

## <u>Proposal for establishing a National Emotional and Mental Health Helpline in the</u> <u>Accra-Tema Metropolis</u>

## **Executive Summary**

Ghana seriously lacks adequate mental and emotional health services. In a country of about 24 million people, there are currently less than 8 qualified psychiatrists and approximately 10 Clinical Psychologists with the current distribution of services is also poorly skewed in favour of the coastal south.

The rapid proliferation of mobile and information technology in Ghana and the extension of the reach of the mass media through FM stations makes it probable to establish a Helpline which will assist in reaching out to people who desperately need help.

The Brain Clinic Ltd (<u>www.brainclinicgh.com</u>), a private emotional and mental health facility is sourcing funds to establish a National Emotional and Mental Health Helpline.

The primary objective of the helpline will be to provide first line support for corporate bodies, individuals and families who need assistance in emotional and mental health emergencies. To help tackle the issue of stigma, the Helpline will utilize anonymity, and will provide national coverage for ease of access to services, using modern technology to make rare, specialized professional support more readily available.

We have taken the approach to establish the Helpline within a private sector organization in order to use the inherent management and technical capacities available to prudently manage the initiative.

The amount of funding required is GHC57, 790(USD\$32,105 at an exchange rate of USD\$1=GHC1.8) per year over a three year period after which time we believe that the Helpline should be well established enough to be self sustaining or important enough to be attract some significant public investment. The initiative will be sustained with funding

through partnerships with corporate bodies with an interest in corporate social responsibility or from grant funding.

Please find attached a letter of intent from The South African Depression and Anxiety Group (SADAG) which has a wealth of experience in this field and has agreed to put their expertise at our disposal.

#### Background

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Ghana is experiencing a change in disease burden where the lifestyle diseases which include a significant number of mental illnesses are increasing in incidence and prevalence. Worldwide trends show that lifestyle diseases like hypertension, diabetes, obesity, depression, drug abuse etc. usually increase significantly with urbanization and recent changes in the disease profile in the Accra-Tema metropolis are in keeping with this trend.

Healthcare cannot be the responsibility of the government alone and ignorance about mental illness abounds in the general population leading to considerable stigmatization of the mentally ill. Lack of decent quality services means that people are unable to get treatment and are often subjected to stigma and discrimination. There are no population-based figures to show the extent of mental illness, however it is estimated that 2.4 million Ghanaians are living with various mental disorders and only 2% have access to some form of care.

Data from the three government psychiatric hospitals in 2004 showed that 64,009 people were seen and 4,280 patients admitted. More recent data reported from Accra Psychiatric Hospital shows an approximately 100% increase in out-patient attendance between 2008 and 2010.

There have been many reports of suicides as well as psychotic illnesses which have made the headlines in the main newspapers in Ghana in the last few years and the complete lack of capacity to deal with issues is very obvious.

Patients in need of immediate care have been poorly managed and transported in the most inappropriate manner by family and friends and currently the practice that exists is for some psychiatric nurses to link up with taxi drivers to assist in the transport of such patients at an exorbitant fee.

2

Mental health is one of the silent but growing issues that could constrain the agenda of Ghana to reach middle income status by 2015. Good health is one of the key determinants of human development and psychological illnesses of various types detract from optimum health. With the growing incidence of stress and depression, these conditions will surely undermine the human resource capacity significantly if they are not addressed. To help bridge the gap between the growing demand for mental health services and the inadequate supply of services we propose the setting up of an emotional and mental health helpline.

#### **Purpose and Nature of Helpline**

The objective of the helpline is to provide a confidential service which offers information, support, guidance and referral for individuals who may be affected in any way by matters concerning emotional or mental well-being. The helpline will constitute an essential interface between people confronted with emotional/ mental health issues and services which offer a concrete response to request for help. Issues to be addressed by the helpline include:

- Depression and anxiety disorders
- Substance abuse (Drugs and alcohol)
- Unipolar and Bipolar disorders
- Sleep Disorders
- Suicidal Attempts
- Stress management
- Acute management of psychotic patients

## **Functions of the Helpline**

The helpline will perform five main functions:

- Emergency service for patients and family who are in crisis at the moment of the call e.g. suicidal and psychotic patients.
- Provide education and professional information about symptoms of mental illness and sleep disorders.
- Serve as referral centre and provide a network for psych care professionals
- Skills development for staff
- Collect statistics of public needs for psychiatric services in Greater Accra and beyond

#### Advantages of Using a Helpline:

Helplines:

- Are a cost effective way of providing information, advice, referral and help
- Provide first contact, are easily accessible and usually in close proximity to the population
- Are interactive- callers are actively listened to by someone with a professional understanding of their situation
- Are confidential and ensure anonymity
- Address the issues of stigma
- Are tools for observation of issues regarding use of e.g. drugs, new ways of administering drugs, new drugs and other phenomena
- Are easy to publicize, making the public aware of their existence
- Respect ethical principles
- Complement and link into other social and treatment services
- Offer a safe and easy first contact with sources of information and with the treatment sector
- Collection of statistics in relation to mental health

The helpline will be available to corporate, individuals, and those directly affected and their families who desire an opportunity to address their needs to the helpline staff. Callers must be respected and the principles of confidentiality, anonymity and a non-judgmental platform must be upheld. A call to a helpline may be the first and only attempt to seek help and thus, it is important not to waste the opportunity and to ensure that the client is receptive to information during the course of a conversation. The helpline will be linked to Emergency Callout service which will be available to transfer clients in need to appropriate places of treatment both in the public and private sector.

## Managing the Helpline

The helpline will be manned by multilingual skilled and thoroughly trained staff, who will provide the necessary support and information needed to serve callers. Staff will be recruited and trained according to strict policies and procedures to ensure that they are well equipped to handle the myriad issues they will potentially encounter. The South African Depression and Anxiety Group (SADAG) who run similar Helplines in Johannesburg have committed in writing to assist in setting up and promoting the helpline. All staff will be closely monitored

and supervised, and will also take part in on-going training and debriefing sessions. Staff will be trained on confidentiality, counselling techniques, addictive behaviour, voice and intonation techniques, etc.

The helpline and its staff will take a socially and culturally sensitive approach to counselling and the provision of information, bearing in mind the different needs of various segments of the population. Staff will be able to communicate in the various local dialects and will be able to provide age/gender appropriate information/advice.

The long-term goal of the helpline will be to provide 24-hour round the clock service to the general public but may begin with shifts covering a few hours per day. During calls, basic information will be collected to help in the monitoring and evaluation of the service. These will include:

- Call; hour of day, day, length, area, mobile phone or not, district of the call;
- Caller/client; gender, age, user/parent/professional/other, emotional state, drugs used, history of drug use, secondary substance, ways of use, length of use, previous therapeutic contact, health status (HIV etc.), working status, ethnic origin
- Outcome of call; treatment, visit;
- Other: how caller found out about the service.

## Publicizing the helpline

To ensure the effective use of the helpline, it is important that the general public is made aware of the existence and availability of the service. Methods that will be employed include:

- Flyers
- Newspaper and magazine advertisements
- Television and radio
- Telephone books and directories
- Social institutions such as churches, schools, groups and organizations.
- A webpage on The Brain Clinic and Tema Sleep Centre's website

The different forms of advertising will be directed at different target groups and will tout the service as an appealing, confidential and effective resource.

#### **Funding the Helpline**

The helpline encourage the following forms of communication:

- A telephone service: Callers will be charged local call rates for their phone calls to make the service sustainable.
- SMS/TEXT and Instant messaging
- A viable partnership will be sought with a Mobile Telephone Service Provider.
- An online chat room service: A cheaper and more modern alternative to the telephone service which will also make use of communication via emails.

Funding will be used for the following:

- **Training and Workshops:** Staff of the helpline will require initial training and frequent workshops to hone their counselling skills and their knowledge of emotional/ mental health issues. Workshops will involve external resource personnel as well as relevant educational material e.g. handouts, books, documentaries etc.
- Equipment: The main equipment required for this helpline are
  - Telephones: 2-4 Cell phones with accessible cell-phone numbers (Mobile Cellular Operator as a partner will be ideal)
  - Telephone lines/ numbers
  - Computers and Internet modems/ subscription: Interconnected laptop and software technology to record and respond to calls appropriately.
  - o Desks and chairs for staff
- **Publicity/ Advertisement:** Advertisement and exposure is the most important element of a successful helpline and thus, a rigorous advertisement campaign is necessary. The cost of advertising covers:
  - Television/ radio advertising
  - Newspaper and magazine space
  - o Flyers
  - Church, school and corporate outreach programs

**Staff remuneration**: Staff will consist of trained personnel including psychiatric nurses and volunteers made up of final year Clinical Psychology students. Staff will be compensated with external sources of funding from corporate funders/grant funding with an interest in Mental Health.

## **Future direction**

Once the helpline is fully functional, we hope to extend the service by including an emergency callout system to cater to distressed individuals, especially those who pose a risk to themselves or others. The setup will employ the use of a van to serve as transportation for callers who require immediate medical attention. Helpline staff will be trained to dispatch the emergency medical team to transport callers to the appropriate health facility. We believe this system is extremely necessary considering the lack of efficient emergency response resources in Ghana's health setup.

## Functions of an Emergency Call out Service for Accra Tema Metropolis

The emergency call out service will perform the following function:

- Direct intervention by professionally trained staff who will handle and transfer helpline callers in need to an appropriate mental health facilities in the Accra-Tema Metropolis
- This will have the impact of significantly reducing unnecessary casualties and fatalities associated with mental health

# Budget

	Item	Cost (Gh C)
Initial Training		
0	Staff per diem for four nurses at GHC300 per nurse	1,200
0	3 Resource personnel (Psychiatrist, psychologist and speaking coach) per diem	2,000
0	<ul> <li>1 Representative from the South African Depression</li> <li>and Anxiety Group</li> <li>➢ Air transportation</li> </ul>	2,000 1,200
	Accommodation for 3 days	600
	Stipend covering food, etc	200
0	Venue rental cost for 3 days	1,500
Refresher courses and workshops (6 times a year)		
0	Staff per diem for four nurses for 6 workshops	4,800
0	Per diem for Resource personnel for 6 workshops	3,000
0	Annual venue rental cost	3,000
Equipment		
0	4 cellular phones	600
0	Phone airtime per year	350
0	2 laptop computers	2,500
0	1 projector	1,500
0	Office furniture (2 desks and 2 chairs)	1,000
0	Internet connection (broadband) per year	540
Publicity		
0	Television advertisement (1 slot bimonthly)	2,400
0	Radio advertisement (2 slots per month)	3,000
0	Newspaper space (2 slots annually)	1,700
0	Flyers and billboard advertisement	3,000
0	Outreach programs (transportation/ other expenses)	2,500
Staff Remuneration		
0	4 psychiatric nurses/psychology students (annual	19,200
	stipend) at GHC400 per nurse/month	
		Total: 57,790



23 April 2012

Dear Dr. Mfodwo,

# Re: Call Centre in Ghana

This is to confirm that SADAG (The South African Depression and Anxiety Group) would be very happy to assist Ghana in establishing a call centre and advocacy Group in Ghana.

We currently are the largest network in Africa, managing 15 lines and taking approximately 400 calls a day. We have already assisted Swaziland in setting up a support group and assistance for their communities and would be available to ensure the relevant training and development takes place.

We also will make available to Dr Mfodwo of The Brain Clinic Ltd, all the materials we have that he may wish to translate into their appropriate language. As well as posters and other materials including DVD's that may assist.

Yours faithfully,

Zane Wilson (Ms) Founder The South African Depression and Anxiety Group (SADAG) www.sadag.org