

Why Ghanaian Clinical Psychologists also be Trained to Prescribe Selected Psychoactive Medication

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Abstract

This paper examines the mental health situation in Ghana and proposes a way to solve the problem of insufficient care to mental health patients, by recommending qualified Clinical Psychologists to be considered for further training in the area of Clinical Psychopharmacology at Kintampo. The 'KINTAMPO' training involves training of Assistant Psychiatrists/Clinical Psychiatric Officer (CPO) to prescribe limited medications. The rationale for Clinical Psychology training is to supplement the shortage of Psychiatrists in the rural areas in Ghana. The mental health practice in Ghana is a combination of psychotropic medication and psychotherapy. However, the shortage of Psychiatrists in the rural areas makes it difficult for patients to have access to medication. Even when Clinical Psychologists need some psychotropic medications to intervene a problem, they have to send patients to travel hundreds of miles far away from their place of residence to get medication from a psychiatrist. To solve this problem that is why the training of psychiatric Assistants or [CPO] is being implemented at Kintampo to supplement the few psychiatrists in the country. It is also being recommended that qualified clinical psychologists be included in this training. The clinical psychologist in future will be able combine the psychotherapy and psychotropic medication, if necessary, in the rural practice.

Short Communication

Generally, the overall mental health delivery and health of Ghanaians have been improving over the years. Despite the improvement in the general health situation, mental health services have not improved enough to meet the needs of the growing population. With the passage of the Mental Health bill into law in Ghana, March 2nd 2012 as well as the Psychologists Act on June 12th 2013 [1], it is imperative for all citizens to have access to mental healthcare at all levels. However this basic necessity is a bit farfetched. This is because of shortages of mental health personnel especially psychiatrists [2]. Ghana has 18 psychiatrists serving a population of nearly 25 million people [1]. Simply put, there are not enough psychiatrists to provide high quality care to the large number of individuals in need of services, particularly individuals living in rural areas [2]. This shortage is likely to increase in the future as population grows. Several solutions have been proposed to bridge this gap. One of these "solutions" involves the training of middle level health

professionals in mental health including Psychiatric Assistants who are trained to prescribe psychotropic medications [3]. In view of this development, it would be most appropriate for the Ministry of Health and the Mental Health Council to include the qualified Clinical psychologists who are willing to be trained in the area of clinical psycho-pharmacology at the Kintampo Rural Health Training School [4] to supplement psychiatrists. At the end of training, clinical psychologists would qualify to prescribe and administer selective psychotropic medications, same as the Psychiatric Assistants (PA/CPO).

Although there have been various arguments against the implementation of this intervention elsewhere, its merits however outweighs its demerits. First and foremost, if trained Clinical Psychologists are given prescription rights for selected medication it would help increase the scope of psychological practice by helping clinical psychologists expand their practice into settings that are traditionally in need of mental healthcare, such as rural settings without psychiatrists, nursing homes, long-term care facilities, and hospital-inpatient services. For instance there are no psychiatrists in the Western Region of Ghana [2]; hence most of the clients need to travel to other regions to assess specialized mental health services. This therefore contributes to clients seeking only spiritual healing rather than conventional treatment. However, there is a clinical psychologist available in the region who could offer those services if given the right to Danquah, [5], Foster and Danquah, [6].

Furthermore, Clinical Psychologists have similar education as other professionals who have secured various degrees of prescriptive authority (for example, physician assistants, psychiatric assistants, etc.). Clinical Psychologists would therefore qualify, after the 'KINTAMPO' training, to prescribe selected medications for mental health practice [3]. In fact, it is generally accepted by both proponents and opponents of the right to prescribe, that with the proper curriculum such as the 'KINTAMPO' programme, Clinical Psychologists could be trained to prescribe selected psychoactive medication [7]. The 'KINTAMPO' Prescription training is a new programme for Ghana Mental Health workers [3] and we are suggesting that Clinical Psychologists be included. Both Psychiatric Assistants and Clinical

Psychologists who are willing to prescribe should be introduced to additional training to qualify for limited prescription.

According to the new mental health bill and Psychologists Act passed, Clinical Psychologists are one of the main leader's cooperation in mental health [1]. For example, evidence emanating from Western countries; from both the Department of Defence Psychopharmacology Demonstration Project (PDP) and the Indian Health Service (IHS) shows that Clinical Psychologist has been trained successfully to prescribe psychoactive medication [8-10]. Additionally, clinical psychologists are not totally ignorant about psychopharmacology since it is one of the major courses offered as part of the MPhil Clinical Psychology training at the University of Ghana, Legon.

In addition, reasons why so many general physicians prescribe psychoactive medication are due to the relative unavailability of psychiatrists [1]. Therefore qualified Clinical Psychologists who have been trained to prescribe selected psychoactive medications when necessary, would benefit patients who have limited access to psychiatrists and holistic care [11]. Historically, research has also shown that the best outcome for mental health disorders is a combination of psychotherapy and medication [12]. This in fact would be convenient to patients in Ghana and facilitate quick recovery since patients wouldn't have to travel to see a psychiatrist who is in another region due to shortages of psychiatrists, and then a Clinical Psychologists who is also available in the rural area or another region [1].

New Mexico was the first state to pass a prescribing law for clinical psychologists in March 2002, following passage of similar legislation by the U.S. territory of Guam in 1998. Louisiana also passed a similar legislation in 2004 for their own special reasons. It is therefore not out of place to pass such legislation in Ghana due to the shortage of psychiatrists in the rural areas in order to solve Ghana's own problems. This is in line with the present solution to mental health practice in Ghana which has led to the 'KINTAMPO' Training Programme for Psychiatric Assistants and other health personnel [13].

Conclusion

Examining the critical issue being discussed in this article, it is obviously focusing on mental health care in Ghana, where the distribution of human resources between urban and rural areas is disproportionate [2]. On the whole there is insufficient manpower, especially psychiatrists, psychologists and other mental health workers in the country. For example, among the currently trained doctors, very few choose to specialise in mental health [2]. It is therefore commendable for the government and Ministry of Health and those involved in designing and implementing the 2-year CPO course to produce mental health practitioners who will be able to practice independently where there are no psychiatrists [3]. The overall prospects of the practice of Clinical Psychology are generally bright in mental health services. Clinical psychologists have the potential to receive further training, e.g., The KINTAMPO' Training Programme' for prescription rights in order to solve the problem of compromised mental health care in the rural areas due to shortage of psychiatrists in these areas.

One of the most successful treatments of mental health problems is both the combination of medication and psychotherapy, which has not been achieved in the current mental health system where psychiatrists are not available in the rural areas [1]. Clinical psychologists need to be included in the mentioned 'KINTAMPO' Training Programme to supplement the work of Psychiatrists in Ghana. It is obvious that the issue of trained Clinical Psychologist prescribing will raise the usual argument for and against this debate in the Western countries. Ghana, however, is different from the western countries where there are abundant psychiatrists and psychologists, which is most likely to bring questions about Clinical Psychologists prescribing. Ghana is one of the developing countries with numerous health problems which have to be resolved with new initiative and innovations suitable for the national mental health problems at hand. The Ministry of Health and the group who initiated and implemented the 'KINTAMPO' training project to solve Ghana's own mental health problems should be commended.

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