

Presented by Rick Wolthusen, MD, MPP

Duke University's Monthly Spirituality and Health Research Seminar, June 2021

Objectives

- **Understand** the mental health treatment gap and contributing factors in an economically developing country
- **Discuss** design thinking as a tool to understand the problem and generate solutions to the problem in a non-hierarchical way
- **Recognize** the Brain Spirit Desk as one solution to overcome the lack of collaboration between spiritual leaders and mental health professionals

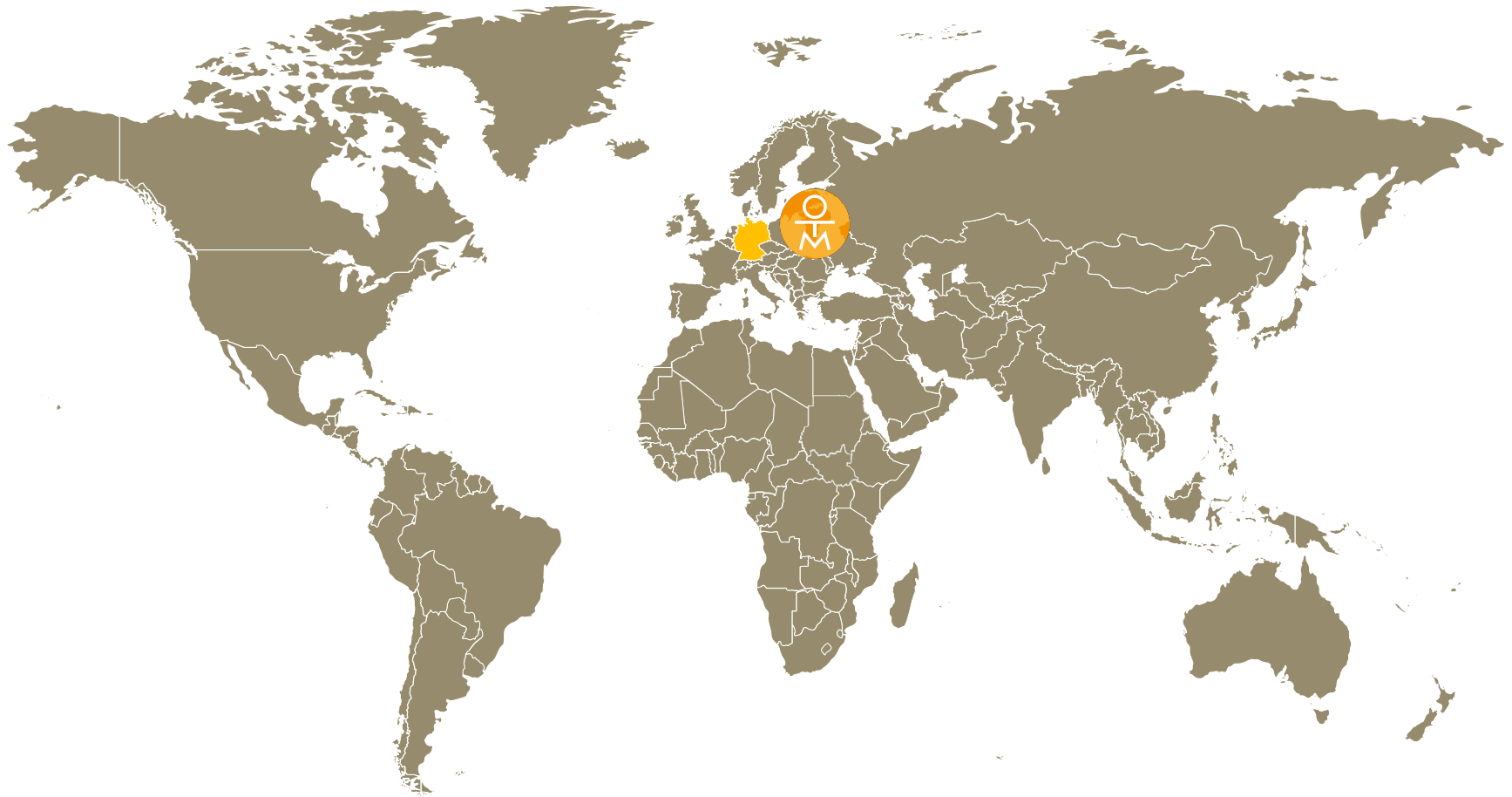
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- Mental Health Care in Ghana
- Project site & previous projects
- Design Thinking
- Brain Spirit Desk

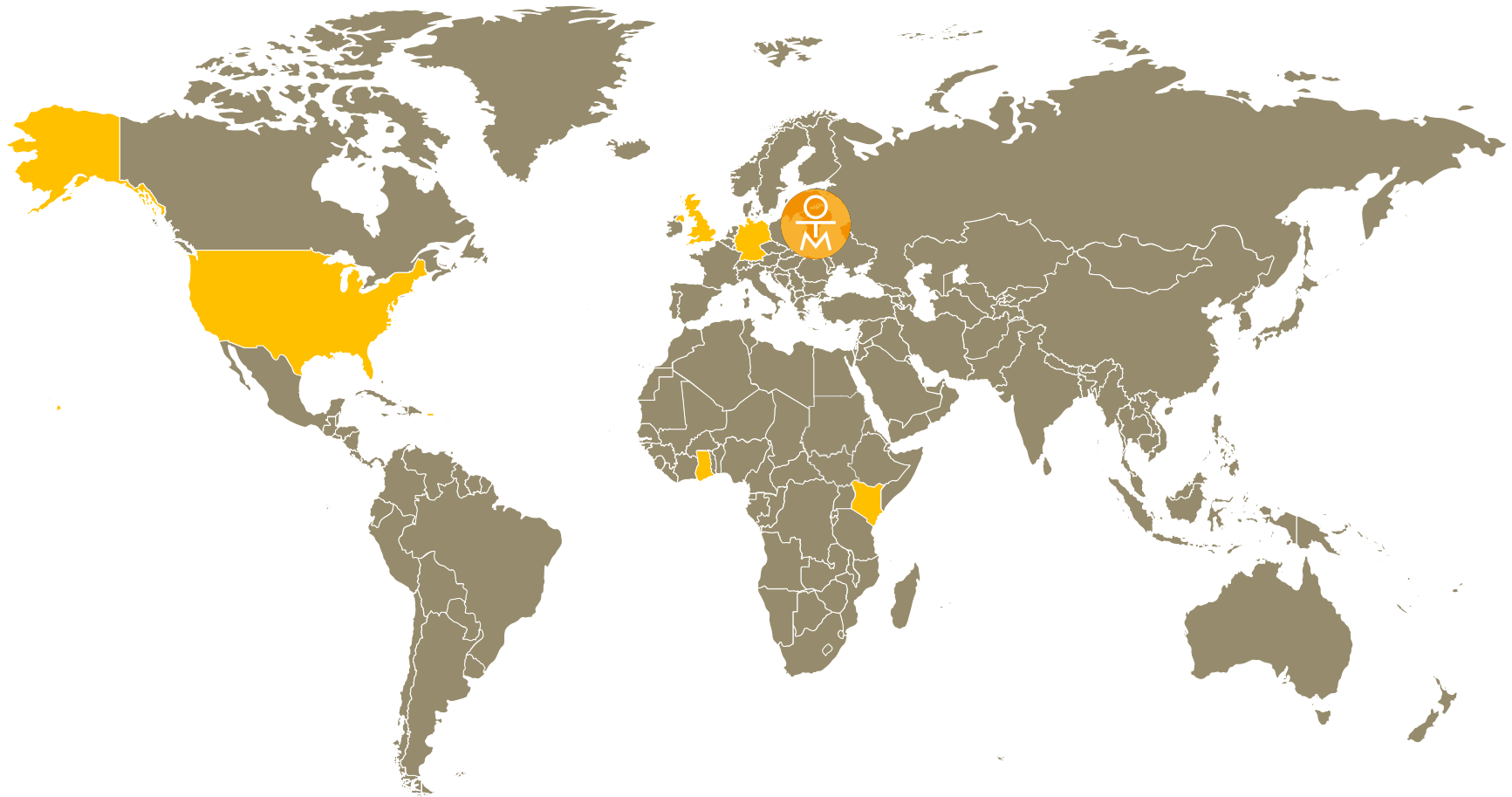
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On The Move e.V. - 2013



On The Move e.V. - 2021



Partners

Administration



Community Work



Design Thinking



Impact Measurement

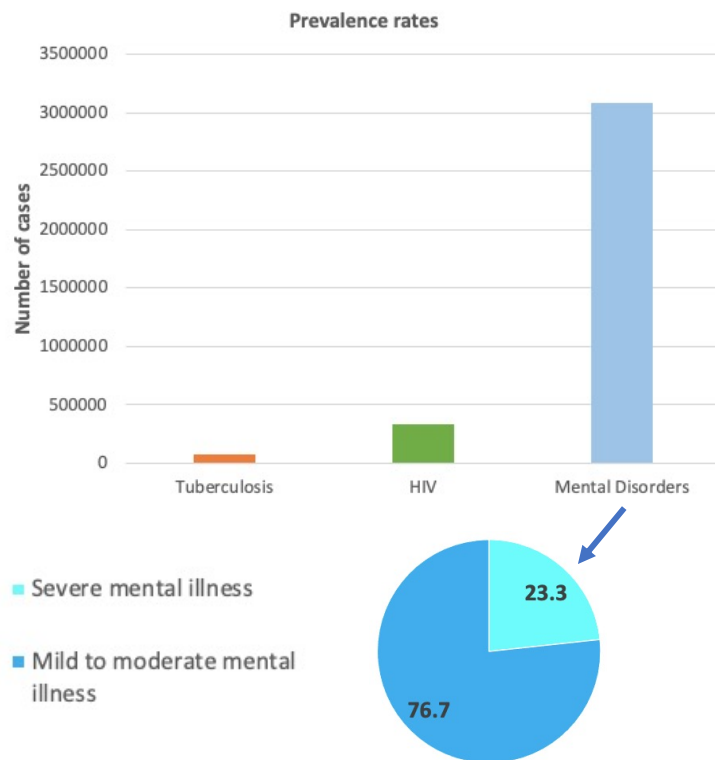


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Overview: Mental Health in Ghana

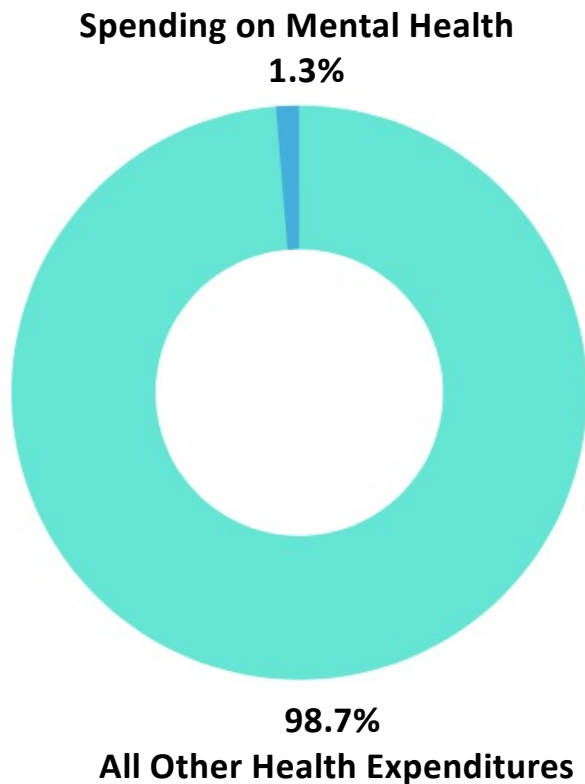
Mental disorders contribute significantly to years lived with disability and are more prevalent than HIV and tuberculosis in Ghana.



Ghana, both sexes, all ages, Years lived with disabilities per 100,000 (2017)

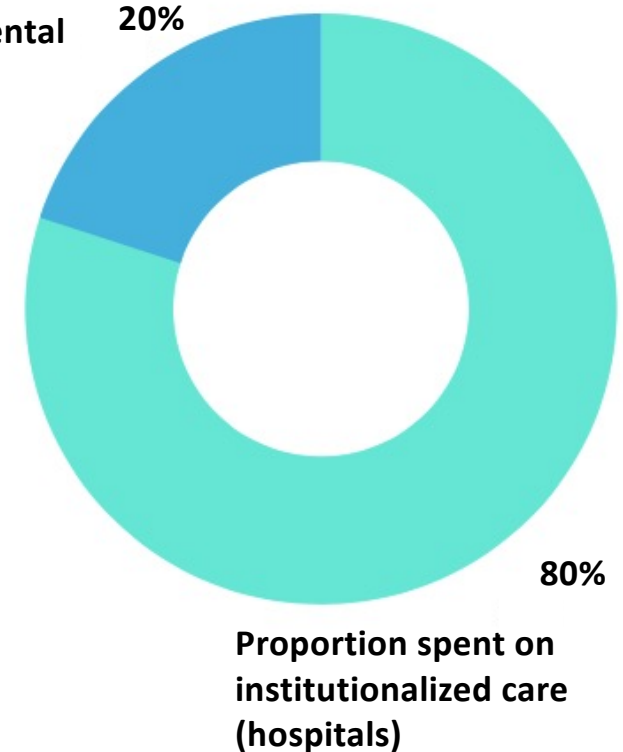
Funding: Mental Health in Ghana

Yet, mental disorders are significantly underfunded. The mental health budget mostly supports institutionalized care.



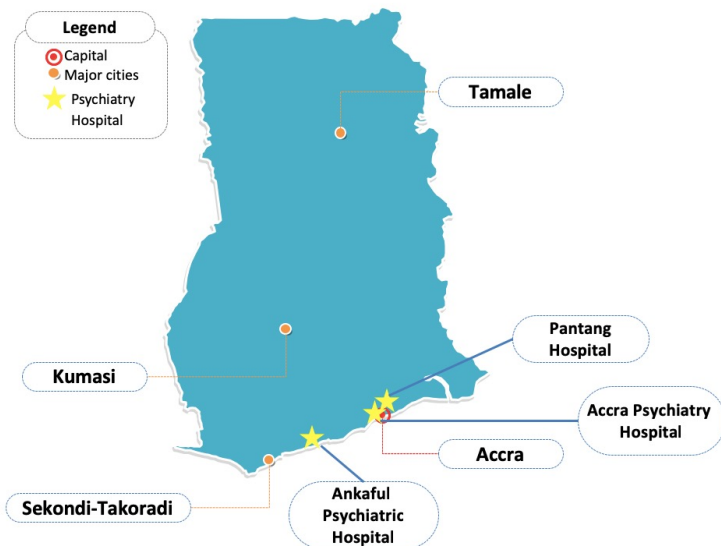
*The Ghanaian government spends at least **2.5 x as much money on HIV** (compared to mental health).*

Proportion spent on community-based mental health programs



Deinstitutionalized Care: Mental Health in Ghana

The reality is that most of the mental health care in Ghana takes place in communities.



Institutionalized care mostly takes place in the South

In Ghana, around **70% of healthcare** is provided by **traditional healers** in communities.



Population-Provider Ratio: Mental Health in Ghana

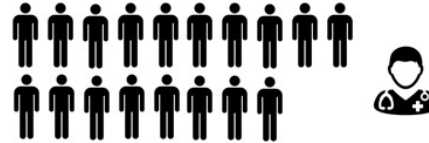
The population - care provider ratio is skewed towards community-based providers.




500 : 1



1000 : 1



9000 : 1

 = 500 Ghanaians



Ghana has about **15 psychiatrists** – this translates to about **4 psychiatrists** for a city as large as **New York City**

Service user do not access facility-based care because...

Demand side

- disease vs. God's challenge
- stigma
- financial resources: (in)direct costs
- people work during hospital hours
- people with mental illness are not always able to actively seek treatment or conform to highly structured settings (bureaucratic procedures etc.)
- treatment ≠ care

Supply side

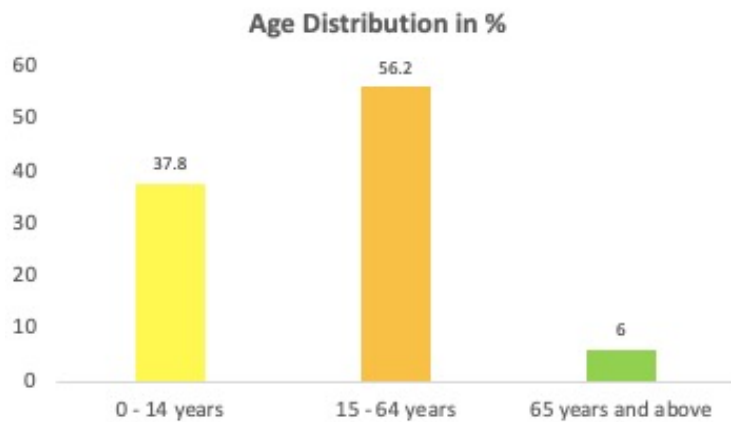
- few psychiatric hospitals
- not enough mental health care professionals
- mental health care professionals usually only offer medication but not psychotherapy
- medication out of stock, too expensive

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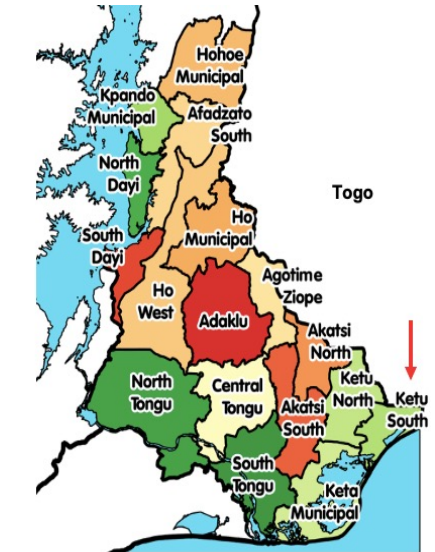
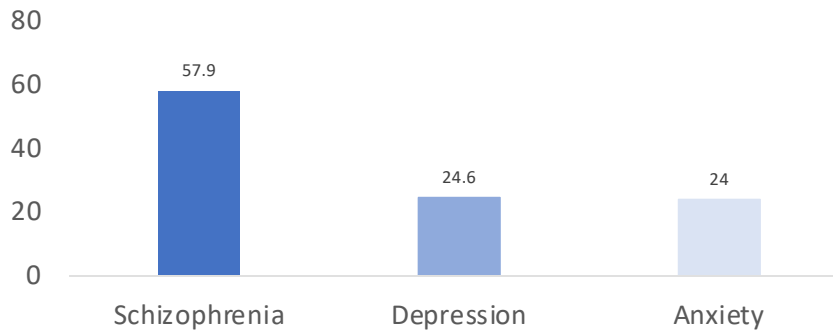
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The project site

- Roughly 200,000 constituents



Most common diagnoses for new mental health cases in 2019 (in %)



?

What happened?

Rick's clinical
internships at
Central Aflao
Hospitals



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Hospitals

On The Move
e.V.



What happened?

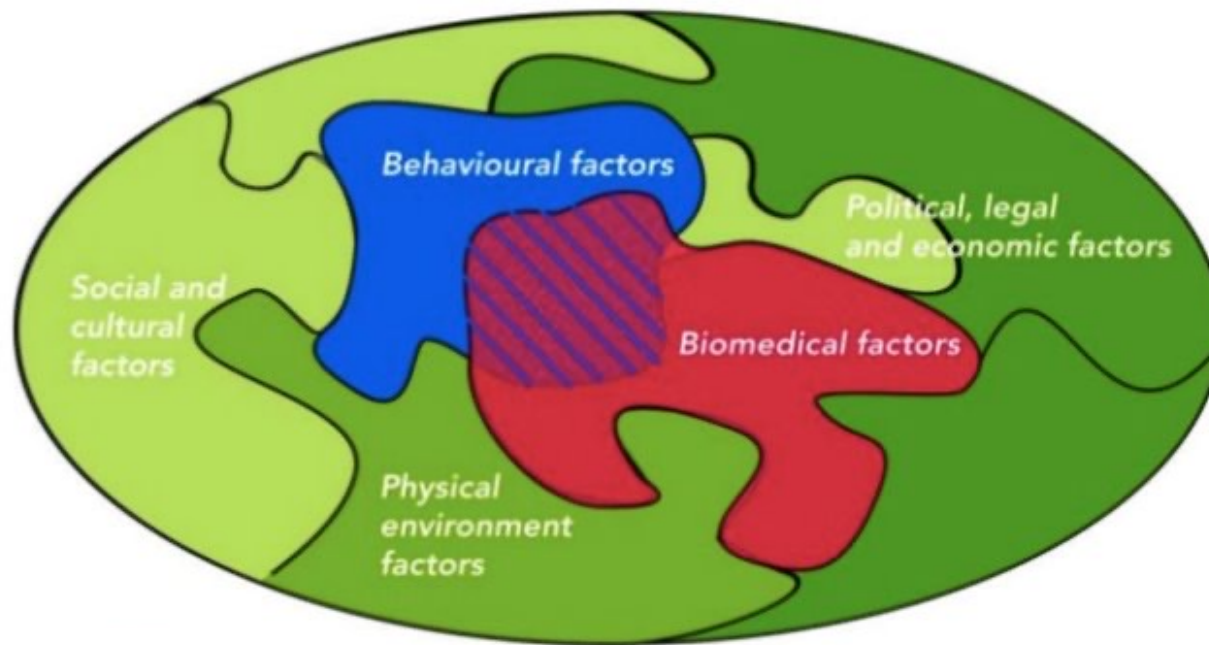
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Brain Awareness



Biopsychosocial model of care



culturally relevant and sensitive

BIO - **PSYCHO** – **SOCIAL** model of care

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Brain Awareness

Brain Cycles



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Home of Brains



Why? What? ... How?

WHY

... in addition:

- Socioeconomic costs for patients and caregivers
 - Life quality

HOW

?

WHAT

- Fixing the supply and the demand side
 - **Communities**

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How: Design Thinking

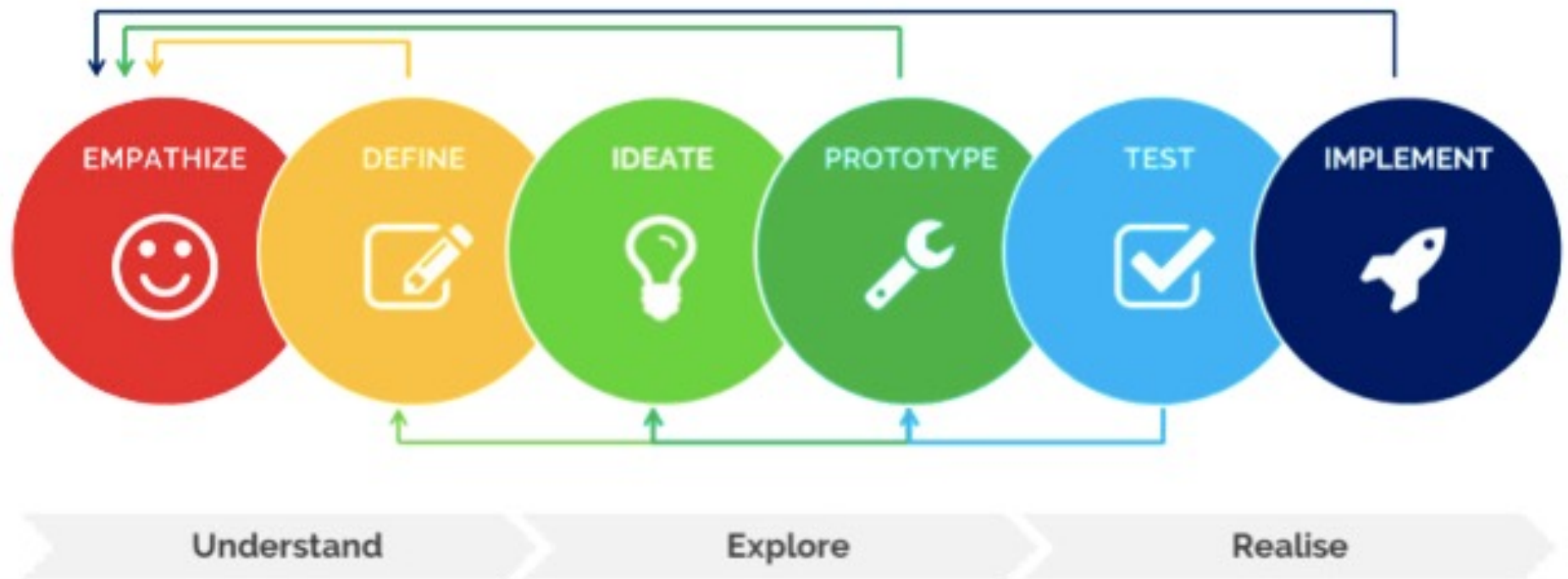
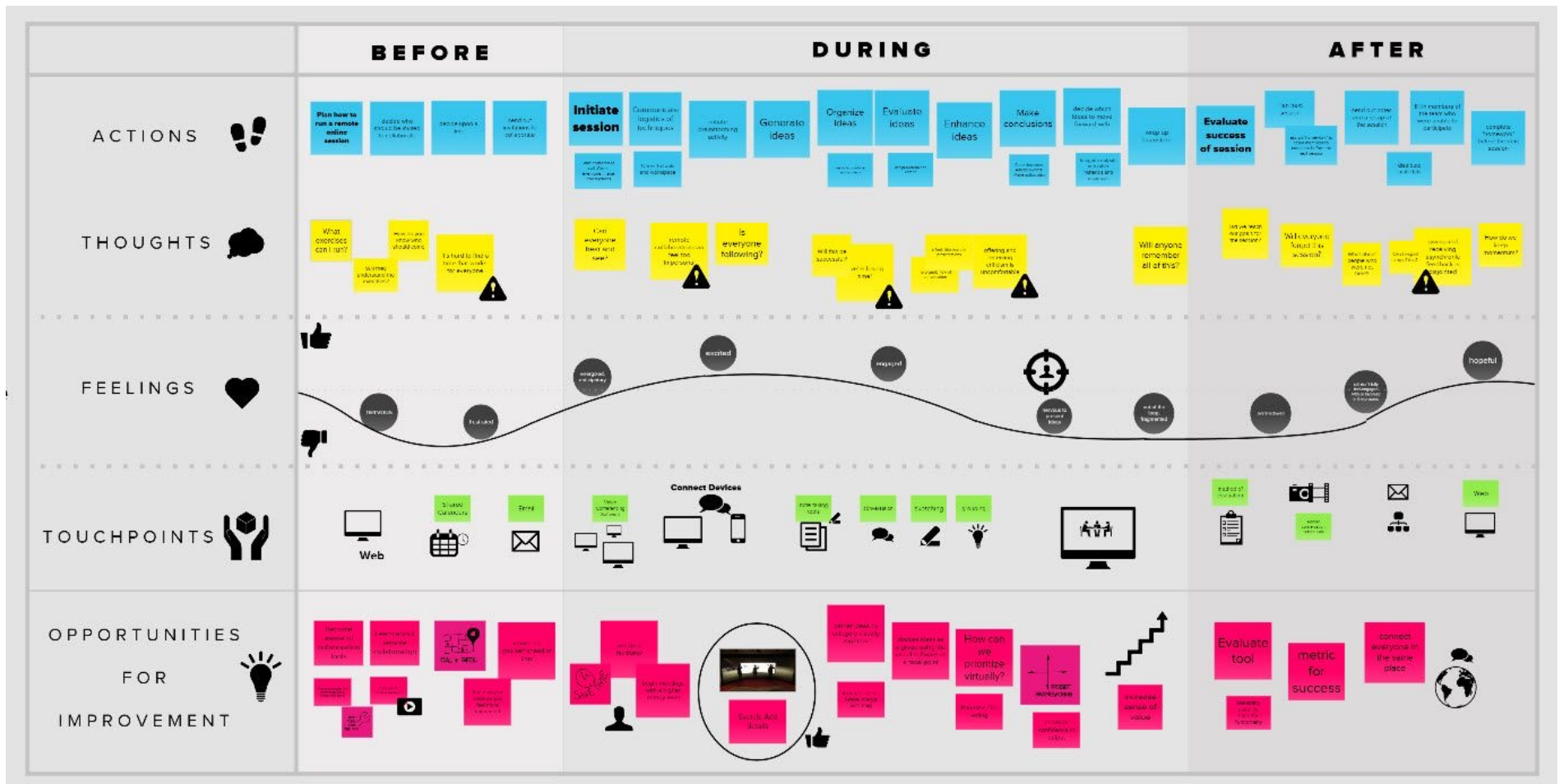


Figure 1 – The Design Thinking Process (Source: ARS.de).

Empathize



Synthesize and define the problem



Similarities? Differences?
How Might We?
Problem?

Ideate

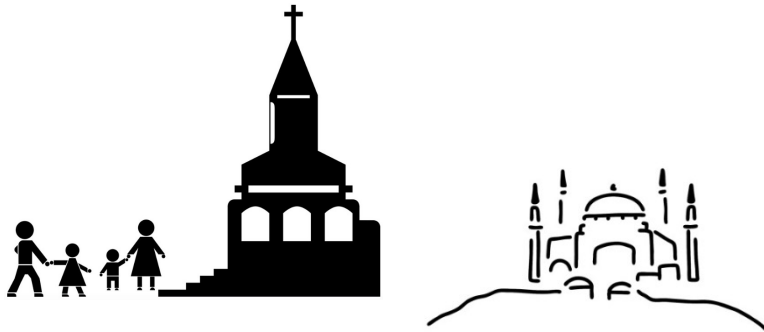


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Brain Spirit Desk

Community-based care



10 % → 30%

Facility-based care



Partners

Government	Donors and funders	Influencers
Mental Health Authority	Department for International Development (DFID)	Rehabilitated patients (Bright Tavi)
Ghana Health Service	Jospong	Journalists (Albert Gooddays and Isaac Kaledzi)
Christian Health Association	International Brain Research Organization (IBRO)	Youtubers (Stanley Makafui)
MP Ketu South District	Voluntary offerings from religious institutions	Future of Ghana Hamburg (Germany) & London (UK)
Ketu South Municipal District Assembly		
Ketu South Municipal Health Directorate		

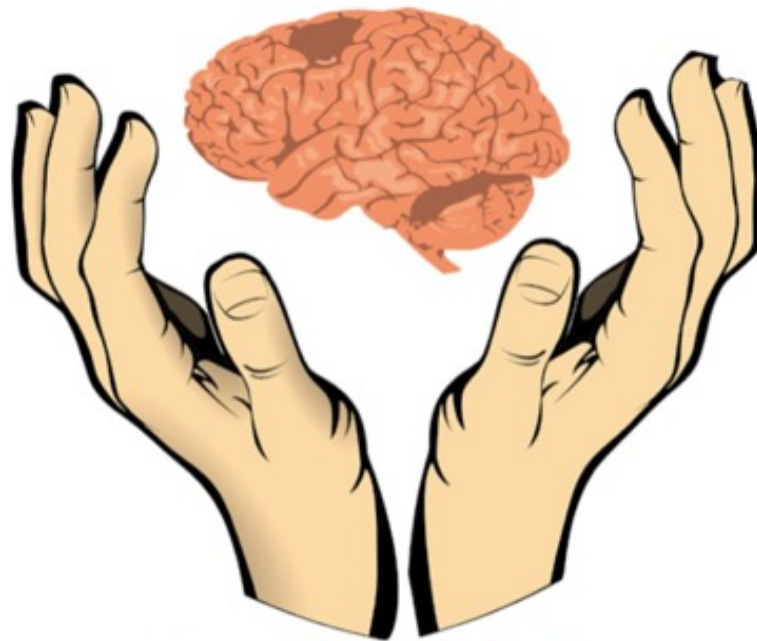
Unintended Consequences

Unintended Consequence	How can the consequence be mitigated?
Refusal of patient to seek care in hospital, if needed	Train religious leaders regularly on red flags, have them transfer patient (patient trust them more than mental health workers); have mental health workers appear regularly in community to increase trust
Brain Spirit Desk provides free care, reluctance to for government services	Education and awareness campaigns
Sustainability of model, incentive of government to step in/up	Work with influencers, work inter-ministerial and multisectoral
Case increase (demand cannot be met by supply, e.g., medication, human resources, working space, equipment such as laptops)	Increase number of laptops and working spaces; collaborate with pharmacy and do some baseline research (list of medication for known patients; permanent structure: every XX days we need these drugs; for new patients: start a list of 1 st vs. 2 nd choice medication); rotation system for mental health workers
Documentation prevents from patient work	No double entries (handwritten and on laptop, but entry only on laptop); employ staff members who is solely in charge of documentation and is trained on basics of mental health
Patient harmed by lay counseling/psychotherapy	Frequent supervision and random review of patient cases; establish hotline for cases of patient abuse

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Time for Q&A



BrainSpirit
Desk

Problem Statement: Mental health patient care in the Ketu South District in Ghana is currently leaving people behind. A baseline assessment suggests that only 10% of all individuals with a mental health condition are attended to in a healthcare setting. The existing system is siloed, lacking trained mental health professionals, and does not include culturally relevant solutions. The Brain Spirit Desk aims to build up community care and integrate religious institutions into a biopsychosocial model of continuous mental health care. In the long-term, the number of mental health service providers will be increased. The service providers will be connected and will be able to identify and treat patients with mental health disorders early. This will increase the number of treated patients from 10% to 30% in the Ketu South District in Ghana.

