



POLICY BRIEF

ADDRESSING MENTAL HEALTH NEEDS OF DEAF PEOPLE: THE NEED FOR INCLUSIVE MENTAL HEALTH POLICY

Preface

Mental illness is a global concern because it has negative effects on the wellbeing of individuals and families. Mental illness is for example a leading cause of disability in both youth and adults. Several studies have shown that individuals with disabilities stand a higher chance of experiencing mental health problems than adults without disabilities (Cree, Okoro et al. 2018). Also studies have shown that individuals with disabilities are more likely to attempt suicide or have suicidal ideation than their peers without impairments (Divya, Omar & Hatim, 2015). This situation is mostly as a result of certain factors including the social restraints that persons with disabilities frequently face and not their impairment per se (Divya, Omar & Hatim, 2015). While Persons with Disabilities are generally at a disadvantage when it comes to accessing health care, Deaf people face additional barriers due to their unique communication and linguistic needs, which are frequently misunderstood or ignored, predisposing them to face greater obstacles than their hearing counterparts when it comes to accessing health care (Mprah, 2017).

1.2 Mental health policy, plans, and legislation in Ghana

Ghana has made significant progress in mental health interventions, particularly in terms of the legal framework. For example, the Ghana Mental Health Act (846) is one of the numerous pieces of law enacted to regulate mental healthcare in the country.

Mental Health Act seeks to address gaps and weaknesses in the national mental healthcare system. Among the gaps include quality of psychiatric care, insufficient mental

health facilities, urban bias, and an over-concentration of mental health services in the southern part of the country. Other gaps the act seeks to address include insufficient logistics, human rights violations, stigma and discrimination, and an overemphasis on the medical model of psychological rehabilitation and relegation of psychosocial care (MHA, 2012).

Ghana also has a National Mental Health Policy (2019-2030). The policy is consistent with national and international human rights norms, as well as best practices in global mental healthcare, and makes a number of references to disability (Ministry of Health, 2018). For example, the policy is consistent with article 25 of the United Nations Convention on the Rights of Persons with Disabilities, which affirms the rights of persons with disabilities to the best achievable level of health without discrimination on basis of disability.

One of the guiding principles of the National Mental Health Policy is attempts made to protect the generally recognized dignity, autonomy, freedoms, and equal chances to human beings, including socio-economic opportunities, civil and political rights, and the right not to be discriminated against (Ministry of Health, 2018). In general, the National Mental Health Policy aims to improve mental healthcare in Ghana, as well as prevent and reduce mental illness, disability, and preventable deaths related to mental health disorders.

1.3 The policy gaps as identified by GNAD

The importance of policies in promoting equitable access to enhanced healthcare cannot be over-emphasized. Healthcare policies, for

example, establish a regulatory framework that guides decision-making, resource allocation, and outreach to targeted populations, as well as assisting healthcare service providers in understanding their duties and responsibilities. Thus, sound and inclusive healthcare policies serve as guiding principles for health delivery, shaping the entire healthcare landscape, including patients and providers, as well as directing how care is given and accessed.

A good mental health policy and action plan, in the context of mental health policies, thus coordinates, through a shared vision, all programs, and services related to mental health (Ministry of Health, 2018). In the context of persons with disabilities, healthcare policies establish a framework for enhancing their access, including system-level modifications and specialized health services tailored to their unique needs, such as early identification and interventions to minimize and prevent additional disabilities.

Under article 25 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), persons with disabilities have the right to the best possible standard of health without facing discrimination based on their disability (CRPD, 2006). Article 25 further requires state parties to the convention to provide healthcare specific to the needs of people with disabilities, including early identification and assistance aimed at mitigating and preventing additional disabilities.

Additionally, the UNCRPD emphasizes the critical role of national health policy in ensuring access to mental health care with article 9 placing obligations on state parties to facilitate accessibility for people with disabilities. In its general comment on article 9, the Committee of Experts on the Rights of Persons with Disabilities reiterate this when it noted that accessibility is a prerequisite for independent living and full and equal involvement of persons with disabilities in society.

Ghana signed the UNCRPD and ratified the optional protocols to the convention. Ghana's mental health policies and programs are therefore expected to conform to the key principles of the Convention, including the principle of inclusive and non-discrimination.

While Ghana's Mental Health Law has been lauded for adhering to international human rights norms and best practices in mental healthcare, significant policy gaps exist. For example, a thorough evaluation of the Mental

Health Policy 2020-2030, revealed that Deafness received minimal consideration. In other words, an examination of Ghana's mental health legislation and practices revealed that Deaf persons have been underrepresented in national mental health policies, regulations, and research. Although there is no reason for the underrepresentation of Deaf people in policies, the assumption is that initiatives aimed at the broader community will benefit Deaf individuals. However, Deaf persons are a distinct population with different needs from the general community. This is why the UNCRPD makes great efforts to guarantee that all persons with disabilities requirements are met, including identifying the unique needs of disabled individuals such as sign languages interpreters' services.

1.4 Implications of policy gaps

The inadequate attention given to Deafness in national mental health policies, laws, and research has far-reaching negative consequences for Deaf individuals in terms of access to high-quality, stigma-free mental health care. Since good mental health policy and action plan is the guiding principle that coordinates through a common vision, all programs, and services related to mental health, as stated in Ghana's Mental Health Policy, the absence of reference to Deaf people means that Deaf people are unlikely to benefit from mental health services developed through these activities.

Implementation guidelines and methods based on existing mental health policies and regulations are unlikely to address the problems of Deaf individuals. An excellent illustration is the particular obstacles associated with communication that Deaf individuals frequently face while accessing healthcare at various locations. Another good example is the scope of public mental health outreach services for the Deaf individuals. For example, if the policy requires that public education and outreach on mental health should be reinforced using the mass media that target the general public, the services are unlikely to help Deaf individuals because the mass media are inaccessible to them. The implications are that Deaf people do not benefit from mental health information meant for the general public. This situation fundamentally affects Deaf people's mental health services seeking behaviours.

Confidentiality is one of the policy's driving principles. In this case, the policy attempts to ensure that individuals with mental health

issues have the right to the confidentiality of information about them, except when disclosure is mandated by law. In the context of Deaf people, to ensure information confidentiality, there must be effective communication and free flow of information between service providers and clients without the involvement of third parties. However, without policy provisions designating Deaf persons as a distinct group of people, there is considerable uncertainty that this policy objective will benefit Deaf people. For example, in the absence of guiding policy, health facilities are not under any legal obligation to make arrangements to provide services that adequately meet the communication needs of Deaf people. In other words, in the absence of policy, health facilities cannot be held responsible for not providing the needed support services to Deaf people seeking mental health services.

1.5 RECOMMENDATIONS

It is crystal clear that the difficulties Deaf people face in accessing mental health care are connected to policy gaps, which ultimately result in inefficient resource allocation and inadequate prioritization of the needs of Deaf people. Thus, addressing the exclusion of some groups in mental health care requires systematic efforts. These efforts must take a multiple stakeholders approach and tackle the weak policy environment. To this end, GNAD makes the following recommendations to ensure the long-term delivery of mental health care to Deaf people in Ghana;

➤ GNAD recommends that mental health research should target deaf people and reports should be disaggregated by type of disability so that the needs of each group could be visible for mental health policymaking and programme designing. Similarly, mental health policies and programmes should avoid grouping all persons with disabilities together and prescribing the same solutions for them because their needs and concerns are not the same. Thus, Deaf people should specifically be targeted so that provisions relevant to their specific situation can be made for them in mental health policies and programmes.

➤ One of the guiding principles of Ghana's Mental Health Policy is to ensure the confidentiality of individuals with mental health conditions. GNAD proposes that in order to attain this policy objective, the Ministry of Health, Mental Health Authority, and Ghana Health

Services must prioritize placing health care staff who are fluent in the Ghanaian Sign Language at vantage points in mental health service delivery. There should also be systems in place to ensure that Deaf people are attended to by skilled health personnel proficient in Ghanaian Sign Language.

➤ Current mental health regulations are quite broad, with no specific provisions for the Deaf community. This has hampered Deaf people's access to mental health services. As one of the underserved groups, GNAD recommends that Deaf people must be enabled to receive the same level of attention as other vulnerable groups. To this end, GNAD suggests that the Minister of Health should consider developing pro-Deaf policies and programs to meet the Deaf community's mental health issues promptly. This policy could target ensuring that every healthcare centre providing mental health services has disability desk that will help not only Deaf people, but other persons with disabilities. navigate through the healthcare facilities without barriers.

➤ Negative perceptions about Deaf people's mental health needs, combined with lack of awareness and attention given to these needs significantly exclude Deaf people from benefiting from mental health services. To address this shortfall, GNAD recommends that the Ministry of Health and its agencies including the Ghana Health Service must ensure that the Deaf community's communication needs are factored into all mental health policies, programmes including public education programmes at the national, regional and district levels.

➤ GNAD believes that a robust disability legislation and policy framework that ensures compliance with disability inclusion at all levels is long overdue. To this end, GNAD proposes that the Minister of Gender, Children, and Social Protection and the National Council on Persons with Disabilities hasten the process of enacting the revised Persons with Disability Act, Act 715. The Act's passage will establish a further legal framework for the protection of Deaf people's rights, including those with mental health concerns.

➤ Due to lack of adequate mental health literacy, many Deaf persons may be unaware they have mental health conditions. The current mode of public education on mental health information and services does not take into

consideration the needs of the Deaf people. This situation has left Deaf people out of most mental health outreach programs. GNAD urges the government to ensure that all healthcare information from the media is truly inclusive by making the information accessible to limit the adverse consequences of their lack of access to mental health.

➤ The approach to current healthcare delivery is that Deaf people are to arrange for their own Sign Language Interpreter when they want to be accompanied by qualified interpreters. Since the majority of Deaf people cannot afford it, most go to hospitals unaccompanied. GNAD recommends that the state integrates competent Sign Language Interpreting services in national mental health programs as a matter of priority. This will ensure that cost constraints associated with accompanying sign language interpreters do not prevent Deaf persons from accessing mental health services.

About GNAD

Ghana National Association of the Deaf (GNAD) is a non-partisan, non-religious, not-for-profit membership organization established for and managed by Deaf people. The association was established in 1968 and its aim is to work through

right based approach to addressing social and institutional barriers that exclude deaf people from mainstream society. GNAD is currently visible in all 16 regions and has since its establishment worked on cross-cutting issues such as advocacy, policy influencing, training and capacity building, research and documentation and membership mobilization at national, regional and district levels. GNAD is affiliated to the World Federation of the Deaf (WFD), the largest International Non-Governmental organization, WFD Regional Secretariat for Western and Central Africa, Ghana Federation of Disability Organizations and the host organization for WFD West and Central Africa Secretariat transnational.

Support

This policy brief was developed under the Empowerment Deaf People for Improved Mental Health (ENDEIMH) project supported by Ghana Somubi Dwumadie (Ghana Participation Programme). Ghana Somubi Dwumadie is a four-year disability programme in Ghana with a specific focus on mental health and funded with UKaid from the UK government. The ENDEIMH project is implemented by the GNAD and is aimed at improving access to quality mental health information and services and to reduce stigmatization against Deaf people who have mental health conditions.

For More Information Contact

GHANA NATIONAL ASSOCIATION OF THE DEAF (GNAD)

Location: Accra Rehabilitation Centre opposite National Museum,
Barnes Road, Adabraka, Accra

Address: P.O. Box AN 7908 AccraNorth

Telephone: +233 (0) 302 680 100

Email: info@gnadgh.org / gnadeaf@yahoo.com

Website: www.gnadgh.org