DISABILITY, CBR & INCLUSIVE DEVELOPMENT

Review Article

Support and Services for Adolescents with Mental Health Issues in Ghana: A Narrative Review

Marigold Cobbina[1], Efua E. Mantey[2], Deborah Adulugba[3], Clinton Gyimah[4]

1 Central Michigan University, Michigan, United States of America
2 Department of Social Work, University of Ghana, Legon, Accra
3 Community Mental Health Support Worker, United Kingdom
4 School of Social Work, University of Georgia, Georgia, United States
* Correspondence: efuam@yahoo.com

ABSTRACT

Aim: This narrative review explores and critically examines the current landscape of support systems for adolescents with mental health disorders and challenges (AMHCD) in Ghana, an area that has been unexplored and in need of extensive research.

Method: The study synthesised findings from literature accessed through computerized databases, manual searches, and grey literature.

Results: The review identified that the support system for AMHCD spans micro (family and individuals), mezzo (school and community), and macro (policy and healthcare systems) levels, offering both direct and indirect services. However, the themes identified reveal a significant disconnect between the levels of care, driven by limited resources, stigma, lack of trained professionals, and gaps between policies and practical implementation.

Conclusion: Unlike previous studies, this review underscored the need for more holistic services and offered valuable insights into Ghanaian adolescents' current mental health support systems. Doing so fills the gap in the literature by providing insight into the fragmented landscape of the support systems for AMHCD in Ghana to shine light on the issues, thereby promoting the need for further research to enhance support for this vulnerable population.

Implication: This review has important implications for policy implementation and key adolescent mental health support stakeholders. Policymakers can use these insights to improve services and make them more accessible to adolescents. Families and other actors in the ADMH support system will better understand available support, helping them seek appropriate care.

Keywords: adolescent, Ghana, mental health disorder, micro-mezzo-macro, support systems

Guest Editor: Heather Aldersey

Article History:
Received: September 29, 2024
Accepted: May 15, 2025
Published: December 20, 2025

Citation: Marigold Cobbina, Efua E. Mantey, Deborah Adulugba, Clinton Gyimah. Support and Services for Adolescents with Mental Health Issues in Ghana: A Narrative Review. DCIDJ. 2025, 36:Special Issue. doi.org/10.20372/dcidj.810

INTRODUCTION

Mental health challenges are a broader term for psychological distress. In contrast, mental health disorders are conditions that meet international diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or the International Classification of Diseases, Tenth Edition (ICD-10). Ghana Mental Health Act (MHA, 2012) defines mental health disorders as "conditions of the mind in which there is a clinically significant disturbance of mental or behavioral functioning associated with distress or interference of daily life and manifesting as disturbance of speech, perception, mood, thought, volition, orientation or other cognitive functions to such degree as to be considered pathological but excludes social deviance without personal dysfunction". Though untreated mental health challenges can cause mental health disorders, disorders lead to mental health challenges such as stress, substance dependency, self-harm, suicidal ideation, strained relationships, poor academic performance, and increased interaction with the juvenile justice system (Murphey et al., 2013).

To prevent ambiguity in this review, 'mental health challenges' will be used throughout this paper to refer to broader psychosocial challenges, while 'mental health disorders' will refer to conditions that meet international diagnostic criteria. While diagnostic tools such as the DSM-5 and ICD-11 are commonly used in mental health assessments to distinguish between normal developmental behaviours and mental health disorders (Ame & Mfoafo-M'Carthy, 2016), some scholars argue that these tools may not fully capture culturally specific expressions of distress and explanatory models of disorders, leading to misdiagnosis or underdiagnoses of certain conditions (Patel & Hall, 2021). So, we must be mindful of these nuances in our usage of the word 'disorder', especially since most adolescents in Ghana who face risk factors that cause mental health disorders do not receive professional assessment for an official diagnosis, (Ame & Mfoafo-M'Carthy, 2016). Some mental health risk factors of Ghanaian adolescents are financial difficulties, stress, bullying, domestic violence, peer pressure, sexual health issues, HIV and STIs, nutrition, substance use, non-communicable diseases, injuries, violence, and exploitation, including child marriage, labour, and trafficking (Acquah et al., 2014; Addy et al., 2021; Ghana Health Service, 2016). Experiencing these stressors and traumatic events places adolescents at greater risk for developing mental health challenges and disorders. Research shows that 18.2% of Ghanaian youth have experienced suicidal thoughts, 22.5% have made suicide plans, and 22.2% have attempted suicide (Oppong et al., 2017). Ghanaian high school students also deal with academic stress, depression, and suicidal thoughts (Ahorsu et al., 2021). Moreover, 62% of Ghanaian youth report moderate to high levels of mental health disorders (Glozah & Pevalin, 2016), and 73% of homeless youth face severe mental health disorders (Dankyi & Huang, 2022).

Despite increasing recognition of mental health challenges and disorders among adolescents in Ghana, there is still limited empirical evidence on the mental health support systems available for them. Also, there is a lack of research that comprehensively identifies the levels of support available for adolescents with mental health challenges or disorders (AMHCD) in Ghana.

AIM OF THE REVIEW

There is a critical need for in-depth research to evaluate the scope and nature of support systems for AMHCD in Ghana. This narrative review outlines and critically explores the various levels of support accessible to Ghanaian AMHCD. By providing a comprehensive overview of current support and care for this demographic, this study aims to guide service users in navigating AMHCD support systems and inform future

policies and programs on culturally and contextually relevant mental health interventions.

METHODOLOGY

This review presents a comprehensive understanding of adolescent mental health care in Ghana by examining the support systems across the micro, mezzo, and macro levels of the social ecology surrounding adolescents. To contextualise the interconnectedness of these multi-levels, the researchers integrated secondary data from various sources to examine cultural and contextual factors in Ghana, as asserted by Collins and Fauser (2005). These factors included the family caregiving roles, stigma related to mental illness, explanatory models of mental health disorders, pathways to care, the structure of the local health system, and community-based care frameworks, all of which influenced both the selection of sources and the interpretation of findings within the Ghanaian context.

The authors utilized grey literature and authoritative texts from government agencies, international organizations, and reputable non-governmental institutions. Peer-reviewed articles from academic databases were also included to provide a more balanced overview of adolescent mental health support systems in Ghana. The authors acknowledge that a biomedical viewpoint may affect how the literature is viewed, due to their background in psychology and public health. The authors have used various sources, such as community-based research and grey literature, to mitigate bias.

Table 1: Sources of Literature

Literature Type	Source	Content of Literature
Reputable non-governmental institutions	- Mental Health Awareness Ghana - Ghana Mental Health Foundation - Basic Needs Ghana - Christian Health Association of Ghana - African Association of CAMH	Website contents from faith-based and professional organizations focused on child and adolescent or general mental health care in Ghana.
Authoritative Texts	- Ghana Mental Health Authority - Ghana Health Service - Ghana Education Service - Ministry of Health - Ghana Psychology Council	Content from official websites and reports from government agencies on mental health programs, plans, policies, and laws.
International Organizations	- World Health Organization - UNICEF	Reports and publications from international bodies with expertise in global mental health and adolescent care.
Peer-reviewed Articles	- PubMed - Google Scholar - African Journals Online	Academic research articles are sourced from databases that provide empirical data.

Note: Refer to the supplementary document for individual peer-reviewed articles included in the narrative review

Inclusion and Exclusion Criteria

The inclusion criteria used in the literature search included secondary studies focused on mental health challenges and disorders of adolescents aged 11-18, studies on support systems, mental health services, and relevant legislation and policies in Ghana. Studies outside Ghana and those before 2015 were excluded from the review to reflect the current picture of the country's adolescent mental health support since the

Adolescent Health Policy and the World Health Organization's 2021 Mental Health Situational Analysis in Ghana were introduced in 2016 and 2021, respectively. Also, most relevant adolescent mental health research in the country began after this period. Feasibility and pilot project studies, prevalence and predictive research, and assessment-focused studies were excluded since this review prioritized available adolescent mental health support over methodological, exploratory, or experimental studies.

Review process

The review process started with an initial screening of subjects, titles, and abstracts generated from keyword combinations like "adolescent mental health in Ghana," "adolescent mental health support, services, policies in Ghana," "barriers to adolescent mental health care in Ghana," and related terms. Additional search strings included variations like "child and adolescent mental health services Ghana," "adolescent mental health policy implementation Ghana," "challenges of adolescent mental health care Ghana," and "school-based mental health Ghana," to ensure a comprehensive capture of relevant literature across policy, service delivery, and access dimensions.

The authors employed a deductive thematic content analysis approach to explore the literature and identify meaningful patterns related to adolescent mental health support across their multi-level ecological systems. Two researchers independently read and summarised all eligible publications. They colour-coded common trends (e.g., family, peer, community, faith-based and religious healers, school-based support, clinical and health services, support from government, or non-governmental agencies, policies, barriers, and challenges) in how the literature responded to the research questions. Tentative categories and themes under micro, mezzo, and macro systems were developed through collaborative efforts by the researchers. To maximise trustworthiness, two additional researchers examined and analysed the emerging themes, and any disagreements were resolved through discussions until a consensus was reached on the final themes. The authors also used additional relevant data from unpublished reports and relevant web-based posts to address gaps not captured in the published literature. Using additional data to fill the gaps ensured a more comprehensive understanding of adolescent mental health support in Ghana, particularly where formal research was limited.

FINDINGS

The themes from the literature review showed that adolescents with mental health challenges are positioned within a multi-level support system of micro-level (family and individual), mezzo-level (school and community), and macro-level (policy and society), which all interact to determine their mental health outcomes. At the micro-level, direct support includes individualized care, which is complemented by mezzo-level care that encompasses community and school services, which provide broader and continuous support (Bajaj & Malhotra, 2009; Stabler et al., 2021). Macro-level support refers to broader and indirect societal assistance. Major themes identified represent direct support from individuals and organizations, and the types of direct services offered. On the other hand, themes related to indirect support encompass macro-level agencies that offer systemic support, relevant legislation and policies, and implementation of these policies and programs. Finally, recommendations to enhance the support already available were discussed.

Below is a diagram indicating the levels of AMHCD, which create a comprehensive system that improves the effectiveness and responsiveness of mental health care for adolescents in the country.

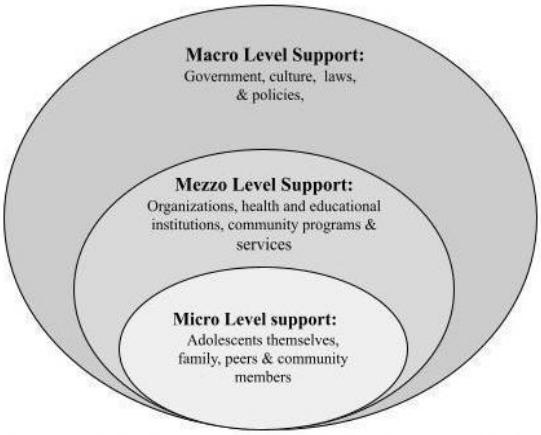

Figure 1: Levels of AMHCD Support Systems

Note: All levels of support within adolescent social ecology interact and influence one another. The micro and mezzo systems often work in close coordination to provide direct, immediate support to adolescents. In contrast, macro-level structures offer more indirect support by shaping the policies, resources, and culture that guide and constrain micro and mezzo-level intervention.

Micro and Mezzo-Level of Support through Direct Care

Individuals and Organizations that Provide Direct Care

The literature review highlighted the provision of direct emotional and mental health care and support from key individuals across various micro and mezzo levels of adolescent support systems. While some AMHCD actively support themselves by utilizing their coping practices, stakeholders such as parents, siblings, teachers, school guidance counselors, community members, traditional and faith-based healers, and health care professionals help to provide emotional and holistic support. These stakeholders together make up an integrated support network at the micro and mezzo levels of support to help address the multifaceted mental health needs of AMHCD.

Coping Practices and Help-Seeking Behaviours of AMHCD

In Ghana, adolescents use various coping strategies but show low help-seeking behaviours to manage stress and maintain mental wellness (Baidoo-Anu & Acquah, 2021). Many young people still avoid seeking help from more formal and professional practitioners. They often prefer engaging with religious and spiritual coping practices such as praying and church attendance (Glozah & Pevalin, 2016). Also, evidence suggests that adolescents in Ghana have low help-seeking behaviours (Addy et al., 2021; Adjorlolo et al., 2022) despite their exposure to multiple mental health risk factors like academic stress, interpersonal victimization, and substance misuse (Addy et al., 2021; Adjorlolo et al., 2022). This reluctance to seek help, particularly for mental health challenges, poses a risk to their long-term well-being. AMHCD's reliance on these practices may reflect cultural preferences for spiritually oriented support and internal emotional regulation. Also, reasons why they avoid professional help can be a sign of broader structural and attitudinal barriers, such as limited access and awareness of mental health care, confidentiality concerns about disclosure (Adjorlolo et al., 2022), or fear of social stigma for receiving formal care. Modifying treatment based on the answers to these concerns can help design culturally grounded mental health strategies

that both strengthen adolescents' preferred coping methods and reduce the risk of avoiding formal care.

Assistance from Families and Community Support Systems

Generally, caregivers frequently serve as the first line of support to adolescents since they detect early signs of psychological distress, facilitate treatment decisions, and bear the financial responsibilities and emotional costs associated with child and adolescent mental health (CAMH) services (Adu-Gyamfi, 2017; Ame & Mfoafo-M'Carthy, 2016). Caregivers specifically guide adolescents to make positive social choices, maintain appropriate behaviours, and manage relationships, helping them navigate social pressures and manage their mental health more effectively (Glozah & Pevalin, 2016). Also, positive relationships with parents, especially mothers, are linked to lower depressive symptoms, while supportive father relationships can reduce psychological distress (Nyarko et al., 2020). Likewise, sibling relationships provide a buffer against depressive symptoms, aligning with African cultural values of family support. While involvement from family in AMHCD care reflects the centrality of the support from kinship ties in Africa, it places disproportionate burdens on caregivers, especially in under-resourced settings (Ae-Ngibise et al., 2015).

Teenagers in urban, rural, and peri-urban areas sometimes seek help from school counselors and peers for psychosocial support, in addition to their family (Baidoo-Anu, 2021; Addy et al., 2021). Support from these sources builds adolescents' mental and social health (Glozah & Pevalin, 2016), hinting that educational settings can provide essential psychosocial buffers. Nyarko et al. (2020) point out that the role of peer relationships is effective in depressive symptom reduction in low-stress contexts. However, this type of informal support may be insufficient during periods of severe psychological distress. In this context, school counselors and other school-based mental health professionals will come in to help (Cobbina et al., 2025). The layered support system at school provides access to more formal interventions when stress levels go beyond the capacity of specific informal systems.

Traditional and Faith-based (TFB) healers and leaders still occupy fundamental positions in adolescent mental health care in Ghana, offering culturally sensitive, trusted psychosocial and spiritual dimensions of support. Boynton and Vis (2022) discussed how spiritually grounded interactions give rise to emotional control and meaning-making among adolescents, thereby foregrounding spirituality's unifying function in seeking mental well-being. The continued preference to seek support from TFB healers and leaders (such as pastors, imams, traditional priests, and healers), even as there is an increase in biomedical pathways to care, highlights not only enduring cultural belief structures around mental health but also a structural limitation to access formal mental health treatment (Ewusi-Mensah, 2001, in Idanwekhai, 2021). This two-way dependency calls for a rethink of the mental health ecosystem. Gradually, some religious leaders are entering into mutual referral exchanges with biomedical providers (Idanwekhai, 2021), which indicates the development of a hybrid model of care. This kind of collaboration elicits potential for culturally responsive mental health support for underserved populations yet also necessitates rigorous regulation and training to ensure that non-clinical providers can serve adolescents ethically and effectively.

Biomedical providers support AMHCD in Ghana by offering clinical services and care. Kumbet et al. (2023) found that 91% of 302 family physicians in Nigeria and Ghana treat adolescents with MHDs, with over half managing two to three cases annually. Mental health services are also offered by 39 psychiatrists, 244 psychologists, and several community-based mental health professionals in Ghana (WHO, 2021). Other formal health care providers include: Community Psychiatric Nurses (CPNs), Community Mental Health Officers (CMHOs), and Clinical Psychiatry Officers (CPOs) within Ghana's Community-Based Health Planning and Services (CHPS) system (Agyapong et al., 2015; WHO, 2020). Formentos et al. (2021) discussed that Community Health

Workers (CHWs) conduct outreach and patient education in Ghanaian communities. Social workers also perform similar roles, along with diagnosing and treating mental health disorders, and referring children and adolescents for specialized care when necessary (Idanwekhai, 2021). This combination of formal and community-based care reflects a multi-layered approach to addressing adolescent mental health needs in Ghana at the mezzo-level of care.

The Three Tiers of Direct Mental Health Services for AMHCD

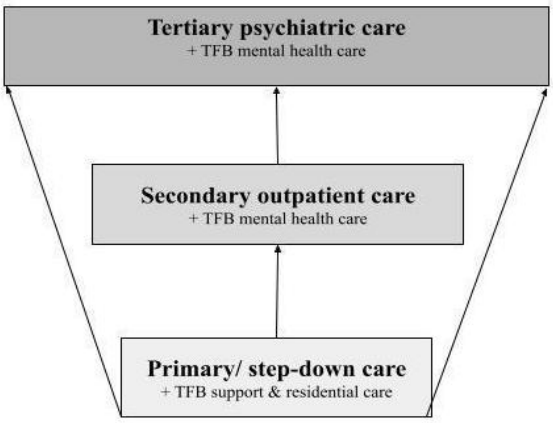

Figure 2: Three-Tiered Mental Health Care in Ghana

Note: Agencies that offer Primary/step-down care and Secondary outpatient care provide less intensive mental health services than those operating within Tertiary psychiatric care. Similarly, Primary care agencies offer less intensive mental health services compared to Secondary outpatient care facilities.

* Some Traditional and Faith-Based (TFB) centers treat mild to severe mental health conditions, mirroring treatment interventions found at each tier of formal health care.
* Residential care facilities may offer support similar to primary care and refer adolescents to secondary or tertiary facilities when advanced care is required.
* Created by authors

Successful mental health services for AMHCD require a multi-tiered care system that integrates both micro- and mezzo-level direct services. Micro-level care focuses on delivering individualized treatments, such as therapy or medication, to adolescents to address their immediate mental health, personal, and relational needs (Stabler et al., 2021). They are usually designed to create a baseline emotional regulation, healthy coping strategies, and healthier family dynamics with more indicated interventions tailored towards the adolescent's psychological or psychiatric needs. However, mezzo mental health services, which also center on direct care, have more focus on the social environment that shapes adolescent mental health. Interventions at this level can entail structured programs, group work, and community-based mental health services that increase access, eliminate stigma, and establish supportive environments for adolescents (Bajaj & Malhotra, 2009; Stabler et al., 2021). In Ghana, micro and mezzo level treatments are structured into a three-tier system: primary, secondary, and tertiary care. Each provides a range of interventions from initial assessments to specialized treatments for complex conditions.

Primary and Secondary Tiers of Mental Health Care

Ghana's primary care serves as the initial point of contact within the health system for families seeking care for children's health challenges. Non-specialist providers such as community health nurses, teachers, school counsellors, and social workers are crucial

in offering psychoeducation, screening for mental health concerns, and making referrals when necessary. On the other hand, Ghana's secondary tier of mental health care is theoretically meant to receive primary care referrals and treat AMHCD cases that are beyond the resources or training of primary care providers. It includes psychiatric consultation, community care, psychological therapy, and crisis management interventions delivered by mental health facilities, psychological centers, district hospitals, psychotherapy and counselling private practices, and non-governmental counselling agencies (Formentos et al., 2021; WHO, 2022). Also, though primarily designed to address physical health, primary care facilities provide this tiered care, with general practitioners and nurses occasionally managing mental health presentations and referring complex cases to specialized services. As of 2022, about 9,298 primary care facilities nationwide offered outpatient mental health services, reflecting a gradual integration of mental health into general health care (WHO, 2022). Secondary care handles more severe cases than primary care but does not typically involve intensive support or hospitalization. WHO (2021) has reported gaps in secondary services for children and adolescents in Ghana, with none of the 123 outpatient mental health facilities dedicated exclusively to CAMH, despite this group constituting up to 14% of outpatient service users (Idanwekhai, 2021; WHO, 2020).

There can be a functional overlap between primary and secondary care if there are unclear delineated services and practitioners operate beyond the intended function of primary care to provide stepped- mental health care (low-intensive interventions) or a referral model (Kyanko et al., 2022). Secondary and primary care facilities' operations are typically equivalent to micro practice since they deliver individualized and client-specific services. These interventions actively engage the adolescent and address symptoms, emotional regulation, and trauma recovery. Nevertheless, certain aspects of these two tiers of care also demonstrate mezzo practice attributes, especially where services are provided in institutional or group-care settings, where care is shaped by shared social environments and system interactions (WHO, 2020). Despite providing care for some severe disorders like bipolar disorder, substance abuse, and major depression (Kumbet et al., 2023), secondary care rarely includes inpatient care or intensive case management (WHO, 2020). This limitation creates a clinical gap between episodic and continuous care, particularly in facilities with limited secondary and tertiary care resources.

Tertiary Tier of Mental Health Care

Tertiary care, essential for severe mental health challenges and disorders, typically follows a referral from secondary care (Wasylenki et al., 2000). In Ghana, tertiary care facilities include the three public and two private psychiatric hospitals, in addition to psychiatric units within Korle-Bu, Komfo Anokye, Ho, Cape Coast, and Tamale teaching hospitals (WHO, 2021; Idanwekhai, 2021). The facilities, which are situated in cities of five regions, facilitate the provision of intensive treatments, including long-term inpatient care, pharmacological interventions, psychosocial rehabilitation, and substance detoxification services (WHO, 2020). While tertiary care is included in the administration of a long list of psychiatric drugs (like antipsychotics, antidepressants, anxiolytics, mood stabilizers, and antiepileptics), some pharmacological interventions are also provided at the primary level of care (WHO, 2021). Despite this, the unique features of tertiary care render it the most intensive and most resource-consuming phase needed to address the needs of adolescents with severe mental health disorders.

Other Mental Health Care outside Clinical Facilities

Ghana's informal mental health services are key in filling gaps in services from the formal primary, secondary, and tertiary care facilities. For example, informal services like TFB healing centers provide 1,705 mental health care facilities across the country with culturally grounded primary, secondary, and even tertiary care. Their services

include exorcism, prayers, herbal medications, ancestral consultations, and other spiritual interventions (Idanwekhai, 2021; WHO, 2020). Although these services seldom employ standardized assessments or evidence-based approaches, they can reflect locally grounded spiritual and cultural understandings of mental distress. Families may turn to them because they are familiar and readily available, though their practices and outcomes differ considerably. Given this variability, it would be helpful to provide citations supporting claims of feasibility and acceptance, as well as noting potential risks associated with some interventions

Additionally, institutional settings such as Ghana's 19 orphanages and 39 special schools offer residential and educational services to children and adolescents with mental and neurological disorders, thereby delivering direct care (micro) and structured institutional support (mezzo) (WHO, 2020). Collectively, they widen the scope of the primary care for AMHCD, even as they contend with unclear regulated policies for the mental health care they provide, referral networks, and adherence to ethical standards.

Programs that enhance the micro and mezzo levels of support

In Ghana, several government-initiated programs aim to enhance mental health care at both micro- and mezzo levels for adolescents and other vulnerable groups facing mental health challenges. Interventions such as the National Health Insurance Scheme (NHIS) and Livelihood Empowerment Against Poverty (LEAP) are aimed at lowering the cost barriers to accessing mental health care, as well as financial assistance for individuals who live with disability, which includes mental health disorders (Formentos et al., 2021). At the community level, the Community-based Health Planning and Services (CHPS) program is key to health promotion, disease prevention, and the delivery of essential mental healthcare, in addition to referring clients to secondary and tertiary care systems (Elsey et al., 2023; Ministry of Health, 2018). In education settings, the Guidance and Counselling Program offers socio-emotional and academic support to students in basic and secondary educational institutions. Though mental health school-based interventions are not rooted in evidence-based therapeutic interventions (Cobbina et al., 2025), it is broadly perceived by educators, counselors, and students as beneficial for mitigating learning difficulties, emotional regulation, as well as helping students make informed decisions, and promoting discipline among them (Asiedu-Yirenkyi et al., 2019). In addition to the aforementioned government-funded programs, nongovernmental organizations (NGOs) also run a range of micro- and mezzo-level interventions that provide psychosocial support and direct services for AMHCD and their families. The subsequent sections will describe these models used by NGOs more closely.

Indirect Mental Health Support at the Macro-Level System

Agencies Providing Macro-level Support

Indirect mental health support for AMHCD in Ghana involves a network of organizations and actors operating at the macro level. These include NGOs, community groups, educational institutions, and governmental agencies, all of which contribute to creating a supportive environment, informing policy development, reducing stigma, and enhancing the effectiveness of support systems for AMHCD at the micro and mezzo levels. The Ministry of Health (MoH) is pivotal in these efforts, leading key agencies and initiatives to advance mental health care and maintain high service standards (WHO, 2021).

The Ghana Mental Health Authority (GMHA), operating under the MoH, aids in developing mental health policies, integrates services, ensures standard compliance, and promotes mental health education (GMHA, 2024; Idanwekhai, 2021). The Ghana Health Service (GHS), another agency under the MoH, is responsible for implementing national health policies through its Mental Health Department. This department focuses on improving access to care, integrating mental health into primary healthcare, and

supporting national policies (GHS, 2021). GHS also engages in mental health research, including evaluations of adolescent health policies and strategies (GHS, 2021). The Ghana Psychology Council (GPC), also under the MoH, regulates the psychology profession by accrediting educational facilities, licensing providers, and setting ethical standards for psychologists and counsellors (GPC, 2024). Despite these efforts, no governmental body focuses exclusively on CAMH, as their mandates cover the broader population. The Special Education Division of the Ghana Education Service (GES) supports Inclusive Education within the educational system. This division addresses various disabilities, including mental or neurological disorders, through seven specialized units. Counselling services in public schools are regulated by the Guidance and Counselling (GC) Unit of GES. This unit regulates direct services in secondary education to support students' mental health and cognitive development (Addey et al., 2021).

NGOs and international agencies are also instrumental in supporting adolescent mental health. Notable NGOs include the Ghana Mental Health Association, BasicNeeds, World Vision, The Epilepsy Society, and the Ghana Organization Against Fetal Alcohol Syndrome (Twumasi-Afriyie, 2016). Faith-based organizations such as The Christian Health Association of Ghana (CHAG) and Ahmadiyya Muslim Mission support mental health by managing primary care facilities, particularly in rural areas (MoH, 2024; WHO, 2021). Moreover, international organizations, including UN agencies and the WHO, provide crucial guidance, financial support, and resources, contributing to Ghana's mental health infrastructure and policy development. Collaborative efforts between government organizations and some agencies, such as the African Association of CAMH (AACAMH, nd), strengthen micro and mezzo services and address service gaps. These combined efforts are essential in advocating for mental health and developing effective policies and laws to support adolescents in Ghana. Additionally, some agencies fund and design programs for micro- and mezzo-level initiatives to further AMHCD care.

Legislation and Policies for Mental Health Support

Actors providing indirect services shape legislation, policies, and plans for adolescent mental health. Their support is based on both national laws and international conventions. Key international frameworks include the UN Convention on the Rights of the Child (CRC), the UN Convention on the Rights of Persons with Disabilities (CRPD), the WHO Mental Health Action Plan 2013-2020, and the Global Strategy on Human Resources for Health: Workforce 2030—these guide Ghana's policies to align with global standards. Relevant national laws include the Children's Act of 1998 (Act 560), the Mental Health Act of 2012 (Act 846), the Education Act of 2008 (Act 778), the Ghana Health Service Act of 1996 (Act 525), and the Persons with Disability Act of 2006 (Act 715). These laws create a legal framework for protecting and supporting adolescent mental health by ensuring access to appropriate care and education as well as safeguarding rights for individuals with mental health needs. Together, these laws and conventions form a comprehensive system for enhancing mental health care for adolescents in the country.

Relevance of the Mental Health Act 846 (MHA) for Adolescent Mental Health

The Mental Health Act 846 is one of the significant policies for addressing mental health in Ghana. The Act offers a decentralized system integrated in communities with culture-sensitive and accessible care (Idanwekhai, 2021). For children and young people, the MHA establishes essential safeguards: mandating caregiver consent and treatment wishes of young people, implementing youth-only and age-specific accommodation in psychiatric facilities, advancing the least restrictive environment for care, and prohibiting such irreversible interventions as psychosurgery (Ame & Mfoafo-M'Carthy, 2016). It also regulates traditional and spiritual practices to ensure safety and adherence

to human rights standards. Collectively, these provisions position the MHA as a foundational framework for integrating adolescent mental health within a rights-based, decentralized, and culturally grounded care system.

Relevant health policies for AMHCD

Health policies, such as the Ghana National Mental Health Policy (2019–2030) and the National Mental Health Strategic Plan (2019–2022), aimed to integrate mental health services into primary health care and community-based services (WHO, 2021). These policies emphasize human rights, strategic partnerships, and responsiveness to disability and vulnerability, with frameworks for stakeholders like the GMHA (MoH, 2018). Again, the National CHPS Policy ensures the provision of services for AMHCD in underserved areas (GHS, 2016). However, certain health policies, such as the Adolescent Health Policy and Strategic Plan, which ended in 2020, indirectly support AMHCD but did not exclusively target CAMH. At the macro level, regulatory agencies play a crucial role in shaping the mental health landscape in Ghana by establishing policies and guidelines that govern care delivery.

Educational Policies for AMHCD

The Inclusive Education (IE) Policy in Ghana mandates provisions for children with special needs, aiming to adapt education to meet diverse learner needs (Mantey, 2015; Ministry of Education, 2015). The policy assigns the GES responsibilities for developing an inclusive curriculum, deploying trained special educators, and conducting universal screenings and assessments to identify students with disabilities (GES, 2015). Although the policy targets various disabilities and disorders, its primary focus is on neurodevelopmental disorders such as ASD and ADHD (Ame & Mfoafo-M'Carthy, 2016). Consequently, students with mental health challenges may not receive inclusive educational support if they do not have diagnosable special learning disorders (Cobbina et al., 2025.

Implementation of Policies and Programs that Impact Adolescents' Mental Health

In 2021, the WHO assessed Ghana's mental health system using a modified PRIME tool. Their report revealed limited implementation of mental health legislation and policies in Ghana due to inadequate funding and resources. Although the MHA is ideal on paper, several barriers affect its implementation. For example, although the MHA mandates free mental health care financed through various sources, free services are largely theoretical due to severe under-resourcing (Adu-Gyamfi et al., 2017; WHO, 2021).

Despite some progress, the treatment gap remains significant, especially for mood and substance use disorders. Evaluations consistently show that implementation challenges persist (Adu-Gyamfi et al., 2017; WHO, 2021). A study by Agblevo et al. (2023) found poor integration of mental health services with other health services. In their evaluation of the Adolescent Health Policy and Planning (2016–2020), only 17% of the planned strategies were fully implemented, 57% were partially implemented, and 26% were not implemented. Out of the health strategies in the plan, only one strategy focused on CAMH, and even that was partially implemented. Adu-Gyamfi et al. (2017) also note some persistent challenges in delivering comprehensive mental health services, especially outside urban centres.

Challenges and Barriers to Implementation

Although identifying challenges and barriers was not the focus of this review, it is worth dedicating a sub-theme to this topic, as numerous studies highlight significant challenges and barriers affecting the implementation of mental health laws and policies for micro and mezzo-level AMHCD support. These include limited funding, insufficiently trained mental health professionals, and inadequate infrastructure. Cultural perceptions and stigma, as well as a lack of public awareness, further obstruct the effective implementation of mental health services for adolescents.

Negative Attitudes towards Mental Health Services

Many Ghanaians attribute mental health disorders to supernatural causations, which can perpetuate negative attitudes, stigma, and discrimination towards people with mental health disorders (Adu-Gyamfi et al., 2017; Badu et al., 2019; Opere-Henaku & Utsy, 2017). Idanwekhai (2021) highlights six sub-themes of stigma affecting CAMH in Ghana: barriers to seeking mental health care, social interactions, labelling, parental abandonment and neglect of AMHCD, and discrimination at community and institutional levels. Stigma, a macro-level challenge, results in difficulties at the micro and mezzo levels that affect the accessibility, feasibility, and acceptability of services, leading to under-utilised services and delays in treatment. In addition to stigma and discrimination associated with mental health services, culturally embedded beliefs significantly influenced help-seeking behaviours, with families more likely to turn to prayer, herbal remedies, and traditional healers rather than formal psychological services for their AMHCD (Badu et al., 2019; Opere-Henaku & Utsy, 2017).

Inadequate Mental Health Care for AMHCD

The low prioritisation of mental health in Ghana is evident through systemic and resource-related challenges. Conflicting legislation, such as the Criminal Offences Act (1970), uses derogatory terms for individuals with mental health disorders and criminalises suicide attempts, and contrasts sharply with the MHA, which aims to protect individuals with mental health disorders (Ame & Mfoafo-M'Carthy, 2016). Also, only 6.2% of the Ministry of Health's 2014 budget was allocated to mental health for the entire country (Adu-Gyamfi et al., 2017). Moreover, regional disparities in mental health resources are also significant, with Greater Accra receiving the bulk of available resources while other areas face severe shortages in infrastructure and personnel (Adu-Gyamfi et al., 2017). For example, two of the three public psychiatric hospitals in Ghana are located in Greater Accra, and only one of these has a dedicated ward for children and adolescents with mental health disorders. However, this CAMH ward is rarely utilised by those with mental health challenges (MoH, 2020).

Furthermore, studies on mental health care facilities, community-based centres, and school counselling always report limited material resources and trained mental health providers (Asiedu-Yirenkyi et al., 2019; Cobbina et al., 2025; Elsey, 2023; Idanwekhai, 2021; WHO, 2021). The country's shortage of psychiatric staff and counselors results in inadequate care. For AMHCD receiving hospitalized services, this problem is compounded by logistical challenges such as long distances between hospitals and patients' homes, family abandonment due to stigma, and the courts' failure to ensure patient discharge (Adu-Gyamfi et al., 2017). Also, barriers to effective collaboration between biomedical and TFB healing systems hinder a comprehensive approach, where these professionals can exchange resources to assist their clients better (Badu et al., 2019). In Ghana and other sub-Saharan African countries, TFB view biomedical providers as culturally disconnected and reluctant to collaborate, and biomedical providers view these TFB practices as harmful, unethical, and leading to delays in accessing proper care (Akol et al., 2018; Badu et al., 2019).

Gaps in Training and Practice

Another challenge to adequate care for AMHCD is the limited training and practice among mental health providers, which results in unqualified individuals offering services such as assessments, counselling, and medication management (Badu et al., 2019; Idanwekhai, 2021). The Adolescent Health Policy and Planning included mental health training as one of its health strategies, but it was only partially implemented by the end of the implementation period (Agblevo et al., 2023). Besides, TFB healers lack formal training in mental health care, raising concerns about the safety and efficacy of their interventions. Although some TFB healers integrated their practices with modern medical approaches, the absence of standardised diagnostic tools obscures the treatment

process (Idanwekhai, 2021). These combined factors reflect the overall low prioritisation of mental health in Ghana and underscore the need for a more integrated and adequately resourced approach to support individuals with mental health disorders.

DISCUSSION

Adolescence is a crucial period of physical, cognitive, and socio-emotional changes that affect mental health (Hess et al., 2011). This review explored adolescent mental health support in Ghana, emphasising direct and indirect services. Themes identified in this study related to the critical need for a multi-level approach to supporting AMHCD in Ghana. Systems of support included the micro level, where adolescent coping practices, families, and other community members play a vital role in the immediate support network, and at the mezzo level, where organisations, educational and health care institutions, and community-based programs contribute to a coordinated support system. At the macro level, culture, policies, and laws affect the support available and utilised at the micro and macro levels. Despite the existing support systems, significant challenges persist, including stigma, the low prioritisation of CAMH, and limited funding. These macro-level barriers contribute to ongoing difficulties at the micro and mezzo levels. To address these challenges, a holistic and integrated approach to mental health care is necessary, one that improves outcomes for adolescents and eases the burden on caregivers.

RECOMMENDATIONS

Addressing the challenges in AMHCD support requires strategic recommendations to overcome obstacles within existing support systems. Expanding mental health services within schools and communities is crucial at the micro level. Integrating mental health education into school curricula and providing accessible community-based resources facilitates help-seeking behaviours among adolescents. However, it is important to note that recommending school-based counselling, without first rectifying the workforce investments, ignores the root cause and focuses on superficial solutions. In addition, strengthening family support systems is essential to equip families with the knowledge and tools necessary to support their adolescent members effectively. At the mezzo level, developing community-based mental health initiatives can offer localised support tailored to specific needs. As suggested by researchers such as Idanwekhai (2021) and Ame & Mfoafo-M'Carthy (2016), integrating formal mental health care with traditional practices can create a more comprehensive and culturally sensitive approach to mental health services in the country. This cross-sector partnership would mean leveraging existing faith-based infrastructure, making scalability probable. Policy must facilitate integration among biomedical and TFB providers using financial incentives, recovery-focused models of care, specific awareness-raising campaigns, and joint training programs with practical tools and protocols (Badu et al., 2019).

Increased government funding is vital for expanding mental health services, including investing in training professionals and improving mental health infrastructure. Also, public awareness campaigns can significantly reduce stigma and encourage help-seeking behaviours among adolescents and their families. Implementing national policies prioritizing adolescent mental health will provide a robust framework for these initiatives. Overall, a multi-level approach that addresses micro, mezzo, and macro-level factors is essential for creating a more inclusive, culturally responsive, and effective mental health support system for adolescents in Ghana.

Despite Ghana's work towards tackling mental health challenges and disorders, such as the passing of the 2012 MHA, there is still a significant lack of comprehensive research on AMHCD support in the country.

The research gap is alarming, given that adolescence has proven to be a crucial stage where MHD could develop. Most studies focus on urban areas, negating rural

areas, which do not provide a nationwide perspective. Additionally, the wide policy and implementation gap creates a more fragmented picture. Agblevor et al. 2023 thoroughly analyse these gaps, showing that only 17% of the 23 planned strategies were fully implemented in Ghana's adolescent health service policy and strategy (2016–2020).

Furthermore, limited data exist on the effectiveness of existing intervention support systems, making it harder to recommend programs such as the school-based support system. This fragmentation in the literature shows the lack of comprehensive, nationwide research that systematically maps the landscape of AMHD support in Ghana.

Ethical Considerations

Not applicable, as this review relied solely on secondary sources.

Conflict of Interest

The authors declare that they have no conflicting interests.

REFERENCES

Addy, N. D., Agbozo, F., Runge-Ranzinger, S., & Grys, P. (2021). Mental health difficulties, coping mechanisms and support systems among school-going adolescents in Ghana: A mixed-methods study. *PLOS ONE*, 16(4), Article e0250424. https://doi.org/10.1371/journal.pone.0250424

Acquah, E. O., Wilson, M. L., & Doku, D. T. (2014). Patterns and correlates for bullying among young adolescents in Ghana. *Social Sciences*, *3*(4), 827–840. https://doi.org/10.3390/socsci3040827

African Association for Child & Adolescent Mental Health. (n.d.). *CAMH Ghana*. https://aacamh.com/camh-ghana/

Adjorlolo, S., Anum, A., & Huang, K.-Y. (2022). Adverse life experiences and mental health of adolescents in Ghana: A gendered analysis. *International Journal of Adolescence and Youth*, *27*(1), 444–456. https://doi.org/10.1080/02673843.2022.2123714

Adu-Gyamfi, S. (2017). Mental health service in Ghana: A review of the case. *International Journal of Public Health Science (IJPHS)*, *6*(4), 299-313. https://doi.org/10.11591/ijphs.v6i4.8474

Ae-Ngibise, K. A., Doku, V. C. K., Asante, K. P., & Owusu-Agyei, S. (2015). The experience of caregivers of people living with serious mental disorders: A study from rural Ghana. *Global Health Action*, *8*(1). https://doi.org/10.3402/gha.v8.26957

Agblevor, E. A., Darko, N. A., Acquah, P. A., Addom, S., Mirzoev, T., & Agyepong, I. A. (2023). "We have nice policies but…": Implementation gaps in the Ghana adolescent health service policy and strategy (2016–2020). *Frontiers in Public Health*, *11*, Article 1198150. https://doi.org/10.3389/fpubh.2023.1198150

Agyapong, V. I. O., Osei, A., Farren, C. K., & McAuliffe, E. (2015). Task shifting – Ghana's community mental health workers' experiences and perceptions of their roles and scope of practice. *Global Health Action*, *8*(1), Article 28955. https://doi.org/10.3402/gha.v8.28955

Ahorsu, D. K., Adjaottor, E. S., Yeboah, F. A., & Opoku, Y. (2021). Mental health challenges in academia: Comparison between students of the various educational levels in Ghana. *Journal of Mental Health*, *30*(3), 292–299. https://doi.org/10.1080/09638237.2020.1739253

Akol, A., Moland, K. M., Babirye, J. N., & Engebretsen, I. M. S. (2018). "We are like co-wives": Traditional healers' views on collaborating with the formal child and adolescent mental health system in Uganda. *BMC Health Services Research, 18*(1), 258. https://doi.org/10.1186/s12913-018-3063-4

Ame, R., & Mfoafo-M'Carthy, M. (2016). Mental health law in Ghana: the rights of children with mental disorders. Social Development Issues, 38(1), 1–14.

Asiedu-Yirenkyi, C., Kyere, E. A., & Ofori, K. N. (2019). Evaluation of guidance and counselling practices in schools: A case study of Manhyia sub-metropolis, Ghana. *International Journal of Education, 4*(28), 52–63.

Badu, E., Mitchell, R., & O'Brien, A. P. (2019). Pathways to mental health treatment in Ghana: Challenging biomedical methods from herbal- and faith-healing perspectives. *International Journal of Social Psychiatry, 65*(6), 527–538. https://doi.org/10.1177/0020764019862305

Baidoo-Anu, D., & Adomaa Acquah, P. (2021). Social challenges of adolescent secondary school students in Ghana: Evidence from Cape Coast schools. *International Journal of Adolescence and Youth, 26*(1), 529–540. https://doi.org/10.1080/02673843.2021.2011332

Bajaj, M. K., & Malhotra, S. (2009). Micro and macro level intervention in promotion of mental health: Some evidences. *Indian Journal of Community Psychology, 5*(2), 235-246.

Boynton, H.M., & Vis, J. (Eds.) (2022). Trauma, spirituality, and posttraumatic growth in clinical social work practice. (Eds). University of Toronto Press.

Cobbina, M., Green-Smith, D., & Mantey, E. E. (2025). School Based Interventions for Students With Mental Health Problems in Ghanaian Basic Schools. Journal of Psychologists and Counsellors in Schools, 0(0). https://journals.sagepub.com/doi/10.1177/20556365251383646

Collins, J. A., & Fauser, B. C. J. M. (2005). Balancing the strengths of systematic and narrative reviews. *Human Reproduction Update, 11*(2), 103–104. https://doi.org/10.1093/humupd/dmh058

Dankyi, E., & Huang, K.-Y. (2022). Street Children in Ghana's Golden Triangle Cities: Mental Health Needs and Associated Risks. *Child Psychiatry & Human Development, 53*(4), 840–851. https://doi.org/10.1007/s10578-021-01223-5

Elsey, H., Abboah-Offei, M., Vidyasagaran, A. L., Anaseba, D., Wallace, L., Nwameme, A., Gyasi, A., Ayim, A., Ansah-Ofei, A., & Amedzro, N. (2023). Implementation of the Community-based Health Planning and Services (CHPS) in rural and urban Ghana: A history and systematic review of what works, for whom, and why. *Frontiers in Public Health, 11,* Article 1105495.

Formentos, A., Ae-Ngibise, K. A., Nyame, S., & Asante, K. P. (2021). Situational analysis of service provision for adolescents with mental and neurological disorders in two districts of Ghana. *International Journal of Mental Health Systems, 15*(1), 35. https://doi.org/10.1186/s13033-021-00457-z

Ghana Health Service. (2016). *Ghana Health Service 2016 annual report*. Ministry of Health. https://ghdatafie.com/dataset/70

Ghana Mental Health Authority. (n.d.). *Core mandates of the authority and functions of the authority*. https://mha-ghana.com/roles-and-function/

Ghana Statistical Service (2021). Ghana 2021 Population and Housing Census. Press Release: General Report, Volume 3A, 3B, and 3C. https://www.statsghana.gov.gh/gssmain/storage/img/marqueeupdater/2021%20PHC%20General%20Report%20Vol%203A,%203B%20and%203C%20Press%20release%20for%20General%20Report.pdf

Ghana Statistical Service. (2021). *2021 Population and housing census: Importance of data*. Government of Ghana. https://census2021.statsghana.gov.gh/presspage.php?readmorenews=MTY4OTA1MDkwNC4wOTY=&Presentation-on-the-General-Report-Volumes-3A-3B-and-3C

Glozah, F. N., & Pevalin, D. J. (2016). Association between psychosomatic health symptoms and common mental illness in Ghanaian adolescents: Age and gender as potential moderators. *Journal of Health Psychology, 22*(11), 1376–1386. https://doi.org/10.1177/1359105316628736

Hess, R. S., Magnuson, S., & Beeler, L. (2011). Counseling children and adolescents in schools. Sage Publications.

Idanwekhai, Q. J. (2021). *Child and adolescent mental health intervention: The perspectives of social workers and religious healers in Ghana* [Unpublished thesis]. University of Gothenburg. http://hdl.handle.net/2077/69355

Kumbet, S. J., Oseni, T. I. A., Mensah-Bonsu, M., Damagum, F. M., Opare-Lokko, E. B. A., Namisango, E., Olawumi, A. L., Ephraim, O. C., & Aweh, B. (2023). Common adolescent mental health disorders seen in Family Medicine Clinics in Ghana and Nigeria. *PLOS ONE, 18*(11), Article e0285911. https://doi.org/10.1371/journal.pone.0285911

Kyanko, K. A., Curry, L. A., Keene, D. E., Sutherland, R., Naik, K., & Busch, S. H. (2022). Does primary care fill the gap in access to specialty mental health care? A mixed methods study. Journal of General Internal Medicine, 37(7), 1641–1647. https://doi.org/10.1007/s11606-021-07260-z

Ministry of Education. (2005). *Inclusive education policy*. Ghana Education Service (GES). https://sapghana.com/data/documents/Inclusive-Education-Policy-official-document.pdf

Ministry of Health. (2018). *Twelve-year mental health policy 2019–2030: Ensuring a mentally healthy population*. Government of Ghana. https://mha-ghana.com/wp-content/uploads/2024/09/MH-Policy-pdf.pdf

Ministry of Health. (n.d.). *Christian Health Association of Ghana*. https://www.moh.gov.gh/christian-health-association-of-ghana/

Mantey, E. E. (2014). *Accessibility to inclusive education for children with disabilities: A case of two selected areas in Ghana* [Unpublished Dissertation]. University of Siegen. https://dspace.ub.uni-siegen.de/handle/ubsi/882

Murphey, D., Barry, M., & Vaughn, B. (2013). *Mental health disorders: Adolescent health highlight* (Report No. 2013-1). Child Trends. https://eric.ed.gov/?id=ED540828

Nyarko, F., Peltonen, K., Kangaslampi, S., & Punamäki-Gitai, R.-L. (2020). How stressful life events and violence are related to mental health: The protective role of social relations in African context. *Heliyon, 6*(8). https://doi.org/10.1016/j.heliyon.2020.e04629

Oppong Asante, K., Kugbey, N., Osafo, J., Quarshie, E. N.-B., & Sarfo, J. O. (2017). The prevalence and correlates of suicidal behaviours (ideation, plan and attempt) among adolescents in senior high schools in Ghana. *SSM - Population Health, 3*, 427–434. https://doi.org/10.1016/j.ssmph.2017.01.006

Patel, A. R., & Hall, B. J. (2021). Beyond the DSM-5 Diagnoses: A Cross-Cultural Approach to Assessing Trauma Reactions. Focus, 19(2), 197–203. https://doi.org/10.1176/appi.focus.20200049

Stabler, L., MacPhee, M., Collins, B., Carroll, S., Davison, K., Thakkar, V., Fuller-Thomson, E., Lin, S., & Hey, B. (2021). A rapid realist review of effective mental health interventions for individuals with chronic physical health conditions during the COVID-19 pandemic using a systems-level mental health promotion framework. International Journal of Environmental. Research and Public Health, 18(23), Article 12292. https://doi.org/10.3390/ijerph182312292

Twumasi-Afriyie, T. (2016). Improving barriers to child and adolescent mental health outcomes in Ghana: A narrative review. *Summit Institutional Repository*. https://summit.sfu.ca/item/17082

United Nations Children's Fund. (2021). The state of the world's children 2021: On my mind – Promoting, protecting and caring for children's mental health. https://www.unicef.org/reports/state-worlds-children-2021

Wasylenki, D., Goering, P., Cochrane, J., Durbin, J., Rogers, J., & Prendergast, P. (2000). Tertiary mental health services: I. Key concepts. *The Canadian Journal of Psychiatry, 45*(2), 179–184. https://doi.org/10.1177/070674370004500209

World Health Organization. (2022). *Ghana - WHO special initiative for mental health: Situational assessment*. World Health Organization Publications. https://www.who.int/publications/m/item/ghana---who-special-initiative-for-mental-health

World Health Organization. (2017). *World health statistics 2017: Monitoring health for the SDGs, sustainable development goals*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789241565486

World Health Organization. (2020). *WHO-AIMS report on mental health system in Ghana: A report of the assessment of the mental health system in Ghana using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS)*. https://www.afro.who.int/countries/ghana/publication/who-aims-report-mental-health-system-ghana