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The Politics of Mental Health amidst COVID-19 in Ghana: 92-113

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Abstract

Much scholarship has been devoted to the challenge posed by the COVID-19 pandemic to the global economy and the health of people. Little attention has, so far, been given to the threat posed by COVID-19 to mental health, an important aspect of public health. This paper explores the multiplicity of ways the novel coronavirus exacerbates the challenge of mental health in Ghana. The paper argues that a looming COVID-19 induced mental health crisis could undermine the health and wellbeing of the people, hence the need for a timely political response through improved investment in mental health. Elite interviews with frontline stakeholders in mental health in Ghana focused on the extent to which Ghana's overall response to COVID-19 prioritizes mental health and the implications thereof. Also, content analysis of 22 presidential updates on COVID-19 and other official documents, as well as participant observation, were used, to examine Ghana's response to the pandemic. Findings suggest that government decisions and responses to COVID-19 were largely driven by science and rational politics. Specifically, the response to the mental health aspect of the pandemic was minimal with a bias mostly towards the clinical management and prevention of the pandemic. The paper concludes that the mental health aspect of the pandemic is critical to the holistic management of COVID-19 and must be prioritized to curtail possible post-COVID-19 mental health implications on the development of the health and wellbeing of the people. Immediate measurable actions by the government to address the medium to the long-term effect of COVID-19 induced mental health cases is, therefore, highly recommended.

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George Asekere[1] & Augustine Blay Arko[2]

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1.Introduction

Mental health in Ghana is, generally believed to be, a neglected area in the health care system due to years of underinvestment. Adomakoh (1972) decried the inadequate knowledge of mental illness and the associated negative impact as far back as the early 1970s. Close to half a century later, Ghana's mental health system remains ill-equipped, despite the recent effort at improving mental health care. The growing impetus for mental health care has led to the enactment of the Mental Health Act, the establishment of mental health NGOs, increased training of mental health practitioners such as nurses and psychiatrists, mainstreaming of psychiatry services in the healthcare system, and increased media attention on mental health care (Read & Doku, 2012; Yaro et al., 2020). Apart from the increased susceptibility to infections, chronic diseases, epidemics, and even pandemics, poor mental health hurts the economic growth of countries, especially poorer ones like Ghana (Heale & Wray, 2020; Sipsma et al., 2013).

The uncertainty of the COVID-19 prognoses, the rising cases of new variants of the virus, frightening inadequacies of vaccines and medical equipment for treatment, conspiracy theories, and a sense of hopelessness as to when life will return to normalcy are some major stressors that are contributing to "widespread emotional distress and increased risk for psychiatric illness associated with Covid-19" (Pfefferbaum & North, 2020, p. 1). There are justifiable doubts as to how the current state of the mental health care system in Ghana, can respond to the mental health aspect of COVID-19. While political leaders are working around the clock to contain the spread of the virus, improve treatment, and mitigate the staggering economic downturn, little attention has focused on the mental health implications of the outbreak. Yet, empirical evidence suggests that COVID-19 survivors "have an increased rate of new-onset of psychiatric disorders, and prior psychiatric disorders are associated with a higher risk of COVID-19" (Taquet et al., 2020, p. 2).

It must be stressed that despite COVID-19 being a public health emergency, the pandemic is also about politics. The complexity of the novel coronavirus reinforces the need for political leaders worldwide to work together in other to foster the flow of research, financial resources, and health information for the mutual good of all (Kovner, 2020). As such, the overall response to the pandemic is all about politics because it is dependent on decision-making by politicians about resource allocation and the priority of governments. The emphasis on the politics of mental health is very important because it has a cumulative negative effect on the well-being of the people and hence productivity. Already, medical facilities and professionals are simply not enough in Ghana to handle and dispose of larger numbers of mental health cases. Besides, mental health has been neglected for far too long despite its centrality in health (Faydi et al., 2011).

The political decisions being taken to mitigate the medium to long-term health and economic impact of COVID-19 on the citizenry will not be fully materialized if the mental health aspect is not given the needed attention. This situation requires a scientific response. However, the efficient scientific response requires decisions on resource allocation which lies on the bosom of politicians. Thus, the mental health danger posed by the COVID-19 pandemic cannot be de-linked from politics, which is about governance and resource allocation (Peters, 2004).

The paper argues, within the above context, that underinvestment in mental health amidst the COVID-19 pandemic could undermine the health and well-being of the people. This is, mainly, because the COVID-19 pandemic and its resulting economic recession have negatively affected the mental health of many people and created new "barriers for people already suffering from mental illness and substance use disorders" (Panchal et al., 2020, p. 1). Beyond the theoretical perspectives, the Kaiser Family Foundation (hereafter, KFF) Tracking Poll in mid-July,2020, 53% of adults in the United States had their mental health negatively impacted because of worry and stress associated with COVID-19, compared to the 32% reported in March 2020 KFF polling (Panchal et al., 2020, p. 1). Many adults have also reported specific negative impacts on their mental health and well-being including difficulty in sleeping (36%), eating (32%) and increased alcohol consumption or substance use (12%) due to the coronavirus (Panchal et al., 2020, p. 1). In the absence of such statistics in Ghana, the situation could possibly be worse, given the empirical evidence of underinvestment and the associated low levels of the national prevalence of poor mental health care (Sipsma et al., 2013). The COVID-19 pandemic has generally reinforced the need for very strong executive actions to protect public health (Arceneaux et al., 2020) and forestall national security threats, posed by looming joblessness. There is, therefore, the urgent need for political actors to focus their attention on addressing the historic under-investment in mental health services in particular and the entire health system in general.

In Ghana, more testing centres have been added to the original ones at the University of Ghana and the Kumasi Centre for Collaborative Research in Tropical Medicine. There are also plans to construct more health facilities, employ more health professionals and motivate them through income tax exemptions (Akufo-Addo, 2020). These decisions have either been informed by science or politics although the official position of the government is that science has so far driven all decisions in Ghana's COVID-19 response. However, the mental health aspect of the response has not featured prominently in the measures to contain the virus in Ghana. The government of Ghana has not ruled out a second possible total lockdown and closure of schools (Akufo-Addo, 2021). This has possibly increased the anxiety of parents and children. The fear of the unknown can "precipitate new

psychiatric symptoms in people without mental illness, aggravate the condition of those with pre-existing mental illness and cause distress" to affected individuals and their families as well as the entire community (Hall et al., 2008, p. 2). For many people who have lost relatives through the virus and those who cannot seek hospital treatment due to poverty or accessibility, thoughts of an uncertain future will surely leave some lasting mental consequences in their lives. In the absence of adequate data, in view of the limited comprehensive research on the impact of COVID-19 on mental health, much is "assumed based on scant evidence, and services are heavily influenced by the results of research conducted elsewhere" (Read & Doku, 2012, p. 35). The search for more evidence about the dangers posed by the novel coronavirus, to mental health and the politics of the pandemic, is a major necessity.

Although several studies have been conducted on Covid-19, they have mainly covered aspects such as the COVID-19 lockdown, (Afulani et al., 2020; Braimah, 2020), the impact of the pandemic on resource-poor countries (Afriyie et al., 2020; Asamoah et al., 2020), COVID-19 and the state (Amoah, 2020), COVID-19 prevention etiquette (Morgan, 2020) as well as the impact of COVID-19 on education (Adom, 2020; Demuyakor, 2020; Gyimah, 2020; Owusu-Fordjour et al., 2020). While the mental health aspect of the pandemic has not received the desired attention in Ghana, the politics of the pandemic has been addressed by scholars, mostly, outside Ghana, leaving a geographical dearth (Bar-Siman-Tov, 2020, 2020; Kovner, 2020). It is in the light of this that this present work contributes to the literature on the threat that COVID-19 poses to the mental health and well-being of people.

Mental health is conceptualized in this study based on the WHO definition which is a state of well-being in which everyone realizes his or her potential to work fruitfully and productively, cope with the normal stresses of life, and be positioned to make useful contributions to his or community.

2. The politics of pandemics and Mental Health in Ghana

Political actors in Ghana have over the years claimed successes in addressing the health needs of the people. Yet, the claim that the "denial of the naturalness of disasters is in no way a denial of natural process" only reinforces the difference between rhetoric and reality (Smith, 2006, p. 1). There is consensus that it is the primary task of the government to tackle major health disasters such as epidemics and pandemics. This duty dates back to the fourteenth century when ancient city-states, such as the Italian Peninsula and the Adriatic, developed strategies and administrative measures against plague outbreaks (Roberts, 2020). Governments around the world have since, assumed the responsibility to secure

the health and well-being of their citizenry. Viruses are no respecter of borders since their spread and their chances of survival depend largely on the policies and laws of states (Bennett, 2021; Roberts, 2020). This notwithstanding, various states have responded to this need based on their priorities, financial capacities, and political commitment. Ghana has responded to this task in various ways through governance, institutional structure, and policies.

Health policies in Ghana are engineered at the ministerial level, receive legal backing at the legislative level, and are implemented by the Ghana Health Service (GHS). The Mental Health Unit of the GHS oversees all issues relating to mental health services. The work of the Mental Health Unit has received a major boost since the establishment of the Mental Health Authority, which advises the government on all mental health-related programmes, policies, and legislation (Ofori-Atta et al., 2010; Yaro et al., 2020). The authority further does the monitoring and assessment of mental health care services and oversees the performance of the three public psychiatric hospitals (Yaro et al., 2020).

The above, notwithstanding, the literature suggests that mental health in Ghana has been a neglected area in health care for decades with limited research (De-Graft Aikins & Ofori-Atta, 2007; Ofori-Atta et al., 2010; Read & Doku, 2012; Sipsma et al., 2013; Tooth, 1950). According to Read and Doku (2012), the first scientific study of mental health/illness in the then Gold Coast was occasioned by Colonial Masters. The focus was to study the forms of neurosis and psychosis among the people in West African (Read & Doku, 2012). Ethnographic research was undertaken in the 1950s focusing on people with mental disorders who attended rural shrines for a solution to their problems (Tooth, 1950). Between 1957 and 2020, there had been some sustained incremental studies on mental health by students, a few Ghanaian psychiatrists, and non-governmental organizations (De-Graft Aikins & Ofori-Atta, 2007; Ofori-Atta et al., 2010; Read & Doku, 2012). The sustained challenge remains that mental health, like social welfare services in Ghana, has been largely underfunded (Ewusi-Mensah, 2001). The implication is that with the decades of underinvestment in mental health, possible COVID-19 induced mental health cases, coupled with existing ones, could compound the woes of mental health patients. This is possible because the overly hyped clinical measures to contain the virus in Ghana do not prioritize the mental health aspect of the pandemic.

The lack of properly sustained planning, limited accessibility to psychiatric services, severe under-funding as well as a shortage of trained professional mental health staff have negatively impacted the institutionalization of a comprehensive mental health response in Ghana (Ewusi-Mensah, 2001). Read and Doku (2012) have noted that there is an emerging impetus for mental health issues in Ghana

through the formation of mental health NGOs, the passage of a mental health bill into law, an increase in the training of psychiatrists and psychiatric nurses, and increased media attention to mental health-related causes. It, therefore, comes as less surprise that "while limited poverty-reduction initiatives might exist, psychosocial interventions are non-existent for individuals who might require support" (De-Graft Aikins & Ofori-Atta, 2007, p. 775). The argument by De Graft Aikins and Offori-Atta (2007) paints a picture of a dire situation relative to mental health care in Ghana. If COVID-19 induced mental health cases are added, the situation could be worsened. Urgent attention is, therefore, needed to curtail a more overburdened situation post-COVID-19.

Several stakeholders, led by government officials, have not been proactive in their response to calls for reform and change in mental health issues. According to the Mental Health Authority, Ghana presently has about 40 psychiatric doctors who are unevenly distributed across the country, as against 10 in the past, 20 clinical physiologists across the country, and six occupational therapists with mental health services, minimally, provided in all regional health care facilities by non-graduate mental health nurses (Osei, 2020). Despite this, the needed structures and medications to provide efficient mental healthcare are inadequate. For instance, despite a marginal improvement in the last couple of years, there has always been a huge deficit in financing mental health. Chief Executive of the Mental Health Authority (MHA), Dr. Akwesi Osei, revealed that the authority received about GHS 1.2 million for the first quarter of 2020, while the various psychiatric hospitals received a financial release of GHS 8 million each for the same period. According to him, this was better than previous years. Nonetheless, he admitted that there is still a huge gap in mental healthcare financing. The need for improvement is therefore, not in doubt, especially, in the wake of COVID-19 which experts suggest might cause more mental cases.

Partnership with NGOs is one sure way of reversing the gloomy situation where mental health patients are generally referred to as mad people and, therefore, left to the mercy of their families or spiritualists, some of whom chain them to trees and subject them to human rights abuses. Specific partnerships developed with country-level players such as Basic Needs-Ghana and the Mental Health Authority in Ghana as well as influential leaders and individuals have been critical in exposing the bad state of mental health and set the pace for mental health improvement (Abdulmalik et al., 2014). Even if some of the treatment gaps and need for partnership reflect the inadequate human and material resources, a major challenge remains low priority accorded mental health issues by government and the low levels of knowledge about how to use available resources more efficiently to handle mental health-related cases (Saxena et al., 2007).

Existing research show that there are shortfalls in Ghana when it comes to the provision of mental health care (Ofori-Atta et al., 2010; Sipsma et al., 2013). This comprised the inadequate number of mental health professionals, aged and dilapidated infrastructure, stigmatization, and unequal geographical distribution of mental health services (Abdulmalik et al., 2014). Afori-Atta et al. (2010) agree on the need for legislative reforms to help improve mental health services and protect human rights. According to the Chief Executive Officer of the Mental Health Authority, Dr. Akwesi Osei, there are very few rehabilitation centres and day services for people with mental disorders in Ghana. For instance, apart from the three main government facilities namely "Pantang, Ankafo and Accra Psychiatric Hospitals (all in the Coastal belt), the others which exist are largely run by NGOs and faith-based organizations" (Ofori-Atta et al., 2010, p. 103). Currently, two NGOs, Basic Needs-Ghana and Christian Blind Mission have established community-based rehabilitation projects for people with mental disorders in the northern part of Ghana to help deal with the issue of mental health. Besides, there are "four privately owned psychiatric hospitals available, two in Kumasi, one in Accra and one in Tema" (Yaro et al., 2020, p. 476). Others include the "Damien Centre at Takoradi in the southwest of the country which is run by the Catholic Church. Two drop-in facilities for vagrants are provided in Tamale in the Northern region based on the clubhouse model, Tsisampa run by Basic Needs-Ghana, and Shekina, run by a private practitioner" (Ofori-Atta et al., 2010, p. 103).

The unsatisfactory response by stakeholders (the executive, legislature, coalition of NGOs in mental health) to the mental health needs is evidenced by the omnibus state of mental health in Ghana. Currently, faith-based organizations and traditional healers have taken advantage of the challenge to abuse mental patients. The "maltreatment of people with mental illness in Ghana's traditional and faith-based healing centres, including shackling, flogging, and forced fasting" is shocking (Lambert et al., 2020, p. 1). The exact number of Traditional and Faith-Based mental health 'healers' are, however, unknown because of the unregulated nature of such practices in Ghana (Osei, 2020). The Traditional Medicine Practice Council and the Ghana Federation of Faith-based and Traditional Healers have on several media platforms agreed on the dehumanizing treatment meted to mental patients by some of their members. It is estimated that there is one healer for every 200 mental patients (Ae-Ngibise et al., 2010), although recent media commentaries suggest a much worse state of affairs. The most recent data indicate that there are a total of 39 psychiatrists 86 clinical psychologists, and 47 counseling psychologists for the entire country (Ghana Psychology Council, 2020; Mental Health Authority, 2020). According to the World Health Organization (2007), the ''estimated treatment gap is about 98%. This means that, for every

100 people suffering from a mental illness, only two are likely to access treatment (cited in Yaro et al., 2020, p. 476). This state of affairs can only be changed if there is enough data to convince the political class to act, hence studies of this nature are timely.

Yaro et.al. (2020) found that the government has paid little attention to mental health care as compared to other aspects of healthcare. This is evidenced by the continued shortage of psychotropic medications in health facilities and the usual strike by mental health nurses which has become an annual affair (Ae-Ngibise et al., 2010; Lambert et al., 2020; Ofori-Atta et al., 2010). The mental health law, (Act 846, 2012) seeks to bridge the gap between mental health needs and services and prioritize the human rights of the mentally ill. The law frowns on discrimination of all forms and seeks to provide equal opportunities for mental patients (Kpobi et al., 2013). Additionally, the law provides for decentralized mental health services and the integration of mental health care into the general Primary Heath Care system (Kpobi et al., 2013). Mental health care financing is required as a priority under the law. Although mental health has not been prioritized for decades, the passage of the mental health law in 2012 set the tone for an improvement. The reality is that people in a larger part of Ghana receive psychiatric services from community psychiatric nurses (CPNs), who can be found in 159 of the 216 districts (Eaton & Ohene, 2016). These CPNs work in the communities but operate from district hospitals (Eaton & Ohene, 2016). The psychiatric hospitals and CPNs provide the majority of psychiatric services in the country (Eaton & Ohene, 2016). The level of knowledge and standard of care offered to people with mental disorders by general practitioners and primary care services is generally poor (Eaton & Ohene, 2016). Eaton and Ohene argue that most general practitioners avoid seeing people with psychiatric problems, preferring to refer them to the few mental health care providers. Given this lack of services, particularly in more rural areas, it is not surprising that there is a large treatment gap (Eaton & Ohene, 2016).

Given that the novel coronavirus is one of the biggest threats to the health and wellbeing of people globally (Kickbusch et al., 2020), no country should toy with the potential post-COVID-19 mental health threat. Responding to this challenge requires political action as it boils down to resource allocation. We argue that the COVID-19 pandemic and its resulting economic recession have already negatively affected the mental health of many people and created new "barriers for people already suffering from mental illness and substance use disorders" (Panchal et al., 2020, p. 1). The insufficient facilities for treatment, inadequate vaccines for the people have further raised the issue of marked "contours of rescue and abandonment, privilege and abjection, and inclusion and exclusion" in favour of the privileged few in society, leaving the masses in thoughts that have

mental health implications (Chigudu, 2019, p. 414). Already, the Oxford Precision Psychiatry Lab has found a direct link between COVID-19 and Mental Health (Smith et al., 2020). Besides, the UN has warned of a looming mental health crisis as millions of people globally are surrounded by COVID-19 deaths with others forced into isolation, poverty, and anxiety. The UN is certain that the isolation, fear, uncertainty, the economic turmoil could all cause psychological distress that may pose immediate or long-term mental health problems (Kelland, 2020). This article closely examines how underinvestment in mental health could affect the management of post-COVID-19 mental health and the well-being of the masses. The key questions that we seek to answer are: How has the government of Ghana responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care? How have the measures taken by the government of Ghana to fight COVID-19 prioritized the mental health and well-being of the people?

3. Materials and Methods

To address the research questions, the paper used qualitative methods. The "allure of qualitative research is that it enables you to conduct in-depth studies about a broad array of topic" that affect everyday life (Yin, 2011, p. 6). This method was chosen because it enabled the researchers to "collect, integrate, and present data from a variety of sources" (Yin, 2011, p. 9). These sources included interviews, official policy documents, news reports, and addresses by the government officials, to show how mental health issues feature in the politics of pandemics as it relates to the wellbeing of the citizenry. Data and information were, therefore, obtained mainly from two sources. The primary source of data was obtained from stakeholders in mental health in Ghana. The target population for this study comprised frontline health workers, mental health experts, and politicians.

The authors purposively selected 15 participants. Purposive sampling "strategies are non-random ways of ensuring that particular categories of cases within a sampling universe are represented in the final sample of a project" (Robinson, 2014, p. 32). The main research instrument used to solicit information for this paper was a semi-structured interview guide. The essence was, therefore, to capture the expert views of stakeholders who have a unique perspective on politics, pandemics, and mental health. Additionally, the authors undertook a content analysis of 22 presidential updates by the president of Ghana between March 2020 and April 2021. These updates were the collection of virtually all policy decisions by the government officials in response to COVID-19. Relevant official statements on COVID1-19 from other stakeholders including the religious

community, NGOs, and political parties were also analyzed. A conscious effort was made to ensure gender balance in the sampling. Frontline workers such as doctors, laboratory technicians in COVID-19 testing centres, nurses, and those with ambulance service were chosen because of their direct encounter with COVID-19 cases. Mental health experts were added because of their expertise in mental health and well-being. Politicians were included because they are responsible for resource allocation for priority projects, policies, and programmes in Ghana.

The second source of data was gleaned from journal articles, books, reports from credible media outlets, COVID-19 related articles written by known experts in newspapers, seminars, and archival data on COVID-19 in Ghana. Apart from some health experts who entertained the fear of possible sanctions from their superiors, the study participants were generally cooperative. In this regard, the identity of all participants was anonymized to avoid potential victimization or violent attacks from either political leaders or their superiors, some of whom are known to be very intolerant about comments that make their parties look bad in Ghana. The first names and pseudonyms used in the findings section are, hence, not the real names of the participants. Voice recordings were transcribed, added to field notes and relevant secondary data before they were thematically analyzed in line with the research questions.

4. COVID-19 in the context of underinvestment in mental health care

Health emergencies such as pandemics are ''no longer imagined as interruptions to progress, but presented as an opportunity to manage precariousness'' and possibly address overlooked challenges in the past (Chigudu, 2019, p. 419). In search for responses to this question, we began our interviews with our participants and documentary search with the same general order: How have the responses (from official documents and interviews) address the question on how the government has responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care. Our first interviewee, an Accra based laboratory technician at one of the COV-D-19 testing centres, Ebo noted:

> Due to the lack or inadequate national strategy on the mental health aspect of COVID-19, people resorted to self-medication including the use of herbal concoctions. I do the test for people so I knew I was at greater risk. One day I had a cold. The following morning, I inhaled and drank neem leaves before going to work. I even took antibiotics before the test results came and it was negative. All responses from the government said little or nothing about the mental health aspect of the pandemic. And so the stigma attached to COVID-19 made it difficult for me to consider discussing with a third

> party even if he tested positive. There was no counseling before releasing the results of COVID–19 samples to the owners because of the risk of infections (Interview, Ebo, Accra, 20 December 2020).

As the pandemic continues to pose existential threats to many around the world, Ebo, like many other respondents, was focused on first things first; how to avoid contracting the virus. Added to this were thoughts of an uncertain future regarding the coronavirus. Many people were already anxious and depressed, a state which could potentially predispose them to mental health problems. For instance, the three–week lock–down in parts of Ghana, closure of schools and some businesses, especially in the hospitality sector, and associated loss of jobs negatively impacted the economic well–being of the people as many had to spend their life savings. Thoughts of these could be mentally devastating and this assertion was confirmed by the responses from, Rev. Kofi, a frontline nurse who noted:

> Many people attributed the COVID–19 pandemic to spirituality. Such people were of the view that their God/god was afflicting them for sins they have committed or sins committed by their parents or grandparents. For me, this explains why some people did not put much emphasis on the COVID–19 protocols but rather resorted to prayers and fasting. Many of such became traumatized when some of them tested positive and some even died. I believe some of these things happened because there were no national guidelines on how to handle the psychological aspect of the virus, from the measures outline by the government (Interview, Rev.Kofi, Accra, 30 December 2020).

The immediate response from the government of Ghana when the first two cases were recorded from travellers from Norway, did not indicate the measures to deal with the mental health aspect of the virus. One of the first things included putting together a national task force mandated to ensure compliance with COVID–19 protocols and to educate people on the safety measures. Yet, some members of the task force had no idea how to handle people who were going through mental trauma due to the impact of COVID–19. Mavis, a member of the national task force admitted that she suffered mental health problems when she tested positive despite observing all the rules. She noted:

> I became very angry with myself and everyone else. I thought my condition was caused by other people. My situation got exacerbated because of thoughts on how to break the news to my sick 78–year–old mother who lived with me and perhaps, not infect her with the virus. I had sleepless nights for a week and thought of negative things including possible suicide. I could not get psychological support because, even as a member of the national emergency task force on COVID–19, I did not know of any immediate psychologist to call on. Besides, I was isolated; thinking a lot, all

alone (Interview, Mavis, Tema, 10 January 2021).

The response from Mavis reflects those of many others who had no idea as to how to seek mental health support in the midst of the pandemic. This was largely because mental health facilities are simply not available in many parts of the country and where they exist they are ill-equipped because of years of underinvestment in mental health care. We found that apart from the COVID-19 patients, their relatives equally went through a lot of traumatizing experiences but, the fact is that the mental health facilities could not handle the looming numbers. Dr. Eva, a psychiatrist and incident commander for the COVID-19 response team for the Pantang Hospital in Accra (one of the three main mental health facilities in Ghana) admitted that policy responses did not emphasize much on the mental health aspect of the novel coronavirus, largely due to inadequate mental health facilities and professionals; a net effect of underinvestment. But the situation was not all that hopeless. She noted:

> Pantang Hospital has a unique role in being the most suitable treatment option for COVID-19 patients who had a mental disability. As part of the institutional preparedness at the early onset of the pandemic, staff received retraining on how to manage mental health patients who may have contracted COVID-19. One of our real tests was when a suspected COVID-19 patient whose clinical records showed he had an episode of mental illness had to violate social distancing rules and was very aggressive while on treatment in our facility. His samples were taken for COVID-19 and sent to the Noguchi Memorial Institute for Medical Research. From previous experience, the result was expected in 4-6 hours. In this instance, it took more than 24 hours! Apparently, the testing agency was overwhelmed as the number of cases requiring testing had begun to rise (Interview, Dr. Eva, Accra, 15 January 2021).

An extended waiting period could be stressful for a patient and his family. Apart from the fact that the mental health facilities are not enough, they are under-resourced and located in only the coastal regions. To make matters worse, workers in mental health facilities were not part of the official list of workers who were covered by the government of Ghana's insurance package for frontline COVID-19 workers. It, therefore, became difficult for such mental health experts to engage people in counselling when they had no means of diagnosing the COVID-19 status of such clients.

The holistic management of the COVID-19 pandemic has the potential of helping people whose lives have been shattered, to cope with both the clinical and mental health aspects of their lives and well-being (Chigudu, 2019) but Ghana had to make good use of what was readily available and feasible. It was discovered that the government paid more attention to the mainstream health sector (clinical)

and little to mental health in view of the exigencies of the crisis. Dr. Victoria, a medical practitioner in a private health facility noted that managing a patient with COVID-19 and comorbid mental illness is stressful. According to her, the lived experience of people with mental illness makes them prone to contracting and transmitting the novel coronavirus. For instance, she argued that:

> The government could do little under the circumstance. A confused or disinhibited patient may have difficulty maintaining social distance, refused to wear a facemask, or forcefully remove it in the course of treatment. The state could not, out of the go, provide us with the needed support to do this holistically. Considering the high mortality associated with covid-19, most people virtually think getting the virus is like a death sentence, and the government needed to address this head-on. We saw the lockdown, economic support in terms of free water and electricity, public education among other things. What was missing, for me, is the fact that isolations resulted in the abuse of substances such as alcohol and tobacco which result in severe mental complications coupled with difficulty sleeping and anxiety (Interview, Dr. Victoria, Accra, 20 February 2021).

We noted that some medical officers were unaware of specific government interventions to deal with COVID-19 related mental health cases. Dr. Daniel remarked: "I am not aware of any protocols for such currently. I only overhead the head of the Psychiatric hospital some time ago who said they had something of that sort in place but I have not heard it propagated in the media as to how this works". He held the view that the extent of the government of Ghana's response to the mental health aspect of the pandemic is minimal considering the silent treatment given to the mental aspect of the condition. The bias is mostly towards clinical management and prevention. Little is normally talked about as per the mental ramifications of the condition (Interview, Dr. Daniels, Accra, 10 February 2021). This assertion was shared by a mental health nurse Ali, who noted that the government's measures on the mental health aspect of the pandemic were not clear. He opined that the available option for suspected mental health cases is to resort to the three, ill-equipped, Mental Health Hospitals, which are all located in the coastal belt of Ghana (Interview, Ali, Kumasi, 10 January 2021).

The study found that government and non-state actors had put in place some support system in the form of counseling for people to cater for the mental health aspect of the pandemic. The Ghana Health Service in collaboration with the Mental Health Authority, the Ghana Psychology Council among others, has in place psychological intervention for COVID-19 (MoH, 2020). Mr. Dsane, a mental health expert noted that some mental health professionals, himself included, provided voluntary support in areas such as regret, resentment, loneliness, depression, anxiety, fear, and sleep deprivation. He said that there was the need for "state-led counseling and establishment of a dynamic mechanism for the

evaluation and warning of psychological crises to enable trained psychologists to assess patient's mental states. These could include an individual's psychological stress level, anxiety, mood, quality of sleep, etcetera, so that expert suggestions of appropriate remedies or required interventions could be accessed" (Interview, Dsane, Accra, 10 March 2021).

The Mental Health Authority which should have been very visible during this was not heard much. An official of the authority, Asamoah noted:

> Although enough had been done by the authority with the support of both government and other stakeholders, there remains a big gap to be filled in order to enable the authority to provide adequate psychological support. The problem has not just begun. It is due to years of underinvestment in mental health in Ghana. The Pantang Hospital in Accra was established in 1975 but currently has just 200 beds. I am not in the least satisfied with the measures put in place so far by the government to fight the mental health aspect of the COVID-19 pandemic (Interview, Asamoah, Accra, 18 February 2021).

As demonstrated from the findings, the government response to COVID-19 has placed less premium on the mental health aspect of the pandemic within the context of years of underinvestment in the sector by the state. While the government cannot be blamed for not doing enough due to the inherited challenge of persistent neglect, the same cannot be said about measures taken to address the problem in the future.

4.1 Ghana's response to COVID-19: How is mental health and well-being prioritized?

How has the government's response to the COVID-19 pandemic prioritized the health and well-being of the people? As the previous section argued, our data attributed the problem to years of underinvestment in mental health care by successive governments. In this section, we develop this argument further by discussing the extent to which measures taken against COVID-19 prioritized mental health and well-being of the people, by scrutinizing official policy documents including the presidential updates on how the government is addressing the COVID-19 challenge.

Precautionary measures against the novel coronavirus were taken before the first two cases were confirmed on 12 March 2020. The president in update three directed the Attorney General to submit, immediately, to Parliament emergency legislation, per Article 21 (4) (c) & (d) of the Constitution of the Republic, to give him additional power to act in the national interest. This was done with the necessary speed. He further directed the Minister for Health to

exercise his powers, under section 169 of the Public Health Act, 2012 (Act 851), by the immediate issuance of an Executive Instrument, to govern the relevant measures (Akufo-Addo, 2020).

According to the Ministry of Health, a National Technical Committee was established in January 2020. The committee was mandated to review Ghana's resilience and readiness to contain the possible outbreak of the virus (MoH, 2020). There were series of hygiene education in the media aimed at preventing human-to-human transmission of the virus. When the first two cases were recorded, the president in his first update on measures to contain the spread of the COVID-19 pandemic, which was live telecast on all major radio and television stations nationwide, outlined a number of flexible measures. Topical among the measures was a commitment of GHS 572 million (which was equivalent to 100 million dollars) to strengthen the capacity of existing health facilities, the land and sea borders, and other entry points to possibly detect and control further spread of the virus. Measures aimed at creating public awareness through mainstream and social media were also spelled out. The president further announced an initial ban on foreign nationals traveling from countries with more than 200 COVID-19 cases, from entering Ghana. Also, a ban was immediately placed on all public gatherings, including conferences, workshops, funerals, festivals, political rallies, sporting events, and religious activities, such as services in churches and mosques. Private burials were permitted, but with limited numbers, not exceeding twenty-five (25) in attendance. Further, all universities, senior high schools, and basic schools, both public and private, were shut down on Monday, March 16 2020.

The Ministry of Education, in collaboration with the Ministry of Communication, was directed to roll out distance learning programmes for students. However, Basic Education Certificate Examination and West African Senior School Certificate Examination candidates were allowed to attend school to prepare for their examinations, but with prescribed social distancing protocols. The president allowed businesses and other workplaces to operate but cautioned them to observe prescribed social distancing between patrons and staff. As such, establishments, such as supermarkets, shopping malls, restaurants, nightclubs, hotels, and drinking spots, were exempted from the partial lockdown but were asked to strictly observe enhanced hygiene procedures by providing, amongst others, hand sanitizers, running water, and soap for washing of hands. The government ensured that transport unions and private and public transport operators enforced enhanced hygienic conditions in all vehicles and terminals, through the provision of hand sanitizers, running water, and soap for washing of hands (Akufo-Addo, 2020).

On 23 March 2020, the president announced an initial two-week closure of

its international borders (Akufo-Addo, 2020). A partial lockdown came into force on 30 March 2020 in parts of the Greater Accra region (national capital) and the Greater Kumasi metropolis as well as Kasoa, a major trading town in the Central region that shares borders with the national capital, Accra (Akufo-Addo, 2020). The government directed all health institutions to prepare to screen, identify and isolate suspected COVID-19 cases using symptoms such as fever above 38 degrees Celsius, travel history among others. Incentives in the form of cash either through pay rise or income tax exemptions and an insurance package worth three hundred and fifty thousand cedis (GH¢350,000) for each health personnel and allied professional at the forefront of the fight, was put in place.

The lockdown was partially lifted on 20 April 2020 following concerns over the economic implications. During the period, the major political parties in Ghana, the ruling New Patriotic Party (NPP) and the largest opposition National Democratic Congress (NDC) shared freebies with messages which clearly showed their gesture was a rational action targeted at votes on the 7 December 2020 general elections. The president announced, for instance, free water for all Ghanaians and free electricity for lifeline consumers which became a major campaign tool for the NPP (Akufo-Addo, 2020). The opposition NDC established a counter-response team that focused on the distribution of food, clothes, and medical equipment across the country. Some churches followed suit.

Furthermore, the government put in place social intervention programmes including an expanded Livelihood Empowerment Against Poverty (LEAP) to deal with the economic impact. This became necessary given the ''link between homelessness and poor mental health'' fuelled by daily thoughts of ''insecurities caused worry and anxieties'' over the uncertain effect of the pandemic (De-Graft Aikins & Ofori-Atta, 2007, p. 773). Besides, Parliament approved the Coronavirus Alleviation Programme (CAP), whose objective was to protect households and livelihoods, support micro, small, and medium-sized businesses, minimize job losses, and source additional funding for the promotion of industries. Through this initiative, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organization (NADMO), working with Metropolitan, Municipal and District Chief Executives (MMDCEs) and the faith-based organizations were able to provide food for up to four hundred thousand (400,000) individuals. A COVID-19 National Trust Fund, which was established to complement the Government's fight against the virus, and to assist in the welfare of the vulnerable raised eight million, seven hundred and fifty thousand cedis (GH¢8.75 million), which includes six hundred thousand United States dollars (US$600,000), through donations by close of April 2020. Ghana also secured a one billion Dollar Rapid Credit Facility, from the IMF, which was used to help close the financing gap that had been created by the

pandemic through shortfalls in revenues and additional expenditures.

Towards treatment, Ghana was able to expand and add to its network of COVID- 19 treatment centres. The Ga East and Bank of Ghana Hospitals were fully dedicated to COVID-19 treatment. Aside from this, separate COVID-19 treatment centres at the University of Ghana Medical School Hospital, the Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Kumasi South Hospital, and other designated Regional and District Hospitals were operationalized. Domestic production of personal protective equipment, and our health care facilities, was activated. It is clear from the above that the government response included measures that addressed the well-being of the people albeit momentarily. However, concrete measures to cater for post-COVID-19 mental health and well-being were largely, not prioritized.

5. Conclusion: lessons learnt.

This article has offered an account of how the government of Ghana responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care. It has also highlighted the extent to which the measures taken by the government to fight COVID-19 de-prioritized the mental health and well-being of the people. By examining the narratives of our respondents and scrutinizing official policy documents, we have demonstrated how clinical management of COVID-19 and economic mitigating measures took centre stage in Ghana's overall response to the pandemic. In so doing, the authors have shown how mental health management is critical to the health and well-being of people both in the short, medium, and long term. We have also demonstrated how the emphasis on clinical management and treatment of the virus has led to underinvestment in the area of mental health in Ghana. This could pose severe psychological problems in the medium to long term. Overall, this paper has provided detailed inquiry into how COVID-19 could exacerbate mental health challenges for survivors of the virus, their relatives, and frontline health workers. It has noted a potential direct and indirect linkage between COVID-19 and mental health. At the same time, the study has highlighted the role political actors play in ameliorating or exacerbating the problem, through policy-making and resource allocation.

Despite some laudable measures taken by Ghana to contain the novel coronavirus and mitigate its social and economic impact on the citizens, the paper noted that limited practical steps have so far been taken, to manage the mental health of the people, many of whom are still anxious about the future, despite the assurance of vaccination. For instance, beyond the voluntary counselling services that are occasionally announced by private individuals and the Ghana

Psychological Association, the state has no national plan on the management of mental health–related issues associated with COVID–19.

The implications of the above are that the indirect effects of COVID–19 on the mental health and well–being of people could include an increase in anxiety symptoms, panic reactions, and depression, post COVID–19. These have negative consequences on the health and well–being of the people. Three main lessons have been learned from the study.

First, the absence of a clear road map on managing the mental health aspect of the pandemic has led to the use and abuse of drugs especially, herbal concoctions. This has the potential to cause severe health implications in the future because such drugs are taken without prescriptions from qualified medical officers.

Second, the individual efforts will not yield the desired outcome in the quest to combat COVID–19 unless everyone plays their role. As such, it is incumbent on the political actors in Ghana who are the sole custodians of power, policy, and resources to invest in all aspects of the pandemic, including mental health. Anything short of this will amount to addressing major symptoms of a condition without fully tackling all possible repercussions. This is possible because of thoughts of the devastating mental effect of COVID–9 on people who have lost loved ones, those who are suffering or contemplating that they could suffer COVID–19 complications, and those who have lost their livelihood through job losses.

Third, political considerations are prioritized over any other in Ghana. This was manifested in the blatant disregard for public safety and violation of COVID–19 protocols by lead political actors during the electioneering period. Another was the refusal to heed advice from the Ghana Medical Associations on public gatherings and further lockdowns during the compilation of a new voters' register. It thus became a burden on frontline health providers who had to risk their lives in handling avoidable COVID–19 numbers, which process led to more infections and deaths of many health workers. Again, the psychological effect of this behaviour of politicians on health workers and dependents of deceased health workers could be devastating

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