

Adult person's experiences of Mental Health treatment and Care in Ghana

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Master's Thesis
Degree Programme in Mental Health
2021

MASTER'S THESIS	
Arcada	
Degree Programme:	MENTAL HEALTH
Identification number:	21642
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Title:	Adult person's experiences of mental health treatment and Care in Ghana
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<p>Abstract:</p> <p>There is a growing evidence of the global impact of mental illness among adults and it's becoming one of the highest contributors to the burden of disease and disability worldwide. It is estimated that 25% of the world's population will suffer from mental and neurological disorders such as schizophrenia, mental retardation, alcohol and drug abuse, dementias, stress-related disorders, and epilepsy during their lifetime. Mental illness hits more human lives and gives rise to a greater waste of human resources than all other forms of disability. This generally does not affect only just a small, isolated segment but the entire society and this is seen to be a huge challenge to global development. The gap between the need for treatment for mental disorders and its provision is wide all over the world, striving for a better understanding of mental illness and providing an affordable and effective treatment is of great importance as it helps improve the lives of people suffering from these disorders in the world.</p> <p>A qualitative research method was used for this study and it was conducted with patients who are suffering from various mental health disorders. They are patients of Pantang psychiatric hospital in Ghana being the commissioning hospital for this study. Semi-structured interview method was used for the study and the age group of the participants was between 20-50 years of age.</p> <p>The findings of this study show that most patients are happy and satisfied with the quality of treatment received and will be glad to recommend Pantang Psychiatric hospital to whoever is in need of mental health treatment. However, they wish that they will be involved in their treatment especially with their medication. They also wish that their voices will be listened to and also to have regular social contact with friends and family which they believe will give them comfort and a sense of being loved.</p>	
Keywords:	Adults, mental health, experiences, treatment development and Care
Number of pages:	50
Language:	English
Date of acceptance:	03.06.2021

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FOREWORD

First of all, I would like to give glory, honor, praise and adoration to my God for such a great thing He has done. Without His grace, protection, strength and love, I wouldn't have come this far. May his name alone be praised forever and ever, Amen.

I would like to also express my deepest appreciation to my late grandfather, Chief-Inspector Mr. Godwin Yaw Oworae who happened to be my role model, my mentor, spiritual father and my best friend before his untimely death, he raised and taught me the importance of education, he did not have much financially but he helped secure my education, he provided me a foundation that can never be taken away and I will always remain grateful. May his soul rest in perfect peace in the bosom of the God Almighty until we meet again.

My next appreciation goes to my dear wife, Mrs. Vida Liz Brace and my lovely boys, Godwin Brace, Kojo Brace and Mac'ek Brace for their support, words of encouragement and their Immeasurable love shown to me throughout this process, may the good God bless you and continue to increase us with peace and love.

Last but not the least, I will like to also thank Dr. Jukka Piippo and all the associate lecturers both in Norway and Sweden for the wisdom and knowledge imparted to me, I wouldn't have achieved this Master's Degree without your Supervision and support. May the Lord bless you all for your great work.

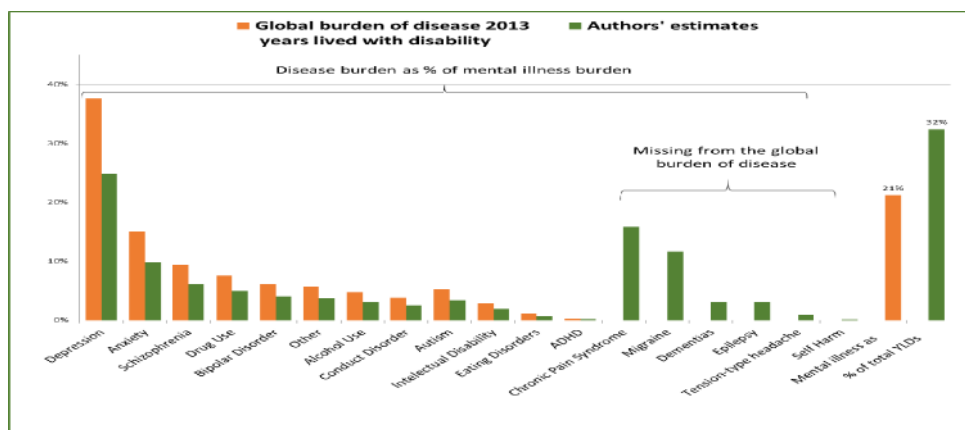
1 INTRODUCTION

There is a growing evidence of the global impact of mental illness among adults. Mental illness among adult is one of the highest contributors to the burden of disease and disability worldwide (World health organization, 2011). According to a study conducted by Ritchie and Roser (2018) about 792 million people around the world are living with mental health disorder.

The World Health Organization (2011) also estimates that 25% of the world's population will suffer from mental, behavioral, and neurological disorders such as schizophrenia, mental retardation, alcohol and drug abuse, dementias, stress-related disorders, and epilepsy during their lifetime

Mental illness hits more human lives and gives rise to a greater waste of human resources than all other forms of disability. Study shows that people with mental illness experience double problem, that's the symptoms of mental illness and with the stigma of having a mental illness (Wahlbeck, 2011).

Figure 1 show types of mental illness and the rate at which is it's becoming a global burden disease.



Source: Estimating the true global burden of mental illness (Vigo, Thornicroft & Atun, 2016)

Mental illness among adult persons is seen to be more than just a mental disorder. The concepts of mental illness include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. "This has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities". (Kalpana, 2011)

Mental illness generally does not affect only just a small, isolated segment but the entire society and this is seen to be a huge challenge to global development. The issue of mental illness is crucial to the entire well-being of individuals, societies and countries but unfortunately not much attention is being paid to this problem in most countries as compared to the importance paid to people with physical health conditions. (World health organization, 2013,)

Mental illnesses affect competencies of individuals and communities and disable them to achieve their self-determined goals. Mental illness should be a concern for all of us, rather than only for those who suffer from a mental disorder. (World health organization, 2003)

According to World health organization (2013) mental illness among adult persons is proving to be a much bigger deal than we might have thought and finding ways to providing an adequate treatment which will result in retaining the good health of those with mental health problems should be the focus.

"The gap between the need for treatment for mental disorders and its provision is wide all over the world. For example, between 76% and 85% of people with severe mental disorders receive no treatment for their mental health problem in low- and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50%" (World health organization, 2012).

This study focuses on the treatment of adult's persons with mental health in Ghana, an Anglophone democratic republic in West Africa. Similar to many other developing

countries, treatment of mental health in Ghana according to Founier (2011) is low and continues to rely on institutional care, a vestige from colonialism. ”She pointed out that the treatment gap of mental health in Ghana is 98% of the total population and only two out of every one hundred people with a mental illness gets the care they need. Improper treatment leads to social exclusion and poverty for those with the illness and their families.

Vikram and Martin (2010) study also proves there is still an existing treatment gap for adults with schizophrenia and other mental illness which goes beyond 90%-and even where the treatment is provided most often it’s still below the standard. Their study continued to state that “Failure to provide basic necessities such as adequate nourishment, clothing, shelter, comfort and privacy, unauthorized and unmonitored detention, shackling and chaining are all described as a failure of humanity”

Striving for a better understanding of mental illness and providing an affordable and effective treatments is of great importance as it helps improve the lives of people suffering from these disorders in the world (Vikram & Martin, 2010)

“Without effective prevention and treatment, adult with mental illnesses can have profound effects on their ability to carry out their daily lives which will result in poorer physical health. Adults with mental health problems are less productive at work and more likely to be unemployed” (OECD-European Union, 2018).

Ritchie and Roser (2018) also emphasized that creating awareness, recognizing mental disorder as a global problem, and giving a quality treatment for the people with these disorders should therefore be an essential focus for global health.

The following chapters give a background to the study by giving a short description of the current state of mental health provision in Ghana and also highlighting some of the principles of care that could enhance providing a quality of treatment to meet the needs of older adults with mental disorders. The paper continued by describing the aim, the research questions and also described the type of research methods used, data acquisi-

tion and analysis procedure. The result of the study, discussion and the ethical consideration, trustworthiness of the study are also presented and then conclusion.

2 BACKGROUND

Henderson, Evans-Lacko and Thornicroft, (2013) study shows that over 70% of people with mental illness globally do not receive treatment due to lack of knowledge to identify symptoms and recognize features of mental illnesses, ignorance about how and where to get treatment has also been a contributing factor.

2.1.1 What is mental health

Mental health is described as any illness with significant psychological or behavioral manifestations that is associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning (Sim et al., 2019)

Health is important for development of every country. According to Kuhn and Rieger (2017) health as “a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity” and Galderisi et al (2015) also defines mental health as mental well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

2.1.2 Adult persons

The adult persons are at high risk for suicide (particularly men), depression and dementia. The mental illnesses among the adult persons are increasing yearly as the proportion of adult persons rises steadily worldwide. At the same time, the dissolution of the extended family under the pressures of urbanization and industrialization is slowly removing the natural support networks that sustain the adult persons. Therefore there is a pressing need to support and improve the treatment already provided to the adult per-

sons by their families, including the provision of respite care, and the incorporation of mental health assessment and management into general health services for the adult persons (World health Organization, 2003)

2.1.3 Mental health and treatment in Ghana

“The mental health system in Ghana uses the International Classification of Diseases (ICD) — 10 for psychiatric diagnoses. In 2012 Pantang Psychiatric Hospital reported a total of 1,337 admissions. The top five causes for admission in 2012 were schizophrenia, schizotypal and delusional disorders; mental disorders due to cannabis use; depression and mood disorders; mental disorders due to alcohol use; and mental disorders due to psychoactive substances” (Bone & Roberts, 2019).

“It is estimated that of the 24.3 million people living in Ghana, approximately 2.4 million live with mental illness and nearly 20% of the population experience psychological distress at a level that is considered either moderate or severe. As of the year 2011, there were 2.4 million people with mental health problems of which 67,780 that’s 2.8% received treatment” (Roberts, Morgan & Asare, 2014)

According to Bone and Roberts (2019) as of the year 2011, Ghana had only three main psychiatric hospitals, 123 mental health outpatient facilities, seven community-based psychiatric inpatient units, four community residential facilities, and one day-treatment center. The beds being used by the psychiatric patients were provided in the 3 psychiatric hospitals, all in the southern part of Ghana. In the year 2011 the beds available for the three facilities were about 1,322 of which 441 were in Pantang Hospital. Psychiatric hospitals in Ghana have suffered from chronic over-crowding, with some patients remaining in hospital beyond the time for discharge not due to need, but to abandonment by families.

Bone and Roberts (2019) stated that this abandonment can result from mental health stigma, discrimination and inadequate community-based supports and treatment. In 2011 staffing of the mental health system included 18 psychiatrists, 72 Community Mental Health Officers, 1,256 nurses, 19 psychologists, and 21 social workers.

In the year 2012, Ghana passed a new and progressive Mental Health Act, (Act 826).

“The idea behind the new law was to ensure that appropriate, timely and comprehensive mental health treatment and care is provided to those individuals who struggle with mental illness, and to provide clear direction to ensure the human rights of persons with mental disorders will be protected particularly vulnerable groups who live with mental disorders such as women, children, and offenders with mental disorders^a This Act focuses on transitioning the mode of mental health care and treatment from the current predominately institutional care to community-based care”. (Bone & Roberts, 2019)

Mental illness is a seldom-discussed topic in Ghanaian culture. It makes people uncomfortable. When mental health is talked about, the conversation is lacking in ways that raise awareness, foster advocacy, and lead to meaningful change. (Roberts et al, 2013)

The government of Ghana spending on mental health reflects the priority attached to the issue, with a mere 1.4 percent of the total health budget allocated to mental health. Isolated, understaffed, and poorly-maintained mental health facilities are the only pictures of mental health that most are familiar with in Ghana. Despite evidence of the burden and impact of mental illness, the prioritization of policy and service development for mental health in general has remained low on the agendas of many governments. (Roberts et al, 2013)

In Ghana, treatment for mental health care in government hospitals is free and is funded by the Ghana Health Service but somehow with less government provision. In all of Ghana in the year 2011, there were 123 mental health outpatient facilities, 3 psychiatric hospitals, namely: Accra Psychiatric Hospital, Pantang Hospital, and Ankafu Psychiatric Hospital, 7 Community based psychiatric inpatient units, 4 community residential facilities and 1 day treatment Centre. The majority of the patients were treated in outpatient facilities and psychiatric. (Founier, 2011)

It's estimated that 70–80% of Ghanaians with mental illness visit spiritual healers and also use traditional medicine as first-line treatment for with the concomitant problem of

ensuring the quality of care because It's believed that mentally illness is mostly caused by spiritual forces. (Ghana Ministry of health, 2011)

Research shows that mental-health patients who used spiritual healing usually reported an improvement in their condition, the quality of treatment is not easy to ensure. Sometimes in order to exercise supposed demons, individuals are chained, logged, or incarcerated into spiritual, prayer camps. (Founier, 2011)

Scarcity of mental health resources or lack of money is also another important factor in the choice of traditional sources of help, but limited knowledge about mental illness and causal attributions of illness to supernatural forces as well as stigma associated with mental treatment may also play a role .(Adu-Gyamfi ,2017)

In spite of these atrocious facts, policy-makers seem to have little concern for mental health, and focus more on physical health and population mortality.

Promotion of mental wellbeing, strengthening of protective factors, reduction of preventable risk factors, early detection of illness and provision of effective services for the treatment of mental illness during childhood and adolescence should be a central concern on the public mental health agenda.(African Journal of Psychiatry, 2010)

2.1.4 Quality and treatment of mental health patients

Quality is an essential requirement of any mental health service and quality improvement mechanisms ensure that all resources are well utilized.

Good quality services increase those suffering from mental disorders trust and build confidence in the treatment they receive. This enables them to be more active in seeking and looking for the care that they need. “Without satisfactory quality, people with mental disorders, their families and the general public become disillusioned with mental health care, thus increasing the already large gap between the prevalence of mental disorders and those receiving care”. (Funk et al, 2009)

According to the Institute of Medicine, quality care and treatment in health care has been described as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”(Funk et al, 2009). Quality treatment and care may be viewed or seen from various perspectives. For someone suffering with a mental disorder, quality can mean receiving treatment that could enable them to live with less or no symptoms and being able to live a normal and be seen and treated with dignity and with full respect of his/her rights to autonomy and independent decision-making. (Funk et al, 2009)

They continued to state that family member with mental health patient, quality treatment means receiving an adequate support to help handle the emotional and psychological trauma of living or having a family member who is mentally ill and also getting all the necessary information and skills to actively assist a family member's social life and integration into the society. Making quality treatment a priority in the care and treatment of those with mental illnesses help to ensure that the knowledge, skill, latest scientific and new technologies are put into use in treatment. For many decades, there have been various effective interventions programs available for the people with mental illnesses but what is being implemented mostly differ from the knowledge acquired. (Funk et al., 2009)

Most people with mental illness often face mistreatment in their communities and in the health services that are meant to help them. Having quality improvement strategies and putting strict measures in place is of great importance to change these conditions. (Funk et al., 2009)

In the past, people with mental illness were deprived of their freedom, restricted and their human right was violated due to the laws and policies that were in place but in recent, most countries all over the world have come to see and realized the importance and the need to focus on protecting the rights of those with mental illness and to improving their quality of care. They also emphasized that, putting much energy and support with a well-defined mental health policy, measures and strategic plan can enhance and promote important mental health service reforms, which will progressively integrate

the mental health into primary healthcare settings, and also develops community mental health services which are basically the basis for good quality mental health treatment and care. (Funk et al., 2009)

It was identified that most often there is either inadequate nurses to provide the quality mental health care or nurses do not have the skill, knowledge and the competence required, sometimes for example, the nurses may have adequate clinical training but not enough training to support the families. (Funk et al., 2009)

Also, having an effective plan, appropriate policy, and legislation will enhance and improve the overall quality treatment provision and functioning of mental health systems through a commitment to developing well-trained nurses. Constant accessibility to effective and affordable drugs and establishing a mental health information system that is tailored to the needs of the adult with mental illness is highly important in giving the quality of care and treatment needed. (Funk et al., 2009)

They again emphasized that establishing or putting an information system in place that controls and monitors all activities being run enables the management to know where they are at and all the areas that needs improvement. Without having a well- functioning system in place the care provision and treatment becomes fragmented and the nurses won't be able to gain the right training which will eventually result in poor quality treatment. (Funk et al., 2009)

2.1.5 Medication Management

Medication for decades has become the most effective and the prominent treatment option in mental health care.

In describing medication management, it's a process which consists or includes every aspects of therapeutic use of medicines and supply right from the service provider to the patient. (Hemingway, 2014)

According to study, medication in mental healthcare plays an important role in treating several mental disorders and conditions though it does not entirely cure the illness but it helps to reduce and also to avoid relapses of mental disorder. (lifeStance Health)

Piat, Sabetti and Bloom (2009) mentioned medication serves as the foundation on which patients begin to recognize their strengths. This brings hope and empowerment into the issue of medication management.

Medication management according to Neil, Baker and Gray (2009) is an interacting process. It helps to prescribe medicines that are most effective and brings about improving the health conditions of those with mental illness and also help build a trusting therapeutic relationship with the nurses, family and love ones.

Neil, Baker and Gray (2009) again stated that different patients respond and react to medications differently therefore there is a great need for patient's decision and involvement in the entire process. By being part of the treatment process helps the patients to feel valued and develop a meaning quality life despite their health struggles. He continued by saying, for this to achieved requires the nurses to establish attitudes that are helpful in the treatment they provide.

Piat, Sabetti and Bloom (2009) also mentioned involving patients in medication planning and management, decision making plays a key role in patients control and choice and increases their knowledge of the benefits they get from medication.

They emphasized that mental health nurses should be able to create an atmosphere where they could have an open discussion with their mentally ill patient about their needs, preferences, medication and to explore other ways and means towards their well-being. They again stated that, mental health nurses and other health professionals need to provide a detailed information in an accessible way, encourage and to educate their patients on how to take responsibility of their medications and also to help collaborate relationship between the doctors and the patients to enhance a humanizing care treatment. (Piat, Sabetti & Bloom, 2009)

2.1.6 Patient-centered care

Patient-centered care is an approach to nursing which focuses on delivering care that's respectful tailored to the needs and values of the patient. Patients see this type of care to be of high quality if it's relate to their individual needs, desires, wishes, wants and based on respecting their values and on encouraging them to participate in their own care and care-related decisions (Greene, Tuzzio & Cherkin, 2012)

Patient-entered care is considered to be associated with the quality and the safety of the patient. Having the patient take part in the care provision especially in decision making has a positive influence on wellbeing, improve their knowledge and also increase their level of satisfaction. The patient's involvement in their care also gives them a sense of awareness about their health situation. (Hughes, 2008)

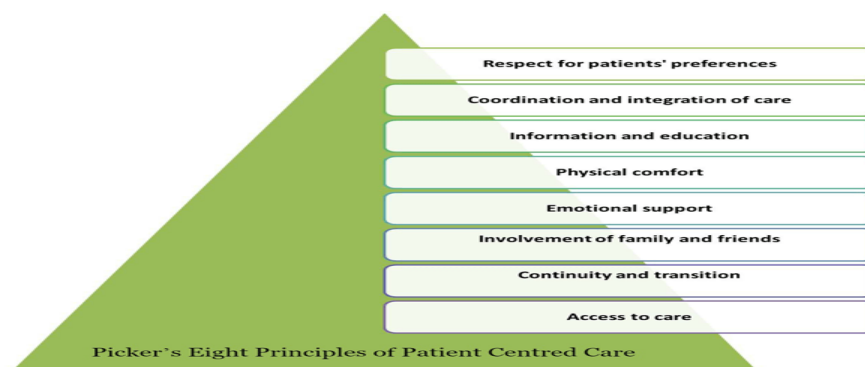


Figure 2 Picker's Eight Principles of Patient-centred care (2015)

Paparella (2016) stated that to be able provide a high quality of care that affords patients the best possible quality of life, the service provider should have a good look at the relationship between the patient and the service they provide. The idea of patient-centered care is providing care that is enabling, more personal and treats patient with great respect. He emphasized that most patients want to be part of the treatment that is being provided to them and expect the service provider to assist in doing that. He again mentioned that the approach to achieving patient-centered care is by providing self-management support and allowing shared decision making as they enhance the patient to be more active in identifying what is best for them.

2.1.7 Basic principle of Patient-centered care

According to Varelius (2006) autonomy is defined as behavior and meaningful choice made by individuals in other words, the provision of choice and subsequent respect for choices made. Balancing rights, risks, responsibilities and giving control through sharing of power and decision-making. Understanding relationships is about collaborative relationships between the service provider, patients, nurses and staffing level. Having social connectedness through the local community engages in meaningful activities (Morley & Cashell, 2017).

Epstein and Street (2011) describes valuing patient as treating patient with dignity and providing care that is respectful, supporting and recognizing their personal perspectives and values. They mentioned that valuing patient is when patient is listened to and involved in their care provision.

2.1.8 Nurse-patient care relationship

According to Gámez (2009) “nursing is an integral care of patient while in continual interaction with their environment” Kourkouta and Papathanasiou (2014) placed an emphasis on the importance of communication in nurse-patient relationship. According to them when there’s an effective communication between nurse and the patient there’s satisfaction. They described communication as an “exchange of thoughts, information and other feelings among people using speech or other means.” (Kourkouta & Papathanasiou, 2014)

They again mentioned that nurses’ ability to listen in nurse-patient relationship is of great important because it enables the nurses to have an overall view of the patient’s problems, sickness and needs and provide as such. (Kourkouta & Papathanasiou, 2014)

According to literature, in nurse-patient relationship, nurses should ask questions in a sincere and kind manner and should have the ability and the skill to share information that does not demoralize or push away the patient. In nurse-patient relationship the language of communication used by nurses should be clear and understood by the patient

since the patient's scientific knowledge is not the same as the nurses or the professionals. Honesty and truthfulness is also seen as an important element in nurse-patient relationship because when the nurse is sincere it leaves the patient with no suspicions but rather brings trust. (Kourkouta & Papathanasiou, 2014)

Kourkouta and Papathanasiou (2014) further explained patients are different with different communication needs, some expects and requires answers and details about everything that concerns their health and treatment where as some leave their care into the hands of the nurses in charge of them so it's of great importance for the nurse to know the needs of every patient and to ensure providing them accordingly.

Johansson, Oléni and Fridlund, (2002) also mentioned that involvement of fewer nurses in the care of individual patient is of great importance in the care of the adult with mental illness. According to them, it helps the nurses to become acquainted and more closely involved with the total patient care. They also introduced the concept of the named nurse in an attempt to identify a specific nurse for each patient.

They continued to illustrate the value of nurses having an awareness of patients' and their families' personalities and psycho-social responses to stress so that the nursing approach can be tailored to their needs. They suggests that there is a move away from the rather distant professional relationship, that empathy in mental health care is being acknowledged, and that nurses can become more emotionally involved with patients. (Johansson et al., 2002)

Patient partnership and involvement with the nurse in care provision is an important aspect in patient-centered care. According to research, having a partnership with the patient can be equated to a nurse-patient relationship in several ways as it brings about closeness and mutual commitment, empowerment involvement and engagement. Nurse having partnership with the patient create an avenue for sharing an important health related information. Partnership is a nondirective style of interaction where nurses attempt to give patients more choice and help them become more active in their care. (Oxelmark et al., 2018)

In Sahlsten, Larsson, Sjöström and Plos's study (2008), Jewell (1996) and Eldh et al. (2004); Henderson (2002); Kettunen Poskiparta and Karhila (2003); Sainio et al. (2001) Sainio and Lauri (2003) and Tutton (2005) mentioned that engaging patient in participation in nursing care gives way for sharing of information and knowledge and it's also allows power transfer between the nurse and the patient and it is also the process by which a decision is reached. It is therefore important that interpersonal-interaction between nurse and patient should be the central element in patient involvement in nursing care (Vahdat, Hamzehgardeshi, Hessam and Hamzehgardeshi, 2014)

The quality of nurse–patient relationships has a direct positive effect on the quality of care provided and, therefore, is crucial to effective nursing practice and it's also emphasized the need for the practitioner's approach to be sensitive to the user's perspective (Mok & Chiu, 2004). Nurse-patient relationships are both dynamic and dyadic. How one responds depends on how the other is perceived in an on-going interaction (Brandenburg, 2017).

According to Mok and Chiu (2004) in care relationship, both the nurse and the patient contribute to their relationship but it is the nurse's role to encourage the development of one that can be therapeutic. Their study shows that mental health patient relationship with nurses gives them hope, someone that they can confide in, able to share their deepest thoughts and makes them feel that they matter. This call on personal qualities, social skills and emotional work, and such skills should be acknowledged and fostered rather than being left to chance.

Berg and Danielson (2007) also stated that mental health patients need a caring relationship which could make them feel loved, concerned of, well treated and also make trust possible which in the end brings comfort.

Wei and Watson (2019) mentioned that caring science is about enhancing knowledge of what constitute ideal, good health, caring for mental health patients as whole person. They mentioned that the act of caring for others could be seen as a way of rendering comfort, faith and hope which is paramount to the persons or patient-nurse relationship and helps the patient feel revived when in an unstable condition.

They also believe that caring is an act of having a good and a loving heart for the patients which to a great extent gives the nurses the sense of responsibility for their well-being. This is an essential factor in humanistic care, that's human to human relationship which is between the nurse and the patient being cared for. They also pointed out that the purpose of quality care and treatment is to enable the patient to have a good health condition which fosters self-healing competence of body, mind and spirit. Quality treatment involves having a conscious, attentive and empathic presence or relation as the seal of holistic treatment. (Wei & Watson, 2019)

In their study, they found out that, caring is not only being physically present with a patient being cared for. It actually goes beyond that, it's about the satisfaction and the feeling of well-being of the patient. Caring is important to patient's general well-being, emotional security, and satisfaction. (Wei & Watson, 2019)

According to literature every patient has some kind of expectation, wishes and desires which enables them to know, understand and believe when they feel cared for which to a large extent gives them a feeling of security. Being able to provide these wishes, desires and expectations of the patients ensures their satisfaction. (Lateef, 2011)

Wei and Watson (2019) emphasized on the importance of meeting the patients-nurse needs, they mentioned that when these needs are met the relationship grows. They continued to say that the act of listening is an important tool to building a relationship and it's also an essential element in caring. This requires the knowledge and understanding of being present of oneself, silent to observe, listen and to be heard within the element of trust and respect.

2.1.9 Respecting diversity in care provision

Neil (2009) defined respecting diversity as ability to provide treatments and interventions that is tailored to the needs of the patient irrespective of their age, disability, gender, culture, race, sexuality and religion.

Respect is defined as a component of presence, confirmation and humanized care. According to study, respect is concerned with acknowledgement, preservation and engagement. These explanations of respect position the concept as a fundamental value in nursing expressing attitudinal, cognitive and behavioral orientations towards all persons. (Wei & Watson, 2019)

Respect is seen as one of the most important values in nursing as human dignity, self-determination, sensitivity, privacy, autonomy, integrity and quality of life is concern. Respect has also been seen or identified as one of the indicators of quality in nursing care. These relational aspects also include that the patient will be heard, understood as a unique person within authentic human relationships, accepted as a person in need of help and cared for with loving kindness. (Parandeh, Khaghanizade, Mohammadi & Mokhtari-Nouri, 2016)

2.1.10 Listening in care provision

One of the important causes of medical errors and unintentional harm to patients is ineffective communication. The important part of this skill, in case it has been forgotten, is listening. (Vahid, Seyed, Abdar & Mahboobeh, 2016)

Listening is an essential part of caring practice. Being listened to and telling our story is in itself therapeutic and life affirming. (Mowat, Bunniss, Snowden & Wright ,2013)

The notion of listening as “good practice” is now accepted in most institutions and organizations. Steve Covey’s fifth habit of a highly effective people and organizations is empathetic listening, the key to good communication (Covey 2010). Listening is well accepted as a positive and indeed important part of organizational and personal development. Listening implies response and appropriate change and it implies civilized discussion about future plans based on mutual respect. (Mowat, Bunniss, Snowden & Wright, 2013)

Actively listening conveys respect for a patient's self-knowledge and builds trust, and allows physicians to assume the role of trusted intermediary. Active listening requires listening for the content, intent, and feeling of the speaker. The active listener shows her or his interest verbally with questions and with non-verbal, visual cues signifying that the other person has something important to say. Active listening generally does not occur in hurried communications between two people. (Vahid, Seyed Abdar & Mahboobeh, 2016)

2.1.11 Promoting safety and positive risk taking in care provision

Neil (2009) pointed out that being truthful, honest and open with patients not only the positive aspect of their treatment but also the negative mostly enhances self-management of the patient and it helps building and developing a therapeutic relationship. He again emphasized that there is great number of patients with mental illness who do not see the positive impact of the treatment on their health and also think their health situation can never change for good. Many patients also desire to have their lives back without having to use medications. They need to have the freedom to express their wishes to the nurses and the professionals and when that happen, the nurses need to provide all the necessary emotional support that shows an empathic understanding for their decision.

3 AIM AND RESEARCH QUESTIONS

This study is aim to investigate Adult person's experiences of Mental Health treatment and care in Ghana and the research questions that were used to identify the treatment experiences are listed below

1. How was your treatment like when you first arrived here?
 - 1.1 What type of diagnosis did you receive?
 - 1.2 How has the treatment process been like so far?
 - 1.3 How do you wish to be treated?

4 RESEARCH MATERIAL AND METHOD

Qualitative research method is applied in this study since it focuses on Adult person's experiences of mental health treatment and care.

Ospina (2004) Shank (2002) describes qualitative research as a systematic empirical inquiry into meaning which means the research is well planned, ordered and conducted following a certain laid down rules by the members involved in the qualitative research community. The research is based on the life experiences of the patients along with their emotions and feelings which could not be explained in quantifiable or measurement terms.

Sutton and Zubin (2015) pointed out that qualitative research method also enables researchers to get to know the thoughts and the feelings of the participants being researched. It's also helps to develop and understand the meaning and experiences that people share.

Data acquisition method was done through semi-structured Interviews. Study shows that semi-structured interview is of great importance especially where the research questions are related to the situations such as exploration of feelings and views, real life context and sensitive topics where flexibility is needed. (Hancock, Ockleford & Windridge, 2009)

They continued to emphasize that the use of open ended questions is one of the most important aspects in qualitative research method because it gives room and freedom to the participants to respond in their own words without hesitation. (Hancock, Ockleford & Windridge, 2009)

4.1 Sampling

Purposeful sampling method is used for this study as it supports the aim of the study. According to Palinkas et.al (2015), Cresswell and Clark (2011) described this method as

selection of persons and groups who have acquired knowledge and have great experience with a phenomenon of interest. According to them, the method as mentioned by Benard (2002) and Spradley (1979) emphasizes on “the importance of availability and willingness to participate and the ability to communicate experience and opinions in an articulate, expressive and reflective manner”

Before the research started, the author communicated with the management of Pantang Psychiatric hospital on the phone and introduced the entire project to them and requested for their consent and approval. A week later, the author was asked to send an official proposal document to them about the proposed research and upon further discussions the author was granted permission to proceed with the research.

Potential participants were then informed about the nature of the research and verbal consent was given. Recruiting of the participants was done with the help of the staff since they serve as “GATEKEEPERS” that is the staff who have an in-depth information about the patients. (Wanat,2008).

Selection of the participants was based on the following criteria: patients with an acute mental illness who understands and are able to express themselves and also have stayed in the mental hospital for two months and above because its believed that the longer one stays or does something in a place the more experience they gets and are able to express them in all honesty (Lifealth).

The number of participants for the study was twelve, six men and six women respectively .The age of the participants ranged between 20-50 years. The language for the interview was Akan mixed with English as Akan being the most spoken dialect in Ghana and English being the official language of Ghana.

4.2 Research design

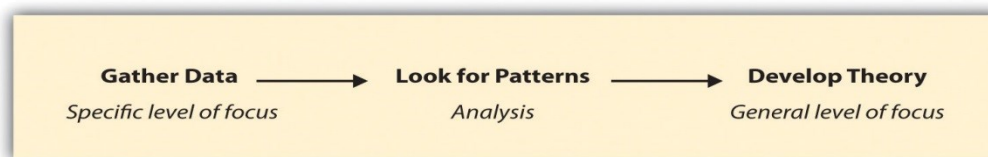
This study was done using semi-structured interviews where questions were put into themes. Semi-structured interview as described by DeJonckheere and Vaughn (2018) is a “method that allows the researcher to collect open-ended data, to explore participant

thoughts, feelings and beliefs about a particular topic and to delve deeply into personal and sometimes sensitive issues’’

Thematic interview was designed to question and to investigate adult experiences of mental health treatment. Neuendorf (2019) states this approach helps to answer research questions about people’s perceptions and experiences. It’s also enables the author to explore and examines data to find the common issues that come out of the interviews and identify the main themes that summarize all the views the researcher has gathered.

In order to analyze and come up with a result that is true and reliable an inductive approach was used. This approach helps to generate meanings from the data collected, learning from experience, finding Patterns, resemblances and regularities in experience are observed in order to build a theory and to reach conclusions’’ (Wong, 2008)

Figure 3 describes methods of inductive approach to research.



4.3 Data Acquisition

Data acquisition as described by Syed (2016) is a “process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes’’

To be able to answer the research questions, qualitative research method was considered using semi-structured interview method with themes which consists of open ended questions.

Hancock et al. (2009) states that qualitative researchers mostly prefer using a semi-structured interview since it involves open-ended questions which give grounds to ex-

ploring the entire research questions. Their study states that semi-structured interview gives the participants room and time to express their views on the given research questions. It does give opportunity for open-ended questions where the researcher tries to explore the participant's point of view.

The interviews were conducted in a quiet and relaxed atmosphere where the participants felt safe, trusted and comfortable to express their treatment experiences.

The interview questions were grouped into four themes with one main question and three sub questions. Each of the questions focused on the adult's experiences with regards to treatment received when first arrived, the diagnosis received, the treatment process and their wishes as patients.

As the interviews were about to be carried out, each of the participants was encouraged to speak and express their feelings, reflect on their treatment, health care needs and opinions freely without hesitation and also are able to redraw from the research at any point in time. One on one tape recording interviews were then conducted some in the participant's rooms and others in the dining rooms.

The questions were asked in a friendly way, but some of the participants were confused without knowing what to say, so they were given some time to relax and put themselves together and the interview continued later. As the interviews continued, some of the participants were so much into certain issues regarding to their treatment and went further to express their feelings and expectations, which was really important for this research.

The entire research interviews took approximately eight weeks and each interview was semi-structured, which enabled the author to ask more questions in-between and also enabled the participants to express themselves freely. Seven of the interviews lasted for 30 minutes and five of them lasted for 20 minutes, after which they were transcribed word for word and later analyzed.

4.4 Data analysis process

Data analysis is one of the most important aspects in research process but seen to be the most difficult and challenging parts of the research (Thorne, 2000). Data analysis in qualitative research according to Wong (2008) is defined “as the process of systematically searching and arranging the interview transcripts, observation notes, or other non-textual materials that the researcher accumulates to increase the understanding of the phenomenon. The process of analyzing qualitative data predominantly involves coding the data. Basically it involves making sense of huge amounts of data by reducing the volume of raw information, followed by identifying significant patterns, and finally drawing meaning from data and subsequently building a logical chain of evidence.”(Wong, 2008)

To analyze the entire data collected using thematic analyses process, the author applied its six phases as described by Braun and Clarke (2013) which is transcription, reading and familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and finalizing the analysis.

The author began by getting familiar with all the data collected, this according to Gareth (2016) is said to be a way of being immersed and engaged with the dataset.

In doing that the author spent many days actively listening to the voice recorded data and transcribed them using an intelligent verbatim transcription method where it was transcribed word for word. There were fifteen pages of written and transcribed data collected from the interviews. In the process of transcribing the data, the author identified the participants with a short code “P1, P2, P3” meaning Participant 1, 2, 3. etc.

The author continued reading through the transcribed data several times to get familiar with the text and also obtained an overview and the meaning of the important statements, sentences, comments and short phrases, highlighted the meaningful data, screens them down and put them into codes using descriptive coding method which was done manually.

Gareth (2016) again stated that “generating codes without familiarization can lead to premature analytic leaps missing less obvious meanings in the data that only become apparent through repeated engagement. Familiarization provides first level of engagement with the data set without worrying about coding of potential themes”

After the author had familiarized with the data, he continued with “coding” being the most important stage in the qualitative data analysis process. “A code is a word or brief phrase that captures the essence of why a particular bit of data is useful” Braun and Clarke (2013).

Wong (2008) emphasized the importance of coding in qualitative data analysis process. She described coding as a process of subdividing a huge amount of data and assigning them into themes. She also pointed out that coding is all about labels that identify themes.

Sutton and Zubin (2015) study also defined coding as an “identification of topics, issues, similarities, and differences that are revealed through the participants’ narratives and interpreted by the researcher. Coding can be done by hand on a hard copy of the transcript, by making notes in the margin or by highlighting and naming sections of text”

In order to identify similarities of the participant’s interpretations and experiences as mentioned by Sutton and Zubin (2015) the author gradually worked through the data collected, put them into codes to simplify and focus on some specific characteristics of the data. During this process, the author gave full attention to each of the data and identified the important aspects such as comments, issues, section of text and then attached labels that form the basis of themes that runs across the data.

At this stage after the entire data had been coded, the author identified patterns and highlighted frequent codes that are meaningful and most relevant to the research question and then moved to next phase of generating themes.

Sutton and Zubin (2015) describes theming as a process of “bringing together codes, experiences from the transcribed data to present the findings of qualitative research in a coherent and meaningful way”.

“A theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole” (Nowell et al., 2017)

According to Nowell et al., (2017) this phase involves sorting and collating all the potentially relevant coded data extracts into themes.

The author then put together the set of themes that came from the coded data, he began to explore the relationship between them and identify how these themes work together that tells the story about the data.

Braun and Clarke (2012) described this as a process of developing themes that are reviewed in relation to the coded data.

As the analysis process commences, the author paid a close attention to these set of themes put together. During this process the author reviewed the coded data extracts for each theme to consider whether they are relevant and accurately reflect and represent the dataset.

According to Nowell et al., (2017) after reviewing the coded data, the “selected themes will need to be refined into themes that are specific enough to be discrete and broad enough to capture a set of ideas and reduced them into a more manageable set of significant themes that succinctly summarize the text”

The author then refined and reduced the selected themes into another set of themes that are manageable and specific that summarizes the data. The author continued to the next phase of the analysis process where he took a critical look at how each refined theme cohere together meaningfully and fit into the entire story behind the extracted dataset in relation to the research questions.

Finally, the author began to present the final report of the study paying much focus on the most interesting issues that prevails in the data within and across themes.

In Nowell et al., (2017) study, it was encouraged and recommended that, researchers should “clearly communicate the logical processes by which findings were developed in a way that is accessible to a critical reader, so that claims made in relation to the data set are rendered credible and believable”

In view of that, the findings were presented in a coherent and logical way in accordance with the topics and expressions.

Nowell et al., (2017) study pointed out having direct quotes from participants are seen to be an essential part of presenting the final report so the author cited short quotes to help understand specific points of interpretation and showed how these quotes prevail in the themes.

In order to prove the validity and the credibility of the findings, the author quoted more extensive expressions, comments and concerns directly from the raw extracted data to have a glimpse of the original texts.

5 RESULTS

All the participants for this study confirmed that Pantang psychiatric hospital is where they are receiving their mental health treatment. Majority of the participants during data collection had been under the care of Pantang psychiatric hospital for least two months. The participants had different mental disorders and their age group ranged between 20-50 years.

5.1 Patients' satisfaction of treatment

According to the data analyzed, majority of the participants were happy and satisfied with the quality of treatment they have received both from the nurses and the doctors. Most of the participants said they were received well and treated nicely when they first arrived at Pantang psychiatric hospital. They further mentioned that the nurses were really good and well-mannered. They did not feel a sense of mistreatment neither were they shouted at.

Participant 3 stated “Nobody shouted at me or mistreated me when I arrived here, they have taken good care of me”

Participant 4 stated , “I have not experienced any mistreatment or bad behavior from the nurses, all the nurses are fine, they treats us very well, not me alone but all my colleagues here are also treated so well before God, all the nurses are well trained”

The participants continued to expressed that Pantang Psychiatric hospital has well-trained and qualified mental health nurses and doctors who care about them and are always willing to provide the kind of treatment that's best for them.

The participants again said that their medicines are given on time, get enough food to eat and water to drink and bath like living in their own home and everything that they need and also sleeps well enough.

Participant 12 stated, “We've been treated good here, they gives us food, water to drink and bath , medicines on time and other things we need”

Some of the participants expressed how the treatment they have received from Pantang psychiatric hospital has changed their lives, now they are able to have a constructive communication with other people which is really good for them.

Participant 8 stated, “So far I feel good and able to communicate with my family, I understand everything they say and I’m able to respond to them. I can see by God’s grace everything is fine for me”

The participants finally expressed their satisfaction by appreciating the doctors and the nurses for sacrificing their time and lives for them even during holidays and they don’t feel like going back to substance abuse again and therefore will be glad to recommend Pantang psychiatric hospital to whoever is in need of mental health treatment.

5.2 Respect and equality in treatment

From the results, it was identified that the mental health patients in Pantang psychiatric hospital are given an adequate respect and treated equally. Nurses and doctors treat each patient base on their health care needs without any discrimination. They continued to say that the nurses and the doctors have patience and time for them and are not under rated in any way, no-one is bigger or higher than any which they really appreciate.

Participant 1 “The nurses do not under rate us, we are given the respect that we need, we are treated equally, no-one is bigger or higher than any, they talk to us well and treats us well and we are so much grateful and me especially I’m so much grateful. I thank God that my relatives brought me here and now by God’s grace I’m well”

5.3 Transparency in medicine dispensation

Most of the participants expressed that most often the nurses give them medicine without letting them know the name of it and the purpose of the medicine. They also emphasized that at times the nurses give them injection against their will which they are not pleased with. They requested that the nurses could at least tell them the name of the injection and why it’s important for them to take it.

Participant 1 stated, “In fact some of the things that goes on here is not by my will, they just force things on me which I don’t like, they just give me injections without ex-

plaining anything to mw which is not right, at least they should tell me why they are giving me the injections”

Participant 2 stated “I don’t really know all the names of the medicines and some injections

5.4 Patient’s safety in treatment

Some of the participants mentioned that sometimes the nurses take their safety for granted, patient can be on the floor with bruises and nurses will be sitting in their stations with either their phones, watching football or using the computer claiming they are busy.

Participant 2 stated, “Sometimes a patient will be on the floor while the nurses are just playing with their phones”

Participant 6 stated, “Sometimes the nurses pay so much attention to their phones than us especially when we need them to do something for us”

Participant 7 stated, “Sometimes, you will see a patient lying on the ground and the nurses will be sitting at the nurses’ station talking on the phone, watching football or being on the computer, sometimes patient will be scratching himself with bruises on his body lying on the ground and the nurses will say I’m busy, you are busy doing what”?

5.5 Physical activities and social networking in treatment

Some of the participants expressed that they are cut off from the world, they do not have any contact with the world in a sense that they are not allowed to watch television to see what is happening outside their facility neither being able to use their phones to contact their family members. They mentioned that, due to their health problems they are treated and restricted from having social life which makes them feel inhumane.

Participant 1 stated, “I’m not able to watch television and use my phone as i normally do at home. We are so much restricted”

Participant 3 stated “I wish if each ward could have a television set to enable us at least to entertain themselves and also to see and know what is going on in the world, we have relatives that sometimes we need to get in touch with so if we are too much restricted from our phones and other things it affects us negatively so they should first assess our conditions and if we are seen to be fine they could allow us to at least use our phones”

Participant 4 stated, “Sometimes we face some challenges, we are not allowed to use our phones and to watch television so we are just in the ward without knowing what’s going on in the world, if we have problems in our minds does not mean we should be redrawn or restricted from what is happening in the world”

Participant 6 stated, “At least we should be allowed to have contact with our relatives by calling them and receiving calls from them which could bring comfort to us and them”

Participant 7 stated, “We are also human therefore we need to be treated as such by allowing us to have social contacts”

5.6 Communication-Listening in treatment

Issue of patients not being listened to was raised by some participants, they expressed that the doctors and nurses most often ignore them when bringing their opinion regarding their treatment and wishing that their voices could also be heard in treatment.

Participant 2 stated, “If the patient says he/she does not have money to afford the treatment they should understand because the patient has no hope anywhere, one lady patient here, she is discharged but because of here bills she’s still here because when she was

saying she does not have money but they were still imposing their opinions on her and now she's stacked here because she's unable to pay her bills''

Participant 4 stated, "I wish that whenever we make any complain they would just listen to us and discuss with the doctors and try to make changes to avoid further problems"

5.7 Workforce

One of the participants mentioned that there will be a need to employ enough nurses who will be able to meet all their needs and especially for those patients who cannot help themselves with bathing, brushing of their teeth, eating etc. The participant continued to emphasis that the management could assign nurses for each patient, with that every patient will be able to receive the desired treatment.

Participant 1 stated, "Pantang mental hospital should make sure that there are enough nurses who could assist those patients who cannot brush their teeth, who urinate on themselves, who are not able to help themselves in any way, because those patients do not have sound mind to be able to know what they have to do, someone or nurses should be assigned to help such patients because they are being paid for the service they are giving"

6 DISCUSSION AND RECOMMENDATION

The aim of this study was to investigate the Adults person's experiences of mental health treatment and care in Ghana. The need for the study was to find out how the mental health patients are treated upon arrival at the mental health hospital in Ghana and the type of treatment they receive during their stay at the hospital. Having the knowledge about their treatment would enable the author to identify areas where improvement is needed and to ensure providing care treatment that is desirable.

In the process of the study, the author learned the experiences of the patients at the mental health hospital in Ghana. These experiences have given the author an overview of

what the patients see desirable, satisfactory and areas of treatments they also wish to be improved for the enhancement of their well-being at the Pantang mental health hospital.

The findings from the study clearly indicated that most of the patients at the Pantang psychiatric hospital were satisfied with the treatment they have received so far because they find the nurses and the doctors well-trained, feel well treated with great respect and loved, they receive their medicines on time and also gets all their basic needs like food, sleeps well, get enough water to drink and bath etc.

According to Laith (2011) satisfaction of patient consists of an important aspect of quality life. This experience in most cases is connected to happiness, feeling of well-being and a quality treatment delivered. They emphasized that mental health hospitals need to provide treatment that has zero defect to their patients because ensuring their satisfaction saves money and also reduce the amount of time spending on resolving patients' complains. He further mentioned that "patient satisfaction is a moving target that must be monitored and enhanced over time. Failure to do so ensures that rising patient expectations will go unmet.

The result from the study also showed that the patients at the Pantang psychiatric hospital desire to live as human with less restrictions from their phones, to have social contact with their friends and families, to have access to television to be able to watch and listen to the news and also to see what is happening in the country and outside the world.

Peluso and Andrade (2005) mentioned that physical activity has great beneficial effects for the prevention and treatment of various mental health diseases mostly depressive and anxiety disorders. Some of these beneficial effects also include distraction, self-efficacy, and social interaction.

According to the findings of the study, having physical activities and social network plays an important role in maintaining the psychological well-being of patients with mental health illness and also gives them a feeling of being loved and cared, valued and respected, and a sense of belonging to a network of communication.

According to Kawachi and Berkman (2001) social ties generally play a beneficial role in the maintenance of psychological well-being. It's influence refers to how members of a social network obtain normative guidance about health-relevant behaviors, such as physical activity and regular exercise which may, in turn, bring positive impact on mental health.

Sharma, Madaan and Petty (2006) also pointed out that mental health patients having a regular participation in physical activity can increase their self-esteem and also can help decrease stress and anxiety. It is also said to play a profound role in preventing mental health problems and also helps improve the quality of life of patients having mental health disorders.

Mental health patient's involvement in social networking according to study brings out producing positive psychological states which includes having a sense of belonging, purpose, security and a feeling of self-worth. This will also in turn, may positively affect mental health because of increased motivation for self-care. (Kawachi & Berkman, 2001)

Figure 4 describes how participation in social networks positively impacts mental health patient's psychological well-being.

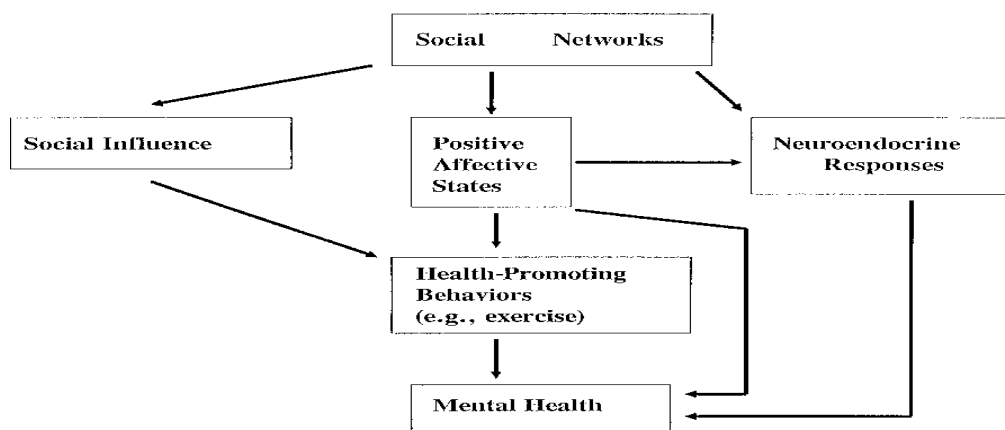


Figure 4 Main effect model of social ties and mental health.(Kawachi & Berkman, 2001)

Harandi, Taghinasab and Nayeri, (2017) emphasizes that patients with more positive social relations, connections and higher social support do experience more efficient communication skills, which to a large extent saves them from being depressed and having other mental disorders. They continue to explain that social support gives patients with mental illnesses the feeling of being loved and cared, valued and respected, and a sense of belonging to a network of communication

Transparency in medicine dispensation was also emphasized in the result, it was suggested that mental health patients need to be involved in their treatment especially in their medication and decision making as it has a profound impact on their well-being and also help improve their knowledge and gives them understanding of their treatment which in the end increases their level of satisfaction.

Study conducted by EBSCO Health-DynaMed Plus, prove that patients in general desire transparency in their treatment especially when it comes to their medication. Some mental health patients are reluctant to ask questions about their medication but they mostly go along with whatever the nurses and the doctors provide no matter what information given but it's of great importance that patients become part of the decision making process. To do that, patients first and foremost need accessibility of their care provider, their health information and a complete need of transparency in their medication. (EBSCO Health-DynaMed Plus)

“Transparency is defined as lack of hidden agendas and conditions, accompanied by the availability of full information required for collaboration, cooperation, and collective decision making. Basically, transparency lets the light in. There has been a loud and clear call for greater transparency in medicine, requiring an openness and willingness to share information upon which clinical decisions are based.

Transparency is critical across the healthcare spectrum. It touches everything from how physicians practice medicine, to how information is shared with patients, to how hospitals gather and report outcomes. Transparency provides clarity to physicians, promotes trust among patients and leads to long-term improvements in outcomes.”(EBSCO Health-DynaMed Plus) Their study also pointed out that healthcare professionals being

transparent in medicine helps promote better quality of care and raises the level of healthcare system. This also brings a great improvement and the trust in overall relationships patients have with the nurses and consequently ensures better outcome and patients' satisfaction.(EBSCO Health-DynaMed Plus)

According to the result, nurses at the Pantang psychiatric hospital sometimes do not pay much attention to the patient's safety but rather focus so much on their phones, computer and watching football even when patients is on the floor with bruises needing their attention but they claim they are busy. Findings therefore suggested that nurses should ensure creating a safe care environment for mental health patients, an environment that is free from accident and to provide an effective care. Lack of attention in the care of mental health patients lead to errors, mishaps and adverse events. It was also suggested that the healthcare management should play an active role in creating an atmosphere where both patients and the family and the health care professionals could freely have an open discussions and give feedback pertaining to the patient's safety.

According to Kanerva, Lammintakanen and Kivinen (2012) Zaugg and Wangler (2009) describe patient safety as being freed from accidental or preventable injuries which are cause by medical professionals. They also define it as practices which reduce the risk of adverse events in the care of mental health patients.

Kanerva, Lammintakanen and Kivinen (2012) again referred to Fairlie and Brown (1994) study which stated that, it is important for mental health care professionals to ensure creating a safe care environment for mental health patients, an environment that is free from accident and to provide an effective care. Lack of attention in the care mental health patients lead to errors, mishaps and adverse events.

An effective communication flow between the healthcare providers and the patients was also evident in the findings of the study. It was therefore suggested that the healthcare provider should be more concerned about the feedback that comes from the patients. This makes patient feel valued, knowing that their opinions and concerns are heard and taken into account.

Good communication in the area of listening to patients was also brought to light as it plays an important role in care relationship. It was suggested that, nurses and the doctors should be able to listen and be more concerned about their wishes because most at times their voices are not heard and taken in account in their own treatment. According Berman and Chutka (2016) healthcare professionals should be able to do whatever possible to help their patients with mental illness feels they have their attention throughout the time of their treatment which in the end will bring satisfaction of patients.

It was also proven that good communication skills in the area of listening to patients is a key to establishing positive relationships, and when this skill of listening is neglected to a great extent affect many areas in the patient care treatment. (Berman & Chutka, 2016)

The findings also suggested that, the healthcare professionals especially the nurses and the doctors should be able to have enough time with the patient with mental health disorder to fully respond to whatever question put before them. There was an evidence which indicated that healthcare professionals most often do not have time to listen to what patients with mental illness have to say which to a large extent does not help them to get to know the patients and provide the care needed. (Berman & Chutka, 2016)

It was also pointed out the need for having enough well-trained nurses who could be assigned to assist patients who are unable to cope by themselves, for instance, patients who cannot brush their teeth, who urinate on themselves because of their mental health state.

The results of this study could be of great help to Pantang psychiatric hospital to know how their patients feel about the treatment being provided and will also enable them to know all the areas in their care provision where improvement is required.

According to the World health organization (2011) mental illness among adult is one of the highest contributors to the burden of disease and disability worldwide and It estimates that 25% of the world's population will suffer from mental and neurological disorders such as schizophrenia, mental retardation, alcohol and drug abuse, dementias, stress-related disorders, and epilepsy during their lifetime.

Mental illness among adult persons is seen to be more than just a mental disorder and it's been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'' (Kalpana, 2011)

Vikram and Martin (2010) also proves that there is still an existing treatment gap for adults with schizophrenia and other mental illness which goes beyond 90% and even where the treatment is provided most often it's still below the standard. Their study continued to state that ''Failure to provide basic necessities such as adequate nourishment, clothing, shelter, comfort and privacy, unauthorized and unmonitored detention, shackling and chaining are all described as a failure of humanity''

According to World health organization (2013) mental illness among adult persons is proving to be a much bigger deal than we might have thought and finding ways to providing an adequate treatment which will result in retaining the good health of those with mental health problems should be the focus.

Striving for a better understanding of mental illness and providing an affordable and effective treatments is of great importance as it helps improve the lives of people suffering from these disorders in the world (Vikram & Martin, 2010) ''Without effective prevention and treatment, adult with mental illnesses can have profound effects on their ability to carry out their daily lives which will result in poorer physical health. Adults with mental health problems are less productive at work and more likely to be unemployed'' (OECD-European Union, 2018).

Having a closer look at the responses and analyzing the reactions from the participants, the author believes paying much attention to below areas of recommendation will go a long way to improve the quality of treatment being provided and also will help retain and improve the lives of the patients struggling with mental disorders.

6.1.1 Social support and network

According to Kawachi and Berkman (2001) social ties generally play a beneficial role in the maintenance of psychological well-being. It's influence refers to how members of a social network obtain normative guidance about health-relevant behaviors, such as physical activity and regular exercise which may, in turn, bring positive impact on mental health.

Mental health patient's involvement in social networking according to study brings out producing positive psychological states which includes having a sense of belonging, purpose, security and a feeling of self-worth. This will also in turn, may positively affect mental health because of increased motivation for self-care.(Kawachi & Berkman, 2001)

Harandi, Taghinasab and Nayeri (2017) describes "Social support as support giving to mental health patients through social ties from other individuals, groups, and the larger community. It's also defined as "a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help"

Many different studies have proven the importance of social support and network for adult with mental illness. They have explicitly pointed out how these activities impact and positively influence the lives of adult with mental disorders.

In order to make this happen, the management of Pantang psychiatric hospital could create an environment or set apart some days in a week in a strategized way when patients, family and friends could get to meet or talk on the phone about life in general- which the author believe will bring some sort relieve and comfort to both patient and the family and friends.

According to study, mental health patients with more positive social relations, connections with family and friends with higher social support get comforted and also experi-

ence more efficient communication skills, which to a large extent saves them from being depressed and having other mental disorders. They continue to explain that social support gives patients with mental illnesses the feeling of being loved and cared, valued and respected, and a sense of belonging to a network of communication (Harandi, Taghinasab & Nayeri, 2017)

6.1.2 Open dialogue

This was first described as such in 1995 by Seikkula and Lehtinen, 2011; Seikkula et al., 1995. The “openness” of Open Dialogue means to the transparency of the care planning and decision-making processes, which take place while everyone is present. (Olson, Seikkula & Ziedonis, 2014)

This practice is based on a special kind of interaction in which the basic feature is that each participant feels heard and responded to with an emphasis on listening and responding

This care method plays an importance role in every social and health care field as it has a positive influence on the professional’s way of relating with the patients, the family and everyone in the care network. This method of care in its transparency according to Olson, Seikkula and Ziedonis (2014) unifies the professionals and all the people involved in the treatment into a collaborative enterprise so to say.

Seikkula, Olson and Ziedonis (2014) continue to emphasize that open dialogue brings a unique interaction among all the participants involved in bringing a positive change as desirable

Berman and Chutkan (2016) also places more emphasis on good communication skills “being a key to establishing these desired relationships, and the inability to display good communication skills has been shown to negatively affect many areas in patient care. On the other hand, good communication skills have been shown to improve patient treatment compliance, thus leading to improved patient outcomes”

“Listening can determine the outcome of matters of urgency, it can reduce stress, increase joint-decision making, and instills patient confidence in direction of therapies and treatments which ensures they will follow-through on treatments. Listening can also foster a deeper connection between nurses and patient” (Jagosh et al., 2011)

Patient not having a feeling of being listened to becomes a major source of dissatisfaction. Berman and Chutka (2016) mentioned that healthcare professionals should do whatever possible to help their patients with mental illness feel they have their attention throughout the time of their treatment”

“Being a good doctor requires not only knowledge and technical skills, but also communication. Communication skills are not just restricted to talking, but also to listening and nonverbal communication” (Berman & Chutka, 2016)

Knowing the importance of listening in the area of communication with mental health patients, Pantang psychiatric hospital nurses should be able to listen to their patients and pay much attention to them when they are speaking despite their health condition. Giving the patient a listening ear will enable them to hear and understand what their needs are and provide them accordingly and this will built trust in the care provision.

A study describes communication being an essential part of nursing. It stated that, in a nurse-client relationship, communication is more than transmission of information; it also involves conveying and recognizing feelings, and letting the patient know that their feelings have been acknowledged (Fakhr-Movahedi et al., 2016,).

Communication in nurse-patient relationship is an important tool and seen to be more effective as it helps recognize ones feelings and also enables the patient to know that their needs have been recognized. Where there's an effective communication, there's trust and when this relationship is built, it brings a warm work atmosphere.(Fakhr-Movahedi et al., 2016).

6.1.3 Medicine dispensation

According to study, medication in mental healthcare plays an important role in treating several mental disorders and conditions though it does not entirely cure the illness but it helps to reduce and also to avoid relapses of mental disorder. (lifeStance Health)

Transparency in the area of medication is of great importance among patients with mental illnesses. Since the patient won't be able to ask questions regarding their medication, the nurses should take their time to explain and educate them, make them know and be familiar with the name of the medications they use and explaining to them both the positive and the negative impact it has on their health gives them a sense of being part of their treatment which positively affects their well-being and speeds up their recovery process.

Piat, Sabetti and Bloom (2009) pointed it out involving patients in medication planning and management, decision making plays a key role in patients control and choice and increases their knowledge of the benefits they get from medication.

Hughes (2008) also said, patient-centered care is directly connected with the quality of care and involvement of patient in their care. Having the patient involved in their treatment especially in their medication and decision making has a profound impact on their wellbeing, improve their knowledge and gives them understanding of their treatment which in the end increases their level of satisfaction.

Healthcare professionals at the Pantang psychiatric hospital should ensure involving their patients in the treatment process no matter their state of mind, this helps the patients to feel valued and develop a meaningful quality life despite their health struggles.

6.1.4 Nurse's workload and safety of Patient

In most cases, healthcare organizations become more focused on the revenues rather than employing an adequate number of nurses to provide treatment needed for their patients. I believe moving away from this notion and bringing in more nurses into play

will help reduce workload for the nurses who are already on the field and that also will greatly prevent burnout.

Burnout is associated with high workload, low staffing levels, long shifts, and low control and this has severe consequences both on the nurses and safety of mental health patients.

“The lack of well qualified nurses has been considered as one of the most important barriers to achieve effective healthcare systems. However, the provision of well qualified nurses and appropriate nurse-patient ratios play a vital role in ensuring patient safety and providing quality of care. Low levels of staff, increased workloads and unstable working environment are related to adverse patient outcomes, including an increase in mortality rate, falls, and medication errors” (Mozhgan, Marzieh, MShahrzad & Abass, 2017)

Study shows that “a heavy nursing workload adversely affects patient safety. Furthermore, it negatively affects nursing job satisfaction and, as a result, contributes to high turnover and the nursing shortage addition to the higher patient acuity, work system factors and expectations also contribute to the nurses’ workload” (Carayon & Gurse, 2008)

Pantang psychiatric hospital should have a better nurse reserve system in place so that when someone is sick there will always be back-up nurses available to cover-up to avoid nurses at work being over-worked, this to a large extent will reduce nurses being burnout and ensure safe treatment.

6.2 Methodology considerations and limitations

This section talks more about the method and writing ethics applied in writing this thesis. The author paid a great attention to the guidelines put in place in writing thesis and preserved the rights of the authors that were referred to. This also points out the credibility of the materials and the articles used.

The interviews were conducted both in English being the official language of Ghana and Akan also being the most spoken dialect in Ghana. Some of the participants who have less English proficiency spoke in Akan and that brought a profound limitation to the author during transcribing the interview into English. However, the participants who have language skills in English made it less challenging for the author to transcribe into text.

The author believes the result of the study would have been different if all the participants had communicated in the same language. The author also think that if he had gotten the opportunity to involve patients from other psychiatric hospitals in Ghana to a large extent would have influenced the outcome of the study since the thesis topic is about treatment of mental health in Ghana.

The author then applied or used keywords that came from the topic which guided in conducting the study. Data used for the study came from the responses of the participants during the interviews, from reliable internet sources and also from Arcada database.

6.3 Ethical considerations

Resnik (2011) describes ethics as professional codes of conduct that defines right or wrong. Before the entire study begun, permission was obtained to have a research on the topic “Adult person’s experiences of Mental Health treatment and Care. A letter of intent was then sent to the potential mental health organization and after it was approved and acknowledged its essence and the positive impact it will have on the service provision, the participants were then contacted and informed about the study. They were also assured that their confidentiality will be kept and whatever information they provide will be solely used for the purpose of the research. They then gave their permission to be interviewed.

The place for the interview was agreed upon for security purposes. Their privacy was highly observed, all the information they provided during the twelve interviews had not

be mentioned and discussed with anyone and the tape-recording interviews were deleted right after transcribing them into words

6.4 Research Credibility

The credibility of the study was based on the data received from the participants during the interviews and also from the various literature and articles on mental health treatment both in Ghana and Finland

The author also used some of the recent articles and publications to support the data collected. The result of the study was also backed up with various sources such as an electronic library (ebrary), google search engine, Arcada database etc. to search for most of the articles and books on adult mental health treatment.

7 CONCLUSION

In this study, the author investigated how adult persons with mental health disorders experience mental treatment in Ghana.

Based on the results of this study, it is evident that having a better understanding of mental illness and providing an affordable and effective treatments that is tailored to the needs of the patients with no doubt is of great importance.

The study was conducted as a result of how mental health among adults is becoming one of the highest global contributors to the burden of disease as described by (World Health Organization, 2016). Mental disorder affects a significant number of lives and contributes greatly to the human waste of resources than all other forms of disability.

In this study it was proven that there is an existing treatment gap for adults with various mental illnesses which is beyond 90%-and even where the treatment is provided it's still below the standard. It was also emphasised that without having an effective prevention

and providing a quality mental health treatment, adult battling with mental illness could greatly be affected in their daily lives and this will eventually make them less productive in their communities, work and possibly be unemployed.

In order to investigate how adult with mental health disorder in Ghana are treated qualitative research method was used to gain information about their experiences.

Data collection was done using semi-structured Interviews since it consists of open-ended questions which give grounds to explore the entire research questions. This method as mentioned by Sutton and Zubin (2015) helps the researcher to know and to understand the meaning, thought and the experiences the participants share.

Data was analysed using the six phases of thematic analysis process as described by Braun and Clarke (2013) to get the overall story behind the data collected.

From the result, it was indicated that most participants are happy and contented with the treatment received so far and will be happy to give recommendation when needed. It was also identified that patients at the Pantang Psychiatric hospital are respected and treated without any discrimination. The participants however wished that their voices in the treatment will be heard and will also be able to have social contact with their friends and family. Transparency in medication and safety in their care treatment was also brought to light.

Having an overall look at the result, it shows clearly that there's a level of treatment that is being provided to a certain percentage of people with mental illness but there is still an existing treatment gap that needs to be filled to ensure that every adult person who suffer from mental illnesses irrespective of the country where they live or the race they belong receive treatment that is tailored to their needs.

The question the author at this point would like to ask is, can the patient with mental illness in mental health hospitals in Ghana receive quality mental health treatment without meeting the needs of the healthcare providers and the author therefore recommend further research on this

8 REFERENCES

Adu-Gyamfi , S (2017) Mental Health Service in Ghana: A Review of the Case
https://www.researchgate.net/publication/322071552_Mental_health_policy_in_Ghana_A_Review_of_the_case

African Journal of Psychiatry, 2010).[Childhood trauma in adults with social anxiety disorder and panic disorder: a cross-national study.](https://www.ajol.info/index.php/ajpsy/issue/view/7897)
<https://www.ajol.info/index.php/ajpsy/issue/view/7897>

Asare, B. (2014). An overview of Ghana's mental health system: results from an assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4016652>

Berg, L. & Danielson, E. (2007) Patients' and nurses' experiences of the caring relationship in hospital: an aware striving for trust.
<http://web.a.ebscohost.com.ezproxy.hamk.fi/ehost/pdfviewer/pdfviewer?vid=3&sid=b2339e81-8cf3-46d7-b66b-fc042fb67db4%40sessionmgr4007>

Berman, A. & Chutka, D. (2016) Assessing effective physician-patient communication skills: "Are you listening to me doc."
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4951737/>

Bone, T. & Roberts, M. (2019) An investigation into the routes to inpatient care at the Pantang Hospital in Ghana via the criminal justice system.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6697773/>

Brandenburg, S.(2017) Nurse Perceived Barriers to Effective Nurse-Patient Communication.
https://stars.library.ucf.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&http_sredir=1&article=1241&context=honorstheses

Braun, V. & Clarke, V. (2013) Successful qualitative research; A practical guide for beginners

https://www.researchgate.net/publication/256089360_Successful_Qualitative_Research_A_Practical_Guide_for_Beginners.

Braun, V. & Clarke, V. (2012) Thematic Analysis.

https://www.researchgate.net/publication/269930410_Thematic_analysis

Carayon, P., & Gurses, A. (2008) Nursing Workload and Patient Safety—A Human Factors Engineering Perspective. <https://www.ncbi.nlm.nih.gov/books/NBK2657/>

DeJonckheere, M. & Vaughn L. (2019) Semi-structured interviewing in primary care research: a balance of relationship and rigour. <https://fmch.bmj.com/content/fmch/7/2/e000057.full.pdf>

Dickert, N. & Kasse, N. (2008) Understanding respect: learning from patients. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110664/>

Fakhr-Movahedi, A., Rahnavard, Z., Salsali, M. & Negarandeh, R. (2016) Exploring Nurse's Communicative Role in Nurse-Patient Relations: A Qualitative Study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5187547/>

Forster, B. (2012). A Historical Survey of Psychiatric Practice in Ghana. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3645160/>

Fournier, O. (2011). The Status of Mental Health Care in Ghana, West Africa and Signs of Progress in the Greater Accra Region. https://escholarship.org/uc/our_buj/24/3

Funk, C. Lund, M. Freeman, N. Drew, (2009) Improving the quality of mental health care. <https://academic.oup.com/intqhc/article/21/6/415/1798227>

Galderisi, S, Heinz, A., Kastrup, M., Beezhold, J. & Sartorius, N. (2015) Toward a new definition of mental health. World Psychiatry. .
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4471980/#_ffn_sectitle

Ghana ministry of health. (2011) Mental health system in Ghana.
https://www.who.int/mental_health/who_aims_country_reports/ghana_who_aims_report.pdf?ua=1

Greene, S., Tuzzio, L. & Cherkin, D. (2012). A Framework for Making Patient-Centered Care Front and Center.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442762/pdf/i1552-5775-16-3-49.pdf>

Hancock, B., Ockleford, E. & Windridge, K. (2009). An introduction of qualitative research. National Institute for Health Research.
https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf

Harandi,T. Taghinasab,M, & Nayeri, T. (2017) The correlation of social support with mental health: A meta-analysis,
https://www.researchgate.net/publication/320022453_The_correlation_of_social_support_with_mental_health_A_meta-analysis.

Hemingway S. (2014) Medication Management intervention.
http://eprints.hud.ac.uk/id/eprint/22999/1/18-23_Hemingway_medication_Dec_2014_v3-2.pdf

Henderson, C., Evans-Lacko, S. & Thornicroft, G. (2013) Mental Illness Stigma, Help Seeking, and Public Health Programs.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110664/>

Hughes, R.G. (2008). Nurses at the “Sharp End” of Patient Care. R.G, Hughes (ed.) Patient Safety and Quality: An Evidence-Based Handbook for Nurses.

<https://archive.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/nurseshdbk.pdf>

Jagosh, J., Boudreau, J., Steinert, Y., MacDonald, M. & Ingram, L. (2011) The importance of physician listening from the patients' perspective: Enhancing diagnosis, healing, and the doctor–patient relationship.

<https://www.bch.org/documents/Staff-Login-/Importance-of-physician-listening.pdf>

Johansson, P., Oléni, M. & Fridlund, B. (2002). Patients satisfaction with nursing care in the context of health care. <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1471-6712.2002.00094.x>

Kalpana, S.(2011) Positive mental health and its relationship with resilience. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530291/>

Kanerva, A., Lammintakanen, J. & Kivinen, T. (2012) Patient safety in psychiatric inpatient care: https://www.researchgate.net/publication/229009078_Patient_safety_in_psychiatric_inpatient_care_A_literature_review

Kawachi, I., Berkman, L. (2001) Social ties and mental health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3455910/pdf/11524_2006_Article_44.pdf

Kourkouta, L. & Papathanasiou, I. (2014) Communication in Nursing Practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3990376/>

Kühn, S. & Rieger, U. (2017) Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. [https://www.soard.org/article/S1550-7289\(17\)30060-6/fulltext](https://www.soard.org/article/S1550-7289(17)30060-6/fulltext)

Laith, A (2011) The Mediating Effect of Patient Satisfaction in the Patients' Perceptions of Healthcare Quality – Patient Trust Relationship.

https://www.researchgate.net/publication/49610979_The_Mediatng_Effect_of_Patient_Satisfaction_in_the_Patients'_Perceptions_of_Healthcare_Quality_-_Patient_Trust_Relationshipi

Lateef, F. (2011) Patient expectations and the paradigm shift of care in emergency medicine.

<https://www.onlinejets.org/article.asp?issn=09742700;year=2011;volume=4;issue=2;spage=163;epage=167;aulast=Lat>

LifeStance Health. Medication Management.
<https://www.cfpsych.org/services/medication-management>

Lifealth. Why is experience is considered to be the best teacher in life

<https://m.dailyhunt.in/news/india/english/lifealth+english-epaper-litheng/why+is+experience+is+considered+to+be+the+best+teacher+in+life-newsid-96213951>

Mok, E. & Chiu, P (2004) Nurse-Patient relationships in palliative care.
http://cgvh.harvard.edu/files/cgvh/files/bonnie_paper_1.pdf

Morley, L. & Cashell, A. (2017) Collaboration in Health Care.
[https://www.jmirs.org/article/S1939-8654\(16\)30117-5/pdf](https://www.jmirs.org/article/S1939-8654(16)30117-5/pdf)

Mowat, H., Bunniss, S., Snowden, A. & Wright, L. (2013) Listening as health care.
<https://www.napier.ac.uk/~media/worktribe/output-186810/1600p35mowatbunnissnowdenwrightpdf.pdf>

Mozhgan, R., Marzieh, M., Shahrzad Y. & Abass, E. (2017) Adequate Resources as Essential Component in the Nursing Practice Environment: A Qualitative Study.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5535389/>

Nayeri, N. & Aghajani, M. (2010). Patients' privacy and satisfaction in the emergency department: A descriptive analytical study.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.864.9447&rep=rep1&type=pdf>

Neil, H. (2009) Introduction to medicines management. <https://ebookcentral-proquest-com.ezproxy.arcada.fi:2443/lib/arcada-ebooks/reader.action?docID=470127&query=medication+in+mental+health>

Neuendorf, K. A. (2019). Content analysis and thematic analysis. https://academic.csuohio.edu/kneuendorf/vitae/NeuendorfCA_TA_19.pdf

Nowell, L., Norris, Jill., White. D., & Moules, N. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. <https://journals.sagepub.com/doi/pdf/10.1177/1609406917733847>

OECD-European Union, (2018) Health at a Glance: Europe 2018. STATE OF HEALTH IN THE EU CYCLE. https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018_en.pdf?expires=1621207773&id=id&accname=guest&checksum=BDAF4232EEED94852A24A9471A6AF6D2

Olson, M, Seikkula, J. & Ziedonis, D. (2014). The key elements of dialogic practice in Open Dialogue. <https://www.umassmed.edu/globalassets/psychiatry/open-dialogue/keyelements1.109022014.pdf>

Oxelmark, L., Ulin, K., Chaboyer, W., Bucknall, T. & Rindal M. (2018). Registered Nurses' experiences of patient participation in hospital care: supporting and hindering factors patient participation in care. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/scs.12486>

Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N. & Hoagwood, K. (2015) Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/pdf/nihms-538401.pdf>

Paparella, G. (2016). Person-centered care in Europe: A cross-country comparison of health system performance strategies and structures. Europe: Picker Institute. <https://www.picker.org/wp-content/uploads/2016/02/12-02-16-Policy-briefing-on-patient-centred-care-in-Europe.pdf>

Parandeh, A., Khaghanizade, M., Mohammadi, E. & Mokhtari-Nouri (2016). Nurses' human dignity in education and practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4776553/>

Patient Summit Europe (2015) Build trust: redesign your company around a better patient experience. Available at <https://www.reutersevents.com/pharma/patients/openness-and-transparency-key>

Patton, Q. & Cochran, M. (2002). A Guide to Using Qualitative Research Methodology. *Medicine and International Health*, https://evaluation.msf.org/sites/evaluation/files/a_guide_to_using_qualitative_research_methodology.pdf

Peluso, M. & Andrade, L. (2005) Physical activity and mental health: the association between exercise and mood. <https://pdfs.semanticscholar.org/dd47/35aed696c36728d3b7591c75d2743361afc3.pdf?ga=2.86596254.705445862.1621203602-1828185205.1554814978>

Piat, M., Sabetti, J. & Bloom, D. (2009) The Importance of Medication in Consumer Definitions of Recovery from Serious Mental Illness: A Qualitative Study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4835236/>

Ritchie, H. & Roser, M. (2018) Our world in data. Mental health. <https://ourworldindata.org/mental-health>

Roberts, M., Asare, J., Mogan, C., Adjase, E. & Osei, A. (2013). The mental health system in Ghana.

<https://www.mhinnovation.net/sites/default/files/downloads/innovation/research/The-Mental-Health-System-in-Ghana-Report.pdf>

Roberts, M., Mogan, C. & Asare, J. (2014). An overview of Ghana's mental health system results from an assessment using the World Health Organization's Assessment Instrument for Mental Health Systems
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4016652/>

Sahlsten, M., Larsson, I., Sjöström, B. & Plos, K. (2008, p. 6). An Analysis of the Concept of Patient Participation. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1744-6198.2008.00090.x>

Sharma, A., Madaan, V. & Petty, F. (2006) Exercise for mental health.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470658/>

Sims, A., Linda, A., Gibbons, J., Shepphird, S., Yudofsky, S. & Claiborn, C. (2019) Mental Disorder. <https://www.britannica.com/science/mental-disorder>

Sutton, J. & Zubin A. (2015) Qualitative Research: Data Collection, Analysis, and Management. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485510/pdf/cjhp-68-226.pdf>

Syed, K. (2016) Methods of data collection. Basic guidelines for research.
https://www.researchgate.net/publication/325846997_METHODS_OF_DATA_COLLECTION

Thorne, S. (2000). Data analysis in qualitative research .
<https://ebn.bmj.com/content/ebnurs/3/3/68.full.pdf>

Vahdat, S., Hamzehgardeshi, L., Hessam, S. & Hamzehgardeshi, Z. (2014). Patient Involvement in Health Care Decision Making:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3964421/> DOI: 10.5812/ircmj.12454

Vahid, K., Seyed, S. Abdar, E. & Mahboobeh, R. (2016) Active listening: The key of successful communication in hospital managers.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3964421/>

Varelius, J. (2006). The value of autonomy in medical ethics.

<https://link.springer.com/content/pdf/10.1007/s11019-006-9000-z.pdf>

Vigo, D., Thornicroft, G. & Atun, R. (2016) Estimating the true global burden of mental illness.

<https://www.semanticscholar.org/paper/Estimating-the-true-global-burden-of-mental-Vigo-Thornicroft/e49a6925b71d8b4a1d1af32fbe9ac89eaacb1cfb>

Vikram, P. & Martin, P. (2012) Global Mental Health: a new global health field comes of age. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3432444/>

Wahlbeck, K., Westman, J., Nordentoft, M., Gissler, M. & Laursen, T.(2018) Outcome of Nordic mental health systems, life expectancy of patients with mental disorders.

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/outcomes-of-nordic-mental-health-systems-life-expectancy-of-patients-with-mental-disorders/D9769E301E9C238CA3B43E21E1913DF7>

Wanat, C. (2008) Getting Past the Gatekeepers:

<https://www.brown.uk.com/teaching/HEST5001/wanat.pdf>

Wei, H. & Watson, J. (2018). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study.

https://www.researchgate.net/publication/329638715_Healthcare_interprofessional_team_members'_perspectives_on_human_caring_A_directed_content_analysis_study.

Wong, L. (2008) Data Analysis in Qualitative Research:

[s://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267019/pdf/MFP-03-14.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267019/pdf/MFP-03-14.pdf)

World health organisation (2012) Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. Sixty-fifth world health assembly.
https://apps.who.int/iris/bitstream/handle/10665/78898/A65_10-en.pdf?sequence=1&isAllowed=y

World health organization (2011) Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level.
http://apps.who.int/gb/ebwha/pdf_files/eb130/b130_9-en.pdf

World Health Organization (2003) Investing in MENTAL HEALTH.
https://www.who.int/mental_health/media/investing_mnh.pdf

World health organization (2013) Mental health action plan 2013-2020.
https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf;jsessionid=3E733E34987B730B89435FFAD8FE19F2?sequence=1

