



# **ACCRA PSYCHIATRIC HOSPITAL**

## **2025 ANNUAL MANAGEMENT REPORT**

This report covers background, events and activities and the general performance of the hospital in 2025.

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## CORPORATE INFORMATION

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**INCORPORATED:** Mental Health Authority Act, 2012 (Act,846)

### Management

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Emmanuel Hanson Torde, ChPA, CMC	Deputy Director, Administration
Dr. Susan Seffah	Ag, Clinical Coordinator
Dr. Peggy Asiedu Ekremet	Deputy Ag. Clinical Coordinator
Mrs. Agnes Agudu, GCNM	Head of Nursing Administration
Mrs. Barbra Mensah-Amewuda	Head of Pharmacy Department
Mr. Bernard Mortotsi	Head of Finance
Ms. Winnie Yayra Alemawor	Head of Internal Audit

## List of Abbreviation

APH-	Accra Psychiatric Hospital
AVHVOC-	Africa Volunteers Health Corps-
BOR-	Bed Occupancy Rate
BMC-	Budget Management Centre
ChPA-	Chartered Professional Administrator
CMC-	Chartered Management Consultant
CC-	Clinical Coordinator
CNO-	Chief Nursing Officer
CAMH-	Child and Adolescent Health
CAPEX-	Capital Project Expenditure
CDFA-	Chartered Development Analyst
DHIMS-	District Health Information Management System
ECT-	Electronic Convulsive Therapy
EIPP-	Early Integration in Psychosis Program
FPCPharm-	Fellow of West Africa Postgraduate College of Pharmacist
GOG-	Government of Ghana
GHIPSS-	Ghana Interbank Payment and Settlement System
GHIMS-	Ghana Health Information Management System
GCNM-	Ghana College of Nurses and Midwives
GCPS-	Ghana College of Physicians and Surgeons
UGBS-	University of Ghana Business School
HD-	Hospital Director
HoF-	Head of Finance
HMC-	Hospital Management Committee
HIV-	Human Immune Virus
HAM-	Health Administration Management
ICT-	Information Communication Technology
IGF-	Internally Generated Fund
ICGC-	International Central Gospel Church
ICD-	International Condition of Diseases
IRB-	Institutional Research Board
IA-	Internal Auditor
IIA-	Institute of Internal Auditors
IPC-	Infection Prevention and Control
ICA-	Institute of Chartered Accountants
LHIMS-	Lightwaves Health Information Management System
MHA-	Mental Health Authority

MPSGH-	Member of Pharmaceutical Society of Ghana
MBCbB-	Medicine, Bachelor of Surgery
NHIS-	National Health Insurance Scheme
NCD-	Non-Communicable Disease
OPD-	Outpatient Department
OTC-	Occupational Therapy Centre
Ph.D.-	Doctor of Philosophy
SURGE-	Strengthening & Utilization Response for Emergencies
QRMN-	Qualified Registered Mental Health Nurses
RMN-	Registered Mental Nurse
WHO-	World Health Organization

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## Message from the Hospital Director

Dear all,

It is my privilege to present a review of our 2025 performance and highlights of our plans for future development. The year under review was marked with significant successes despite enormous challenges.

I extend my heartfelt gratitude to all the staff of Accra Psychiatric Hospital for their tireless efforts in working towards achieving the hospital's goals over the course of the year. Special thanks go to staff involved at all levels of management, from Unit heads to Hospital Management Committee members.

For the year under review, we:

- a) Improved on the reporting accuracy of key performance indicators, including an increase of almost 400% in the number of reported default cases; an increase in the number of reported attempted suicide cases of over 300%; and an increase in the number of reported relapse cases of almost 300%. These indicators provide challenges at all levels of the healthcare system and Accra Psychiatric Hospital is leading the way in making accurate, reliable data available for use.
- b) Purchased ECT and anaesthesia machines to restart the provision of ECT under sedation and start the journey towards provision of ECT under full anaesthesia, which will be a first for Ghana.
- c) Provided training to health trainees across multiple disciplines, including sixty-four (64) junior and senior residents from the Ghana and West African Colleges of Physicians; five (5) Psychologists; sixteen medical (16) house officers; three (3) pharmacy house officers; thirty-one (31) pharmacy students on practicum; and three thousand one hundred and forty-two (3,142) practicum nurses.
- d) Collaborated with stakeholders and renovated the front view façade, main gate; re-painted the front view wall; renovated the OPD waiting area and selected consulting rooms (including the provision of furniture and fittings); and beautified the hospital environment; renovated the female infirmary ward. The male geriatric and special ward renovations are on-going.
- e) Received other donations; notable among them were food, groceries and cash that supported the feeding of non-fee-paying patients.
- f) Celebrated key health events; Mental Health Awareness Month (Purple month) and participated in the ICGC annual health walk in support of mental health in Ghana.
- g) Exceeded our service revenue target by 101.7% in 2025 against 52% in 2024. The pharmacy revenue also saw

significant increase from 9.9% in 2024 to 11.86% in 2025.

h) Undertook community mental health outreach services to major communities in the Greater Accra region and hope to extend similar services in 2026

j) Implemented on-site banking services with the GCB bank to strengthen internal controls.

To my hardworking management team and head of units/departments, I would like to encourage you to trust your team, shift your focus from task management to results-driven leadership, and genuinely listen to feedback from staff to manage problems and create solutions. These are attributes that will enable us to achieve greater results in the future.

Despite the perineal financial challenges that the hospital continued to face in 2025, we witnessed continued improvements in clinical service and environmental quality. This augurs well for the overall direction of the hospital as we continue to remain focused on improving financial indicators for service sustainability.

I feel proud that we were able to achieve so much in 2025 by working together as a team. I believe this to be an outstanding performance, by any standard, for which I would especially like to thank you for the support you have given me as the Hospital Director

Thank you



**Dr Kwadwo Marfo Obeng**  
**Hospital Director**

## **Outlook for 2026**

In 2026, we expect to improve on the key clinical indicators by 5%, reduce clients waiting time, improve on service quality, staff and clients' safety and comfortability and research and evidence- based practice and conduct both clients and staff satisfaction survey to know our actual score as a hospital.

We will;

- a) Continue with the capacity building programmes for the management personnel and staff, increase the number of specialists by encouraging Medical Officers, Nurses and Pharmacists to go for residency training.
- b) Improve on revenue generation and put measures in place to block revenue leakages in line with best practices.
- c) To put measures in place to motivate staff.
- d) Prepare and implement a Planned Preventive Maintenance (PPM) schedule for the routine maintenance of equipment and infrastructure to avoid service breakdown and ensuring safe environment of staff, clients and visitors.
- e) While managers intensify quarterly monitoring and supervision to the units and departments, emphasis will be laid on in-service trainings, seminars and workshops and intensify orientation of newly appointed staff to appreciate the ethics, mission and vision of the hospital and mental health at large.
- f) In building stakeholder and partnership engagement with the corporate organizations and philanthropist, we will submit proposals for assistance in building of new Occupational Therapy Centre (OTC), re-roof the aged buildings, replace/repair the faulty generator, dislodge and desilt the central cesspit tank, refurbish the catering and laundry equipment and reshape the internal roads.
- g) Constitute a committee to plan the celebration of the 120 years anniversary of the Accra Psychiatric Hospital
- h) Develop internal policies; donation acceptance policy, complete the hospital strategic and human resource policy and strategies plan, transport policy, equipment policy and service continuity plan.
- i) Make pragmatic efforts to replace obsolete vehicles through hire purchase arrangements.

## **Acknowledgement**

We wish to express our appreciation and sincere gratitude to all our stakeholders both internal and external. We are grateful to the Chief Executive, Dr. Eugene Kobla Dordoye, Deputy Chief Executive, Dr. Vivian Maame Aba Dadzie and all Directors of the Mental Health Authority for their vision to improving the health care system in the hospital.

To the Ministry of Health, The Ministry of Finance through Government of Ghana for the continuous supports by paying the compensation to the staff and subventions in service delivery.

To the head of departments/units, and head of technical units of the hospital, housekeeping and hospitality services we say kudos.

We would also like to thank the public, our clients for the trust, confidence and patronage of our services over the past years.

To the staff, we thank you for your contributions to the organic growth and clinical achievements in 2025.

It is our hope that we will continue to dedicate ourselves to building and transforming our various departments and units to make the Accra Psychiatric Hospital a preferred choice of excellence.

## Profile on the Hospital Management Committee Members

### **Dr. Kwadwo Marfo Obeng**

He is the Hospital Director and a Specialist Psychiatrist.

He is a Member of the Ghana College of Physicians and Surgeons (GCPS), Faculty of Psychiatry. He has a Bachelor of Medicine and Surgery (MBChB) from the University of Ghana Medical School and a Bachelor of Science degree in Medical Sciences.

Dr, Kwadwo Marfo Obeng plays active role in clinical work, academic and the development of Mental Health Policy in Ghana

He has experience in health financing, having served as a technical consultant supporting the inclusion of four priority mental health disorders in Ghana's NHIS and the costing of mental health services in Ghana. He also served as a member of the National Health Insurance Scheme tariff review expert group.

He has a background in legislative review, having served as a technical team member for the review of both Ghana's Mental Health Regulations and Mental Health Act. He also contributed to the development of the Legislative Instrument for Part Six (Tobacco Control Measures) of the Public Health Act.

His experience also extends to programme design, monitoring & evaluation, and health information systems, having served as a member of the technical teams for a WHO-led initiative to develop an operational plan and M&E framework for a maternal mental health project and the development of Mental Health Standard Operating Procedures and datasets for District Health Information Management System (DHIMS). He later served as a technical consultant for the update of mental health indicators in the DHIMS.





**Emmanuel Hanson Torde, ChPA, CMC**

He is the Deputy Director, Administration, Chartered Professional Administrator and Management Consultant.

He earned an Honorary Doctorate Degree in Management and Leadership from the Sastra Ankor University, Cambodia.

He is a Member of the Chartered Institute of Administrators and Management Consultancy from the Chartered Institute of Administrators and Management Consultants -Ghana (CIAMC-Gh). He holds Master of Business Administration (Human Resource Management) from the University of Cape Coast, Post Graduate Diploma (Management Development) from the Ghana Institute of Management and Public Administration (GIMPA) and Bachelor of Science degree (Health Service Administration) from the University of Ghana Business School (UGBS), Legon. He earned several certificates to his credit through short courses.

Emmanuel Hanson Torde, ChPA, CMC is a proud member of the Association of Health Service Administrators-Ghana (AHSAG).

He is the Director and Founding Partner of Sky-Height Consultancy and Developers Ltd. and the Governing Board Chairman of Dodi Papase Senior High Technical School in the Oti region of Ghana.



**Dr. Susan Seffah**

She is the Ag. Clinical Coordinator and a Specialist Psychiatrist.

She is a Member of the Ghana College of Physicians and Surgeons (GCPS), Faculty of Psychiatry and holds Bachelor of Medicine and Surgery (MBChB) from the University of Ghana Medical School and in practice over decades.

She coordinated the hospital's COVID 19 Pandemic Response Team that ensured the adherence to both national and international standards.

Dr. Susan Seffah serves as the Chairperson to various committees; Drugs and Therapeutics Committee and Disciplinary Committee.

Dr. Susan Seffah is a member of the Africa Volunteers Health Corps, AVHOC-SURGE Responder of the World Health Organization (WHO), an adjunct lecturer and the Head of Department of the Family Health Medical School.

Her expertise, excellence, dedicated leadership and commitment reflects in the mental health services and education in Ghana.

She is currently pursuing her Fellowship programme with the Ghana College of Physicians and Surgeons.



**Dr. (Mrs.) Peggy Asiedu Ekremet**

She is the Ag. Deputy Clinical Coordinator, Specialist Psychiatrist and the head of Public Relations Unit.

She is a Fellow in Child Psychiatry with the Dalhousie University, Canada, a

Member of the Ghana College of Physicians and Surgeons (GCPS), Faculty of Psychiatry and holds Bachelor of Medicine and Surgery (MBChB) from the University of Ghana Medical School, Master of Science degree in Child and Adolescent Health (CAMH) from the University of Ibadan, Nigeria and a degree in Nutrition and Biochemistry from the University of Ghana.

Dr. (Mrs.) Peggy Asiedu Ekremet is an adjunct lecturer and very much involved in mentoring medical students.



**Mrs. Agnes Delali Agudu**

She is the Chief Nursing Officer (CNO) and the head of Nursing Administration.

She is a Fellow in Child and Adolescent Mental Health Nursing with the Ghana College of Nurses and Midwives (GCNM), Master of Philosophy (MPhil) and Bachelor of Science in Mental Health Nursing from the University of Ghana School of Nursing and Midwifery.

Mrs. Agnes Delali Agudu has served in various nursing capacities and has a strong background in mental health care.

She is committed to improving mental health services, strengthening nursing leadership and promoting patient-centered care. She is passionate about leadership, service, and building stronger mental health systems in Ghana and beyond.

Mrs. Agnes Delali Agudu is an adjunct lecturer with Ghana College of Nurses and Midwives and the Pentecost University College- School of Nursing.



**Pharm. (Mrs.) Barbara Mensah-Amewuda**

She is the Consultant Pharmacist and head of the Pharmacy Department.

She is a Fellow of West Africa Postgraduate College of Pharmacist (FPCPharm) and Member of Pharmaceutical Society of Ghana (MPSGH).

Pharm. (Mrs.) Barbara Mensah-Amewuda holds Master of Science in Supply Chain Management from the Coventry University and Certificate in Health Administration and Management (HAM) from the Ghana Institute of Management and Administration, Certificate in AI and Digital Transformation in Governance from Said Business School, University of Oxford.

She is currently a Ph.D. student.

Pharm. (Mrs.) Barbara Mensah-Amewuda is an active team player, goal driven, good listener and passionate about improving the clinical outcomes of patients through optimization of drugs therapy.

She is an adjunct lecturer with the Ghana College of Nurses and Midwives, West African College of Pharmacists, Kwame Nkrumah University of Science and Technology and Central University College.

**Mr. Bernard Y. Mortotsi**

Mr. Bernard Y. Mortotsi is the Chief Accountant and Head of Finance.

He holds Master of Business Administration (Finance) degree from the University of Ghana Business School (UGBS), Bachelor of Science (Accounting) from the Ghana Institute of Public Administration (GIMPA), and Certificate in AI and Digital Transformation in Governance from Said Business School, University of Oxford.

Mr. Bernard Y. Mortotsi is a seasoned finance professional and has vast experience in Health Sector Financing, Health Insurance, Business Performance and Reporting, Debt and Capital Raising, Business Combination, Investment and Risk Management.

He is a Chartered Development Finance Analyst (CDFA) and currently pursuing his Chartered Accountant (CA) certification with the Institute of Chartered Accountancy, Ghana.





**Ms. Winnie Yayra Alemawor**

She is a Principal Auditor and the head of Internal Audit Unit.

She holds Master of Business Administration (MBA) from the University of Professional Studies (UPSA) and Bachelor of Arts (BA) in Accounting from the University for Development Studies (UDS), Wa campus.

She is a proud member of the Institute of Internal Auditors (IIA).

## EXECUTIVE SUMMARY

The Accra Psychiatric Hospital was established in 1906 and managed by the Hospital Management Committee (HMC) under the leadership of the Hospital Director. The Hospital Director (HD) is supported by Deputy Director, Administration (DDA), Clinical Coordinator (CC), Head of Nursing Administration, Head of Pharmacy (HoP), Head of Finance (HoF) and Internal Auditor (IA).

In 2025, the hospital provided outpatient services for 26,464 cases of which the top five diagnoses: schizophrenia, bipolar disorders, depression, mental disorders due to cannabis use and headaches. The general outpatient cases recorded was 4,021. The top five (5) of these conditions were hypertension, epilepsy, diabetes, stroke and malaria. Inpatient services provided during the year under review were 749 patients. The top 5 conditions were schizophrenia, bipolar disorders, mental disorders due to cannabis use, mental disorders due to multiple substance use and mental disorders due to alcohol use. The average bed occupancy rate for the year was 68 % with average length of stay of 67 days for 250 beds complement. The hospital's laboratory conducted 8,866 tests in addition to 204 HIV tests with 17 testing positive. The Pharmacy recorded 77.8 % tracer psychotropic medicines availability with 36 reported cases of Adverse Drug Reactions (ADR).

The challenges of the hospital's infrastructure are visible per its age. However, injection of capital, inadequate human resources and resources for mental health treatment are not receiving needed attention. The facility has overaged buildings, equipment, sewerage system and obsolete vehicles that can no longer support the provision of quality mental health services. The frequent breakdown that calls for high expenditure on maintenance but huge financial challenges on the meager revenue. Another critical challenge was the exodus of key mental health professionals to developed countries for greener pastures. The low salaries and emoluments in general coupled with generally poor investment in the sector continue to drive the trend.

The year under review received from the Government of Ghana (GoG) only Ghc 854,290.48 for goods and services procurement out of the Ghc 1,003,060.55 allocated. At the close of the year, the hospital's liability to its creditors was Ghc 3,518,112.05 making operations of the facility a herculean task.

## **2025 In Retrospect**

The Management and Staff in the year under review were confronted with a pragmatic push and were charged to ensure that the strategic objectives, mission and vision of the hospital were pursued. Issues of aged infrastructure, regular breakdown of equipment, computers and devices, human resource deficit, inadequate and broken furniture and fittings, inadequate supply of medicines and medical commodities, and the likes.

The Hospital Management Committee (HMC) identified peculiar challenges and adopted appropriate strategies to address these without necessarily veering from the centre of focus on the philosophy of the patient centric approach.

The management took pragmatic steps to approach individuals, corporate bodies and collaborated very well with the Mental Health Authority as its policy implementing agency.

This has yielded results; some key personnel were granted the opportunity to update their knowledge in institutions such as the Ghana and West Africa Colleges and other institutions of higher learning. This was to hone their leadership and professional skills to focus on the hospital's agenda of gradual transformation to excellence.

The year under review witnessed the following events;

- Staff of Accra Psychiatric Hospital participated in the International Central Gospel Church (ICGC) life walk.
- The staff and clients took part in the valentine day "Show Your Love" event organized by MHA
- The hospital marked the 2025 Purple Month dedicated to mental health awareness creation in Ghana. Free community health screening was organized in Tudu and its surrounding communities in collaboration with Korle Klottey Municipal Health Directorate.
- The hospital entrance was given a facelift, the OPD was renovated including the furnishing of the consulting rooms by the KGL Foundation.
- The National Theatre of Ghana celebrated "Dance and Music" day with the staff and patients to showcase Ghana's rich cultural heritage.
- The Ghana Interbank Payment and Settlement System (GHIPSS) visited the hospital in October to provide free breast cancer screening for all female patients. They made a donation of Ghc 10,000.0 to support the hospital.
- The Accra Psychiatric hospital attended the 3<sup>rd</sup> edition of the 'Healing Together Vigil' and maiden health walk by the Bel- Aqua Foundation.
- The phase one of the special ward project was started in November 2025 by Vint and Aletheia.

- The Dakal Construction Works renovated the female infirmary ward. The renovation works included repainting, installation of air-condition and fans and renovation of the washrooms. The project was handed over to the hospital on 26<sup>th</sup> November, 2025.
- The ARB APEX Bank renovated the female ward 1. This work included repainting and refurbishing the nurses changing room. The completed project was handed over to the hospital on 17<sup>th</sup> July 2025.
- Access Bank renovated the Male Observation Ward and handed it over on the 5th of December, 2025.
- The Vice President of Ghana, Her Excellency Professor Jane Naana Opoku-Agyemang made a donation to the hospital on her 73<sup>rd</sup> birthday.
- Ghana Dermatological Society organized a health screening exercise for patients and followed up with donation of medicines to the hospital's pharmacy

## **CHAPTER 1.0: INTRODUCTION**

### **1.1 About Us**

During Ghana's colonialism and before the introduction of scientific medicine, mental illness was treated with herbal medicine and spiritual rites. In the very early days of colonial rule, mentally ill patients were left alone to their fate. However, on 4<sup>th</sup> February, 1888, by a Legislative Instrument by the then Governor Sir Edward Griffiths, the Old High Court of Victoria Borg was converted into Lunatic Asylum.

The Prison Guards were the lunatic caregivers without medical treatment. There was no real distinction made between the requirements of the mentally ill and those of the criminals. Overcrowding in the prison led to the building of a new hospital at Adabraka that began in 1904 called Lunatic Asylum.

The hospital was inaugurated in 1906 to accommodate 200 patients. About 110 patients were admitted into the new hospital under the charge of 16 untrained attendants. The hospital then consisted of 4 wards: Criminal, General, Male and Female Wards. It also had an administrative block, dispensary and office for the visiting medical officer, a store and gate keeper's room, night master's room and a kitchen. The Lunatic Asylum gave the name Asylum Down to the adjoining locality. The Lunatic Asylum later underwent modifications and extension into the current Accra Psychiatric Hospital with a bed complement of 600. A general practitioner, Dr. Maclagan was appointed in 1929 from Britain, posted to the Gold Coast to head the Lunatic Asylum in Accra. He extended the buildings to accommodate the increasing population.

From 1907 to 1928 prior to Dr. Maclagan's arrival, the nursing staff and the attendants consisted of chief male attendant and his assistants, 9 male attendants, 1 matron, 2 female attendants and a gate keeper. In 1935, Dr. Maclagan organized first aid lecture for attendants and awarded them with certificates and chaining of patients and punishment was partially forbidden. In 1942, Dr. Maclagan was transferred to medical department headquarters (now Ministry of Health). Dr Allen was appointed and assisted by Dr. F. Djoletoe, a Ghanaian doctor. They continued the good work of Dr. Maclagan. In 1942 to 1948, few Ghanaian doctors were posted to Accra Psychiatric Hospital. Dr. Wozniak, a Polish Doctor was posted to the Gold Coast in 1947 and took over from Dr. Allen. He introduced the use of Electro-Convulsive Therapy (E.C.T) into the mental healthcare system.

In 1951, the first African Psychiatrist from south Saharan region, Dr. E.F.B. Foster, a Gambian native was appointed to Accra Psychiatric Hospital. He opened the doors of Accra Psychiatric Hospital to patients from Republic of Togo, Gambia, Sierra Leone and Nigeria. Dr. Foster assisted by Dr. Seth Cudjoe and others,

gave treatment to both mental and general patients from 1952 onwards.

The training of Qualified Registered Mental Nurses (QRMN) started in 1952 by Mrs. Higginson, a British national. The first trained Mental Health Nurse, Mr. L. L. Tamakloe joined the training school in 1965 and Mrs. Palmer, Mr. Hamilton, Mr. Morgan and Mr. Ball joined later.

The first group of nurses who acquired QRMN were given scholarship to study for the RMN Certificate in Britain. They left Ghana on 12<sup>th</sup> December, 1952 and returned on 6<sup>th</sup> April, 1956. They were Messrs. R. T. Arthur, R.A. Pappoe, F.K. Haligah, L.L. Tamakloe, Okyere and Mrs. A.A.A. Kumi.

In 1993, Doctor J. B. Asare, a UK trained Psychiatrist with interest from the then Head of State was appointed in 1993. This resulted in the setting up of a committee to advise the government on improving psychiatric services in the country. This was followed by the creation of Mental Health Unit within the Ministry of Health. It heralded a new era for psychiatry. The training of mental health nurses was enhanced in the early 1990s and followed by intensified public awareness of mental health issues. A general drive to reduce the population of the Accra Psychiatric Hospital from 2,000 to 1,000 was achieved.

## **1.2 Our Work Environment**

In all we do, we actively pursue excellence and search for next level of accomplishment.

- We take pride in our work.
- We create a dynamic, forward-moving, innovative organization.
- Our integrity and ethics, never to be compromised.
- We are good stewards of limited resources. Despite the limited resources we have, we are able to meet the most needs of our patients and the community, and caring for the people is our priority.
- We demonstrate empathy in our line of operations.
- We seek and reward suggestions and innovation.

## **1.3 Our Vision**

To become the leading psychiatric institution in Ghana, providing the best quality psychiatric care to our clients and to foster partnership with other stakeholders in providing quality health service.

## **1.4 Our Mission**

To provide the best practice in psychiatric care to clients through a dedicated work force of health professionals in a client-friendly environment.

## **1.5 Our Core Values**

- Dedication and Excellence
- Partnership
- Professionalism
- Teamwork

## **1.6 Our Mandate**

The Accra Psychiatric Hospital exists as a tertiary facility in providing quality psychiatric care to clients all over the country and to some West African countries. It also serves as a training centre for all categories of staff in psychiatry.

## CHAPTER 2.0: GOVERNANCE AND LEADERSHIP

### 2.1 Committees and Meetings

The hospital is governed in line with governance structures and principles provided for in the Mental Health Act, 2012 (Act 846) and the Public Service Commission governance manual in force.

In addition, the following other committees have been constituted in line with law or sector best practices to assist in the technical and administrative decisions:

- Hospital Management Committee
- Heads of Departments /Units Committee
- Entity Tender Committee (statutory)
- Drugs and Therapeutics Committee
- Quality Improvement Committee
- Audit Committee (statutory)
- Estate and Accommodation Committee
- Data Validation Committee
- Research and Ethics Committee/Institutional Review Board
- Fixed Assets Coordination Committee (FACU)
- Budget Review Committee

The performance of the committees, measured by number of meetings held, were as follows:

**Table 2.1: Key Meetings**

Description	2023	2024	2025	Remarks
Hospital Management Committee	12/12	12/12	9/12	3 meetings not held due to equally important engagement
Entity Tender Committee's meeting	2/4	3/4	3/4	Satisfactory
Units/Departmental Heads	2/4	2/4	4/4	Excellent
Staff Durbar	2/4	1/4	2/4	Poor and due to logistical constraints
Estate & Accommodation Committee	1/4	2/4	1/4	Unsatisfactory
Drug & Therapeutics Committee	4/4	4/4	4/4	All meetings successfully held
Data Validation Committee	2/4	3/4	4/4	Excellent
Budget Review Committee	2/4	2/4	2/4	Fairly good
Audit Committee	3/4	2/4	2/4	Unsatisfactory
Quality Assurance Committee	3/4	2/4	3/4	Very satisfactory
Disciplinary Committee	-		0/4	No new cases were handled
Donation Reconciliation Committee			4/4	Very satisfactory

## **2.2 Hospital Administration**

The Management started the development of a 5-year strategic plan since 2023. Notwithstanding, the stage of the development, operations of the hospital were premised on and informed by the Vision and Mission expressed in the following strategic objectives:

- i) To build the right resourced skill-mix and well-motivated workforce for mental health service.
- ii) To improve partnership with stakeholders in resource mobilization.
- iii) To provide and maintain Hospital's infrastructure and other assets.
- iv) To improve quality and access to mental health care.
- v) To improve efficiency in governance of mental health service.
- vi) To develop internal policies to improving governance; donation receiving policy, Service continuity policy etc.

## **2.3 Departments and Units**

- **Out-Patients Department**
- **In-Patients Department**
- **Nursing Administration Department**
- **Clinical Care Department**
  - ✓ Clinical Psychology
  - ✓ Occupational Therapy
  - ✓ Laboratory
  - ✓ Electro-convulsive Therapy
  - ✓ Community Psychiatric Unit
  - ✓ Drug Rehabilitation Center
  - ✓ Wellness Unit/OPD Drug Rehabilitation Services
- **Pharmacy Department**
- **Accounts/Finance Department**
- **Psychiatric Social Welfare Department**
- **General Administration Department**
  - ✓ General Office/Registry
  - ✓ Catering unit

- ✓ Procurement unit
- ✓ Estates and Maintenance
- ✓ Human Resources Unit
- ✓ In-Service Training Unit
- ✓ Environment and Sanitation
- ✓ Laundry and Sewing
- ✓ Health Information/Records
- ✓ Transport
- ✓ Information and Communication Technology (ICT)
- ✓ Security
- ✓ Special School
- **Internal Audit Unit**

## **2.4 Human Resources**

The Human Resource Management was vital and core to the overall performance of the hospital. The unit is basically responsible for supporting management in the planning of human resource needs, recruitment, compensation, orientation, performance management, promotion, capacity development and career counselling and separation of staff, there were 652 mechanized and 42 temporary staff.

**Table 2.2: Staff Strength and Categories**

No	Category	2023	2024	2025
1	<b>Medical Doctors</b>			
	Hospital Director	1	1	1
	Specialist Psychiatrist	5	5	15
	Senior Medical Officer	7	9	0
	Medical Officers	11	15	20
	<b>Total</b>	<b>24</b>	<b>30</b>	<b>36</b>
2	<b>Physician Assistants</b>			
	Chief Physician Assistant	0	0	2
	Deputy Chief Physician Assistant	4	4	2
	Principal Physician Assistant	4	4	3
	Senior Physician Assistant	6	3	5
	Physician Assistant	5	5	2
	<b>Total</b>	<b>17</b>	<b>16</b>	<b>16</b>
3	<b>Psychology</b>			
	Deputy Chief Health Tutor (Clinical Psychologist)	1	1	1
	Clinical Psychologist	0	3	4
	<b>Total</b>	<b>1</b>	<b>4</b>	<b>5</b>
4	<b>Laboratory</b>			
	Deputy Chief Biomedical Scientist	2	2	2
	Senior Biomedical Scientist (Lab)	3	3	3
	Principal Technical Officer	1	0	0
	Senior Technical Officer	1	4	8
	Technical Officer (Lab)	3	4	2
	Laboratory Assistants	2	2	2
	<b>Total</b>	<b>14</b>	<b>16</b>	<b>16</b>
5	<b>E.C.T.</b>			
	Senior Certified Anaesthetists	1	1	0
	Certified Anaesthetists	1	1	0
	<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>
6	<b>Occupational Therapy</b>			
	Occupational Therapist Technician (Technical Officer)	0	2	2
	Supt. Occupational Therapist Assistant	3	2	2
	Principal Occupational Therapist Assistant	1	2	2
	<b>Total</b>	<b>5</b>	<b>6</b>	<b>6</b>
7	<b>Pharmacy Department</b>			
	Consultant Pharmacist	0	0	1
	Senior Pharmacy Specialist	1	1	0

	Senior Pharmacist	3	3	2
	Chief Pharmacy Technician	1	1	1
	Senior Pharmacy Technician	1	1	2
	Pharmacy Technician	1	2	2
	Principal Dispensing Assistant	1	1	1
	Senior Dispensing Assistant	2	1	1
	<b>Total</b>	<b>11</b>	<b>10</b>	<b>10</b>
8	<b>Nursing Department</b>			
	Professional Nurses	366	335	303
	Senior Technical Officer/ Disease Control	1	2	2
	Principal Enrolled Nurses	37	30	20
	Senior Enrolled Nurses	15	13	28
	Enrolled Nurses	30	28	7
	Superintendent Health Assistant	30	30	26
	Principal Health Assistants	1	1	1
	Health Assistants	3	3	2
	<b>Total</b>	<b>452</b>	<b>442</b>	<b>387</b>
9	<b>General Administration Department</b>			
	Deputy Director, Administration	1	1	1
	Senior Health Service Administrator	1	2	1
	Principal Administrative Manager	0	0	1
	Senior Administrative Manager	11	14	13
	Administrative Manager	4	1	1
	Principal IT Manager	0	0	1
	Senior I.T Manager	1	1	0
	Senior Executive Officer	3	3	2
	Executive Officer	0	1	1
	Private Secretary	1	1	2
	Stenographer Secretary	4	3	2
	<b>Total</b>	<b>26</b>	<b>26</b>	<b>25</b>
10	<b>Human Resource</b>			
	Senior Human Resource Manager	4	4	4
	Human Resource Manager	0	1	1
	<b>Total</b>	<b>4</b>	<b>5</b>	<b>5</b>
11	<b>Hospital Orderlies</b>			
	Head Hospital Orderlies	11	12	11
	Assistant Head Orderlies	6	3	2
	Senior Hospital Orderlies	5	21	21
	Hospital Orderlies	16	14	14
	<b>Total</b>	<b>38</b>	<b>50</b>	<b>48</b>
12	<b>Laundry</b>			
	Principal Leading Launderer	1	1	1

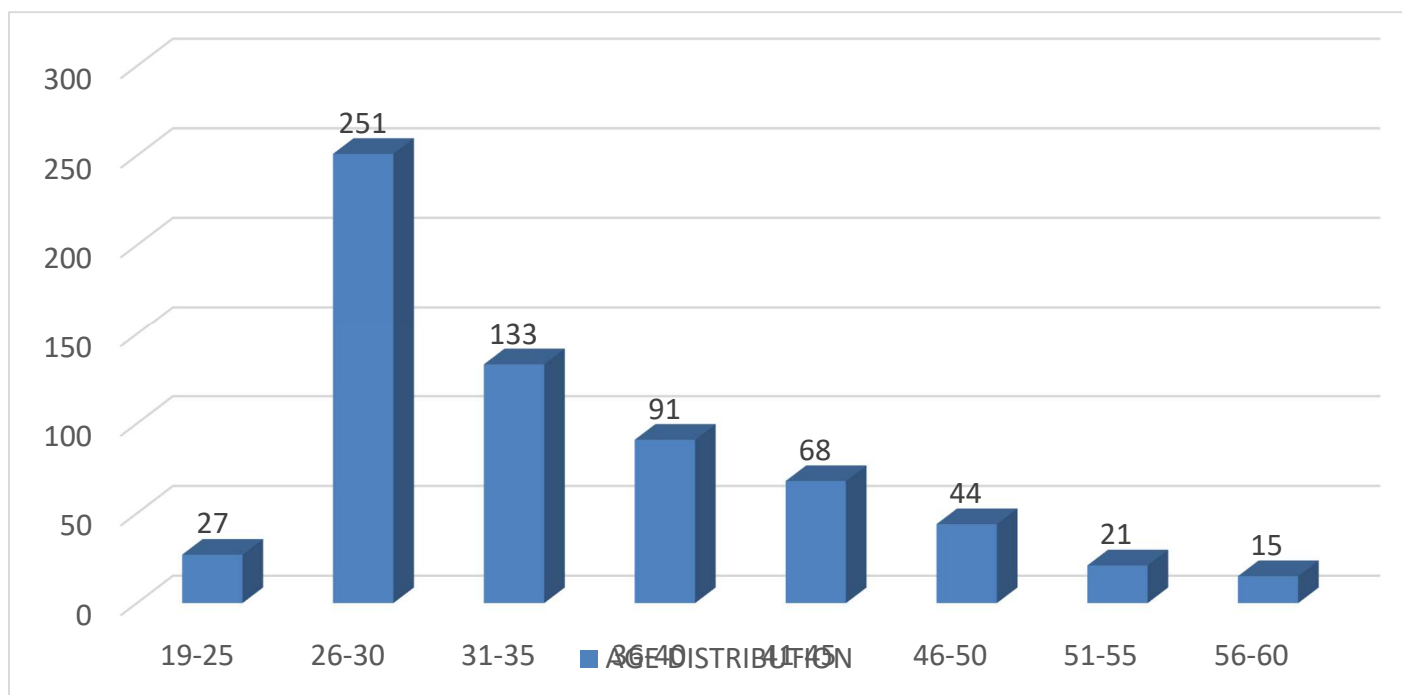
	<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>
13	<b>Security</b>			
	Principal Security Guard	0	2	2
	Senior Security Guard	4	19	20
	Security Guard	16	2	1
	Head Watchman	2	2	0
	<b>Total</b>	<b>22</b>	<b>23</b>	<b>23</b>
14	<b>Estate</b>			
	Senior Estate Officer	1	1	1
	Principal Artisan –Mechanical Eng.	2	5	5
	Senior Artisan –Mechanical Eng.	3	3	4
	Artisans	3	0	0
	<b>Total</b>	<b>9</b>	<b>9</b>	<b>10</b>
15	<b>Sewing</b>			
	Principal Artisan, Mech. Engineering	2	2	2
	<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>
16	<b>Stores Department</b>			
	Principal Supply Managers	2	2	2
	Senior Storekeeper	1	1	1
	<b>Total</b>	<b>3</b>	<b>3</b>	<b>3</b>
17	<b>Procurement</b>			
	Deputy Chief Procurement Manager	0	0	1
	Principal Procurement Manager	1	1	0
	Senior Procurement Manager	1	1	1
	<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>
18	<b>Transport</b>			
	Transport Officer	0	1	1
	Principal Coxswain Driver	2	1	1
	Senior Coxswain Driver	1	1	1
	<b>Total</b>	<b>3</b>	<b>3</b>	<b>3</b>
20	<b>Catering</b>			
	Principal Hospitality Manager	1	1	0
	Senior Catering Officer	0	3	3
	Catering officer	2	1	1
	Staff Cook Supervisor	2	2	2
	Staff Cook	4	6	6
	Senior Cook	4	5	5
	Head Cook	4	3	2
	Cooks	2	0	0

	<b>Total</b>	<b>20</b>	<b>21</b>	<b>19</b>
21	<b>Health Information</b>			
	Senior Health Information Officer	1	1	1
	Technical Officer (Health Information)	1	1	1
	Statistician	0	2	2
	Assistant Chief Technical Officer	1	1	1
	Senior Technical Assistant	3	2	3
	Senior Field technician (Medical Records)	0	0	2
	Field Technician (Medical Records)	<u>2</u>	<u>3</u>	<u>0</u>
	<b>Total</b>	<b>8</b>	<b>10</b>	<b>10</b>
22	<b>Environment and Sanitation</b>			
	Chief Conservancy Labourers	6	6	6
	Senior Conservancy Labourers	4	5	7
	Head Labourers	1	1	1
	Labourers	0	0	0
	<b>Total</b>	<b>11</b>	<b>12</b>	<b>14</b>
23	<b>Accounts/Finance Department</b>			
	Chief Accountant/Head of Finance	1	1	1
	Prin. Accountant	2	1	1
	Senior Accountant	2	3	3
	Prin. Accounts Officer	0	2	2
	Senior Finance Officer	2	2	1
	<b>Total</b>	<b>7</b>	<b>9</b>	<b>8</b>
24	<b>Internal Audit</b>			
	Principal Internal Auditor	0	0	1
	Internal Auditor	1	1	0
	Finance Officer	0	1	1
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>2</b>
	Clinical Engineering Unit			
25	Clinical Engineer	0	0	1
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>

## 2.5 Attrition and Wastage

Two (2) staff retired compulsorily in 2025 as against 6 in 2024. Vacation of post reduced from eighteen (18) in 2024 to six (6) in 2025, majority of which are professionals leaving for greener pastures. Staff resignations reduced from eighteen (18) in 2024 to seven (7) in 2025 prevalent mostly among the nurses.

**Fig. 1: 2025 Age Distribution**



**Table 2.3: Trend of Attrition and Wastage**

Type of Attrition and Wastage	2023	2024	2025
Deaths	0	4	3
Retirement (Compulsory)	10	6	2
Vacation of post	16	18	6
Resignation	22	18	7
Dismissals	0	0	0
Transfer out	13	10	11
Transfer in	4	2	0
Sick (bedridden)	2	1	1
Leave of absence	0	0	0

### 2.6 Promotions, Upgrading and Conversion

Sixty-four (64) staff were invited for promotion interviews and 63 were successful and one (1) did not meet the required standard for promotion. Twenty-one (21) staff were upgraded from their previous grades in addition to one (1) converted to new professional groupings.

**Table 2.4: Promotions/Upgrading and Conversions**

No.	Categories	2023	2024	2025
1	Promotion	81	145	63
2	Upgrading/Conversion	3	2	21
4	Promotion out-of-turn	0	1	1

**2.7 Capacity Building**

Twenty-four (24) staff were approved for further studies by the Mental Health Authority. The table below indicates the details of the mode of study leave pursued by staff.

**Table 2.5: Staff on Approved Study Leave**

No	Mode of study	2023	2024	2025
1	Regular	7	9	11
2	Irregular: Sandwich Weekends Evenings	22	5	13
	<b>Total</b>	<b>29</b>	<b>14</b>	<b>24</b>

**Table 2.6: In-service Training**

Two hundred and three (203) staff undergone on the job training in the management of aggressive and prevention of violence. The table below indicates the details.

No.	Topic	Date	Venue	Coordinator	No. of Participants
1.	Management of aggressive and prevention of violence	5-14 May 2025	APH Conference Room	Michael Owusu, Dr. Elsie Amaning Dr. Azusong Adutwumwaa Afua Eugene Amponsah Danquah Dr. Frimpong Boakye Yiadom Edwin	133
2.	Management of aggressive and prevention of violence	23-27 June 2025	APH Conference Room	Michael Owusu, Dr. Elsie Amaning Dr. Azusong Adutwumwaa Afua Eugene Amponsah Danquah Dr. Frimpong Boakye Yiadom Edwin	70
3	Training on monitoring				29

4	Training on Waste Management (IPC)				8
4	Pharmacovigilance training by FDA			Pharm(Mrs.) Barbara Mensah-Amewuda Dr. Susan Seffah	147

## CHAPTER 3.0: FINANCIAL ADMINISTRATION

### 3.1 Funding Sources

Generally, the Hospital financially operated on three main funding sources namely; the Government of Ghana (GoG) subvention, the Internally Generated Fund (IGF) and donor supports. The GoG funds are largely used to pay salaries and for goods and services. In the year under review, there was no Capital Expenditure (CAPEX) from GoG. The IGF, which was made up of direct fees (service) and drug funds was used to procure goods and services as well as payment of temporary staff. Donations, both cash and kind were received largely from philanthropists, religious organizations and corporate bodies.

**Table 3.1: Budgeted Revenue**

Source	2024		2025	
	Budget (GH¢)	Actual (GH¢)	Budget (GH¢)	Actual (GH¢)
GoG (Compensation)	43,209,881.00	42,739,815.81	44,943,466.61	47,872,837.80
GoG (Capex)	-	-	-	-
GoG (Goods & Service)	2,707,323.00	859,098.46	1,003,060.55	854,290.48
MHA Financial support/NHIA	-	1,600,000.00	-	
IGF-Fees	3,591,695.59	3,985,025.90	8,983,157.38	8,037,089.80
IGF-Drugs	2,194,796.10	2,189,493.15	2,683,280.74	2,406,336.24
Donations	-	188,175.00	-	278,281.48

The Government of Ghana (GoG) subvention (Goods & Service) actual receipts decreased by 0.56% representing an amount of GH¢859,098.0 in 2024 to Ghc 854,290.48 in 2025. The financial challenge further affected the operations of the facility in the year under review as compared to previous years. Whilst IGF- Fees revenue realized increased by 101.7% in 2025 as against an increase of 52% in 2024, IGF -Drugs revenue increased by 9.9%. This was a significant variation in drugs revenue performance in 2024 as compared to 11.86% in 2025.

### 3.2 Expenditure

**Table 3.2: Expenditure**

Source	2024		2025	
	Budget (GH¢)	Actual (GH¢)	Budget (GH¢)	Actual (GH¢)
GoG Compensation	43,209,881.00	42,739,815.81	44,943,466.61	47,878,837.80
GoG-Goods & Service	2,707,323.00	859,098.46	1,003,060.55	854,290.48
GoG-Capex	-	-	-	-
IGF-Compensation	1,157,298.14	1,151,298.14	1,349,844.38	904,678.27
IGF-Goods & Service	4,050,543.48	4,011,453.18	9,016,885.42	7,193,427.79
IGF-Capex	578,649.07	356,863.60	1,299,708.22	678,175.0

**Table 3.3: Statement of Financial Position As At 31<sup>st</sup> December, 2025**

YEAR	2024 GH¢	2025 GH¢
FIXED ASSETS	346,052,352.60	336,229,998.88
<b>TOTAL FIXED ASSETS</b>	<b>346,052,352.60</b>	<b>336,229,998.88</b>
<b><u>CURRENT ASSETS</u></b>		
IGF Service (cash at bank)	601,586.23	76,636.82
IGF drugs (cash at bank)	1,239,455.81	218,090.31
Cash on Hand (Undeposited) (Service)	6,302.90	74,043.78
Cash on Hand (Undeposited)(Drugs)	10,887.85	(1,039.19)
Inventory- drugs	230,984.68	339,393.10
Inventory – non-drugs (General)	1,726,294.00	654,234.76
Outstanding Advances	7,640.00	104,440.0
Receivables (In-Patients)	4,015,984.12	3,363,365.0
<b>Total Current Assets</b>	<b>7,839,135.59</b>	<b>341,059,163.36</b>

**Table 3.4: Current Liabilities as at 31<sup>st</sup> December 2025**

Year	2024	2025
<b>C. LIABILITIES'</b>	<b>GH¢</b>	<b>GH¢</b>
Creditors (SUPPLIERS)	5,127,183.59	2,615,331.91
Creditors (UTILITIES)	2,219,662.01	712,149.53
Withholding Taxes	190,229.36	190,630.61
<b>TOT. C. LIABILITIES</b>	<b>7,537,074.96</b>	<b>3,518,112.05</b>
<b>NET C. ASSETS/LIABILITIES</b>	<b>302,060.63</b>	<b>337,541,051.41</b>

### 3.3 Financial Validation

Financial reports are required to be prepared by various institutions under the Ministry after which the headquarters' financial reporting team would prepare the consolidated financial report.

## CHAPTER 4: INTERNAL AUDIT

### 4.1 Internal Audit

The unit acts on its mandate by providing routine internal audit, advisory and compliance services to the facility in its day-to-day management.

The year under review's activities were guided by the set objectives and their corresponding achievements as detailed below:

**Table 4.1: Objectives and Status of Internal Audit Unit**

S/n	Objectives	Status
1	<b>Stores Management.</b> To ensure that General Stores items are properly managed from acquisition to disposal in line with the Financial Administration Regulations, Public Procurement Act and the Stores Regulations.	All goods purchased and donated to the hospital were independently verified by the Internal Audit unit. The unit also ensured that all goods and services received into the Stores were supported by appropriate documents (ie waybills) leading to the raising of (SRA) stores received advice for further management actions.
2	<b>Revenue Management and Accounts Receivables.</b> To ascertain if all revenue has been properly billed, collected and accounted for.	All patients were properly billed and reliance could be placed on the billing and collection system.
3	<b>Stock Count.</b> To determine physical stock at all operational levels in line with the Stores regulations, the Public Financial Administration Act and the Public Procurement Acts.	Stock taking exercises were periodically undertaken with reports issued for use by relevant stakeholders.
4	<b>Pre-Audit of Payments Vouchers.</b> To ensure that all payment vouchers are appropriately vetted before payments are effected.	The unit ensured that all relevant attachments to the payment vouchers were affixed before payments in line with the relevant laws, standards and regulations.
5	<b>Post-Audit of Payments Vouchers.</b> To ensure and authenticate that all payment vouchers that were passed have been retired.	The unit ensured that payments vouchers had the necessary receipts, SRAs, minutes, attendance sheets etc. prior to retirement of PVs.
6	<b>Verification of Donations</b> To check the quantities and values of all donations.	The unit acted to verify all donations to the hospital and ensured that an SRA was raised to receive them into stores prior to issue to user departments.

## 4.2 Annual Stock Taking

Rule 8 of the ATF under Inventory Management states that, ‘Quarterly and Annual stocktaking shall be conducted to verify the physical existence, condition, and the value of stocks of a BMC.’

Accordingly, the value of stocks as checked by the team of stock takers have been duly reported and captured in the financial statements of the facility for the respective periods. Summary is as follows:

**Table 4.2 Pharmacy Stock Value**

Location	Type of Item	2024	2025
Main Pharmacy	Drugs (Donated)	Not valued	
24HR Pharmacy	Drugs	230,984.68	339,393.10
<b>Total</b>	-	<b>230,984.68</b>	<b>339,393.10</b>

**Table 4.3 General Stores Stock Value**

Location	Type of Item	2024	2025
General Stores	Stationery	28,345.50	28,944.00
General Stores	General Items	262,235.00	68,575.00
General Stores/Donation store	Donations	386,924.00	398,459.00
General Stores	Carpentry	5,267.00	39,436.00
General Stores	Plumbing	82,518.00	49,916.00
General Stores	Electricals	9,765.00	18,969.00
General Stores	Medical Equipment	220,317.00	14,375.00
General Stores	Covid-19 Tema Central Medical Stores	700,372.50	7,400.00
General Stores	Toiletries	30,550.00	28,160.00
<b>Total</b>	-	<b>1,726,294.00</b>	<b>654,234.00</b>

## 4.3 External Audit

External Auditors from the Ghana Audit Service visited the hospital and carried out the routine annual audit exercise. Observations raised and communicated in the Management Letter have duly been responded to and most retired

## CHAPTER 5.0: HEALTH TECHNOLOGY, ESTATES AND TRANSPORT

### 5.1 IT Infrastructure and Installations

The hospitals IT installations consist of 54 desktop computers, 3 servers, 33 laptops, 12 tablets and 30 out of 37 desktop wireless phones were in good working conditions. Sixteen (16) desktops, one (1) laptop were serviced in the year under review. Four (4) desktop and six (6) UPS were declared obsolete.

**Provision of Internet Services:** - The hospital used the MTN Fiber for internet services for majority of the year until a StarLink internet was installed at the OPD and Administration area, The Ghana Health Service also connected the hospital to the GHSLink at the fourth quarter of the year.

Telecommunication (Intercom)-AitelTigo intercom phones are largely available for the internal communication although the handsets are fast deteriorating.

**Computer Installations:** - As of 31<sup>st</sup> December, 2025, 2 additional desktops were converted to servers that brought the total number of servers to 3. Ten (10) laptops and 2 desktops were also added within the year.

Below is the detailed breakdown of the various installations within the hospital setup.

**Table 5.1: IT Equipment and Installations as at December, 2025**

Department	Desktop	Laptop	Tablet	Printers	Scanner
General Admin.	3	2	0	1	1
Procurement	2	0	0	1	0
Accounts	3	3	0	1	0
Public Relations	2	1	3	1	0
General Office	3	0	0	1	0
Human Resource	1	1	0	1	0
Internal Audit	1	1	0	1	0
Nursing Admin	4	1	1	1	0
Psychiatric Social Welfare	1	1	0	0	0
Wellness Recovery	1	0	0	0	0
Office of the Clinical Coordinator	1	2	0	1	0
Community	0	2	1	0	0

Psychiatric					
Transport	1	0	0	0	0
Central Stores	3	0	2	1	0
Reception and OPD	7	1	1	0	0
Health Information	7	1	0	0	1
Laboratory	4	0	0	3	0
Clinical Psychology	1	3	1	1	0
Pharmacy	7	3	0	2	0
Admission's	0	1	0	0	0
BHC Serenity Place	0	1	0	0	0
VIP/Detox ward	0	1	0	0	0
Male Infirmary Ward	0	1	0	0	0
Female Infirmary Ward	0	1	0	0	0
Female Geriatric Ward	0	0	1	0	0
Female Acute	0	2	0	0	0
Female Ward 1	0	0	1	0	0
Admission 2	1	1	0	0	0
Male Observation	1	1	0	0	0
Admission 1	0	1	0	0	0
Special Ward	0	1	1	0	0
<b>Total</b>	<b>54</b>	<b>33</b>	<b>12</b>	<b>16</b>	<b>2</b>

## 5.2 Automation of Services at the Hospital

The LHIMS contract was terminated in the later part of the year that caused reversion to manual awaiting the implementation of the GHMIS software.

## 5.3 Partnership and Collaboration

The hospital undertook a number of infrastructural works mostly in the form of rehabilitating the aged infrastructure through partnership and collaboration efforts. It is however important to state that Corporate Ghana and a number of individuals played major roles in this regard as compared to support for capital projects from the state. It is therefore our hope that the state support gets improved in the years ahead per the mandate of the institution towards Ghanaians.

**Table 5.2: Partnership & Collaboration Benefits**

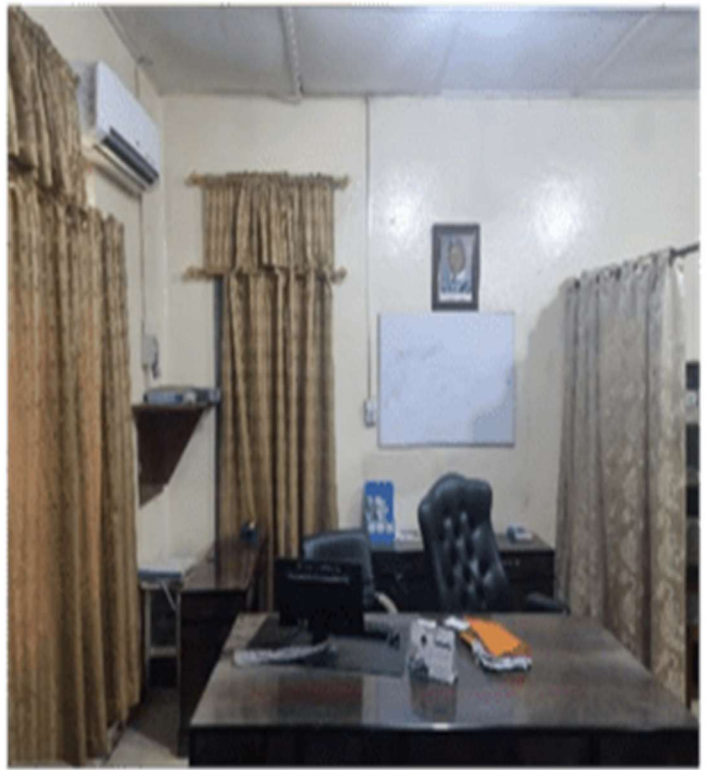
S/n	Funding Organizations	Benefits
1	KGL Foundation Ltd	Front view façade and painting of external walls
2	KGL Foundation Ltd	OPD renovation and furnishing of consulting rooms
3	ARB APEX Bank	Female Ward (Nurses changing room)
4	Vint Aletheia	Rehabilitation of special ward (On-going)
5	Dakal Construction Works	Rehabilitation of female infirmary
6	Serwaah Amihere Foundation	Male Geriatric Ward (On-going)
7	Mr. Samuel Vasmark	Daily supply of breakfast to patients and provision of food items
8	Databank Foundation	Support to children ward

**Table 5.3: State of Planned Projects for 2025**

S/n	Planned Project	Time Line	Status	Remarks
1	Rewiring of Nursing Administration, General Office block, Catering block, Conval block.	Sept. 2025	Yes	Completed
2	Servicing all fire extinguishers, provide additional ones and train staff on fire-fighting.	June, 2025	No	Financial constraint
3	Develop standardized Planned Preventive Maintenance (PPM) schedule for equipment and implementation		Yes	Plan not followed
4	Renovate and furnish the hospital's in-service training centre.	Dec. 2025	No	Financial constraint
5	Rehabilitation works on hospital's sewerage lines, toilet facilities and cover all man-holes, inspection chambers and septic tanks.	Dec. 2025	Yes	Partially done
6	Re-paint the exterior and interior portions of the hospital premises, clad half front of the front view and beautify the round about	Dec. 2025	Yes	68% work has been done
7	Renovate the OPD and furnish the consulting rooms.	Dec. 2025	Yes	100% work completed,

**Hospital Façade and Entrance**







## 5.4 Transport

The transport unit has a fleet size of twelve (12) vehicles. These are made up of four (4) pick-ups, one (1) each saloon car and tricycle, two (2) buses and four (4) motor bikes. The hospital is seriously in dire need of at least three (3) utility vehicles as ten (10) of the fleet listed are above their economically and efficiently use ages.

**Table 5.4: Fleet Classification by Make**

<b>Fleet Size</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Pick-ups/Salon</b>	8	8	7
<b>Motor Bikes</b>	4	4	4
<b>Tricycle</b>	1	1	1
<b>Total</b>	13	13	12

Images on Unserviceable transport at APH



**Completely Obsolete Vehicles Awaiting Auction at APH**



**Table 5.5 Motorcycles**

Make	Number Available	%
<b>Jialing</b>	1	25%
<b>Yamaha</b>	1	25%
<b>Nanfang</b>	2	50%

**Images of Serviceable Motor Bikes**



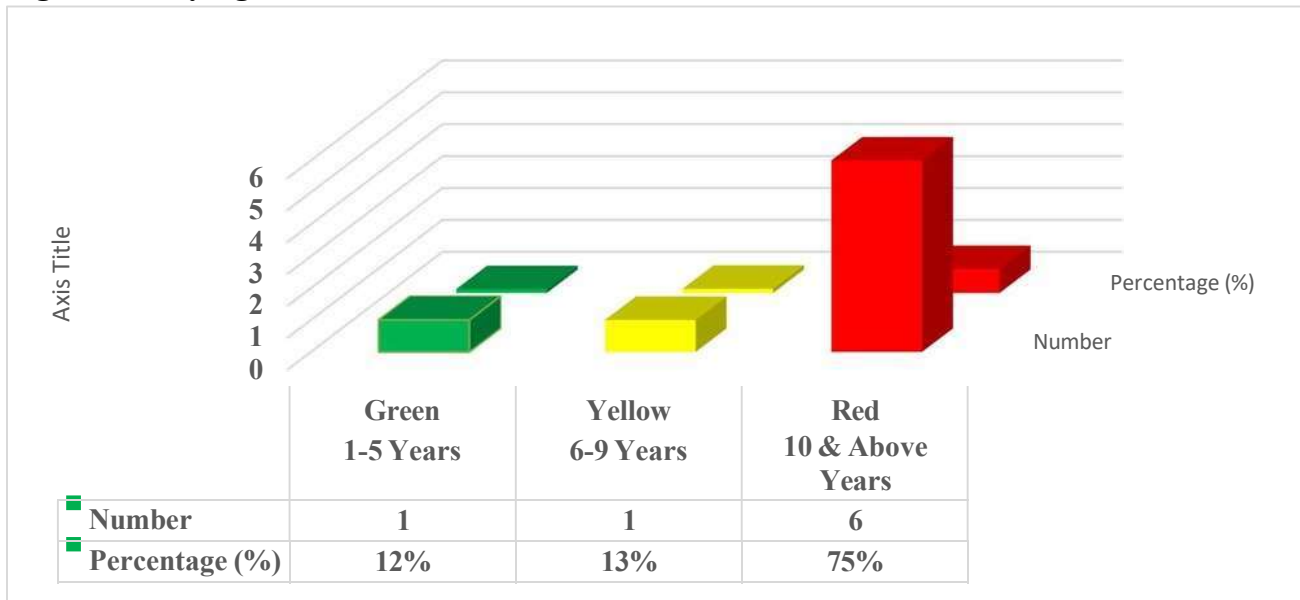
**Images of Obsolete Motor Bikes at APH**



**Table 5.6: Vehicles Lifespan Colour Zones**

Age Group (Yrs)	Colour Zone	Number	% Composition
1-5	Green	1	12.5%
6-9	Yellow	1	12.5%
10 & Above	Red	6	75%
<b>Total</b>		<b>8</b>	<b>100</b>

**Fig. 2 Fleet by Age and Colour Zones**



Vehicles that are tagged green colour means they are within one to five (1-5) years of manufacture and generally in good condition with routine servicing and maintenance. A yellow colour zone means vehicles within six to nine (6-9) years after manufacturing and fairly manageable. A red tag or zone for a vehicle means it is ten (10+) years and above post manufacture and obviously not in good condition with regard to effectiveness, efficiency and reliability. These vehicles are often high fuel consumers, require frequent repairs and cannot be depended upon.

The facility thus has a very difficult situation of virtually no vehicles to run its numerous operations without attendant frequent breakdowns, high fuel consumption and abnormally high degree of reliability.

## 5.5 Equipment

The hospital maintained all available equipment in the year under review. Almost all laundry equipment have outlived their economic lifespans and require immediate replacement. This situation results in staff exposure to high risk of injury, high electricity, high water usage and ineffective laundry services.

Lack of local technical expertise, unavailability of spare parts and generally poor financing challenge the operations of the unit.

Currently, there is a resident Clinical Engineer who manages the equipment by providing troubleshooting and technical advice on acquisition, equipment standardization and calibration. Maintenance,

Management was able to acquire Electro-Convulsive Therapy (ECT) machine with anaesthesia system which was a major challenge in the past for the treatment of some prevalent mental health conditions as required of a tertiary psychiatric hospital. Other equipment also under the same stage include the following:

- i) Acquisition of new laundry machine with a dryer
- ii) Acquisition of 3 patient monitors
- iii) Acquisition of Electro-convulsive Therapy (ECT) machine and
- iv) Acquisition of Anaesthesia machine to accompany the ECT system.

## **CHAPTER 6.0: PUBLIC RELATION UNIT**

### **6.1 Mandate**

- To liaise with the management and general stores to receive all donations to the hospital.
- To Seeking support from corporate bodies and individuals for the hospital.
- To take complaints from both staff and clients of the facility
- To communicate and relate well with the media and
- To help promote mental health and the image of the Accra Psychiatric Hospital.

### **6.2 Goals**

- To liaise with key departments to receive donations
- To send appreciation letters for all donations received
- To get corporate bodies to take up renovation of some parts of the hospital
- To create awareness on mental health and to project positive image of the Hospital
- To plan and organize activities to mark the mental health week celebrations and
- To organize end of year awards and dinner for staff.

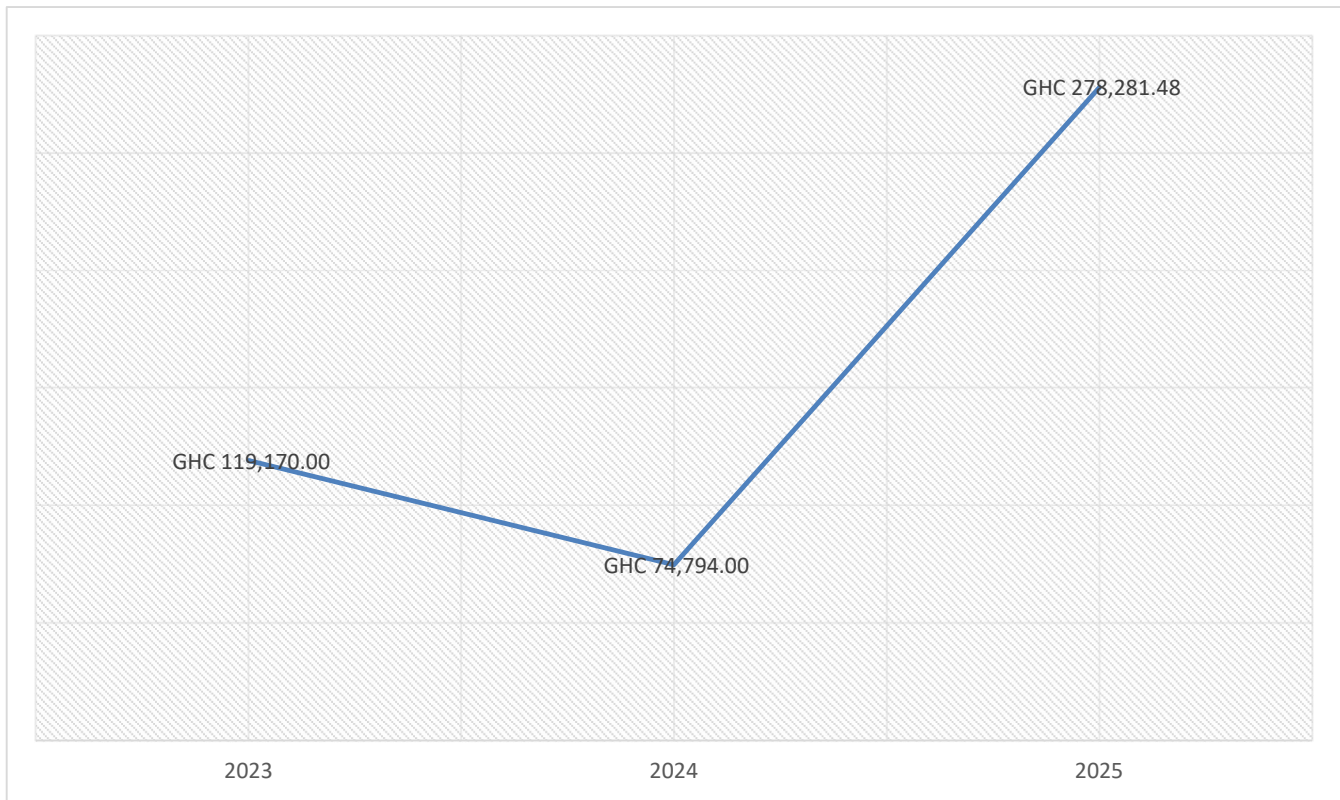
### **6.3 Cash/Cheque and Kind Donation**

The hospital received numerous food and groceries from the public (churches, corporate organizations and individuals) and cash/cheque donations of two hundred and seventy-eight thousand, two hundred and eighty-one cedis, forty-eight pesewas (Ghc 278,281.48) through the Public Relations unit. (Find the three years trend details in table 6.1 below)

**Table 6.1: Cash/Cheque Donations (Gh¢)**

Month	2023	2024	2025
January	620.0	5,000.0	59,744.25
February	1,800.0	3,944.0	6,677.25
March	4,500.0	1,000.0	15,858.0
April	22,400	0.00	62,750.0
May	5,500.0	100.0	2,250.0
June	45,400.0	500.0	8,210.0
July	10,000.0	0.0	4,050.0
August	500.0	1,900.0	12,549.0
September	1,300.0	4,900.0	8,650.0
October	16,900.0	31,300.0	7,090.0
November	800.0	15,150.0	88,452.0
December	5,950.0	11,000.0	2,000.0
<b>Total</b>	<b>119,170.0</b>	<b>74,794.0</b>	<b>278,281.48</b>

**Fig. 3 Cash and Cheque Donations**



## CHAPTER 7.0: CLINICAL SERVICE DELIVERY

### 7.1: Clinical Service

Accra Psychiatric Hospital provides a myriad of mental health and related services to its clients. These include services provided to outpatients and inpatients, pharmaceuticals, drug rehabilitation and attendant detoxification, clinical psychology, laboratory investigations, occupational therapy and catering. The facility also undertakes special outreach services from time to time.

**Table 7.1 Client Status**

<b>Client Status</b>			
<b>Client Status</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
New cases	5,368	5,572	6,163
Voluntary treatment	28,081	29,072	25,488
Involuntary treatment	252	688	506
Insured clients	856	5,380	6,309
Non-insured clients	11,575	23,816	20,155
Deaths	5	6	4
Relapsed	39	340	1,019
Defaulters	932	1,070	4,076
Recurrent	206	611	664
Clients with adverse medicine reaction	18	42	39
Clients received from traditional and herbal centers	21	226	93
Clients received from faith-based healing centers	26	346	346
Patients brought to the facility in chains or shackles	dna	44	14
Clients received from criminal justice institution and special institution (police cells, security services)	6	24	19
Clients with physical disabilities (motor, vision, speech, hearing)	10	20	66
Perinatal depression	5	25	19
Postpartum psychosis	5	34	7
Attempted suicide	5	15	48
Suicides	0	1	1
Clients referred (in)	358	358	202
Clients referred (out)	315	274	348
% Avail. of psychotropics	72.2%	75.2%	77.8%
Admissions voluntary	208	443	243
Admissions involuntary	510	688	506
Admissions court order	27	2	2
Admissions by certificate of urgency	486	686	504
Seclusions (confinement of mental patient)	75	422	123
Discharges	754	1,111	778
Vagrants treated	202	239	60
Repatriated clients	31	15	10

## 7.2. Outpatient Services

While mental health conditions are not covered by the NHIS for financing, the facility started recognizing the card for general and physical conditions since October, 2023. In the year under review 6,309 (24%) patients presented at the outpatient department with active NHIS cards. This was the third year in a row that the proportion of insured clients increased. A new consulting room register was introduced during the year that significantly improved upon the reporting of indicators in the client status form such as default, remission, recovery and attempted suicides.

**Table 7.2 Top Ten Diagnosis (DHIMS) in 2025**

<b>Top Ten Diagnosis (DHIMS)</b>		
<b>No.</b>	<b>Mental Health Conditions</b>	<b>Number of Cases</b>
1	Schizophrenia, schizotypal and delusional disorders	12,009
2	Bipolar Disorder	6,556
3	Depression	2,762
4	Mental Disorders due to cannabis use	2,084
5	Headache/Migraines	1,021
6	Mental Disorders due to Alcohol use	874
7	Dementia	812
8	Generalized Anxiety	658
9	Mental Disorders due Multiple Substance use	658
10	Intellectual Disability	320

**Table 7.3 Top-Ten Diagnosis (ICD-10)**

<b>Top Ten Diagnosis (ICD)</b>				
<b>No.</b>	<b>Diagnosis</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
1	Schizophrenia	4,428	4761	9,189
2	Bipolar Disorders	2,429	4,127	6,556
3	Depression	791	1,971	2,762
4	Mental Disorders due to Cannabis use	2,037	47	2,084
5	Headache Not Otherwise Specified	247	634	881
6	Mental Disorder due to Alcohol use	837	37	874
7	Dementia	283	529	812
8	Generalized Anxiety Disorder	283	432	658
9	Mental Disorders due to Multiple Substance use	520	138	658
10	Mental retardation (Intellectual Disability)	190	130	320

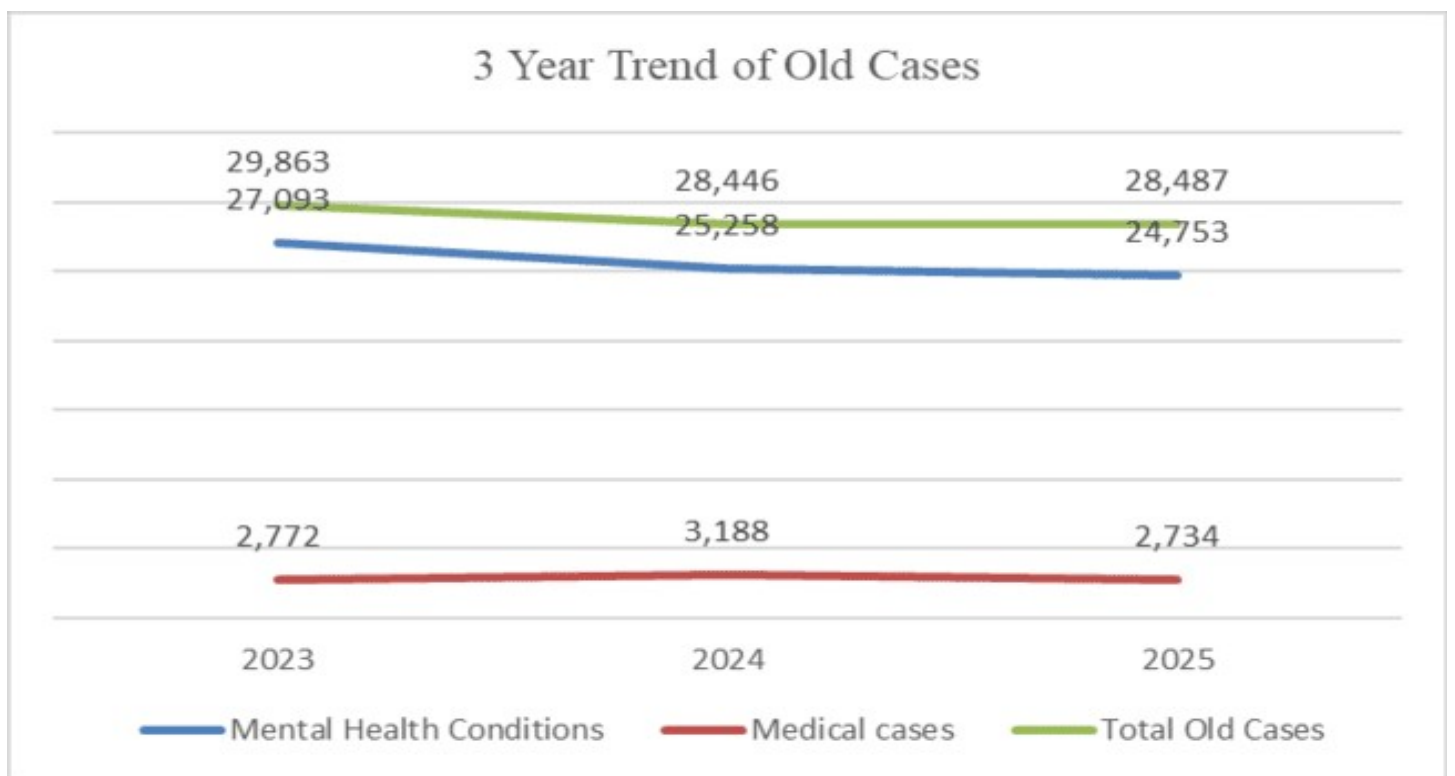
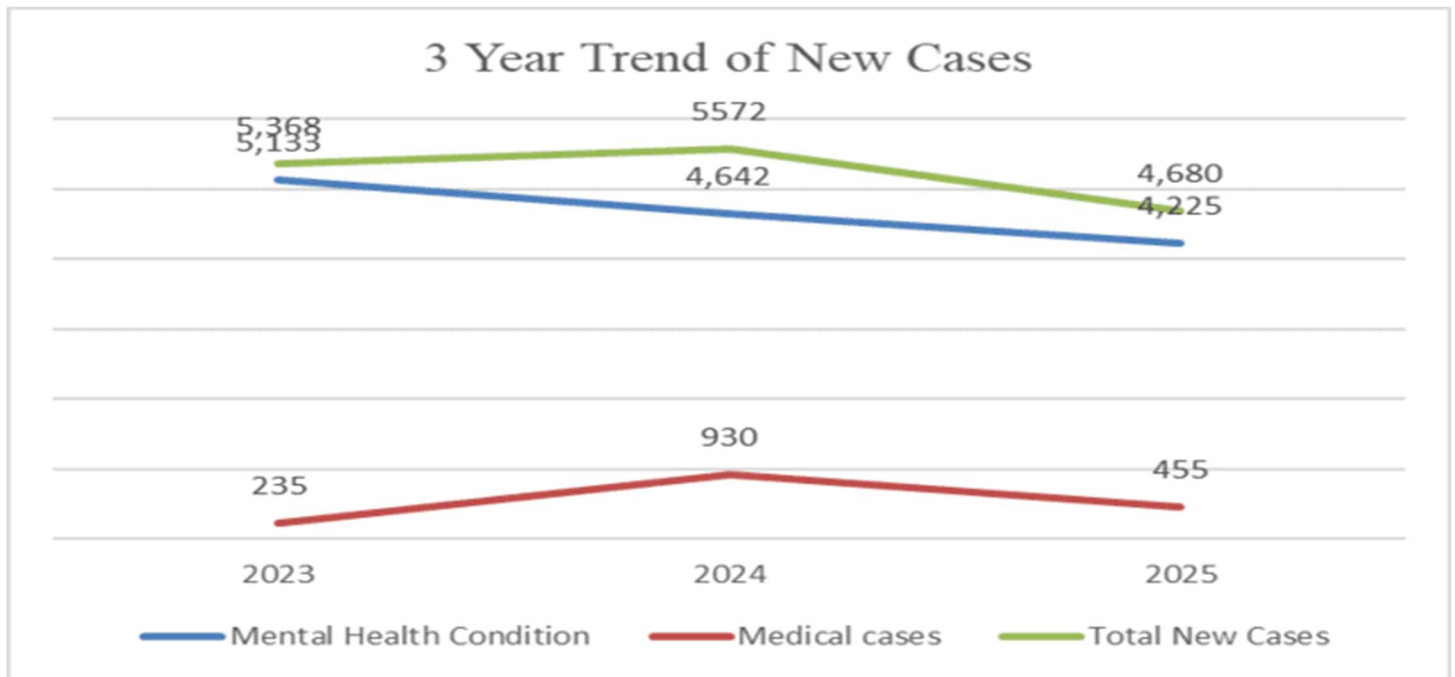
**Table 7.4: Top-Ten Physical Condition for 2025**

<b>Top Ten Physical Conditions-2025</b>				
<b>No.</b>	<b>Condition</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
1	Hypertension	1,151	1,447	2,598
2	Epilepsy	876	667	1,503
3	Diabetes/Diabetes Mellitus	328	466	794
4	Stroke	55	41	96
5	Uncompleted Malaria/Malaria	37	40	77
5	Acute Urinary Tract Infection	16	26	42
6	Anaemia	13	19	32
7	Typhoid Fever	5	19	24
8	Upper Respiratory Track/Respiratory Infection	8	11	19
10	Rheumatism/Joint Pain/Arthritis	4	13	17

**Table 7.5 Three Year Trend of Cases**

<b>Three- Year Trend of Cases</b>			
<b>New Cases</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Mental Health Condition	5,133	4,642	4,225
Medical cases	235	930	455
<b>Total New Cases</b>	<b>5,368</b>	<b>5,572</b>	<b>4,680</b>
<b>Old Cases</b>			
Mental Health Conditions	227,093	25,258	24,753
Medical cases	2,772	3,188	2,734
<b>Total Old Cases</b>	<b>29,863</b>	<b>28,446</b>	<b>28,487</b>
<b>Total Cases</b>	<b>35,233</b>	<b>34,018</b>	<b>33,167</b>

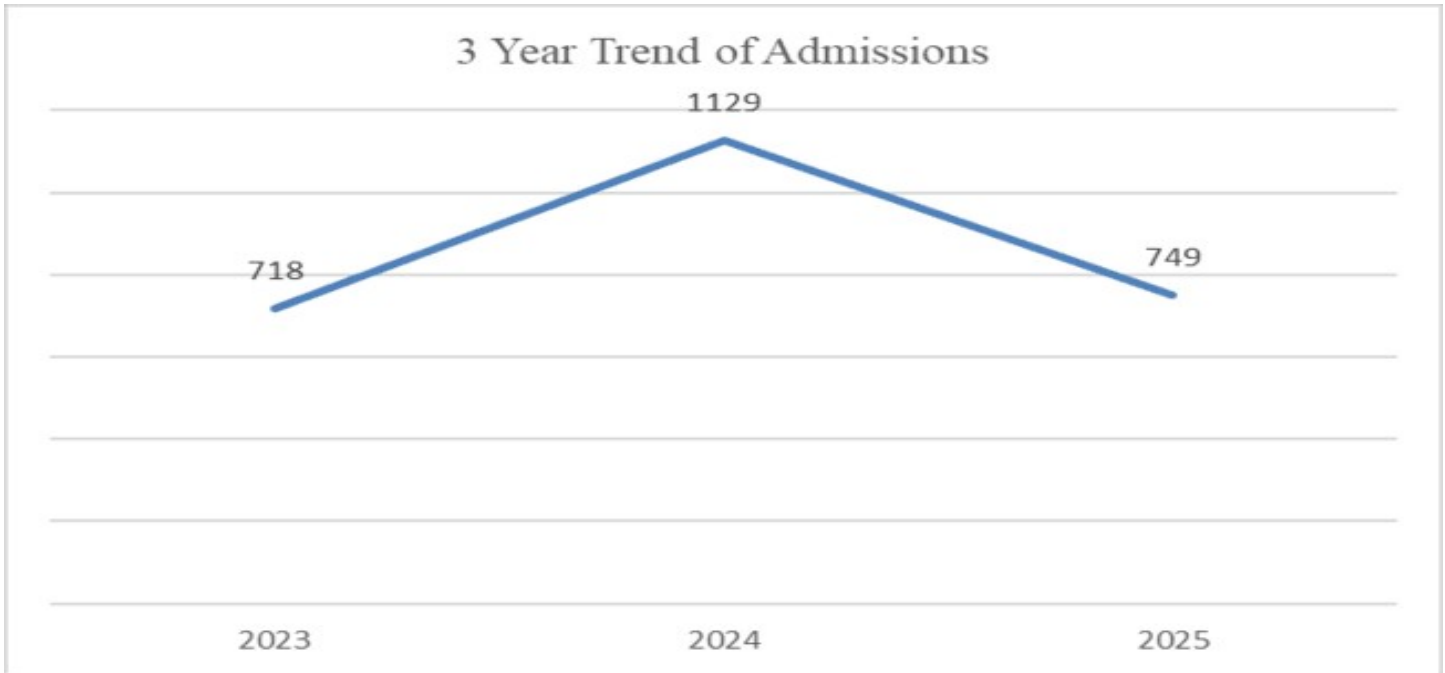
Fig. 4 Three-Year Trend of New and Old Cases



### 7.3 Inpatients Services

The hospital has improved upon the treatment of patients without necessarily admitting them for long periods and repatriating those fit enough to continue treatment and support at the community level. Notwithstanding, a number of cases required long term admission as part of their treatment. During the period under review 749 clients were admitted for voluntary and involuntary purposes. The hospital recorded 68% average bed occupancy rate in 2025.

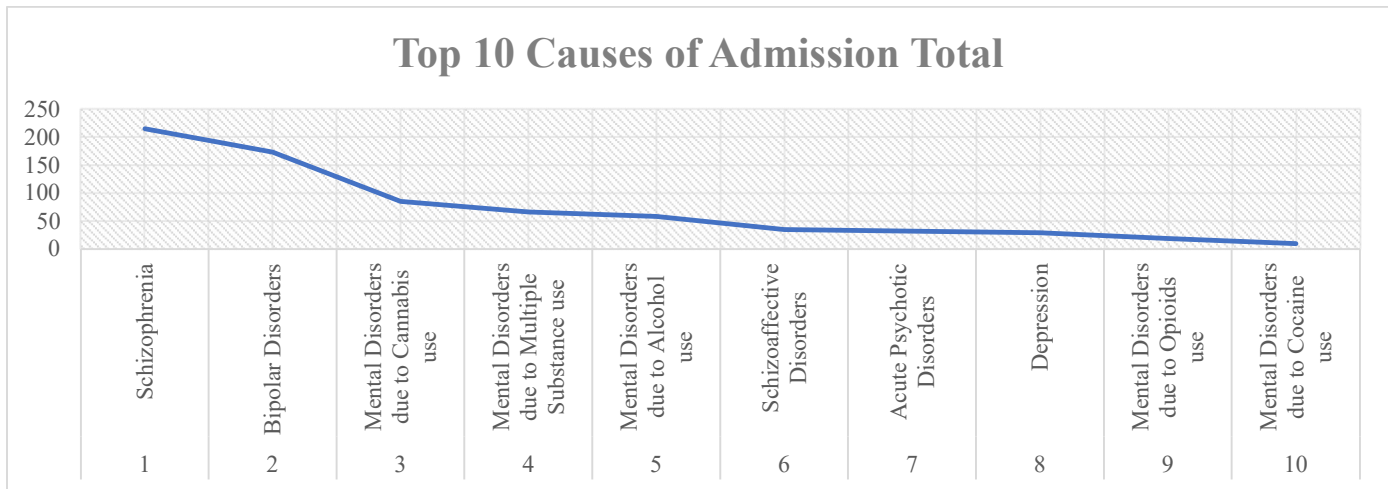
**Fig 5: Three Year Trend of Admission**



**Table 7.6: Top 10 Causes of Admission**

No.	Diagnosis	Total
1.	Schizophrenia	215
2.	Bipolar Disorders	173
3.	Mental Disorders due to Cannabis use	85
4.	Mental Disorders due to Multiple Substance use	66
5.	Mental Disorders due to Alcohol use	58
6.	Schizoaffective Disorders	35
7.	Acute Psychotic Disorders	32
8.	Depression	29
9.	Mental Disorders due to Opioids use	19
10.	Mental Disorders due to Cocaine use	10

**Fig. 6: top-Ten Causes of Admission**



**Table 7.7 Bed Utilization**

Indicators	Acute Wards	Chronic Wards	All Wards
Number of Beds	128	122	250
Occupancy	66	76	68
Average Length of Stay	41	192	67
Average Daily Occupancy	84	93	169
Turn Over per bed	5.8	1.45	3.7
Turn Over interval	12.5	59.8	32

**Table 7.8 Community Outreach Psychiatric Services**

Community Mental Health Activities-2025	
Data Type	Number
Number of Audience/Attendance at Community durbars	2,244
Number of Health talks	51
Number of Home visits	15
Number of Outreach clinics conducted (Specialist)	1
Number of educational institutions health programs conducted	29
Number of Corporate Institutions visited	4

**Table 7.9 Health Promotion Activities**

<b>Health Promotion Activities-2025</b>	
<b>Programme Type</b>	<b>Audience</b>
Communicable diseases among school children (female)	22
Communicable diseases among school children(male)	138
Mental health education among men	1,720
Mental health education among school children(men)	89
Mental health education among opinion leaders(male)	116
Mental health education among opinion leaders(female)	117
Non communicable diseases among school children (female)	-
Personal/environmental hygiene education among men	312
Personal/environmental hygiene education among other women	400
Other health topics delivered among other women	1
<b>Channels</b>	<b>Number</b>
Group Meetings	133
<b>Topics Held</b>	<b>Number of Sessions</b>
Mental health topics	523
Personal / Environmental Hygiene health topics	15
Non-comm. Disease Health topics	3
Communicable disease health topics	16
<b>Venue</b>	<b>Number</b>
Health Facility Level_ (OPD)	12
Other Education sessions held (Schools, home, Community)	14
<b>Materials Used</b>	<b>Number</b>
Print	49

#### 7.4 Laboratory Services

The department provides medical laboratory and investigation services for both mental and general physical health cases. It provides its services through the following units:

- Haematology
- Chemical pathology
- Microbiology and
- Immunology/Serology.

The Department recorded a total of 7398 various tests and investigations. Amongst its achievements during the year under the review are the training of 6 laboratory interns from Accra Technical University and Kwame Nkrumah Univ. of Science and Technology, provided required laboratory services during the screening of catering staff for infectious diseases and same as part of the mental health week celebrations in October, 2024. The department's key challenges are resources for prompt procurement of reagents and servicing of

its sensitive equipment.

**Table 7.10: Summary of Three-Year Laboratory Tests**

<b>Test</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
FBC	1750	1773	2,028
MALARIA(BF+MAT)	729	645	726
HB ELECTROPHORESIS/SICKLING	32	49	32
ESR	34	32	16
TYPHOID ANTOBODY	462	485	539
HBsAg	86	69	98
BLOOD GROUPING	20	17	18
BLOOD GLUCOSE (FBG/RBG)	204	221	273
G-6-PD	8	4	10
LIPID PROFILE	522	660	768
LFT	973	1080	1,318
RFT	1048	1103	1,350
HBA1c	73	53	115
VDRL (SYPHILIS Ab)	21	18	35
HCV Ab	37	33	67
PREGNANCY (PT /UPT)	72	73	71
URINE FORSUBSTANCE ABUSE	486	563	796
URINALYSIS	503	504	589
STOOL R/E	16	16	27
<b>Total</b>	<b>7241</b>	<b>7398</b>	<b>8,866</b>

### 7.5 Pharmaceutical Services

The department acts on its mandate and provides services through the following units:

- Medicines Management unit (MMU)
- Medication Therapy Management (MTM) unit, for inpatients and outpatient's dispensary services
- Drug Information Unit
- Pharmacovigilance/Patient safety unit and
- Small Scale Manufacturing (SSM) unit.

The department recorded an average of 77.8% psychotropic tracer medicines availability in 2025.

On pharmacovigilance activities, 36 cases were recorded and forwarded to the Food and Drugs Authority (FDA) for investigations and appropriate follow-ups. 2024 recorded 37 cases on the contrary.

Key achievements of the departments included, but not limited to, the following in 2025:

- i) Collaborated with the Food and Drugs Authority (FDA) to train clinical staff on Pharmacovigilance.
- ii) Started working on the Hospital formulary and Prescription Guidelines.
- iii) Undertake a publication on exploring gender and age disparities in psychiatric care: Insight from Accra Psychiatric Hospital.
- iv) The Small-Scale Manufacturing Unit (SSM) actively responded to the supply needs of the hospital especially with regard to cleaning agents and extemporaneous preparations. These have saved the facility huge costs of otherwise purchasing them with its attendant poor-quality issues with some procured items from the market. It can be reported that about GHC46,000.00 has been saved in 2024
- v) Undertook training on aggressive management for staff

**Table 7.11: Pharmacy Small Scale Production**

<b>Indicator</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Methylated Spirit	20L	250L	260L
APH Bin	265L	1,525L	1225L
Thick Bleach	35L	35L	50L
Liquid Soap	3,476L	500L	600L
Bleach	3,335L	450L	460L

# SHOTS FROM APH BLEACH AND ANTISEPTIC PRODUCTION SITE



## **CHAPTER 8: QUALITY IMPROVEMENT**

### **8.1 Staff Improvement Activities**

The year under review could not witness the end of year award ceremony normally held in honour of hard working and excelling staff. However, it is worthy to report that all staff of the facility were supported with end-of-year gifts.

### **8.2 Infection Prevention and Control**

2025 witnessed active participation of the Quality Improvement Coordinator in the quarterly and other meetings of the Infection Prevention and Control (IPC) Committee of the hospital. Key concerns of the unit that got addressed in the year include, but not limited to, availability of methylated spirit at the wards and new containers to store patient's medications, both small and big ones.

### **8.3 Patients and Staff Safety**

There was staff screening for selected conditions and those tested positive or with adverse results were managed accordingly.

92 staff from selected most-at-risk units and departments were trained on prevention and management of violence and aggression posed especially by some patients. The training was followed by a decision to equip all enclosed points of service delivery with alarm systems in the management of the violence and aggression.

Fire extinguishers installed in all wards and departments were refilled and serviced.

Management has also started the review of policies governing the response to injured staff beside the provisions in the Workman's Compensation Act of Ghana.

## **CHAPTER 9: RESEARCH AND ETHICAL PROGRAMME**

### **9.1 Research and Ethics Committee**

The Committee's name and mandate was reviewed to Institutional Review Board (IRB). It was to respond to best practices in the global world of research and its attendant ethics. The key mandates and responsibilities were as follows:

- Critically review all correspondences of research requests from researchers and organizations to the hospital and consequently recommend either approval or otherwise to Management.
- Stimulate, supervise and promote the conduct of research in the hospital.
- Communicate to Management with reasons for approval or otherwise of research proposals and activities.

### **9.2 Achievements**

- The unit created a dedicated e-mail address for research and its related activities being [aphresearch@Aph.Gov.Gh](mailto:aphresearch@Aph.Gov.Gh) to reduce less paperwork and most protocols are reviewed electronically
- The unit has streamlined the review process to focus on feedback only
- There is enhanced response time to proposals
- The Hospital has also initiated research collaboration with the Department of Psychiatry, University of Washington, Seattle, USA.
- Ensured that independent clinicians evaluate patients for capacity to provide consent prior to recruitment of the latter in research.
- The unit has established local and international collaboration with partners on the Early Intervention in Psychosis Project/Programme (EIPP).
- Ultimately, the hospital research unit has published one of its peer reviewed papers.

The team is poised to get a more dedicated one for grant proposal development and research financing in general in 2026. It is also dedicated to improve research capacity building programmes while reducing unnecessary bureaucracy as much as possible.

## **CHAPTER 10: CHALLENGES**

### **10.1 Main Challenges**

- a) Inadequate critical and support staff affected service delivery in the year under review.
- b) Intermittent shortage of medical commodities and frequent breakdown of equipment compromised service delivery.
- c) Moderately weak staff motivation although staff satisfaction survey not formally conducted to determine the actual score.
- d) Challenges resulting from under recovery of cost and inability to cover NHIS policy for basic psychiatric diagnosis.
- e) Inadequate accommodation for critical staff affected attraction and retention.
- f) Non-stocking of materials (spare parts) affected the ability of artisans to promptly respond to emergencies and execute works.
- g) Inadequate revenue inflows for service delivery, feeding and medication for non-fee-paying patients
- h) The aged buildings coupled with leakages affected service delivery
- i) Inadequate psychotropic medications at the Temporary Central Medical Store (TCMS)
- j) The LHIMS disconnection and delay in deployment of the GHIMS posed a challenge to keeping medical records and store management
- k) The poor condition of the general waste cesspit tank posed environmental threat to the hospital community and the public.
- l) Non-availability of reliable transport for service delivery.
- m) The frequent brake down of laundry and catering equipment posed a challenge.

## **CHAPTER 11: RECOMMENDATIONS**

### **11.1 Recommendations**

#### **i) The Hospital Management Committee**

Recommendations collated for consideration to enhance performance at the management level include;

- a) Regular meetings of the Management to determine the way forward and address challenges that may arise in the hospital. This will equally provide a forum for the complementary or synergistic rapport among members of the committee.
- b) Develop the hospital strategic and annual action plans and adhere to implementation for effective development of the hospital.
- c) Develop a robust annual budget and adhere to implementation to avoid budget deficits.
- d) Adhere to corporate governance principles; Rule of Law, Accountability, Transparency, Integrity, Efficiency and Effectiveness.
- e) Lead in strategic decision making, embark on stakeholder engagements for corporate and government interventions.

#### **ii) General Administration**

Being the pivot of non-clinical care in the hospital, the following have been identified and recommended for implementation to improve corporate governance.

- a) Resolve to provide a safe and friendly work environment, security to protect staff and patients and adequate orderlies to constantly keep the work environment clean.
- b) Seek ways and means of ensuring that the needed materials and logistics are available and when required; emphasizing the need for an effective building of the relationship between the stores and supply officers and the user units/departments.
- c) Ensure that clinical areas are hygienically maintained and environmentally friendly.

#### **iii) Medical Administration**

- a) Ensure highest standards of clinical practice whilst seeking better means to reduce waiting time.
- b) Commit to assisting the Hospital Health Information Unit to collect and process data both for technical and administrative purposes.
- c) Seek the establishment of continuous training and refresher programmes for staff in modern clinical management.
- d) To establish additional specialist clinics and improve on the existing ones.
- e) To revive the multi-disciplinary meetings and community support clinics

- f) To enhance the support groups
- g) To ensure full complement of ECT services with full anaesthesia
- h) To develop emergency protocols
- i) To enhance the utilization of the National Health Insurance in the hospital.
- j) To expand Employee Assistance Program (EAP) in the hospital
- k) To introduce telemedicine service in the hospital
- l) To secure CPD accreditation.

#### **iv) Financial Administration**

As the 'lifeline' to all activities, the role of this department is very crucial to the progress of the hospital.

- a) Collaboration with the Internal Audit unit to plug all leakages in the revenue collection processes to strengthen cash mobilization.
- b) Comply with the dictates of the Public Financial Management Act 921, ATF, IPSAS, other financial regulatory documents and the existing internal financial policies to ensure efficient utilization of monies generated.
- c) To strengthen internal control measures in revenue mobilization.

#### **v) Nursing Administration**

As the major provider of the needed hospitality in the set-up, the nurses should do well to consider the following for an advancement of the institutional goals;

- a) Maintaining empathy to the care and providing unrivalled attention to patients and clients.
- b) Create a patient-friendly environment.
- c) Providing morale booster by shopping for service-related courses for staff to advance their knowledge in modern clinical care.
- d) Form inter-unit/departmental review teams to meet regularly to discuss and exchange ideas and better patient care.
- e) Respect for rights of the patients in the course of their treatment and management especially on the wards.

#### **vi) Pharmacy Department**

In the handling of medicines and other related stuff, the pharmacy/dispensary units will be required to among other things;

- a) Plan with the procurement office to ensure availability of medicines throughout the year.
- b) Provide current drug information to clinical team, staff and patients.
- c) Ensure that inventory control measures are adequately adhered to.
- d) To be resourced and motivated to continue producing in-house detergents and disinfectants in reducing the cost-of-service delivery

### **vii) Human Resource Management**

The Resource Unit is responsible for determination of appropriate staff mix and in-service training of staff. It is recommended that the human resource manager focuses on the following toward better outcomes;

- a) Liaise with the Human Resource unit to properly identify the human resource gap and map out succession plans to help avoid interruption of service.
- b) Reorganize and structure in-service plan of the hospital to provide training and retraining for both clinical and non-clinical staff.
- c) Ensure the existence of both morale boosting and implement disciplinary sanctions to make staff sit up and discharge their duties.
- d) Consistently undertake staff satisfaction surveys to gauge the worker's perspectives on the available human resource policies, pay and perks, work-life balance, relationship with peers and the likes.

### **viii) 5.8 General/Maintenance Services.**

- a) Adherence to Planned Preventive Maintenance (PPM) schedules of the hospital equipment and infrastructure.
- b) Proper monitoring and supervision of technical officers assigned to the various maintenance units of the hospital.
- c) Strive to obtain all documents and manuals related to equipment and infrastructure in the hospital to provide foresight on the warranty period and how to handle any eventuality.
- d) To be given opportunity attend in-service trainings to be abreast with the modern trend of hospital equipment transport fleet and infrastructure maintenance.

## **CHAPTER 12: WAY FORWARD FOR 2026**

- a) To revamp the hospital website and social media handlers by the end of second quarter of 2026
- b) To celebrate the 120 years of the existence of Accra Psychiatric Hospital
- c) To continue solicit support through donation of food and groceries to support the high number of non-fee paying patients.
- d) To seek for corporate attention to support furniture and fittings for the offices, television for the wards and re-roof the leaked service areas and offices
- e) To collaborate with corporate organization to continue the on-going renovation works (Special ward, Male Infirmary, Female geriatric etc.)
- f) To empty and desilt and hospital's central cesspit tank.
- g) To collaborate with partners to fund/ replace the obsolete vehicles or follow-up on the MoH through MHA to speed up with the hire purchase arrangements.
- h) To expand service delivery to achieve about 10% increase compared to the previous year's performance
- i) To repair the laundry, catering equipment and the generator
- j) To advocate for the pavement of the hospital's internal roads
- k) To improve on the general environment sanitation situations in the hospital
- l) To attract and retain staff through retention strategies.

