

BRING BACK MENTAL HEALTH CARE TO NATIONAL DEVELOPMENT AGENDA

STATEMENT BY HON. DR EMMANUEL MARFO

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Mr Speaker, I should be very grateful for the opportunity to bring to the attention of this honourable house, a matter that in my opinion deserve urgent national attention. It is about mental health care! Mental health is 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 (WHO).

It is important to highlight it in national development discourse and to bring it back to our development agenda because it seems to be forbidden and we all appear to have pushed it to the back burner as there are more pressing issues to be worried about as a developing nation.

Why talk about mental health when pregnant women are dying with their babies at our health facilities? when our streets are engulfed in filth with cholera epidemic; when we have issues of corruption, bad roads and inadequate infrastructure to deal with. After all, mental illness does not kill.

Mr Speaker, increasingly, experts have cautioned us that mental illness is on the increase, there are many mentally-ill persons than we know and many recent cases being reported in the news should give us a cause to worry and to believe this assertion.

There was the case of the KNUST student who was reported to have hanged herself in her room, then came the University of Ghana student, who was reported to have jumped from the 4Floor of her Hall of residence to her death. A 16-year-old girl in New Tafo in the Eastern region was also reported to have hanged herself in her mother's kitchen, and a young man in his 30's was found hanging on a tree around the Achimota forest. A taxi driver, Charles Antwi, grabbed headlines last two years or so when he went to the church where President Mahama worships, with a gun ostensibly to shoot him. He was later confirmed as mentally unwell.

Three elderly farmers were also murdered in cold blood in Jamasi in the Ashanti Region by a suspected mentally challenged person, while media reports also indicated that a mentally

unstable man in the Eastern Region also killed a young girl and ate her flesh. There was also a report of the gruesome murder of a family of five by a suspected mentally-challenged man at Assin Akrofuom in the Central Region and, Mr Speaker, one of our colleagues escaped an attack from a man later found to be mentally unstable just before the 2016 general elections

Mr Speaker, the causes of mental illness include depression arising out of difficulties in relationships and harsh economic conditions. Other causes include increase in drug use, genetic factors, road traffic accidents, constriction during delivery, infection of the foetus during pregnancy and general health conditions such as tumour in the brain, hypertension and dementia.

Mr Speaker, according to a study by Roberts et al (2014) conducted in 2011 when our population was about 25 million, it was reported that 2.4 million could be mentally ill and only 3% received treatment, leaving a treatment gap of about 97%.

Mr Speaker, the main challenge to mental health care in this country has been inadequate financial resources and skilled/specialised personnel. The study concluded that even though Ghana has a system with the presence of a long established service with staff working across the country in outpatients departments and hospitals, government spending on mental health was very low and the bulk of services, albeit very sparse, were centred around the capital city leaving much of the rest of the country with almost no provision. Specifically, the study revealed that only 1.4% of health care expenses was related to mental health and even that was skewed towards urban areas. Ghana's doctor-patient ratio in the mental health sector stands at 1:1.7 million as compared to 1:1 million in Nigeria and 1:50,000 in Kenya making us one of the worse in Africa.

In the face of these facts, it is not too surprising that traditional healers, shrines, churches and prayer camps have become the option for mental health care, especially in rural areas.

Mr Speaker, I will humbly submit that the debilitating consequences of not paying attention to mental health may be far reaching than we all can imagine. It has dire implication for our economy because mental illness when not carefully looked at makes the sufferer develop a disability that makes it extremely difficult to live an independent life. The Executive Director of Mental Health Authority, Dr Osei, recently stated that mental health has become a silent national

crisis owing to poor quality of care in that area. So Mr Speaker, we are all not safe and perhaps not too sure whether we are mentally very healthy or we can be located somewhere on the spectrum.

These observations call for urgent actions and I would recommend the following:

1. establish a high-level inter-ministerial task force to see to the full implementation of the Mental Health Act, Act 846 of 2012
2. institute sanctions for non-professional centres providing services for the treatment of mental illness
3. increase budgetary allocation and spending on mental health
4. institute a system of periodic mental health check-ups, especially among the working force
5. provide resources and support to civil society organisations to embark on aggressive nation-wide awareness creation, particularly in Schools, market places, churches and mosques about the causes, dangers and treatment of mental illness.

In conclusion, mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life and we cannot afford to leave it behind as we move forward in our national development efforts.

Mr Speaker, once again, I should thank you very much for the opportunity!

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