

Supervising and Evaluating the Implementation of District Mental Healthcare Plans

Context and Standard Operating Procedures

Ghana Somubi Dwumadie

(Ghana Participation Programme)

July, 2022

Contents

Contents.....	2
1. Executive summary.....	4
2. Structure of the report	4
3. Part One: Context And Overview	5
3.1. About Ghana Somubi Dwumadie	5
3.2. Background and purpose of District Mental Healthcare Plan supervision and evaluation.....	5
3.3. Main components of the District Mental Healthcare Plans in the three implementation districts.....	6
3.4. Outline of SOP for the Evaluation of District Mental Healthcare Plans (See Part Two).....	7
3.5. Data management.....	8
3.5.1. Data to be collected.....	8
3.5.2. Use of data	9
3.5.3. Safeguarding and referrals pathway.....	10
3.6. Funding Expectations for monitoring and supervision of District Mental Healthcare Plan implementation.....	10
3.7. Conclusion.....	10
Part Two: Standard Operating Procedures for the supervision and evaluation of the implementation of District Mental Healthcare Plans	11
Contents.....	12
Introduction	14
1. Supervision of implementation of District Mental Healthcare Plan	15
1.1. Responsibility	15
1.2. Accountability	15
1.3. Procedure.....	15
1.4. Preparation.....	16
1.5. During the visit.....	16
1.6. Following the visit	17
2. Data for evaluation of District Mental Healthcare Plan	18
2.1. Responsibility	18
2.2. Accountability	18
2.3. Data to be collected.....	18
2.4. Procedure.....	18

2.5. Preparation.....	19
2.6. During data collection	19
2.6.1. After data collection	19
3. M&E checklist for assessing progress and fidelity of District Mental Healthcare Plan work plans	19
3.1. Anloga District Mental Health Care Plan Activities	19
3.2. Asunafo North Municipal Mental Health Care Plan	29
3.3. Bongo District Mental Health Care Plan	39
4. M&E Indicators for assessing monthly District Mental Healthcare Plan implementation progress	46
4.1 Asunafo North Municipality.....	46
4.2 Anloga District	48
4.3. Bongo District	50
5. Good interview tips:.....	52
5.1. Before the interview:.....	52
5.2. Conducting the interview	52
5.3. Safeguarding and dealing with respondent fatigue.....	53
5.4. Ending the interview	54
5.5. Keeping a record	54
5.6. In-depth Interview Question Guide for Case study	54
5.6.1. Health care providers and Mental Health Care Plan implementers	54
5.6.2 Mental health services users and carers	57
Appendix 1: List of Abbreviations	59

1. Executive summary

District Mental Health Care Plans have the potential to reduce the mental health treatment gap in Ghana when properly planned, implemented and evaluated. Whilst the role of structured supervision in such interventions at primary care has been widely acknowledged as critical, it remains the weakest link in the successful implementation of such interventions. Based on this recognition, Ghana Somubi Dwumadie has put in place a range of measures to ensure the successful implementation of its flagship District Mental Health Care Plans in three demonstration districts of (Anloga in Volta Region, Asunafo North in Ahafo Region and Bongo in Upper East Region) of Ghana.

One such measure is the use of a Standard Operating Procedure (SOP) for supervising the implementation of the District Mental Health Care Plans. The SOP described and outlined in this document provides clear procedures for supervision, and specifies the type and scope of data that needs to be collected for the purposes of evaluating the implementation of the care plans in each district. Responsibilities of key stakeholders in data collection, management and analysis are described. Reflections on funding expectations, safeguarding and ethical issues are provided.

The report has two parts. The first deals with the context and the overview of the evaluation and supervision of the District Mental Healthcare Plans, while the second part comprises of the Standard Operating Procedures themselves. The SOPs are intended for the following groups of people: District resident fieldworkers, Ghana Somubi Dwumadie team (led by consortium partners King's College London (KCL)), District mental health operations team and the World Health Organization (WHO) certified Mental Health Gap Action Programme (mhGAP) trainers.

2. Structure of the report

This report has two parts. Part One covers the context and overview of the programme while Part Two provides the detailed standard operating procedures to be carried out for the supervision and evaluation of the District Mental Health Care Plans.

3. Part One: Context and Overview

3.1. About Ghana Somubi Dwumadie

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 includes partners in BasicNeeds-Ghana, Kings College London, Sightsavers International and Tropical Health, focusing on four key areas:

- Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
- Scaling up high quality and accessible mental health services
- Reducing stigma and discrimination against people with disabilities, including mental health disabilities
- Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

Ghana Somubi Dwumadie conducts operations research and generates evidence to inform both the programme's activities and broader policy and practice on mental health and disability in Ghana^{1,2,3}. As part of the process of generating evidence, the programme has outlined different but interconnected studies to evaluate the coverage, impact and process of implementation of mental health care plans in three demonstration districts in Ghana. The overarching goal is to generate evidence to inform both the Programme's activities and wider policy on the effectiveness of mental health programmes and interventions.

3.2. Background and purpose of District Mental Healthcare Plan supervision and evaluation

As part of the strategy to improve access to mental healthcare services in Ghana, the programme is facilitating the implementation of District Mental Health Care Plans⁴ in three demonstration districts: Asunafo North in Ahafo Region, Anloga in Volta Region and Bongo in Upper East Region. When properly planned, implemented and evaluated, these Plans have the potential to reduce the mental

1 Ghana Somubi Dwumadie (2021) A District-level Situation Analysis of Mental Health Services in Primary Healthcare in Five Districts in Ghana

2 Ghana Somubi Dwumadie (2020) Community Based Rehabilitation Initiatives for Mental Health and Disability in Ghana

3 Ghana Somubi Dwumadie (2021) Mental Health and Disability Research Priorities Dissemination Report

4 Ghana Somubi Dwumadie (Jan. 2021): Framework for district mental health integrated plans

health treatment gap in these districts through increased detection and improved treatment. The selected districts have commenced the implementation of the District Mental Healthcare Plans, and Ghana Somubi Dwumadie has developed supervision strategies to ensure proper implementation and evaluation of these plans⁵. The intention is that over time the programme will be implemented across Ghana and hence reduce the treatment gap country-wide.

Detailed operating procedures have been developed that provide step by step guidance for the supervision and evaluation process. These procedures provide support for the supervision of the implementation of District Mental Healthcare Plans as well as specify the type and scope of data that needs to be collected for the purposes of evaluating the implementation of the District Mental Healthcare Plan in each district.

The goal of the SOPs is to increase efficiency and deliver consistent outcomes while also ensuring compliance with operational practices across the three districts.

The SOP is intended for initial use in the three implementation sites by the following key groups: district mental health operations teams, resident fieldworkers, mhGAP trainers and programme team. The district mental health operation team is expected to take over the full responsibility of supervising the implementation of mental health care plans and to incorporate learning from these sites. In the future the SOPs, with modifications from lessons learned from these sites, can be used as a guide to support the scale-up of District Mental Healthcare Plans in other districts in Ghana.

3.3. Main components of the District Mental Healthcare Plans in the three implementation districts.

There is considerable overlap in the District Mental Healthcare Plans in each district, however there are also differences based on the situation analysis conducted, expressed needs of role-players and unique circumstances of each district. Table 1 sets out the main areas to be covered by each district or municipality mental healthcare plan. Details of the workplans are contained in previous reports⁶.

⁵ Ghana Somubi Dwumadie (April 2022): Progress report on implementation of District Mental Health Care Plans

⁶ Ghana Somubi Dwumadie (2021): Theory of Change for district mental healthcare plans in three demonstration districts

Table 1: Main components of each District Mental Healthcare Plan.

Asunafo North Municipality	Anloga District	Bongo District
mhGAP training & post mhGAP evaluation		
Improving access to psychotropic medication		
Capacity building of Community health volunteers and Traditional and faith healers on case detection	Capacity building, deployment, and active case search by Community Health Volunteers	Capacity building, deployment, and active case search by Community Health Volunteers
Economic empowerment for service users (Including skills development, enrolment on Livelihoods Empowerment Against Poverty (LEAP) & National Health Insurance Scheme (NHIS))		
Improving Mental Health literacy through community durbars and radio programmes	Community Outreach Programme	Improving upon case detection in the community (demand creation)
Accessing MPs District Assembly Common Fund and fund raising to mental healthcare	Community Advocacy Programme to improve case detection	Stakeholder engagement (traditional authorities, opinion leaders, assembly members, youth leaders, religious leaders, NGOs)
Identification of Mental Health service users	Identify potential funders to support mental healthcare	Monitoring and Evaluation of District Mental Healthcare Plan

3.4. Outline of SOP for the Evaluation of District Mental Healthcare Plans (See Part Two)

Part Two of this report outlines the SOP for the evaluation of the District Mental Healthcare Plans. There are five main sections, each with specific operational guidance and procedures to be followed. These are:

1. Supervision of implementation of District Mental Healthcare Plan

1. Responsibility. Who is responsible for conducting different aspects of the Evaluation?
2. Schedule of visits. Who is required to conduct visits and where?
3. Preparation for visits. What preparation is required by different teams or people?

4. Requirements at each visit. What each team is required to do at each visit?
5. Requirements following each visit. What is required once a visit has been completed?

2. Data for evaluation of District Mental Healthcare Plan

1. Responsibility. Who is responsible for collecting data across all the studies?
2. Data to be collected. What data should be collected?
3. Procedure for data collection. How data is to be collected?
4. Data collection process. What to do with the data once collected?
5. Data management. How to ethically manage data?

3. Monitoring and Evaluation (M&E) checklists for assessing progress/fidelity of District Mental Healthcare Plans work.

1. Anloga District Mental Health Care Plan.
2. Asunafo North Municipal Mental Health Care Plan.
3. Bongo District Mental Health Care Plan.

4. M&E Indicators for assessing monthly District Mental Healthcare Plan implementation progress for each district.

5. In-depth Interview Question Guide for Case study

3.5. Data management

Ghana Somubi Dwumadie adheres to the principles of data protection set out in the Options Data Protection Regulations, including the use of USBs where necessary⁷. Options Data Protection compliance is based upon four key messages which promote good data protection principles, and which are looked at in more detail in the Mandatory Standards:

- Fair data collection and processing
- Safe storage
- Safe transfer
- Effective breach management

The programme must also comply with the Ghana Data Protection Act, 2012 (Act 843). All users of data will ensure they apply and adhere to the following principles of the Act: accountability; lawfulness of processing; specification of purpose; compatibility of further processing with purpose of collection; quality of information; openness; data security safeguards; and data subject participation.

3.5.1. Data to be collected

Health facility survey: This assesses access to quality mental health services, case detection and treatment, and availability of psychotropic medication. Designed as a

⁷ Options Data Protection Handbook

before or after cross-sectional facility-based survey, the Health Facility Survey will recruit consecutive adult health facility attendees in the implementation districts exiting their clinical consultations. The sample size is 900 (300 patients attending primary and secondary care per district). The data will be disaggregated by gender, to allow for analysis of differences in prevalence, severity, case detection and treatment for women and men. This will allow us to develop a better understanding of gender inequity in prevalence, severity, case detection and treatment, as well as specific mental healthcare needs of women in the districts.

Case-study: Data will be collected on indicators of acceptability, feasibility and process of implementation of the District Mental Healthcare Plan. Specifically, this includes levels of supervision support, commitment, district buy-in, staffing, numbers of people receiving care as reported in the District Health Information Management System, medication supply, training activities and outreach activities, as set out across the various District Mental Healthcare Plans. The data will be disaggregated by gender to allow for analysis of gender differences in service utilisation, staffing, training and outreach activities for women and men. This will allow for an analysis of gender differences in the implementation of the District Mental Healthcare Plans. The specific indicators are set out in detail in the SOP for Asunafo North Municipality, Anloga and Bongo districts respectively.

Supervision: Data will be collected on progress and fidelity of implementation of District Mental Healthcare Plans. The specific indicators are set out in detail in the checklists section of the SOP in part two of this report.

Data storage and management: The programme is committed to ethical data management. Data will be stored electronically and on memory drive as backup. Only core Programme team members directly involved in the District Mental Healthcare Plan (King's College London, MEL teams and Programme leadership) will have access to the data. Approval for use and distribution of the data will be granted by leadership of Ghana Somubi Dwumadie.

3.5.2. Use of data

The ultimate use of the evaluation data is to inform policy direction for improving mental healthcare services and scaling up mental health services nationwide. Policy briefs will be developed and shared with key stakeholders including Ghana Health Services (GHS), Mental Health Authority (MHA), Christian Health Association of Ghana and also presented at local and international conferences. Peer-reviewed publications are also planned to improve visibility of the work of Ghana Somubi Dwumadie.

The use of the data collected from the evaluation component will have a deliberate focus on gender issues. This would include presenting disaggregated data on the impact or reach of the various interventions contained in the district mental health care plans.

3.5.3. Safeguarding and referrals pathway

Ethical approval for the conduct of the studies in this SOP has been obtained from the ethics committees of both KCL and GHS.

As part of safeguarding, the team will ensure that participation in the study is voluntary and obtain written informed consent from all study participants. Participants will be made aware of their entitlement to refuse or withdraw at any stage of the study with or without assigning reasons for their decision. The Ghana S0omubi Dwumadie team will collaborate with the mental health focal persons in each district as well as the regional psychiatrists to serve as referral point. For example, patients who screen positive on the screening measures administered at the facility survey will be referred for further assessment by a mental health professional at the district facility.

3.6. Funding Expectations for monitoring and supervision of District Mental Healthcare Plan implementation

It is expected that the monitoring, evaluation and supervision of the District Mental Healthcare Plan implementation activities will be funded by the Foreign Commonwealth and Development Office (FCDO), UK. For monitoring and supervision activities, the expectation is that there will be financial support from Ghana Somubi Dwumadie through FCDO to be able to complete the task of supervising and evaluating the implementation of the district mental healthcare plans. Ghana Somubi Dwumadie team travel and accommodation costs for supervision, recruitment of district resident fieldworkers and hiring of a consultant to design and manage the case study data collection all need to be funded. Although the districts have been informed that their local activities need to be locally funded, the programme can help facilitate funding where joint activities are identified. For example, the programme provided financial support for initial mhGAP training in each district.

3.7. Conclusion

SOPs are dynamic and subject to revision depending on prevailing conditions and new information. The current version of this SOP is valid and approved for use by all target groups. When used properly, the SOP will improve the data quality, specifically the accuracy and completeness of the data for the purposes of evaluating the impact of the District Mental Healthcare Plan on improved well-being and economic empowerment of persons with mental, neurological, and substance use disorders in the target demonstration districts.

Part Two: Standard Operating Procedures for the Supervision and Evaluation of the Implementation of District Mental Healthcare Plans

For use by: Ghana Somubi Dwumadie staff; GHS, mhGAP certified trainers; District Mental Health Operations Team members; and District Resident Fieldworkers

Contents

Part Two: Standard Operating Procedures for the supervision and evaluation of the implementation of District Mental Healthcare Plans	11
Contents	12
Introduction	14
1. Supervision of implementation of District Mental Healthcare Plan	15
1.1. Responsibility	15
1.2. Accountability	15
1.3. Procedure	15
1.4. Preparation	16
1.5. During the visit	16
1.6. Following the visit	17
2. Data for evaluation of District Mental Healthcare Plan	18
2.1. Responsibility	18
2.2. Accountability	18
2.3. Data to be collected	18
2.4. Procedure	18
2.5. Preparation	19
2.6. During data collection	19
2.6.1. After data collection	19
3. M&E checklist for assessing progress and fidelity of District Mental Healthcare Plan work plans	19
3.1. Anloga District Mental Health Care Plan Activities	19
3.2. Asunafo North Municipal Mental Health Care Plan	29
3.3. Bongo District Mental Health Care Plan	39
4. M&E Indicators for assessing monthly District Mental Healthcare Plan implementation progress	46
4.1 Asunafo North Municipality	46
4.2 Anloga District	48
4.3. Bongo District	50
5. Good interview tips:	52
5.1. Before the interview:	52
5.2. Conducting the interview	52
5.3. Safeguarding and dealing with respondent fatigue	53
5.4. Ending the interview	54

5.5. Keeping a record	54
5.6. In-depth Interview Question Guide for Case study	54
5.6.1. Health care providers and Mental Health Care Plan implementers	54
5.6.2 Mental health services users and carers	57
Appendix 1: List of Abbreviations	59

Introduction

Standard Operating Procedures are a set of step-by-step instructions compiled by an organisation to help workers carry out routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with (industry) regulations⁸.

The following SOPs are intended to assist and guide a range of workers involved in the supervision and evaluation of the Implementation of District Mental Healthcare Plans in three districts in Ghana. This may be extended to other areas as the implementation of plans proceeds.

These SOPs cover a range of areas, from outlining who is responsible for conducting various aspects of the evaluation through to providing guidance on conducting interviews. Checklists are provided, for example for the assessment of progress and fidelity of District Mental Healthcare Plans and for indicators for assessing monthly District Mental Healthcare Plan implementation progress.

The overall intention of these SOPs is to generate evidence to inform both the Programme's activities and wider policy on the effectiveness of mental health programmes and interventions.

⁸ Wikipedia definition. https://en.wikipedia.org/wiki/Standard_operating_procedure

1. Supervision of implementation of District Mental Healthcare Plan

1.1. Responsibility

- Ghana Somubi Dwumadie team (Research Officer, Operations and Capacity Building Technical Assistant, Senior Technical Advisor and Team leader) are responsible for supervising and evaluating all aspects of the implementation of District Mental Healthcare Plan
- GHS mhGAP certified trainers are responsible for providing supportive supervision to 84 non-specialist healthcare workers⁹ post-mhGAP training in the 3 districts. The certified trainers are also responsible for setting up a supervision structure involving locally-based mental health professionals in the districts. District Mental Health Operations Team members as primary implementers of District Mental Healthcare Plan are responsible for designing district level supervision strategies for monitoring the progress of District Mental Healthcare Plan implementation
- The District Resident Fieldworker will be responsible for data collection, with training and technical assistance provided by Ghana Somubi Dwumadie team

1.2. Accountability

- Ghana Somubi Dwumadie team is accountable to Programme Team Leader
- GHS mhGAP certified experts are accountable to the Team Leader and representative of King's College London team (consortium partner leading this area of work)
- District Mental Health Operations Team is accountable to the Team Leader or representative of King's College London team
- District Resident Fieldworkers will be accountable to the direct supervisors appointed by the independent research company engaged to collect the evaluation data. The research company is accountable to the King's College London Team

1.3. Procedure

Visit schedule

- Ghana Somubi Dwumadie team will visit each district quarterly to verify and validate data collected by district resident fieldworkers and monitor progress of District Mental Healthcare Plan implementation progress

⁹ Ghana Somubi Dwumadie (2022) Progress report on implementation of District mental Health Care Plans

- Ghana Somubi Dwumadie team will organise virtual catch-up meetings with district mental health operations teams every 2 months to update on implementation progress and challenges
- GHS mhGAP team will deliver post mhGAP training supervision once a year for 2 years at the 15 mhGAP health facilities in the districts (i.e. August 2022 & August 2023)
- District Mental Health Operations Team members will conduct quarterly visits to identified settings (health facilities, communities, government offices or departments) of the District Mental Healthcare Plan

1.4. Preparation

Ghana Somubi Dwumadie team

- Undertake overall planning for the data collection in all 3 pilot districts
- Inform district teams 2 weeks ahead of planned visits
- Prepare visit content, materials and discuss with District Mental Health Operations Team members
- Plan for 2 to 3 days visit in each district

GHS mhGAP team

- Prepare the content for the mhGAP supervision visit
- Plan for 5 days in each district to cover 15 mhGAP health facilities that participated in the mhGAP training

District Mental Health Operations Team members

- Prepare the plan for visits at the start of the year. This should be done under the guidance of the district mental health focal person
- For a given quarterly visit, review and agree on implementation settings to visit
- Inform implementation settings of planned visit 1 week ahead of visit
- Gather and go over data collection tools

1.5. During the visit

Ghana Somubi Dwumadie team

- Collect data on the progress and fidelity of implementation of District Mental Healthcare Plan
- Verify and validate the data collected by the district resident fieldworker
- Organise performance review meeting with local district mental health operations team
- Conduct in-depth interviews with key district health management teams
- Verify and validate the number of stakeholders interviewed by district resident fieldworkers

- Visit the data collection sites and shadow District Resident Fieldworkers to ensure that interview protocol is strictly adhered to
- Check compliance to data collection protocols particularly issues of consent
- Conduct remote pre-data collection briefing session with District Resident Fieldworkers ensuring that data quality issues brought to the attention of the team are addressed
- Review plan for the data collection
- Ensure District Resident Fieldworkers complete weekly control sheets and upload on server where necessary
- Assess meeting reports, folders and any other related documents as encapsulated in the district mental health care plans
- Where necessary, initiate calls to stakeholders to verify data already collected by the resident fieldworkers
- Organise group meeting with members of the mental health operation teams to update the mental healthcare plans using the supervision checklist
- Meet with District Resident Fieldworkers to review data collected

Ghana Health Service mhGAP expert team

- Review case notes from mhGAP health facilities
- Observe clinical sessions
- Problem-solve to address challenges that are identified
- Provide structured constructive feedback
- Build capacity for local supervision

District Mental Health Operations Team members

- Depending on the agreed plan of visit for the given quarter and implementation setting:
 - Check and record status of use of mhGAP Intervention Guide and integration of mental health at health facilities
 - Check and record status of registration of persons with mental health conditions on LEAP
 - Check and record status of mental health literacy or awareness activities at communities
 - Check and record status of collaboration with traditional and faith-based healers and community health volunteers on community case detection and referral
 - Check and record status of advocacy and fund-raising plans
- Co-supervision of District Resident Fieldworkers data collection
- Establish contact for continued remote supervision

1.6. Following the visit

- Conduct debriefing meetings
- Compile a visit report. This should include: summarising (anonymously) reflections, findings, recommendations for the supervisees

2. Data for evaluation of District Mental Healthcare Plan

2.1. Responsibility

- District resident fieldworkers are responsible for collecting data across all the studies identified in the section below

2.2. Accountability

- The field workers are accountable to the direct supervisors appointed by the independent research company engaged to collect the evaluation data. The research company is accountable to the Ghana Somubi Dwumadie team (KCL representatives)

2.3. Data to be collected

The sample size for the case study is about 75 participants (disaggregated by gender) per district as follows:

- Health care system or implementers: up to eight community-based workers, up to eight primary and secondary care workers, up to four mental health professionals and up to three members of district mental health operations team members
- Community support or patients: up to eight patients for each target Mental, Neurological or Substance use (MNS) condition, up to ten caregivers and up to five traditional and faith-based healers

2.4. Procedure

Data collection schedule:

- Training should be conducted for all field workers and their supervisors
- Case-study: data should be collected every 2 months from start for the key mental health indicators including measuring the progress on District Mental Healthcare Plan implementation progress. The in-depth interviews are expected to be completed over 2 months (October – November 2022)
- Health facility survey: data should be collected at baseline and 24 months after baseline survey. Baseline data have already been collected in November – December 2021, endline data collection is expected in November – December 2023. The sample size is 900 (300 patients attending primary and secondary care per district)
- Implementation progress and fidelity: data should be collected on an ongoing basis every 2 months to update progress of District Mental Healthcare Plan work plan activities

2.5. Preparation

- All data collectors must review the planned work schedule for the week
- Check all data collection tools are intact and functioning. E.g., if using tablet computer, ensure it is fully charged
- Pre-schedule participants prior to data collection
- Identify a location for the interview that is acceptable to the respondent

2.6. During data collection

- Update each District Mental Healthcare Plan M&E checklist
- Conduct in-depth Interviews
- Extract mental health key indicators from District Health Information Management System

2.6.1. After data collection

The District Resident Fieldworker must:

- Check data is complete and saved on tablet computer
- Upload data to server
- Compile field notes and observations
- Compile a short report on: number of interviews and surveys completed, number refused, challenges. Send report to the assigned supervisor at the close of day
- Verbatim transcription of the audio recordings of all in-depth interviews
- Generate a bi-monthly summary report on key process indicators as outlined in the District Mental Healthcare Plan and District Health Information Management System
- Update mental health indicators using District Health Information Management System
- Generate a bi-monthly summary report on key process indicators

3. M&E checklist for assessing progress and fidelity of District Mental Healthcare Plan work plans

3.1. Anloga District Mental Health Care Plan Activities

To be administered by: District Resident Fieldworker or Ghana Somubi Dwumadie.

Target respondents: Secretary or leadership of the District Mental Health Operations Team.

Instructions:

The information we collect from you is very important for us to understand the progress you are making with implementing your District Mental Healthcare Plan. This is solely for the purposes of supervision and problem-solving. For each question, please select from the following response options: 1 = Yes, activity completed or achieved (Green); 2 = Yes, to some extent (Amber); 3 = No/not at all done or initiated (Red); 4 = Not applicable. Please provide comments on your rating and add if further action is required and the person responsible.

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
mhGAP training			
mhGAP training conducted			
Quarterly supervision of mhGAP trained health personnel			
Analyse, write reports and provide feedback(supervision)			
Community Advocacy Programme to improve case detection			
Consult National Commission for Civic Education (NCCE) or GHS for their itinerary to plan radio and health talk programs			
Liaise with NCCE to carry out quarterly community sensitisation in 27			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Community Information Centres (CICs) n=81/quarter			
Hold quarterly community durbars (n=20)			
Hold quarterly radio discussions (n=3)			
Hold quarterly health talks in schools (n=42)			
Capacity building, deployment, and active case search by Community Health Volunteers			
Liaise with Community Health Management Committee (CHMC) to identify and mobilise Community Health Volunteers			
Secure suitable venue and dates			
Draft and send out invitation letters and confirm receipt of letters send reminders			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Mobilise a projector, flip chart and stand, laptop, stationery (pens, makers, notepad, A4 papers, stickers, sellotape, photocopy of materials,)			
Draft content of programme			
Review and finalise training programme			
Plan and budget for the training			
Train 95 Community Health Volunteers on basic signs and symptoms of mental health			
Submission and collation of monthly suspected cases and health education activities by Community Health Volunteers			
Follow-up and confirmation of cases at the community level			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Quarterly supervision of the Community Health Volunteers activities			
Community Outreach Programme			
Develop proposal for funding			
Identify potential funders			
Form a team to plan for outreach programmes			
Team develops a plan for the outreach			
Plan reviewed and approved for implementation			
Mobilise human resource and logistics for the outreach program			
Plan with staff and Community Health Volunteers in the communities identified for the outreach			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Organise quarterly outreach program in sub districts n=1			
Write quarterly report on outreach activities			
Economic empowerment for service users			
Identify empowerment collaborators			
Engagement with Commission on Human Rights and Administrative Justice (CHRAJ)			
Engagement with Social Welfare			
Identify mental health service users (urban and district, by gender)			
Encourage mental health service users to apply for disability fund			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Skills development			
Convene meeting and establish collaboration with the leadership of Business Advisory Centre			
Skill needs assessments and identify beneficiaries			
Compile the list of those who can be trained in specific skills			
Identify potential funders and collaborators (eg. Giza, Access Bank, United Way Africa)			
Develop proposal for funding for skills development			
Contact potential funders and collaborators (phone calls, letters)			
Organise skills development training			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Writing report on the process			
Enrolment on LEAP			
Compile verifiable names of mental health service users			
Identify mental health service users (sub-district and district)			
Register mental health service users on social welfare database			
Contact LEAP Secretariat on the enrolment of mental health service users			
Enrolment on NHIS			
Update data of mental health service users			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Submission of names and cover letter to NHIS for enrolment			
Access to psychotropic medication			
Conduct needs assessment on mental health service users to determine the gap that needs to be closed (how many users and specific time period?)			
Request for psychotropic medications through LMD (RMS)			
Prepare status report on psychotropic medications and budget proposal			
Identify donors for financial support			
Engage Member of Parliament (MP) to appeal for support from MPs common fund			

District Mental Healthcare Plan core activity or objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Compile monthly report on the status of psychotropic medications situation in the district			
Disseminate reports to relevant stakeholders (MP, District Chief Executive (DCE), Donors etc)			
Monitoring and evaluation reporting			
Bi-annual review meeting with all stakeholders			

3.2. Asunafo North Municipal Mental Health Care Plan

To be administered by: District Resident Fieldworker or Ghana Somubi Dwumadie team

Target respondents: Secretary or leadership of the District Mental Health Operations Team

Instructions:

The information we collect from you is very important for us to understand the progress you're making with implementing your District Mental Healthcare Plan. This is solely for the purposes of supervision and problem-solving. For each question, please select from the following response options: 1 = Yes, activity completed or achieved (Green); 2 = Yes, to some extent (Amber); 3 = No/not at all done or initiated (Red); 4 = Not applicable. Please provide comments on your rating and add if further action is required and the person responsible.

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
mhGAP training			
Identification of facilitator			
Contact Dr Boadu for WHO mhGAP training support			
Contact Mental Health Authority to recommend Mental Health Authority training facilitator			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Contact previously trained mhGAP facilitators (Dr Togbe and Joseph Yere)			
Identification of trainees			
Prepare and agree on participant list			
Contact potential participant on their availability			
Invitations			
Draft invitation letter for training			
Review and finalise invitation letter			
Dispatch invitation letter			
Follow up for confirmation of letters			
Logistics for mhGAP training			
Confirm date and time for training			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Identify and confirm venue			
Getting training materials for the training (projector, notepad, pens, flipcharts training manual, marker, PA system)			
Draft content of programme			
Printing or photocopy of programme materials			
Improving access to psychotropics			
Conduct situational analysis on psychotropics			
Prepare a budget on psychotropics purchase			
Prepare a list of potential sponsors			
Develop a proposal for sponsorship			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Approach potential sponsors with proposal for sponsorship			
Economic empowerment			
Identification of mental health patients			
Collate data on persons with mental health condition from District Health Information Management System, social welfare or Mental Health unit			
Number of patients with Mental, Neurological and Substance use conditions (MNS) identified			
Conduct needs assessment on mental health patients			
Register patients onto LEAP or disability funding schemes			
Identify empowerment collaborators			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Compiling list of key collaborators to work with			
Send out Invitation letters to key collaborators and confirm the meeting date			
Finalise on various collaborators that can support the mental health programme			
Start institutional placement of mental health patients			
Reviews and follow-ups on institutions			
Engagement with social welfare			
Write a letter to social welfare to request a meeting			
Hold meeting with social welfare to discuss placement on LEAP and NHIS			
Engagement with CHRAJ			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Write a letter to CHRAJ to request a meeting			
Hold meeting with CHRAJ to request a capacity building on Human right			
Conduct Human right training on mental health			
Accessing MPs common fund			
Collate list of mental health patients			
Prepare budget on mental health expenditure			
Place a call to Hon. MP to confirm his availability			
Write a letter to meet with Hon. MP after confirmation on his availability			
Send a delegation to meet Hon. MP			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Improving Mental Health Literacy			
Organise community durbars (31 electoral areas)			
Request itinerary for ongoing community durbar programme			
Communicate back to the group on the final date via WhatsApp			
Assign delegate to the durbar			
Prepare key messages or keynote to be delivered at durbar			
Review and finalise key Notes address			
Share finalised keynote on WhatsApp platform			
Organise quarterly radio discussion (N=4)			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Request itinerary for ongoing radio discussion programme			
Prepare frequently asked questions for radio host			
Assign delegates to do radio discussion			
Organise quarterly community information centre discussion (N=4)			
Identify information centres for discussions			
Write to inform identified information centres			
Confirm date and time for CIC discussion			
Prepare key messages for CIC discussions			
Assign delegates to do CIC discussion			
Organise quarterly school health outreach program (N=50)			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Contact School Health Education Programme (SHEP) coordinator to know school health program itinerary			
Prepare key messages for school health discussion program			
Follow schools’ itinerary program to disseminate key mental health messages			
Capacity building for Community Health Volunteers and Traditional and Faith-based Healers on case detection			
Conduct mapping on Community Health Volunteers and Traditional and Faith-based Healers			
Conduct preliminary meeting to get buy-in			
Organise training for Community Health Volunteers and Traditional and Faith-based Healers			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Fund raising (specify activity to be funding)			
Identification of sponsors			
Draft first proposal			
Review and finalise the proposal			
Attach cover letter from the municipal assembly			
Dispatch proposal to the sponsors			
Follow up on the proposal			

3.3. Bongo District Mental Health Care Plan

To be administered by: District Resident Fieldworker or Ghana Somubi Dwumadie team

Target respondents: Secretary or leadership of the District Mental Health Operations Team

Instructions:

The information we collect from you is very important for us to understand the progress you’re making with implementing your District Mental Healthcare Plan. This is solely for the purposes of supervision and problem-solving. For each question, please select from the following response options: 1 = Yes, activity completed or achieved (Green); 2 = Yes, to some extent (Amber); 3 = No/not at all done or initiated (Red); 4 = Not applicable. Please provide comments on your rating and add if further action is required and the person responsible.

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Plan for mhGAP training			
Identify and contact WHO and Ghana Health Service to request facilitators for mhGAP training			
Contact Regional mental health coordinator or Reg Psychiatrist			
Identify participants (midwives, physician assistants, community health officers, enrolled nurse, medical officers)			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Confirmation of availability of participants			
Draft and send out invitation letter			
Review and finalise invitation letter			
Send reminder for mhGAP Training			
Conduct mhGAP training			
Implementation of mhGAP			
Development of supervision plan			
Supervision of mhGAP trained health personnel			
mhGAP training logistics			
Identification of venue, and fixing of date and time			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Getting a projector, flip chart and it stand, laptop stationary (pens, makers, notepad, A4 papers, stickers, sellotape, photocopying)			
Input in training content			
Draft content of Programme			
Review and finalise training programme			
Plan and budget for the training			
Post mhGAP training evaluation and feedback			
Constitute a team			
Design checklist			
Review and finalise the checklist			
Constitute a team to conduct evaluation			
Conduct the evaluation			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Analyse, write reports and provide feedback			
Improving on case detection in the community (demand creation)			
Stakeholder engagements (traditional authorities, opinion leaders, assembly members, youth leaders, religious leaders, non-governmental organisations (NGOs) etc.			
Hold quarterly community durbars (n=6)			
Hold quarterly radio discussions (n=24)			
Hold quarterly health talks in schools (n=40)			
Quarterly announcements in the community information centres			
Capacity building, deployment, and active case search by Community Health Volunteers			
mobilise all Community Health Volunteers			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Training of 286 Community Health Volunteers on basic signs and symptoms of mental illness			
Reporting of suspected cases on monthly bases			
Follow-up and confirmation of cases at the community level			
Quarterly supervision and coaching of Community Health Volunteers			
Economic empowerment			
Enrolment on the disability fund for mental health service users			
Identify mental health service user leaders (Sub-district and district)			
Organise quarterly mental health meetings to orient them on leadership skills, human rights and management of resources			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Engagement of social welfare, social services sub committee chairman and federation of persons with disability on access to disability fund.			
Enrolment on LEAP			
Compile verifiable names of mental health service users			
Set up meeting with DCE or Director of social welfare and chairman of social services sub committee to submit list of mental health service users			
Skill training and development			
Conduct training and skill needs assessments and identify beneficiaries			
Convene meeting and establish collaboration with the leadership of National Board for Small Scale Industries			
Conduct training on skill building			

District Mental Healthcare Plan core activity and objective	Progress rating (1 – 4)	Comments on rating	Action required (if any) & person responsible
Enrolment On NHIS			
Compilation of verifiable data of mental health users			
Submission of names to social welfare			
Access to psychotropic medication			
Prepare status report on psychotropic medication and budget			
Identify philanthropist and NGOs for financing			
Hold meeting with MP to appeal for support from MP common fund			
Write to corporate institution for financial support			
Monitoring and evaluation			
Bi-annual review meeting with Community Health Volunteers			

4. M&E Indicators for assessing monthly District Mental Healthcare Plan implementation progress

To be administered by: District Resident Fieldworker or Ghana Somubi Dwumadie team

Target respondents: Secretary or leadership of the District Mental Health Operations Team

Instructions:

The information we collect from you is very important for us to understand the progress you're making with implementing your District Mental Healthcare Plan. This is solely for the purposes of supervision and problem-solving. For each question, please select from the following response options: 1 = Yes, activity completed or achieved (Green); 2 = Yes, to some extent (Amber); 3 = No/not at all done or initiated (Red); 4 = Not applicable. The rating 1 – 4 should be entered in the column named 'Achieved / not achieved'. Also provide actual data and data source where necessary and comment on action needed to complete the task.

4.1 Asunafo North Municipality

Key indicator	Actual data	Data source	Achieved or not achieved (1 - 4)	Action required (if any) & person responsible
1. District leadership commitment				
2. MOH has budget for mental healthcare				
3. Total amount of budget allocation for District Mental Healthcare Plan				

Key indicator	Actual data	Data source	Achieved or not achieved (1 - 4)	Action required (if any) & person responsible
4. Number of mental health patients who have used mental health services in the last month (by gender)				
5. Proportion of people with psycho-social, intellectual & cognitive disabilities who have access to economic livelihood support programmes (by gender)				
6. Psychotropic medicine policy document in place				
7. District conduct survey to measure reduction in stigma				
8. Inventory taken of psychotropic medicine				
9. Number of staff posted to the district facilities (by gender)				
10. Number of cases detected per quarter in clinics or Outpatient Department (OPD) (by gender)				
11. % of service users attending clinics who have improved symptoms and reduced disability (by gender)				
12. Livelihood support programmes are Available				
13. Number of people with Mental, Neurological or Substance use (MNS) conditions who are enrolled on livelihood programmes (by gender)				

4.2 Anloga District

Key indicator	Actual data	Data source	Achieved or not achieved (1 - 4)	Action required (if any) & person responsible
1. MoH have budget for mental healthcare				
2. Total amount of budget allocation for District Mental Healthcare Plan				
3. Number of mental health patients who have used mental health services in the last month (by gender)				
4. Proportion of people with psycho-social, intellectual & cognitive disabilities who have access to basic needs of life (by gender)				
5. Psychotropic medicine policy document				
6. District conduct survey to measure reduction in stigma				
7. Inventory taken of psychotropic medicine				
8. Number of staff posted to the district facilities (by gender)				
9. mhGAP training materials and facilitators available				
10. Proportion of trained staff retained (by gender)				

Key indicator	Actual data	Data source	Achieved or not achieved (1 - 4)	Action required (if any) & person responsible
11. Proof of mhGAP training certificate				
12. Number of PPICs trained in livelihood support skills (by gender)				
13. Number of cases detected per quarter (by gender)				
14. % of service users attending clinics who have improved symptoms and reduced disability (by gender)				
15. Livelihood support programmes are available				
16. Number of people with Mental, Neurological or Substance use (MNS) conditions who are enrolled on livelihood programmes (by gender)				

4.3. Bongo District

Key Indicator	Actual data	Data source	Achieved or not achieved (1 - 4)	Action required (if any) & person responsible
1. District and national leadership is committed				
2. Budget is available (and how much)				
3. Number of mental health patients who have used mental health services in the last month (by gender)				
4. Psychotropic medicine policy document put in place				
5. Inventory taken of psychotropic medicine				
6. Number of staff posted to the district facilities (by gender)				
7. mhGAP training materials and facilitators available				
8. Number completed trained (by gender)				
9. Number of cases detected per quarter (by gender)				
10. % of service users attending clinics who have improved symptoms and reduced disability (by gender)				

11. District conduct survey to measure reduction in stigma and discrimination				
12. Number of Traditional and Faith-based Healers who are willing to collaborate (by gender)				

5. Good interview tips¹⁰:

5.1. Before the interview:

- The District Resident Fieldworker should introduce yourself and establish rapport with the respondent to ensure a good interview
- Language of interview: Some of the questionnaires for the study will be asked in the main local language of the study sites. When first approaching a potential study participant, the District Resident Fieldworkers must establish the languages or dialects spoken before proceeding with the interview
- The District Resident Fieldworker should remind respondent about the purpose of the interview. Set ground rules
- The District Resident Fieldworker must confirm consent before commencing the interview. If a participant can read and write, ask them to write their name, sign and date the consent form. Repeat this on another copy of the consent form
- Write your name, sign and date the consent form on behalf of the study team. Repeat this on another copy of the consent form
- Thank participant and give a copy of the consent form to them, and keep the other consent form for onward submission to Ghana Somubi Dwumadie or consultant
- For non-literate participants, ask them to thumbprint the section provided and allow a witness to write the participant's name at the space provided. The witness will write their own name and counter sign the consent form. Repeat this on another copy of the consent form and retain a copy for Ghana Somubi Dwumadie

5.2. Conducting the interview

- Administer your questionnaires
- The District Resident Fieldworker should start with neutral opening questions to warm up the respondent and help them feel comfortable
- The District Resident Fieldworker must keep to the key themes and topics of the interview. When you change tack, inform the person that you are doing so
- Each interview is a new source of information, so the District Resident Fieldworkers must at all times seem interested in the interview process. By saying things like 'I see' or 'yes', the District Resident Fieldworkers indicates to the respondent that the response has been heard, and that it is interesting. An interview must not be treated as a mechanical process
- If the respondent does not understand a question or misinterprets it, the District Resident Fieldworkers should repeat the question as it is written.

¹⁰ Adapted from Top Tips in Interviewing, Ghana Somubi Dwumadie, 2022

Questions should not be reworded. Similarly, if the response is not clear, it should not be rephrased on the tablet in the District Resident Fieldworker's own words. Instead, the District Resident Fieldworkers should probe by repeating the respondent's response. The probe should be in such a manner that the respondent comes up with the relevant answer by themselves. If the respondent tries to stray from the subject, the District Resident Fieldworkers should not stop them rudely or abruptly but try to gently steer them back to the interview

- Try not to influence the interviewee by asking leading questions. The District Resident Fieldworkers must make every effort to be neutral throughout the interview process. The respondent must not think that their response is right or wrong by the expression on the District Resident Fieldworker's face or by their tone of voice. The District Resident Fieldworkers must not show approval or disapproval at the respondent's responses. If the respondent asks the District Resident Fieldworkers for their opinion, the respondent should be told politely that the District Resident Fieldworkers opinion is irrelevant to the study, and that it would save time if they continued with the interview
- Do not assume answers or pass judgment. If you have not understood the response, ask respondent to repeat and clarify
- The District Resident Fieldworkers should never indicate through their manner that they doubt the ability or knowledge of the respondent. Any differences between the District Resident Fieldworkers and respondent in terms of literacy and background should not affect the interview process. Always behave and speak in a way that puts the respondent at ease and is respectful
- The interview process should not be hurried: The District Resident Fieldworkers must allow enough time after reading each question for the respondent to think and formulate the response. If the respondent feels hurried, they may give inaccurate answers or respond with 'don't know.' The District Resident Fieldworkers should demonstrate accuracy instead of speed

5.3. Safeguarding and dealing with respondent fatigue

- Sometimes respondents become upset or fatigued during an interview, the District Resident Fieldworkers must reflect on allowing the respondent to take a break to recover
- If the respondent is very concerned about some problem or issue with regard to the study, the District Resident Fieldworkers must respond immediately. If the District Resident Fieldworkers is unable to help the respondent, they must discuss it with the supervisor and let the respondent know as soon as possible
- If the respondent resorts to the reply 'I don't know,' seems bored, or refuses to answer the question, the District Resident Fieldworkers must try to get them interested in the conversation and then repeat the question. The District Resident Fieldworker must try to get a response to that question at least one or two times before accepting it as the final response. If the respondent still replies 'I don't know,' or seems annoyed with the probing, then the District

Resident Fieldworkers should stop probing for a response and go on to the next question

5.4. Ending the interview

- Let the interviewee know you'll be ending the interview soon, reflect back the key things they said and seek clarification or more detail needed
- Wrap up the interview, cover up any next steps, thank the interviewees for their time

5.5. Keeping a record

- The District Resident Fieldworker must never leave the answer to any question blank. Every question must have an answer filled
- The District Resident Fieldworker must always audio record interviews for transcription
- The District Resident Fieldworker must always take a few notes by hand to help you remember the key points and any key quotes from the interview
- The District Resident Fieldworker must keep notes and recordings safely and securely
- The District Resident Fieldworkers must strictly follow the data collection protocol for completing the updates
- Do not enter an answer on to the tablet until you are sure you have understood the answer correctly from the respondent
- Look out for distressed respondents and refer appropriately

5.6. In-depth Interview Question Guide for Case study

5.6.1. Health care providers and Mental Health Care Plan implementers

Introduction

Thank you for agreeing to participate in this research interview. The purpose of this discussion is to explore your views about the acceptability, feasibility, and process of implementing the Mental Health Care Plans in your district. We want to understand what works with regards to implementing the Mental Health Care Plan in your district. In your experience as a service provider, I would like to ask you some questions about what works well, the challenges and what need to be done differently to improve delivery of mental health services in your district.

Section A. Lessons learned from implementing the Mental Health Care Plan

What key lessons were learnt from your experience in implementing the Mental Health Care Plan in your district? Probe for overall improved service delivery and supervision, feasibility, and acceptability etc.

Section B. Acceptability of delivering mental healthcare in primary care

In your assessment of the Mental Health Care Plan implementation so far, do you think this plan is acceptable by various stakeholders including the following?

Healthcare providers? explain

Services users? explain

Community members? explain?

Section C. Availability resources for implementation of the Mental Health Care Plan

1. What are the resources needed for implementing the Mental Health Care Plan in your district? Probe further for:

a. Physical resources (e.g., physical structures and space, medication, access and coverage of mental health services, means of transport for community outreaches etc)

b. Human resources (e.g., adequate number of health personnel for delivering services, training and supervision etc)

c. financial resources (e.g., mental health budget in place)

2. What is your assessment of implementing the Mental Health Care Plan in your district? What works very well in your estimation? Probe for:

a. increased number of people correctly receiving evidence-based treatment?

b. Improved health, social and economic outcomes of people living with priority mental disorders?

c. Increased coverage of evidence-based mental health services?

3. What did not work so well? Explain and give reasons

4. What can be done better or differently (or what strategies will you propose) to expedite implementation of the Mental Health Care Plan in your district? Please discuss and provide examples.

Section D. Funding for district Mental Health Care Plan implementation

1. How well are the different parts of the Mental Health Care Plan implemented in your district?

2. What is the estimated cost for implementing such a plan in the district?

Section E. Political and socio-cultural determinants

1. How committed is the state in ensuring resources are made available for implementation of the Mental Health Care Plan in your district? Please discuss. (Policies & programmes, commitment of resources for mental health care, training, etc.)
2. How committed is the district in implementing the Mental Health Care Plan in your district?
3. To what degree do cultural belief systems and mental health literacy play a role in implementation of the Mental Health Care Plan? Please discuss
4. What are the cultural determinants of implementing the Mental Health Care Plan in your district?

Section F. Social Protection as economic empowerment

From your experience:

1. Through the implementation of the Mental Health Care Plan, are persons with mental health disorders registered with the Social Welfare Department for the LEAP entitlement? If so, what facilitated this process? If not, what were the key barriers and how do you think these could be overcome?
2. Are people with mental health conditions registered for National Health Insurance Scheme? Please discuss.

Section G. Supervision and training

1. From your experience, how effective is supervision for implementing the Mental Health Care Plan in your district?
2. Do you feel all the implementers of the Mental Health Care Plan are adequately trained for the implementation of the plan? Discuss.

Section H. General comments

1. What is the level of progress achieved with overall implementation of the Mental Health Care Plan? Please discuss.
2. What do you see as the major challenges in implementation of the Mental Health Care Plan in your district? Please discuss.
3. Do you have anything else to add to our discussion today regarding how well the Mental Health Care Plan has been implemented?

5.6.2 Mental health services users and carers

Introduction

Thank you for agreeing to participate in this research interview. The purpose of this discussion is to explore your views about the acceptability of the services you received, barriers adhering to treatment regime, stigma and discrimination, role of faith-based healers and your economic wellbeing resulting from the implementation of the Mental Health Care Plans in your area. In your experience as a service user, I would like to ask you some questions about what works well, the challenges and what need to be done differently to improve delivery of mental health services in your district.

Section A. Acceptability of the health care provided

1. In your experience, will you say that the services your received from health care providers are acceptable?
2. How satisfied were you with the services you received during your last visit to the health care provider? Probe for quality, timeliness, and effectiveness etc.
3. In your experience, how acceptable and feasible is the Mental Health Care Plan being implemented in your district?
4. Has the introduction of the Mental Health Care Plan resulted in access to affordable mental healthcare services? Please discuss.
5. Has the introduction of the Mental Health Care Plan increased availability of community-based mental health services? Please discuss and provide examples.

Section B. Barriers adhering to treatment protocol

1. What do you think are the barriers in adhering to treatment? Probe for lack of medication, distance to service provision, affordable services, etc.
2. What can be done to improve adherence to treatment?

Section C. Experience of stigma and discrimination

1. Has the introduction and implementation of the Mental Health Care Plan contributed to a reduction in stigma and discrimination against people with mental disorders? Please discuss and provide examples.
2. Do you feel more inclusive in your community and family life following the introduction and implementation of the Mental Health Care Plan in your district? Explain.

Section D. Relationships between treatment and functional and economic status

1. Has your health condition improved since the implementation of the Mental Health Care Plan in your district?
2. How functional are you with regards discharging your daily activities?
3. Will you say you are more economically productive now than before? Will attribute your current economic status to the treatment you received following the introduction of the Mental Health Care Plan?

Section E. Collaboration between traditional and faith-based healers

1. What is the role of traditional and faith-based healers in delivering mental health services in your district?
2. What is your experience regarding the quality of collaboration between health care providers and traditional and faith-based healers?
3. What can be done to improve this collaboration and improve case management in your district?

Section F. General comments

1. Do you have anything else to add to our discussion today regarding how well the Mental Health Care Plan has been implemented and the impact on mental healthcare?

Appendix 1: List of Abbreviations

Acronym	Description
CIC	Community Information Centre
CHMC	Community Health Management Committee
CHRAJ	Commission on Human Rights and Administrative Justice
FCDO	Foreign Commonwealth and Development Office
GHS	Ghana Health Service
KCL	King's College London
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
mhGAP	Mental Health Gap Action Programme
MNS	Mental, Neurological and Substance use disorders
MP	Member of Parliament
NCCE	National Commission for Civic Education
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
SOP	Standard Operating Procedure
WHO	World Health Organization