UNIVERSITY OF BERGEN

Department of Administration and Organization Theory

AORG351

Master's Thesis in Public Administration

SPRING 2014

GHANA'S MENTAL HEALTH ACT 2012- A STUDY OF THE ACTORS AND STRATEGIES IN SETTING THE PUBLIC POLICY AGENDA.

KAREN AFRIYIE OKRAH

DEDICATION

I dedicate this work to my **HUSBAND** Kwame Afriyie Okrah and to my **FAMILY** for their support and inspiration.

ACKNOWLEDGEMENT

I am amazed at the Glory of God. I am deeply and forever indebted to God, the author and finisher of my faith for seeing me through this course.

Many thanks to my supervisor, Prof. Ishtiaq Jamil for guiding me through this course and this work especially.

I also recognize the role played by other lecturers in the Department of Administration and organization Theory, who through their direction, I was able to understand and undertake this course successfully. Thank you Prof. Steinar Askvik and Prof. Harald Sætren

I am also mindful of the support from some PhD students (Daniel Kipo, Rebecca Radlick, James Hathway and Orest Masue) who in various ways guided me through the course.

My sincere appreciation to some special people who did not only encourage me to take this course, but ensured that I did and offered me all the assistance I needed. Mr. Richard Asah-Asante, Prof. Kwame Boafo Arthur and Dr. Bossman Asare of the University of Ghana.

I am also grateful to some individuals who contributed to this research during the data collection process in Ghana. They are Head of policy analysis unit of the Ministry of health, Chief psychiatrist of the Ghana Health Service, Former chief psychiatrist of the Ghana Health Service, Some Members of the parliamentary select committee on health, Executive Director of BasicNeeds-Ghana, Executive secretary of the mental health society of Ghana, media personnel from Citi FM and Radio Gold and some lecturers from the University of Ghana, Legon.

Another thanks to my course mates who during the presentations provided various contributions to my work.

I am full of admiration and gratitude to my PARENTS, Mr. Frank Wilson Afriyie and Madam Paulina Akua Asiamah. I owe my achievements so far to them for the role they have played in my life. To my siblings, you are amazing!!!

My heartfelt gratitude to my HUSBAND, Kwame Afriyie Okrah. You are a husband with a good heart. Embarking on this journey could not have been possible but for your understanding, care and support. Throughout the process to the end, you have been my rock. You bring out the best in me. God richly bless you.

Thanks to everyone in my life who through one way or the other contributed to this course.

ABBREVIATIONS

CSOs : Civil Society Organisation(s)

EU : European Union

GHACEM : Ghana Cement

GHS : Ghana Health Service

GPRS : Ghana Poverty Reduction Strategy

HIV/AIDS : Human immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HRW : Human Rights Watch

IDEG : Institute of Democratic Governance

IEA : Institute of Economic Affairs

ISODEC : Integrated Social Development Centre

MDG : Millennium Development Goal(s)

MEHSOG : Mental Health Society of Ghana

MOH : Ministry of Health

NDC : National Democratic Congress

NGO : Non-Governmental Organisation

NLC : National Liberation Council

NPP : New Patriotic Party

NRCD : National Redemption Council Decree

UK : United Kingdom

UN : United Nations

US : United States

WHO : World Health Organisation

ABSTRACT

The mental health bill was drafted in 2004 but was eventually passed in 2012 after some pressure was put on government to pass the law in order to improve access to mental health care. This study attempted to investigate the actors who spearheaded the passage of the law and to analyse the strategies used by the actors to set the agenda and get the act passed.

The study sought to find out how domestic actors in policy making were able to get the issue of the poor state of mental health care in Ghana to the table of government. This is because the mental health sector had been neglected by government who for several years had provided woefully inadequate budgetary allocation to the sector. Also due to negative public perception of mental illness, public support for issue on mental health was below expectation compared to other health matters.

The study used Kingdon's agenda setting model-Multiple streams framework to understand and explain the agenda setting of the mental health act.

Findings from the research showed that all the actors played important roles in putting the issue of the poor state of mental health care and treatment on the agenda of government and eventually ensured that the mental health law 2012, Act 846 was passed. The study showed the significant role played by domestic actors especially NGOs who used their resources and took advantage of policy windows to push their proposals. Also, the study showed the interplay of politics in agenda setting.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF DIAGRAMS

CHAPTER ONE: INTRODUCTION

1.0 INTRODUCTION

This study-the agenda setting of the Mental Health Law in Ghana 2012[1] is focusing on the actors and their strategies used in setting the agenda of the Act. Initial attempts in 1996 and 1997 by the former chief psychiatrist to get government to pass the law stalled due to lack of support and political will. Even when a bold step was taken in 2004 to draft the bill, it was not until 2012 that the bill was passed. This study therefore seeks to find out the actors in the agenda setting process, how they framed the issue to get government attention and the strategies they employed to get government attention. Important in this work is to find out the resources that were available to actors and how these resources were utilized and whether the policy reflected the preferences of the actors.

The plights of people with mental illness are enormous. These people on a daily basis grapple with stigmatization, discrimination and inadequate or absence of mental health care services to meet their needs. Persons with mental illness suffer stigmatization and discrimination due to the perception that mental illness is caused by some spiritual forces. Most people do not know the causes of mental illness and as such were afraid. This individual perception festered into public thinking, and consequently left mental health as an afterthought of government.

On the side of individuals, there is lack of public support for issues on mental health and many people do not want to be associated with anything about mental health. To the extent that entering a psychiatric facility leave one with a tag of being a mentally ill person (Okertchiri 2012:8).

On government side, mental health receives inadequate budgetary allocation. In Ghana, only 1% of government budget is allocated to mental health (Okertchiri 2012:9) and field work data showed that only half of the percentage actually goes into it. Studies have shown that most African countries (79%) spend less than 1% of their health budget on mental health care(Shekhar Saxena, Pratap Sharan et al. 2003:137).Though comparatively Ghana allocates more funding to mental health care, only half of the allocation is received. However, considering the nature of the problem in the country, an increase in the allocation and full utilization of the allocation will better assist in the treatment and care of the patients. The inadequate budgetary allocation has reflected in all aspect of metal health care in the country. From infrastructure, training of personnel to service delivery, mental health care is found wanting. There is congestion, and unwillingness of families to accept relatives who have been treated has left the only three psychiatric hospitals overstretched. The limited number of psychiatrists to handle the about 2.4 million people battling with psychiatric problems leaves the patient to psychiatrist ration to 1:1.7million people (Selby 2011:13).

[1] See the full MENTAL HEALTH ACT 2012, ACT846
http://www.thekintampoproject.org/storage/Mental%20Health%20Act%20846%20of%202012.pdf
http://www.thekintampoproject.org/storage/Mental%20Health%20Act%20846%20of%202012.pdf

In Ghana, the state of mental health care delivery was seen as very deplorable. On a scale of 1 to 10, the current mental health situation is ranked at a maximum of 3 by the Chief Psychiatrist of the Ghana Health Service (GHS)[2].This shows how bad the situation is but he was hopeful that the enactment of the mental health act will heal the ills of the current mental health care system. The challenges in mental health delivery can be grouped into a) Poor Infrastructure b) Inadequate personnel with relevant training and skills c) Inadequate financing d) Human rights abuses. Some of these challenges were captured in daily media reports which actors think got the government to put the issue on its agenda. By placing the issue on its agenda, government sought to address the challenges in the mental health sector by revising the mental health legislation.

A) Poor Infrastructure

Field work data indicate that there are only three (3) psychiatric hospitals for a country of over twenty five (25) million populations. They are Accra Psychiatric hospital, Pantang hospital and Ankaful Hospital, all in the south. Chief Psychiatrist said[3] "mental health care is skewed to the south and in the northern belt very little mental care is available". He explained that all the hospitals are located in the southern part of the country, so the northern part of the country does not have psychiatric hospitals and all the hospitals are within three hour drive from each other. According to him, though the country has regional hospitals, only five of the hospitals have psychiatric unit attached to them. There are about three private hospitals, also in the southern part of the country.

B) Inadequate personnel

The Chief Psychiatrist mentioned that there are currently 17 psychiatrists in the country, out of which 7 are retired and only ten in active service. There are only five psychologists in the whole public health care system and not a single occupational psychologist. With only 700 psychiatric nurses, the Chief Psychiatrist stated[4] that "in terms of human resources, it's seriously handicapped".

C) Inadequate financing

Ghana's mental health care is also financially challenged. Mental health care is government financed and so patients receive free treatment. Budgetary allocation according to the chief psychiatrist is 40-50% allocation of actual budget, which means despite low budgetary allocation, the sector receives only 40-50% of the allocation. Due to the low financing, the hospitals are unable to acquire adequate medication and medical equipment for the treatment and care of patients. There were media reports about the effect of the low budgetary allocation. One of such was a March 26 2010 front page headline story of the Daily Graphic newspaper headlined "DANGER-No drugs for mental patients". It reported that "The three public psychiatric hospitals in Accra, Pantang and Ankaful have been hit by acute shortage of drugs for mental patients…The Chief Psychiatrist of the Ghana Health Service(GHS),Dr. Akwesi Osei, who confirmed the report, said the hospitals had run out of supplies and there had been virtually no drugs for the past five months…Dr. Osei said for all that while, patients were made to

[2] From interview with the chief psychiatrist of the GHS
[3] From interview with the chief psychiatrist of the GHS
[4] From interview with the chief psychiatrist of the GHS

purchase their own drugs, instead of being provided free under the health sector policy"(Yeboah 2010:1-2) .

D) Human rights abuses

Reports of human rights abuses at the psychiatric hospitals are rife in the media. The Chief psychiatrist of GHS explained[5] that patients are overcrowded and do not have privacy as a result of congestion. He confirmed[6] that the Accra psychiatric hospital was built as an out-patient hospital but at a point admitted 1,200 patients. "Mentally ill patients suffer from severe abuse at psychiatric hospitals and so-called healing centers in Ghana, with many chained to trees and even denied water… The abuse is even worse in healing centers known as "prayer camps," which lack government oversight…Thousands of mentally disabled people in the West African nation are sent to the camps, usually by their family members to be "cured" by self-proclaimed prophets through miracles, prayer and fasting. In most prayer camps, residents are only allowed to leave when the prophet deems them healed" (Associated Press 2012).

Upton (1983) believes that negative attitudes towards people with mental health conditions accounts for the poor mental health care. In one of the chapters, 'Attitudes That Affect mental Health care Coverage; The Psychiatrist in Perspective', in his book, Mental Health care and National Health Insurance: A Philosophy of and an Approach to Mental Health Care for the Future, he argues that "there is probably no form of health care that is as controversial as mental health care in terms of its theories, aims, methods, and potential impact on individual persons and society as a whole. Mental health care is extremely emotional laden area of health. Our thoughts and feelings, our attitudes and prejudices toward mental health care are bound to affect individual and societal acceptance of it-and thus influences our health policy toward it" (Upton, 1983:139).

Beinecke and Bertram (1983) corroborate the attitudinal links to mental health care assertions by Upton (1983).They emphasize that "Mentally ill persons have experienced long-standing stigmatization by society. Myths that crazy people were the devil come to earth and that these persons had illnesses that were deeper that other medical problems resulted in poor care and often persecution. "Normal" persons' intolerance of differences and our frustration with a problem that has not lent itself to easily defined solutions have contributed to differential treatment of mentally ill persons" (Beinecke and Brown, 1983:173-174).

Public perception of mental illness as a spiritual cause, reduced, following series of media campaigns by NGOs and senior psychiatric personnel especially Chief Psychiatrists of the Ghana Health Service (GHS), to demystify negative perception about mental health. There was a conscious effort by the NGOs and those concerned to change public perception regarding mental illness and treatment in order to address challenges facing that part of the health system. Public education was also aimed at reducing stigmatization and discrimination of persons with mental illness and to improve public support for patients (Okertchiri 2012:9).

The poor in society are the most likely to have mental illness due to factors such as lack or inadequate income levels, insecurity and all the problems associated with poverty (Fournier

[5] From interview with chief psychiatrist of the GHS
[6] From interview with chief psychiatrist of the GHS

2011:2).Some scholars have established a relationship between mental ill-health and poverty. "Patel (1996), from his study in India, concluded that the relationship between impoverishment and poverty is bi-directional; poverty is an important 'risk factor' that can trigger mental illness, which in turn can worsen the economic conditions of the person and their families"(BasicNeeds-Ghana,2007:6).The WHO also confirms the link between poverty and mental ill-health by stating that "studies over the last 20 years indicate a close interaction between factors associated with poverty and mental ill-health. Common mental disorders are about twice as frequent among the poor as the rich. For example, evidence indicates that depression is 1.5 to 2 times more prevalent among low-income group of the population" (WHO, 2007:1).

1.1 STATEMENT OF THE PROBLEM

With over a 24 million population, Ghana has only three public psychiatric hospitals all located in the southern part of the country. The three, Accra Psychiatric hospital, Pantang and Ankaful hospitals are operating under overcrowded conditions and are underfunded(Mental Health Aid Ghana: 2012). The situation of people with mental illness in the northern part of the country is deplorable since due to the absence of mental health facility, they either have to trek miles to receive care in the south or be abandoned by relatives on the streets to their fate or resort to traditional forms of care which often results in abuse and inhuman treatment meted out to the patients.

Though some mental health care services are available in Ghana, "majority of care is provided through specialized psychiatric hospitals (close to the capital and servicing only small proportion of the population), with relatively less government provision and funding for general hospital and primary health care based services. Furthermore, the proportion of health spending allocated to mental health is a substantially smaller percentage of the total that what might be seen or expected in developed countries"(Mental Health Society of Ghana,2013).

BasicNeeds-Ghana (2007) in its research report 'Mental Health: Access to Treatment and Macroeconomics in Ghana' identified the reasons for the low access to mental health care in Ghana. The research findings indicate that though mental health care treatment is free, "mental health system in Ghana is highly fragmented, under-resourced, and chiefly organized around the needs of people with severe mental disorders"(BasicNeeds-Ghana,2007:24).

Ghana had its first law on mental ill health in 1888 enacted by the colonial authorities. In 1906, the first asylum was built to decongest the prisons which also accommodated people with mental ill health who had been arrested. In 1972 a new enactment came into force: the Mental Health Act (NRCD 30) (Humphrey and Montana, n.d).Though the NRCD 30 like the 1888 law focused on institutional care, (Humphrey and Montana, n.d), "NRCD 30 took into account, the patient, the property of the patient and voluntary treatment" (Humphrey and Montana, n.d).

The year 2004 saw the drafting of a new bill, to suit changing times. The new bill became necessary because the 1972 mental health act was seen as outdated (Humphrey and Montana, n.d)and did not "accord the best practice standards for mental health legislation, which aimed at

protecting, promoting and improving the lives and wellbeing of people with mental disorder"(Humphrey and Montana, n.d).

Advocates of the bill were of the view that "the country urgently requires a comprehensive mental health policy to provide guidance and ensure a framework for increased accessibility and availability of mental health care services including proper treatment. The new policy shall adequately address issues relating to the exposure of mentally ill people who remain segregated from society in institutions including psychiatric hospitals in such a way that would remove any trace of torture and other forms of inhuman or degrading treatment or punishments which are perpetrated through their subjection to indignity, neglect, severe forms of restraint and seclusion, and physical, mental and sexual abuse" (Humphrey and Montana, n.d).

It is against this background that i seek to investigate the actors who spearheaded the mental health act and strategies used by the actors to influence the passing of the bill in 2012.It is also important to explore the roles played by the actors and the whether the policy reflected the preferences of the actors. This work will attempt to answer questions such as: How did the actors present the problem of poor mental health to catch government attention? What resources were available to actors? How were these resources utilized? What were some of the challenges faced by the actors?

1.2 SCOPE OF THE STUDY

This is an exploratory research on the agenda setting of the mental health act in Ghana. The research focuses on investigating the actors in the agenda setting of the mental health act and the strategies employed by the actors in setting the agenda for the mental health act.

The domestic actors who were at the fore in putting the issue of poor state of the mental health sector on the agenda of government were the focus of the study. They were made up of both state and non-state actors. The state actors were the Ministry of Health, Ministry of Justice and Attorney General, Chief Psychiatrist of the GHS, Former Chief Psychiatrist of the GHS and the Parliamentary select committee of health. The non-state actors were BasicNeeds-Ghana (NGO), Mental Health Society of Ghana (NGO) and the media.

1.3 OBJECTIVES OF THE STUDY

The focus of this study is agenda setting of the mental health law in Ghana. The study intends to focus on actors and strategies in setting the public policy agenda of the mental health act. The study specifically aims at the following objectives:

1. To identify the actors involved in setting the agenda for the mental health act.

2. To examine the strategies that was adopted by the actors to spearhead the passage of the act.

1.4 SIGNIFICANCE OF THE STUDY

King et al (1994) provides two criteria for doing research. The research topic should be important to the lives of people and contribute to academic literature (King et al, 1994:15).This research is in line with these criteria, on the backdrop that, Ghana's mental health care system has gone through some reforms but few studies have been done to assess the reforms, the actors involved in the reforms as well as strategies adopted to push for the reforms, in a country, where mental health care is not a top priority of the government.

Generally, research on mental health care in Ghana is limited. As explained by Read and Doku (2012) in their research 'Mental Health Research in Ghana: A Literature Review', "Mental health is a neglected area in health care in Ghana. With few clinicians and trained researchers in the field, research has been limited both in quantity and quality". (Read and Doku, 2012:29). Most of the information on mental health in Ghana is articles which according to Read and Doku (2012) cover "hospital and community-based prevalence studies, psychosis, depression, substance misuse, self-harm, and help seeking" (Read and Doku, 2012:29).

Much of the reason for the limited research in mental health in Ghana can be attributed to "lack of national statistics on mental health is hindering the management of the disease" (Ghana News Agency: 2005).Chief Psychiatrist of the Ghana Health Service, admits that "although management of the disease thrived on data, there was very little research into mental health and the prevalence of mental illness, epilepsy or drug abuse" (Ghana News Agency: 2005).The limited research in mental health in Ghana can be attributed to lack of personnel in that area (Fournier,2011:5),as statistics show that the psychiatrist patient ratio is one to 1.5million people nationwide(Fournier,2011:5).

It will not be farfetched for one to conclude that the absence of adequate information and research in the area can be blamed for the neglect of the area by policy makers. So in order for development and improved conditions in mental health care, there is the need for research to inform policy making, beginning from my work.

This study is therefore significant in a number of ways. It will provide statistical information about the mental health sector in Ghana based on interviews with experts and personnel in the sector, which may help in designing right remedies in addressing problem.

Very few African countries have mental health laws. The WHO put the figure of African countries which do not have mental health laws or whose laws are outdated at 64%(WHO 2013:1).It is therefore insightful to bring the process leading to the passage of the mental health law in Ghana.

Information gathered from this research will assist other researchers to understand the nature of agenda setting in Ghana and the likely strategies needed to spearhead the process. Agenda setting like the other stages of policy making is prone to challenges and data from this research will direct other researchers to the likely challenges in agenda setting in Ghana.

This study seeks to investigate the actors involved in advancing the mental health act, the strategies that were employed and how those strategies were coordinated by the actors. Findings of this research will bring to the fore the important role played by the various actors especially

the non-state actors in pushing for a policy in a country known to be executive centered in policy making.

Agenda setting is the first stage in policy making; hence research on this stage will shed light on how issues get attention and become an agenda in general and especially in the context of developing countries. This study will contribute to scholarly literature on agenda setting in mental health in Ghana and serve as a reference point for other students who may want to undertake studies in agenda setting.

Findings of this research will also serve as a reference point for future studies on agenda setting and in Ghana specifically. The study can form a basis of comparative study on agenda setting in mental health and other government policies like the Domestic violence act. Moreover, findings of this research can generate questions for future research.

1.5 RESEARCH QUESTIONS

The main research question for this study is

- Who were the actors in the agenda setting of the mental health act and what strategies did they employ to get the issue of mental health on government agenda.

The proposed study will attempt to answer the following specific questions:

1. How did actors get the issue to government?
2. How did actors pull their resources together?
3. What conditions influences the choice of strategies?
4. Did election and change in government influence the agenda setting?
5. What were some of the challenges of the actors?
6. Was the outcome different from what the actors wanted?

1.6 ORGANISATION OF THE THESIS

CHAPTER ONE: This chapter provided an introduction to my research. It established the research problem and questions, stated the scope of the study, outlined the objectives of the study and enumerated the significance of the study.

CHAPTER TWO: This chapter will focus on the literature review and the analytical framework guiding the study. It will make an assessment of other research works which have used other theories in Agenda setting including John Kingdon's model and then make a justification for the use of the model in this research. Kingdon's agenda setting model will be explained as the analytical basis for this research, from where variables that will guide this research will be derived.

CHAPTER THREE: This chapter will explain the methodology that was used in the research and justify the choice of qualitative method as the research approach and case study strategy. The area of the study and the unit of analysis will be amply stated. A case for the sample selection and size will be made. The sources of data and methods of data collection as used in the research will be explained as well as mode of data analysis. Very critical in every research work are issues of ethical consideration, reliability, validity and generalisation of research and this research will live up to the task by explaining how the ethics of doing research were met and the need to recognise this research as a high quality research work.

CHAPTER FOUR: This chapter will throw light on the state of mental health in Ghana and present the making of the mental health act and its processes as well as the timelines of the process. Also, the chapter will explain the difference between the new law and the previous ones, as well as give a summary of the Mental Health Act 2012, Act 846.

CHAPTER FIVE AND SIX: These chapters will present the findings and discussion of the research. While chapter five will deal with the findings and discussion on policy entrepreneurs, their resources and how the actors got the issue on government agenda, chapter six will focus on analyzing the actors' strategies and the role of elections and change in government as policy windows.

CHAPTER SEVEN: This chapter is the conclusion of the research and will encapsulate the key findings of the research. It will explain implications of the study to the analytical framework and implications of this study to future research.

CHAPTER TWO: LITERATURE REVIEW AND ANALYTICAL FRAMEWORK

2.0 INTRODUCTION

This chapter intends to develop an analytical framework for the research. This framework will form the basis for analyzing the findings of the research. In this regard, the chapter: a) Discusses agenda setting as a first step in public policy making b) Explains John Kingdon's model on agenda setting and its origins c) Present some highlights of how Kingdon's model has been used in other research or by scholars, and d) Carries out an assessment of the model as well as a justification for using it in this research. Other areas to be covered in this essay are the variables derived from Kingdon's model and the relationship between the variables. All of these are aimed at directing the research to answer important research questions: Who were the actors in the agenda setting of the mental health act and what roles did they play? What strategies did they use to get the issue on government policy agenda? How did the actors present the problem of poor mental health to catch government attention?

2.1 LITERATURE REVIEW

Public policy making is not an adhoc event. The making of public policy is a process event. Agenda setting is the first stage of the policy making process. This stage involves recognising a problem as needing government consideration (Howlett et al, 2009:92). The other stages in public policy making are policy formulation, decision making, policy implementation and policy evaluation stage. Like every concept in social phenomenon, scholars have developed theories to explain agenda setting. Some agenda setting theories include multiple streams framework by John Kingdon; Issue –attention cycle by Anthony Downs; Outside initiation model, mobilisation model and inside initiation model by Cobb et al (Howlett et al, 2009:100-102).

Before providing a justification for the use of John Kingdon's theory on agenda setting in this research, some discussions about the model and its origin are as follows.

The multiple streams framework was developed around the garbage can model developed in 1972,by Michael Cohen, James March and Johan Olsen(Kingdon,1995:84).Though the garbage can model is used to explain the decision making process in organisations, Kingdon took inspiration from it, in developing his agenda setting theory. The theorists of the garbage can model argue that decision making in organisations is not as rational as some scholars make it seem (Howlett et al, 2009:151).They state that decisions in organisations were, "a garbage can into which various kinds of problems and solutions are dumped by participants as they are generated. The mix of garbage in a single can depends on the mix of cans available, on the labels attached to the alternative cans, on what garbage is currently being produced, and on the speed with which garbage is collected and removed from the scene "(Kingdon 2003:85) .It is important to state that this thesis is not based on the garbage can model but how the three streams by Kingdon are joined together. In this research, I am pursuing the interesting hypothesis about the three streams meeting in order to explain the agenda setting of the mental health act.

Based on this model, Kingdon (1995) stated that in public policy agenda setting, there are "problems, solutions, participants and choice opportunities" (Kingdon, 1995:85).These elements are independent of each other and do not relate, but only at a critical time which is the politics(Kingdon,1995:85-86).The politics is "swings of national mood, vagaries of public opinion, election results, changes in administration...interest group pressure campaigns"(Kingdon,1995:87).This model simply states that, when problems floats in public as needing government attention, solutions and politics are joined by participants during choice opportunities which are also called policy windows(Howlett el al,103-104).

Various scholars have used Kingdon's model in their research to explain how issues get on government agenda. Tandoh-Offin (2010) used Kingdon's model to get an "understanding of feminists' and gender advocates' struggles for greater visibility for women, their issues and interests in Ghanaian society may be fashioned" (Tandoh-Offin,2010:2).He concludes that though passage and implementation of the Domestic violence law alone did not reduce violence and discrimination against women(Tandoh-Offin,2010:12),"the process, activities and strategies employed by the coalition of CSOs[7] such as targeting a political party that was hungry for political power, satisfy Kingdon's "institutional window" idea"(Tandoh-Offin,2010:12).He also agrees with assertions that advocacy activities by pressure groups influences the choices of politicians on issues of women empowerment and equality, especially when governments are continually battling with scarce resources (Tandoh-Offin, 2010:12). He admits that imminent change in government and political control influences most women empowerment efforts by politicians (Tandoh-Offin, 2010:12).He argues that, operations of women's movements and their coalitions to raise awareness about women issues is similar to Kingdon's description of the politics streams in operation.(Tandoh-Offin, 2010:12-13).

According to Tandoh-Offin (2010:6), the upsurge of gender based groups and their activities in Ghana which aims at protecting the right of women, increased awareness about the problem of domestic violence and how the issue can be addressed. The change in administration in 2001 provided opportunity for the proposals to be advanced and accepted because many of them could envisage that the New Patriotic Party(NPP) was more favourable to the participation of gender based groups to the policy making process (Tandoh-Offin,2010:6).

Using Kingdon's streams model, Tandoh-Offin (2010:7) identified the problem stream as lack of women empowerment and their involvement in the decision making process. The women's groups identified domestic violence as one of the factors hindering women's empowerment (Tandoh-Offin, 2010:7).These groups took solace in the country's constitution and used the media as a tool to engage the political parties as well as solicit for support for their proposals (Tandoh-Offin, 2010:7). The groups drew more attention to the issue by comparing the dwindling size of women in parliament and other decision making sectors of the economy to their population, as well as studies on lack of equal opportunities for women(Tandoh-Offin, 2010:7).

The policy stream was the policy proposal from the women groups for a legislation to criminalise domestic violence, establishment of a ministry of women and children's affair to protect the interest of women at the cabinet level and the adoption of the policies and programs to promote the course of women (Tandoh-Offin, 2010:8).The groups had support for their

[7] Civil Society organisations(CSOs)

proposals because they had resources and information to push them through (Tandoh-Offin, 2010:9).

The research revealed that the change in administration was the political stream that created the opportunity for the passage of the domestic violence law and change in administration in 2001 brought into government a regime known to welcome interest groups activities(Tandoh-Offin, 2010:11) Also, the NPP as a political party, which was tipped to win the elections due to the wind of change at the time, was made to commit to women empowerment by including the fight against domestic violence and women empowerment in its manifesto (Tandoh-Offin, 2010:11).Upon winning the election in 2001,the NPP created the ministry of women and children affairs, passed the domestic violence law, introduced the free maternity care and other programmes aimed at empowering Ghanaian women(Tandoh-Offin, 2010:10).

Fourie (2010), using Kingdon's model, does an analysis of the role played by bilateral and multilateral donors (Fourie, 2010:96), in the "shaping of AIDS policy in terms of its formulations, implementation and evaluation" in South Africa (Fourie, 2010:93).He concludes that politics at the national level hindered the AIDS policy change till 2008(Fourie, 2010:93-94).Fourie(2010) analysis of Kingdon's model is based on a 2007 research conducted on some 30 AIDS donor agencies and their partners. The research showed that lack of consensus on problem definition, policy choices and implementation prevented South Africa from having policies to address its HIV/AIDS menace (Fourie, 2010:96). Right from the beginning there was the lack of consensus on problem definition by government (Fourie, 2010:102).This was informed by differences in conception of the nature of the disease (Fourie, 2010:101), which resulted from inadequate and inconsistent statistics, which also affected treatment (Fourie, 2010:102).Other factors which affected the problem definition were differences over the cause of the disease(Fourie, 2010:106),and challenges with managing funding for the anti-retroviral drugs (Fourie, 2010:105).

On the policy stream, attempts by donor agencies to address the HIV/AIDS menace through empirically proven "preventive strategies, treatment mechanisms, care and support..." (Fourie, 2010:107), came into competition with the traditional approach which proposed the use of "African potato, beetroot, garlic and lemon rind" (Fourie, 2010:108) as treatment. Fourie (2010) findings indicate that, as a result, the National Strategic Plan formulated in 2007 as a policy to address the menace was not implemented because it "reflected a biomedical approach to the South African epidemic (Fourie, 2010:108).Since the Mbeki government, the most critical actor in public policy making, supported the traditional approach to treatment (Fourie, 2010:108) and any contrary proposal will not be accepted by the government.

Interest group activities are one of the events that shape the politics stream. This research also demonstrated that lack of cohesion among the groups, prevented them from putting up a uniform front, to push for an issue on government agenda, since "a united front determines to a great extent its success in the policy arena" (Howlett et al, 2009:72).Fourie(2010) research cited that differences among the donors over, for instance the Paris declaration and "whether or not donors should be represented on the South African national AIDS Council" (Fourie, 2010:111).

From the above discussion and highlights of research work with Kingdon's model, it is clear that the model is suitable in explaining agenda setting in public policy making in Ghana. Tandoh-Offin (2010) seems to raise questions about the applicability of Kingdon's model in Ghana

where most policy proposals emanate from the executive (Tandoh-Offin, 2010:12). It is instructive to note that, though the criticism is well placed, agenda setting process in Ghana is in line with Kingdon's model. Despite the fact that, the executive finally sponsors the policy, the policy is informed by activities and support of the public and interest groups.

Again, the multiple streams framework was fashioned around the United States system of democratic governance, and therefore will be good in explaining agenda setting in democratic countries (Maricut, 2011:6), and Ghana is no exception, hence, a good model for my research. In democratic countries unlike totalitarian regimes, interest groups activities are vibrant and government often is in consultation with these groups for policy ideas to fix national problems, and such is the case of Ghana.

Another reason for Kingdon's model as a choice model in this research is that, since the model was useful in explaining agenda setting of the domestic violence act as stated by Tandoh-Offin (2010), it is not out of place to use the model to analyse the mental health act, since both laws were passed only recently and both emphasizes the role of the media and interest group advocacy and campaigns in agenda setting.

Moreover, since this research focuses on investigating the actors and strategies of the mental health act, the model will serve as a guide in answering questions like: How did the state of mental health care influence the issue to be on government agenda (Problem stream)? Who were those pushing for the passage of the law (policy entrepreneurs)? What strategies did they adopt in advancing their proposal and what factors enabled the choice of legislation to be accepted? Why did government agree for the passage of legislation (politics stream)? And what events facilitated the acceptance of legislation and its eventual passage (policy windows)?

2.2 ANALYTICAL FRAMEWORK

The analytical framework to guide this research is the Multiple Streams Framework, a model of agenda setting. The use of the model is important to direct the research in answering questions such as: Who are the actors in setting the agenda for the mental health act? How did the state of mental health care influence the issue to be on governmental agenda? Who were those pushing for the passage of the law? What strategies did they adopt in advancing their proposal? What events facilitated the acceptance of legislation and its eventual passage?

2.2.1 Multiple Streams Framework

John Kingdon in 1984 developed one of the models of agenda setting, which has been termed the Multiple Streams Framework (Howlett et al, 2009:103), to explain how issues get on government agenda. The Multiple Streams Framework comprises three streams: problems, policies and politics. "In Kingdon's view, these three streams operate on different paths and pursue courses more or less independent of one another until specific points in time or during policy windows when their paths intersect or are brought together by the activities of entrepreneurs linking

problems, solutions and opportunities"(Howlett el al, 2009:104). In a nutshell, three independent streams determine agenda setting and they are Problems, Policy and Politics, which are joined by the Policy entrepreneurs when a Policy window opens.

The streams in action

Problem streams are public views of problems which they think needs government attention. In relation to this study, the problem is the prevailing conditions in the care and treatment of persons with mental illness that was considered by the public as unacceptable, and got the actors to push for reforms. Some of the conditions are that, "the hospitals end up overcrowded with patients and out of stock for drugs required for treatment. The stigma leads families to often abandon the patient at these hospitals by providing fake contact information. Most of the times, the patients end up living at these hospitals for a lifetime, with no funds, nowhere to go and no one to take care of them"(Gothe,2012).

Policy streams are "all the ideas that compete to receive attention" (Anggoro, 2012).These are proposals which are flown about as solutions to the problem. These solutions can be in the form of legislations, programmes, projects, executive orders, schemes among others. In this research, the policy stream is the passage of the mental health act which policy entrepreneurs proposed as the solution to the problem. They believed that the legislation will lead to an improvement in mental health care.

Politics in Agenda setting

Politics stream is "composed of such factors as swings of national mood, administrative or legislative turnover, and interest group pressure campaigns" (Howlett et al, 2009:103). These are the events which drive a problem to the attention of the government. Politics in this research are the events that propelled the passage of the act. These events could be demonstrations, elections, interest group campaigns, public dissent expressed in media discussion and publications among others. For instance, the media in Ghana were rife with reports of congestion and lack or inadequate medical attention for patients at the various hospitals. Also visible in parts of the country, were patients loitering around especially in the capital cities, oblivious of the risk of being knocked down by a vehicle and lived at the mercy of the weather condition. The public nuisance of these patients led to calls on government to address the problem. Some NGOs made interventions by providing homes for these patients but some of their efforts were not sustainable due to lack of financial support and infrastructure, increasing pressure on government to act. As election approaches, various lobby groups attempt to create awareness about the public problem, couching the problem to appear very urgent to get government attention and in some cases threatening sitting government with electoral defeat if government fails to address the problem. Political parties are also forced to commit to solving the problem if they win the elections. A change in administration provides another opportunity for policy advocates. A new government also provides an avenue for policy ideas which did not get attention in the previous government, to be rehashed.

Kalu (2004) argues that agenda setting is a political process since the actors in policy making engage in "political bargaining, compromise and consensus"(Kelechi 2004:73) in order to get their issues on government agenda. Bargaining and compromise may require actors to be involved in some activities which will put them in a good position to be able to influence government. These activities which aim at amassing public support and confidence, in addition to winning other opponents to their side may include lobbying, advocacy, persuasion, among others.

Also, in order to win public support for the issue they are pushing for, actors must engage in strong advocacy to convince the public, persuade other actors who had different proposals and lobby decision makers. The actors in policy making which includes "interest groups influence government policy in a variety of ways…like direct lobbying"(Dye 2011:38). Lobbying is "…the act of individuals and groups, each with varying and specific interest, attempting to influence decisions taken at the political level" (Chari et al 2010:4).Lobbying can be direct or indirect which can include "direct communications with government officials, presentations to state officials, draft report to public officials where in specific details of policy itself are suggested, and even simple telephone conversations with government personnel…"(Chari et al 2010:4).

According to Kingdon(2003), "consensus is built in the political stream by bargaining more than persuasion"(Kingdon 2003:199),but in the policy stream, policy entrepreneurs are able to identify a problem or solution through persuasion(Kingdon 2003:199). "Persuasion, along with presenting the appropriate evidence at the appropriate time in the policy argument, are the keys to success in policy adoption and implementation"(Majone 1989:1).Fogg(1998) defines persuasion as "an attempt to shape, reinforce, or change behaviors, feelings, or thoughts about an issue, object, or action"(Fogg 1998:225).

In public policy making, interest groups are important actors who also influence government in policy decision making. In other words, interest groups are active in the political arena of public policy making. Their importance lie in their ability to "promote new agenda items or advocating certain proposals"(Kingdon 2003:49) and advocacy is an important functions of policy entrepreneurs(Roberts and King 1991:148).In policy making, advocacy is "…an attempt to influence public policy, by a person or group, in a way that brings about legislative action or change"(TO and HEARD:1), "including the use of public events and media coverage"(Bonvalot and Danishabad 2002:5).

Quarm (2009) explains that in policy making, "these actors are constantly in competition for agenda space, in that; they all seek to capture the attention of government, media, or the public with the problems they identify"(Quarm 2009:35).The actors seek attention by engaging in attention seeking measures which are also aimed at influencing government decision. Some of these measures apart from lobbying, advocacy, persuasion are, demonstrations, press conferences, putting pressure on decision makers and persistence.

In Cobb, Ross and Ross(1976) "four phases of agenda setting…which they identified or linked each mode with a specific type of political regime"(Howlett et al 2009:102),they described the outside initiation model as one where issues emanate from nongovernmental groups and are magnified into the public agenda and then to the institutional agenda(Howlett et al 2009).The nongovernmental groups like civil society organisations and interest groups "…create sufficient

pressure on decision makers to force an issue onto the formal agenda for their serious consideration"(Quarm 2009:39).Therefore pressure from actors can influence government decision making.

Weissert(1991) clarifies that expertise and persistence are very important to actors. While expertise enables the actors to have control and full grasp of the issues and enhances their competence(Weissert 1991:264), actors "…who exhibits persistence, under Kingdon's concept, would then "soften up the system" while waiting for the policy window to open. When it does, he or she could act to push the proposed policy through the policy window" (Weissert 1991:264).

Joining the Streams: Policy windows and Policy entrepreneurs

In the opinion of Kingdon, the three streams discussed above come together with the help of policy entrepreneurs when policy windows open. The **policy window** is an opportunity for action or change. The openings of the windows are opportunities "for advocates of proposals to push their pet solutions or to push attention to their special problems" (Kingdon, 1995:165).The policy windows may open predictably like the reading of the budget, elections and change in administration. But in this research a change in government will be used as a policy window, where a change in government means a change in political authority of a country. Also, "… window openings can result from fortuitous happenings, including seemingly unrelated external 'focusing event', crisis, or accidents; scandals; or the presence or absence of policy entrepreneurs both within and outside of government" (Howlett et al,2009:104).So in the case of the mental health act, it could have been the startling revelations from the undercover investigations at the Accra Psychiatric hospital by ace journalist Anas Aremeyaw Anas, reports of looming crisis at the various psychiatric hospitals due to absence of medication for patients which resulted in attacks on hospital staff by patients, other incidents of murder of patients by patients, due to similar reasons and congestion.

Policy entrepreneurs are people who are "willing to invest their resources-time, energy, reputation, and sometimes money-in the hope of a future return"(Kingdon,1995:122).The return could be "policies of which they approve, satisfaction from participation, or even personal aggrandizement in the form of job security or career promotion"(Kingdon,1995:123). In this research, policy entrepreneurs are actors in the agenda setting of the mental health act. They are both state and non-state actors which form domestic actors in public policy making. The non-state actors like NGOs and the media are significant policy entrepreneurs in Ghana. Through media reportage, governments' attention has been drawn to many issues. NGO activities are known to play important roles in shaping government policy. Example is the passage of the Domestic violence law. This research seeks to investigate the role of both state and non-state actors. How did the actors manage get the issue of the absence of proper care for persons with mental illness to reach a decision point? How did these actors present ideas about the issue to get government attention? What was the role of the ministry health which is the government body in charge of the mental health sector? At what point did the Ministry of Justice find it necessary to begin the drafting processing on the policy? Did the media and NGOs play significant roles?

2.2.2 Actors in Agenda Setting

"Understanding policy requires some knowledge about the actors who raise issues, assess options, decide on the options, and implement them. These actors can be seen as subjects trying to advance their own interest, or as objects influenced by the circumstances of the surrounding environment" (Howlett et al, 2009: 48). Broadly, two sets of actors are involved in the policy making process. These are the domestic and international actors. The domestic actors can further be divided into state and non-state actors.

Mention will be made of the WHO, an international actor, for assisting Ghana in the drafting of the bill using WHO materials and tools and still assisting in preparations for the implementation of the bill (WHO, 2013).

This study will concentrate on only the domestic actors due to time constraints. For this study, the domestic actors to be considered are the Ministry of Health, Ministry of Justice and Attorney general, Chief Psychiatrist of the GHS, Former Chief Psychiatrist of the GHS and the Parliamentary select committee of health as state actors. The non-state actors are BasicNeeds-Ghana (NGO), Mental Health Society of Ghana (NGO) and the media.

NGOs as Actors

As a working definition for this study, NGOs will be defined as "formal (professionalized) independent societal organizations whose primary aim is to promote common goals at the national or the international level" (Martens, 2002:280).NGOs are known to play very important roles in public policy making. Their importance lie in the fact that "NGOs are creators of information because their field and community experience provide them with important data required in aiding public policy makers in enhancing their decision-making abilities"(Kalu,2004:233).The increasing presence of NGOs in countries, especially developing ones and the growing acceptance in these countries stems from the reasoning that NGOs have moved "from a doing to an influencing role and it comes from the fact that these organisations have proved more effective in reducing human suffering and development than their state counterparts"(Kalu,2004:229).For these same reasons, NGOs have played pivotal advocacy roles in Ghana. Over the years, they have in various ways drawn governments' attention to social problems as well as asking for change. The passage of the domestic violence act in Ghana saw the important role that NGOs played in public policy making. The Poor state of mental health care is just one of such social problems in Ghana for which these advocates press for change from government. Some of these NGOs who played diverse roles in the agenda setting of the mental health act are BasicNeeds-Ghana and Mental Health Society of Ghana.

Media as Actors

The Media, the fourth estate of realm are also important actors in public policy making. As non-state actors, the media seeks to draw public attention to problems in society. "Media portrayal of public problems and proposed solutions often conditions how they are understood by the public

and many members of government, thereby shutting out some alternatives and making the choice of others more likely" (Howlett et al, 2009:74).One very known media reportage that drew widespread public outrage over mental health system in Ghana in 2009, was an undercover investigation by ace journalist Anas Aremeyaw Anas titled 'Ghana's Madhouse'. Following from revealing scenes in that report, other news reports were churned out. In view of this, the study will also investigate the role of the media in the agenda setting of the metal health law.

2.2.3 Policy Entrepreneurs' (Actors) and Resources

Knowledge

Kalu (2004) emphasizes that "...the process through which issues get on the agenda table is the outcome of interactions between actors with different resources and interest that are in conflict...Ultimately, the outcome will reflect the knowledge the winners have of the rules, their resources and the weakness of the opposition in a given issue or policy" (Kalu,2004:71-74).From Kalu (2004) it can be derived that, resources, knowledge of the rules are essential factors in getting an issue on the agenda, considering the myriad of problems, solutions and actors in the political system. Resources available to actors are essential for the achievement of a goal, as resources "have been found useful in affecting authoritative governmental decisions..." (Kalu, 2004:51). In public policy making, actors must be capacitated with some material and cognitive resources. Quarm (2009) contributes to the importance of resources to actors in policy making by stating that "having the necessary resources and skills and being able to manipulate the resources to their advantage is an essential factor in their attempt to get their issues across"(Quarm 2009:38) .

Since agenda setting involves bargaining and compromise, Quarm (2009) reasons that "having knowledge about the norms and the rules is essential for outcomes" (Quarm 2009:37), since the knowledge about the issue will enable the actors to bargain with other actors with competing proposals to the issue and reach a compromise about how to address the problem in society. Having knowledge about an issue will also enable actors to have good grounds to deliberate with decision makers and explain their proposals better. The knowledge of the actors about the mental health in Ghana and how to address the myriad of challenges facing that segment of the health sector can influence their ability to influence government. The amount of knowledge of these actors will be demonstrated in how they present the problem and options, as well as their choice of solution to address the problem. The more information actors have the more influential they will be in trying to get the issue on government agenda since they will be able to argue their case out and get support. Therefore the amount of knowledge of the actors can serve as a good resource if they want to influence government on the issues and be able to convince decision makers in getting an issue on government agenda.

Financial resources

Sabatier(1987) reaffirms the importance of money and in this case financial resources in policy making when he states that money, expertise, common interest among others are what is needed

by the network of actors he calls advocacy coalition to influence policies(Howlett et al 2009:83).In public policy making actors need financial resources to organise programmes and their activities. This is very critical in advancing the programs of the actors to put the issue on government agenda. Policy advocates who have financial resources stand a better chance of influencing the policy agenda, as their programs will have to run on some budget. This research intends to find out the sources of the funding of the programs of the actors and how the funds were utilised.

2.2.4 Elections and Change in government as Policy Windows

Howlett et al (2009) states that, "sometimes, windows open quite predictably. Legislation comes up for renewal on schedule, for instance creating opportunities to change, expand or abolish programs. At other times, windows open quite unpredictably, as when ...a fluky election produces unexpected turnover on key decision-makers" (Howlett et al, 2009: 104).Elections are regarded as one of the predictable windows of opportunity by which policy entrepreneurs get an issue on government agenda (Howlett et al, 2009:104).These elections often end up with parties alternating power or one party maintaining power. With reference to policy making, "either incumbents in positions of authority change their priorities and push new agenda items; or the personnel in those positions changes, bringing new priorities onto the agenda by virtue of turnover"(Kingdon,1995:153). A change in government therefore affords an opportunity to make a case for an issue to be placed on government agenda.

The drafting of the mental health bill was done in 2004 and was passed in 2012 .Between these years; there have been three general elections with the two major political parties: New Patriotic Party (NPP) and National Democratic Congress (NDC) alternating power. This study will seek to find out whether the actors made use of elections and change in government to facilitate the passage of the act, whether elections and change in government influenced the strategies adopted by the actors as well as how they made use of the two policy windows.

2.2.5 Strategies in Agenda Setting

For policy entrepreneurs to get government to recognise an issue requires some strategies. The windows of opportunities are either predictable or unpredictable (Howlett et al, 2009:104).Either of these requires the actors to strategies towards the opening of the windows. "Some of the softening up is quite specialized, but some of it is aimed at rather general audiences and carried through the mass media" (Kingdon, 1995: 129).Some of these strategies include formal and informal lobbying, campaigns, introducing a bill, press conferences, persistence and meetings with elected and appointed government officials, issuing reports and papers among others. While some actors utilise one or a few of these strategies, others adopt all in advocating their positions. As this research intends to find out the strategies used by the actors in setting the agenda of the mental health act, some questions that need to be answered are: Which of these strategies were adopted by the actors? What other strategies apart from these were used by the actors?

In Hill and Hupe (2009), networking by actors is deemed as crucial to the success of policy making since "it is unlikely, if not impossible, that public policy of any significance could result from the choice process of any single unified actors. Policy formulation and policy implementation are inevitably the result of interactions among a plurality of separate actors with separate interests, goals and strategies" (Hill and Hupe 2009:67). Networking among state and non-state actors shows that problems in society affects all the actors, and unity in the ways to address the problems makes problem solving much easier, apart from the fact that "…state actors are also actors in civil society ,they live in society and have constant contact with groups which represent social interests"(Hill and Hupe 2009:67).

Kingdon (1995:52) argues that "part of a group's stock in trade in affecting all phases of policymaking-agendas, decisions, or implementation-is its ability to convince governmental officials that it speaks with one voice and truly represents the preferences of its members". Actors stand a better chance if they have one voice. Arguably, "if important people look around and find that all of the interest groups and other organized interest point them in the same direction, the entire environment provides them with a powerful impetus to move in that direction"(Kingdon,1995:150). This means that actors with similar interests must come together not only to contribute their individual knowledge on the issue, but must also be seen to be a power to contend with by forging inter-organisational relationships. Networking is therefore an essential strategy for actors. So, in expressing the issue of mental health in Ghana, one would like to know how the various groups team up with other NGOs and government agencies to speak with one voice on the matter, and did the network have any impact?

Rhodes (1984,cited in Howlett et al,2009) confirms the vital nature of the interaction between state and non-state actors, as a strategy for actors in policy making, by stating that "interactions within and among government agencies and social organisations constituted policy networks that were instrumental in formulating and developing policy"(Howlett et al 2009:82).Sabatier and Jenkins-Smith(1993,cited in Howlett et al,2009) terms the interaction between the different actors in the policy subsystem as advocacy coalition where actors from both state and non-state institutions with similar goals "who seek to manipulate the rules, budgets and personnel of government institutions in order to achieve their goals…"(Howlett et al 2009:83).However, having common goals is not enough, but Sabatier(1987,cited in Howlett et al,2009) adds that "the coalition's resources, such as money, expertise, number of supporters…"(Howlett et al 2009:83)will make the coalition a formidable force.

The interaction that takes place in networking in policy making is as important as the interaction between the actors and decision makers. Decision makers have a number of issues which they must agree on and take decisions on; hence actors must be able to continuously remind the decision makers about their issues through a number of ways to get their issue on government agenda. Through constant interaction with government officials and decision makers, actors pushing an issue on the table of the government can influence decision makers.

"Engagement of a variety of stakeholders in democratic discourse at all stages of the policy process will improve policy making" (Majone 1989:1).This will be seen in the ability of the actors to put pressure on the government through their activities to influence government thinking. This is what I call active engagement in this research. If on a daily basis actors are able to consciously put pressure on government with solutions to the poor state of mental health through media campaigns, advocacy, formal and informal lobbying, government's attention will

be drawn to the issue. Actors, who actively engage in their activities whether or not a policy window has opened, stand a chance of pushing their solutions through when a window opens. How well the actors were able to constantly engage and remind government officials about the need for reforms in the mental health sector and the means through which the actors were able to put pressure government to agree on legislation as the panacea to the mental health challenges will be investigated in the research.

2.3 VARIABLES OF THE STUDY

"A variable refers to a characteristic or attribute of an individual or an organisation that can be measured or observed and that varies among the people or organisation being studied" (Creswell, 2009: 50).From the aforementioned discussion, it is clear that the multiple streams framework is highly relevant model for this research on agenda setting of the mental health act. The act was passed in 2012; therefore the research seeks to investigate the actors who were able to make the issue of poor mental health care a matter of public concern, the strategies the actors used in setting the agenda as well as how they made use of the policy windows. According to Kingdon (1995), "two category of factors might affect agenda setting and the specification of alternatives: the participants who are active, and the processes by which agenda items and alternatives come into prominence" (Kingdon, 1995:15). Thus, the variables needed in this research are those which will guide the researcher to identify the actors and the strategies in setting the agenda.

2.3.1 Dependent Variables

The dependent variables "are the outcomes or results of the influence of the independent variables" (Creswell, 2009: 50).In this research work, the dependent variable is the agenda setting of the mental health law in 2012.The focus of this research is to explore into the agenda setting of the mental health act which was passed in 2012 by concentrating on the how the law came about. Who were the actors in setting the agenda? How did the actors get the issue on government agenda? This is due to the reasoning that mental health is not a subject many people deem interesting to warrant a discourse which will later culminate into legislative reforms. The actors focused in this research are both state and non-state actors. This research intends to consider how these actors worked together and the strategies that they employed to get the issue on government agenda, in view of "the impression that there are no patterns in the relationship between the actors in the policy process and that the process is characterized by chaos or a lack of interaction between the groups"(Birkland 2005:96).Birkland (2005) thinks it is a wrong impression to think that the skirmishes between the actors denies the opportunity to interact because "without this interaction, nothing would happen, and policy making would come to a standstill"(Birkland 2005:96).

2.3.2 Independent Variables

The independent variables "are that which (probably) cause, influence, or affect outcomes" (Creswell, 2009: 50).From Kingdon's model the independent variables that will be used for this research are Policy entrepreneurs' (Actors) resources, their involvement in Politics (Strategies) and Policy windows (Elections and Change in government). These variables will be discussed on the basis that the meeting of these streams (Variables) are fortuitous.

Policy entrepreneurs' (Actors) resources

The importance of resource in influencing public policy cannot be underestimated since "resources that actors carry along with them in the pursuit of influencing public policies have an impact on the long term success"(Quarm 2009:43).The resources to be considered in this research are Financial resources and Knowledge.

Politics (Strategies)

From Kingdon's model and previous discussion in this work, it is clear that politics is embedded in policy making. "There is also consensus building in the political stream"(Kingdon 2003:159).In their attempt at consensus building, actors will engage in a number of ways to get the issue to government as well the public. These ways are the strategies used by the actors to get the issue on government agenda. Strategies in this research refers "to all the methods that were used by the various actors to get the issues onto the governments' agenda and consequently its passage into law"(Quarm 2009:42).These strategies which were aimed at influencing government, that will be of concern in this research are active engagement ,networking, formal lobbying, informal lobbying, demonstrations, press conferences, persistence and pressure from actors.

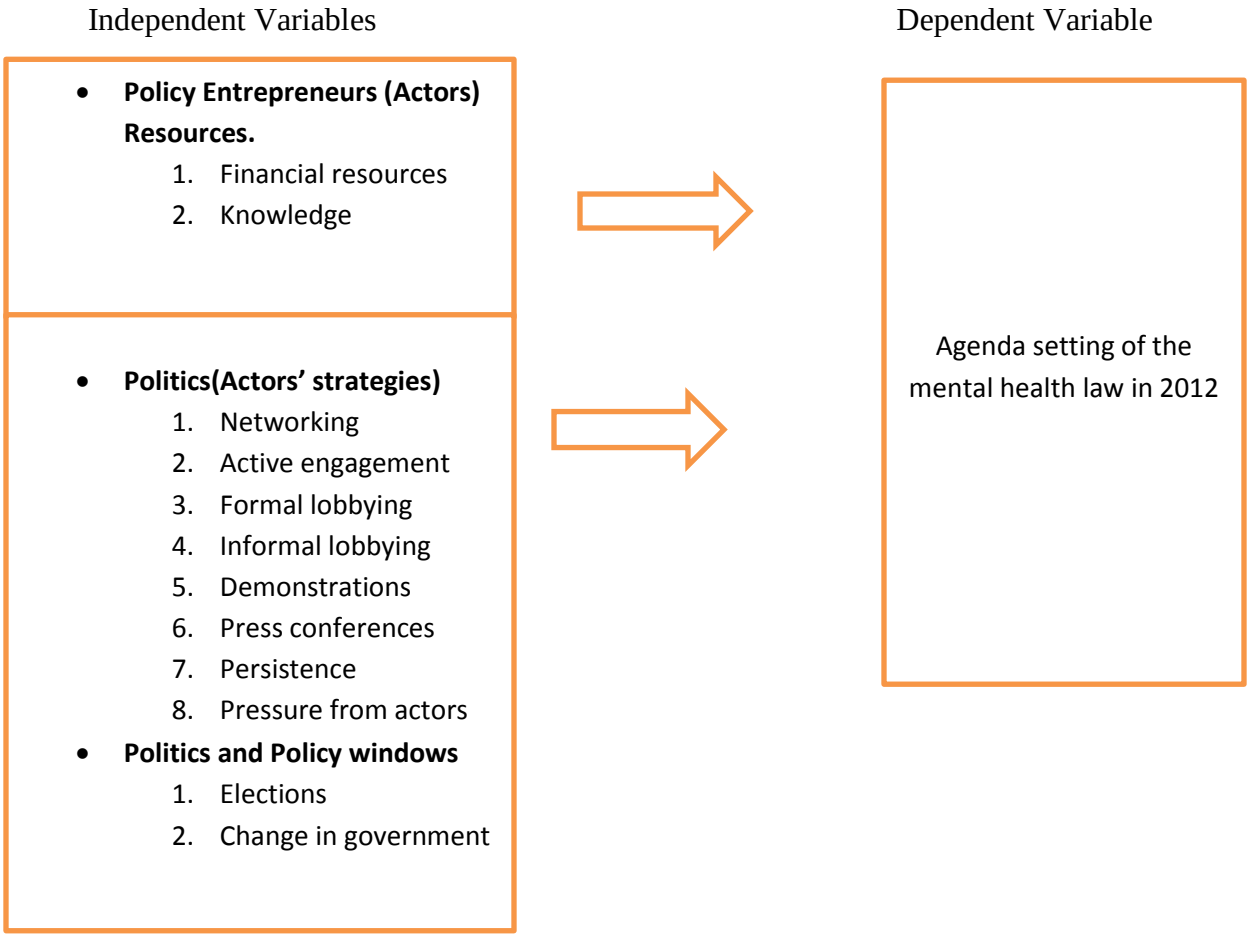
Policy windows

In Kingdon's view, actors who are eager to influence the public policy making take advantage of the opening of a policy window to push their problems and proposals into the agenda(Kingdon 2003:203).The policy windows which will be of interest to this research are elections and change in government. Elections could also have been the political event which influenced the change in government. Therefore understanding how elections and change in government pushed the issue on government agenda will put the research work in a better perspective.

2.3.3 Relationship between the variables of the study

As shown in the diagram below, if (Policy entrepreneurs) actors engage in networking, have financial resources, and knowledge, as well as actively engage in influencing government, and make use of the Policy windows which are elections and change in government, it will result in the agenda setting of the mental health law. But while waiting for the opening of a window, the actors must adopt certain strategies which they hope will get the issue on government agenda. The strategies include networking, active engagement, lobbying (formal and informal), demonstrations, press conferences, persistence and pressure from actors.

DIAGRAM 1: THE RELATIONSHIP BETWEEN THE VARIABLES



Source: Researcher's Own Design (2013)

2.4 HYPOTHESES

From the variables, three hypotheses can be draw to guide the research:

a) The extent of resources available to actors may influence the agenda setting of the mental health act 2012 in Ghana.

b) The strategies adopted by the actors may influence getting the issue on government agenda.

c) Elections and change in government as policy windows may influence the agenda setting of the mental health act 2012 in Ghana.

2.5 CONCLUSION

This chapter was an attempt to explain and make a justification for the use of one of the models of agenda setting, the multiple streams framework as the analytical framework of the study. This model will guide this research into answering the research questions: Who were the actors and what strategies were adopted in agenda setting of the mental health act? In relation to the actors, some of the questions to be answered are; who were the actors? What role did they play? How did the actors present the problem of poor mental health care? Did the actors advocate the issues as individuals or as a group? Other questions in relation to strategies are: Did the actors adopt few strategies or a host of them including formal and informal lobbying, demonstrations and media campaigns, to get the issue on government agenda?

The next chapter will explain the methodology used in this research and make a justification for undertaking a qualitative study and using a case study strategy.

CHAPTER THREE: METHODOLOGY

3.0 INTRODUCTION

This chapter discusses the methodology of this research. In discussing the research methodology, the rationale behind the choice of research approach and research design will be explained. Other contents of this chapter will be on the area of the study, unit of analysis, sample selection, data collection methods, data analysis as well as an assessment of the quality of the research and ethical considerations. The study limitations will also pointed out.

3.1 RESEARCH APPROACH

This research employed a qualitative approach. This is because the inception of an idea to the actual setting of an agenda is a complex process and to understand and map these processes, networking and coordination between actors, one requires inquiring deeper, by conducting interviews with multiple questions, hence the qualitative approach is useful. Additionally, in social science inquiry, studying process like how the actors got the issue of poor state of mental health in Ghana on government agenda and the strategies that were used by the actors to get the issue on the agenda is much suitable for the qualitative approach. The qualitative approach focuses on words and meanings of social phenomenon through the use of "intensive interviews or in-depth analysis of historical material, to be discursive in method" (King et al, 1994:4).It is the need for in-depth information about the agenda setting of the mental health act, that makes the qualitative approach useful in this research.

The qualitative approach was suitable for my research because this is an exploratory research, hence the approach enabled me to identify and explore the actors, how actors framed the problem of poor state of mental health care to get government attention, strategies that were used to influence the agenda setting of the mental health act and the rationale behind the choice of strategies.

Again, the qualitative method is used by other studies to study agenda setting as discussed in the literature review chapter of this research; therefore employing the method in the agenda setting of the mental health act is in the right direction.

The mental health sector has for long being neglected by government due to the stigma attached to the sector. As a result, resource allocation for the care of people with mental health is inadequate and in some cases, disbursement of funds is delay. It is therefore not surprising to see the state of psychiatric hospitals in such deplorable conditions. In order to know how government attention was directed towards improving mental health care in Ghana and the actors who spearheaded the advocacy, the qualitative method was employed, to understand how a sector that has its legal framework, outdated since 1972,was eventually given some attention.

The qualitative approach allows for the use of open ended questions and interviews which were vital for this research. Using interviews, allows the researcher to get historical perspective to an

issue (Creswell, 2009:179) which is very necessary for this research since every problem has its history in order for one to understand the present conditions.

3.2 RESEARCH DESIGN

A research design is a "plan or proposal to conduct research…" (Creswell,2009:5).It "guides the investigator in the process of collecting, analyzing and interpreting observations" (Nachmias & Nachmias, 1992:77-78).King et al(1994) states that "social scientists often begin research with a considered design, collect some data, and draw conclusions…" (King et al, 1994:12).Though Yin (2009) and King et al (1994) provide some stages of a design, King et al (1994:13) argues that research designs must not always follow a particular order to be scientific, but by sticking to the "rule of inference, will still be scientific and produce reliable inferences about the world" (King et al, 1994:13).

Case study is one of the methods of research and the design chosen for this research. This is because case study designs "are a strategy of inquiry in which the researcher explores in depth a program, event, activity, process, or one or more individual" (Creswell, 2009:13).Case study research is suitable for backward mapping, which means going backward in time to map what happened in the past, who were involved in the process, the roles played by the actors, the significance of the roles among others. Studying the agenda setting of the mental health act requires backward mapping.

It is very important to mention that time constraints was a major reason for choosing the case study as a research design, since it allows for a study of an event and in this case the process leading to the passage of the act. This approach helped to investigate the actors and events that spearheaded the agenda setting of the mental health act.

Case study is appropriate when a study is being conducted "… about a contemporary phenomenon in depth and within its real life context, especially when the boundaries between the phenomenon and the context are not clearly evident" (Yin 2009:18). The mental health act was passed in 2012, and given a presidential assent the same year. Doing a case study research on the agenda setting of the act is in order, since it is a contemporary issue and a real life phenomenon and the researcher does not have control over the events. Vital in this study was the use of multiple sources of data to increase consistency in data collection which is also important to case study research.

3.3 AREA OF THE STUDY

The study was carried out in the Accra, the capital of Ghana. This is because all legislative activities take place in the country's capital; as such the various ministries, departments and agencies concerned with the drafting, formulation and passage of the act are located in the capital. Similarly, most civil society organisations especially NGOs have their headquarters in

the capital, and undertake their programs there in order to draw the attention of the government and the entire populace.

3.4 UNIT OF ANALYSIS

The unit of analysis of this research was the various actors who were part of the agenda setting. These individuals make up the domestic actors in policy making as far as the mental health act is concerned. They are Ministry of Health, Ministry of Justice and Attorney General, Chief Psychiatrist of the GHS, Former Chief Psychiatrist of the GHS, some members of the Parliamentary select committee on health, the Media, BasicNeeds-Ghana (NGO) and Mental Health society of Ghana (NGO) which focuses on improving the wellbeing of persons with mental illness. The NGOs studied in this research are reputable organisations that possess requisite information due to the nature of the operations and experience.

3.5 SAMPLE SELECTION AND SIZE

In view of the peculiar nature of the information being sought for this research, purposeful selection of respondents was necessary. This is a research on the mental health act and as such only those who were involved in the process were interviewed. According to Layder (1998), "purposive sampling and its logic and power lie in selecting information-rich cases for in-depth study. As Patton (1990) observes, information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research. Such samples are most frequently associated with qualitative data culled from in-depth interviews or various kinds of involved (participant) observation. There is nothing predetermined about the size of the samples and flexibility is the keynote" (Layder 1998:46).Creswell (2009) also argues that qualitative research is more in tune with purposive selection since it "will best help the researcher understand the problem and the research question" (Creswell, 2009:178).

In view of the above justification, this study adopted a purposeful selection of respondents, in order to select respondents who can provide the needed information to answer the research questions. The respondents were chosen on the basis of their knowledge and involvement in the research area from my preliminary reading. The respondents are Ministry of Health, Ministry of Justice and Attorney General, and Chief Psychiatrist, Former Chief Psychiatrist, and Parliamentary select committee on health, NGOs (BasicNeeds-Ghana and Mental Health Society of Ghana) and Media.

3.6 SOURCES OF DATA

Data collection is necessary in research as it enables the gathering of the necessary data or information to answer the research questions. The information gathered helps the researcher to

draw conclusions and also serves as a basis for future research. In order for a study to be valid and reliable, a researcher must use "different data sources or information by examining evidence from the sources and using it to build a coherent justification for themes" (Creswell, 2009:191). In this research, both primary and secondary data were used.

3.6.1 Primary Data

Primary data were collected through interviews with respondents. Respondents were all domestic actors in the agenda setting process. Though there were some international actors, only domestic actors were selected for this research based on their involvement in the agenda setting of the mental health act, due to time constraints. The respondents who were interviewed were also both state and non-state actors. The state actors were an official of the MOH, Chief Psychiatrist of the GHS, and former Chief Psychiatrist of the GHS as well as some members of the Parliamentary select committee on health. The non-state actors were the Media, some NGOs which focuses on improving the wellbeing of persons with mental illness. I had different interview guides for the actors interviewed for this research because I needed different kinds of information from them. This also explains the different nature of the respondents made up of both state and non-state actors.

The interviews were basically face-to-face interviews which are necessary when "participants cannot be directly observed, participants can provide historical information, allows researchers control over the line of questioning" (Creswell, 2009:179). Again the face to face interviews enabled me build a good rapport with the respondents which is vital for openness and trust. Open ended interviews were used to allow for further probing and respondents provided information about the role they played the significance of those roles, the nature of the strategies used, whether actors operated in a group or individuals among others. Through the interviews, I had information about other actors, especially some civil society organisations who also played their roles to push advocacy for the act to be passed. But they were not interviewed in this research due their unavailability and time constraints. Some include stakeholder council led by MEHSOG and Advocates for mental health law.

Though contacts, through e-mails, were made to some of the respondents based information gathered from the internet, while I was in Norway, no response was received. Upon arriving in Ghana, I made contacts to friends and acquaintances who I knew could help me with the location and contacts of the respondents. This proved successful and I went to the offices of the respondents with copies of request for interview letters, letters of recommendation and research proposal. Then appointments were made for the interviews. The interviews were conducted aided by an interview guide, an audiotape recorder and a note pad for note taking to enhance easy recall of interviews. The rationale for the selection of the respondents who were the actors in the agenda setting of the mental health act and information about the actors has been captured in a table.

TABLE 1: SHOWS THE DISTRIBUTION OF THE RESPONDENTS INTERVIEWED:

Respondents	Position in Organisation	Number	Information provided
Ministry of Health(MOH)	Head of policy analysis unit of the ministry of health	1	Provided information about the state of mental health in Ghana and why it was necessary to have a legislation to improve the sector.
Chief Psychiatrist	Chief Psychiatrist of GHS	1	As the current head of the psychiatry, he provided details about the role he played in the process and passage of the act.
Former Chief Psychiatrist	Former Chief Psychiatrist of GHS	1	As the initiator of the process, he provided information about his role in the process and events leading to the drafting of the bill.
Parliamentarians	Parliamentary Select Committee on Health	6	Provided information about their role in the agenda setting process.
Basic Needs-Ghana(NGO)	Executive Director	1	Provided information about their role in setting the agenda.
Mental Health Society of Ghana(NGO)	Executive Secretary	1	Provided information about their role in setting the agenda.
Media	Senior Journalists	2	Provided information about whether media reportage influenced the agenda setting process and the role of the media in the process

Total: 13

Source: Researcher's Own Design (2013)

3.6.2 Secondary Data

Documents and the internet were the sources of secondary data for this research. Documents are made up of both public and private document (Creswell, 2009:180), and data obtained from the documents and internet were used to complement and supplement that from the interviews. The documents and information on the internet highlighted the roles played by the actors, and the strategies they adopted. Some of the respondents provided documents which were very useful to

the research. The head of drafting at the Ministry of Justice and Attorney General did not want to be interviewed or answer a questionnaire but provided documents on the role played by the ministry in this respect.

Some sources of documents which were used for this research included press releases, paper presentations at conferences, archival records, brochures, journal articles, and newspaper articles and internet sources. I visited parliament to obtain copies of the Mental Health Act 2012 and the memoranda to the bill, Report of the Parliamentary select committee on health and Information about the stages of the bill. The documents from parliament gave me insight into the role of parliament in the process, specifically the debate about the bill as well as the information which informed the recommendations of the committee to approve the passage of the bill. The NGOs I interviewed provided brochures, press releases, and newspaper articles which were used to get the bill through. These documents contained information about the activities of the NGO in the process such as events organised, their contributions at presentations and seminars as well as their opinions about the mental health bill. All of this information helped in guiding the interviews and writing of the thesis.

3.7 DATA ANALYSIS

After collecting data, analyzing the data is the next step. Data analysis allows the researcher to make "sense out of the text and image data...involves collecting open-ended data, based on asking general questions and developing an analysis from the information supplied by participants" (Creswell, 2009:183-184).In analyzing the data in this research, the "pattern-matching technique"(Yin 2009:136) was used. According to Yin (2009), pattern-matching technique is appropriate for analysis in case studies(Yin 2009:136),since such a technique allows for comparing "an empirically based pattern with a predicted one(or with several alternative predictions).If the patterns coincide, the results can help a case study to strengthen its internal validity"(Yin 2009:136).By using Kingdon's agenda setting model, this research is sought to find out whether the process of agenda setting of the mental health act 2012 is in line with Kingdon's model. Findings in this research illustrated that Kingdon's model allowed for understanding the process of agenda setting of the mental health act 2012, as well as indicated a match between the two.

In this research, data analysis was done through these steps. First, transcribe interviews obtained with audio tape recording and synchronize it with information written on the notepad to obtain complete information. Second, categorize the information based on major themes of the research. Third, describe the themes based on information provided by the respondents. Fourth, interpret the information based on respondents' information in relation to the research questions and draw some analyses.

The data gathered from the field was analysed by discussing the findings of the research. This discussion was done based on the research questions posed at the beginning of the research. The use of more primary data in this research was necessary to make the research rich with relevant data. As such, evident in the findings chapters of this research is comments and remarks by the

respondents enriched with discussions. The discussion was done in simple language to make for better understanding for readers.

3.8 ETHICAL CONSIDERATION

Ethical issues are very important in research if the research is to be accorded credibility and reliability. Thus before undertaking this research, certain steps were taken. First, approval was sought from the Norwegian Social Science Data Services. Then, a Letter of Recommendation was obtained from my supervisor at the Department of Administration and Organization Theory to confirm my status and intent to do the research. In order to obtain the consent of the respondents, I wrote a statement of consent for the respondents to approve before the interview was conducted in which a request for interview was made. In the statement of consent, respondents were informed of their right to withdraw from the research if they did not wish to continue. The statement informed respondents of the purpose and intent of the research and were made aware of confidentiality of information provided. Both the Letter of Recommendation and the Statement of consent were presented to the respondents.

All the respondents interviewed agreed to partake in the research willingly by either endorsing the statement of consent or giving oral approval.

3.9 RELIABILITY, VALIDITY AND GENERALISATION

Achieving a high quality research is the aim of every research. To ensure this, this study used multiple data sources and maintained a chain of evidence (Yin, 2009:101). In qualitative study, findings must be accurate in order for a study to achieve validity. According to Creswell (2009), one of the strategies used to attain accurate findings is by triangulating multiple sources of data. A researcher who is able to ensure convergence of data derived from the various data sources can claim validity of the work(Creswell 2009:191).Generally, data used for this research came from the various data sources like interviews, internet and documents, and was relevant because respondents chosen for the research were those who could provide information needed for the research and to answer the research questions.

Apart from operationalising concepts used in the study for better understanding of the research, this study used multiple data sources like interviews, internet and documents to limit bias and increase the consistency of the information. Also, an interview guide was used for this research and will be made available for other researchers who will want to replicate the research. These steps which were taken in this research have ensured that the research has a high construct validity and reliability.

A major criticism against qualitative approach is that the approach does not endear itself to statistical data, which leads to statistical generalisation, hence findings cannot be generalised to a population. But this criticism has been watered down by Yin (2009) who explains that qualitative research can be generalised when “a previously developed theory is used as a template with

which to compare the empirical results of the case study" (Yin, 2009:38).This he calls analytical generalisation (Yin, 2009:38).

This research can therefore be generalised to the extent of policy making in mental health. So though the findings and conclusions drawn from the research may not be a reflection of agenda setting in Ghana, the findings provide an understanding of agenda setting of the mental health act with respect to the theory used. Hence findings can be generalised to agenda setting of the mental health act.

3.10 STUDY LIMITATIONS

Generally there were time and financial constraints for a data collection period of about three (3) months.

I envisaged some challenges prior to this field work, however, my experience was beyond comprehension. This was because conducting research in developing countries always comes with the challenge of access to information. Before embarking on the research I had planned to interview an official from the Mental Aid Ghana, an NGO. But information about them regarding contact address and telephone number was not available. The email address of the NGO on their website was not in use since several emails sent to the address were not responded to.

I was informed in one of my interviews that the Commonwealth Human Rights Initiative (CHRI), an NGO, was part of the actors. But when i visited the office to request for an interview, a staff informed me that they had little participation in the process. She could not speak about the level of their participation of the NGO; neither could she furnish me with documents because her boss was the one who participated. Moreover, her boss was not available at the time of conducting this research.

Though contacts were made very early in the field work, getting access to respondents was very difficult. Some were not willing to do interviews or answer questionnaires. Those willing were also challenged with time. For instance, the Director of draft at the Ministry of Justice and Attorney General would neither grant interview nor answer questionnaire, but ask an official to provide document of their activities regarding the bill which i consider not detailed. Some documents containing information about the role of the ministry in the drafting of the bill was collected. Basically, the ministry's role in the whole process was to draft the bill and attend some stakeholder meetings. Getting access to documents especially from government agencies proved futile since most of them claim the bill has been passed hence documents could not be traced. Also, the undercover journalist whose investigation of the Accra Psychiatric hospital solicited much public response, though agreed to answer a questionnaire, did not. I had to make do with information gathered from field work interviews and internet sources.

Response to request for interviews from some of the respondents delayed. So in all the cases, I had to do several follow ups to the offices of the respondents before eventually time for the interview was agreed on.

However, one good thing was the willingness of most of the respondents to be part of the research and was actually interviewed despite their busy schedules. So starting very early with the research helped the work because in spite of the delays, interviews were done though not within schedule but on time. Despite the above mentioned limitations, I managed to get adequate data needed for the research.

3.11 CONCLUSION

This chapter has elaborated on the methodology that guided this research. The rationale for doing a qualitative research, research approach, sample selection criteria and size and data collection methods has been explained. I have also given a justification for the research design and area of the study. An elaboration of study limitations and how they were addressed have been stated.

The next chapter will present an overview of the state of mental health in Ghana which actors thought was not in good shape hence the need for some reforms, culminating in the passing of the mental health act.

CHAPTER FOUR: MENTAL HEALTH IN GHANA: AN OUTLINE OF THE ACT

4.0 INTRODUCTION

This chapter will provide an overview of the state of mental health in Ghana. A definition of mental illness as offered by the WHO and other health organisations, case statistics based on prevalence, state of mental health care delivery in terms of infrastructure, personnel and service delivery and forms of treatment will be enumerated.

Also in this chapter will be a brief presentation of the provisions of the mental health law 2012 Act 286 and the difference between the law and previous laws.

4.1 AN OVERVIEW OF MENTAL ILLNESS

Mental illness according to the National Alliance on Mental illness (NAMI) is a medical condition " that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning… often result in a diminished capacity for coping with the ordinary demands of life"(NAMI 1996-2013). The WHO however talks about mental disorders, a nomenclature for mental illness but both are used interchangeably in this research. The international health organization states that mental disorders are "characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, mental retardation and disorders due to drug abuse" (WHO 2013).According to Human Rights watch (HRW), the Convention on the Rights of Persons with disability "describes persons with disability as including those who have long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (HRW 2012:4).

Statistics show that 75% of people worldwide have mental disorders and 85% of sufferers in developing countries do not have access to treatment (BasicNeeds 2013).

In Ghana, 2.8 million people are said to have mental illness out of the 25 million people in the country (HRW 2012:2). 650,000 people have severe mental disorder and 2,166,000 have moderate to mild mental disorder (WHO 2013).The leading psychiatric cases are Schizophrenia, Schizophrenia typal, Delusion disorders, Depression, Mood effective disorders, Epilepsy, Alcohol and cannabis use related mental disorders (Okertchiri 2012:9).

The 2005 annual GHS report puts the number of patients receiving treatment for neurological disorders and substance abuse at 6,316 on admission and 32,875 as out-patients (WHO 2007:15). "According to Dr. Akwasi Osei, director of Accra Psychiatric Hospital, 20-30 percent of patients are diagnosed with schizophrenia, 20 percent with bipolar disorders, and 15-20 percent with major depression. Drug-related psychosis affects 8-10 percent of patients and epilepsy was found in 5 percent of the patients" (HRW 2012:4).

4.2 STATE OF MENTAL HEALTH IN GHANA

Ghana has only three psychiatric hospitals for the over 25 million population. All the three hospitals; Accra psychiatric hospital, Pantang hospital and the Ankaful hospital are located in the south. The Accra psychiatric hospital was established in 1906 to take care of 800 patients but accommodates 1000 patients as at 2011(Ziem 2011).The Pantang hospital opened in 1972 to take care of the patient load at the Accra psychiatric hospital housed 450 patients in the same year. The Ankaful hospital on the other hand was established in 1965 with 500 beds (Ziem 2011). It has only 150 patients due to absence of adequate health personnel (Ziem 2011).Even the three private hospitals are also located in the south. Two in the Ashanti region and one in the Greater Accra region (Ziem 2011).

This means that there is no psychiatric hospital in the northern part of the country and patients have to move to the south to get care. Relatives of mentally ill patients who cannot afford to travel to the south, where few facilities are available for treatment, resort to alternative care from traditional forms of healing around or far from them. The cost of transportation and other expenses to be incurred while making a journey to the south is enough to discourage them, not forgetting the disappointment of being refused care due congestion and inadequate medical supplies for new admissions. Information about inhuman treatment on patients at these hospitals only feeds into the mind of those who want to seek for alternative forms of cure.

Information gathered on the field puts the number of psychiatrists at 17 with 7 on retirement leaving only 10 in active service. With no occupational psychologist in the system and only 5 psychologists in the entire public health care system, the mental health care delivery system is undoubtedly understaffed.

Low budgetary allocation has left the hospitals over congested due to lack of expansion of the only available facilities. The hospitals continuously contend with lack of medical supplies including medications for patients.

Living conditions at the psychiatric hospitals are nothing to write home about. There is often reported human rights abuse where patients are "chained, legs pinned through tree trunks, confined or kept in partially-enclosed porches or rooms, and shackled among others. Those in confined rooms eat, sleep, and answer nature's call there" (Ziem 2011). "In two psychiatric hospitals, urine, flies, and cockroaches competed for space in the toilets, and nurses, lacking cleaning equipment, instructed patients to clean the wards and toilets, including removing other patient's feces without gloves"(HRW 2012:2).The problems confronting the hospitals often result in some sad incidents. A case reported at the Accra psychiatric hospital had it that a patient strangled another patient to death and cause injuries to another patient (Sanahene and Essuman-Mensah 2013).

Persons with mental illness often resort to "three main care options: public mental health services, prayer camps, and traditional healers-people use ritual and herbal methods for treatment"(HRW 2012:4).It is believed that the stigma and misconception about mental health has affected the kind of treatment sought for patients(IRIN 2013).Due to lack of knowledge

about the cause of the illness, most people attribute mental illness to evil spirits(HRW 2012:2) and will therefore seek treatment from spiritual churches. A member of the parliamentary select committee on health said in the interview that *"mental illness was seen more or less like a curse by some people in the society"*. Also, "healing in African traditional society is based on the principle that health is a holistic and multifaceted process which has spiritual, social, psychological and environmental or cosmic dimension" (Akrong 2009:96).Herbal healing and spiritual healing are the alternatives for those who believe that their illness has a spiritual side or these forms of healing serves to complement orthodox medicines given at hospitals (Akrong 2009:105-106).

Relatives of patients, people in communities in which they live and the police send persons with mental illness to prayer camps for healing without their consent because the private hospitals are expensive and the few public hospitals are over congested (HRW 2012:).Treatment meted out to patients who seek herbal and spiritual healing in churches and shrines raises concerns about human rights. "People with mental health were isolated and chained either to a bench, rock or a metal pole… it was noted that the chains used to restrain them were embedded deep in the ground so there would be no need to attach them to a rock or rod, unlike other prayer camps where they had long chains to chain the inmates… the chains in this prayer camp were very short, in the sense that the inmates found it difficult to move even two steps away from their positions".(Selby 2011).

Some of the patients are denied food and water in the prayer camps in the name of driving away evil spirits which are blamed for the plight of mentally ill persons (IRIN 2013). These prayer camps do not have adequate shelter, nor do they provide any medical care and force patients into seclusion (HRW 2012:2).

Local NGOs have over the years provided community based mental health delivery services for persons with mental illness. Prominent among these NGOs is BasicNeeds-Ghana with support from MEHSOG, a sister NGO and other partners, which provides medical and psychological treatment for mentally ill persons as well as income generation vocation and business for those who have recovered(BasicNeeds-Ghana 2011:4). They are also engaged in capacity building programmes for care givers, personnel of the community based health care delivery and other local people who want to help.(BasicNeeds-Ghana 2011:4).BasicNeeds-Ghana has provided regular treatment for about 17720 people with mental illness and epilepsy,13933 of the number are improving,7133 are well and capable of taking care of themselves and 4652 are engaged in income earning business provided by the NGOs(BasicNeeds-Ghana 2011:7).However, these NGOs "lack the means to support the hundreds of thousands of persons who need similar assistance in Ghana(HRW 2012:2).

Ghana is a signatory to many international protocols and conventions on human rights and as such is obliged to abide by them. Key among them in relation to health are the Right to health, Convention on the Rights of Persons with disability, Right to Non-Discrimination, Freedom from Torture or Cruel, Inhuman, or Degrading Treatment or Punishment and Right to Protection of Personal, Mental and Physical integrity, Right to live in the community, Freedom from exploitation, violence and abuse and Right to liberty and security of the person (HRW 2012:1).

In pursuance of these obligations, the mental health law passed in 2012, though yet to be implemented is expected to address all forms of abuse on persons with mental illness. "The new

policy shall adequately address issues relating to the exposure of mentally ill people who remain segregated from society in institutions including psychiatric hospitals in such a way that would remove any trace of torture and other forms of inhuman or degrading treatment or punishment which are perpetuated through subjection to indignity, neglect, severe forms of restraint and seclusion, and physical, mental and sexual abuse" (Kofie and Montana 2011:19).

4.3 HISTORY OF THE MENTAL HEALTH LAW

Available records indicate that there were several attempts by various governments in Ghana to review mental health policies. These attempts are seen in various committee reports published after the committees undertook investigations in the health needs of the country. Though there is little information on whether recommendations of the committees were implemented, calls for a review of legislation on mental health are not new.

A proposal for a review of legislation on mental health dates back to 1966, when the Busia government tasked a committee to "investigate all aspects of the health needs of Ghana and make recommendations"(Republic of Ghana 1968:1).At the time the mental health was been administered with the 1888 law. On mental health, the committee recommended that "all the evidence indicates that a revision of the present laws relating to mental health is necessary and proper legislation relating thereto should be enacted" (Republic of Ghana 1968:68).

Despite this recommendation, the 1888 Mental Health Law (Lunatic Asylum Ordinance) remained in use until 1972 when the Acheampong military government enacted the Mental Health decree 1972(NRCD 30) to replace the 1888 law. The NRCD 30 focused on "institutional care to the detriment of providing mental health care in primary health care settings. This is contradictory to both national and international policy directives. Furthermore, procedures for involuntary admission in the 1972 law did not sufficiently protect people against unnecessary admission" (WHO 2007:3).

It took 32 years since the last decree was enforced, that drafting for a new mental health bill began in 2004.But the mental health law was passed 8 years after drafting in 2012.

The Mental Health Act, 2012, Act 846[8] seeks to achieve a number of goals. Such as to protect the fundamental human rights of persons with mental illness, to de-institutionalize mental health care and treatment and make treatment community based, ensure adequate funding for the mental health sector and regulate the role of traditional and religious institutions in the treatment of mental illness among others.

The Mental Health Act, 2012, Act 846 is a massive improvement over the previous mental health legislations in Ghana be it the Lunatic Asylum Ordinance, Cap 79 of 1888 or the Mental Health Act 1972(NRCD 30) of 1972 in a number of ways.

First, the Mental Health Act, 2012, Act 846 is in consonance with international conventions on human rights, by ensuring that the rights of people with mental illness are protected in order to

[8] http://www.thekintampoproject.org/storage/Mental%20Health%20Act%20846%20of%202012.pdf

"prevent discrimination and abuse and also offer equal opportunities to people with mental disorder"(Parliament of Ghana 2011:3).

Second, unlike the previous legislations which were silent on the role of religious and traditional healers in their attempt to treat patients, the new law "covers charismatic churches that specialize in healing mental disorders as well as traditional healers. It ensures that standards, conditions and rights are relevant to all facilities in order to avoid the abuse of people with mental disorder.(Parliament of Ghana 2011:3).The law therefore regulates the involvement of religious and traditional healers in the treatment of mental health cases.

Third, in line with the policy of the Ministry of Health, the 2012 law focuses on community based care as against institutionalized care. This means that mental health care and treatment has moved "from institutionalized care to the integration of mental health with general health care at the community level"(Parliament of Ghana 2011:3).

Fourth, the Mental Health Act, 2012, Act 846 requires the setting up of a Mental Health Authority. The authority will be under the Ministry of Health but managed by a separate board. The authority will among others make propositions on mental health policies and see to their implementation(Parliament of Ghana 2012:5) and "seek funds from other sources to ensure that mental health receives the requisite attention and support it deserves"(Parliament of Ghana 2011:5).

Fifth, one of the major challenges in the mental health care delivery system is inadequate funding of the sector which is thought to be the major setback. To address this, Mental Health Act, 2012, Act 846 provide for the setting up of a Mental Health Fund to ensure adequate financial investment from both state and private institutions for mental health treatment. It is the thinking of the framers of the law that "the creation of the fund would assist the Authority to bring mental health facilities to standard and also establish community mental health centres…"(Parliament of Ghana 2011:6).

These are but just a few of the improvement in the legal framework of the mental health sector as contained in the Mental Health Act, 2012, Act 846.

4.4 STAGES OF THE MENTAL HEALTH LAW

The mental health law went through a number of stages before it was passed by parliament on 2nd March 2012 and assented to by the President on 31st May 2012.

TABLE 2: THE STAGES AND THE TIMELINES OF THE MENTAL HEALTH LAW

Number	STAGE	DATE
1	Establishment of the drafting Committee	Jan 2004
2	Review of the 1972 mental health law	Feb-Mar 2004
3	Joint workshop with the drafting committee, MOH	14-15 Jun 2004

	and WHO	
4	Inauguration of the drafting committee	29 Sep 2004
5	Broad Consultation	Oct-Nov 2004
6	Production of 10 drafts	Nov 2004-Dec 2006
7	Last draft	Jan 2006
8	2nd Joint workshop with the drafting committee, MOH and WHO	4-6 April 2006
9	Drafting regulations and forms of the law	May 2006
10	Final draft law	June 2006

Source: WHO 2007:4-5

11	Mental health bill laid	17 Nov 2010
12	Presentation of committee of Parliament report	20 Jul 2011
13	2nd reading of the bill	23 Aug 2011
14	Consideration stage of the bill	22-29 Feb 2012,1st -2nd March 2012
15	3rd reading of the bill and Passing of the bill	2nd March 2012
16	Presidential assent of Mental health law 2012, Act 846	31 May 2012

Source: Researcher's Data gathered (2013).

4.5 PROVISIONS IN THE MENTAL HEALTH ACT 2012, ACT 846

In summary the Mental Health Act 2012, according to the memorandum to the mental health bill, aims at promoting:

> "Access to basic mental health care in the least restrictive environment which is one of the basic mental health care principles. It encourages early identification and prompt treatment of mental disorder in primary care at the district general hospital level and discourages admission to the state run psychiatric institutions which are often far from home, difficult and costly for families to visit regularly and are stigmatized by society which often inadvertently lead to long term costly institutionalization"(Ministry of Health 2010).

The Provisions in the Mental Health Act[9] have been divided into 10 sections and has 94 clauses.

[9] Mental Health Act,2012 Act 846 and Parliament of Ghana (2011). Report of the Committee on Health on Mental Health Bill,. Ghana,.

The Mental Health Act begins with a section on the Mental Health Authority. This section covers clauses 1-9 and deals with the creation of the Mental Health authority, its functions and objectives. The authority is to oversee the administration of the mental health sector.

The section on Administration of the Mental Health Authority covers clauses 11-23.This section "deals with the establishment of the mental health services at the regional and district level and states the conduct and regulations of the business of the Authority …and provides for the Regional and District Mental Health committees."(Parliament of Ghana 2011:4).

The section on Mental Health Review Tribunal covers clauses 24-33 and states the establishment of Mental Health Review Tribunal. The tribunal "shall hear and investigate complaints in respect of persons detained under this act….shall review and monitor cases of involuntary admissions and treatment processes…may approve request for intrusive and irreversible treatments…provide guidance on minimizing intrusive and irreversible treatments, seclusion or restraint"(Parliament of Ghana 2012:14) among others.

The section dealing with Visiting Committees covers clauses 34-38.The board of the Mental Health Authority "shall establish visiting committees for the mental health service in each region...to ensure that rights of persons with mental disorder within the community are protected"(Parliament of Ghana 2012:16) among others.

The section on Voluntary treatment covers clauses 39-41.This section is to ensure that "a person in need of treatment for mental disorder may receive treatment at a general health care facility and shall be referred to a mental health facility if necessary…a person in need of treatment for mental disorder may go directly, with or without referral, to a mental health facility for treatment"(Parliament of Ghana 2012:17) among others.

The section on involuntary treatment covers clauses 42-53.This section provides that 'a person may make an application to a court for the involuntary admission and treatment of a person believed to be suffering from severe mental disorder, where (a) the person named is at personal risk or a risk to other people or (b) there is substantial risk that the mental disorder will deteriorate seriously"(Parliament of Ghana 2012:18) among others.

The section on Right of persons with mental disorder covers clauses 54-63.Under this section, the rights of persons with mental illness are protected. Persons with mental illness are "entitled to the fundamental human rights and freedoms as provided for in the Constitution"(Parliament of Ghana 2012:23),of Ghana among others.

The section on Protection of vulnerable groups covers clauses 64-79.Just as the tile suggest, this section ensure the protection of vulnerable groups such as females, children, aged from any form of discrimination(Parliament of Ghana 2012:27-28) among others.

The section on the Mental Health Fund covers clauses 80-87.This section provides for the establishment of the mental health Fund to provide funding for mental health treatment(Parliament of Ghana 2012:34) among others.

The act ends with a section on Miscellaneous provisions which covers clauses 88-100.Here,issues such as the auditing of the account of the mental health authority, funding of the authority, offences under the act, dealing with the death of a patient among others are catered for(Parliament of Ghana 2012:35-43).

4.6 CONCLUSION

This chapter presented the state of mental health care in Ghana. It exposed the challenges with mental health sector which were congestion, human rights abuses, poor infrastructure, inadequate personnel and budgetary allocation which was making mental health care delivery very difficult. It again offered an overview of the Mental Health Act and some of its provisions.

The next chapter will present the findings of the research by discussing the actors in the agenda setting process, the resources that were available to them and how the resources were utilised as well as how the actors got the issue on government agenda and the prompter that facilitated the process.

CHAPTER FIVE: FINDINGS AND DISCUSSION ON ACTORS (POLICY ENTREPRENEURS) AND THEIR RESOURCES.

5.0 INTRODUCTION

The findings and discussion of this research will be presented in two chapters. This chapter presents the Actors (Policy entrepreneurs) and their resources, and also discusses how the actors got the issue of the poor state of mental health care on government agenda as well as the push factors that influenced actors to get the issue on government agenda.

The second part in chapter six discusses the findings of the research on the role of election and changes in government as policy windows and analyse different strategies adopted by the actors to get the mental health bill passed. The findings and discussions will be presented based on the research questions. The study aims to a) identify the actors involved in setting the agenda for the mental health act and b) examine the strategies which were adopted by the actors to spearhead the passage of the act.

5.1 ACTORS AND THEIR ROLES

The actors who were interviewed were both state and non-state actors. The state actors were Ministry of Health, Chief Psychiatrist at the Ghana Health Service (GHS), Former Chief Psychiatrist at the GHS and some members of the Parliamentary select committee on health. The non-state actors were the Media, and two Non-governmental organisations (NGOs) which focus on improving the wellbeing of persons with mental illness.

Ministry of health

The Ministry of Health (MOH) is the government body with direct control over all health related institutions and delivery services in Ghana.

The MOH was the driving force behind the mental health bill. Though the writing of the bill was done by Chief Psychiatrist and other psychiatric personnel, the MOH provided funding, technical support from WHO and the necessary logistics which goes with the preparation of a bill. The MOH submitted the bill to parliament for consideration and passage. The policy analysis unit of the MOH was established only two years ago as a specialized unit for policies in the ministry. The unit coordinated activities leading to the passage of the mental health act.

The MOH and some members of the parliamentary select committee on health travelled to other countries which had mental health laws to understand the nature of the law in those countries and how it is being implemented. They traveled to these countries in order to have a deep insight into the challenges of the law in those countries in order to address those challenges in the formulation of Ghana's mental health law. Some of the countries they travelled include the United States of America, Britain, and South Africa.

Former Chief Psychiatrist

The Former Chief Psychiatrist of the GHS is the initiator of the mental health act. The former chief psychiatrist's first attempt to push for reforms was between the year 1996 and 1997 but the process was stalled due to lack of support. The Former Chief Psychiatrist again started the process for a mental health act in 2004, following the 2001 World Health Report. The report highlighted the poor state of mental health delivery in developing countries and recommended that countries which had obsolete mental health laws to review them and those which did not have any to pass mental health laws to improve the sector. He had the support of other civil society organizations, beginning with a request for permission from the MOH to invite technical support from the World health organisation (WHO) which was granted.

In 2004, the Former Chief Psychiatrist together with some experts in mental health formed the Ghana mental health technical team started looking at how to incorporate what goes into the law from documents and advise from the WHO, vis a vis what pertains in Ghana. The team invited experts from Canada, South Africa, United States of America and Switzerland to join in drafting the law. He handed over the work to his successor upon his retirement.

Chief Psychiatrist

The Chief Psychiatrist is the head psychiatrist in Ghana. He is stationed at the Accra Psychiatric Hospital, which is the country's biggest psychiatric hospital. The Chief Psychiatrist continued the advocacy for the act which was initiated by the former chief psychiatrist. The Chief Psychiatrist coordinated events which led to getting the issue on government agenda and the passage of the mental health act. He coordinated lobbying and advocacy on the need for reforms in legislation in mental health, by getting the media and civil society involved.

Parliamentary select committee on health

The Parliamentary select committee on health is a committee of parliament under whose purview issues on health are put. The Committee handles all health matters which are referred to it by the speaker of parliament. All health related issues which come to parliament are investigated by the committee which later submits a report to parliament upon which a decision is taken by parliament. The committee is made up of members of all political parties, some of whom are medical doctors and therefore inclined to medical issues and are abreast with knowledge on health care policies due to their training and experience in other countries.

The committee's role in the agenda setting of the mental health act, was to ensure that the mental health bill that was brought to parliament will be in a form that will be able to "promote access to basic mental health care in the least restrictive environment which is one of the basic mental health care principles" (Parliament of Ghana 2011:4).

A member of the committee said the committee's involvement in the process was not only because of the constitutional obligation which enjoins them to revise and amend laws. The committee was particularly attached to the process because as representatives of the people they had to ensure that the mental health law was able to take care of the challenges with mental health. They were also of the opinion that anybody including them could be a victim of mental illness and so working to improve conditions with treatment will also serve their interest.

The committee traveled to South Africa, Britain and the Unites States of America to see the nature of their mental health law, its implementation, challenges in order to help shape Ghana's mental health law.

In working on the bill, the committee held consultations with other stakeholders for discussions on the bill. It met almost all agencies and persons involved in mental health. As it is done with all bill, the committee invited practitioners of mental health and other interested persons to submit oral and written memoranda on how they want the form of the bill to take.

BasicNeeds-Ghana (NGO)

BasicNeeds-Ghana is an NGO which began its operations in Ghana in 2002 but functions in 8 other countries. It operates in six of the country's ten regions. The priority area of the NGO is to promote community based mental health. This entails securing livelihood means and supporting practical life activities that enable people with mental illness become productive, earn an income and become useful citizens to their family and communities. Their work includes building public education and awareness about mental health activities and engaging in advocacy to ensure that public and programs are inclusive of mental health.

BasicNeeds-Ghana does policy research to assess the number of people with mental illness, those who have access to the health care, and the services provided at the various institutions among others(BasicNeeds-Ghana 2013:4). BasicNeeds-Ghana undertakes capacity building, community mental health and sustainable livelihoods for people with mental illness and epilepsy, health personnel and care givers as well as programme management and administration(BasicNeeds-Ghana 2013:3).

Basic Needs-Ghana is known by all the actors as the most active NGO which provided resources such as funding as well as organizing programs and activities that engineered the passage of the mental health act. BasicNeeds-Ghana in their quest to get the Parliamentary select committee on health well acquainted with the mental health bill held meetings with the members of the committee. The meetings were also aimed at lobbying the committee to ensure the quick passage of the bill (BasicNeeds-Ghana 2013:8).

It pioneered community based mental health service to show government and all stakeholders that community base mental health service is possible and a better option to the institutional care system. It was also to demonstrate the large number of people with mental illness who needed reforms in legal framework, in order to access improved medical care. Statistics indicate that through its community based mental health care delivery programmes 20,906 persons with mental illness are receiving treatment(BasicNeeds-Ghana 2013:7).

BasicNeeds-Ghana receives funding from a number of sources but mainly from the European Union, Department for international Development, STAR-Ghana, Comic relief UK, GHACEM Foundation among others(BasicNeeds-Ghana 2013:5).BasicNeeds-Ghana partners and collaborates with both local and international bodies in doing its work.

Mental Health Society of Ghana (NGO)

The Mental Health Society of Ghana (MEHSOG) is an association of "mental health and epilepsy service givers and their primary care givers"(MEHSOG 2011:1) .It was registered as an

NGO in Ghana in March 2009 but began full operations in September 2009. It was established by Basic Needs-Ghana, through a grant by Comic Relief UK to provide an avenue for broad based group of people with mental health and epilepsy to come together and participate in decision making (MEHSOG, 2011:1).With a membership of over 18,000 across the country, MEHSOG represents the interest of people with mental illness and their care givers.

The role of MEHSOG in the agenda setting process was mainly advocacy. Its advocacy work involved writing articles, raising the issues of the gaps in mental health delivery, raising the issues of how difficult mental health budgets is really able to suffice the conditions, how difficult it is for even medical doctors to specialize in psychiatric, how difficult is it to recruit more community psychiatric nurses, how difficult it is for the other relevant professionals such as social welfare and psychologists to be fully integrated into the mental health service and for that matter, for practice. All these MEHSOG did, was to demonstrate that the law needed some overhaul or review.

Media

The media in Ghana is known to be very vibrant in creating awareness and drawing attention to social ills. Through both print and electronic media, the media identifies social issues churns out information, hoping to make an impact and or cause change in society.

The media provided adequate space for discussion of mental health issues which gave opportunity to people knowledgeable in mental health or working in the health sector especially those related to mental health cases to explain their difficulties with the status quo and how the passage of the mental health bill will help resolve some of their challenges. One very notable role played by the media was the undercover investigation by Ace Journalist, Anas Aremeyaw Anas who went undercover to investigate happenings at the Accra psychiatric Hospital. The happenings were in the form of human rights abuses meted out to the patients and some fraudulent activities such as the sale of food meant for the patients by staff to outside market as well as sale of narcotic drugs to the patients by some of the staff of the hospital. Revelations of the investigations which were broadcasted on all television stations and later reported in newspapers and the internet generated public outcry and heightened calls for the passage of the mental health bill.

Other actors

The Ministry of Justice and Attorney General is the ministry in charge of drafting legal documents which includes bills. The ministry therefore undertook the core role of drafting the mental health bill. The ministry also participated in stakeholder meetings organized by other stakeholders in order to get a better idea about the nature and form of the reforms and the bill when shaping it into a legal document. But the official in charge of drafting at the ministry declined an interview but made available some documents which mentioned the ministry's role.

Throughout the interviews, each of the actors acknowledged the role played by the other actors which was seen as very influential in seeing the process to its end. Data gathered from the interviews brought out names of other actors who were not interviewed in this research due to time constraint and the unavailability of some of these actors at the time of conducting the research.

These other actors were made up of both domestic and international actors. The domestic actors were Mind Freedom, Ghana health service, Psycho mental health Foundation, Ark Foundation and Integrated Social Development Centre (ISODEC). Coalitions were formed to help push the advocacy agenda and some include Advocate for the mental health law made up of psychiatrists, Health Association of Ghana, Commonwealth Human Rights International (CHRI) and Coalition of NGOs in Health. Basic Needs-Ghana built the Ally for mental health and development, which was made up of over forty-five local NGOs and community based organisations ranging from human rights activists, child rights activists, HIV/AIDS organisations and women activists.

The International actors that were involved in the agenda setting process but were not interviewed were World Health Organization, UN Health, World Federation of metal health and Ghanaian health workers in the Diaspora.

5.2 ACTORS' RESOURCES

Resources are very crucial to actors in getting a problem on government agenda. These resources seek to facilitate the role of these actors. In this research the resources that were available to actors were financial resources, networking knowledge, and active engagement. These resources were very important to getting the issue on government agenda.

Like it is popularly said, "money makes the world go round…"(Kingdon 2003:105).Funding therefore constitutes an important resource in agenda setting. The right amount of funding can enable the actors to support and undertake all the activities that will get the issue on government agenda. Conversely, in adequate funding can hamper the progress of work of these actors. Access to funding for the agenda setting process was challenging for actors. It therefore became necessary to undertake activities which required less or no funding but effective to get the bill passed. Slotting questions during the presidential and parliamentary debates, presenting petitions to parliament, sending press releases to the media, lobbying and media campaigns were some of the strategies which did not require much funding.

Findings show that most of the funding for the activities leading to the passage of the act like organising programmes came from BasicNeeds-Ghana. The NGO which sees itself as a key advocate in the calls for the passage of the bill saw it as their core responsibility to provide funding. The head of policy analysis unit of the MOH confirmed that the NGO solely funded some of the programmes when he stated that:

> *"The one that played a major role there is the BasicNeeds-Ghana… They have been championing the course of the mental health sector. In fact, the last meeting we had in Koforidua, they even funded the whole meeting which was attended by parliamentarians and resource persons".*

This meant that they bore all the funding responsibilities despite the limited funding available to run the NGO in general. Realising that inadequate funding could slow the progress of their work

and draw their efforts back, BasicNeeds-Ghana decided to network with other NGOs, interest groups and government agencies in order mobilise support and funding. The success of the networking was seen in the organisation of more programmes. The significance of networking between state and non-state institutions in policy making, was manifested in the agenda setting of the mental health act 2012.As can be inferred from the remarks of the chief psychiatrist of the GHS, inadequate funding for the programmes and activities of the actors was addressed by the networking with stakeholders who pulled resources such as funding together in order for the actors to achieve their goal of getting the mental health bill passed. He remarked that:

> *"When there was money involved very often you will get the NGOs to come in to finance. For instance there were times we needed to get parliamentary select committee on health out of town and go and have a meeting with them. That meant a lot of financing because accommodation and the fueling of their vehicles and all that, that could not have been done by us. So we had the NGOs to be doing that. So the collaboration went smooth. We didn't have any difficult and that one it was to our advantage".*

The knowledge that actors have about mental health influenced the agenda setting process. By virtue of their position and what they do, the actors had knowledge about mental health and the solutions to the problem. In terms of knowledge as a resource base of the actors, though there were enough actors to speak to the issues arising from their endeavor, the actors still worked together with one voice in order to have a consensus which is important in influencing government in policy making. For instance, during deliberations on the bill, the parliamentary select committee on health invited proponents of the bill to make a justification for the legislative reforms. The chief psychiatrist of the GHS with his predecessor who are endowed with knowledge in the sector due to their training and work experience in Ghana and in other countries were able to explain their position for the committee to understand. A member of the parliamentary select committee on health asserts the importance of the knowledge of the actors in influencing the agenda setting process by affirming that:

> *"They were also helpful because they met us, they made presentations… They try to make us understand and individuals like… the former Chief Psychiatrist made good comments at our meeting with them. I remember in one of our deliberations at Koforidua, we stayed till late in the night yet he was there to help make sure that we had a very useful discussion".*

5.3 GETTING THE ISSUES INTO THE AGENDA.

In presenting issues into the agenda, "…sometimes ideas fail to surface in a policy community, not because people are opposed to them, not because the ideas are incompatible with prevailing ideological currents, but because people simply find the subjects intellectually boring"(Kingdon 1995:127).Therefore presenting the issue well is important to getting the issue on government

agenda. Civil society organisations made up of NGOs, interest group organisations and the media and state agencies made a concerted effort to get the issue of the poor state of mental health care on government agenda. In doing so, actors used a number of means:

5.3.1 Role of the media

Media outlets such as television and radio stations, newspapers and the internet were used by actors to get the issue on government agenda. Two media personnel from private radio stations: Radio Gold and Citi Fm mentioned that it is the way the media framed the issue on mental health and the incessant publications about mental health which attracted public attention. According to them, most people find mental health issues so remote from them unless they have a relative or a friend who suffers from that illness. So in order to get public attention and for that matter government, the media had to couch the reports in way that got people thinking. Some of the issues that were raised in the media reports were the cause of mental illness and whether the facilities and existing regulations were enough to offer the best services.

The Radio Gold journalist attributes the whipping of media interest in mental health issues to the serious advocacy work done by civil society organisations by stating that:

> *"I think that the civil society organizations did a very good job. They found a way of getting the media attention because you know, in media, stories compete for space. Everyday things happen and at every point in time it takes editorial discretion to put out a news item and to shelve others. And mental health issues like I said; before the promotion of this bill started, used not to get the mileage that it got. Once the civil society organizations started pushing it and in the way they pushed it they got the media interested because they ensured that everyone felt affected".*

The Citi Fm journalist also thinks that:

> *"To the extent the media was not only gauging public mood on the matter but framing public perception on the matter and also insisting that the matter is being hyped in the media in order to push government to act, confirms the important role played by the media. But for those things certainly government would not have acted. To the extent that these issues were a daily news item in the newspapers and of course on the air waves, it was important the government acted and I believe that these were the issues that influenced the government decision".*

But a member of the parliamentary committee on health does not think the media coverage of the mental health issues in anyway influenced the process. He was of the opinion that the media were not consistent in how they reported issues on mental health. He gives more credit to the

NGOs who followed the process through and interacted with the committee before the bill was introduced to parliament. He said:

> *"I always think that the media campaign on mental health, I am sorry to say, I may be wrong; was not consistent because they only do it during mental health day. I mean on the day that the world celebrates it; they make noise for a day or two and then leave it. They were just paying lip service. I think there were also some few stations whether TV or Radio, who try to follow up. But there were others like BasicNeeds-Ghana who organized workshops, who interacted with the committee several times before it was introduced, just to know what the challenges were and the resources needed to facilitate the work. So when it came to the house, they kept following every step of it and asking all the necessary questions till it was passed".*

This claim by the member of the parliamentary committee on health does not negate the important role played by the media in influencing government. It is common knowledge that government through its machinery is able to gauge public mood about problems in society. One mode to assess public mood is through the media reports churned out on a daily basis and through phone-in discussion programmes or talk shows. So from the assertions by the two journalists it is obvious that the government got information about the nature of the public support for reforms in the mental health sector, hence getting the bill passed.

'Mad House'

The 'Mad House[10]' is the title of an undercover investigation by a Ghanaian journalist, Anas Aremeyaw Anas. The journalist who works with the Crusading Guide newspaper spent about seven (7) months undercover as a patient, taxi driver and a baker to investigate happenings at the country's biggest psychiatric hospital, Accra psychiatric hospital(Aremeyaw 2009).

After seven (7) months, the journalist reveals in a video footage broadcasted in almost all TV stations and reported in most newspapers horrific scenes of treatment meted out to patients at the hospital. The video has scenes of patients been abused and maltreated by staff of the hospital as well as staff stealing food either donated by philanthropist or bought for the patients and selling cocaine and cannabis to the patients(Aremeyaw 2009).

There was outright public show of uproar following the revelations with many individuals and groups calling on government to bring the perpetrators to book. The media took time on the various platforms to discuss the issues in the video and invited experts and interest groups who used the opportunity to call on government to quicken the passage of the mental health bill, which they envisaged will stem the tide.

Mention is made by some actors about the significant impact of the undercover investigation of the Ace journalist Anas Aremeyaw Anas to the passage of the mental health act. But other actors

[10] https://www.youtube.com/results?search_query=mad+house+anas+video

hold contrary views. In the course of this research, it came out that most of the actors acknowledged that the Anas story in one way or the other had an impact on getting the issue to government. The Chief psychiatrist for instance said that story got a sitting president to for the first time in the country's history, to visit the hospital. In his words:

> *"The Anas story did a lot of good. Before Anas' story, I had myself got the media for them to see what was going on. But there was little public outcry when it was shown. But the outcry was very massive when the Anas story came in and indeed Anas story really was not strange in the light of the fact that we ourselves had brought the media to see but maybe we went a little bit further so it brought a lot of sensation. So for once, the Minister of Health actually came down to see things for himself and surely there after the president also came down on two occasions to visit the hospital. All that raised the profile of mental health because then everybody began to realize that the president is interested so they should also be interested. So Anas' story did a lot of good I must say. Contrary to the perception that it did some damage, it did a lot of public relations work for us".*

The president's visit to the hospital after the video was shown on national TV, afforded him the opportunity to see for himself the conditions at the hospital, a reflection of happenings at the other psychiatric hospitals. This, the actors believe got the government to ask the minister of health who had accompanied the president on the visit, to expedite action on the bill. Though not all the activities shown on the video can be seen at one visit, it is important to note that just a cursory look at the facility's deplorable shape and congestion in the wards were enough for the president to call for the process of the bill to be accelerated. The former chief psychiatrist who was by then on retirement also shared the same assertion that the president's visit pushed the issue of the poor state of the mental health sector on government agenda.

The head of policy analysis unit of the MOH and the officials of the NGOs who were interviewed also believe the story brought attention to the inhuman treatment to people with mental illness in hospitals and the government acted on it by passing the act because it did not want to be seen to be presiding over human rights abuses. The Executive secretary BasicNeeds-Ghana stated that *"because nobody wants to be seen in a bad light and I think when the lenses were pointed at the hospital, the government felt a bit jittery"*. International perception of Ghana as a country with a good track record on good governance has brought good reputation to the country's image. As such any negative report which seeks to demonstrate that the right of the vulnerable like persons with mental illness is not being protected will not be good for the image of the country. Equally important for the image of the country, is to be seen by the international community to be abiding by all international protocols and conventions. Ghana as a signatory to the convention on the right to health could not afford to be seen to be denying its citizenry access to proper health care. All these actors think informed the government to hasten the process of passing the bill which was meant to improve access to improved mental health care.

These views notwithstanding, all but one of the members of the parliamentary committee on health said the Anas story had no impact on getting the issue on government agenda, since according to them the bill was already in parliament and that parliament could not be pressured

into working on something that had not been penciled down. The only one member of the committee who is convinced about the positive impact of the Anas story asserts that:

> *"That is the icing on the cake because everybody would have heard from the electronic media, would have read from the print media about the state of our mental health facilities. But when it was graphically captured in pictures and people saw what has been going on, it certainly awakens policy makers and practitioners' attention to what has been known by other people but never discussed broadly across the society".*

The journalist with Radio Gold though will not deny that the Anas story made an impact, adds that parliament was already working on the bill before the story was done. He states that:

> *"I will not say that it was the reason why the bill was put together in the first place. I will not also say it was the reason why the bill was passed. But I will be wrong if I say it did not contribute to the raising the level of discussion to another level and to exciting people the more about the bill; so to that extent yes. Anas work contributed to making the discussion even more relevant to happenings on the ground; and making people more agitated and supportive of the move to get the bill passed. But the bill had already gone through several processes even before Anas did his work. And at the time that it was in parliament, you just needed such news report to keep the discussion going and that is exactly what Anas work did".*

The view by the journalist with Radio Gold goes to reinforce the point that though parliament was at the time of the airing of the video working on the bill, the video in the long run served as a motivator to correct the wrongs in the mental health sector. It is therefore not surprising that a member of the parliamentary committee on health confirmed the impact of the Anas video to the agenda setting process. Much as parliament was in the process of working on the bill, contents of the Anas video will pop up at discussions and deliberations on the bill and so, to say that the video influenced the committee to hasten work on the bill will not be out of place.

Mental Health Day Sensitization

Actors used any available opportunity to draw government attention. One of such opportunities is October 10 which is observed as World mental health day across the world. World mental health day is an annual event set aside by the WHO to create awareness about mental health in general. The day is annually observed in Ghana. Civil society organisations and other interest groups especially NGOs organised programmes to mark the day. At such programmes, public discussions about statistics on mental illness in the country, causes of mental illness, treatment and challenges in the mental health delivery are brought to the fore and a host of other issues are discussed to create awareness and educate the public. The event was used as an opportunity to hold media campaigns at the different media outlets to draw government attention. Other public

events such as symposium are organised on the day at which issues were raised and the public were sensitized about mental health issues.

Advocacy

"…Advocacy efforts can sometimes influence powerful institutions through influencing their policies on policy making…" (Unsicker 2013:7). Serious advocacy for reforms in the mental health sector were undertaken by the actors. Particularly after the release of the 2001 World health report that made recommendations for change in the mental health legal framework to suit the changing times. The actors advocated for a revision of the mental health law to ensure access to basic mental health care. The media was also used for advocacy especially when there were negative media reports about mental health facilities and patients. The Chief Psychiatrist made a case for the passage of a mental health bill anytime he was called over media reports about happenings at the Psychiatric Hospitals. He also took opportunity to show the relationship between social ills and mental health when there are media discussions about crimes especially suicide and murder. This he did to drum home the idea that if mental health facilities are not well equipped to deal with the growing numbers of mental patients due to societal problems, the country will have much to contend with in the near future. He stated in the interview that:

> *"The real drafting of the law really got completed in two years. In 2006, the drafting of the law was completed but to pass it, was a big problem so it took us serious advocacy. In our advocacy, we involved mental health personnel, the media, who did mighty job in bringing about the issue to the fore front. We called civil society organisations to appreciate that mental health issues are not any one person issue, but an issue for everybody. So as civil society got into the agitation, the media got into the fray. So, not a single day, week passed without the mental health being mentioned in the media, either prints media, radio or TV. Anytime there was any social infraction like anybody committed heinous murder or heinous crime, armed robbery or attempted suicide, the media would call us to find out what mental health connection the crime could have. We always make sure that we connected it because truly, for instance, we know that 95% of people who attempted suicide actually had a mental health issue. A lot of armed robbers are on drugs and so drug abuse is mental health issue. Streetism that is street children, a lot of them are on a drug which is a mental health issue. So we found a way of connecting all this for people to recognize that yes mental health is really pervasive and it should be everybody's concern".*

The chief psychiatrist said the direct talks they had with the parliamentary committee and minister of health together with letters and emails to the minister from abroad, all calling for the passage of the bill helped their advocacy. This advocacy work by the actors had an impact on the mindset and attitude of the general public and led to public attitudinal change to issues on mental health. To the extent that, contrary to previous behaviour, people began to contribute to discussions about mental health issues which indicated the creation of awareness. In some instance, through telephone calls on discussion programmes, some members of the general

public reported seeing mentally ill persons who were seen in situations which posed risky to them. These advocacy activities of the actors drew government attention to the issue.

MEHSOG also resorted to dropping leaflets and flyers which carried the message. The executive secretary for MEHSOG also stated in the interview the role of advocacy in getting the issue on government agenda when he said:

> *"Well, the advocacy took a long time. You know, many organizations who are not directly into mental health did not come to that wakeup call that look, mental health is something we must all incorporate in our work as it affects everybody, so it began with some advocacy to say that it is not only actors in mental health who should be talking about issues in mental health. The Trade Union Congress, the Pentecostal councils, and other organizations needed to be involved. Their involvement ensured that in their own small ways they talked about how to incorporate mental health into their main stream activities which helped all of us".*

Media Petitions

Some of the NGOs also sent petitions to the media and parliament for reforms in the mental health sector. The Executive secretary of MEHSOG said at one time the NGO sent a petition to the Ghana television, the state television broadcaster asking for better coverage of mental health issues and a widening of the scope of coverage of mental health. This is because he thought that the issues of mental health were not receiving adequate coverage in the media.

5.3.2 Community based mental health care delivery.

BasicNeeds-Ghana since its inception began getting the issue of community based mental health care delivery as the panacea to the country's challenges with mental health care. Seen as the lead advocate for reforms in the legal framework, the NGO started community based mental health care delivery. The aim was to draw government attention to the increasing number of mentally ill persons who could not get treatment due to congestion at the available mental health facilities and the absence of medication. The NGO also thought that government can only accept suggestions to adopt community based care which should be the aim of the new legislation, if it finds it feasible from the work done by the NGO.

5.3.3 Consultations

The former Chief psychiatrist, psychiatric personnel and other interest groups had extensive consultations with MOH, psychiatric workers, legal brains, traditional healers, spiritual healers, religious groups and organised groups to explain the need to have a revised law on mental health for them to support the call and make government aware of the issue. Though there were a

number of informal consultations, most of the consultations were formal. At one of the consultations with the MOH, reported in the April 28, 2011 edition of the Daily Graphic captioned 'Capture mental health issues in dev. plan', Executive secretary of MEHSOG "expressed worry about the failure of the metropolitan, municipal and district assemblies to capture mental health issues in their medium term development plan" (Syme 2011:47).The consultations held between the actors and MOH were intended to solicit information about the progress of work on their proposals and government response toward them. Consultations between the actors and other stakeholders which they often called interest groups was for exchange of information about the form of their proposals, ask for contributions and address issue that may arise out of deliberations.

5.4 THE PUSH FACTORS

The push factors are the factors which influenced actors to draw government attention to the need for reforms in mental health care, since the prevailing conditions put the image of the country in bad taste in the eyes of the international community. While some of the push factors came up at certain times, others came up simultaneously. Some of the push factors were often highlighted in media reports but all of them together got the government thinking on the need to act.

5.4.1 World Health Report 2001

The World Health Report is an annual report released by the WHO, started in 1995, which provides an assessment of health matters by experts. It is aimed at providing information, necessary to guide policy making and funding in health (WHO 2013). The 2001 edition of the World Health Report focused on mental health and made a strong case for community care and reforms in mental health. The report made recommendations to countries that did not have mental health law to begin to make legislations, and countries that had laws to revise the laws if the laws were more than ten (10) years old(WHO 2001:84).

The 2001 World Health Report was a reason to call government attention to act. Since the government was a signatory to international protocols and the recommendations made in the report was an international human right obligation, the actors and mental health professionals used the recommendations in the report to push for the reforms. The report made it obvious that the type of mental health practice which was been guided by the 1972 Mental Health Act (NRCD 30) needed a facelift. Based on the 2001 World Health report which stated the poor state of mental health care in developing countries like Ghana, civil society organizations whipped up the calls for change. The Executive Director of BasicNeeds-Ghana said the report meant "government felt the need to respond to concerns of the global community to promote and invest in community based mental health care. This meant a change in the law".

5.4.2 Outmoded mental health law

The 1972 Mental Health Act (NRCD 30) was over thirty (30) years old. It was outmoded and not in tune with current circumstances, therefore the need to revise the law. Apart from that, the NRCD 30 was more focused on institutional care which is detention in facilities for treatment, while the modern trend was on de-institutionalization and community care. Actors thought that a revision of the law was long overdue since the one in use was about 32 years old. The NRCD 30 was also seen by actors to be perpetuating stigmatisation and discriminations of persons with mental illness which had to be addressed with the formulation of a new law.

5.4.3 Increasing number of patients on streets

Increasing number of mentally ill patients was a matter of concern to everyone. Most especially when they were seen loitering about on the streets oblivious of the risk to themselves and motorists. Due to lack of proper supervision at the hospitals, some of the patients leave the hospitals at the blind side of authorities. This "increasing number of mental patients loitering in the metropolis are causing a danger to motorists and pedestrians" (Ghananewsaid 2012).In some cases, mentally ill persons are neglected by relatives to fend for themselves. Other patients who have been treated and discharged by the hospital are not well integrated in their families due to stigmatization and discrimination and so find life on the streets the only option. This phenomenon was also to be expected considering the serious congestion at the psychiatric hospitals. This situation instigated calls on government to act which then required a holistic approach of reviewing the legal framework guiding mental health care delivery.

5.5 CHALLENGES OF ACTORS

The whole process of agenda setting was not without problems. A number of challenges came to the forefront in the agenda setting of the mental health act. From identifying the problem of the poor state of mental health care delivery to the passage of the mental health bill, actors went through a series of challenges. It was some of these challenges which delayed the passage of the bill. Findings from the research show that the actors were resilient to get government to act on the state of mental health, so despite the challenges, they worked together to see the bill through parliament. They were together in the thinking that the passage of the mental health law was long overdue and had to be done without any further delay. They thought that any hesitation on their part will draw their efforts back; hence serious advocacy work was carried through. Some of the challenges identified in this research will be discussed below.

5.5.1 Defining the problem

Identifying and defining the problem is a very critical stage in policy making. "Agenda setting is about the recognition of some subject as a problem requiring further government attention…" (Howlett et al 2009:92). Without identify and defining the problem, there is no policy making. Findings in this research show that the stigma attached to mental health led to the lack of proper attention given to it. Most people attributed mental ill health to spirituality and this even affected the kind of treatment they sought when found in such a situation. Some people did not see it as a problem which needed government attention and others who viewed it as a problem, thought it was the responsibility of the patients and family to find a solution. As a result, getting people especially government to understand that the status of mental health care was not the best and therefore needed some change was difficult for actors. It took a lot of advocacy work to create awareness about the problem. Also, the lack of public understanding of the issue made it difficult to have support for the proposal for reforms. The executive director of BasicNeeds-Ghana stated that:

> *"Probably the biggest challenge we had was understanding by the public of what mental illness actually is or is not because it had various negative connotations to the extent that the average man would rather spend his money, excuse me to say on HIV/AIDS than on mental health".*

The Executive secretary of MEHSOG explained that it is due to lack of public support for mental health that brought about the formation of MEHSOG. It is an NGO made up of survivors of mental health which aims among others to bring their members together to see how they can improve their economic wellbeing, to draw government attention to other several interventions that can help empower them and to rally behind each other and present a common voice to government when it comes to issues of legislation and policy.

5.5.2 Disagreements over the nature of the bill.

Findings in this research show that the challenges of actors in setting the agenda of the mental health act was also at the drafting stage of the bill. The problem was that there was no clear understanding about where to place mental health, whether as a service or an authority. A member of the parliamentary committee in health mentioned in the interview that:

> *"when you are dealing with a new area like mental health, there are conflicting and contesting views as to what will make an ideal mental health system and because of that you are about to have a protracted debate depending on the perspective that the people*

bring to bear on mental health and that to some extent also reduces the speed to which the bill came to parliament".

The disagreement was so intense that proponents of the different views were allowed to make presentations to the committee. But a decision could not be reached after the presentations because all the views were convincing. In the words of another member of the committee:

"There was a big fight between the current authorities in terms of the psychiatrists with Ghana health service to the extent that we have to allow both to make presentations. Their presentations were confusing because; at the end of the day after everybody's presentation, the person makes sense so, that made the committee to take the leadership to travel abroad to see some of the best practices and by the time we came back, we have taken a position that we thought was in the best interest of this country without necessarily satisfying both ends".

After visiting countries with similar experience with the MOH and holding several deliberations, the parliamentary committee on health concluded that mental health should be under an authority under the MOH and must have its own board of directors in order for it to be able to look for funds to make mental health reach an appreciable standard. The proposal for the mental health service was rejected because it was contrary to the country's constitution which already stipulates the establishment of a National Health Service(Parliament of Ghana 2011:5).

5.5.3 Lack of political will.

Actors associated the delay in the passage of the act on lack of political will. Negative perceptions about mental health as well as stigma attached to it are believed to have translated into the poor attitude of governments towards the sector. Mental health was seen by the actors as an afterthought of government considering the low budgetary allocation to the sector and the myriads of problems confronting the area. But for the vigorous advocacy done by the actors, the mental health bill could still be on the shelves of parliament collecting dust and occupying space. The executive director of BasicNeeds-Ghana explained this challenge aptly:

"We faced a number of challenges. One of them is political will because mental illness is viewed in negative light especially. The stigma associated with mental illness due to our own socialization and cultural upbringing makes people view mental health differently in a negative way and so it seeps through even people who should make decision especially policy authorities. So the level at which they should move to support mental health activities are limited by their own limited understanding and appreciation of the issue. So it's very difficult to get public sector investment and then political understanding in this area which needs attention. Sometimes you don't just need money; you need the person

who makes the decision to agree that this is an important thing to do. But the political authorities will not be interested in it and say look! We have better things to do and not mental health, and so he will do nothing about it".

The former chief psychiatrist corroborated the challenge of lack of political will on the agenda setting process:

"People (decision makers) didn't see it as a priority because in mental health we don't generate fund but we consume funds. So all the time people are afraid that government cannot afford what we are asking for. People (decision makers) are more convenient with very little things that we do that would not really bring problem to government. So even implementation, we will need to build on it in stages, bit-by-bit; because if we were to do it at once, I don't think we will get funding for it".

5.5.4 Inadequate resources.

Actors also had challenges with funding, one of the resources they needed in the process. Without the mobilization of support by the actors, inadequate funding would have stalled the effort of the actors. Funding difficulties also affected the work of the parliamentary committee on health to the extent that BasicNeeds-Ghana had to fund some of the committee's programmes to facilitate seminars and workshops. With limited funding for the upkeep of the psychiatric hospital, funding to sponsor the bill was absent. Actors attributed funding challenges to the delay in the passage of the bill because they could not engage in some activities and programmes that would have hastened the process.

TABLE 3: SUMMARY OF ACTORS' ROLES, RESOURCES, GETTING THE ISSUE ON THE AGENDA AND CHALLENGES IN AGENDA SETTING OF MENTAL HEALTH ACT 2012.

ACTORS	ROLES	RESOURCES	GETTING THE ISSUE ON THE AGENDA	CHALLENGES
1.Ministry of Health	-Driving force behind the process. -Provided technical support from WHO. Provided some	-Financial resources.	-Organised stakeholder meetings. -Consultations.	-Inadequate financial resources.

	funding and logistics.			
2.Ministry of justice and Attorney General	-In charge of drafting of the bill.	-Knowledge	-Drafting the bill	-Not Available
3.Former chief psychiatrist	-Initiated the mental health bill. -Started advocacy for the new mental health law.	-Knowledge	-Consultations -Advocacy	-Defining the problem. -Lack of political will. -Inadequate financial resources.
4.Chief psychiatrist	-Continued advocacy work started by his predecessor. -Coordinated activities of the bill.	-Knowledge	-Consultations -Advocacy	-Defining the problem. -Lack of political will. -Inadequate financial resources.
5.Parliamentary select committee on health	-Deliberated on the bill and submitted a report to parliament.	-Knowledge -Financial resources.	-Consultations	-Disagreements over nature of the bill. -Inadequate financial resources.
6.BasicNeeds-Ghana(NGO)	-Known as the most active NGO. -Provided some of the financial resources. -Organised programs and activities that engineered the passage of the mental health law.	-Financial resources. -Knowledge	-Community based mental health care delivery.	-Defining the problem. -Lack of political will. -Inadequate financial resources.
7.Mental health society of Ghana(NGO)	-Engaged in advocacy campaigns on the bill.	-Knowledge	-Media petitions -Supported Community based mental health care delivery by BasicNeeds-Ghana (NGO).	-Defining the problem. -Lack of political will. -Inadequate financial resources.

8.Media	-Provided space for discussions on the issues.	-Media space for discussions	-Advocacy	Not Available

Not Available--Means there was no information

Source: Researcher's Design (2014)

5.6 CONCLUSION

This chapter sought to provide a discussion of the findings of the research and revealed how the actors got the issue to the table of government. An overview of the actors and their roles in setting the agenda has been provided. Actor's resources like funding, knowledge, active engagement and networking were vital in their effort to influence government. The actors encountered a number of challenges, one of which was inadequate funding which was addressed by mobilizing support from each other.

The next chapter is the concluding part of the findings and discussion chapter. This will present the findings on Actors' strategies and policy windows.

CHAPTER SIX: FINDINGS AND DISCUSSION ON ACTORS' STRATEGIES AND POLICY WINDOWS

6.0 INTRODUCTION

This chapter discusses the second part of the findings of the research. Here, an analysis of the actors' strategies used in the agenda setting process and the rationale for choosing those strategies will be made. This chapter will also examine the impact of elections and change in government as policy windows in the agenda setting of the mental health act.

6.1 STRATEGIES USED IN SETTING THE AGENDA.

Various strategies were used by the actors to set the agenda for the mental health act. The actors used a number of strategies with the aim of absorbing all avenues that will get government to take action on the poor state of mental health care.

6.1.1 Use of the Mass Media

The use of the mass media was seen as an important tool by the actors to set the agenda. Knowing how vibrant the media in Ghana is in projecting social ills and getting public attention to an issue, actors were keen about using the media to get attention. Actors realized that "the mass media are crucial links between the state and society, a position that allows for significant influence on public and private preferences regarding the identification of public problems and solutions" (Howlett et al 2009:74).Since the repeal of the criminal libel law 2001, there has been a proliferation of television and radio stations as well as newspapers. "The highly diverse nature of the media means that there is always an avenue for issues to receive media exposure and gain public attention" (Arthur 2010:210).With a lot of people having access to the media, actors realized that doing a vigorous media campaign through media discussions and interviews will help their course. Findings in the research indicate that the actors did a lot of media work by focusing on the mental health situation and the need for improved services by showing people who are mentally ill in very bad state who needed support on television[11]. This went a long way to court public sympathy and resulted in a general call for action from government. The significant effect of the use of the media as a strategy to get the issue on government agenda is acknowledged by a member of the parliamentary select committee on health. When asked, do you think media campaign on issues of the poor state of mental health in Ghana in anyway influenced government decision, he said:

> *"Definitely, because suddenly there was an implosion of interest on mental health and the media also found it as way in which they could make their own contribution to the*

[11] The faces of the mentally ill persons shown on TV were blurred to protect their identity.

issue. So you could see from very diverse media sources, both electronic and print media from time to time been discussing the delay in passing the law. I believe that, that pressure also went to some lengths to hasten parliament to get the bill to become law".

The use of the media as a strategy of the actors was well thought of strategy especially when the media in Ghana were known to have contributed in shaping public thinking on issues which eventually influenced the government in its decision making. One clear example is the passage of the domestic violence act. Media publications on issues of domestic violence as reported to the police or brought to their attention by the public got the attention of government which decided to pass the law. Taking a cue from this, the actors in the agenda setting of the mental health act used the media for lobbying, advocacy and public education. The media was also invited to programmes such as seminars and presentations organised by the actors so that issues that were discussed will be reported in the media, all in an effort to reach government.

6.1.2 Networking

Due to negative public perception about mental health, not many people were interested to support reforms in that part of health care. It therefore became necessary for a network among the actors to amass all resources, numbers and voices of similar course to push the agenda. Also, prior to the agenda setting of the mental health act, there were few groups or NGOs which were interested in mental health issues. But having embarked on a strong advocacy campaign, BasicNeeds-Ghana with its sister organisation MEHSOG were able to mobilize organisations which were not directly into health promotion. Findings showed that BasicNeeds-Ghana built a coalition they called Allies for mental health and development made up of over 40 local NGOs and community based organisations ranging from human rights activists, child rights activists, HIV/AIDS organisations among others, who were based in the regions, to join the advocacy. There were also the Advocates of mental health, an alliance made up of various groups from leading psychiatrists and psychiatric personnel. All these groups joined the network to push the issue to the agenda of government. The network did not have a secretariat but were able to share responsibilities. So for instance, when programmes such as sensitization programmes, workshops and seminars are to be organised in areas which have some of the other groups located, these other groups bore the cost of the programmes. Networking was the actors' way of mobilizing and harmonizing resources. On how his NGO started networking with other actors, the executive director of BasicNeeds-Ghana explained that:

"We were also able to influence a number of local development organizations and NGOs that were operating and hardly taught about working in mental health or supporting people with mental illness to now include mental health in what they do. We have supported all the people we have worked with, the people with mental illness and their primary care givers to form for themselves their own association... we have given them the needed visibility for them to represent themselves, supporting them to articulate their own concerns, getting them to engage policy authorities and speak directly instead of

people speaking for them. These groups were all the mobilized into what we call alliance and they are in each of the regions that we work and occasionally through such platforms, we are able to come together and engage policy makers, because we recognized that we cannot work alone and working with other organisations and groups will help. Then there was the group of people that we call the advocacy for the mental health law which were made up of the psychiatrist, leading psychiatrist, the chief psychiatrist, almost all the psychiatrist in Ghana… these are all platforms where we amass support from various organizations who are interested in mental health".

The executive director of BasicNeeds-Ghana also explicated that networking with both state and non-state organisations in their calls for policy reforms inured to the benefit of all those who were involved because together they were able to get government to agree with them and pass the bill. Asked whether networking with other organisations impacted on their objective, the executive director of BasicNeeds-Ghana said:

"Yes it did. You see, the networking helped because they always say there is strength in numbers. It became the business of a larger percentage of people. So it was not matter for one but there are many organizations that think that it is the right thing to do and that is what the networking did. If the networking manages to bring such organizations like Ark foundation and ISODEC for them all to say yes! It is the right time for Ghana to have a mental law and this should be done without delay then there could not have been a better force behind the advocacy than we had".

The former chief psychiatrist also expressed satisfaction about the level of networking that was done in getting the issue on government agenda which he thinks was very instrumental in the eventual passage of the mental health act. He said:

"We had civil society organisations such as human rights activists and social activists getting involved. They were all with us in putting pressure on government to formulate the law. They knew that the type of psychiatry practice being perpetuated was not good. They wanted to see modern approach to psychiatry… They want patients to be treated humanely. So they know that when the law comes they would be able to see the proper welfare of our people and that is why they joined us".

The idea to network was also to portray that concerns of the poor state of mental health care was national in character and that there was consensus that a new law is required. They reckon that their efforts to get the mental health bill passed will be better served if they were organised with one voice. Particularly when actors were faced with inadequate funding, networking enabled them to pull resource together.

6.1.3 Active engagement

Active engagement here is the unending nature of persuasion that actors put to bear on government. "Most of these people spend a great deal of time giving talks, writing position papers, sending letters to important people, drafting bills… all with the aim of pushing their ideas in whatever way or forum might further their cause" (Kingdon 1995:181).The actors were persistent in writing their press releases and articles, contributing to media discussions and following up on activities especially with the MOH. Not a day passed without issues on mental health being raised in the media, all due to the constant efforts of the actors to get the issue on government agenda. As can be inferred from the response of a member of the parliamentary select committee on health on the extent of engagement between the actors and decision making institutions like parliament in getting government to act on the matter, there was a greater level of engagement especially during the drafting of the bill. He said:

> *"Definitely the role of civil society organisation's interaction with us could be seen in the media through the number of workshops and activities they participated in. At different times they pointed to the parliamentary committee, the Ghana health service and the ministry of health areas of best practices in their advocacy work and that helped to shape the bill tremendously".*

Another member of the parliamentary select committee on health also confirmed the importance of the active engagement between the actors, especially between other organisations and individuals and the committee by stating that:

> *"As a committee of parliament, we are very open and we permit civil society to make their proposals. You see, when the bill was referred to the committee, there were adverts and announcements made in the whole country that if there is anybody who wants to contribute ideas to the bill to come with the ideas, be it for or against the bill. So yes, some individuals and NGOs came to present their ideas. That is why I said that we had series of seminars where consultants came to speak to us, where we had interaction with stakeholders and all these individuals and groups came in to advise us on the way we should manage the various issues being raised on the matter".*

The executive secretary of MEHSOG explained that engaging other civil society organisations created a bigger platform for influencing government since each of the organisations in their own way helped in the advocacy work but most importantly engaging decision makers facilitated the passage of the bill. This can be confirmed in his response that:

"The other organisations that joined the advocacy work in their own ways raised the issues at any opportunity they had, either in the media or personally with the ministry of health or even with the select committee on health and some other committees".

6.1.4 Lobbying

"All strategies are based on an understanding of how a specific decision maker or body of decision makers can be influenced. That most often involves some direct contact between advocates and the decision maker" (Unsicker 2013:42).Lobbying was a means of having a direct contact with those to be lobbied in order for the actors to explain their position. By building a relationship with influential people in society, the actors used lobbying as a strategy to get the issue on government agenda because they believed that forging a good relationship between the decision makers and the advocates makes lobbying worthwhile (Unsicker 2013:42). The head of policy analysis unit of the MOH elucidated that building rapport with decision makers enabled the actors to lobby them, in order to get the issue on government agenda.

"Oh! Lobbying facilitated the passage. A lot of them have become our friends. So it was like the informal relationship we had built helped because on friendship terms I can call some of the NGOs who were interested in the bill and give them latest information. They would also call me for information which was good."

Through both formal and informal lobbying of the parliamentary select committee on health, other parliamentarians, politicians, religious organizations, traditional rulers and influential people, the actors sent messages to government about the precarious nature of mental health care. The lobbying was in different forms such as state actors lobbying each other and non-state actors lobbying state actors. For instance officials of the MOH who were on a trip with the then Vice president and now President, John Mahama to attend a UN conference, in the United States of America informally lobbied the Vice President to hasten the passage of the bill.

Actors also lobbied influential personalities like the former chief executive officer of the Ghana Chamber of Mines Joyce Aryee and the Okyehene (Chief of Akyem traditional area), Osagyefo Amoatea Ofori Panyin the second, Chief of Kyebi in the Eastern region to speak about the issue at the least opportunity to hasten the process. The actors got these influential personalities to make statement on why mentally ill patients should be supported. Lobbying of parliamentarians led to a meeting between the parliamentary select committee on health, the former chief psychiatrist and the chief psychiatrist who were asked to explain the issues and make a defense for the bill to be passed. The former chief psychiatrist stressed:

"And we had to lobby parliament and eventually the chief psychiatrist and myself were invited on a retreat where we had to go word-by-word to read through the law and explain what we meant. Actually the meeting was for the parliamentary select committee

on health to understand what the law meant, so that they could defend it on the floor of the house. So we spent three days, and explained word-by-word and then they asked questions. They later on went to parliament and parliament approved it".

By lobbying decision makers and influential people in society, the actors were able to push through their reforms. Nevertheless, it is important to stress that, the lobbying was done by actors who were knowledgeable in the mental health sector and so could make a case for their position. This made the actors credible and convincing.

6.1.5 Presidential and Parliamentary debates

Prior to every general election, the Institute of Economic Affairs (IEA), a think tank, organized presidential and parliamentary debates for candidates to espouse their party manifestos and justify why they should be voted for. Even before the debates come off, the IEA invites questions from the public, civil society and interest groups for the candidates to respond to.

The presidential debates, specifically, was seen by actors as a means to get potential political leaders to commit to policies. During the 2008 presidential debate the actors' slotted questions about what the candidates will do towards improving the plight of mentally ill patients and towards the passing of the mental health bill. So the actors used the debates as a platform to solicit responses that showed the commitment of the political parties. Since the debate was a national platform for the candidates to sell their party to the electorates as one that had the interest of the people at heart, the actors used it to get the candidates to respond to calls for the reforms in the mental health sector. The responses of the candidates were held by the actors as commitment to the bill when voted into power and they were bound by it. The chief psychiatrist reinforced the significance of the presidential and parliamentary debate in getting the issue on government agenda. The chief psychiatrist maintained that:

"So with all that agitations, then the political parties decided that it was a major issue of national interest and therefore if they wanted to win the elections, they should also find a way of incorporating it. So the major political parties like the NDC and NPP, took it up and incorporated it into their manifesto that if they win the elections, they would make sure they would devote enough attention on mental health. Then again we had the think tank which organized presidential and vice presidential debate in 2012. So they brought the presidential candidates together and then another time vice presidential candidate together. They invited the civil societies to ask questions and we managed to slot questions during those debates; so that we would ask the presidential candidates what they would do towards improving the plight of the mentally ill and towards the passing of the mental health bill and their responses showed commitment somehow. Then later we saw the mental health law being mentioned in the manifesto of the NDC, which showed more commitment".

6.1.6 Petitions, Presentation, Seminars and Press releases.

Sending petitions to the media and parliament, organizing seminars to push their agenda and issuing press releases to the media was one of the strategies adopted by the actors. The actors also made regular visits, follow ups and presentations to the MOH to discuss issues that will serve the interest of getting the bill passed. A series of presentations were made at programmes marking the mental health day, all geared towards getting the issue on government agenda. From the interviews from the actors it was clear that that actors acknowledged that issuing petitions and press releases, making presentations, speaking at seminars organised by them or by others was a very good strategy since it was reported in the media, which meant they were able to influence a wider audience which included government. Through these channels, the actors were able to explain their position as well as call on the public to support their cause. The executive director of BasicNeeds-Ghana commented:

> *"We made regular visits and presentations to the ministry of health. We followed up to the Attorney General department to meet the one in charge of the drafting of the bill to make presentation to her; of course she was an active member of the group rallying for reforms in the mental health sector. We really focused on making presentations, presenting petitions, making press releases and in all that, we are just focusing on the need for government and all those who matter to ensure that the bill comes into being".*

The executive secretary of MEHSOG was satisfied that using these channels was a good strategy. He expressed his contentment by stating that:

> *"Through writing articles, making presentations, contributing at seminars and sending petition to the government agencies concerned which was publicized in the media, we made our point about mental health conditions in general and what government should be doing about it. So through different fora, we make our statements and make sure we were vociferously heard. When we made a presentation to the parliamentary select committee on health, for instance we raised the issues".*

It is evident from the interviews with the actors that there was a concerted effort to use different channels to get the issue on government agenda. They aimed at using channels that will help market their ideas and proposals. Channels such as press releases and petitions went far to broadcast the issues raised by the actors and eventually place the issue of the poor state of mental health on the decision table of government.

6.1.7 Persistence

Persistence proved to be a good strategy for the actors. The level of persistence of the actors to get the issue on government agenda include efforts to "mobilise support, writes letters, sends delegations, and stimulates its allies to do same, can get government officials to pay attention to the issues"(Kingdon 1995:49). Findings from the research also confirmed that the actors were persistent in their activities to get government to act. They made use of any available opportunity to push government to pass the mental health act by getting all the stakeholders to join them in sending reminders in the form of petitions, making presentations to government agencies and lobbying. The chief psychiatrist showed the impact of persistence in their calls in the interview. He said: *"There was one particular minister, for instance, anytime he sees me he says eh you!, as for you every day I get about 40 letters on my table urging me to pass the mental health law and they all make reference to it when they call".* The actors thought that government would only pay attention to their calls if they were consistent in exerting pressure on government.

6.1.8 Pressure from actors

Civil society organisations like the coalition groups, MEHSOG and BasicNeeds-Ghana and other interest groups mounted continuous pressure on government to take a look at the mental health care situation. Civil society agitations for modern approach to psychiatry in newspaper articles, radio and television discussions were some of the actions to get government attention. The former Chief psychiatrist mentioned that leading psychiatrists and Ghanaian health workers in the Diaspora also joined in the efforts to mount pressure on government because having had their training abroad; they came home to find out that service delivery was not up to standard. When asked, why do you think government decided to put together a bill to address your concerns, the executive secretary of MEHSOG said:

> *"Well, it was the pressure mounted by civil society organizations and the advocacy thereof that we did to ensure that government critically looked at it. It wasn't only through the media. We put pressure on government through more lobbying of the parliamentary committee on health, petitioning government and for that matter, ministry of health and also involving other civil society organizations to make the noise in their own small ways".*

Data gathered showed that pressure mounted on government was overbearing and very consistent. At a point it was as if the only issue of importance to people was mental health considering the number of pronouncement from government appointees on government intentions and efforts towards address the problem. Either at a health related event or when they were interviewed in the media, government appointees always made some comments with regards to the mental health sector reforms. This was an indication to the actors that their efforts

were yielding positive results but would not relent until the mental health bill was passed. It is obvious from information gathered from the interviews that it took a lot of work by the actors for the mental health bill to be passed. This is voiced by the chief psychiatrist:

> *"A host of mental health NGO's and the advocacy for mental health reform made up of a collection of by mental health personnel and other NGO's helped us to put pressure on government. So, all of these really resulted in the passage of the mental health law. So I must say that the mental health law was not passed on the silver platter. It was largely because of the intensive advocacy, intensive media campaign, intensive agitation which sometimes it even boarded on we telling the ministry and the government that we are going to release the patients to make a procession to parliament to advocate for themselves. All that eventually led to the law being passed".*

A member of the parliamentary select committee on health explained that pressure on government was mostly from what he described as social pressure arising from happenings around. Such as mentally ill patients loitering around, reports of congestion at the hospitals, lack of medication for the patients among others. The committee member said in the interview that:

> *"The wider pressure is the social pressure and it is in reality. You see more people with mental disorders on the streets on daily basis and the type of treatment they are subjected to. The fact that a person had a mental health problem does not mean the person is no more a human being who is entitled to fundamental human rights. So you need a regulatory structure to address these".*

It is indicative to note that the prevailing situation at the time got members of the public concerned about the wellbeing of persons with mental illness, hence joining the chorus for reforms in mental health.

6.2 RATIONALE FOR CHOICE OF STRATEGIES

Having stayed on the shelves for too long as a draft document since 2004, actors thought that it was time to act on the bill. Moreover, members of parliament were eager not to allow the bill to be deferred to the next parliament and again public pressure on government was overwhelming especially after threats by the chief psychiatrist to release patients to demonstrate if the bill was not passed. Also the NDC government though had promised to pass the bill if voted into power, and eventually added it in their manifesto, needed to be reminded of their campaign promise since there were other competing issues which were also in their manifesto. Hence actors employed the aforementioned strategies to get government to act. The choice of the strategies by actors can be attributed to:

6.2.1 Mental Health Act -An overdue Act

Time was a very important factor in deciding on the strategies to use. This is because the actors felt the passage of the mental health bill was long overdue and a country which prides itself as a middle income country could not continue to have such deplorable mental health care system. Also, the parliamentary session which came after the 2008 general elections were keen about passing it in order that the bill is not deferred to the next parliament. This could mean "…it will be dead for a decade, and it might even be dead for a generation"(Kingdon 1995:170).As a result of these reasons, the actors decided to harness all available and appropriate resources which will enable them to achieve their aim on time. Again, since the NDC had promised in their manifesto to pass the bill when voted into power, it was therefore imperative to put pressure on the government which was battling with competing policy decisions to pass the bill when it came into power.

6.3 THE POLICY AND ACTORS' PREFERENCES

The Mental health act 2012 was the government policy to address the challenges with mental health treatment in Ghana. The proposal for legislative reforms was mooted by the actors who thought that a change in the legal framework governing mental health treatment was the panacea to the problems in the mental health sector and was adopted by government.

Data gathered indicated that the actors were satisfied with the nature and form of the mental health act 2012.Having gone through the process from the stage of making a proposal for a bill to the formulation of the bill until it was eventually passed, actors were convinced that the act will address concerns about the poor state of mental health care and treatment. The actors made inputs into the nature and form of the bill and were involved in the consultation process to explain issues in order for the drafters of the bill and makers of the law to understand and incorporate into the final document.

The actors wanted a mental health law that will deal with matters of human rights abuses, providing funding for mental health treatment, provide for community based care and regulate the activities of religious and traditional healers in mental health treatment among others. These were the very issues that the act seeks to guide. Asked whether the policy reflected the preferences of the actors, the chief psychiatrist stated that:

> *"The good news however is that we have enacted a new mental health Act which will heal the ills in the current mental health system that we have… All the corrections that had been done by the parliamentary committee with our contributions had to be incorporated and any time the correction is incorporated, it comes back to us for us to look through to see that it reflects exactly what we want and it will go back. We went through that process for about six times. In the deliberations between us and the Attorney Generals they incorporated the corrections and brought it back for us to see. Sometimes*

> *we went through the documents with the parliament select committee to be sure which took a long time. That took two months, between 2nd of March and 24th of May…"*

Explaining the policy and how it mirrored the preferences of the actors, the former chief psychiatrist mentioned that one of the challenges of the mental health treatment is inadequate personnel to attend to increasing patient population due to lack of incentives. But said the act will ensure the training of more medical personnel to attend to the patients. This is captured in clause 3 of the act, dealing with functions of the mental health authority in which it is mandated by the law to "attract and retain the right mix of human resource through appropriate emoluments, remuneration, allowances and incentive package and conditions of service"(Parliament of Ghana 2012:7).The former chief psychiatrist buttressed that:

> *"…But now, the law is going to allow us now to train more people and send them to the sub district areas where people can see them quicker and also we are going to facilitate and combine rehabilitation facility with the spiritual and traditional healing settings in the villages so that our patients who have recovered and want to take some trading can take to some trading".*

6.4 ROLE OF ELECTIONS

Elections are important policy windows as they create the opportunity for issues to be heightened into the agenda of government. Prior to elections are political party campaigns during which election candidates make promises on certain policy decisions. This they do to capture more votes to win the election. Upcoming elections provide an opportunity for policy entrepreneurs to push their ideas about problems and solutions and to get the candidates to commitment to it in exchange for votes. Actors who have their policy option ready will chance on the up-coming elections to make political parties make commitments for votes.

Data gathered in this research amply depicted the impact of elections on policy making and policy decisions. Prior to the 2008 general elections and as with many other elections, the IEA, a think tank, organized presidential and parliamentary debates. It was at this debate that the issue of health and precisely improving mental health was posed to the candidates. At the debate, the NDC party committed to passing the bill and after included it in their manifesto. It was therefore not surprising that they passed the act when they won political power, though in the last leg of the four year tenure. Although the elections produced an NDC majority in parliament, it did not have any effect on the passage of the bill because the passage of the law had the full support of all members of parliament.

The Executive secretary of MEHSOG believes that the 2008 general elections played a role in influencing the passage of the act. Considering that the draft bill had been in parliament for long, the Executive secretary of MEHSOG thinks since actors were eager to get it passed at the time, the actors took advantage of the upcoming elections to meet the political parties and explain the

issues in the area of mental health so that the political parties put it in their manifesto to pass the bill when they come to power.

But the Executive director of BasicNeeds-Ghana thinks differently. When asked, 'Do you think elections played any influential role in getting the bill passed? Answered:

> *"I doubt but let me quickly also say that yes. So it's both yes and no. elections played a role because every politician would want to make political capital out of any issue but around that time, the noise we had made. Even though organizations like BasicNeeds-Ghana are not political, we identified with such a party that said if you vote for us we would pass the mental health law then we were assured that this was a party whose government we could do business with. So to some extent it did but to the extent that people understand that if you address mental health issues it will give you political numbers, I don't think so. That was why I said I doubt".*

The chief psychiatrist and the former chief psychiatrist also hold the view that the elections forced the political parties to put the passage of the bill in their manifesto and so when the NDC party won the elections they were compelled to pass it after several agitations from the actors. He added that though the passage of the bill was in the party's manifesto they had to push for the passage because there were other things in the manifesto which were competing.

The members of the parliamentary select committee who were interviewed were divided about the role of the elections in the passage of the bill. While the two agreed that the elections influenced the passage of the bill, the others disagreed. Those who said the elections had a positive influence on the passage of the bill explained that once the NDC party put it in their manifesto while canvassing for votes; they had no choice but to fulfill their electoral promise. One of the members of the parliamentary committee on health explains that because the NDC had placed the passage of the bill in their manifesto, the former President Mills, who was at the time the NDC presidential candidate, was particularly interested and was asking about the bill and had to pay an unannounced visit to the Accra psychiatric hospital to see things himself.

One of the committee members who disagreed explained that parliament was already working on the bill and that parliamentary business is not influenced by elections. Therefore the bill would have been passed at the time it was passed. The head of policy analysis unit of the MOH also holds a similar opinion. He stated that the mental health bill was part of thirteen other health related bills that had been sent to parliament and was been worked on. So according to him, it was not the elections that influenced the passage of the bill, but that they had to tighten and deepen their advocacy role because the bill had been in parliament for too long.

The bill formally got to government agenda in 2006 when it was drafted by the Attorney General's department and was laid in parliament in 2010.From the respondents' opinions, it is clear that parliament was already working on the bill before the 2012 election year drew closer. Also evident is that the upcoming elections provided the opportunity for the NDC presidential candidate to make an electoral promise to pass bill and to include their promise in their

manifesto. So it is not farfetched to conclude that the 2012 general elections influenced the passage of the bill.

6.5 ROLE OF CHANGE IN GOVERNMENT

Change in government means a change in political authority of the country, which resulted in change in policy. Change in government played an influential role in the agenda setting of the mental health act by opening a window of opportunity for the actors to get the bill passed. After the 2008 general elections, there was a change in government from NPP to NDC. Having won the 2008 general elections, and a change in political authority thereafter, the NDC government, in demonstrating their commitment to improve health care passed the act. So there is no gain saying that change in government had an influence on government decision on the act. But not all the actors accept that the change in government influenced the passage of the mental health act.

The NGOs interviewed in this research were unanimous about the impact of the change in government on the passage of the act. The Executive director of BasicNeeds-Ghana explained that *"whether the NDC meant it or not, it was in their manifesto so once it was in their manifesto, let's say that they meant it, they needed to fulfill their manifesto promise".* The Executive secretary of MEHSOG on the other hand said because it was in the manifesto of NDC, when they came into power, they had to fulfill their electoral promise and so they had to pass it.

The Chief psychiatrist and the former chief psychiatrist agreed on the influence of the change in government on the passage of the act. The passage of the bill was not in the manifesto of the NPP, though they had promised to do it during their campaign. But the chief psychiatrist thinks that with the kind of pressure and work the actors had done to get the act passed, even if the NPP had won the elections, they would have passed the bill. The optimism shown by the chief psychiatrist is well placed because findings from the research showed that the actors were relentless and focused to get the act passed and so irrespective of which of the two major political parties won the elections, the act would have been passed. Yet it cannot be said whether the NPP would have passed it earlier, later or at the same time the NDC government did. The Chief psychiatrist similarly said:

> *So objectively speaking I could say that the change possibly could have done some good for us; even though I must also say that if the old government was there and they were not passing then we would have heighten up advocacy even further and so that could also have forced them. But on the face of the evidence I would say that yes probably the change in government may have done something good with respect to the passage of the mental health law.*

The members of the parliamentary select committee on health were again divided over the impact of the change in government on the passage of the bill. Those who agreed were of the

opinion that the mental health bill became a manifesto item for the new NDC government and that hastened efforts to get the bill passed. However other members of the committee disagree. They think that the bill was already in parliament and a change in government could not have any impact on the work of parliament.

Finding from the research indicate that the commitment shown by the NDC when it placed the passage of the mental health bill in the manifesto, was not enough to guarantee its passage when there was a change in government. Rather the pressure put on the NDC government by actors, when they persistently held the government to its manifesto promise via reminders eventually got government to pass the act.

TABLE 4: SUMMARY OF ACTORS' STRATEGIES,ROLE OF ELECTIONS AND CHANGE IN GOVERNMENT (POLICY WINDOWS) IN AGENDA SETTING OF MENTAL HEALTH ACT 2012.

ACTORS	STRATEGIES	ROLE OF ELECTIONS AND CHANGE IN GOVERNMENT
1.Ministry of Health	-Networking. -Active engagement.	-Intensified lobbying and consultations.
2.Ministry of Justice and Attorney General	Not Available.	Not Available.
3.Former chief psychiatrist	-Networking. -Active engagement. -Lobbying. -Petitions, Presentations etc. -Pressure from actors.	Not available.
4.Chief psychiatrist	-Networking. -Active engagement. -Lobbying. -Presidential and parliamentary debates. -Petitions, Presentations etc. -Pressure from actors.	-Intensified lobbying and consultations.
5.Parliamentary select committee on health	-Networking. -Active engagement. -Pressure from actors.	-Worked on the bill.
6.BasicNeeds-Ghana(NGO)	-Networking. -Active engagement. -Lobbying. -Presidential and parliamentary debates. -Petitions, Presentations etc.	-Intensified lobbying and consultations.

	-Pressure from actors.	
7.Mental health society of Ghana(NGO)	-Networking. -Active engagement. -Lobbying. -Presidential and parliamentary debates. -Petitions, Presentations etc. -Pressure from actors.	-Intensified lobbying and consultations.
8.Media	-Use of the Mass media.	-Provided space for advocacy.

Not Available--Means there was no information

Source: Researcher's Design (2014)

6.6 CONCLUSION

This chapter sought to examine the strategies employed by the actors to get the issue of the poor state of mental health care to the agenda of government as well as an explanation of the choice of strategies employed by the actors has been provided. In has been established that elections, change in government influenced the agenda of the mental health act.

The next chapter is the conclusion of the research where the key findings will be summarily presented. The chapter will explain the implications of the study to the analytical framework and the implications of the study for future research

CHAPTER SEVEN: CONCLUSION OF THE STUDY

7.0 INTRODUCTION

This chapter will highlight on the implications of the study to the analytical framework and policy making, then present a summary of the key findings based on the research questions. Finally, explain the implication of the study for future research.

The major findings in this research show that all the actors in the agenda setting of the mental health act 2012 played important roles and there was interplay of politics in the agenda setting process.

All the variables in this research which were derived from Kingdon's agenda setting model were very significant in understanding the role of the actors and the strategies they employed in the agenda setting process.

7.1 IMPLICATIONS OF THE STUDY TO THE ANALYTICAL FRAMEWORK

This study was concerned with agenda setting of the mental health act. The model guiding this research is Kingdon's model of agenda setting; the Multiple Streams Framework. In Kingdon's view, three different streams determine agenda setting: problems, policies and politics but when policy windows open, "without the presence of entrepreneurs, the linking of the streams may not take place" (Kingdon 1995:182).

Problem

In this research, the problem is the poor state of mental health care in Ghana. The problem is the prevailing conditions in the care and treatment of persons with mental illness that was considered by the public as unacceptable and therefore needed government attention which got actors to push for reforms. There were instances of shortage of medication and other hospital needs for patients and health personnel which sometimes lead to patients attacking health personnel. Human rights abuse in the treatment of mentally ill patients and the loitering of mental patients on the streets, causing nuisance which led to calls on government to turn its attention to metal heath care in Ghana.

Policy

As seen in Kingdon's model, polices are important in agenda setting as it allows for proposals on how a problem can be addressed. The floating of ideas is demonstrated in public discourse and expert opinions. Data collected indicate that review of the legal framework, that is, the passage of the mental health act was seen as the only solution to the problem. The executive director of Basic Needs-Ghana defends this position by saying that the act will compel authorities to take actions to improve conditions. In his view, the old law does little to oblige authorities to take certain actions, as result they act on their whims and caprices. All the actors in the agenda setting process were united about the need for reforms in the mental health law.

Politics

Politics is important in setting the public policy agenda. Politics is needed for change to occur as observed in the finding of the research. Public outcry over reports of the state of psychiatric facilities drew government attention to the problem. But that was not enough since there were a number of issues in the public domain which were calling for government attention. It is clear from the findings that the actors used certain strategies in their attempt to bargain and reach a compromise about the policy proposals. In doing so, the actors were engaged in politics. The strategies they used were formal and informal lobbying, demonstrations, press conferences persistence and pressure from civil society organisations.

Policy entrepreneurs

The policy entrepreneurs are the actors in the agenda setting process. The actors were both state and non-state actors. They were Ministry of health, Ministry of Justice, Chief Psychiatrist, Former Chief Psychiatrist, some members of the Parliamentary select committee on health, the Media, and some NGOs. They lobbied government and other interested stakeholders, engaged media campaigns, issued press released and made presentation at different forums to make their point. The actors harmonized their resources such as funding and knowledge to get the government to pass the bill.

Policy windows

Apart from policy entrepreneurs whose cohesiveness is critical to the agenda setting process, hitting on their solutions at certain critical times determines the success of their effort. The probability of the solutions being heard or action taken by government is dependent on window of opportunities. Data gathered show that actors especially took advantage of elections and change in government to get government to pass the act. Civil society organisations tabled questions at the presidential and parliamentary debates organized by the IEA, a think tank, to make candidates make commitment and this was done in this case. The NDC, the biggest opposition party in 2008, which was eager to come to power, included it in their party manifesto to pass the bill when voted into power. It was therefore not surprising that the party upon winning elections passed the act in fulfillment of its campaign promise. The Anas story also provided an opportunity for the government to have a re-look at the mental health situation in the country, when there was public uproar about happenings at the psychiatric hospitals.

7.2 KEY FINDINGS OF THE STUDY

The research questions that were addressed in the study are:

Who were the actors and what roles did they play in setting the agenda for the mental health act?

The actors in the agenda setting of the mental health act were mainly domestic actors made up of both state and non-state actors. The actors played different roles in setting the agenda, as per their positions as state and non-state actors and knowledge. A summary of the Actors, Roles,

Resources, Strategies, Getting the issue on agenda, Role of Elections and change in government as well as Challenges of agenda setting of the Mental Health Act can be found at the end of this chapter.

How did actors get the issue to government?

The actors used a number of means to get the issue of the poor state of mental health care on the agenda of government. They were:

The actors used the media to churn out stories on the state of mental health care delivery in order to win public support. The main motive of actors was to change negative public perception about mental illness which many people attributed to evil forces and as so had an unreceptive attitude towards people with mental illness. The actors were of the view that until the illness is demystified; changing public attitude will be a fruitless exercise. They also reckoned that the negative public perception accounted for the nature of support given to the mental health sector. Through the media the actors embarked upon mental health day sensitization, advocacy and media petitions.

BasicNeeds-Ghana initiated the community based mental health care delivery as a means to demonstrate to government the possibility of engaging in care giving at the communities in order to decongest the hospitals and ensure adequate access to mental health care. They also aimed at indicating to government the large number of persons who needed improved mental health care but were unable to receive due to the prevailing conditions. The NGO together with other partners (state and non-state) did this to get government attention.

The actors held consultations with the MOH, organised groups, psychiatric workers, and legal brains, traditional and spiritual healers to explain the need to have the mental health law in order for these groups to support their call.

How did actors pull their resources together?

The resources that were available to the actors were financial resources, knowledge, active engagement and networking. Findings from the research showed that in view of the fact that financial resources were inadequate, and in order to build a consensus on the issue, the actors mobilised their resources such as knowledge and financial resources and utilised them to the best of their ability to achieve their aim.

What strategies were used by these actors to get the issue on government agenda?

The actors adopted different strategies to get the issue on government agenda. These were networking, active engagement, lobbying (formal and informal), demonstrations, press conferences, persistence, and pressure from actors. The actors also took advantage of the presidential and parliamentary debates held prior to elections to slot questions about what the candidates will do towards improving the mental health sector and passing of the bill. This they did to solicit the responses of political parties and gage their commitments as well as getting to them to make commitments on those proposals.

What conditions influences the choice of strategies?

The use of the strategies such as networking, active engagement among others by the actors to get the issue on government agenda was necessitated by the fact that the mental health act was long overdue and so actors used these strategies to get government to pass the law.

Did election and change in government influence the agenda setting?

Findings of the study proved that elections and change in government were the windows of opportunity which influenced the passage of the mental health act in 2012.With the upcoming 2008 elections, the actors got the political parties to make commitments by putting questions to them at the presidential and parliamentary debates. It was after the debate that the NDC presidential candidate got his party to put in their manifesto, the passage of the act if voted into power. So when the NDC won the elections and there was a change in government from NPP to NDC, the NDC government fulfilled their manifesto promise and passed the act. But this was done following intensive calls and pressure from the actors for the government to take action.

What were some of the challenges of the actors?

Throughout the agenda setting of the mental health act, actors encountered some challenges. There was the problem of defining the problem as most people lacked understanding of the nature of mental illness and so did not appreciate the need for a revision of the act. Another challenge was disagreement over the nature of the bill between some of the stakeholders in the health sector. But this was resolved by the parliamentary select committee on health after its deliberations. There was also the challenge of lack of political will to pass the act due to negative public perception about mental health. With intensive advocacy, sensitization and public education, the actors addressed this challenge. Yet another challenge was inadequate resources especially funding for the activities in the agenda setting stage which was addressed by mobilizing available resources to get government to pass the mental health act.

Was the outcome different from what the actors wanted?

Findings show that continuous consultations between the actors and the decision makers ensured that the policy, that is, the form and nature of the act conformed to the preferences of the actors.

TABLE 5: SUMMARY OF ACTORS, ROLES, RESOURCES, STRATEGIES, GETTING THE ISSUE ON AGENDA, ROLE OF ELECTIONS AND CHANGE IN GOVERNMENT (POLICY WINDOWS) AND CHALLENGES IN AGENDA SETTING OF THE MENTAL HEALTH ACT 2012.

ACTORS	ROLES	RESOURCES	STRATEGIES	GETTING THE ISSUE ON AGENDA	ROLE OF ELECTIONS AND CHANGE IN GOVERNMENT.	CHALLENGES
1. Ministry of Health	-Driving force behind the process. -Provided technical support from WHO. -Provided some funding and logistics.	- Financial resources.	-Networking. -Active engagement.	-Organised stakeholder meetings. - Consultations.	-Intensified lobbying and consultation.	- Inadequate financial resources.
2. Ministry of Justice and Attorney General	-In charge of drafting of the bill.	- Knowledge	-Not Available.	-Drafting the bill.	-Not Available	-Not Available.
3.Former chief psychiatrist	-Initiated the mental health bill. -Started advocacy for a new mental health law.	- Knowledge	-Networking -Active engagement. -Lobbying. -Petitions, Presentation etc. -Pressure from actors.	- Consultations. -Advocacy.	-Not Available	-Defining the problem. -Lack of political will. - Inadequate financial resources.
4. Chief psychiatrist	-Continued advocacy work stated by	- Knowledge	-Networking -Active engagement. -Lobbying.	- Consultations. -Advocacy.	-Intensified lobbying and consultatio	-Defining the problem. -Lack of

	his predecessor. - Coordinated activities of the bill.		-Presidential and parliamentary debates. -Petitions, Presentation etc. -Pressure from actors.		n.	political will. - Inadequate financial resources.
5.Parliamentary select committee on health	- Deliberated on the bill and submitted a report to parliament.	- Knowledge. - Financial resources.	-Networking. -Active engagement. -Pressure from actors.	- Consultations.	-Worked on the bill	- Disagreements over nature of the bill. - inadequate financial resources.
6.BasicNeeds-Ghana(NGO)	-Known as the most active NGO. -Provided most of the resources. - Organizing programs and activities that engineered the passage of the mental health act.	- Knowledge. - Financial resources.	-Networking. -Active engagement. -Lobbying. -Presidential and parliamentary debates. -Petitions, Presentation etc. -Pressure from actors.	-Community based mental health care delivery.	-Intensified lobbying and consultation.	-Defining the problem. -Lack of political will. - Inadequate financial resources.
7.Mental health society of Ghana(NGO)	-Engaged in advocacy campaigns on the bill.	- Knowledge.	-Networking. -Active engagement. -Lobbying. -Presidential and parliamentary debates. -Petitions, Presentation	-Media petitions. -Supported Community based mental health care delivery by BasicNeeds-Ghana (NGO).	-Intensified lobbying and consultation.	-Defining the problem. -Lack of political will. - Inadequate financial resources.

			etc. -Pressure from actors.			
8.Media	-Provided space for discussions on the issues.	-Provided space for discussions on the issues.	Use of the mass media.	-Advocacy	-Provided space for advocacy	-Not Available.

Not Available--Means there was no information

Source: Researcher's Design (2014)

7.3 IMPLICATIONS FOR FUTURE RESEARCH

The mental health act was passed in 2012. This study showed the role of domestic actors in the agenda setting of the mental health act. It depicted the influence of both state and non-state actors in agenda setting process, to be specific, and policy making in general. The study demonstrated the importance of network in policy making, not only in the absence of adequate resources but how network helps the actors to mobilise themselves to uniformly get an issue on government agenda.

This study on the agenda setting of the mental health act cannot be used to explain policy making in Ghana. However, findings can be useful in understanding agenda setting of the mental health act in Ghana. It will help advocates of agenda setting to come to terms with the likely strategies which may facilitate getting an issue on government agenda and the challenges they are likely to face in the process.

Findings in this study showed that inadequate resources influenced the choice of strategies used by the actors; therefore further studies can study whether actors will act differently in the event of adequate resources and what strategies they will employ in the agenda setting process. Future studies can compare agenda setting of the mental health act with agenda setting of other acts in the country like the Domestic violence act. Again, future studies can use other agenda setting models to analyse the mental health act and make a comparative analysis. Additional studies can be done on the influence of actors in agenda setting process when there are adequate resources.

Since this study focus only on domestic actors, future studies can assess the role and influence of international actors in the agenda setting of the mental health act. In addition, since the mental health act was passed in 2012, studies can be undertaken on the implementation of the act.

7.4 CONCLUSION

The primary aim of this research was to identify the actors in the agenda setting of the mental health act and analyse the strategies used by the actors to spearhead the agenda setting process.

Findings of the research proved that the actors were both state and non-state actors who make up domestic actors in policymaking. They undertook different roles based on their position and influence in the process. It was also evident from this research that in getting the issue on government agenda, the actors had to use certain means such as mass media; community based mental health delivery, consultation and the likes to get the issue of the poor state of mental health care on the agenda of government.

The research demonstrates that all the actors (state and non-state) were important in the agenda setting process. The strategies used by the actors were all central to getting the issue on government agenda. Financial resources and knowledge which were the resources that were used in the process both facilitated the agenda setting process.

The research also showed that when actors were handicapped with inadequate financial resources and were running against time, they adopted some strategies which they used to set the agenda. These strategies were persistence, lobbying (formal and informal), presidential and parliamentary debate among others. Actors pulled together their resources in the face of inadequacy in order to get the act passed by government. Findings from the research again showed that elections and change in government opened the windows of opportunity that facilitated the agenda setting of the mental health law.

Equally important in this research was the challenges of the actors in undertaking their activities. The challenges were however addressed by the network of the actors which ensured the mobilization their resources.

The challenges notwithstanding, the research showed that the actors achieved their preferences because there were consultations throughout the process especially between state and non-state. The consultations made communication between actors very easy in order to reach a common ground on the nature and form of the act.

John Kingdon's agenda setting model, the multiple streams framework was useful in this research. It enabled the researcher to understand the process in the agenda setting of the mental health act and determine the actors in the process. The model showed how the actors took advantage of the opening of the policy window to push the ideas about the issue and get the mental health act passed.

Implementation of the mental health law 2012 was expected to have started six (6) months after the passage of the law. More than a year after, nothing seems to be in place. Most of the respondents in the research partly attributes the delay in the implementation of the law to a number of reasons:(a) sudden demise of the President in June, a month after signing the bill into law, which sent the country into a period of mourning (b) general elections in December 2012(c) after the 2012 elections, the new president started forming his government. The expectations are

that as the President forms his government, which includes the setting up of boards of institutions, the mental health authority will be formed to speed up the implementation of the law. These reasons notwithstanding and considering the lull since the passage of the law, actors may have to reactivate the strategies used in getting the mental health law passed into getting the law implemented to ensure improvement in mental health care delivery in Ghana.

REFERENCES

Akrong, A. (2009). Spiritual healing and care in African indigenous churches. Care of the seriously sick and dying: Perspective from Ghana. Christine Oppong, Phyllis Antwi and K. Waerness. Norway, Allkopi.

Anggoro, Y. (2012). The use of the Multiple Streams Framework. Academic Stuff, Policy, University of North Carolina at Charlotte.

Aremeyaw, A. (2009). "Undercover Inside Ghana's "Mad House"." Retrieved 13/12/2013, 2013, from http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=173931.

Arthur, P. (2010). "Democratic consolidation in Ghana: the role and contribution of the media, civil society and state institutions" Commonwealth & Comparative Politics. Retrieved 5/11/2013,from http://www.tandfonline.com/doi/pdf/10.1080/14662041003672510

ASSOCIATED PRESS (2012). "Mentally ill patients in Ghana chained up for months: Group ". Retrieved 04/11/2013, 2013, from http://www.nydailynews.com/life-style/health/mentally-ill-patients-ghana-chained-months-group-article-1.1172756.

BasicNeeds (2013). "Using a business model to reach the poorest-social franchising." Retrieved 14/11/2013, 2013, from http://www.basicneeds.org/using-a-business-model-to-reach-the-poorest-social-franchising/.

BasicNeeds-Ghana (2007). Mental Health: Mental Health: Access To Treatment And Macroeconomics In Ghana In Ghana. Retrieved 14/03/2013, 2013, from http://www.basicneeds.org/html/Publications_BasicNeeds_Research.htm.

BasicNeeds-Ghana (2011). BasicNeeds Ghana Information Brochure. BasicNeeds-Ghana.

BasicNeeds-Ghana (2013). Information Brochure: 4,

Beinecke, H. R., & Bertram, B. S. (1983). The Devil and Deep Illness Dimension, Mental Health Care and National Health Insurance: A Philosophy of and an Approach to Mental Health Care for the Future (pp. 312). New York: Plenum Press.

Birkland, T. (2005). An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy making. UAS, M.E. Sharpe Inc.

Bonvalot, H. and B. A. Danishabad (2002). "WHAT IS ADVOCACY?". Retrieved from http://www.tdhafghanistan.org/Capitalisation20Paper20_20Advocacy.pdf on 01/04/2014.

Chari et al (2010). Regulating lobbying : a global comparison. UK, Manchester University Press. Retrieved from http://esi.praguesummerschools.org/files/esi/18esi.pdf on 5/02/2014.

Creswell, W. J. (2009). Research Design: Qualitative, Qualitative, and Mixed Methods Approaches (3rd ed.). Thousand Oaks, USA: SAGE Publications Inc.

Dye, T. (2011). Understanding Public Policy. USA, Pearson Education,Inc.

Fogg, B. J. (1998). Persuasive computers: perspectives and research directions. Proceedings of the SIGCHI conference on Human factors in computing systems, ACM Press/Addison-Wesley Publishing Co. Retrieved from http://www.cse.chalmers.se/research/group/idc/ituniv/courses/04/projektkurs/artiklar/CHIresearch.pdf on 20/01/2014.

Fourie, P. (2010). Donor assistance for AIDS in South Africa : many actors, multiple agenda. 120. Retrieved 03/04/2013 from http://repository.up.ac.za/handle/2263/16148

Fournier, O. A. (2011). "The Status of Mental Health Care in Ghana, West Africa and Signs of Progress in the Greater Accra Region." Berkeley Undergraduate Journal, 24(3).

Ghana News Agency (2005), 21/02/2013. No national statistics on mental health - Psychiatrist. Retrieved from http://www.modernghana.com/news/90656/1/no-national-statistics-on-mental-health-psychiatri.html.

Ghananewsaid (2012). "NO PSYCHIATRIC HOSPITAL IN THE NORTH-MENTAL PAITENTS LOITER IN TAMALE." Retrieved 04/11/2013, 2013, from http://www.ghananewsaid.com/index.php?module=news&show=post&parent=&category=health&post=no_psychiatric_hospital_in_the_north-men.

Gothe, N. (2012). Mental Health Care in Ghana. Retrieved 21/02/2013 from http://globalhealth.illinois.edu/2012/01/19/mental-health-care-in-ghana/

Hill, M. and P. Hupe (2009). Implementing Public Policy. London, SAGE Publications Ltd.

Howlett et al (2009). Studying Public Policy:Policy Cycles & Policy Subsystem. Canada, Oxford University Press.

HRW (2012). ""Like a death sentence":Abuses against Persons with Mental Disabilities in Ghana." Retrieved 20/11/2013, 2013, from http://www.hrw.org/node/110318/section/2.

Humphrey K. and Montana, M. (n.d.). The Mental Health Bill: Its Contents and why it should be passed without any further delay Retrieved 17/03/2013, 2013, from http://mehsog.org/index.php?option=com_content&view=article&id=82:the-mental-health-bill-its-contents-and-why-it-should-be-passed-without-any-further-delay&catid=1:latest

IRIN (2013). "GHANA: Mental health bill to address stigma." Retrieved 18/11/3013, 2013, from http://www.irinnews.org/report/93563/ghana-mental-health-bill-to-address-stigma.

IRIN (2013). "GHANA: Misery of “prayer camps” for mentally ill." Retrieved 19/11/2013, 2013, from http://www.irinnews.org/report/96458/ghana-misery-of-prayer-camps-for-mentally-ill.

Kalu, K. A. (2004). Agenda Setting and Public Policy in Africa. England: Ashgate Publishing Limited.

Kelechi, K. (2004). Agenda setting and Public Policy in Africa. USA and England, Ashgate Publishing Limited.

King, G., Keohane, R.O., &, Verba, S. (1994). Designing Social Inquiry: Scientific Inference in Qualitative Research. USA: Princeton University Press.

Kingdon, J. W. (1995). Agendas, Alternatives, and Public Policies. United States: Addison-Wesley Educational Publishers Inc.

Kingdon, W. J. (2003). Agendas,Alternatives,and Public Policies. USA, Addison-Wesley Educational Publishers Inc.

Kofie, H. and M. Montana (2011). The Mental Health Bill:Why it should be passed without delay. Daily Graphic. Accra, Graphic communications Ltd.

Layder, D. (1998). Sociological Practice: Linking Theory and Social Research, .London: SAGE publications Ltd, Los Angeles, SAGE.

Majone, G. (1989). Evidence, argument and persuasion in the policy process, Yale University Press. Retrieved from http://sharimorfin.myefolio.com/uploads/book-review-assessment-evidence-argument-persuasion.pdf on 20/01/2013.

Maricuţ, A. (2011,). To what extent can the multiple streams model be used to explain policy-making at the EU level? (Master of Arts in Public Administration and Public Policy,), University of York. Retrieved 02/04/2013 from http://www.itol.ro/documente/The%20Multiple%20Streams%20model%20at%20the%20EU%20level_a%20case%20study%20on%20VET%20policy-1.pdf

Martens, Kerstin. (2002). Mission Impossible? Defining Nongovernmental Organizations. Voluntas: International Journal of Voluntary and Non profit Organisations Vol. 13, (No. 3,), pp. 271-285,.Retrieved 11/03/2013 from http://www.staatlichkeit.uni-bremen.de/homepages/martens/download/Voluntas.pdf

MEHSOG (2011). MEHSOG INFORMATION BROUCHURE.

Mental Health Aid, Ghana. (2012). Mental Health in Northern Ghana is in Horrific State Retrieved 20/03/2013, 2013, from http://www.mentalhealthaidghana.org/45/

Mental Health Society of Ghana, (2013). Welcome to The Mental Health Society of Ghana. Retrieved 13/03/2013 http://www.mehsog.org/.

Ministry of Health (2010). Mental Health Bill. Accra, Ministry of Health.

Nachmias, D., & Nachmias, C. (1992), Research methods in the social sciences. New York: St Martin's.Non Governmental Organisations, University of Pennsylvania Press.

NAMI (1996-2013). "Mental illnesses: What is Mental Illness: Mental Illness Facts." Retrieved 14/11/2013, 2013, from http://www.nami.org/template.cfm?section=about_mental_illness.

Okertchiri, A. J. (2012). STIGMA hold back mental health recovery. Daily Guide. Accra, Western Publications Ltd.

Okrah,A.Karen(2013).Research Field(AORG 323).University of Bergen, Department of Administration and Organisation Theory.

Okrah,A.Karen(2013).Research Design(AORG 322). University of Bergen, Department of Administration and Organisation Theory.

Parliament of Ghana (2011). Report of the Committee on Health on Mental Health Bill,. Ghana,.

Parliament of Ghana (2012). Mental Health Act,2012, Act 846. Parliament of Ghana. Ghana, Assembly Press Ltd: 43.

Parliament of Ghana (2012). Mental Health Act,2012, Act 846. Parliament of Ghana. Ghana, Assembly Press Ltd: Retrieved on 9/11/2013 http://www.thekintampoproject.org/storage/Mental%20Health%20Act%20846%20of%202012.pdf

Quarm, E. (2009). Domestic Violence Law in Ghana:Analysis of the actors and strategies involved in setting the public policy agenda. Department of Administration and Organisation Theory. Bergen, University of Bergen. Master of Philosophy in Public Administration: 106.

Read.U.M, & Doku.C.K.V, A. (2012). Mental Health Research In Ghana: A Literature Review. Ghana Medical Journal, Volume 46 (Number 2 Supplement).

Republic of Ghana (1968). White paper on the Report of the committee appointed to investigate all aspects of the health needs of Ghana. Accra.

Roberts, N. C. and P. J. King (1991). "Policy entrepreneurs: Their activity structure and function in the policy process." Journal of Public Administration Research and Theory 1(2): 147-175.

Sanahene, J. and A. Essuman-Mensah (2013). "Mental Health… A Low Policy Priority in Ghana." Article 265421. Retrieved 18/11/2013, 2013, from http://www.ghanaweb.com/GhanaHomePage/features/artikel.php?ID=265421.

Selby, H. (2011). How effective will the Mental Health Bill be when passed into law? The Chronicle. Accra, General Portfolio Limited.

Selby, H. (2011). Prayer camps and mental illness. The Chronicle. Accra, General Portfolio Ltd.

Syme, S. (2011). 'Capture mental health issues in dev plan'. Daily Graphic. Accra, Graphic Communications Group Ltd.

Tandoh-Offin, P. (2010). The Multiple Streams Framework and Women's Empowerment Efforts in Ghana. Paper presented at the 2010 Annual Meeting of the Georgia Political Science Association. Retrieved 03/04/2013, from http://www.academia.edu/602939/The_Multiple_Streams_Framework_and_Womens_Empowerment_Efforts_in_Ghana.

TO, T. B. L. and B. HEARD "WHAT IS ADVOCACY." Retrieved from http://kac.org/wp-content/uploads/2013/02/IntroAdvocacy.pdf on 5/02/2014.

Unsicker, J. (2013). Confronting Power:The Practice of Policy Advocacy. USA, Stylus Publishing,LLC.

Upton David. (1983). Mental Health care and National Health Insurance: A Philosophy of and an Approach to Mental Health Care for the Future. New York: Plenum Press.

Weissert, C. S. (1991). "Policy entrepreneurs, policy opportunists, and legislative effectiveness." American Politics Research 19(2): 262-274. Retrieved from http://apr.sagepub.com/content/19/2/262.full.pdf+html on 24/01/2014.

Weissert, S. C. (1991). Policy Entrepreneurs, Policy Opportunists, and Legislative Effectiveness. American Politics Research, vol. 19 (no. 2 262-274). Retrieved 21/02/2013 from http://apr.sagepub.com/content/19/2/262.full.pdf+html

WHO (2001). "The WORLD HEALTH REPORT 2001." Retrieved 03/11/2013, 2013, from http://www.who.int/whr/2001/en/whr01_en.pdf.

WHO (2007). "Ghana:A very progressive mental health law." Retrieved 07/11/2013, 2013, from http://www.who.int/mental_health/policy/country/GhanaCoutrySummary_Oct2007.pdf.

WHO (2013). "Health topics: Mental disorders." Retrieved 14/11/2013, 2013, from http://www.who.int/topics/mental_disorders/en/.

WHO (2013). "Mental health and Poverty Project.Policy Brief :Developing Effective Mental Health Laws in Africa." Retrieved 02/12/2013, 2013, from http://www.who.int/mental_health/policy/development/MHPB7.pdf.

WHO (2013). "Mental health and Poverty Project.Policy Brief :Developing Effective Mental Health Laws in Africa." Retrieved 02/12/2013, 2013, from http://www.who.int/mental_health/policy/development/MHPB7.pdf.

WHO (2013). "Mental health:GHANA:SITUATIONAL ANALYSIS." Retrieved 14/11/2013, 2013, from http://www.who.int/mental_health/policy/country/ghana/en/.

WHO (2013). "World health Report." Retrieved 03/11/2013, 2013, from http://www.who.int/whr/en/.

WHO. (2013). Mental Health: GHANA, Situational Analysis Retrieved 15/03/2013, 2013, from http://www.who.int/mental_health/policy/country/ghana/en/

Yeboah, L. A. (2010). DANGER-No drugs for mental patients. Daily Graphic. Accra, Graphic Communications Group Ltd.

Yin, K. Robert, (2009). Case Study Research, Design and Methods (4th ed.). SAGE Publications, Inc.

Ziem, J. (2011, 29/07/2011). "Northern Ghana has no Psychiatric Hospital." The Chronicle. from http://thechronicle.com.gh/?p=30592.

APPENDIX A

INTERVIEW GUIDE

INTERVIEW GUIDE FOR STATE ACTORS

- **How are you involved in the process leading to the mental health act?**
- **What informs your involvement?**
- **What role did you play?**
- **Do you think you played an important role?**
- **How was the framing of the issues done to get government attention?**
- **What informed government decision on the mental health act?**
- **What was the act supposed to achieve?**
- **Were there any prompters?**
- **What strategies were used to get the issue on government agenda?**
- **Did you have support from other organisations?**
- **If yes, which organisations?**
- **Do you think the media played any role?**
- **Do you think elections played an influential role?**
- **Did change in government influence the agenda setting process?**
- **How significant was the role of civil society organisations?**
- **Did you face challenges?**
- **If yes what are some of the challenges?**
- **How were you able to address the challenges?**

INTERVIEW GUIDE FOR NON-STATE ACTORS

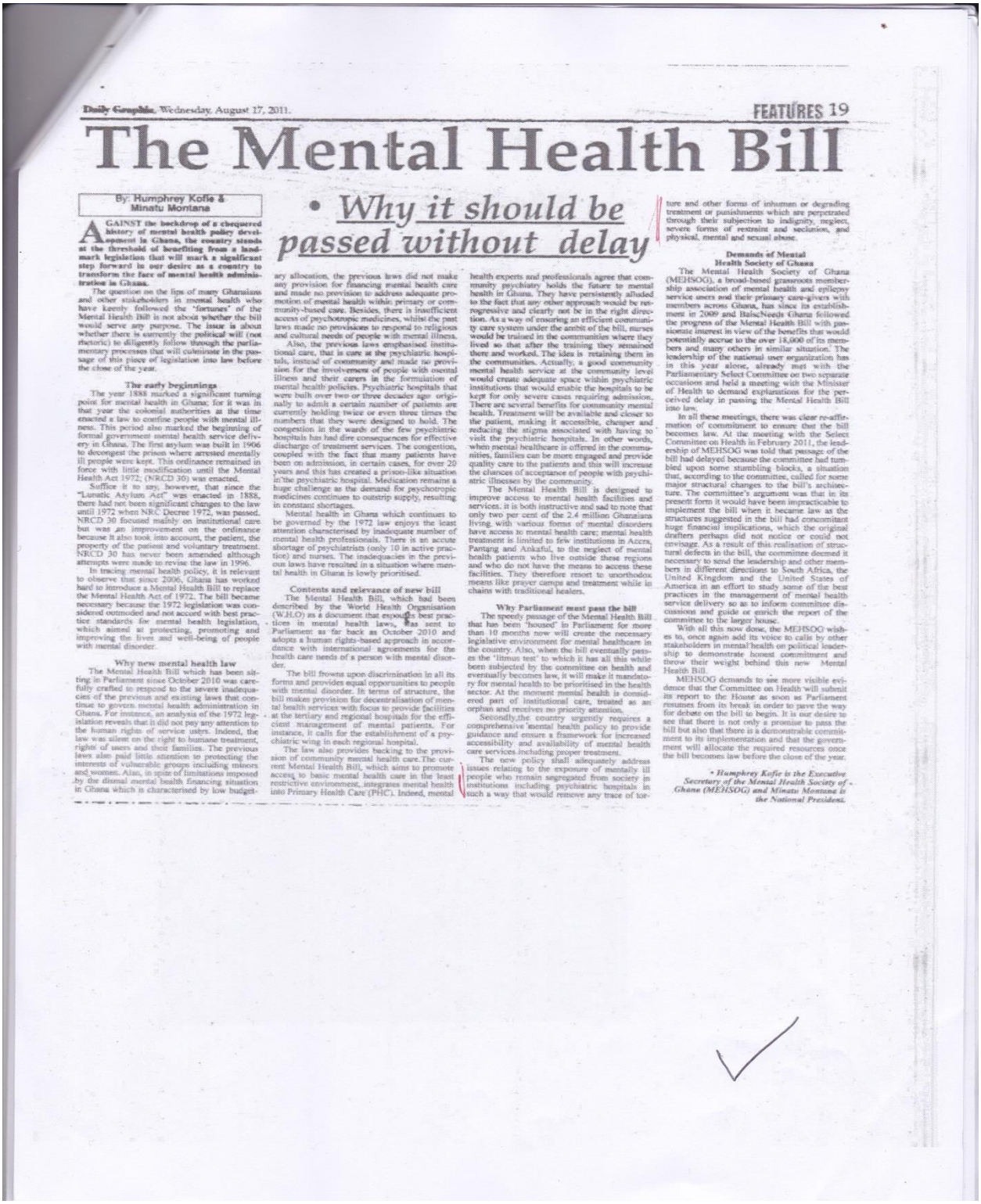
- **How long has you organisation been in existence in Ghana?**
- **Which other countries do you operate in?**
- **What are the aims and objectives of your organisation?**
- **What are some of the activities you undertake?**
- **What are your priority areas?**
- **What are your sources of funding?**
- **Are you involved in decision making in Ghana?**
- **What is your level of involvement/ how are you involved?**
- **Why are you involved in mental health issues?**
- **What role have you played in mental health issues in Ghana?**
- **How long have you been involved in this advocacy for proper mental health care?**
- **What are some of the challenges you face in this endeavour?**
- **What do you think of the state of mental health and care in Ghana?**
- **How do you think the problems in the area could be addressed?**

- **What role did you play to get government to put a bill in place?**
- **Was a bill the only way the problems could be addressed?**
- **Were there other options?**
- **Were other options advocated?**
- **Were they accepted?**
- **If no why, if yes why?**
- **Which organisations supported you?**
- **How did they support?**
- **How long did it take for you to court the support of other organisations?**
- **Why do you think government accepted to address the problems with health care?**
- **What strategies did you use to get government attention?**
- **Did the media play an influential role?**
- **Did election play an influential role?**
- **Did Change in administration play any role in influencing government decision?**
- **What were some of the challenges?**
- **How were they addressed?**

INTERVIEW GUIDE FOR MEDIA

- **How are you involved in mental health issues?**
- **What informs your involvement?**
- **Did the media play any role to influence the agenda setting process?**
- **Why was the media interested in mental health issues?**

NEWPAPER REPORTS AND ARTICLES OF ACTORS AND THEIR ACTIVITIES



Daily Graphic, Wednesday, August 17, 2011.

The Mental Health Bill

• Why it should be passed without delay

By: Humphrey Kofie & Minatu Montana

AGAINST the backdrop of a chequered history of mental health policy development in Ghana, the country stands at the threshold of benefiting from a landmark legislation that will mark a significant step forward in our desire as a country to transform the face of mental health administration in Ghana.

The question on the lips of many Ghanaians and other stakeholders in mental health who have keenly followed the "fortunes" of the Mental Health Bill is not about whether the bill would serve any purpose. The issue is about whether there is currently the political will (not rhetoric) to diligently follow through the parliamentary processes that will culminate in the passage of this piece of legislation into law before the close of the year.

The early beginnings

The year 1888 marked a significant turning point for mental health in Ghana; for it was in that year the colonial authorities at the time enacted a law to confine people with mental illness. This period also marked the beginning of formal government mental health service delivery in Ghana. The first asylum was built in 1906 to decongest the prison where arrested mentally ill people were kept. This ordinance remained in force with little modification until the Mental Health Act 1972; (NRCD 30) was enacted.

Suffice it to say, however, that since the "Lunatic Asylum Act" was enacted in 1888, there had not been significant changes to the law until 1972 when NRC Decree 1972, was passed. NRCD 30 focused mainly on institutional care but was an improvement on the ordinance because it also took into account, the patient, the property of the patient and voluntary treatment. NRCD 30 has never been amended although attempts were made to revise the law in 1996.

In tracing mental health policy, it is relevant to observe that since 2006, Ghana has worked hard to introduce a Mental Health Bill to replace the Mental Health Act of 1972. The bill became necessary because the 1972 legislation was considered outmoded and not accord with best practice standards for mental health legislation, which aimed at protecting, promoting and improving the lives and well-being of people with mental disorder.

Why new mental health law

The Mental Health Bill which has been sitting in Parliament since October 2010 was carefully crafted to respond to the severe inadequacies of the previous and existing laws that continue to govern mental health administration in Ghana. For instance, an analysis of the 1972 legislation reveals that it did not pay any attention to the human rights of service users. Indeed, the law was silent on the right to humane treatment, rights of users and their families. The previous laws also paid little attention to protecting the interests of vulnerable groups including minors and women. Also, in spite of limitations imposed by the dismal mental health financing situation in Ghana which is characterised by low budgetary allocation, the previous laws did not make any provision for financing mental health care and made no provision to address adequate promotion of mental health within primary or community-based care. Besides, there is insufficient access of psychotropic medicines, whilst the past laws made no provisions to respond to religious and cultural needs of people with mental illness.

Also, the previous laws emphasised institutional care, that is care at the psychiatric hospitals, instead of community and made no provision for the involvement of people with mental illness and their carers in the formulation of mental health policies. Psychiatric hospitals that were built over two or three decades ago originally to admit a certain number of patients are currently holding twice or even three times the numbers that they were designed to hold. The congestion in the wards of the few psychiatric hospitals has had dire consequences for effective discharge of treatment services. The congestion, coupled with the fact that many patients have been on admission, in certain cases, for over 20 years and this has created a prison-like situation in the psychiatric hospital. Medication remains a huge challenge as the demand for psychotropic medicines continues to outstrip supply, resulting in constant shortages.

Mental health in Ghana which continues to be governed by the 1972 law enjoys the least attention characterised by inadequate number of mental health professionals. There is an accute shortage of psychiatrists (only 10 in active practice) and nurses. The inadequacies in the previous laws have resulted in a situation where mental health in Ghana is lowly prioritised.

Contents and relevance of new bill

The Mental Health Bill, which had been described by the World Health Organisation (W.H.O) as a document that espouses best practices in mental health laws, was sent to Parliament as far back as October 2010 and adopts a human rights-based approach in accordance with international agreements for the health care needs of a person with mental disorder.

The bill frowns upon discrimination in all its forms and provides equal opportunities to people with mental disorder. In terms of structure, the bill makes provision for decentralisation of mental health services with focus to provide facilities at the tertiary and regional hospitals for the efficient management of mental patients. For instance, it calls for the establishment of a psychiatric wing in each regional hospital.

The law also provides backing to the provision of community mental health care.The current Mental Health Bill, which aims to promote access to basic mental health care in the least restrictive environment, integrates mental health into Primary Health Care (PHC). Indeed, mental health experts and professionals agree that community psychiatry holds the future to mental health in Ghana. They have persistently alluded to the fact that any other approach would be retrogressive and clearly not be in the right direction. As a way of ensuring an efficient community care system under the ambit of the bill, nurses would be trained in the communities where they lived so that after the training they remained there and worked. The idea is retaining them in the communities. Actually, a good community mental health service at the community level would create adequate space within psychiatric institutions that would enable the hospitals to be kept for only severe cases requiring admission. There are several benefits for community mental health. Treatment will be available and closer to the patient, making it accessible, cheaper and reducing the stigma associated with having to visit the psychiatric hospitals. In other words, when mental healthcare is offered in the communities, families can be more engaged and provide quality care to the patients and this will increase the chances of acceptance of people with psychiatric illnesses by the community.

The Mental Health Bill is designed to improve access to mental health facilities and services. it is both instructive and sad to note that only two per cent of the 2.4 million Ghanaians living with various forms of mental disorders have access to mental health care; mental health treatment is limited to few institutions in Accra, Pantang and Ankaful, to the neglect of mental health patients who live outside these regions and who do not have the means to access these facilities. They therefore resort to unorthodox means like prayer camps and treatment while in chains with traditional healers.

Why Parliament must pass the bill

The speedy passage of the Mental Health Bill that has been "housed" in Parliament for more than 10 months now will create the necessary legislative environment for mental healthcare in the country. Also, when the bill eventually passes the 'litmus test' to which it has all this while been subjected by the committee on health and eventually becomes law, it will make it mandatory for mental health to be prioritised in the health sector. At the moment mental health is considered part of institutional care, treated as an orphan and receives no priority attention.

Secondly,the country urgently requires a comprehensive mental health policy to provide guidance and ensure a framework for increased accessibility and availability of mental health care services including proper treatment.

The new policy shall adequately address issues relating to the exposure of mentally ill people who remain segregated from society in institutions including psychiatric hospitals in such a way that would remove any trace of torture and other forms of inhuman or degrading treatment or punishments which are perpetrated through their subjection to indignity, neglect, severe forms of restraint and seclusion, and physical, mental and sexual abuse.

Demands of Mental Health Society of Ghana

The Mental Health Society of Ghana (MEHSOG), a broad-based grassroots membership association of mental health and epilepsy service users and their primary care-givers with members across Ghana, has since its establishment in 2009 and BalscNeede Ghana followed the progress of the Mental Health Bill with passionate interest in view of the benefits that would potentially accrue to the over 18,000 of its members and many others in similar situation. The leadership of the national user organization has in this year alone, already met with the Parliamentary Select Committee on two separate occasions and held a meeting with the Minister of Health to demand explanations for the perceived delay in passing the Mental Health Bill into law.

In all these meetings, there was clear re-affirmation of commitment to ensure that the bill becomes law. At the meeting with the Select Committee on Health in February 2011, the leadership of MEHSOG was told that passage of the bill had delayed because the committee had tumbled upon some stumbling blocks, a situation that, according to the committee, called for some major structural changes to the bill's architecture. The committee's argument was that in its present form it would have been impracticable to implement the bill when it became law as the structures suggested in the bill had concomitant huge financial implications, which the original drafters perhaps did not notice or could not envisage. As a result of this realisation of structural defects in the bill, the committee deemed it necessary to send the leadership and other members in different directions to South Africa, the United Kingdom and the United States of America in an effort to study some of the best practices in the management of mental health service delivery so as to inform committee discussions and guide or enrich the report of the committee to the larger house.

With all this now done, the MEHSOG wishes to, once again add its voice to calls by other stakeholders in mental health on political leadership to demonstrate honest commitment and throw their weight behind this new Mental Health Bill.

MEHSOG demands to see more visible evidence that the Committee on Health will submit its report to the House as soon as Parliament resumes from its break in order to pave the way for debate on the bill to begin. It is our desire to see that there is not only a promise to pass the bill but also that there is a demonstrable commitment to its implementation and that the government will allocate the required resources once the bill becomes law before the close of the year.

• Humphrey Kofie is the Executive Secretary of the Mental Health Society of Ghana (MEHSOG) and Minatu Montana is the National President.

The Chronicle

Social Justice

The Chronic

Website: www.ghanaian-chronicle.com

Wednesday, August 17, 2011

e-mail: k2blunt2002@yahoo.c

How effective will the Mental Health Bill be when passed into law?

By Helena Selby

THE MENTAL Health Bill was drafted in 2004 and completed in 2006, and has been welcomed by the World Health Organisation (WHO) as one of the best legislations worldwide. The bill has been before Parliament for more than two years still hoping it is passed into law. Many stakeholders have done their best to help this dream come to pass, but one seems not to know what is really holding up the passage of this bill.

As a sign of stakeholders showing the government their seriousness in making sure that this bill is passed, there have been many campaigns and reports in the media reminding and prompting the government to hasten the process of passing this bill.

Indeed, stakeholders have taken various bold steps to make sure this bill is passed, but the question is, is the government willing to implement all the details in the bill when it is enacted into law, or will they act as if they were forced into enacting it, even though they were not prepared to face the responsibility? Are stakeholders prepared to stand firm, up hold and make sure the government does its work well, when the bill is enacted into law?

What Ghanaians are hoping is that the Mental Health Bill, when enacted into law, does not end up like the disability law, which implementation has become a nightmare for people with disability, and the government as well.

The Disability Law was passed on June 23, 2006, by Parliament, with the view of rescuing Persons With Disability (PWD) who have suffered discrimination from society in every aspect of their lives, however, the passage of this bill has not been useful after all for PWDs who were agitated and rose up for their right.

After almost six years of PWDs achieving this dream, they have not seen its benefits yet, as every passing day they lament about fighting a lost cause, since the discrimination they encounter everyday from society gets worse by the day. Even though research indicates that the disability population in Ghana is estimated at 10% of the total population, which equates approximately 2.2 million people, society doesn't really care about them, despite the law.

How then can the mentally challenged people be assured that their situation will not be just worse than PWDs when the bill is passed, considering their perceived status as not being part of right thinking members of society? What is the guarantee that their situation will change for the better, as it has been assumed to be, when the bill is passed?

According to Dr. Akwasi Osei, Chief Psychiatrist, there are about 2.4 million Ghanaians living with mental disorders, and only two percent have access to care. If this be the case, it will be a good idea if the bill is passed, and its implementation taken seriously.

The frontage of the Accra Psychiatric Hospital

MENTAL DISABILITY RATE IN GHANA

The country, according to reports, presently has three public psychiatric hospitals, with only 12 psychiatrics and no Occupational Therapist. According to the Chief Psychiatric, the passage of the bill will encourage the establishment of minor psychiatric facilities in addition to the regional hospitals, to ease congestion at the three major psychiatric hospitals in the country.

A report by Peace FM noted that the number of severe mental cases reported at the Accra Psychiatric Hospital is on the increase. According to the report, data at the hospital indicates that during the first quarter of 2011, more severe mental disorders were recorded among patients who sought medical attention there, and that the hospital recorded 218 schizophrenia cases between January and March this year, comprising 102 males and 116 females.

Moreover, treatment and intensive care of these inmates has been very unbearable, due to congestion in all the three hospitals, especially, the Accra Psychiatric Hospital. Research has also indicated that Ghana has a psychiatric treatment gap of 98%, and that mental health, currently takes only 3.6% of the overall health budget.

MENTAL STATE IN GHANA

Unlike other African countries, Ghana's 12 practicing psychiatrists can be found in only three out of the ten regions, hence leaving the rest of the seven regions not catered for in terms of mental health. According to Dr. Osei, the existing number of psychiatrists in the country gives the ratio of one psychiatrist to 1.7 million people, as compared to 1:506 in Kenya, and one to million people in Nigeria.

He said in Kenya, Uganda and in Nigeria, where budgetar allocations to mental health w less than Ghana's 1.6 per cen mental care is decentralised an better managed than Ghana' which is focused on centralise institutional care. To him passing of the bill woul address the current wid treatment gap of about 98 pe cent in the country. "This mean that only two out of ever hundred people requiring menta health services in Ghana is abl to get help."

MENTAL HEALTH BILL AND PROTECTION OF THE MENTALLY CHALLENGED

The bill indicates that a person with mental disorder is entitled to the fundamental human rights and freedoms as provided for in the Constitution. It states: "A person with past or present mental disorder shall not be subjected to discrimination, and whatever the origin, nature or degree of the mental disorder, has the same fundamental human rights as a fellow citizen.

"Moreover, a tenant or employee who develops mental disorder shall not be evicted from the place of residence of that person, or dismissed from the place of employment of that person on the basis of mental disorder." It is good thing that the bill includes all these, but its convenience to both parties is what really counts, since the rights of both sides need not to be abused, but all the same, it is for the good of everyone, since who knows what might befall someone one day, in terms of mental disorder.

CONCLUSION

We should bear in mind that everyone stands the risk of being entangled in the web of mental illness. According to the Chief Psychiatrist of the Ghana Health Service, there is a 25 per cent chance of each individual getting a mental problem.

It is about time people dismiss the idea that mental illness is brought about by drug abuse or by an evil spirit. Ghanaians must rise and support the idea of enacting the bill into law, which will create a secure future for everyone, in terms of mental illness.

Mental illness is not all about one losing his or her sense of reasoning totally, but in many other forms.

Govt committed to Mental Health Bill

By Times Reporter

THE Minister of Health, Joseph Yieleh Chireh, has reiterated the government's commitment to passing the Mental Health Bill to correct the abuses and injustices in mental care.

"The bill is out of the control of the Ministry and is in Parliament. The only challenge in the bill is the request for central autonomy with a separate authority and integration at the community level," he said.

The minister said this when the executive of the Mental Health Society of Ghana (MEHSOG), a non-governmental organisation, paid a courtesy call on him in Accra, to find out about the state of the bill.

He said the Parliamentary Select Committee on Health would undertake a tour of the United Kingdom and South Africa, to study more about best practices as far as at the mental health structure was concerned.

Mr. Chireh said the bill was being given the needed attention by the government in an effort to protect the rights and interest of patients and to overhaul the entire mental health system.

The Mental Health Society of Ghana (MEHSOG) is a membership-based association of mental health and epilepsy service users with members across the country.

The aim of the society among others is to bring people with mental illness and epilepsy, including people who have experienced one form of mental illness or epilepsy in Ghana into a unified and representative association.

Responding to a question posed by Mr Humphrey Kofie, Executive Secretary of (MEHSOG) on the plans of the ministry to train more community psychiatric nurses and doctors and retain them since most of them are close to retirement, Mr. Chireh said the ministry was training more manpower with emphasis on specialization.

Mr. Kofie said investigations by MEHSOG showed that the time period between which

The executive in a group pi

psychotropic medicines run short and the peri that the ministry awards the contract to t pharmaceutical companies' is responsible f the shortages in the system.

In response, the Chief Director, Dr. Sylvest

Chronicle Times.

Friday, 4 March, 2011