

MENTAL HEALTH CARE DELIVERY IN CANADA AND GHANA: IDENTIFYING RESOURCES AND SUPPORT NETWORKS TO ENHANCE COMMUNITY INTEGRATION OF PEOPLE DIAGNOSED AND TREATED FOR MENTAL ILLNESS

JOSEPH ADU^{1,2} RN, BA, M'PHIL, MSC, PHD STUDENT; ABE OUDSHOORN^{1,2,3} RN, PHD.

¹ WESTERN UNIVERSITY, LONDON, ON; ²HEALTH AND REHABILITATION SCIENCES ³CENTRE FOR RESEARCH ON HEALTH EQUITY AND SOCIAL INCLUSION, LONDON, ON

Background

Mental illnesses are of increasing concern globally due to its relationship with Years Lost to Disability (YLDs). YLDs are years of healthy or productive life misplaced due to time spent in a below optimal health status because of a unique health problem or premature death (Mollica et al., 2004; Martel & Steensma, 2012; WHO, 2014). The primary causes of YLD are mental and substance-use disorders (Mollica et al., 2004; Whiteford et al., 2013).

Both high-income and low-income nations face challenges in responding to the rising burden of mental illness, including Canada and Ghana (Saxena et al., 2013; WHO, 2014).

To mitigate the negative impacts of mental illnesses, it is imperative that those who seek acute care services are able to comfortably return to the community post-discharge.

The purposes of this study are to:

- Conduct a comparative analysis of community integration post-mental health hospitalization in Canada and Ghana
- Examine existing mental health policies or programs that serve as barriers to or facilitators of community integration of people diagnosed and treated with mental illness
- Examine variables related to extended hospital stays in psychiatric hospitals
- Explore resources available for the integration of persons with mental health challenges into the community in both Canada and Ghana

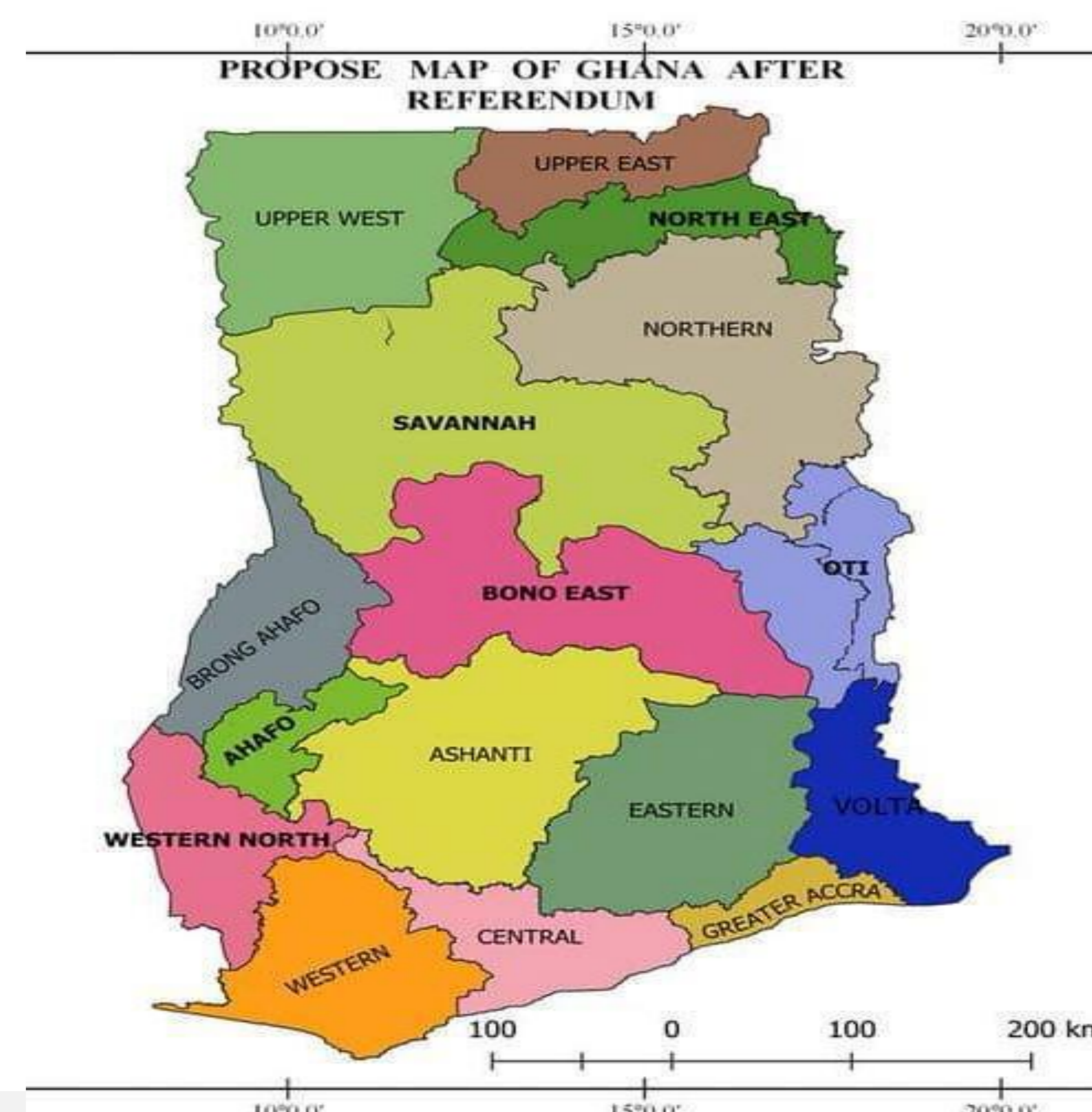


Methods

A mixed method design will be used to obtain qualitative and quantitative data. This will begin with a scoping review to identify gaps in research on mental health care delivery in the two countries. This will be followed by a comparative study on selected variables among the two countries with respect to policy on mental health care services.

In addition, a qualitative descriptive approach will be used to solicit for the views of policy-makers, stakeholders, service users, health providers, health managers or administrators, and advocacy group members on mental health-related policies in the two countries. Data will be collected using semi-structured interviews and focus groups.

Finally, a survey of approximately 200 participants, 100 from each country, will be conducted on community integration with a focus on the issue of stigma.



Results

Preliminary results from the extant literature indicates that there is a dearth of research on the integration of people diagnosed and treated back into communities after hospitalization in both Canada and Ghana.

While a challenge in both Canada and Ghana, the degree of mental health-related stigma in Ghana is currently much more severe than in Canada.

Also, in Canada, there is a disconnection between in-patient and community-based services. That is, although there are many more community-based services, the lack of coordination between care that patients receive in hospital and what they receive in the community is a window for high risk of relapse.

Conclusion

It is hoped that this study will identify key issues affecting integration of people living with mental illness back into communities and influence policy and practice as far as mental health services delivery in Canada and Ghana are concerned.

The study outcomes will focus on practical policy recommendations as well as potential interventions.

References

- Martel, S. & Steensma, C. (2012). Disability-Adjusted Life Years: An Indicator to Measure Burden of Disease in Québec, Institut national de santé publique du Québec.
- Mollica, R. F., Cardozo, B. L., Osofsky, H. J., Raphael, B., Ager, A., & Salama, P. (2004). Mental health in complex emergencies. *The Lancet*, 364(9450), 2058-2067.
- Saxena, S., Funk, M., & Chisholm, D. (2013). World health assembly adopts comprehensive mental health action plan 2013–2020. *The Lancet*, 381(9882), 1970-1971.
- Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., ... & Burstein, R. (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *The Lancet*, 382(9904), 1575-1586.
- World Health Organization (2014). *Mental health: a state of well-being 2014* [updated August 2014]. Available from: http://www.who.int/features/factfiles/mental_health/en/. Accessed on April 10, 2019.