



# Assessment of preparedness of psychiatric hospitals in Ghana to manage COVID-19: scorecard summary

# Who this summary is for

This summary is for managers and staff working at psychiatric hospitals in Ghana, as well as the Ghana Mental Health Authority. It summarises an assessment of preparedness for the COVID-19 pandemic, identifying what was done well and where more work could be done in three psychiatric hospitals in Ghana: Accra Psychiatric Hospital in the Greater Accra Region, Ankaful Psychiatric Hospital in the Central Region, and Pantang Hospital in the Greater Accra Region.

# About this summary

The full assessment can be read by contacting Ghana Somubi Dwumadie, who wrote the report. Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme with a specific focus on mental health. This programme is funded with UK Aid from the UK government and run by an Options' led consortium, which also consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health. It focuses on:

- 1. promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
- 2. scaling up high quality and accessible mental health services
- **3.** reducing stigma and discrimination against people with disabilities, including mental health disabilities
- **4.** generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

Ghana Somubi Dwumadie is also undertaking a range of activities to address the impact of the COVID-19 pandemic on people with disabilities, including mental health disabilities.

# How was this assessment done?

Options, in partnership with the Geneva Centre for Humanitarian Studies and the London School of Hygiene and Tropical Medicine, led the design of a hospital assessment tool that was adapted to measure the preparedness for COVID-19 specifically in psychiatric hospitals in Ghana. The assessment was done in September 2020 using this tool, alongside analysing qualitative and quantitative data, survey responses and information from hospital staff.

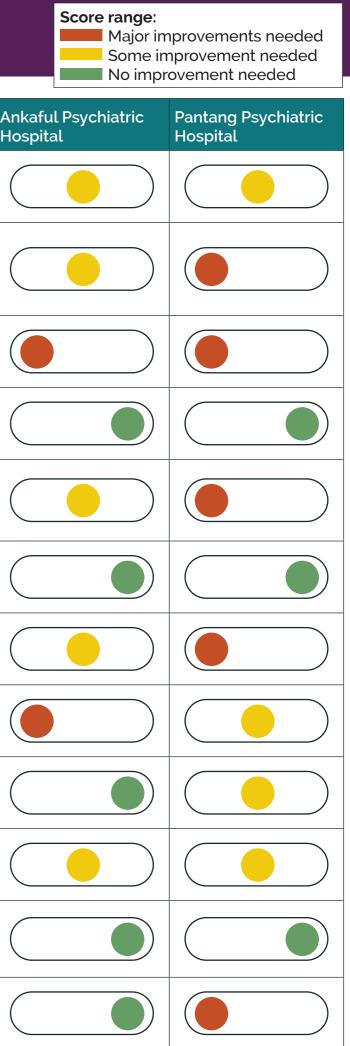
# **Objectives of the assessment**

It is expected that the results of the assessment will support the identification of areas that could be improved if there was a re-surge in the COVID-19 pandemic, or in other health emergencies.

## Scorecard

Metrics	Accra Psychiatric Hospital
Planning and decision-making	
Communication	
Safety and security	
Triaging and case management	
Surge capacity	
Infection prevention and control	
Personal protective equipment	
Continuity of essential services	
Human resource	
Logistics	
Governance and leadership	
Recovery	

- 1. Planning and decision-making: including systems for contact tracing, appointment of data focal points, hospital emergency response plans and surveillance protocols to report internally and to public health authorities.
- 2. Communication: external communications such as appointing spokespeople to liaise with health authorities and preparing key messages for audiences; as well as internal communications such as briefings for hospital staff on emergency response plans, and regular testing of communication methods.
- **3. Safety and security:** including the appointment of a hospital security team, whether access to the facility could be controlled, and whether visitors, staff, and patients could be clearly identified.
- 4. **Triage, case management and early recognition:** including patient transfer procedures, designation of specialist areas for suspected cases with high dependency, and clearly communicated triage and admission criteria.
- 5. Surge capacity: including adapted admissions and discharge criteria for surge period; identification of supplies, bed and staff needed in an overflow, and awareness of capacity. This also assessed bereavement support, post-mortem care and morgue facilities.
- 6. Infection prevention and control: including the appointment of a trained focal point; staff awareness of hygiene; access to clean water, sanitation and waste; distancing measures; decontamination of areas; provision of personal protective equipment and visitor control.
- 7. Personal protective equipment (PPE): this area assessed supply and availability of specific items of PPE including masks, overshoes, scrubs, gloves and eye protection.
- 8. Continuity of essential services: identifying services that needed to be maintained and non-essential services that could be outsourced; minimum resources required; stock control of essentials; coordination with other hospitals; and backup supplies of water, power and oxygen.
- Human resource for COVID-19 management: including staff procedures on actions when symptoms occur in their household; staff rota and registrations; additional and crosstraining.
- **10.** Logistics for COVID-19: including sufficient supply of stocks, transfer vehicles, referral plans, tracking of tests, storage for supplies, contingency plans with vendors, supply chains, inventories for stock monitoring and shortage.
- **11. Governance and leadership:** including internal policies; structures for emergency management such as multi-disciplinary committees; the provision of plans aligned to national or international guidelines and systems for mobilising and raising funds.
- **12. Recovery:** including debriefs, assessment of response and criteria for knowing when to stand down the emergency response.



# Key findings

### Strengths:

- All hospitals developed COVID-19 response plans specific to their environment. There was good collaboration between the psychiatric hospitals and the various District, Municipal and Metropolitan Preventive Health Directorates in their jurisdictions. However, collaboration between the three psychiatric hospitals could be improved.
- All hospitals adopted the national surveillance protocols for identifying, monitoring, and reporting COVID-19 cases among patients, staff or admissions. All the hospitals had a dedicated area for receiving and screening patients, staffed by trained nurses.
- COVID-19 data collection was generally coordinated by the District, Municipal or Metropolitan Health Directorates, but this presented some challenges within the psychiatric hospitals.
- Hospital Clinical Coordinators assumed responsibility for coordinating Team Leads for the management of the COVID-19 response and the hospitals formed multi-disciplinary teams to deliver the response.
- All staff were trained on infection prevention and control.

#### Areas for improvement

- Information on risk should be provided in a range of different formats such as Easy-Read and different languages.
- Two hospitals have grounds open to people entering or leaving unchecked.
- Without systems to forecast consumption and inform supply from the Ministry of Health, there is potential for PPE and equipment shortage.
- Psychiatric patients need more support to comply with hand washing, wearing facemasks, and keeping distance.
- Data on utilisation of the hospitals in real time was not readily available for decision-making.

## Support available through Ghana Somubi Dwumadie

The psychiatric hospitals and Mental Health Authority prioritised the recommendations identified by the assessment and identified safety and security and logistics support as key priorities. Staff training, waste management, and risk communications were identified as secondary priorities. Within the scope of the programme, Ghana Somubi Dwumadie proposes to help with the following, subject to agreement by key stakeholders:

- Purchase of two oxygen concentrators per hospital.
- Training staff in resilience and mental wellbeing, building on work already • undertaken with the Mental Health Authority and Ghana Health Service.
- Dissemination of accessible COVID-19 Easy-Read materials to the hospitals.

Other priority areas as identified by stakeholders within the programme scope could also be supported by other stakeholders.



https://options.co.uk/work/ghana-participation-programme

## Contact

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