Theory of Change for district mental healthcare plans in three demonstration districts

Ghana Somubi Dwumadie

(Ghana Participation Programme)

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1. Acknowledgements

This report results from collaborative work of a number of people, and we wish to acknowledge the contributions of Ghana Somubi Dwumadie partners: King's College London (Kenneth Ae-Ngibise, Lionel Sakyi, Benedict Weobong, and Crick Lund) and Options (Sebastiana Etzo, Vivian Sarpomaa Fiscian, Lyla Adwan-Kamara).

2. Executive summary

Ghana Somubi Dwumadie is contributing towards scaling up high quality and accessible mental health services in Ghana. As part of this broader goal, the programme is supporting three demonstration districts to develop and implement district mental healthcare plans (DMHCP). This report describes how Theory of Change (ToC) was used as an approach for developing mental healthcare plans for the demonstration districts of the programme.

Based on the Programme for Improving Mental health Care (PRIME)[1] model, the programme organised ToC training workshops to train District Mental Health Operations Teams (DMHOT) to develop a framework for the development, implementation, and evaluation of DMHCP. The ToC approach provides tools for planning, logically identifying challenges and desired outcomes, and proposing interventions that will be implemented to address the identified challenges. Specific workshop outcomes included: understanding key elements of the programme's framework for the implementation of DMHCPs, agreeing on an impact or real change statement, and developing a ToC map for DMHCPs. Salient findings from the workshops are described below.

Three consecutive participatory workshops were conducted between 24 May and 8 June 2021, with participants from the three demonstration districts separately, namely Bongo, Asunafo North and Anloga. The workshops in each demonstration site were held over two days, with participants from the District Health Management Teams (DHMT), Regional Mental Health Coordination, District Assembly, education, legal/justice, and community members. The Directors of the Mental Health Authority (MHA) and the Ghana Health Service (GHS) participated, and shared important information on the recently launched mental health policy of Ghana. The directors provided key highlights of policy provisions on Ghana's approach to integrated primary mental healthcare.

Each district team agreed on what success looked like and proceeded to generate ToC maps on mental healthcare plans. The maps reflect the understanding and commitment of district operations teams on the pathways of change to create opportunities for improved wellbeing and quality of life for persons with mental health conditions in these districts (the impact). All three districts defined success of district mental healthcare plans along the wellness model of health in terms of improved wellbeing and quality of life for persons with mental health conditions living in the

[1] Lund, Crick, et al. "PRIME: a programme to reduce the treatment gap for mental disorders in five low-and middle-income countries." PLoS Med 9.12 (2012): e1001359.

districts. The operations team from Bongo focused on improving clinical outcomes as the main outcome for achieving the desired impact of improved quality of life for persons with mental health conditions in the district. The Asunafo-North and Anloga districts, were both committed to improvement in clinical outcomes and economic empowerment as important intermediate outcomes for achieving the desired impact of improved wellbeing for persons with mental health conditions, and in the general population. Strikingly, all districts identified the role of integrated care as the key causal pathway to improving access to quality and affordable mental health services. In terms of the broad interventions for achieving integrated care, and all district teams settled on implementing the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP).

The ToC maps from the three demonstration sites were aligned with the overall ToC of Ghana Somubi Dwumadie, as the maps identify improving wellbeing and quality of life of persons with mental health conditions, and these elements are reflected in the Programme impact.

Alignment with Ghana's mental health policy (2019 - 2030): The ToC maps identify the element of integrated care and thus are well aligned with the provisions of the mental health policy. Specifically, main objective 1 of the mental health policy seeks to integrate and expand access to quality mental health services, including substance-related disorders, focusing on community level services, identifying risks for, and protective factors against, developing and managing mental illnesses and support.

Need for technical assistance: The effort of the operations teams in grasping a relatively new concept such as ToC in a short space of time, within two days, is commendable and encouraging. Participants' feedback indicated that the ToC workshops were participatory and interactive, resulting in local ownership of the ToC maps developed. Other participants indicated the practicality of the workshops was relatable to the challenges faced in the mental health sector in their respective districts. However, the feedback from some participants suggests some weaknesses in understanding some of the elements of ToC such as Outcomes and Indicators. Given that there are critical elements of ToC for the purposes of monitoring and evaluation (M&E) of the planned implementation of the district mental healthcare plans, it is imperative that continued technical assistance is available to the operation teams to adapt the ToC to their needs.

The ToC workshops were conducted to build essential capacity of district operations teams to develop DMHCPs in three demonstration districts in Ghana. Important similarities and differences in strategy across the districts have been noted and this should provide useful learning for the potential scale-up of DMHCPs. The next step is to provide continued support and technical assistance to the three demonstration districts to finalise their respective DMHCPs and commence implementation in September 2021.

3. Background

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 BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health, focusing 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

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[2],[3],[4]. As part of a broader strategy to facilitate a scale-up of district mental health and disability services in Ghana, the programme conducted a ToC training workshop utilising the PRIME model in three demonstration districts to aid the development, operationalisation, and implementation of DMHCPs. The overarching goal is to support scaling up high quality and accessible mental health services in Ghana, thereby improving mental health and disability outcomes in Ghana.

3.2. Scope of this report

This report covers the ToC training workshop for developing DMHCPs in three demonstration districts in Ghana. These districts include Bongo in the Upper East Region, Asunafo North in the Ahafo Region, and Anloga in the Volta Region. The report describes the conduct of the ToC training workshops in these demonstration districts. Specifically, the report describes the preparatory activities which included the formation of the DMHOT in consultation with the Mental Health Authority (MHA) and the Ghana Health Service (GHS) to coordinate the implementation of DMHCPs, the method for conducting the ToC training workshop, key outputs, and lessons.

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

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

[4] Ghana Somubi Dwumadie (2021) Mental Health and Disability Research Priorities Dissemination Report

Importantly the report describes the contribution of the ToC maps in achieving the programme output of scaling up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services, and the related indicator, namely: “Proportion of target districts with district plans which integrate disability, including mental health at a primary care level”. The report also describes the next activities that need to be done to achieve the desired programme output.

4. Engagement with GHS/MHA in identifying DMHOT

Ghana Somubi Dwumadie collaborates with the MHA and GHS to provide technical assistance around primary mental healthcare as part of the larger UK aid-supported ‘Leave No One Behind’ (LNOB) programme. As part of preparations for the district ToC training workshops, the partners from GHS/MHA provided support in identifying the right persons in line with existing GHS/MHA policy guidelines to form DMHOT. The operations team was identified from the existing GHS DHMT, Regional Mental Health Coordination, District Assembly, education sector, legal/justice, and community members including mental health service users who were selected based on their prior experience on mental health activities[5].

These operations teams were formed for the training and envisaged to play a permanent role in facilitating the implementation of DMHCPs. Mental healthcare is multi-faceted and requires involvement from a wide range of government and civil society sectors, an approach that is supported in policy by the government of Ghana. Some of these institutions[6], represented by the heads, were strategically identified and constituted (DMHOT), and expected to play an important role in facilitating the implementation of the proposed DMHCPs. Furthermore, the inclusion of both regional and district authorities forms part of a broader strategic initiative of the MHA, namely to improve regional governance and support for district mental health activities, and to set up structures that are sustained beyond the life of Ghana Somubi Dwumadie.

5. ToC training workshop approach

Theory of Change (ToC) is an outcome-based approach that describes how a programme brings about specific a desired positive change through a logical sequence of intermediate outcomes supported by evidence.[7] Three ToC training workshops were conducted in three demonstration districts to equip DMHOT with the necessary skills to facilitate the development and implementation of DMHCPs.

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[6] Appendix 2: List of participants who attended the ToC training workshops

[7] Breuer, E., 2019. Using Theory of Change to design and evaluate a complex mental health intervention in five low and middle-income countries: the case of PRIME.

These demonstration districts were identified by Ghana Somubi Dwumadie at an earlier stage for this purpose. Two days were used for the training in each district[8]. The ToC approach describes what success looks like, makes rationale and assumptions explicit, provides a testable hypothesis, and identifies indicators for measuring success.

In addition, the DMHOT were provided with practical training on how to use a ToC approach in planning and implementing DMHCPs. The ToC training workshop contributed an important early step towards achieving overall programme output 2, which is to provide technical assistance for "scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services". The purpose of the ToC development process was to identify intermediate outcomes to achieve the overall programme output, such as the proportion of people with mental health conditions who have access to health and social services; providing integrated, quality, and accessible mental healthcare at the primary healthcare level; and improvements in the socio-economic wellbeing of people with mental health conditions.

6. PRIME model and framework for DMHCPs plans in Ghana

The ToC workshops were conducted within the framework for implementation of district mental healthcare plans developed by Ghana Somubi Dwumadie and ratified in November 2020 by high-level stakeholders including the GHS and MHA[9]. This framework was inspired by international best practices and evidence such as PRIME. PRIME developed and evaluated strategies for integrating mental healthcare into primary care in low resource settings in five low and middle-income countries, using ToC maps. Based on the PRIME approach, mental healthcare plans are delivered at each of the three levels of care addressing five critical domains of raising awareness, improving detection, treatment and recovery, and enabling functions. The three levels of care are: 1) the healthcare organisation, 2) health facilities (including general primary care facilities and specialist support), and 3) the community.

The framework additionally guided the selection of demonstration districts based on set criteria, in active consultation with the MHA, GHS, and CHAG. The process resulted in the selection of five districts from which three were selected as priority districts based on data from a detailed situational analysis of the five districts.

[8] Appendix 3: Toc training Workshop Agenda (24 May – 8 June 2021)

[9] Ghana Somubi Dwumadie (2020) Framework for district mental health integrated plans and pilot district implementation

7. Development of district ToC maps

The ToC approach for developing mental healthcare plans involves the following six key steps:

1) identifying challenges and agreeing on an impact or real change that the district wants to achieve. This step involves identification of challenges facing mental healthcare in the district and also agreeing on what success looks like if those challenges were overcome (impact)
2) identifying measurable outcomes
3) identifying key assumptions that need to happen before outcomes are achieved
4) thinking through the rationale or evidence of relationship between outcomes
5) identifying interventions or key activities that need to be in place to achieve the desired impact
6) deciding on indicators for measuring success

Each district developed a draft ToC map with technical assistance from Ghana Somubi Dwumadie. The maps have been revised (sections 7.2 – 7.4) and will be finalised through a collaborative effort from both the district mental health operations teams and Ghana Somubi Dwumadie, by mid-August 2021 so that implementation can commence in September. These maps will be described in the following sections. An expert in ToC joined remotely on the second day of the workshops to provide feedback on the developed ToC maps. Very importantly, a high level of enthusiasm and commitment was observed on the part of the leadership of the various district health directorates and other members of the operations teams to see to the strengthening of mental health services in their respective districts.

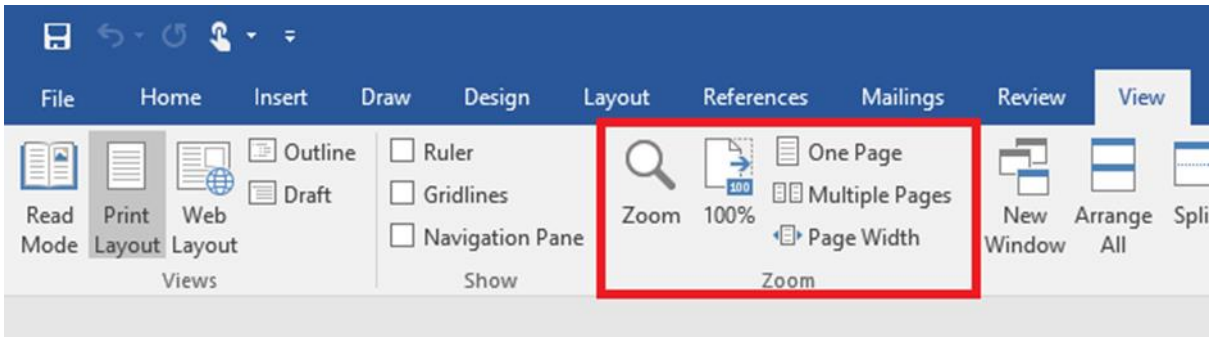
7.1. Role of MHA/GHS in the ToC workshops

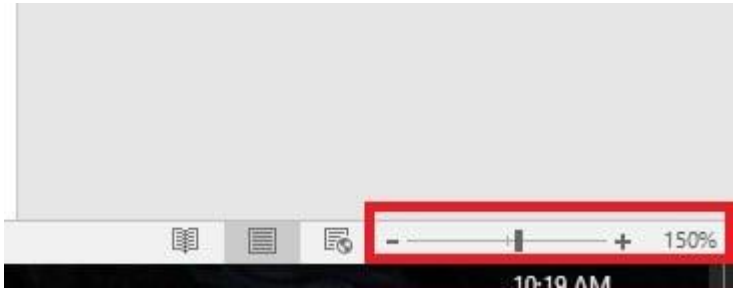
The active and meaningful participation of both MHA and GHS in the ToC training workshop was to bring key players on the same page, ensuring that the district plans are aligned with national health policy priorities and to ensure the sustainability of the mental health plans beyond the life of Ghana Somubi Dwumadie. The collaboration with representatives from MHA and GHS provides supportive strategy for the development of the ToC maps to scale up mental health and disability services.

The ToC training workshops provided the collaborators from MHA and GHS the opportunity to present on the mandate and structure of the GHS, as well as the importance of quality mental health service in achieving the overall healthcare agenda of the Ministry of Health. There was a presentation on the recently launched 2019-2030 mental health policy, which highlighted the roles and responsibilities of key players in the district. There was a brief overview on the roadmap for implementing the mental health policy. The presence of these collaborators ensured (1) that the ToC maps being developed for implementing mental healthcare plans

were in alignment with the GHS health delivery guidelines; and (2) that local district stakeholders were able to see strong national government support for this initiative in their districts.

Note: to enlarge the ToC maps, zoom in on the document using the View tab, then Zoom buttons; or use the zoom slider tool at the bottom right corner of the document window.





7.2. Bongo district ToC map

The development of ToC maps started with identifying the impact that needs to be achieved in the long term, that is to improve the quality of life among persons with mental health conditions in Bongo. The Bongo DMHOT then mapped out the necessary pathways to achieve the impact identified. A 'Ceiling of accountability' line is drawn in all ToC maps to show the limits of what is within the control of the district mental healthcare plan – beyond this line (to the right) is the aspirational impact that the district hopes to achieve if everything to the left of the line is achieved (see Figure 1).

A first step towards designing the ToC was to identify the main challenges in Bongo District. The participants highlighted the following:

1. inadequate number of mental health staff
2. stigma and discrimination against people with mental health conditions
3. inadequate financial support
4. inadequate supply of psychotropic medicines
5. low awareness of mental illness by public

6. lack of family support
7. treatment for mental illness not covered by the NHIS package
8. lack of physical access to quality and affordable mental health and disability services for people with mental health conditions

The identified challenges informed the ToC map that visualises the pathways to achieve the desired impact. Interventions and strategies have been carefully mapped at the different levels, including health organisation, facility, and community, showing the interlinkages across the different levels.

At the health organisation level (colour-coded in yellow), participants identified committed leadership and the inclusion of mental health budget in the district's activities as crucial in sustaining the mental healthcare plan.

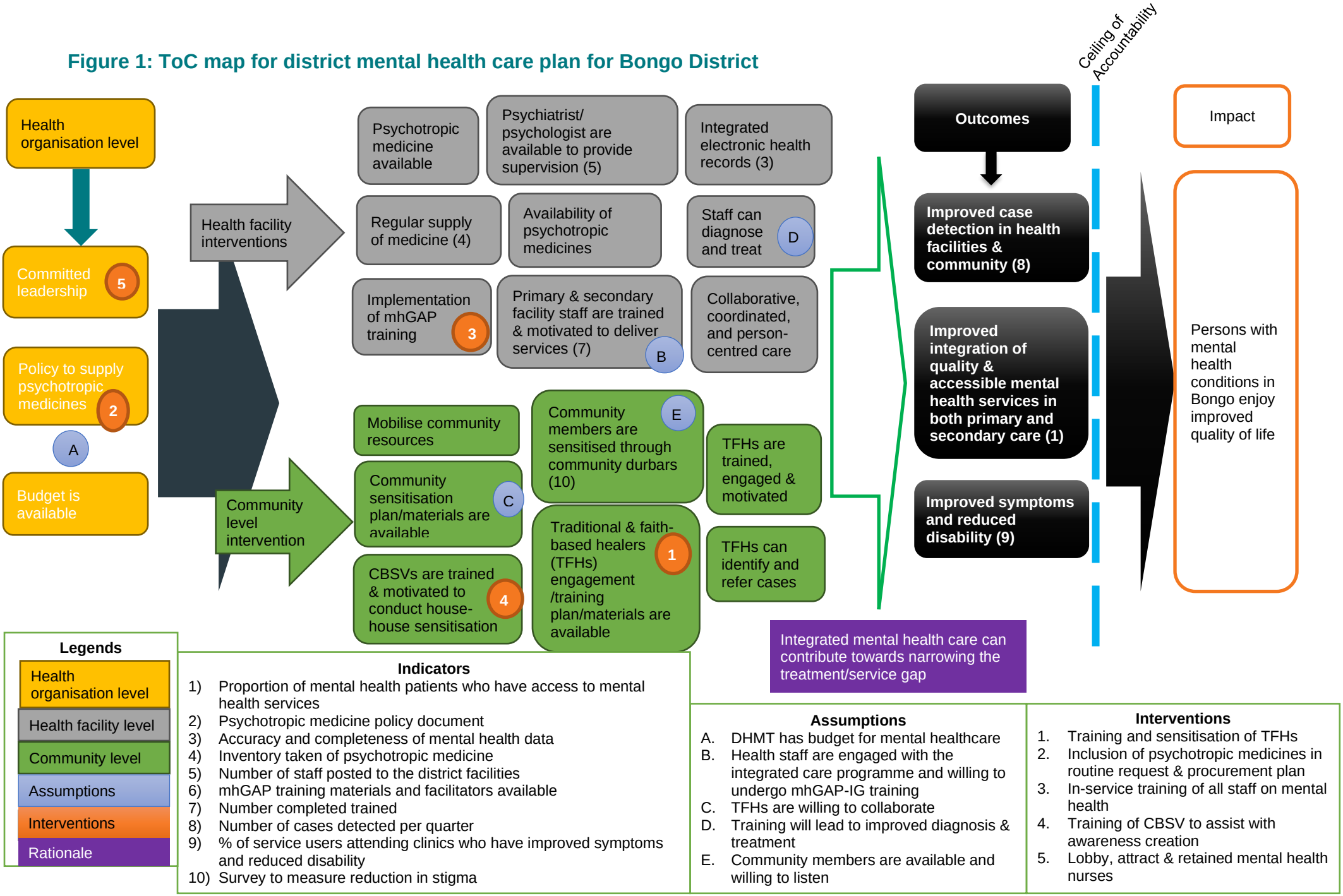
At the health facility level (colour-coded in grey), one of the primary outcomes of the mental healthcare plan is to improve the integration of quality and accessible mental health services at both primary and secondary care levels. This can be supported by improving regular supply of psychotropic medicine and routine treatment of mental disorders on the NHIS. Another outcome is to improve case detection in the Bongo district, and the planned intervention will be to train clinicians and general nursing staff to manage mental health conditions at the primary care level. The plan will be to engage with the MHA/GHS to train staff on the WHO mhGAP to diagnose and provide basic psychosocial support to mental health service users.

At the community level (colour-coded green), one outcome is to reduce stigma which will lead to improved case detection. To achieve this, the Bongo plan will be to conduct community durbars, train and motivate community-based surveillance volunteers (CBSVs) to conduct house-to-house mental health sensitisation. In addition, traditional and faith-based healers will be engaged and trained to improve case detection in the communities and monitored to minimise human rights abuse at the healing camps.

The ToC map in Bongo intends to ensure improved quality of life for people with mental health conditions. These planned interventions when implemented successfully will contribute to achieving the objectives of Ghana Somubi Dwumadie’s output of scaling-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services.

Indicators, including measuring the proportion of people with mental health conditions having access to mental health services, stigma reduction, mhGAP training and increased case detection in health facilities, have been identified to monitor the progress and measure success of the district plan.

Figure 1: ToC map for district mental health care plan for Bongo District



Legends

- Health organisation level
- Health facility level
- Community level
- Assumptions
- Interventions
- Rationale

Indicators

1) Proportion of mental health patients who have access to mental health services
2) Psychotropic medicine policy document
3) Accuracy and completeness of mental health data
4) Inventory taken of psychotropic medicine
5) Number of staff posted to the district facilities
6) mhGAP training materials and facilitators available
7) Number completed trained
8) Number of cases detected per quarter
9) % of service users attending clinics who have improved symptoms and reduced disability
10) Survey to measure reduction in stigma

Assumptions

A. DHMT has budget for mental healthcare
B. Health staff are engaged with the integrated care programme and willing to undergo mhGAP-IG training
C. TFHs are willing to collaborate
D. Training will lead to improved diagnosis & treatment
E. Community members are available and willing to listen

Interventions

1. Training and sensitisation of TFHs
2. Inclusion of psychotropic medicines in routine request & procurement plan
3. In-service training of all staff on mental health
4. Training of CBSV to assist with awareness creation
5. Lobby, attract & retained mental health nurses

7.3. Asunafo North municipal ToC map

In Asunafo North municipality, workshop participants agreed on defining the impact as the "total wellbeing of all people in Asunafo North Municipality" (See Figure 2). “Total wellbeing” contextually meaning the plan should aim to ensure people in Asunafo North Municipality enjoy socio-economic and psychological wellbeing.

The main impact of the mental healthcare plan in the municipality was identified based on a range of challenges they usually face when delivering primary mental healthcare in Asunafo North. The challenges listed were:

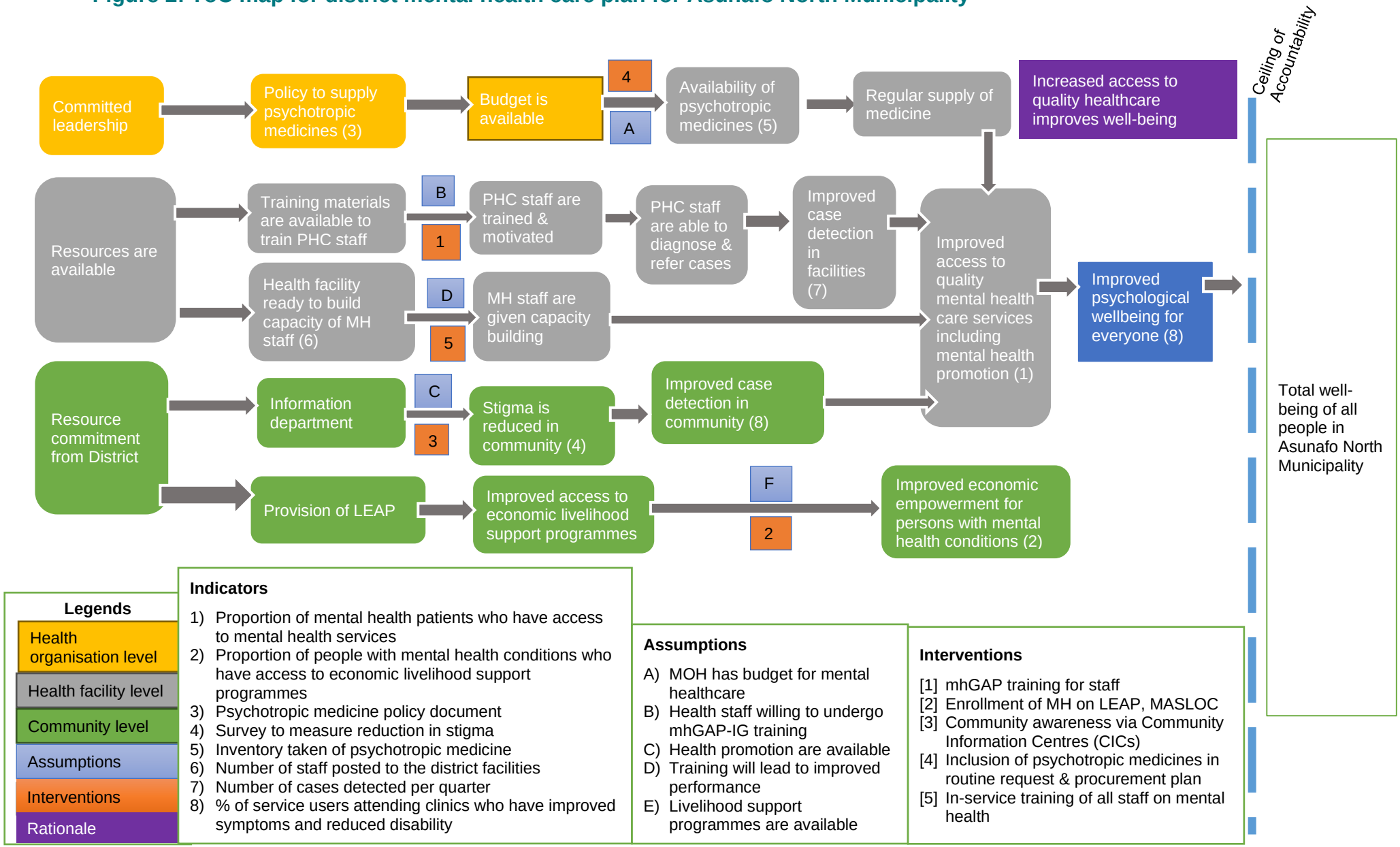
1. inadequate number of mental health staff
2. stigma against people with mental health conditions in the community
3. inadequate financial support for mental healthcare
4. inadequate supply of psychotropic medications for service delivery
5. low awareness of mental health by the public
6. lack of family support for people with mental health conditions
7. cost of treatment for mental illness not covered by the NHIS

Participants then identified several outcomes divided into three levels of care: health organisation, health facility and community.

At the healthcare organisation level, stakeholders identified committed leadership and engagement with leadership as crucial for sustaining the implementation of the district mental healthcare plan.

At the health facility delivery level, one intention is to improve people's psychological wellbeing in Asunafo North. Raising mental health awareness at health facilities by healthcare providers targeting people seeking healthcare is proposed as an intervention to reduce stigma. One of the challenges in their district was inadequate supply of psychotropic medicine. Ensuring that the cost of treatment for mental disorders is covered by the NHIS through advocacy for re-allocation of budget for psychotropic medicine was proposed, as a strategy to improve access to regular psychotropic medicine supply. As part of the mental healthcare plan in the district, the district seeks to improve access to mental health facilities. To achieve this in the Asunafo North Municipality, service providers will be trained using the mhGAP intervention tools to equip staff to detect and diagnose mental health conditions. The district will expand health facilities to include mental health units, hence improving access to mental health facilities.

Figure 2: ToC map for district mental health care plan for Asunafo North Municipality



From the community level, the objective of the mental healthcare plan is to intervene to improve the economic empowerment of people with mental health conditions. One of the strategies for increasing economic empowerment among people with mental health conditions is to improve their access to economic livelihood programmes such as Livelihood Empowerment Against Poverty (LEAP), for people living with mental health conditions in the Asunafo North Municipality. Another strategy to address the stigma and encourage family support for people with mental health conditions was to engage in community awareness activities such as educating the community members about mental illness and support availability to demystify mental illness and reduce stigma.

As indicated on map, indicators such as proportion of people with mental health conditions having access to mental health services, socio-economic and livelihood support programmes, stigma reduction and increased case detection in health facilities and communities, have been planned to measure the success of this district plan.

7.4. Anloga District ToC map

At Anloga District, the identified impact was "Persons with mental health conditions enjoy improved wellbeing in Anloga District" (See Figure 3).

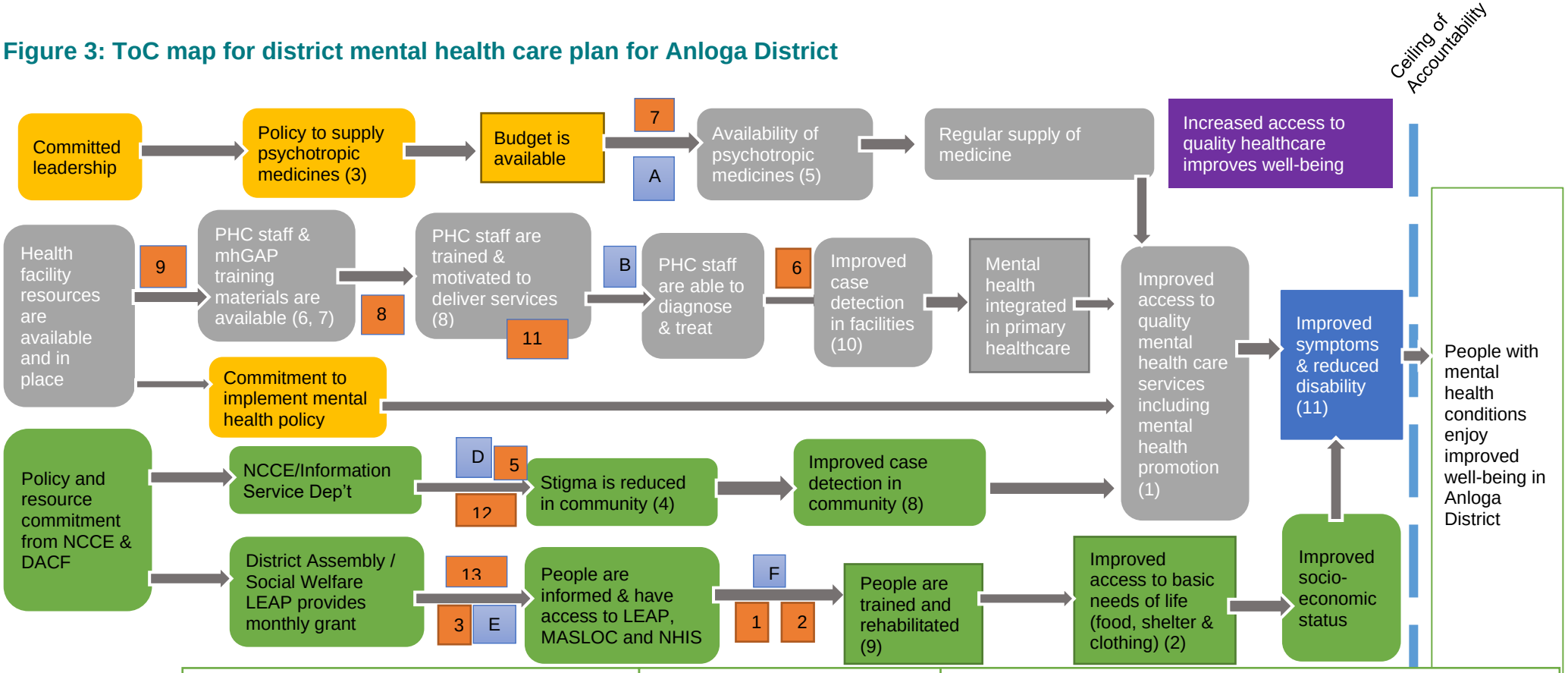
The Anloga DMHOT identified a number of critical challenges facing mental healthcare in the district. These include:

1. lack of motivation for mental health staff
2. inaccessible and hard to reach communities
3. stigmatisation and discrimination against people with mental health conditions
4. inadequate mental health professionals to deliver services
5. lack of public awareness on mental health
6. inadequate funding for mental healthcare
7. lack of rehabilitation centres for people with mental health conditions
8. erratic supply of psychotropic medicines
9. poor family support for people with mental health conditions as well as non-adherence to treatment

These challenges occur either at the healthcare organisation level, health facility level or community levels.

At the healthcare organisation level, committed leadership was identified as an important output for addressing inadequate mental health services in the district. Furthermore, commitment from the leadership was identified by participants as essential for the implementation and sustainability of the mental healthcare plan.

Figure 3: ToC map for district mental health care plan for Anloga District



Legends

- Health organisation level
- Health facility level
- Community level
- Assumptions
- Interventions
- Rationale

Indicators

1) Proportion of mental health patients who have access to mental health services
2) Proportion of people with mental health conditions who have access to basic needs of life
3) Psychotropic medicine policy document
4) Survey to measure reduction in stigma
5) Inventory taken of psychotropic medicine
6) Number of staff posted to the district facilities
7) mhGAP training materials and facilitators available
8) Proof of mhGAP training certificate
9) Number of people with mental health conditions s trained in livelihood support skills
10) Number of cases detected per quarter
11) % of service users attending clinics who have improved symptoms and reduced disability

Assumptions

A) Ministry of Health have budget for mental healthcare
B) Trained staff are retained
C) Provision of quality mental health services at all levels increases access to mental health care services
D) Health provisions officers are available
E) Livelihood support programmes are available to people with mental health conditions
F) NBSSI staff are available to rehabilitate people with mental health conditions

Interventions

[1] Community-based rehabilitation
[2] Skills training for people with mental health conditions
[3] Enrolment people with mental health conditions on LEAP/MASLOC
[4] Re-integration of people with mental health conditions into the families/ Community
[5] Community awareness via Community Information Centres (CICs)
[6] Passive & active case search in health facilities & communities
[7] Inclusion of psychotropic medicines in routine request & procurement plan
[8] mhGAP training for staff
[9] Lobby, attract & retained mental health nurses
[10] In-service training of all staff on mental health
[11] Supervision & support
[12] Training of CBSV to assist with awareness creation
[13] Enrolment on NHIS
[14] Access to constant supply of psychotropic medicines

At the health facility level, care packages such as training and motivation of staff to deliver services, ensuring availability of psychotropic medicine, and improved case detection in health facilities, will lead to improved access to quality mental healthcare. One key strategy is to train general health staff on the WHO mhGAP to diagnose and provide basic psychosocial support to service users. Another intervention identified by the group in Anloga is to lobby, attract and ensure retention of staff in the district in order to improve on supply of mental health workers. To evaluate and measure the success of this district plan, indicators such as the number of staff retained, and availability of mhGAP training materials and proof of mhGAP certificates will be used. The ability of trained staff to diagnose and treat will lead to integrated mental health in primary healthcare. One of the challenges identified by Anloga District is the inadequate supply of psychotropic medicine. In identifying the strategy needed to improve the supply of psychotropic medicine in the district, stakeholders indicated the inclusion of psychotropic medicines in the routine request and procurement plan. Using this strategy is likely to improve the regular supply of psychotropic medicine in the Anloga District.

To improve access to basic needs of life such as food, shelter and clothing and services at the community level, stakeholders identified reduction of stigma, training and rehabilitation of service users, and making social interventions accessible to people with mental health conditions. An objective of the mental healthcare plan is to intervene to change the community's perception towards mental illness and reduce stigma. A strategy identified by the Anloga DMHOT is to use Community Information Centres (CICs) and CBSVs to raise awareness and address the various misconceptions about mental health in the community. In addition to reducing stigma, one of the short-term outcomes is to improve access to basic needs of life. To address this, people with mental health conditions will be enrolled on social intervention and livelihood support programmes such as LEAP, which provides monthly grants to beneficiaries. People with mental health conditions will be rehabilitated and trained on basic income-generating skills for economic empowerment. These activities and interventions, when implemented successfully, will contribute significantly to realising the output of Ghana Somubi Dwumadie, namely facilitating the scale-up of mental health and disabilities services at the primary care level.

7.5. Contribution of district ToC maps towards achieving the overall Ghana Somubi Dwumadie ToC

The ToC maps developed by the DMHOTs from the three demonstration districts contribute to the overall Ghana Somubi Dwumadie intermediate outcomes of “scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services” and the LNOB impact of “All people with disabilities and mental health conditions are engaged, empowered, and able to enjoy improved wellbeing, social and economic outcomes and rights”. These ToC maps are a step towards providing accessible and quality mental health and disability services in the demonstration districts.

The ToC maps also identified a key element of integrated mental healthcare which is well aligned with the provisions of the mental health policy[10]. Particularly, objective 1 of the mental health policy seeks to integrate and expand access to quality mental health services, focusing on community level services, identifying risks for, and protective factors against, developing and managing mental illnesses and support.

Specific interventions and strategies were identified across the three districts to facilitate the achievement of the identified outcomes and desired impact in each district. Some of the significant interventions and strategies include:

1. embarking on community-based rehabilitation for people with mental health conditions
2. facilitating the provision of skills training for people with mental health conditions
3. enroll mental health conditions on National Health Insurance Scheme (NHIS), LEAP, Microfinance and Small Loans Centre (MASLOC) as livelihood support
4. integration of mental health conditions into the families/ communities
5. intensify community awareness of mental health and disability using CICs and CBSV
6. improved psychotropic medicine procurement to ensure regular supply
7. mhGAP training for primary care staff
8. lobbying to attract and retain mental health staff in the districts
9. regular supervision and staff support

The outcomes of these interventions include: 1) improved integration of quality and accessible mental health services in both primary and secondary healthcare, including mental health promotion; and 2) improved access to basic services and needs of life for economic empowerment of persons with mental health conditions.

An important aspect of each district mental healthcare plan is the evaluation process whereby indicators in the ToC maps will be used for monitoring progress towards achieving the impact decided by the operations teams. Within the district ToC maps, indicators have been identified to measure the success of implementation. Key among these indicators are:

1. proportion of people with mental health conditions who have access to mental health services
2. proportion of people with mental health conditions who have access to basic needs of life such as clothing shelter and food
3. proportion of demonstration districts that have a psychotropic medicine policy document in place
4. proportion of staff who have received mhGAP training

[10] Ministry of Health Ghana (2018): Mental Health Policy 2019 - 2030. Ensuring A Mentally Healthy Population

5. percentage of people with mental health conditions trained in livelihood support skills
6. increase number of cases with mental health conditions detected by primary healthcare staff who have received mhGAP training per quarter
7. percentage of service users attending clinics who have improved symptoms and reduced disability tracked and measured over time using routine health management information systems

The ToC maps and indicators will be used as a benchmark by the DMHOT to measure progress towards achieving inclusive mental health and disability care in primary healthcare.

The ToC maps above identified integrated care as central element in the respective plans which are well aligned with the provisions of the mental health policy. Specifically, main objective 1 seeks to integrate and expand access to quality mental health services, including substance-related disorders, focusing on community level services, identifying risks for, and protective factors against, developing and managing mental illnesses and support.

7.6. Similarities and differences across the three ToC maps

Although there were some differences in emphasis and local priorities, there were no major differences among the three ToC maps in the three demonstration districts.

All three districts defined success of district mental healthcare plans along the wellness model of health in terms of improved wellbeing and quality of life of persons with mental health conditions. The wellness model understands mental health as existing on a continuum from complete wellbeing to severe and enduring disability. Whilst the Bongo District ToC map focuses on improving clinical outcomes as the specific outcome for achieving the desired impact, both Anloga and Asunafo districts ToC maps emphasised improvement in clinical outcomes and economic empowerment as important intermediate outcomes for achieving the desired impact of improved wellbeing for all people in the districts. Strikingly, all the districts recognised the role of integrated care as the key causal pathway to improving access to quality and affordable mental health services. The primary output from the three maps is to implement quality and accessible mental health and disability services in primary care for improved wellbeing and empowerment of mental health conditions. In terms of the broad interventions for achieving integrated care, all district teams settled on implementing mhGAP.

7.7. Challenges and successes in conducting the ToC workshops

The ToC training workshops were successful. All the relevant key stakeholders were present and supported the training, which resulted in the achievement of the ToC

maps to guide the development of mental healthcare plans for the three demonstration districts for implementation, beginning September 2021. Between now and September, the ToC maps will be finalised through review by the Ghana Somubi Dwumadie team and each of the three demonstration districts' mental health operations teams. The demonstration districts' operation teams will also be developing their detailed implementation plans within this period. The active participation of the key stakeholders from the GHS/MHA in the entire process boosted the development of the district mental health ToC maps. The collaboration is recognised as very important for the sustainability of implementing the plans post-Ghana Somubi Dwumadie.

As a new concept for most workshop participants, the ToC approach was thought to be technical and academic, especially for participants with limited or no formal education. However, through the effort by the trainers to communicate in an easier and simple language, tailored to meet the needs of participants, the issues were addressed, and participants appreciated the importance of ToC maps in solving challenges, evidenced by the developed ToC maps and the positive feedback from participants.

7.8. Participants' feedback

Participants gave the following feedback on the ToC training workshops. Most of the participants generally indicated that the ToC approach was versatile which in their view will help them in identifying future challenges related to mental health and disability. Some of the participants shared their opinion of the workshop as presented below:

> **'Mental health will feature prominently in the district health plan going forward'** District Director of Health Services
>
> **'Mental health will be placed high in the agenda of the Regional Health Directorate'** Regional Director of Health Services
>
> **'The Ghana Somubi Dwumadie ToC training workshop would help us to scientifically tackle the numerous mental health challenges in Ghana and find solutions to them to scale up quality mental health services'** District Director of Health Services.

All three District Directors of Health Services, including the Regional Directors of Health for Ahafo, pledged full support for mental health through equitable distribution of resources to ensure mental health is fully integrated in primary healthcare.

> **'Mental Health is total health and should be given all the support by all key stakeholders'** Deputy Director, Ghana Health Service.

Many participants described the ToC workshop as participatory and interactive which enabled them to develop and own the ToC maps. Other participants indicated that they appreciated the practicality of the workshops and related to the challenges faced in the mental health sector in their district. Participants whose area of specialisation was not mental health mentioned that the workshop had broadened their knowledge on mental health. Below are some quotes from some stakeholders.

‘Very participatory, the fact that participants did everything made them own the ToC plan and hence implementation is expected to be with minimal challenges’

‘The ToC workshop is very informative and broadened my scope of knowledge on mental health. Facilitators are well organised and mastered their area of facilitation’

‘I like the participatory approach. Every participant was involved in the discussions of the various topics treated’

Participants made some suggestions to improve the conduct of future ToC training workshops. A key suggestion was that the number of days for the training should be extended from two to three to allow for sufficient time to finalise the ToC maps. Participants also suggested that there should be more time allocated for the PRIME model to be explained in detail.

7.9. Lessons learnt and recommendations

The following lessons were learnt from the ToC training workshops:

1. Districts can contribute to addressing some of the many challenges facing mental health and disability. The ToC training encouraged operations teams to find local solutions to challenges facing the mental healthcare system

2. With careful preparations and planning, and with key stakeholder consultation and sustained engagement, districts can use the ToC approach to develop plans addressing some of the challenges facing mental healthcare

3. From the experience of the ToC workshops, some participants may have become more confident in proposing local solutions or interventions to address challenges confronting mental health and disability care systems. This was observed in the way some participants proffered potential solutions to the identified challengers facing mental healthcare in the respective districts during the course of the workshops

4. Flexibility is required in implementing the ToC workshops, and facilitators need to be responsive to the specific local priorities and needs that emerge during the course of the workshop

The following recommendations are proffered:

1. Development of ToC maps:

    a. Workshops should be planned to allow sufficient time (e.g. a whole day) for the development of ToC maps. The number of days for the training workshops should be extended from two to three to allow for sufficient time to finalise the ToC maps.

    b. The elements of ToC can be technical and particularly challenging to follow by persons with no prior experience in programme design and

implementation. Therefore, ample time should be given to explaining these elements in simple and clear language that can be understood by all participants.

2. Technical support/assistance: post-ToC training support is essential to ensure a successful translation of the ToC maps into workable mental healthcare plans. Ghana Somubi Dwumadie should put in place systems to provide technical assistance to the three demonstration districts to finalise their respective mental health and disability care plans, including the identification of key outcome and process indicators.

3. Key stakeholder involvement: it is important to ensure the active participation of key stakeholders such as the leadership of Ghana Health Service and MHA in the ToC workshops; this shows a clear demonstration of the needed buy-in for the implementation of district mental healthcare plans in Ghana.

8. Next steps

Following the training workshops, Ghana Somubi Dwumadie will continue to offer technical assistance to the district implementation teams to finalise preparations for a smooth implementation. As part of technical assistance to the districts, the programme will support them to look at other possible interventions, for example, those evidenced by the programme, or suggested by other districts themselves. The following are the activities that will be carried out by the Ghana Somubi Dwumadie team towards the planned implementation start in September 2021:

- Ghana Somubi Dwumadie will continue to offer technical assistance through review and providing input to finalising the district ToC maps and detailed district plans for a smooth implementation. Bi-weekly virtual meetings have been planned for engagement with the district teams to discuss and finalise the maps.

- The Ghana Somubi Dwumadie team will continuously engage and provide support in reviewing the districts' workplans for implementation. This is done using the communication method outlined in 1 immediately above.

- Bi-monthly monitoring and supervision of district mental healthcare plan mplementation progress starting in September 2021.

- Development of M&E indicators and overall evaluation framework to measure implementation progress of the district mental healthcare plans by 14 July 2021.

- Develop a research protocol of the evaluation framework that will be submitted for ethical approval, before the measurement and evaluation of the implementation progress of the DMHCPs, by August 2021.

- DMHOT to draw plans and key milestones with support in terms of review for implementing the ToC maps. Demonstration districts are encouraged to get these plans ready by the end of August 2021.

9. Conclusion

The conduct of the ToC training workshops met the objective of developing a ToC map for each of the three demonstration districts with substantial local participation and buy-in. The workshops were conducted to build essential capacity of district mental health operations teams to design a blueprint for developing and implementing district mental healthcare plans in three demonstration districts in Ghana. These maps represent an action plan for implementing mental healthcare plans in the districts with an anticipated impact of improving the quality of life and wellbeing of people with mental health conditions.

Key similarities and differences in strategy across the districts have been documented, which should provide practical learning for the potential scale-up of DMHCPs in other districts. There will be continued support and technical assistance to the three demonstration districts to finalise their respective DMHCPs for implementation from September 2021, using detailed workplans. The next payment deliverable is “operationalisation and M&E framework report for Regional Mental Health Sub-Committees submitted to FCDO”. This is due for submission in October 2021. To achieve this, a research ethics protocol is being developed which will be submitted to the ethics committee of the Ghana Health Service in July 2021 for approval.

The milestone for Jan 2022 is to achieve “100% integration of mental healthcare plan in demonstration districts”. The framework indicators developed during the ToC training workshops will be used to assess the progress towards achieving the 100% integration of DMHCPs in the demonstration sites. There will be bi-monthly visits to demonstration districts to monitor and assess implementation progress.

Appendix 1: List of abbreviations

Acronym	Description
CBSV	Community-based surveillance volunteer
CIC	Community information centre
DACF	District Assembly Common Fund
DHMT	District Health Management Teams
DMHCP	District mental healthcare plans
DMHOT	District mental health operations team
FCDO	Foreign, Commonwealth and Development Office
GHS	Ghana Health Service
LEAP	Livelihood Empowerment Against Poverty
LNOB	Leave No One Behind
M&E	Monitoring and evaluation
MASLOC	Microfinance and Small Loans Centre
MHA	Mental Health Authority
mhGAP	Mental Health Gap Action Programme
NBSSI	National Board for Small Scale Industries
NCCE	National Commission for Civic Education
NHIS	National Health Insurance Scheme
PD	Payment deliverable
PHC	Primary healthcare

Acronym	Description
PRIME	Programme for Improving Mental health Care
TFH	Traditional and faith-based healers
ToC	Theory of Change
WHO	World Health Organization

Appendix 2: List of participants who attended the ToC training workshops

Level	Participants
A.	**District Health Management Team Members** 1. District Director of Health Services 2. District Health Information Officer 3. District Health Promotion Officer 4. District Disease Control Officer 5. District Mental Health Focal Person 6. Research Officer
B.	**District/Municipal Assembly Team** 7. Social Welfare Director 8. District Coordinating Director 9. District Planning Officer
C.	**Education sector** 10. School Health Education Programme Coordinator
D.	**Regional Mental Health Coordination** 11. Regional Coordinator of Mental Health Service 12. Chair, Regional Mental Health Sub-committee
E.	**Legal/Justice representation** 13. District Director, Commission for Human Rights and Administrative Justice
F.	**Community level** 14. Representative of traditional/faith-based healers 15. Mission of Hope for Society Foundation (Asunafo North Municipality) 16. Representative of mental health service users

Appendix 3: ToC training workshop agenda (24 May – 8 June 2021)

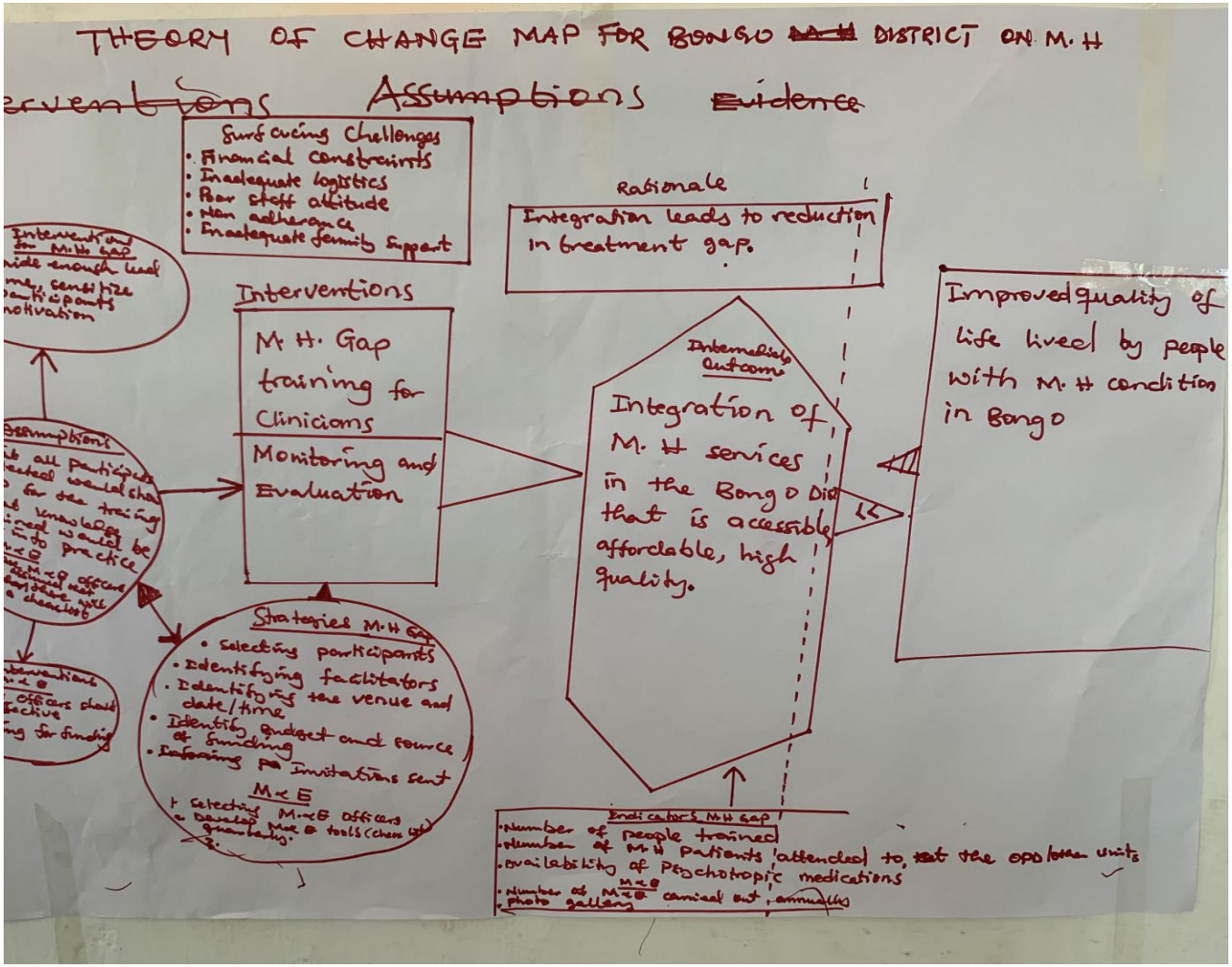
Day 1

Time	Activity
8:00 am-8:30 am	Registration
8:30 am-8:45 am	Welcome address
8:45 am-9:00 am	Introduction/Workshop outcomes/Plan of workshop
9:00 am-9:15 am	Overview of Ghana Somubi Dwumadie
9.15 am-9:30 am	Overview of Ghana's mental health policy
9:30 am-9:45 am	Relevance of Ghana's mental health policy to Programme's output area of scaling up high quality mental health services.
9:45 am-10:00 am	**Snack Break**
10:00 am-10:15 am	Overview of District-level mental health services -Anloga District
10:15 am-11:00 am	Integrating Mental Health into Primary Care: District Mental Health Implementation Framework
11:00 am-12:00 pm	Introduction to Theory of Change (ToC**)**
12:00 pm-1:00 pm	ToC Process Step 1. Identifying challenges
1:00 pm-2:00 pm	**Lunch**
2:00 pm -3:00 pm	ToC Process Step 2. Agreeing on impact
3:00 pm-4:00 pm	ToC Process Step 3. Developing an outcomes map
4:00 pm-4:15 pm	**Snack break**
4:15 pm-4:30 pm	Recap of the day's activities and closing

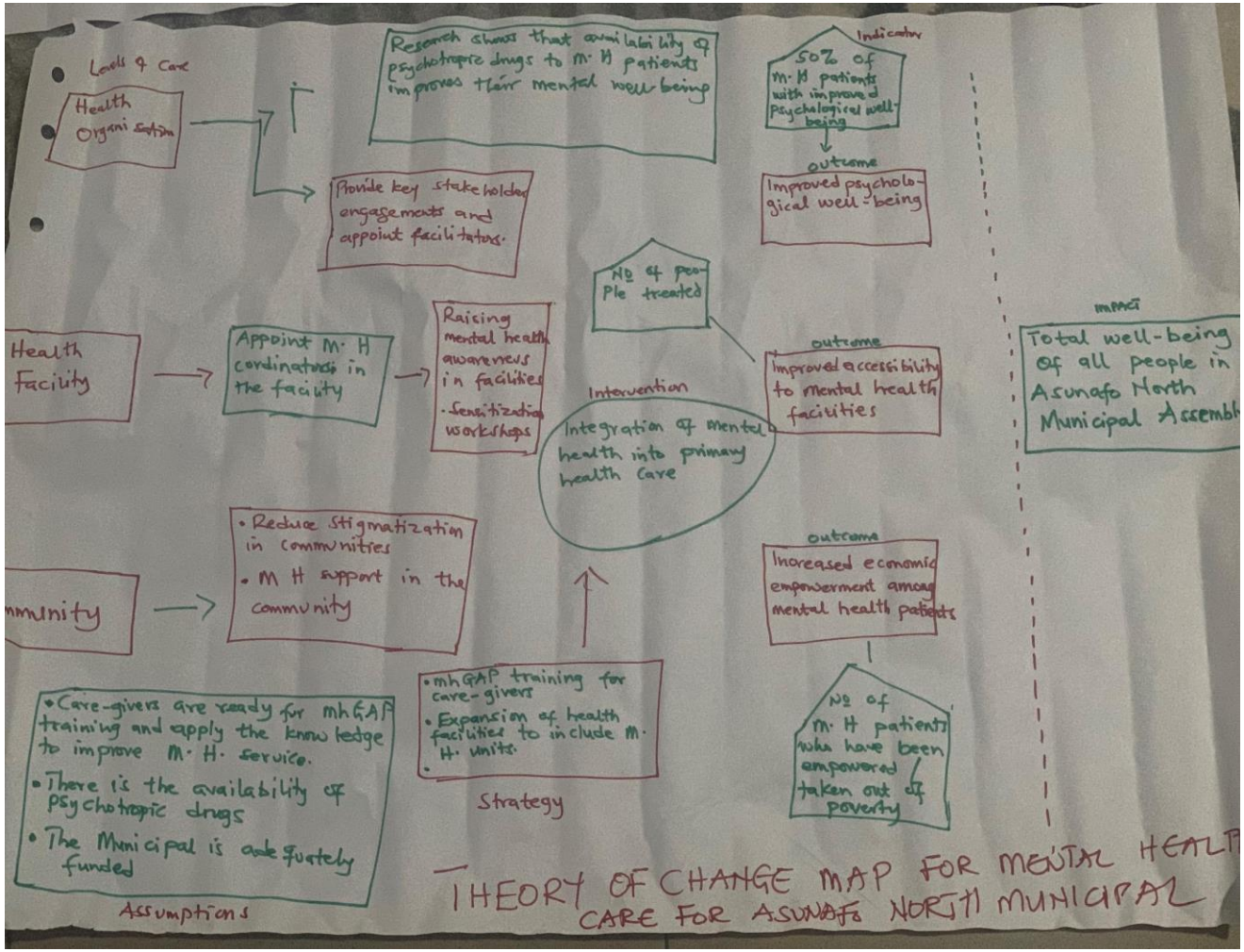
Day 2

Time	Activity
8:00 am-8:30 am	Registration
8:30 am-8:45 am	Recap of day 1
8:45 am-9:45 am	ToC Process Step 4. How do we achieve it? Developing strategies and interventions
9:45 am-10:45 am	ToC Process Step 5. Reviewing the ToC map
10:45 am-11:00 am	**Snack break**
11:00 am-11:30 am	ToC Process Step 6. Indicators of success
11:30 pm-1:00 pm	Facilitated group work on developing ToC maps/plans
1:00 pm-2:00 pm	**Lunch break**
2:00 pm-3:00 pm	Group presentation on ToC maps/mental health plans
3:00 pm-4:00 pm	Plenary discussion on ToC map/mental health plans
4:00 pm-4:30 pm	Discussion: Working together: roles in developing mental healthcare plans
4:30 pm-4:45 pm	**Snack Break**
4:45 pm-5:00 pm	Closing remarks

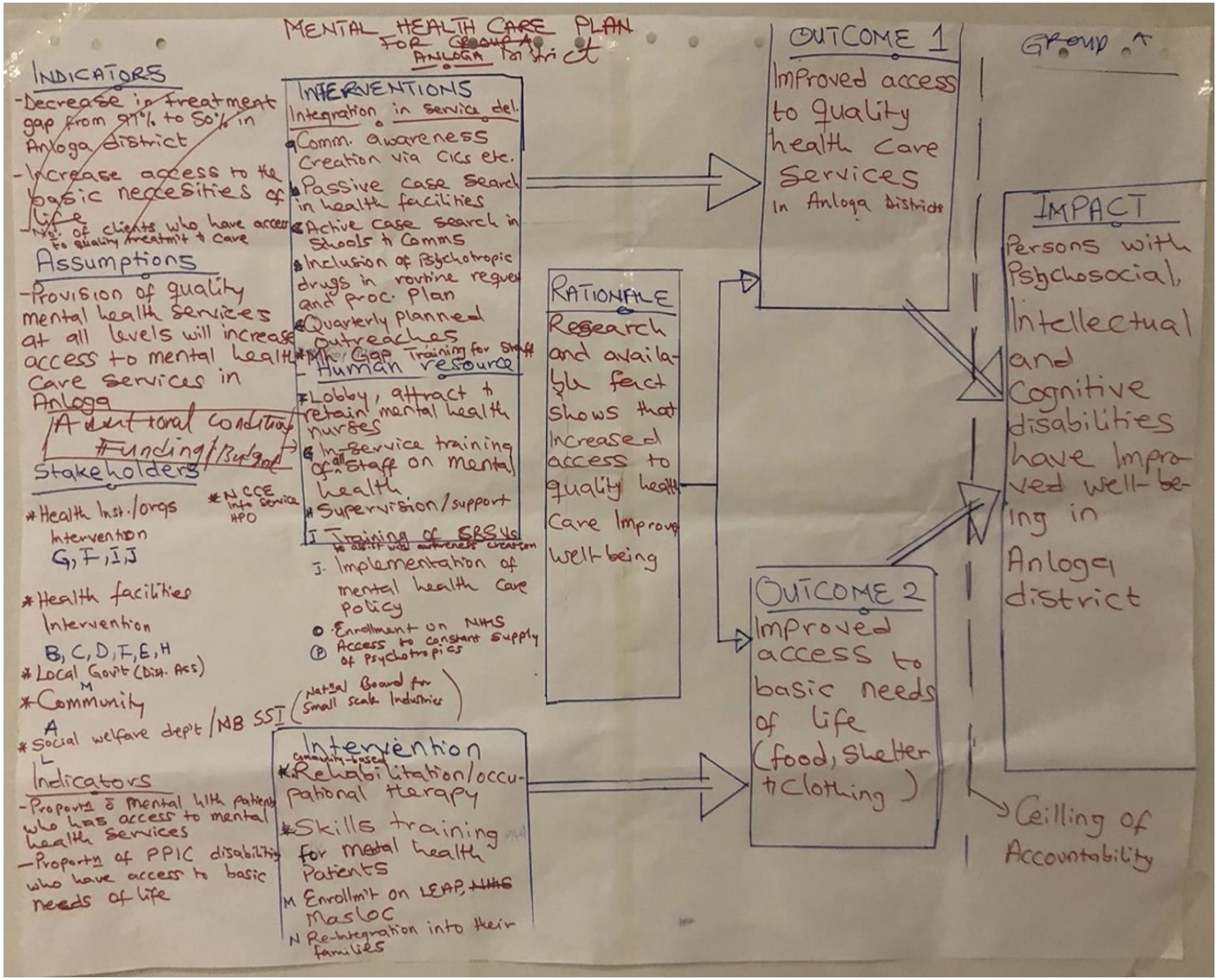
Appendix 4: Draft Theory of Change map for Bongo district, Upper East



Appendix 5: Draft Theory of Change map for Asunafo North municipality, Ahafo region



Appendix 6: Draft Theory of Change map for Anloga district, Volta region



Appendix 7: Identifying challenges in delivering accessible and quality mental health services

Bongo District

A participant explaining the challenges affecting mental healthcare in the Bongo District of the Upper East Region.

Some main challenges identified in Bongo District include inadequate mental health staff, stigma and discrimination, inadequate financial support, inadequate supply of psychotropic medicine, low awareness of mental illness, lack of family support, treatment for mental illness not covered by NHIS.

Asunafo North Municipality

Small group discussion on what success looks like in terms of a district mental healthcare plan.

For example, participants brainstormed on the following attributes of an impact statement: integrated mental healthcare, affordable, accessible, and quality. Others included improved wellbeing and economic empowerment.

Anloga District

Two participants presenting identified measurable outcomes and strategies to achieve them.

Some of the strategies identified include: committed leadership, motivation of staff to deliver service, ensuring availability of psychotropic medicine, improved case detection in health facilities will lead to improved access to quality mental healthcare. Another key strategy is to train general health staff on the WHO mhGAP to diagnose and provide basic psychosocial support to service users.