

Presented by Rick Wolthusen, MD, MPP

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

Objectives

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

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

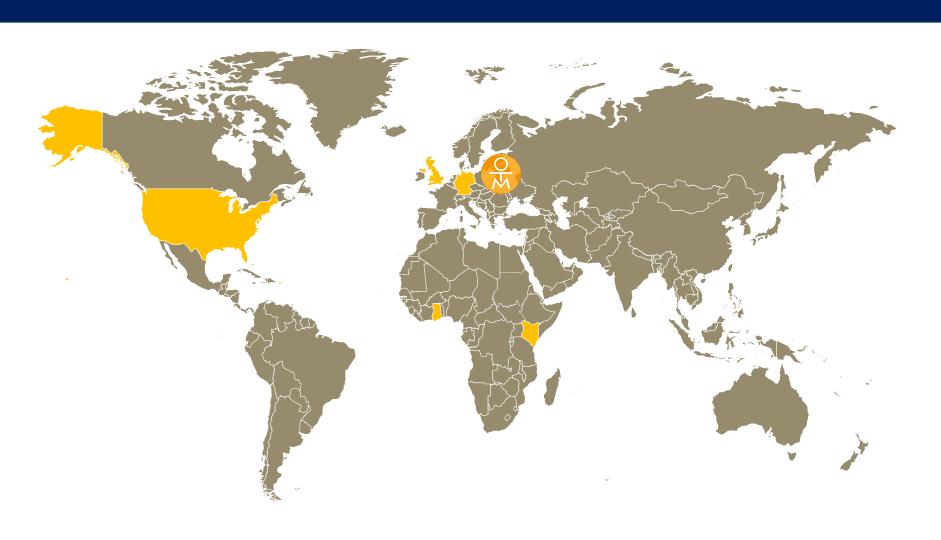
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On The Move e.V. - 2013



On The Move e.V. - 2021



Partners

Administration



Community Work







Design Thinking





Impact Measurement







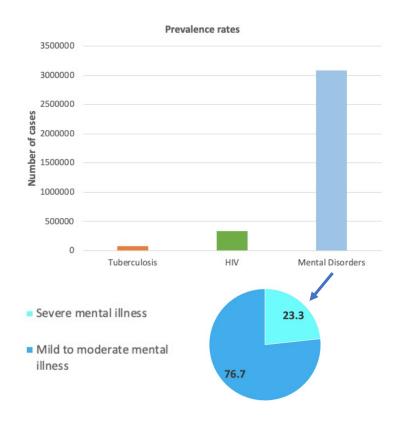


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Overview: Mental Health in Ghana

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



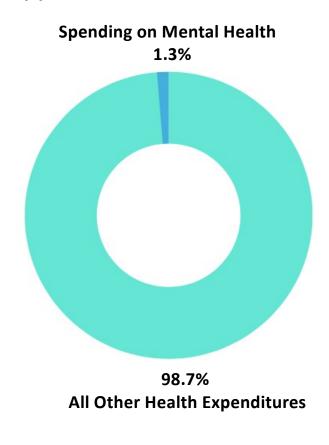


Ghana, both sexes, all ages, Years lived with disabilities per 100,000 (2017)

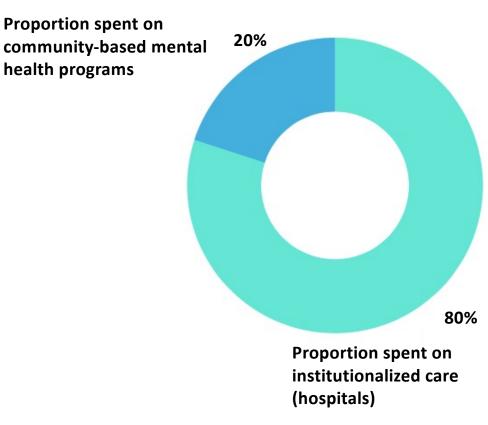
Funding: Mental Health in Ghana

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

health programs

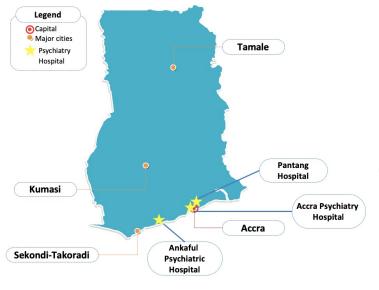


The Ghanaian government spends at least 2.5 x as much money on HIV (compared to mental health).



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





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

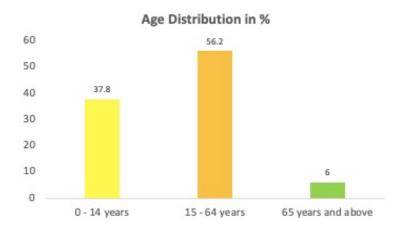
- few psychiatric hospitals
- not enough mental health care professionals
- mental health care professionals usually only offer medication but not psychotherapy
- medication out of stock, too expensive

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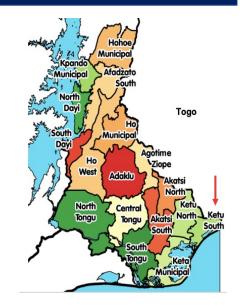
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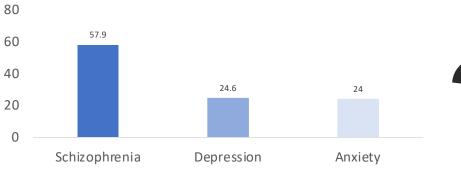
The project site

• Roughly 200,000 constituents



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







Rick's clinical internships at Central Aflao Hospitals



Rick's clinical internships at Central Aflao Hospitals

On The Move e.V.





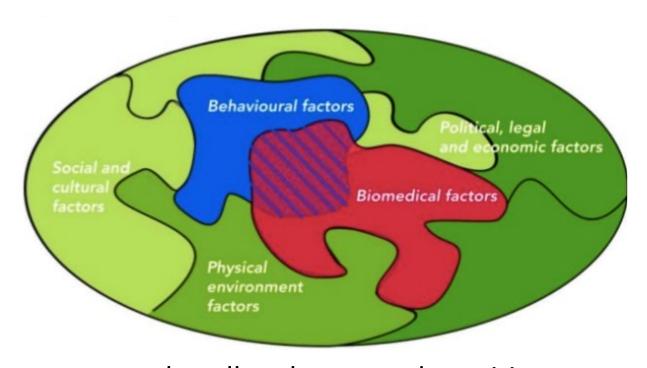
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Brain Awareness



Biopsychosocial model of care



culturally relevant and sensitive
BIO - PSYCHO - SOCIAL model of care

Rick's clinical internships at Central Aflao Hospitals

On The Move e.V.

Brain Awareness

Brain Cycles



Rick's clinical internships at Central Aflao Hospitals

On The Move e.V.

Brain Awareness

Brain Cycles

Home of Brains



Why? What? ... How?

WHY

... in addition:

- Socioeconomic costs for patients and caregivers
 - Life quality



WHAT

- Fixing the supply and the demand side
 - Communities

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How: Design Thinking

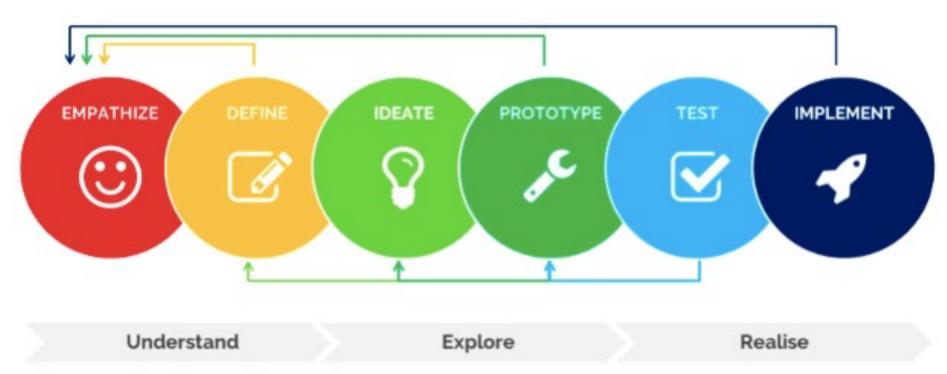
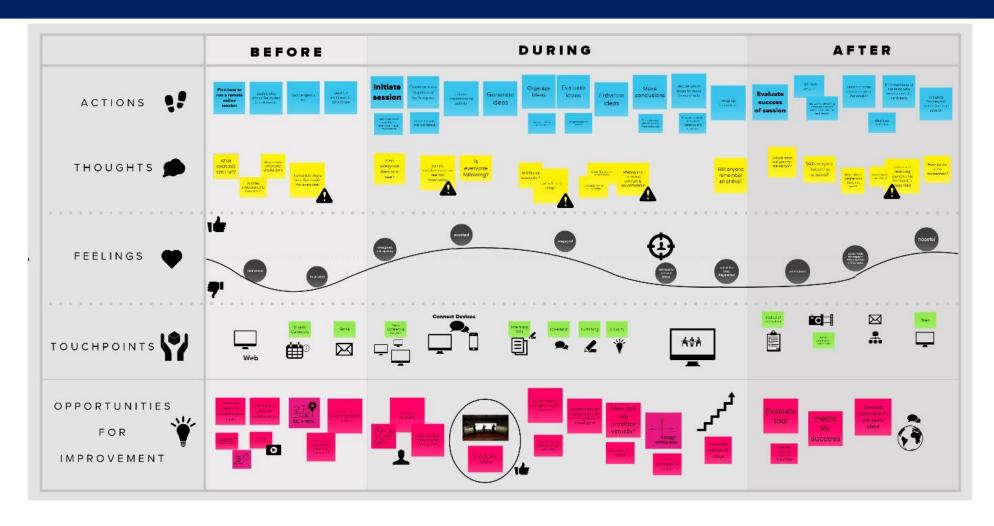


Figure 1 - The Design Thinking Process (Source: ARS.de).

Empathize



Synthesize and define the problem





Similarities? Differences? How Might We? Problem?

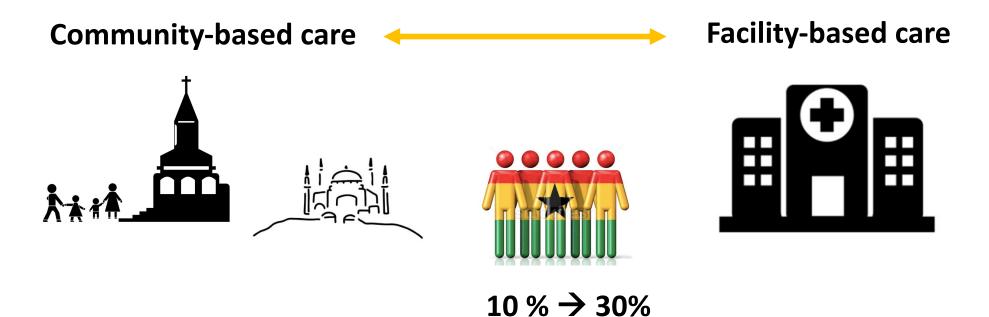
Ideate



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Brain Spirit Desk



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			

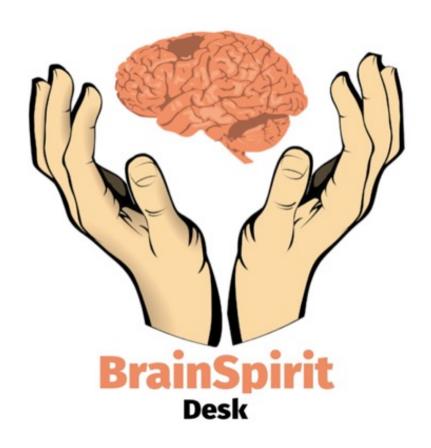
Unintended Consequences

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

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Time for Q&A



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.

MH facilities and professionals Train recruited stakeholders on MH, spirituality, and data collection MH, spirituality, and data collection Financial resources Facilitate community-based MH discussions Equipment (such as laptops and a vehicle) Identify cases of mental illness, defaulters, and relapses Identifying: ### for MH cases referred	Inputs	Activities	Outputs	Outcomes	Impact
MH = mental health	MH facilities and professionals Ketu South Municipal Health Directorate Financial resources Equipment (such as laptops and a vehicle)	religious leaders Train recruited stakeholders on MH, spirituality, and data collection Facilitate community-based MH discussions Identify cases of mental	- # of recruited MH professionals and religious leaders Training: - educational manuals developed - # of trained MH professionals and religious leaders Facilitating: - # of community-based MH events held - # of community members who attended MH events Identifying: - # of MH cases identified - # of MH cases counseled - # of MH cases referred	- Increase number of MH care providers (increase accessibility and acceptance) - Build network of MH practitioners Training: - Increase knowledge about biopsychosocial care of MH (strengthen non-medical approaches to MH care) - Promote human-rights centered care - Increase MH documentation skills - Increase trust between different care providers Facilitating: - Increase MH knowledge, destigmatize mental illness - Promote good MH care practices - prevention - Increase community cohesion and well-being Identifying: - Increase ability to identify new cases,	Time between symptom onset and initial treatment reduces, faster recovery // psychosocial reintegration improves Aggregate: Awareness of MH issues and community capacity to deliver MH care increases System: Destigmatization of mental illnesses // Promoting costeffective biopsychosocial community-based model of care // Strengthen and increase

resources of MH care providers)