

Pharmacists, Pharmacy Training and Mental Health Care Provision in Ghana

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Abstract

Background: Generally, mental health care seeking in Ghana, a small, very religious West African nation of about 25 million people, is a pluralistic phenomenon, fraught with stigma. The advent of biomedical medicines, with pharmacists involved in providing medicines for mental health care, has somewhat lessened this stigma.

Context: Has the pharmacy curriculum in Ghana adequately prepared students to be part of a mental health team? What is the attitude of pharmacy students and pharmacists towards mental health provision? Will the passage of the Mental Health Bill make any impact on pharmacists' role in mental health? Answers to these questions are explored by examining literature and relevant institutional documents

Evaluation: Minimal attention has been paid to the training of pharmacists in the provision of mental health care, especially in Ghana. It is recommended that pharmacists themselves and related bodies collaborate to make effective use of this neglected potential.

Keywords: *Pharmacists, pharmacy training, mental health, Ghana*

Introduction

Global stigmatisation of mental illness (Sane, Australia; Miami Herald, 2013; Mental Health Commission, Government of Western Australia; Lauber & Rossler, 2007) is even more evident in developing countries where medication for treating mental conditions is not readily available (World Health Mental Health Survey Consortium, 2004). Negative and stigmatizing attitudes tend to impact negatively on pharmacy services rendered (Rusch, Angermeyer, & Corrigan, 2005; Rickles, Dube, McCarter, & Olshan, 2010) and these should be dealt with early in the training of pharmacists who are one of the most accessible group of health care professionals (FIP, 2008).

Context

Overview of Mental Health Care in Ghana

Except for a short time in 1929 there were no psychiatrists in Ghana (then the Gold Coast) before 1951 (Foster, 1962). In 2001, there were only 12 psychiatrists (Ewusi-Mensah, 2001). In 2011, there were still only 12 psychiatrists in a growing population (Ministry of health, Ghana, 1988; IRIN AFRICA, 2011). In 2003, Ghana had 3 psychiatric hospitals and only half of the regional hospitals in the country had psychiatric wards (WHO Africa Region, 2003). In 2013, all the regional hospitals had psychiatric wards; however, mental health financing in Ghana has received very low governmental priority (ACCORD, 2009; Dixon, 2012) and there is an estimated 98% unmet need (WHO, 2007).

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A new Ghana mental health bill (Government of Ghana, 2012), was finally passed in March 2012. The word pharmacist appears nowhere in the forty-four page document which mentions 'doctor' four times and 'nurse' five times. Perhaps if pharmacists were perceived an important group of health workers in promoting mental health, they would have deserved some mention.

Evaluating Pharmacists Involvement in Mental Health Care

Generally, evaluations were positive; but sample sizes in the studies were small (Finley *et al.*, 2003; Thomas & Cabellero, 2012) and no published evaluation in any developing country was found. Therefore, in a developing country like Ghana, more studies need to be done with both providers and consumers before meaningful interventions can be made and evaluated. One such study revealed that 91% of respondents were very comfortable going to community pharmacies; however, only 53% had a strong professional relationship with their pharmacist and 75% reported that they did not receive effectiveness or safety monitoring assistance from their pharmacist. Respondents' main concerns were a lack of privacy and the perception that pharmacists did not have time for consultations with them (CPNP, 2012).

The Training of Pharmacists in Ghana

The first Ghanaian school of pharmacy at KNUST (the Kwame Nkrumah University of Science and Technology)

in August 2013, admitted its second batch of Pharm.D. (a six year doctor of pharmacy programme) students after many years of running a four year B. Pharm. (Bachelor of Pharmacy) programme. A search for the following words: 'mental, neurological, psychiatric or psychological' in the syllabi of both KNUST programmes revealed that in the B.Pharm. syllabus, 'mental' appears only once in the phrase 'mental illness' as part of a listing of drug dependence issues. The teaching contact hours for these issues could not be determined because they formed only a minute fraction of the topics under the module. The words 'neurologic', 'psychologic/psychological' or 'psychiatric' did not appear in the entire syllabus. In the Pharm.D. syllabus, the word 'mental' appears twice in the phrase 'mental health', cited as one of five elective courses in one semester of the sixth year; and 'mental function' in a similar section as in B.Pharm. syllabus. The root word 'neurologic' appears twice in the phrases 'neurological function' and 'neurological disorders' and 'psychiatric' appear twice in the phrases 'psychiatric disorders' and 'psychiatric conditions'. Only the elective course in the first semester of the final (sixth) year had a pre-determined contact hour allocation of 40 hours per week of practical work. So, some little improvement was made in drafting the new syllabus.

Attitude of Pharmacy students to Mental Health

Some studies have concluded that pharmacy students had variable positive attitudes towards mental illness (Crison et al., 1990; Cates et al., 2005; Cates & Bright, 2011). Others, however, concluded that most pharmacy students held negative, stigmatising attitudes towards mental illness (Bell et al., 2008; Amakye Ansah, 2011). It is likely that if practical mental health training is incorporated into the curriculum these negative attitudes may be reversed (Patten et al., 2012).

Attitude of Pharmacists towards Mental Health

A community pharmacist-completed survey indicated that the respondents felt they held more positive attitudes towards people with depression and schizophrenia than other pharmacists. However, they were more willing to provide services to those suffering from asthma than to those with mental illness (Rickles et al., 2010). Another concluded that Ghanaian pharmacists were marginally involved in providing mental health care and the overwhelming majority cited inadequate knowledge (81%) and low level of encounter with patients (72%) as reasons for their non-involvement (Owusu-Daaku et al., 2010).

The Pharmacy Council

This Council is the regulatory body of pharmacy in Ghana. It is also mandated to maintain the integrity of pharmacy premises. For many years, the lack of privacy in pharmacies has been discussed (Schommer & Wiederholt, 1995; Blekinsopp et al., 2003; Koyama et al., 2012) but it appears that costs involved in making long-lasting changes have often been an overriding factor to

professional commitment; and the design of pharmacies has not changed substantially to provide a private-enough area for clients.

Conclusion & Recommendations

The training of Ghanaian pharmacists has largely ignored mental health, and pharmacists already in the workplace in hospital and community lack both the knowledge and skills required to be active participants in mental health care provision. Even as curriculum change is advocated, some sort of board certification could be made available for already-practising pharmacists willing to specialise in mental health care. Ghanaian pharmacists also need to restructure their pharmacies to provide adequate privacy for their clients, especially, those with mental illness and their carers. Alongside government's increased funding of mental health care, rapid progress in service provision is possible.

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