Mental health in Ghana has survived 113 years of its existence. What started as a custodial care service, has evolved to become an art and a scientific system involving assessment, diagnosis, treatment, rehabilitation and research.

The profession is however beset with problems. These include inadequate number of psychiatrists and increased volume of work at the psychiatric hospitals. Indeed, the number of psychiatrists are dwindling, and this is worrying. Out of the seven consultants working at the Accra Psychiatric Hospital with a population of 1200 patients, 4 are on post-retirement contract. There is therefore an urgent need to recruit more psychiatrists. It is encouraging that mental health personnel are finding time to contribute to journals despite their heavy work load.

The policy of the Ministry of Health to reduce the burden on the 3 Psychiatric Hospitals in the Country by providing 10-20 beds in each of the 10 Regional hospitals is in the right direction. Doctors are being trained for one year by the West Africa Postgraduate Medical College to obtain Diploma in Mental Health to head these units. So far 8 of such doctors have been trained.

The public health aspect of mental health has not been taken up by public health physicians in Ghana. The stigma, "psychiatryphobia" and the prevailing conditions in the Accra Psychiatric Hospital where many doctors are first exposed to the profession, has become an aversion to recruitment into psychiatry.

Substance abuse, which is becoming a public health hazard, epidemiological study of neuropsychiatric conditions, psychogeriatric and rehabilitation of the mentally ill in the community remain areas that require some urgent attention.

In order to improve on the quality of care, many developed countries have closed down large psychiatric hospitals to give way to smaller units in the community and general hospitals. Unfortunately, this decision did not match adequate corresponding facilities in the community before implementation. Therefore, there have been many problems. It has to be acknowledged that there will always be the need for the provision of in-patients care. Ghana will have to dismantle the Accra Psychiatric hospital while Pantang and Ankaful Psychiatric hospitals as soon as the Regional Units are fully established and community care expanded. This will bring some respect to mental health practice in the country and enhance Liaison psychiatry. Ghana has developed a modest community psychiatry programme, which involves 150 trained mental nurses called Community Psychiatric Nurses (CPN), posted to all the 10 regions and about half of the 110 districts in the country. The expansion of our community mental health programme by including halfway homes, rehabilitation facilities and day hospitals will enable us improve upon the quality of care.

Problems generated in the community should be addressed by the community; hence the need to train and mobilize community members to address our public health concern. In this regard, innovative projects, which are culturally sensitive, should be advocated. For the past two years, Ghana has embarked upon a pilot project — "Nations for Mental Health" in two districts in the Eastern Region. In this project volunteers have been trained to assist Community Psychiatric Nurses in case finding, referrals and aftercare services for the mentally ill in remote villages.

If community care services are well developed and co-ordinated, length of stay in psychiatric hospitals will be shorter and it will be possible to reduce the size of our psychiatric hospitals. Indeed, there will be little need for large psychiatric hospitals if adequate community services are provided and enough trained personnel are assigned to the community.

REFERENCE

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