

Learning product

Using an investment case for mental health

January 2022

Introduction

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK aid from the UK government. The programme is run by an Options-led consortium, which also consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health, and focuses on four key areas:

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

This learning product focusses on how the dissemination of a mental health investment case has been used to influence policy dialogue. It outlines the promising dissemination practices used to make the case for investing in mental health in Ghana. An earlier learning product describes how Ghana Somubi Dwumadie worked with stakeholders in developing an investment case for mental health for Ghana, and the key learnings which emerged that may be useful to others developing similar investment cases.¹

The investment case for mental health in Ghana was developed during 2020 in collaboration with the Mental Health Authority (MHA), working closely with a broad stakeholder Technical Working Group, based on agreed priorities. The dissemination of the case for investment in mental health began early in 2021.

Investing more in mental health will have a transformative effect for Ghana, boosting economic growth and improving the health and wellbeing of its citizens.

Investing in mental health:



Fig 1: Extracted from investment case

The dissemination experiences of the investment case to date provide promising practices, which have been used to make concrete recommendations for stakeholders to focus on in 2022. The key learnings include:

- Establishment of multi-sector technical working group
- Strong stakeholder partnerships
- Tailored packaging of evidence
- Use of media advocacy
- Building technical capacity

The purpose of this learning product is to share learnings on how the mental health investment case has been used to date by government officials and Civil Society Organisations (CSOs) in mental health to inform disability and mental health policies, planning or budgets. By looking at activities undertaken by stakeholders we have documented lessons gleaned to guide future dissemination of the investment case, and to catalogue:



1. Stages of the mental health investment case development



2. Dissemination of the investment case to influence mental health financing

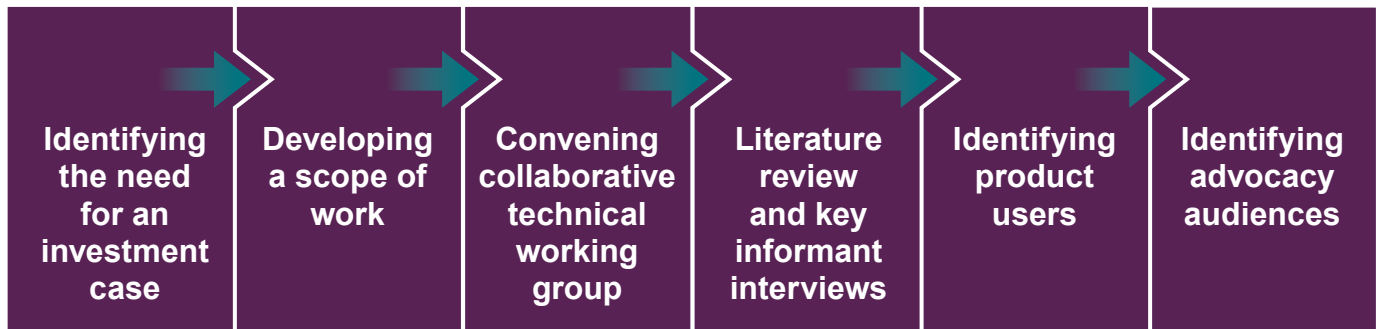


3. Lessons, and promising practices to inform next steps



1. Stages of the mental health investment case development

The investment case is the result of a collaboration with the MHA and the close work with the technical working group on agreed priorities. There were multiple stages involved in developing the mental health investment case, which have been covered in detail in an earlier learning product.¹ The investment case process is described as a series of stages. However, it is important to note that several of these progressed in an iterative, concurrent fashion, rather than sequentially during 2020:

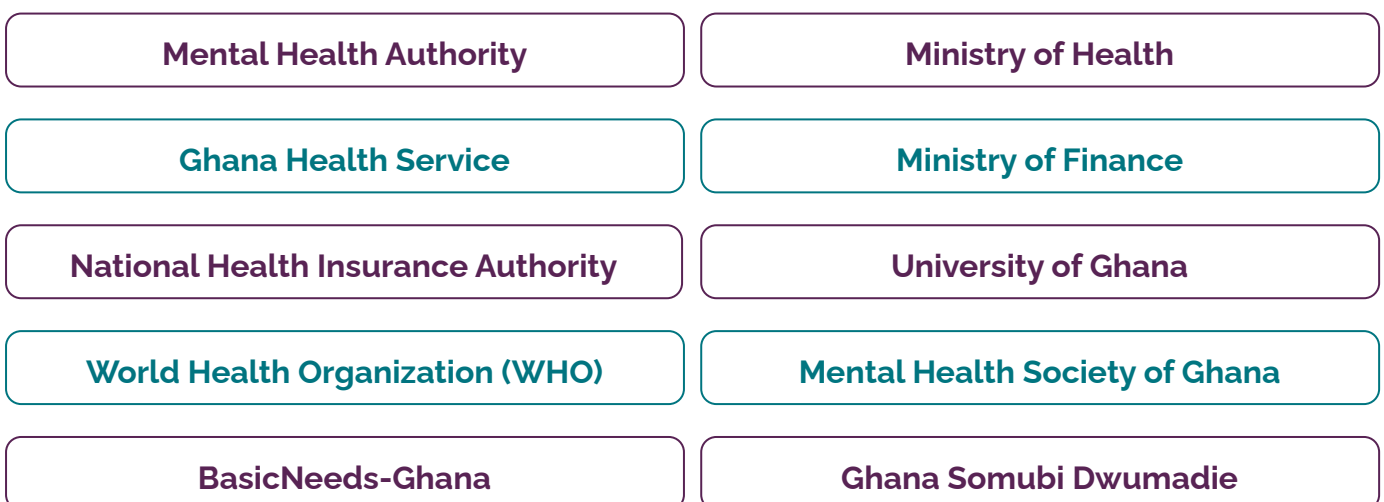


Establishment of a technical working group

A high-level multisector technical working group was set up to guide the work on the investment case. The work of the technical working group resulted in:

- Getting key stakeholders to make the case for additional investment in mental health, building momentum across key spheres of influence
- Ensuring that the investment case is grounded in the national context
- Tailoring evidence and key messages to targeted audiences with strategic objectives

The technical working group consisted of senior staff representatives from 10 organisations:



At the start of 2021 the technical working group developed a dissemination plan which outlined key actions for members of the group to undertake during the year, with key roles and responsibilities identified for each. For example, the group felt that media advocacy was best led by civil society, while interagency engagement was best led by MHA, while policy advocacy would be a collaborative effort across the technical working group.

Development of dissemination products

One key learning from this work stream was the significant value of the development of a range of products to support the dissemination of the investment case in mental health. These included:

- Development of a detailed and evidence-based policy paper supporting the investment case
- A four-page, advocacy brief designed for ease of communication with key graphics to support the message
- Development of one-pager of media talking points for stakeholders engaging with media
- Development of press packs to support communication of the investment case at events and activities

The programme also worked with MHA to draft a policy paper for national consideration on approaches to include mental health in the National Health Insurance Scheme Benefits package. Additionally, technical working group member the WHO worked closely with MHA to cost mental health services, using the WHO OneHealth tool as a basis. Beyond building the policy paper on greater investments, the investment case was packaged in multiple ways that could resonate with both key decision makers, and the specific mandate of a diverse audience, whilst staying in line with national policies and strategies. One example which resonated was the economic rationale for spending more on mental health, through a 'return on investment' lens.

The return on investing in mental health in Ghana

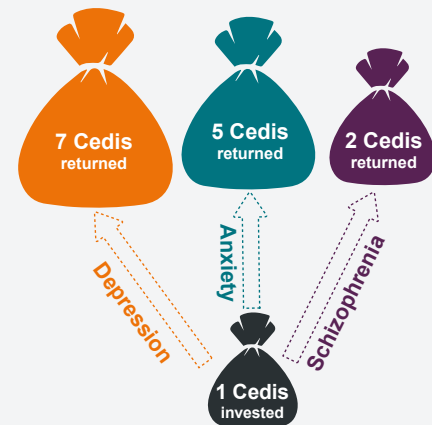


Fig 2: Extracted from investment case



2. Dissemination of the investment case to influence mental health financing

Dissemination approaches for the investment case for mental health were agreed by the technical working group at the beginning of 2021 and a dissemination plan was developed for use by different members of the group, in order to achieve the asks in the investment case. The following strategies were identified:

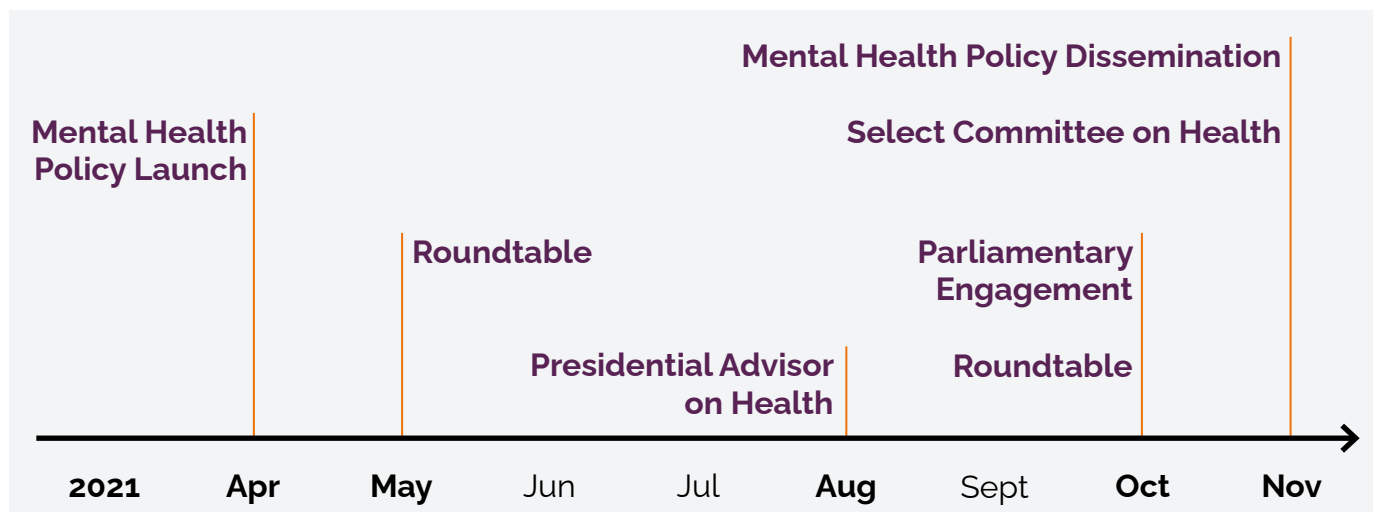
Inter-agency engagement

Key dissemination actions led by MHA were to promote the investment case with a range of ministries and agencies including the Ministry of Health, the Ministry of Finance, as well as Office of the President, Office of the Vice President, Office of the Speaker, and the National Health Insurance Authority, who also formed part of the technical working group. Some key challenges with dissemination revolved around maintaining momentum between technical working group meetings and moving ahead with formal correspondence and inter-agency engagements.



Policy advocacy

Policy advocacy was led by the Ghana Somubi Dwumadie team in close collaboration with MHA and the technical working group to identify key contacts and organise meetings.



Key highlights included the launch of the MHA Mental Health Policy in April, and dissemination meetings for the policy in November, where the CEO of MHA applied the investment case as talking points to framework the policy launch. The investment case was also used to support talking points during a roundtable discussion focussing on gender, disability, and mental health in social protection interventions. This was organised by the British High Commission in Ghana in May 2021 with visiting UK special envoys. A second roundtable was hosted by the British High Commission in October, focussing specifically on the benefits of greater investment in mental health.

Attendees at the roundtable identified several key challenges facing Ghana. It was noted that nearly 7% of GDP is lost due to psychological distress in Ghana, compared with 4% of GDP lost to malaria. Despite this, Ghana's spending on mental health is extremely low, roughly just 1.4% of total health expenditure, meaning that the vast majority of people with mental health conditions cannot access treatment. Simultaneously, the COVID-19 pandemic is contributing to rising levels of depression, anxiety, harmful alcohol and drug use, self-harm and suicidal behaviours, so it is critical to ensure that mental health support is available to all who need it. Attendees at the roundtable committed to:

- Continue to promote the positive benefits of investing in mental health
- Engage with key stakeholders to mental health to the National Health Insurance Scheme benefits package
- Advocate for the rapid inauguration of the MHA Board

The ongoing lack of an operational governing Board for the MHA is keenly felt, as key mental health structures such as the Mental Health Review Tribunal, Mental Health Visiting Committees, and Regional Mental Health Sub-Committees cannot be inaugurated without the Board in place, and policy advocacy for investment in mental health is also limited.

Despite these challenges, substantial policy advocacy work was undertaken in the run-up to the dedicated roundtable. For example, a selection of members from the technical working group had a successful engagement with the Presidential Advisor on Health to discuss and promote the investment case. The programme also engaged directly with parliamentarians on the investment case. In October, the Honourable Member of Parliament for North Tongu Constituency, Hon. Samuel Okudzeto Ablakwa agreed to become the programme's Parliamentary Mental Health Champion, and to promote the need for investment in Mental Health.

In November 2021 engagement began with the Parliamentary Select Committee on Health, beginning with informal meetings with the Chairperson and a cross-section of members, to agree in principle close working to advocate for increased domestic resources for mental health in Ghana. Plans are underway for 2022 to bring the investment case to life for the Select Committee through a mental health field visit and further engagements. Throughout 2021, technical working group members WHO and MHA worked closely together to cost mental health services using the OneHealth Tool. These costings will provide essential evidence to support the investment case.

Engagement with traditional leaders

Key civil society members of the technical working group agreed to engage with the National House of Chiefs in order to promote and disseminate the investment case in mental health. Initial engagements were held during 2021, however, there were some delays due a lack of funds available to civil society to undertake the engagement, for example because this was not agreed in advance with their funders or funding streams.

Media advocacy

Ghana Somubi Dwumadie has adopted a number of media strategies to advocate for and promote the mental health investment case. The investment case was featured on national television stations GTV and TV3 in April and in October. Working with the programme's advisory group, we leveraged a free weekly National Television appearance on GTV Live Breakfast Show during April. This was an unprecedented mental health media advocacy achievement and one of the key drivers of this success is the supportive role played by the members of the advisory group who leveraged mental health and disability champions during the four television appearances. Technical working group member Mental Health Society of Ghana (MEHSOG) also arranged coverage on TV3.

World Mental Health Day in October was used as a key lynchpin for sustained media advocacy, building on the theme 'Mental Health in an Unequal World'. Media advocacy included a joint press launch with MHA, WHO and the programme in October to ensure greater national impact, media coverage and public discourse of mental health issues to gain the attention of duty bearers. This was supplemented by a selection of district level interface meetings between local officials, and people with mental health conditions through their Self-Help Groups.

The investment case achieved a range of social media and print media coverage. MEHSOG achieved front page headline coverage of the investment case in the Daily Graphic in November, one of the newspapers with wide coverage and readership in Ghana. Supported by WHO, MEHSOG also held media briefings, led by people with lived experience, on the investment case.



3. Lessons and promising practices to inform next steps

The experiences informing this learning product provide lessons and promising practices for documentations, knowledge sharing and learnings.

Establishment of multi-sector technical working group

The importance of a multi-sector national working group to lead on investment case development from the onset remains a key lesson and a promising practice for achieving results. Ghana Somubi Dwumadie facilitated and convened regular meetings of a multi-sector technical working group, to provide high-level strategic oversight for the investment case in building support for making the case from investment in mental health.

Learnings from the processes to date have shown that linking state and non-state actors, including academia, through the technical working group has enhanced their influence and power to effect change, and serves as key driving element of a sustainable approach to ownership for policy change. The experience suggests that bringing together high-level officers from the field of mental health promotes a strategic mechanism for building consensus.

Strong stakeholder partnerships

The partnership with other stakeholders through the technical working group led to considerable dissemination of the evidence-based investment case product. For instance, the collaborative work with the technical working group resulted in the WHO agreeing pay for 5000 copies of the investment case advocacy brief to be printed for MHA to disseminate. Another significant result by the stakeholder partnerships was the joint press conference on Investment in mental health during the launch of 2021 World Mental Health Day by Ghana Somubi Dwumadie, WHO and MHA. The partnerships also caused WHO to fund some MEHSOG activities to disseminate the investment case to media.

Tailored packaging of evidence

The programme led the packaging of the evidence in close collaboration with MHA and the technical working group, and generated a summary, designed, advocacy brief to supplement a longer investment case paper. The four-page advocacy brief underpins the knowledge and information sharing on making the call for greater investment for mental health in Ghana. Developing and packaging a tailored advocacy product has enhanced capacities of stakeholders to present investment case messages and tailor arguments for targeted audiences.

The development of one-page media talking points for technical working group members and other stakeholders, as well as short social media messages with key facts and figures provided an accessible source of credible information for framing the policy debates and dialogues.

Use of media advocacy

Media advocacy can lead to wider coverage when used as a complement to the broader strategic vision for policy change. Lessons from this activity show that media advocacy is best done in the context of both global and national goals to consciously inform national prioritisations in line with government's international commitments, as was done around World Mental Health Day. The experience suggested that media advocacy is a promising practice when used to contribute to campaigns to promote stronger public policies.

Building technical capacity

Learning from this strand of activity indicates that building the capacity of stakeholders, including state-run institutions and civil society advocacy organisations is key to drive stewardship for a more sustainable approach to policy change. Technical support included development of the advocacy paper, the advocacy brief, media talking points and press packs for events, as well as preparatory work for policy advocacy engagements.

Summary and recommendations

The outcomes from the use and dissemination of the mental health investment case in 2021 suggest the importance of dismantling barriers to ownership and stewardship with innovations and creativity as part of technical assistance support to government institutions and agencies, and civil society.

The lesson here is that policy advocacy should be informed and driven by evidence and analysis to strengthen key messages for campaigns and complementary media advocacy. Identifying users of an investment case and compelling data to be used, work best in supporting advocacy needs.

This report provides the following recommendations for future dissemination approaches:

Map, identify and work with key influencers

Mapping, identifying, and working in close collaboration with expert and influential stakeholders, drawing on their opinions, perceptions and beliefs is an essential part of making the investment case for domestic resource mobilisation for mental health. This includes amplifying the voices of people with lived experience of mental health conditions.

Establish strategic working approach

Establish the best way to get key actors and stakeholders to be more engaged and empowered within government structures and involve them in the design, implementation, and call for action and policy change that leverage on maximising learning and dissemination.

Buy-in for ownership and stewardship

Partnerships with key stakeholders should focus on driving buy-in for institutional ownership and stewardship for sustainability, this includes, where necessary, allocation of funds to undertake or participate in activities. Obtaining buy-in for ownership is a key feature in addressing issues which are traditionally de-prioritised or excluded, such as mental health issues. Institutional buy-in helps in removing barriers that hinder effective leadership involvement and participation for sustainability.

Engage and empower key audiences

Engage and empower key audiences, both governmental and non-governmental, with the needed capacity to commit to becoming change agents and make a difference in redressing the inequalities in mental health in Ghana. Our experience shows that building the capacities of audiences in a robust manner is a key feature for empowering stakeholders to enable them to have a better understanding and the appreciation to embrace the concept of evidence-based advocacy and the benefits it will have for policy change.

Finally, drawing on the key learnings from this report, the programme in 2022, should focus on providing strategic technical assistance that pools together relevant institutions, ministries and agencies and support them to better articulate the investment case.



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