MATERNAL MENTAL HEALTH POLICY

2026 - 2037

MENTAL HEALTH AUTHORITY
TOTAL HEALTH

GHANA HEALTH SERVICE
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The Ministry of Health (MOH) expresses profound gratitude to all stakeholders for their invaluable contributions to the development of the Maternal Mental Health Policy (MMHP). This document is the result of extensive consultation, collective expertise, and tireless dedication across multiple sectors. Its completion reflects Ghana's commitment to safeguarding the mental well-being of females, their families, and the communities that support them.

The MOH extends particular recognition to the Mental Health Authority (MHA) for spearheading the development of this policy. We are equally grateful for the steadfast collaboration of the Ghana Health Service (GHS) and all our other agencies. The Ministry also values the technical oversight provided by the National Development Planning Commission (NDPC) in ensuring the policy aligns with national planning standards. Furthermore, we deeply appreciate the Foreign, Commonwealth & Development Office (FCDO) and the World Health Organisation (WHO) for providing technical support to bring this policy to fruition.

We acknowledge the dedicated team of experts, clinicians, and researchers whose technical reviews ensured a robust and context-specific policy. This collaborative effort was further enriched by the active engagement of a wide range of stakeholders, including Ministries, Departments and Agencies (MDAs), Civil Society Organisations (CSOs), professional associations, and academic institutions. We are especially grateful to faith-based organisations, community representatives, and persons with lived experience, whose unique perspectives were vital in ensuring the policy remains inclusive and responsive to the needs of all.

Finally, we recognise the dedication of health workers across the country whose daily service continues to inspire and drive the national agenda for Maternal Mental Health (MMH). We are grateful to the many individuals and groups that made this milestone possible; a full list of these contributors is available in Appendix 2. The Ministry remains committed to working with all stakeholders to ensure the successful implementation and sustained impact of this policy.

Foreword

Maternal Mental Health (MMH) is fundamental to the well-being of females, families, communities, and the nation. Ensuring that every woman enjoys good mental health throughout pregnancy, childbirth, and the postpartum period is not only a public health obligation, but also an investment in Ghana's human capital, social cohesion, and long-term development. For many years, MMH conditions such as depression, anxiety, and psychological distress have remained largely unrecognised, underdiagnosed, and insufficiently addressed within the health system. Their effects ranging from increased maternal morbidity to impaired child development and intergenerational vulnerability, highlight the urgent need for a coordinated and sustainable response.

This Maternal Mental Health Policy (MMHP) represents a significant milestone in Ghana's commitment to strengthening mental health services and advancing inclusive, equitable, and gender-responsive health systems. The policy provides a comprehensive framework for integrating MMH care into routine Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services; strengthening community-based support systems; improving early identification and referral; building the capacity of the health workforce; and addressing stigma, discrimination, and other barriers to care. It aligns with national priorities, including the Resetting Ghana Agenda: Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029), and reaffirms Ghana's commitment to global frameworks such as the Sustainable Development Goals (SDGs), the World Health Organisation (WHO) Comprehensive Mental Health Action Plan (2013-2030), the WHO Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services (2022), and the Africa Union Agenda 2063.

The development of this policy was guided by a participatory and evidence-informed process led by the Mental Health Authority (MHA). It involved extensive contributions from technical experts, frontline health workers, development partners, Civil Society Organisations (CSOs), and individuals with lived experience. Their insights, coupled with rigorous reviews and stakeholder consultations, have shaped a policy that is responsive to the realities of females and families across Ghana and is grounded in national legal and policy frameworks.

I commend all institutions, partners, and individuals who contributed to the formulation of this policy. Its successful implementation will require continued collaboration across sectors,

including health, social protection, education, local governance, and community structures. Together, we must ensure that MMH becomes an integral part of Ghana's health agenda and that all females and their families enjoy optimal mental well-being from pre-conception through one year postpartum, and receive the support, dignity, and compassionate care they deserve.

It is my hope that this policy will inspire renewed commitment, strengthen service delivery, and contribute to building a healthier, more resilient, and more inclusive Ghana.

HON. KWABENA MINTAH AKANDOH (MP)
MINISTER FOR HEALTH

List of Tables

Acronyms

Acronym	Full Meaning
AHSG	Ahmadiyya Health Services of Ghana
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHAG	Christian Health Association of Ghana
CHPS	Community-Based Health Planning and Services
CHRAJ	Commission for Human Rights and Administrative Justice
CPD	Continuous Professional Development
CPESDP	Coordinated Programme of Economic and Social Development Policies
CRC	Convention on the Rights of the Child
CSR	Corporate Social Responsibility
CSOs	Civil Society Organisations
DHIMS	District Health Information Management System
DOVVSU	Domestic Violence and Victim Support Unit
DPs	Development Partners
EHRs	Electronic Health Records
EPDS	Edinburgh Postnatal Depression Scale
FBOs	Faith-Based Organisations
FPHC	Free Primary Healthcare
GDHS	Ghana Demographic and Health Survey
GBV	Gender-Based Violence
GHS	Ghana Health Service
GSS	Ghana Statistical Service
HeFRA	Health Facilities Regulatory Authority
LEAP	Livelihood Empowerment Against Poverty
LI	Legislative Instrument
MLGCRA	Ministry of Local Government, Chieftaincy and Religious Affairs
MDC	Medical and Dental Council
MEAL	Monitoring, Evaluation, Accountability and Learning

Acronym	Full Meaning
MELR	Ministry of Employment and Labour Relations
MHA	Mental Health Authority
MLJE	Ministry of Labour, Jobs and Employment
MMDAs	Metropolitan, Municipal and District Assemblies
MMH	Maternal Mental Health
MMHP	Maternal Mental Health Policy
MOCDTI	Ministry of Communication, Digital Technology and Innovation
MOE	Ministry of Education
MoF	Ministry of Finance
MoGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
NCCE	National Commission for Civic Education
NCDs	Non-Communicable Diseases
NMC	Nursing and Midwifery Council
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NOP	Network of Practice
PHQ-9	Patient Health Questionnaire-9
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SDG	Sustainable Development Goals
TBA	Traditional Birth Attendant
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

Maternal Mental Health (MMH) is a critical but under-prioritised public health concern in Ghana. Evidence shows that between 32 percent and 50 percent of pregnant and postpartum women in Ghana experience mental health conditions such as anxiety, antenatal and postpartum depression, and post-traumatic stress disorder. Despite this high prevalence, fewer than 10 percent of affected women receive any form of professional support, largely due to structural gaps including inadequate routine screening, poor referral pathways, limited provider capacity, stigma, and insufficient funding for mental health services. The consequences of untreated MMH conditions are significant. They include heightened risks of maternal morbidity and mortality, poor mother-infant bonding, reduced child health and developmental outcomes, and long-term socio-economic burdens on families and communities. The World Health Organisation (WHO) Situational Analysis of Maternal Mental Health Services in Ghana highlights additional vulnerabilities such as psychological distress among women experiencing infertility, perinatal mental health challenges faced by male partners, and burnout among health workers due to limited self-care support.

The Maternal Mental Health Policy (MMHP) provides a comprehensive, multi-sectoral framework to address these gaps. Anchored in Ghana's constitutional commitments, the Mental Health Act (Act 846), the Public Health Act (Act 851) and aligned with national development priorities, including the Resetting Ghana Agenda: Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029), the policy integrates MMH within Reproductive, Maternal, Newborn, Child, and Adolescent Health Services (RMNCAH) and the broader social protection system. It further aligns with global frameworks such as the Sustainable Development Goals (SDGs), the WHO Comprehensive Mental Health Action Plan (2013-2030), the WHO Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services (2022), and African Union (AU) Agenda 2063.

The policy was developed through a participatory process led by the Mental Health Authority (MHA), supported by a technical drafting team and extensive stakeholder consultations. These iterative reviews ensured that the policy reflects both expert guidance and the lived realities of individuals and communities affected by MMH challenges.

The policy aims to reduce the burden of MMH conditions by strengthening prevention, early identification, timely intervention, and continuity of care across all levels of the health system. Its vision is to ensure that all females and their families enjoy optimal mental well-being from pre-conception through one year postpartum, supported by equitable access to respectful, gender-responsive, and culturally appropriate care.

The MMHP outlines three overarching policy objectives:

1. **Multisectoral Integration and Equitable Access:** integrating MMH into social protection, education, gender-based-violence response systems, and community development programmes in at least 80 percent of districts by 2035.
2. **Cross-Sector Capacity Building, Advocacy, and Community Support:** equipping at least 80 percent of health and non-health actors with competencies for screening, basic psychosocial support, and referral, alongside nationwide anti-stigma campaigns.
3. **Intersectoral Governance, Data Systems, Accountability, and Sustainability:** establishing functional governance structures, annual reporting, integrated surveillance systems, and sustainable financing mechanisms.

To achieve these objectives, the policy prioritises a focused set of strategies, including the integration of MMH services into routine RMNCAH care, strengthening community support systems, enhancing provider capacity, and standardising guidelines, screening tools, and referral pathways. It also emphasises expanded surveillance, research and monitoring, supported by strong partnerships with development partners, Civil Society Organisations (CSOs), faith-based groups, and community leaders to reduce stigma and improve service uptake. Implementation will be coordinated through existing national and sub-national structures involving the Ministry of Health (MoH), the Mental Health Authority (MHA), Ghana Health Service (GHS), the Ministry of Gender, Children and Social Protection (MoGCSP), the Ministry of Local Government, Chieftaincy and Religious Affairs (MLGCRA), teaching hospitals, and district assemblies, guided by a clear allocation of institutional roles.

A streamlined Monitoring, Evaluation, Accountability and Learning system aligned with national frameworks will track progress through defined indicators and periodic assessments, supported by

the integration of MMH indicators into the District Health Information Management System (DHIMS). The policy is complemented by a communication and advocacy strategy designed to raise awareness, encourage behaviour change, and promote service utilisation.

Overall, the MMHP provides a coordinated and sustainable framework for improving maternal mental well-being, strengthening service delivery, and advancing Ghana's human-capital development agenda.

Glossary

No.	Item	Definition
1	Antenatal Depression	A mood disorder that occurs during pregnancy, characterized by persistent feelings of sadness, low mood, loss of interest or pleasure, and emotional distress that last for at least two weeks and interfere with a woman's daily functioning, wellbeing, or ability to care for herself.
2	Burnout	A state of physical, emotional, and mental exhaustion caused by long-term stress at work, where a person feels overwhelmed, drained, and less effective in their job.
3	Community-Based Health Planning and Services	Ghana's primary healthcare delivery strategy, designed to bring essential health services closer to communities, particularly in rural and underserved areas.
4	Continuous Professional Development	The ongoing process by which professionals maintain, improve, and expand their knowledge, skills, and competencies throughout their working lives to ensure safe, effective, and up-to-date practice.
5	Edinburgh Postnatal Depression Scale	A screening tool used globally to identify postpartum depression.
6	Family	A group of individuals connected to a woman through marriage, partnership, kinship, or socially recognised caregiving relationships, including her partner, children, extended relatives, and others who provide emotional, social, financial, or caregiving support during the preconception, pregnancy, and postnatal periods.
7	Health Training Institutions	Formal educational and training establishments that prepare, educate, and certify individuals across all levels for careers in the health sector.
8	Infertility-Related Distress	Psychological and social challenges faced by individuals or couples experiencing difficulties in conceiving or having a child.
9	Maternal Mental Health	Psychological and social well-being of females and their families during pre-conception, pregnancy, childbirth, and up to one year postpartum.
10	Maternal Mental Health Champions	Individuals who actively promote awareness, understanding, and supportive attitudes toward maternal mental health and challenge associated stigma.
11	Network of Practice	A strategy to improve primary healthcare by linking health facilities and providers in a geographical area, creating coordinated teams for better referral, resource sharing, and consistent quality care, crucial for achieving Universal Health Coverage by 2030.
12	Perinatal Mental Health	Psychological and social well-being of females and their families during pregnancy, childbirth, and up to one year postpartum.
13	Patient Health Questionnaire-9	A widely used screening tool for depression.
14	Postpartum Depression	A depressive disorder that occurs after childbirth, typically within the first year, characterized by persistent low mood, loss of interest, fatigue, sleep or appetite disturbances, feelings of worthlessness or guilt, impaired concentration, and significant interference with daily functioning and infant care.
15	Pre-conception	The period before pregnancy during which individuals may be planning or capable of becoming pregnant, and actions can be taken to optimize physical, mental, and social health to improve pregnancy outcomes.
16	Stigma	Negative attitudes, beliefs, and behaviours directed toward an individual or group because of a particular characteristic or condition, leading to labelling, discrimination, and social exclusion.
17	Suicidal Behaviour	A spectrum of self-directed injurious behaviours accompanied by an intent to die.
18	Suicidal Ideation	Thoughts or considerations of suicide, often linked to untreated mental health conditions.
19	Work	All purposeful and productive activities that contribute to individual, household, or societal well-being, including paid employment, self-employment, informal work, caregiving, and homemaking.

CHAPTER ONE

INTRODUCTION

1.1 Background

Maternal Mental Health (MMH) is a vital component of overall health and a key determinant of maternal, newborn, and child well-being. The World Health Organisation (WHO) defines MMH as, "a state of well-being where a mother realises her abilities, can cope with everyday stresses of life, can work productively and fruitfully, and can contribute to her community" (WHO, 2009). This policy focuses on the emotional, psychological, and social well-being of females and their families during pregnancy, childbirth, and the postpartum period, extending up to a year after delivery.

Global estimates indicate that one in five women (20 percent) experience a mental health disorder during pregnancy or within the first year after childbirth, and around 65 percent of these cases remain undiagnosed or untreated, especially in low- and middle-income countries (WHO, 2022). Notably, maternal suicide is now emerging as an important cause of maternal mortality. However, less than 10 percent of affected women receive adequate professional mental health care (Cox et al. 2016).

In Ghana, up to 50 percent of pregnant and postpartum women show symptoms of depression or anxiety (Daliri et al., 2023; Sefogah et al., 2025), with rates being higher in rural and underserved regions. A study by Sefogah et al. (2020) indicated that 13 percent of postpartum mothers reported experiencing suicidal ideations.

While evidence strongly supports the significant impact of MMH conditions on mothers and their babies, Ghana's healthcare system currently lacks the necessary provisions for routine screening, early detection, and effective treatment (WHO, 2024). This gap highlights the urgent need to integrate MMH services at the community level and throughout all levels of healthcare delivery.

The limited attention to MMH is compounded by systemic challenges, including inadequate awareness, significant stigma, inadequate human resource, inadequate capacity among providers, limited access, and lack of screening. As of 2025, Ghana had only 1 psychiatrist for every 400,000 people (MHA, 2025; UNFPA, 2025). Globally, many studies have found that midwives are not adequately trained and are ill-prepared to handle MMH issues (Dubreucq et al., 2024). Other

systemic challenges include the limited integration of MMH into national health policies and the absence of a dedicated framework to address MMH issues comprehensively. These policy gaps have left many aspects of MMH care underdeveloped.

These realities underscore the urgent need for a coherent policy framework to guide the integration of MMH into Ghana's broader health and social protection system, ensuring that every mother receives timely, compassionate, and culturally-sensitive care.

1.2 Policy Scope

The policy applies to all levels of the system, from community-based interventions to tertiary and quaternary level care, ensuring a holistic and inclusive approach to MMH. It covers the continuum of care from pre-pregnancy interventions (including infertility care) through to pregnancy, childbirth, and first year postpartum. It targets:

1. Females, caregivers, and families affected by MMH conditions.
2. Relevant healthcare providers and allied professionals.
3. Community-based health and non-health actors.
4. Healthcare managers and policy makers.

The policy also focuses on addressing barriers, such as stigma, financial constraints, and access to services to enhance MMH outcomes.

1.3 Situational Analysis of MMH in Ghana

Ghana has made notable progress in maternal health over the past decade, yet MMH remains a neglected dimension of reproductive and child-health policy. While the national maternal mortality ratio declined from 484 per 100,000 live births in 2008 to about 310 in 2022 (Ghana Statistical Service, 2023), mental health-related conditions, such as antenatal and postpartum depression and anxiety disorders are highly prevalent, with incidence rates even higher in rural and low resource settings. The WHO (2024) situational analysis indicates that between 32 and 50 percent of pregnant and postpartum women in Ghana experience mental health conditions, most commonly depression or anxiety, yet fewer than 10 percent receive any form of professional support (Ae-Negibise et al., 2025). The economic and social cost of this treatment gap is substantial: untreated perinatal depression reduces household productivity, strains family relations, and contributes to

inter-generational cycles of poor child development and poverty. Despite this high prevalence, the healthcare system's response remains critically inadequate due to a complex web of systemic, financial, and socio-cultural barriers.

Within the health system, routine MMH screening, referral services, and training of health workers across different cadre of healthcare providers remain limited (WHO, 2024). Funding is equally inadequate: mental health accounts for less than 3 percent of the national health budget, with no earmarked allocation for MMH services (WHO, 2021). These limitations weaken early detection and continuity of care, resulting in costly hospital readmissions and preventable maternal deaths that could otherwise be averted through low-cost counselling and community-based interventions.

Socio-cultural and economic factors further amplify the burden. Deep-rooted stigma and spiritual interpretations of mental illness discourage disclosure, with the majority of mothers with psychological distress not seeking professional help (Button et al., 2017; WHO, 2024). Poverty, intimate-partner violence, and food insecurity heighten psychological distress, particularly in peri-urban and rural areas. The impact of these challenges is amplified by the effect of climate change (Hagan et. al., 2025; Mostert et. al., 2025). Some studies done in parts of Ghana indicate that lower-income women are at greater risk of experiencing perinatal depression compared with higher-income women (Daliri et al., 2023; Kugbey et al., 2021; Sefogah et al., 2020).

These inequalities translate into poorer nutrition, reduced breastfeeding, and diminished infant growth, including stunting and impaired long-term neuro-cognitive development and function, thereby undermining national investments in child survival and education. The persistence of stigma and silence also erodes community cohesion and family well-being, increasing the social cost of inaction.

Importantly, couples with infertility in Ghana have been reported to experience significant levels of psychological distress including anxiety, stress, and depression, that have resulted in suicide. (Sefogah 2023, Adda & Naab et al., 2025)

Male partners of women experiencing MMH conditions in Ghana have also been reported to suffer perinatal mental health challenges that have not been formally provided for in our current healthcare set up (WHO, 2024). These were reported during nationwide validation engagements on the MMH situational analysis in Ghana (2023), highlighting another gap in ensuring the family's mental well-being during pregnancy and postpartum.

Another important barrier relates to a lack of self-care promotion and practices among healthcare providers. This lack of self-care leads to secondary traumatisation, eventually resulting in burnout (Kendall-Tackett & Beck, 2022; Nieuwenhuijze et al., 2024).

Institutionally, data and coordination gaps impede effective policy response. Current health information systems, such as the District Health Information Management System (DHIMS), do not disaggregate MMH indicators, obscuring the true scale of the problem and complicating planning and resource allocation. Fragmented project-based initiatives by non-governmental organisations (NGOs), civil-society organisations (CSOs), and development partners have yielded positive local results but remain unaligned with a national framework, leading to duplication and inefficiencies. This fragmentation results in lost opportunities for synergy and sustained financing across ministries responsible for health, gender, social protection, and local governance.

1.4 Process of Preparing the MMH Policy

The Maternal Mental Health Policy (MMHP) was developed through a deliberate, participatory and evidence-driven process led by the Mental Health Authority (MHA), in close collaboration with the Ministry of Health (MoH) and the Ghana Health Service (GHS). Work on the policy began in November 2024 with the preparation of a zero draft that outlined the policy structure and core themes. This draft was subsequently strengthened through an independent technical review undertaken in October 2025 by representatives from the WHO Ghana Country Office, the MHA, the GHS, and the Psychiatric Hospitals, ensuring alignment with global best practices while maintaining relevance to Ghana's health context.

A major milestone in the process was the National Stakeholders' Workshop held on 4 November 2025, which brought together 84 representatives from government ministries and agencies, development partners, professional associations, civil-society organisations (CSOs), academia and persons with lived experience. Through five participatory technical working groups, stakeholders examined the draft policy, reviewed evidence, identified technical gaps, and provided detailed recommendations for improvement. Following this workshop, a smaller multidisciplinary team comprising experts in policy, psychology, psychiatry, clinical sociology, reproductive health, obstetrics, nursing, development studies, monitoring and evaluation, and medicine were constituted to consolidate the inputs from the workshop and refine the draft. This work was

undertaken in line with the National Development Planning Commission's (NDPC) Public Policy Formulation Guidelines, ensuring that the policy adhered to national standards for policy planning and coordination.

Further consultations were then held with additional stakeholder groups to validate the proposed changes and confirm the technical soundness and practical relevance of the updated draft. These iterative reviews ensured that the policy reflects both expert guidance and the lived realities of individuals, families, and service providers affected by MMH challenges. Subsequently, the completed draft was formally submitted to the NDPC for approval, marking the final step in the policy development process.

1.5 Content and Structure of the Policy

This policy document is organised into seven interrelated chapters that collectively provide a coherent framework for improving MMH in Ghana.

Chapter One presents the introduction, setting out the background, situational analysis, scope, and process followed in developing the policy.

Chapter Two outlines the policy context. It situates the MMHP within Ghana's legal and institutional frameworks and aligns it with national, regional, and global commitments.

Chapter Three provides the policy framework, articulating the vision, goal, objectives, guiding principles, and core values that underpin the implementation of MMH initiatives.

Chapter Four details the strategies designed to achieve the policy objectives. It specifies the approaches for integrating mental health services into the maternal and child-health continuum, capacity-building initiatives, public education, research, and partnership mechanisms.

Chapter Five describes the institutional and implementation arrangements. It clarifies the roles and responsibilities of key actors.

Chapter Six presents the monitoring and evaluation framework. It defines the performance indicators, data collection methods, reporting timelines, and feedback systems that will guide the tracking of progress and ensure adaptive policy management.

Chapter Seven outlines the communication and advocacy strategy for the policy. It highlights the mechanisms for awareness creation, stakeholder engagement, and dissemination of information to foster behavioural change and sustain commitment across all levels of society.

CHAPTER TWO

POLICY CONTEXT

2.0 Introduction

This chapter presents the contextual foundations for the MMHP. It outlines the legal, institutional, and policy environment within which the policy is situated and implemented. Specifically, it highlights the constitutional and legislative provisions that mandate government action on MMH, the institutional arrangements guiding coordination across sectors, and Ghana's alignment with national, regional, and global development frameworks. It further demonstrates how the policy contributes to the overarching Resetting Ghana Agenda: Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029) and national human capital priorities.

2.1 Legal and Institutional Framework

The MMHP is anchored in Ghana's constitutional and legislative framework that upholds the right to health, dignity, and well-being of all citizens. The 1992 Constitution of Ghana (Article 34(2)) mandates the State to ensure the realisation of fundamental human rights, including access to quality healthcare. Specifically, Article 36(10) requires the State to safeguard the health of women through appropriate health policies and programmes.

The policy draws its authority from several sectoral laws and policy instruments, including:

i. The Public Health Act, 2012 (Act 851), which provides the overarching legal basis for disease prevention, health promotion, and public health service delivery.
ii. The Mental Health Act, 2012 (Act 846), which establishes the MHA and mandates the integration of mental health services into general healthcare, thereby supporting the inclusion of MMH in mainstream health programmes.
iii. The National Health Insurance Act, 2012 (Act 852), which provides the framework for financial protection and equitable access to essential health services, including provisions for expanding coverage to MMH interventions.
iv. The Health Institutions and Facilities Act, 2011 (Act 829), which regulates service standards across public and private facilities to ensure quality MMH care.
v. The Data Protection Act, 2012 (Act 843), ensures that the collection, use, and storage of MMH information comply with ethical and privacy standards.

The policy will be implemented within the mandates of key governmental and non-governmental agencies including the MoH, MHA, Ministry of Education (MoE), GHS, development partners, NGOs, CSOs, and working in collaboration with the Ministry of Gender, Children and Social Protection (MoGCSP), Ministry of Local Government, Chieftaincy and Religious Affairs (MLGCRA). These institutions are collectively responsible for policy oversight, coordination, capacity development, and integration of MMH into national and sub-national health and development systems.

2.2 Alignment with National Development Frameworks

The MMHP aligns with Ghana's long-term vision for human capital development and inclusive growth as outlined in the Coordinated Programme of Economic and Social Development Policies 2026–2029, and operationalised through the Medium-Term National Development Policy Framework (MTNDPF 2026–2029). Both frameworks emphasise health system strengthening, gender equality, and mental health as critical enablers of sustainable development.

At the sectoral level, the policy complements the Health Sector Medium-Term Development Plan (2026–2029), which prioritises universal access to quality healthcare and the reduction of maternal mortality, and supports the Universal Health Coverage (UHC) Roadmap (2020–2030). It also aligns with the National Mental Health Policy (2021), which promotes community-based mental health services, as well as the Human Capital Development Strategy currently under formulation by the NDPC. It further aligns with government's priority focus on Free Primary Healthcare Policy and the management of chronic non-communicable diseases under the Ghana Medical Trust Fund. Integrating MMH into these frameworks, the policy ensures coherence with national objectives for improving reproductive health, mental health, reducing health inequalities, and achieving gender-responsive development outcomes.

2.3 Linkages with Regional and Global Commitments

The policy is guided by Ghana's regional and international commitments to gender equality, mental health, and maternal well-being. These include:

i. The African Union's (AU) Agenda 2063, which underscores the health and empowerment of women as drivers of Africa's transformation.

ii. Africa CDC Non-Communicable Diseases, Injuries Prevention and Control and Mental Health Promotion Strategy (2022-26)

iii. The WHO Comprehensive Mental Health Action Plan (2013–2030) and the WHO Maternal, Newborn, and Child Health Strategy, which call for embedding mental health care in maternal and reproductive health services.

iv. The WHO Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services (2022).

v. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), both of which Ghana has ratified, obligating the State to ensure the health and well-being of women and children without discrimination.

vi. The Sustainable Development Goals (SDGs), particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 5 (Achieve gender equality and empower all women and girls).

These regional and global instruments reinforce Ghana's commitment to providing holistic, equitable, and rights-based healthcare. The MMHP therefore serves as a national response to these obligations, translating them into actionable strategies, and institutional arrangements that ensure no female adolescent, woman, child, or their families is left behind.

2.4 Policy Coherence and Synergy

The policy promotes coherence across all sectors by aligning interventions in areas including health, education, gender, and social protection. It emphasises a "whole-of-government" and "whole-of-society" approach to MMH, ensuring that interventions are mutually reinforcing rather than duplicative. Collaboration with NDPC, MoGCSP, MoE, and other stakeholders will strengthen cross-sectoral linkages, particularly in health promotion, social welfare, and early childhood development.

Situating MMH within this policy ecosystem, Ghana reaffirms its commitment to reducing maternal mortality, promoting gender equity, and advancing sustainable human development. Grounded in a rights-based approach, the policy upholds every female adolescent and woman's right to mental well-being as an integral part of her reproductive health journey.

2.5 Legislative and Regulatory Framework

Implementation of this policy is supported by a set of national Acts and Legislative Instruments that define the legal and institutional environment for health and development policy in Ghana:

Table 1:National Acts and Legislative Instruments (LI) informing the MMHP.

LI/ Act	Relevance to MMHP
National Development Planning (System) Regulations, 2016 (LI 2232)	Provides the legal basis for integrating MMH priorities into national and district plans, including monitoring and evaluation requirements.
Health Professions Regulatory Bodies Act, 2013 (Act 857)	Mandates regulation and professional training of health practitioners, ensuring quality maternal and mental health service delivery.
Mental Health Act, 2012 (Act 846)	Establishes the MHA and provides for community-based and integrated mental health services, serving as the core legal foundation for this policy.
Public Health Act, 2012 (Act 851)	Empowers the MoH to prevent, control, and manage conditions affecting population health, including reproductive and mental health.
National Health Insurance Regulations, 2004 (LI 1809)	Operationalises National Health Insurance Scheme (NHIS) coverage regulations.
Data Protection Act, 2012 (Act 843)	Ensures ethical collection and protection of sensitive maternal and mental health data.
GHS and Teaching Hospitals Act, 1996 (Act 525)	Defines the organisational framework for service delivery and oversight within the GHS system and Teaching Hospitals, which implement this policy.
Local Governance (Amendment) Act, 2017 (Act 940)	Empowers Metropolitan, Municipal, and District Assemblies to plan, implement, and monitor local health programmes, supporting decentralised delivery of MMH services.

Civil Service Act, 1993 (PNDCL 327)	Provides administrative authority for inter-ministerial coordination and policy execution within the public-service structure.

Collectively, these Acts and instruments provide the enabling legal foundation for effective, rights-based, and decentralised implementation of the MMHP in Ghana.

CHAPTER THREE

POLICY FRAMEWORK

3.0 Introduction

This chapter defines the overarching framework of the MMHP, including its vision, mission, goal, objectives, and guiding principles. It articulates the strategic direction and value orientation that will guide the development, implementation, and monitoring of interventions. The framework emphasises equity, human rights, and the integration of MMH into Ghana's broader health and development agenda, in line with national priorities, Resetting Ghana Agenda: Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029) and global commitments to the SDGs.

3.1 Vision

A Ghana where all females and their families enjoy optimal mental well-being throughout pre-conception, pregnancy, childbirth, and the postpartum period extending up to one year.

3.2 Goal

To reduce the burden of MMH conditions from pre-conception through one year postpartum by ensuring prevention, early identification, timely intervention, and sustained support for all females and their families, thereby improving maternal well-being, child development, and family health outcomes.

3.3 Key Objectives

i. **Multisectoral Integration and Equitable Access**
   Promote coordinated action across health and non-health sectors to achieve integration of MMH into broader social support, protection, and community development programmes in at least 80 percent of districts by 2035.

ii. **Cross-Sector Capacity Building, Advocacy, and Community Support**
   Strengthen the capacity of at least 80 percent of healthcare providers and non-health actors to identify risks, provide basic psychosocial support, ensure appropriate referrals, and promote maternal mental well-being in all regions by 2035.

iii. **Intersectoral Governance, Data Systems, Accountability, and Sustainability**
Establish an integrated functional governance and accountability framework that mobilises the roles of health and non-health institutions to ensure annual reporting, routine monitoring and evaluation, and dedicated MMH interventions across relevant ministries and other stakeholders by 2030.

3.4 Core Values and Guiding Principles

These core values and guiding principles for MMH are based on best practices and insights from the 1992 Constitution of Ghana (Articles 15, 17, 24, 27, 28, 30, 34), the Mental Health Act, 2012 (Act 846; Section 4), and the *Maternal Mental Health Situational Analysis in Ghana*: and ensure that this MMHP is ethical, inclusive, and aligned with Ghana's broader health and development objectives.

i. ***Equity and Inclusion:*** Ensure equitable access to quality MMH services across all regions, prioritising marginalised and underserved populations, including rural communities and vulnerable groups.
ii. ***Human Rights and Dignity:***
Uphold the dignity and rights of females and their families by promoting non-judgmental, respectful, and culturally sensitive care.
iii. ***Integration and Sustainability:*** Integrate quality MMH services within existing healthcare systems to ensure long-term sustainability and alignment with national health policies and resources.
iv. ***Comprehensive and Holistic Care***: Address the mental, physical, and social well-being of females and their families by adopting a multidisciplinary approach.
v. ***Evidence-Based Practice***: Develop and implement guidelines and interventions informed by local context, global trends and best practices as well as research.
vi. ***Community Engagement and Ownership:*** Actively involve communities, including traditional leaders and faith-based organisations, to ensure community participation and ownership.
vii. ***Gender Sensitivity and Empowerment:*** Recognise and promote gender-responsive care without discrimination or stigma and promote supportive male involvement.

viii. ***Multisectoral Action and Collaboration:*** Foster collaboration among key stakeholders, including government agencies, NGOs, academia, and development partners, to create synergies and shared responsibility in promoting MMH.

ix. ***Monitoring, Evaluation, and Accountability:*** Enhance systems for monitoring surveillance, data capture, and reporting on MMH programs to ensure accountability, measure impact, and guide continuous improvement.

3.5 Policy Statement

The government is committed to safeguarding the mental health and well-being of all females and their families during pre-conception, pregnancy, childbirth, and the postpartum period, extending up to a year after delivery. This policy mandates the integration of MMH services into the national health system, ensuring equitable access to quality care, reducing stigma, and promoting early detection and timely intervention. Through capacity building, community engagement, and sustainable financing, the policy aims to create a supportive environment that empowers mothers, strengthens families, and contributes to improved maternal and child health outcomes.

CHAPTER FOUR

STRATEGIES TO ACHIEVE THE KEY OBJECTIVES

4.0 Introduction

This chapter outlines the strategies and priority interventions required to achieve the key objectives of the MMHP. The strategies are informed by the findings of the situational analysis and rooted in the 1992 Constitution of Ghana, the Mental Health Act, 2012 (Act 846), the Patient Charter, and they emphasise *Resetting Ghana Agenda; Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029)*, emphasising efficiency, inclusion, and human capital development. Each thematic area corresponds to one or more key objectives of the policy.

4.1 Policy Strategies

These policy strategies align with the key objectives outlined in 3.4:

1. Multisectoral Integration and Equitable Access

i. **Strategy 1.1:** Integrate MMH into Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) and Community Health Services.

ii. **Strategy 1.2:** Develop clear referral and counter-referral systems between health facilities, social welfare, gender-based violence (GBV) response units, community development agencies, education systems, and legal/justice actors.

iii. **Strategy 1.3:** Mobilise and train community structures such as traditional leaders, faith-based organisations, Traditional Birth Attendants (TBA), support groups, and opinion leaders, to identify distress, provide basic support, and link females and their families to services.

iv. **Strategy 1.4:** Coordinate with social protection programmes such as Livelihood Empowerment Against Poverty (LEAP), NHIS exemptions, school feeding, livelihood empowerment initiatives, etc. to reduce socioeconomic stressors contributing to poor MMH.

v. **Strategy 1.5:** Improve access to MMH interventions for vulnerable and underserved groups including persons with lived experience.

2. Cross-Sector Capacity Building, Advocacy, and Community Support

i. **Strategy 2.1:** Build competencies across sectors by providing targeted training for health and non-health workers on MMH.

ii. **Strategy 2.2:** Develop National Guidelines and Tools on MMH: create standardised screening tools and protocols, guidelines on appropriate care environment, community support, and training packages for use across all sectors.

iii. **Strategy 2.3:** Implement nationwide awareness and anti-stigma campaigns by partnering with media, communications agencies, CSOs, and traditional/religious authorities to deliver culturally-sensitive messages promoting maternal mental well-being and reducing stigma.

iv. **Strategy 2.4:** Collaborate with community groups, faith-based organisations, and men's networks to promote supportive partner engagement, shared caregiving, and positive social norms around MMH.

v. **Strategy 2.5:** Promote mental health-friendly workplaces for pre-conception, pregnant and postpartum females and their families.

vi. **Strategy 2.6** Promote mental health-friendly workplaces for RMNCAH staff including institutional interventions and individual self-care strategies.

3. Intersectoral Governance, Data Systems, Accountability, and Sustainability

i. **Strategy 3.1:** Strengthen national coordination mechanisms among relevant stakeholders.

ii. **Strategy 3.2:** Develop integrated monitoring and surveillance systems on MMH.

iii. **Strategy 3.3:** Advocate for sustainable MMH financing across sectors.

iv. **Strategy 3.4:** Strengthen accountability, regulation, and quality assurance for MMH interventions.

v. **Strategy 3.5:** Support research, evaluation, and evidence generation for MMH.

CHAPTER FIVE

IMPLEMENTATION FRAMEWORK AND RESOURCE MOBILISATION

5.0 Introduction

This chapter presents the implementation framework for the MMHP. It outlines the institutional arrangements, coordination mechanisms, roles, and responsibilities of key stakeholders. It further describes the approach to resource mobilisation and sustainability, ensuring that the policy is operationalised effectively within existing national systems. The framework emphasises collaboration, accountability, and results-oriented implementation, keeping with the principles of the Resetting Ghana Agenda; Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity (2026-2029) and NDPC's policy formulation standards.

5.1 Institutional Arrangements for the Implementation Policy

Strategic oversight and coordination for implementing the MMHP shall be executed through the National Mental Health Coordination Forum. This platform will play a leading role in guiding the development of actionable plans based on the outlined strategies, ensuring that interventions are well-structured, targeted, and effective. The platform will also offer ongoing support and expertise throughout the planning and execution phases to ensure alignment with key policy objectives and the needs of female adolescents and women including their families.

The implementation of the MMHP is anchored in a framework that ensures robust coordination and collaboration across all relevant agencies. The policy establishes a designated lead agency to provide overall direction, while mandating joint engagement with partner institutions to secure the achievement of its key objectives. In alignment with this framework, the strategic plan will delineate lead institutions responsible for driving activities, working in close partnership with stakeholders to guarantee effective and timely execution. Table 2 presents the designated lead agencies in advancing the key policy's objectives and strategies.

Table 2:Tasks allocation for Maternal Mental Health Implementation.

KEY OBJECTIVES	STRATEGIES	LEAD AGENCY	COLLABORATIVE AGENCIES
Multisectoral Integration and Equitable Access	Integrate MMH into RMNCAH and Community Health Services	GHS/MHA	MHA, MoH, GHS, Christian Health Association of Ghana (CHAG), Regional Health Directorates, Private Facilities, Teaching Hospitals, Ahmadiyya Muslim Mission, Professional Associations, etc
	Develop clear referral and counter-referral systems between health facilities, social welfare, gender-based violence response units, community development agencies, education systems, and legal/justice actors.	GHS/MHA	MHA, MoH, GHS, MoE, Ministry of Justice and Attorney -General's Office, CHAG, Private Practitioners, Teaching Hospitals, Ahmadiyya Muslim Mission, Department of Social Welfare, Department of Violence & Victim Support Unit (DOVVSU), security agencies & ambulance services, etc
	Mobilise and train community structures such as traditional leaders, faith-based organisations, TBAs, support groups, and opinion leaders, to identify distress, provide basic support, and link females and their families to services	GHS/CHAG	MHA, GHS, CHAG, Traditional Medicine Practice Council, CSOs, Professional Associations, Houses of Chiefs, etc.
	Coordinate with social protection programmes such as LEAP, NHIS exemptions, school feeding, livelihood empowerment initiatives, etc to reduce socioeconomic stressors contributing to poor MMH.	MoGCSP /MHA	MHA, GHS, MoGCSP, MoE, Ghana School Feeding Programme, National Health Insurance Authority (NHIA), Metropolitan, Municipal and District Assemblies (MMDAs) & Department of Social Welfare & Community Development, MLGCRA, etc.
	Improve access to MMH interventions for vulnerable and underserved groups including persons with lived experience.	GHS	MOH, MHA, GHS, MoGCSP, Department of Social Welfare, Commission of Human Rights and Administrative Justice (CHRAJ), etc.
Cross-Sector Capacity Building, Advocacy, and Community Support	Build competencies across sectors by providing targeted training for health and non-health workers on MMH.	GHS/MHA	MOH, MHA, GHS, Health Training Institutions, Professional Regulatory Bodies, Teaching Hospitals, Academic and Research Institutions, Psychiatric Hospitals, Local Government Service & MMDAs, etc.

KEY OBJECTIVES	STRATEGIES	LEAD AGENCY	COLLABORATIVE AGENCIES
Cross-Sector Capacity Building, Advocacy, and Community Support	Develop national guidelines and tools on MMH: create standardised screening tools and protocols, guidelines on appropriate care environment, community support, and training packages for use across all sectors.	MHA/GHS	MOH/GHS/ MHA, Professional Regulatory Bodies, Health Facilities Regulatory Authority, Teaching Hospitals, CSOs, etc.
	Implement nationwide awareness and anti-stigma campaigns	MHA	MoH, GHS, MHA, Ministry of Information, National Commission for Civic Education (NCCE), Ministry of Communication, Digital Technology and Innovations (MOCDTI), Media Houses, CSOs, MoGCSP, Professional Associations, etc.
	Collaborate with community groups, faith-based organisations, and men's networks to promote supportive partner engagement, shared caregiving, and positive social norms around MMH.	MHA/CHAG	MOH, GHS, MHA, MoGCSP, Social Welfare Department, CSOs, Ahmadiyya Health Services of Ghana (AHSG), etc.
	Promote mental health-friendly workplaces for pre-conception, pregnant and postpartum females and their families.	MLJE/MHA	MOH, MHA, GHS, Ministry of Labour, Jobs and Employment (MLJE), CSOs, etc.
Intersectoral Governance, Data Systems, Accountability, and Sustainability	Strengthen national coordination mechanisms among relevant stakeholders.	MHA	MOH, MHA, GHS, CSOs, MoGCSP, etc.
	Develop integrated monitoring and surveillance systems on MMH.	MHA/GHS	MOH, MHA, GHS, MoGCSP, District Health & Social Services Committees / MMDAs, NDPC, etc.
	Advocate for sustainable MMH financing across sectors.	MOH/MHA	MOH, Ministry of Finance (MoF), MHA, GHS, CHAG, AHSG, CSOs, MoGCSP, etc.
	Strengthen accountability, regulation, and quality assurance for MMH interventions.	MOH/MHA	MOH, MHA, GHS, CHAG, AHSG, etc.
	Support research, evaluation, and evidence generation for MMH.	MHA/MOH	MoH, MHA, GHS, CHAG, Academic & Research Institutions, Professional Associations, CSOs, etc.

5.2 Resources Mobilisation and Sustainability

The policy underscores the critical importance of securing adequate and sustainable financial resources to ensure the effective implementation of MMH interventions. In line with this directive, all implementing agencies shall integrate MMH-specific interventions into their annual plans and budgets. These agency-level commitments will be consolidated into national sector plans and budgets, which shall be fully aligned with the Government's National Budgeting and Planning Cycle. This coordinated approach will guarantee that the MMHP is systematically resourced, thereby promoting continuity, sustainability, and accountability in the delivery of MMH services.

In addition, the policy also advocates a broader approach to funding, recognising that financial support should extend beyond traditional healthcare services. It highlights the need to invest in cross-sectoral initiatives that enhance the mental health and well-being of females and their families, fostering a more comprehensive and sustainable impact.

5.3 Risk Management

Effectively managing risks is essential to the success of initiatives aimed at addressing the complex challenges of improving MMH services.

Challenges such as funding shortages, stigma-driven resistance, and coordination difficulties across various sectors can pose serious threats to policy implementation efforts.

a. **Funding Shortages or Delays**

   Insufficient or delayed financial resources can disrupt programme implementation, delay timelines, and impact the quality and reach of MMH interventions.

   Implications:

   i. Limited ability to deliver critical services.

   ii. Reduced staff capacity and resource constraints.

   iii. Risk of losing stakeholder confidence, including funders and beneficiaries.

b. **Low commitment from Healthcare Workers or Communities Due to Stigma**

   Mental health stigma, deeply rooted in cultural and societal beliefs, can lead to resistance among healthcare providers, community leaders, and families.

Implications:

i. Low uptake of MMH services by mothers in need.

ii. Hesitation among healthcare workers to prioritise mental health care.

iii. Misinformation and perpetuation of stigma at the community level.

iv. Worsening morbidity, loss of productivity, family income, impaired quality of life, and mortality

c. Coordination Challenges Across Sector

MMH requires a multi-sectoral approach, involving health, education, social protection, and community organisations. Misaligned objectives, competing priorities, and inefficient communication can hinder coordination.

Implications:

i. Delays in implementing cross-sectoral initiatives.

ii. Fragmented service delivery and duplication of efforts.

iii. Reduced overall impact of the MMH programme.

5.4 Risk Mitigation Measures

To address these risks and keep the MMHP on track, proactive and targeted steps shall be taken. Below are the strategies outlined to overcome the risks:

a. Funding Shortages or Delays

i. ***Engage Stakeholders Early:*** Establish partnerships with government agencies, NGOs, and development partners to align funding priorities. Secure political commitment for sustained funding in national budgets.

ii. ***Diversify Funding Sources:*** Identify alternative funding sources such as private sector partnerships, corporate social responsibility initiatives, philanthropic contributions, and grants from international organisations.

iii. **Introduce Contingency Planning:** Develop financial buffers and contingency plans to bridge funding gaps. This includes re-allocating existing resources temporarily or scaling down non-essential activities.

b. Resistance from Healthcare Workers or Communities Due to Stigma

i. ***Intensify Community Engagement:*** Conduct community sensitisation campaigns using culturally-relevant approaches, such as storytelling, radio programs, and social media advocacy, to normalise MMH issues.

ii. ***Capacity Building for Healthcare Workers:*** Train healthcare providers on mental health literacy, communication skills, and stigma reduction to empower them to advocate for and deliver MMH services.

iii. ***Leverage Community Leaders and Influencers:*** Engage traditional and religious leaders to champion MMH, leveraging their influence to address misconceptions and build trust within the community.

c. Coordination Challenges Across Sectors

i. ***Establish a Central Coordinating Mechanism:*** Integrate the coordination of MMH into the existing National Mental Health Coordination Forum to align goals, oversee cross-sectoral collaboration, and ensure regular communication among stakeholders.

ii. ***Define Roles and Responsibilities:*** Clearly outline the roles, responsibilities, and accountability mechanisms for each sector to avoid overlap and ensure cohesive implementation.

iii. ***Leverage Technology for Coordination:*** Use digital tools such as shared dashboards, existing data management systems, project management platforms, and virtual meeting tools to streamline communication and track progress in real-time.

CHAPTER SIX

MONITORING, EVALUATION, AND LEARNING FRAMEWORK

6.0 Introduction

This chapter describes the monitoring, evaluation, and learning framework that will guide the implementation of the MMHP. It establishes mechanisms for tracking progress, assessing outcomes, ensuring accountability, and promoting continuous learning. The framework aligns with the National Monitoring and Evaluation Policy (2022), the Health Sector Monitoring & Evaluation Framework, and the NDPC performance-tracking systems, ensuring that data generated at all levels feeds into sector and national reporting mechanisms, including the Medium-Term National Development Policy Framework (MTNDPF 2026-2029).

6.1 Review of the Policy

The MMHP shall undergo a comprehensive review every five years. Reviews shall be aligned with national health sector review mechanisms and the government's broader policy and planning cycles. The review process shall incorporate stakeholder consultations, updated research evidence, and contextual developments to guarantee coherence with evolving national priorities.

6.2 Monitoring, Evaluation, and Learning

The MMHP shall be treated as a living document, subject to systematic monitoring, evaluation, and periodic review to ensure continued relevance and effectiveness. All implementing agencies shall establish mechanisms for routine monitoring of MMH interventions, guided by nationally approved indicators. Progress reports shall be submitted annually to the designated lead agency, which will consolidate findings into sector-wide performance reviews. Evaluation processes shall assess both outcomes and impact, ensuring that interventions remain evidence-based and responsive to emerging MMH needs. Findings from monitoring and evaluation shall inform resource allocation, policy adjustments, and strategic planning. Lead agencies shall be accountable for ensuring that recommendations from reviews are integrated into subsequent sector plans and budgets. This cyclical process will safeguard sustainability, transparency, and continuous improvement in MMH service delivery and programming.

Table 3 presents examples of some indicators that would be used to track the implementation of the MMHP.

Table 3: Sample indicators.

	Expected Outcome	**Outcome Indicator**	**Definition**	**Target**	**Source of Verification**
1	Improved Maternal Mental Well-being	Percent of pregnant and postpartum women reporting good mental well being	Number pregnant and postpartum women reporting good mental well-being / Total number of pregnant and post-partum mothers assessed	70% of women reporting good mental well-being by the end of 2037.	National Maternal Health Surveys (Ghana Statistical Service) (GSS); Ghana Demographic and Health Survey (GDHS) Report (GSS); Clinical assessment records, screening outcomes data.
		Prevalence of mental disorders associated with childbirth	Number of pregnant and postpartum women screened for mental health disorders/ total number of women managed at antenatal and postnatal clinics	90% of pregnant and postpartum women screened for mental disorders by 2030	Clinical assessment records
			Number of clients managed for mental disorders associated with childbirth (new and old clients) / expected population (women aged 10-49)	50% reduction in pregnant and postpartum women suffering from mental disorders from 2030 level by 2037	District Health Information Management System
		Postnatal care coverage	Proportion of women who received postnatal care within 6 weeks after delivery	10% increase in proportion of women who received postnatal care within 6 weeks after	District Health Information Management System

	Expected Outcome	Outcome Indicator	Definition	Target	Source of Verification
				delivery from 2025 baseline	
2	Improved Child Well-being	Underweight	Proportion of children 0-59 months with weight-for-age < –2 standard deviations (SD).	10% decrease in proportion of children 0-59 months with weight-for-age < –2 standard deviations (SD) from 2025 baseline	District Health Information Management System
		Immunization coverage	Number of children vaccinated with a specific vaccine dose divided by the expected population	10% increase in proportion of children vaccinated with a specific vaccine dose from 2025 baseline	District Health Information Management System
3	Sustained Reduction in Stigma	Percent of population demonstrating positive and supportive attitudes towards MMH.	Number of people surveyed with positive and supportive attitudes towards MMH / total population.	50% of surveyed population demonstrates supportive attitudes by the end of 2037.	National Maternal Health Surveys (Ghana Statistical Service) (GSS); Ghana Demographic and Health Survey (GDHS) Report (GSS)
4	Strengthened Health System for (Maternal) Mental Health	Proportion of MMDAs with evidence of expenditure on (maternal) mental health.	Number of MMDAs with evidence of expenditure on mental health / total MMDAs.	50% of MMDAs with evidence of expenditure on mental health by 2037.	MMDA annual or financial reports; NHIS coverage records; Annual Health Sector Review Reports.

	Expected Outcome	Outcome Indicator	Definition	Target	Source of Verification
5	Empowered and Satisfied Beneficiaries	Percent of women who are satisfied with their maternal mental healthcare.	Number of mothers who feel their mental health needs were met with respect, dignity, and effectiveness, leading to high satisfaction with services / total women assessed.	90% of client satisfaction rate with MMH services by 2037.	Client Satisfaction and Experience Surveys; Testimonial collections.

6.4 Surveillance, Research, and Development

The policy focuses on strengthening existing MMH surveillance to provide readily available accurate data to inform evidence-based decision making.

The policy also emphasises the importance of building national capacity for high-quality research in MMH . This research will serve as the foundation for evidence-based policymaking and programme design and implementation, ensuring that interventions are grounded in reliable context-specific data.

A particular focus will be placed on epidemiological studies to better understand the prevalence, associated risk factors, and impact of mental health conditions, guiding targeted interventions to improve outcomes. Recommendations from studies that evaluate the implementation of other MMH interventions shall be considered for adaptation and adoption in Ghana.

6.5 Data Collection and Reporting Mechanisms

This policy emphasises effective data collection for MMH which requires tailoring the data collection methods to align with the specific level of care. Each level has distinct roles and responsibilities, and the data collection approaches must reflect these differences:

i. **Primary Care:** At this level, the focus is on promotion, prevention, early identification and interventions. Data collection will utilise the DHIMS and Ghana Health Information Management System channels as well as simple tools such as screening checklists and tele-health platforms to identify at-risk individuals for interventions including referral to the next level of care.

ii. **Secondary Care:** In addition to (i) above, this level receives referrals from primary care and manages complex MMH conditions. Data collection here shall include tracking patient outcomes after specialised interventions, capturing detailed information on referrals, follow-ups, and management adherence.

iii. **Tertiary Care:** In addition to (ii) above, tertiary data collection prioritises detailed clinical records on management and outcomes of more complex and severe conditions. This includes documenting multidisciplinary care approaches, and outcomes of specialised interventions.

6.6 Data collection methods

This policy recognises effective monitoring to improve MMH services, thereby emphasising thorough data collection methods that address different levels of care which also ensure systematic tracking of indicators. The following outlines methods for collecting MMH data, categorised into routine data collection systems and targeted data collection systems.

6.7 Routine Data Collection Systems

Routine data collection involves integrating MMH indicators into existing health information systems. These methods are implemented across primary, secondary, and tertiary levels of care to ensure standardised and continuous data tracking.

1. Primary Care

(i) Community Health Worker Reports: Data from home visits by community health workers, including observations on maternal well-being, psychosocial support needs, and referral tracking.

(ii) Maternal Health Records: Screening for MMH conditions using nationally approved screening tools and protocols.

(iii) Maternal Health Registers: Inclusion of mental health assessments in maternal health records at primary healthcare facilities.

2. Secondary Care

The provisions of (1) above apply.

(i) Referral Logs: Tracking patients referred from primary to secondary care for more specialised mental health services.
(ii) Mental Health Services: Routine data collected during mental health service delivery.
(iii) Emergency Mental Health Care Data: Collection of data on acute MMH crises.

3. Tertiary Care

The provisions of (2) above apply.

(i) Referral Logs: Tracking cases referred from primary and secondary care to tertiary care for more specialised mental health services.

(ii) Multidisciplinary Case Reviews Records: Documentation of collaborative care approaches involving multiple professionals.
(iii) Data on Specialised/Advanced MMH Management Procedures (e.g., electroconvulsive therapy)

(iv) Data on Psychosocial Rehabilitation Services

6.7.1 Targeted Data Collection Systems

These methods focus on gathering detailed and contextualised information for surveillance, research, and programme development.

i. Household Surveys: Conduct community-based surveys to gather data on MMH.
ii. Facility-Based Assessments: Implement periodic audits of health facilities to evaluate the availability and quality of MMH services.

iii. Sentinel Surveillance Systems: Establish sentinel sites at selected healthcare facilities to collect in-depth data on MMH indicators such as outcomes, and the effectiveness of interventions.

iv. Focus Group Discussions and Interviews: Engage mothers, healthcare providers, and community members to obtain qualitative data on parameters such as barriers to care, cultural perceptions, and satisfaction with MMH services.

v. Digital Health Platforms: Utilise electronic health records and digital health interventions to capture data on MMH.

CHAPTER SEVEN:

COMMUNICATION STRATEGY

7.0 Introduction

This chapter outlines the communication and advocacy strategy designed to create public awareness, strengthen stakeholder engagement, and mobilise collective action for the successful implementation of the MMHP. It seeks to ensure that all stakeholders understand, support, and contribute to the policy's objectives. The strategy integrates evidence-based communication, social mobilisation, and advocacy to promote attitudinal and behavioural change while combating stigma and discrimination associated with MMH conditions.

7.1 Overview and Objectives

This communication strategy is designed to support the successful implementation of the MMHP by creating awareness, reducing stigma, fostering stakeholder engagement, and promoting behavioural change.

7.1.1 Communication Objectives

a. Raise Awareness: Disseminate clear and accurate information about MMH and the MMHP.

b. Combat myths and Misconceptions: Address and reduce stigma, and prevent potential suicidal behaviour, through consistent and culturally sensitive messaging.

c. Encourage Community Participation: Mobilise community support and involvement in addressing MMH issues.

d. Promote MMH service utilisation at all levels of care.

7.2 Communication Channels

7.2.1 New Media

a. Radio and Television programmes.

b. Public service announcements.

c. Bulk messaging.

d. Campaigns including hashtags, short videos, infographics, and real-life stories.

e. Live chats with MMH champions.

f. MMH Ambassadors and Champions to lead public awareness drive.

7.2.2 Community Outreach

a. Community durbars, market gatherings, and faith-based events.

b. Engagement with community leaders and influencers.

7.2.3 Healthcare Facilities

a. Posters, flyers, and brochures with information on MMH .

b. Visual aids and tools for counselling females and families, including in-laws.

c. MMH education to females and families during pregnancy school sessions.

7.2.4 Policy Advocacy Platforms

a. High-level stakeholder engagements for advocacy and support.

b. Advocacy toolkits for NGOs and CSOs to promote MMH initiatives.

Conclusion

MMH is a critical component of the overall health and well-being of females, children, families, and communities. Addressing the high prevalence of MMH conditions in Ghana requires an integrated, multi-sectoral approach that combines policy reform, service delivery, education, and community engagement. Prioritising MMH , Ghana can reduce the burden of these conditions, improve maternal and child health outcomes, and strengthen the foundation for sustainable development.

The MMHP provides a framework to achieve these goals through the integration of MMH care into the existing healthcare system, enhancing workforce capacity, reducing stigma, improving access to care, and fostering partnerships across sectors. These interventions will not only address

the urgent needs of females and families but also align with Ghana's commitment to global goals such as the SDGs.

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Appendix 1: Policy Implementation Schedule

No.	POLICY OBJECTIVE FOCUS	STRATEGIES	SHORT TERM		MEDIUM TERM				LONG TERM						LEAD AGENCY
			2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
1	**Multi-sectoral Integration and Equitable Access**	1. Integrate MMH into RMNCAH and Community Health Services													MHA
		2. Develop clear referral and counter-referral systems between health facilities, social welfare, gender-based violence response units, community development agencies, education systems, and legal/justice actors													GHS/MHA
		3. Mobilise and train community structures such as traditional leaders, faith-based organisations, TBAs, support groups, and opinion													GHS/CHAG

No.	POLICY OBJECTIVE FOCUS	STRATEGIES	SHORT TERM		MEDIUM TERM				LONG TERM						LEAD AGENCY
			2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
		leaders, to identify distress, provide basic support, and link females and their families to services.													
		4. Coordinate with social protection programmes such as LEAP, NHIS exemptions, school feeding, livelihood empowerment initiatives, etc to reduce socioeconomic stressors contributing to poor MMH.													MHA
		5. Improve Access to MMH Interventions for Vulnerable and Underserved Groups including persons with lived experience.													GHS

No.	POLICY OBJECTIVE FOCUS	STRATEGIES	SHORT TERM		MEDIUM TERM				LONG TERM						LEAD AGENCY
			2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
2	**Cross-Sector Capacity Building, Advocacy, and Community Support**	1. Build competencies across sectors by providing targeted training for health and non-health workers on MMH													GHS/MHA
		2. Develop National Guidelines and Tools on MMH: create standardised screening tools and protocols, guidelines on appropriate care environment, community support, and training packages for use across all sectors.													MHA/GHS
		3. Implement Nationwide Awareness and Anti-Stigma Campaigns													MHA

No.	POLICY OBJECTIVE FOCUS	STRATEGIES	SHORT TERM		MEDIUM TERM				LONG TERM						LEAD AGENCY
			2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
		4. Collaborate with community groups, faith organisations, and men's networks to promote supportive partner engagement, shared caregiving, and positive social norms around MMH													MHA/CHAG
		5. Promote Mental Health-Friendly Workplaces for Pre-Conception, Pregnant, and Postpartum Females and their Families													GHS
		6. Promote Mental Health-Friendly Workplaces for RMNCAH staff including institutional interventions and individual self-care strategies													MHA/GHS
3	**Intersectoral Governance, Data Systems, Accountability, and Sustainability**	7. Strengthen National Coordination Mechanisms among relevant stakeholders.													MHA

No.	POLICY OBJECTIVE FOCUS	STRATEGIES	SHORT TERM		MEDIUM TERM				LONG TERM						LEAD AGENCY
			2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
		8. Develop Integrated Monitoring and Surveillance Systems on MMH.													MHA/GHS
		9. Advocate for Sustainable MMH Financing Across Sectors.													MOH/MHA
		10. Strengthen Accountability, Regulation, and Quality Assurance for MMH interventions.													MOH/MHA

Appendix 2 : List of Participants for Various Stakeholder Engagements and Technical Committees

MHA Initial Zero Drafters/ Reviewers, November 2024

S/N	Name	Organisation
1	Dr. Evans Danso (Lead)	Mental Health Authority
2	Prof. Pinaman Appau	Mental Health Authority
3	Dr. Nana Yaa Adobea Brown	Mental Health Authority
4	Dr. Ruth Owusu Antwi	Kwame Nkrumah University of Science and Technology
5	Dr. Julius Xatse	Ankaful Psychiatric Hospital
6	Dr. Josephine Stiles Darko	Mental Health Authority
7	Dr. Edward Appah	Accra Psychiatric Hospital
8	Dr. Amma Mpomaa Boadu	Ghana Health Service
9	Dr. Maureen Martey	Ministry of Health
10	Mr. Williams Obeng Asomaning	Mental Health Authority
11	Mr. Dominic Farrell	Foreign, Commonwealth and Development Office
12	Mrs. Diana Quashie	Foreign, Commonwealth and Development Office

WHO Sponsored Review Team October 2025

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3.	Dr. Leveana Gyimah	World Health Organisation
4.	Dr. George Atiim	World Health Organisation
5.	Mrs. Maame Esi Amekudzi	Ghana Health Service
6.	Dr. Peter Yaro	BasicNeeds Ghana
7.	Dr. Amma Mpomaa Boadu	Ghana Health Service
8.	Dr. Kwadwo Obeng Marfo	Accra Psychiatric Hospital
9.	Ms. Priscilla Tawiah	Mental Health Authority
10.	Dr. Katherine Attoh	World Health Organisation
11.	Mr. Wonder Yaw Siegward	Ghana College of Physicians and Surgeons

1st Validation Workshop participants, November 2025

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3	Mr. Promise Dumevi	Mental Health Authority
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5	Mrs. Justina Agyakwa	GHS-Regional Health Directorate-Ahafo
6	Mrs. Gifty Aboagyewaa Polycarp	GHS-Regional Health Directorate-Upper East
7	Mr. Courage Ahorlu-Dzage	GHS-Regional Health Directorate-Volta Region
8	Mr. James Gariba	GHS-Regional Health Directorate-Ahafo Region
9	Mr. Sylvester Basagnia	GHS-Regional Health Directorate-Upper West
10	Mr. Joseph Yere	GHS-Regional Health Directorate-Bono
11	Miss Akosua Doe Kplorm Kpedor	Ghana College of Pharmacists
12	Mr. Samuel Cudjoe Hanu	Mental Health Authority
13	Mr. Ambrose Amenuvor	Ghana Physician Assistants Association
14	Mrs. Priscilla Elikplim Tawiah	Mental Health Authority

15	Dr. Kennedy Brightson	Ghana Health Service
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17	Mr. Ebenezer Nkansah	Mental Health Authority
18	Mr. Mumuni Fuseini	Ghana Health Service, Tamale
19	Dr. Vivian Maame Aba Dadzie	Mental Health Authority
20	Miss Dorcas Ansong	Mental Health Authority
21	Miss Portia Nana Asama Abiaw	Ministry of Gender, Children and Social Protection
22	Mr. Dan Taylor	MindFreedom Ghana
23	Edwina Seguwa Agroh (Esq.)	Mental Health Authority
24	Dr. Isabella Ntredu	Pantang Hospital
25	Mr. Humphrey Matey Kofie	Mental Health Society of Ghana
26	Dr. Leveana Gyimah	World Health Organisation
27	Miss Anna Plange	Ghana Psychology Council
28	Miss Constance Tabuaa	Ghana Health Service
29	Miss Lani Amartey	Mental Health Authority
30	Miss Mavis Acheampong	Mental Health Authority
31	Mr. Nana Akua Dansoah Nuamah	Pantang Hospital
32	Dr. Joana Ansong	World Health Organisation
33	Mr. Etornam Gblende	GHS Reg. Health Directorate- Gt. Accra Reg.
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35	Miss Lydia Sarpong	Ghana Health Service
36	Dr. Nana Yaa Adobea Brown	Mental Health Authority
37	Mr. Lawoe Honesty Dziwornu	Mental Health Authority
38	Dr. Yaw Amankwa Arthur	Mental Health Authority
39	Mr. Agyapong Elijah	Mental Health Authority
40	Miss Edem Tamakloe	GHS Reg. Health Directorate-Central Reg.
41	Mr. Dominic Wunigura	BasicNeeds-Ghana
42	Mr. Zantoli Simon Peter	GHS Reg. Health Directorate-Northeast Region
43	Mr. Augustine Bremfi	Ghana Health Service
44	Miss Abigail Owusu-Aggrey	Accra Psychiatric Hospital
45	Mr. Isaac Kenya Nyameboam	Ghana Health Service
46	Mr. Bennet Adofo	Mental Health Authority
47	Mr. Victus, Kwaku Kpesese	Accra Psychiatric Hospital
48	Dr. Abraham Frimpong Baidoo	Christian Health Association of Ghana
49	Dr. Japhet Makama Ayele	International Organization for Migration (IOM)
50	Miss Anita Paddy	Ghana Armed Forces Health Services, 37 Military Hospital
51	Dr. Pinaman Appau	University of Ghana Medical Centre
52	Dr. Amma Mpomaa Boadu	Ghana Health Service
53	Dr. Franklin Glozah	University of Ghana School of Public Health
54	Dr. Michael Bright Yakass	Fertility Society of Ghana
55	Dr. Kwadwo Marfo Obeng	Accra Psychiatric Hospital
56	Mr. Afflu Godswill	Mental Health Authority
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59	Dr. Isaac Newman Arthur	Ghana Psychological Association
60	Dr. Narkwor Narteh	Pantang Hospital
61	Mr. Ernest Amoah Ampah	Ghana Education Service
62	Miss Abigail Asalu	National Health Insurance Authority
63	Mrs. Victoria Boateng	Nursing and Midwifery Training College Korle Bu
64	Mrs. Gladys Tetteh-Yeboah	Mentors Foundation
65	Dr. Emmanuel Dziwornu	University of Health and Allied Sciences, Ho
66	Adote Anum	University of Ghana
67	Dr. Sammy Ohene	Accra Psychiatric Hospital
68	Dr. Reiner Adisi	Pantang Hospital
69	Dr. Josephine Agyeiwaa Stiles Darko	Mental Health Authority
70	Mr. Godwin Kofi Agbemenya	Ghana Federation of Traditional Medicine
71	Dr. Edward Darfour Appah	Psychiatric Association of Ghana/ Accra Psychiatric Hospital
72	Dr. Maureen Martey	Ministry of Health
73	Dr. Richard Naab	37 Military Hospital
74	Mr. Amoako Jones	Mental Health Authority
75	Miss Esenam Abra Drah	Mental Health (Lived Experienced)
76	Mr. Okoe Quaye	Mental Health Authority
77	Dr. Winnifred Lydia Twum	Korle-Bu Teaching Hospital
78	Dr. Julius Mawuse Xatse	Mental Health Authority
79	Miss Fidelicia Bakobie	Mental Health Authority
80	Miss Kathleen Kelly	Crossroads International
81	Miss Juliet Opare Budu	Nursing and Midwifery Council, Ghana
82	Dr. Promise Sefogah	Korle Bu Teaching Hosp.
83	Mrs. Evelyn Selasi Kwakye	Mental Health Authority
84	Miss Geraldine Anang	Mental Health Authority

1st Validation meeting grouping and Sections reviewed.

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	Group 1 (Intro, Scope, Situational Analysis, Problem Statement & MMH Status)
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	2. Ms. Portia N. A. Abiaw
	3. Edwina Ankoma-Sey (Esq.)
	4. Dr. Richard Naab
	5. Pharm. Fidelicia Bakobie
	6. Dr. Maureen Martey
	7. Mr. Ernest Amoah Ampah
	8. Mr. Victus Kwaku Kpesese
	9. Dr. Eugene K. Dordoye
	10. Dr. Dansoah Nuamah
	Group 2 (Gaps & Barriers, Opportunities, Goals & Objectives)
Dr. Edward Appah	1. Ms. Esenam Abra Dra
	2. Mr. Abdul-Mumin Ibrahim
	3. Mr. Dominic Wunigura
	4. Dr. Winnifred Lydia Twum
	5. Prof. Pinaman Appau
	6. Dr. Isaac Newman Arthur
	7. Dr. Abraham Frimpong Baidoo
	8. Dr. Ntredu Isabella
	Group 3 (Policy Principles, Policy Strategies and Actions, Implementation Plan)
Dr. Amma Mpomaa Boadu	1. Dr. Julius Mawuse Xatse
	2. Dr. Emmanuel Dziwornu
	3. Ms. Anna Plange
	4. Dr. Nana Yaa Adobea Brown
	5. Ms. Akosua Doe Kplorm Kpedor
	6. Ms. Reiner Adisi
	7. Ms. Juliet Opare Budu
	8. Ms. Victoria Boateng
	9. Mr. Ambrose Amenuvor
	10. Dr. Yaw Amankwa Arthur
	11. Rev. Bernard Ofori-Attah
	12. Ms. Abigail Owusu-Aggrey
	13. Dr. Judith A. Osae-Larbi
	Group 4 (Financial Resources, Risk Management & Mitigation, & Monitoring & Evaluation Framework)
Mr. Emmanuel Mwini	1. Ms. Yvonne C. Ampeh
	2. Dr. Vivian Maame Aba Dadzie
	3. Mr. Dominic Farell

	4. Ms. Priscilla Tawiah
	5. Pharm. Enyonam Ganyaglo
	6. Dr. Narkwor Narteh
	7. Ms. Abigail Asalu
	Group 5 (Surveillance, Research, Data Systems, Comms & Conclusion)
Dr. Kwadwo Obeng	1. Prof. Sammy Ohene
	2. Dr. Josephine A. Stiles Darko
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Inputs consolidation team after 1st validation workshop (November 2025)

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