider community, discouraging patients from seeking help and thereby concealing mental health problems and thus perpetuating the cycle of unmet mental health needs [40].

### Funding and budgetary constraints

Like many other African countries, Ghana faces persistent funding difficulties in providing mental health services [41]. The government of Ghana primarily funds mental health services with donor support from NGOs [29]. Mental health services continue to receive limited government budgetary allocations [7], affecting the expansion and sustainability of mental health programs [42]. In 2020, mental health received only 1.4% of the dedicated health budget, with 93% of this amount allocated to three public psychiatric hospitals [29]. Such limited budgetary allocation has hampered the provision of modern psychiatric facilities, the training of enough mental health professionals, and ensuring the constant supply of psychotropic medications. Additionally, funding constraints have limited mental health research. In Ghana, for instance, mental health-related studies accounted for just 7% of all health publications [29], hence limiting the development of evidence-based policies and interventions tailored to Ghana's context.

### Shortages and non-adherence to psychotropic medications

Although Ghana has reported improvements in the supply of psychotropic medications [43], shortages remain a significant challenge, impacting patient recovery. The shortage of psychotropic medications has been linked to inadequate financing, poor procurement practices, and bureaucratic inefficiencies, interfering with the provision of care to patients, particularly those who depend on it for symptom management and stabilisation, thereby increasing relapse rates [44–47]. Most of the families of patients who have psychological disorders face financial barriers to purchasing medications from private pharmacies [48]. Given these cost challenges, most patients discontinue and/or switch these medications, leading to the experience of extrapyramidal effects, treatment resistance, increased suicide risk, poor treatment outcome, high risk of relapse, and more extended hospitalisation [49].

### Limited psychosocial therapies and interventions

The three public and private psychiatric facilities in Ghana provide psychosocial interventions; however, access is limited due to a shortage of specialists, such as clinical psychologists, leading to high patient-to-provider ratios [2]. The limited availability of psychosocial services has contributed to a heavy reliance on medications, highlighting the need for a more balanced approach that integrates both pharmacological and psychological interventions to support holistic, biopsychosocial care. In addition to the shortage of psychosocial personnel, most are concentrated in teaching and regional hospitals located in urban areas, resulting in disparities in mental health service delivery. Rural residents experience limited access to psychosocial support, hindering Universal Mental Health coverage. For example, as of 2016, there were 94 clinical psychologists among the 166 psychologists in Ghana; 116 (69.9%) were practising in Greater Accra, highlighting the unequal distribution of professionals across the country. [33].

### Sociocultural and religious influences and human rights abuses

In Ghana and Africa, sociocultural and religious factors influence the help-seeking behaviours of people diagnosed with mental illness. Ghana is among the world's most religious countries [50], with the majority of the population identifying as Christian [51]. Belief in the spiritual causes of mental illness is the most common; however, other causal beliefs include biomedical explanations, such as genetic predisposition and neurochemical imbalances, as well as social factors [52,53]. In Ghana, there are about 1,705 traditional and religious centres [29], making it

convenient to seek care from these institutions [54]. The deep-rooted religious, cultural, and spiritual beliefs about mental illness significantly influence care-seeking behaviours among Ghanaians [55]. Despite government efforts, human rights abuses are documented within the traditional and faith-based mental health treatment systems [43,76,77].

## DISCUSSION

One of the major challenges undermining the implementation of the WHO Special Initiative on Universal Mental Health in Ghana is the limited number of mental health workers, a finding consistent with previous studies [62,65]. Although modest progress has been made in training more mental health professionals, many eventually migrate to high-income countries in search of better remuneration and working conditions, resulting in significant workforce attrition. Moreover, the skewed geographical distribution of the in-country professionals leaves the northern and rural areas severely underserved, reinforcing inequalities in access. This marked imbalance in distribution suggests that Ghana's challenge is not merely the shortage of professionals but also their uneven geographical distribution. Addressing this requires urgent policy measures to ensure equitable distribution, improve working conditions, and adopt the WHO's task-sharing and shifting approaches [63]. These pragmatic approaches are critical to increasing coverage in underserved areas and advancing Ghana's progress toward Universal Mental Health Coverage.

This review highlights that limited access and inadequate treatment coverage remain significant challenges within Ghana's mental health system, aligning with findings from a previous scoping review [67]. Although the Mental Health Act, 2012 (Act 846) sought to promote decentralisation, its implementation has been constrained, with mental health services still concentrated mainly in teaching, regional, and district hospitals. As a result, access to mental health care within communities, particularly in rural and underserved regions, continues to hinder effective mental health service delivery in Ghana. Despite efforts to create community psychiatric units, considerable operational challenges remain, such as untimely referral systems, weak follow-ups, and poor continuity of care. These systemic barriers highlight the increasing mental health disparities between rural and urban areas, reinforcing structural inequities. To address these concerns, stakeholders must prioritise enhancing accessibility and treatment coverage through community-based strategies, such as task shifting and sharing [66], continue integrating mental health services into primary healthcare, and strengthen the operational capacity of community psychiatric units to bridge the treatment gap and improve access. These strategies will ultimately advance Ghana's efforts toward universal mental health.

Stigma and discrimination against patients and families affected by mental illness have been identified in this review as key challenges to advancing efforts toward achieving the WHO Universal Mental Health Initiative. These findings align with a previous evidence synthesis indicating that stigma and discrimination negatively impact help-seeking behaviours of those suffering from mental illness, which has a long-lasting effect on their recovery [68]. Although the Mental Health Act, 2012 (Act 846) includes provisions for promoting human rights, increasing advocacy, and ensuring humane treatment for individuals suffering from mental illness, negative public attitudes persist, rooted in demonological and magico-religious beliefs about the causes of mental illness in the African context. Mental health stigma and discrimination transcend the individual, family, and community levels to include systemic, structural, and institutional discrimination. These forms of discrimination perpetuate stigma, which may compel sufferers to delay seeking help, potentially compounding their recovery. To tackle these challenges, comprehensive mental health literacy efforts at various levels should be sustained and intensified to reduce stigma and promote awareness.

The underfunding and budget limitations of mental health services in Ghana identified in this review present a major barrier to delivering quality mental health care in the nation. This finding corroborates earlier studies highlighting underfunding as a persistent obstacle to effective mental health services [69,70]. Although the mental health levy was established to provide dedicated funding, it has not yet been implemented, leaving the Mental Health Authority without the anticipated financial support. Consequently, the Authority heavily relies on donor funding and limited government allocations. This dependence, coupled with political and bureaucratic challenges, continues to limit its capacity to operate effectively and expand mental health services nationwide. These results clearly indicate systemic funding challenges within mental health services and underscore the urgent need to address the funding deficit. It is essential to recognise that addressing the funding deficit extends beyond mere financial concerns and encompasses strategic imperatives for the long-term sustainability of Ghana's mental health system. Regarding this imperative, establishing transparent, sustainable financing through the Mental Health Levy, backed by strong political commitment and institutional reforms, is among Ghana's most effective strategies for resolving funding challenges in mental health services.

One significant finding in this review is the ongoing shortage of antipsychotic drugs for patients in Ghana, worsened by high rates of non-adherence among those with mental illness. Previous studies have supported the current finding of shortages of psychotropic medications, a reason for non-adherence that hinders effective mental health services [71,72]. The low prioritisation of mental health in Ghana's budgetary allocation has led to these shortages, forcing patients to rely on private pharmacies where prices

are exorbitant, significantly increasing the financial burden on patients and their families. These financial strains frequently lead many patients and families to abandon their treatment, thereby increasing their risk of relapses and delaying their recovery process. In addition to the financial strains, a lack of insight into mental health disorders, the adverse side effects of psychotropic medications, sociocultural beliefs and stigma contribute to non-adherence to psychotropic medications. Psychoeducation, community-based awareness campaigns, and expanded insurance coverage for mental health services are essential for addressing these gaps and improving mental health services in Ghana.

A key aspect of this review is the limited availability and utilisation of psychosocial therapies within Ghana's mental health system, consistent with earlier studies [74]. Despite global evidence supporting the effectiveness of interventions such as cognitive-behavioural therapy (CBT), group CBT, family therapy, and group family therapy in improving outcomes with fewer side effects, these therapies remain significantly underdeveloped and underutilised in Ghana. The shortage of trained psychosocial therapists means most patients receive brief consultations from medical staff, often limited to prescribing. This treatment gap contributes to delayed recovery and high relapse rates, despite evidence that psychosocial therapies improve medication adherence, reduce relapses, and enhance social functioning. There is a critical need to train more psychosocial therapists and integrate psychosocial interventions into the standard treatment protocols for patients with psychological problems in Ghana.

The review also found that sociocultural and religious beliefs strongly influence help-seeking behaviours in Ghana, alongside documented human rights abuses against patients and families. These findings are consistent with previous studies showing that individuals and families often attribute mental illness to spiritual and religious causes, such as witchcraft, ancestral curses, or demonic possession [73], which are deeply rooted in the demonological framework and ontological perspectives. Given that Ghana is among the most religious countries in the world, such beliefs are unsurprising, explaining the widespread use of traditional and faith-based healing practices. These faith-based healing and spiritual centres serve as the primary point of call for most patients and their families, particularly in rural areas with limited mental health services. While these faith-based and traditional centres are more accessible than orthodox mental health care, there are reports of human rights abuses, such as forced fasting, chaining, beatings, and physical restraints at these centres [75], in violation of the recommendations of the Mental Health Act (Act 846) of 2012. The intersection of sociocultural beliefs and human rights abuses highlights broader structural and systemic challenges that undermine the delivery of rights-based, evidence-informed mental health services. Addressing these issues requires sustained public education, collaboration with faith-based and traditional healers, and stronger regulatory enforcement to reduce abuses while integrating culturally sensitive approaches into Ghana's mental health system.

## Recommendations to enhance the WHO's universal health coverage for mental health in Ghana

Over the past few decades, significant achievements have been made in Ghana's mental health system. Nevertheless, gaps still require concerted efforts to improve the country's mental health services. Although most of the challenges presented earlier were addressed in the Mental Health Policy (2019-2030) and the Mental Health Strategic Plan (2019-2022), various factors hinder their realisation. Multiple strategies and approaches should be employed to advance Ghana's efforts toward meeting the WHO Special Initiative target. The following are some of the key strategies proposed to fully implement the special initiative:

### Expanding the mental health human resource base

More effort should be directed toward continuously expanding the mental health workforce at all levels. The Ghana Health Service and relevant stakeholders should incentivise medical professionals and nurses who wish to pursue advanced training in mental health by offering competitive remuneration and benefits that compare favourably to the global market. Additionally, it is recommended that mental health nurses receive retention incentives to encourage them to remain in Ghana, particularly in rural areas of the country. Ghana should negotiate bilateral agreements with foreign governments to facilitate the return of Ghanaian nurses who have gained international experience. Furthermore, the Nursing and Midwifery Council (NMC) of Ghana should develop training curricula for key mental health courses, including forensic nursing, child and adolescent mental health, and geriatric/gerontology nursing.

### Increase accessibility and treatment coverage

The Ghana Health Service, the Ministry of Health, and the Mental Health Authority must ensure that regional, district, and primary healthcare centres continue to provide mental health services. More importantly, the government urgently needs to establish a public psychiatric hospital in the middle and northern regions to improve equitable access. Additionally, the country should prioritise the creation of a dedicated public psychiatric hospital for children and adolescents, as adolescent mental health issues continue to rise. It is also crucial to establish a public inpatient drug rehabilitation hospital, given the increasing rates of drug abuse. With the rising problems related to mental health and crime, there is an urgent need for the country to construct a forensic mental health hospital to address the growing number of mental health-related criminal matters.

### Reducing stigma and discrimination

Reducing stigma and discrimination through Comprehensive public education is crucial for promoting Universal Mental Health Coverage in Ghana. A multifaceted strategy is needed to address mental health stigma and discrimination, which are underpinned by

cultural and religious factors in Ghana's mental health care system. These strategies should include public education, awareness campaigns, school-based mental health education, and targeted interventions, all aimed at increasing mental health literacy [31]. There is a need to advocate for and implement legal actions against injuries, harm, and discrimination levelled against people living with mental illness. It is recommended that the government sustain the integration of mental health services into primary healthcare, which could help minimise stigmatisation [55]. This integration could lessen stigmatisation by normalising mental health care, making it less distinct from physical health care.

### Addressing funding and budgetary constraints
To overcome funding and budgetary limitations, there is a need for financial collaboration among the government, foreign partners, stakeholders, and NGOs. The public-private partnership should continue as an alternative source of financing and a means of mobilising additional resources. It is necessary to advocate for increased budget allocation in the national health budget and/or ensure the 'ring-fencing' of mental health service allocation. Furthermore, community-driven efforts should be encouraged to raise funds to support mental health initiatives in the country. In all these efforts, the MHA and other relevant institutions must ensure the efficient and transparent use of existing funds through an effective financial management system, thereby increasing donors' confidence and promoting continuous support.

### Addressing the shortage and non-adherence of psychotropic medications
Addressing psychotropic medication shortages in Ghana requires collaborative efforts among healthcare providers, pharmaceutical companies, regulators, and legislators. Ghana's regulatory agencies should coordinate the strategic stockpiling of psychotropic drugs and streamline the bureaucracy surrounding the purchase of these drugs. Additionally, it is essential to diversify the sources of antipsychotic medications through local production and implement more robust forecasting systems [44]. Furthermore, establishing long-term contracts and agreements with international and local pharmaceutical companies is essential to ensure a continuous supply. The government should allocate sufficient funding for timely drug procurement, while the NHIS should consider subsidising costs to facilitate access for patients and families. Moreover, the ongoing negotiations to include mental health service costs in the national health insurance schemes must continue. Continued education should be provided to patients regarding the extrapyramidal side effects of the drugs to prevent them from discontinuing their use.

### Enhancing psychosocial interventions
Given the limited availability of psychosocial interventions, readily accessible therapies such as individual and multi-family group therapies should be adapted to the Ghanaian context [56]. The use of innovative delivery models such as parent-peer delivery, peer-peer, and teacher-student can also be piloted to improve access to psychosocial interventions in the country, which resonates with WHO's task-shifting and task-strategies [33,57]. Leveraging these approaches will ensure the availability and accessibility of psychosocial therapy in hard-to-reach rural areas, thereby improving Universal Mental Health Coverage. Despite challenges with internet connectivity, tele-psychosocial interventions should be explored. The government should invest in training and incentivising psychosocial therapists nationwide.

### Addressing sociocultural, religious factors and human rights abuses
There is a need for a collaborative, community-based approach to addressing sociocultural and religious factors that influence perceptions and attitudes toward mental illness and mental health care. This approach should involve community leaders, traditional and opinion leaders, prayer camp leaders, religious leaders, and other relevant stakeholders in intervention programs aimed at improving mental well-being [58,59]. There is also a need for stakeholders to collaborate in outreach and multi-level mental health educational programmes to increase mental health literacy, which will help mitigate stigma and discrimination related to mental illness [60,61].

### Limitation
This narrative review, which relies mainly on secondary sources such as WHO's situation analysis reports and related literature, may not fully capture real-time field data. Future studies using primary data from healthcare providers and service users, collected through in-depth interviews and focus group discussions, are needed. The use of non-peer-reviewed documents may affect the validity and transparency of these sources.

### Conclusion
Despite Ghana's notable advancements in strengthening its mental health system, the targets of the WHO's Special Initiative remain unmet due to complex systemic and structural challenges. Addressing these remaining targets requires multifaceted interventions, including expanding the workforce, improving access and coverage, addressing stigma and discrimination, securing sustainable funding, ensuring availability and adherence to psychotropic medications, scaling up psychosocial services, and addressing sociocultural, religious, and human rights concerns.

## DECLARATIONS

### Ethical consideration
This review did not obtain research ethics approval, as it did not involve direct data collection from research participants.

### Consent to publish
All authors agreed on the content of the final paper.

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## Availability of data
Data is available upon request to the corresponding author

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