Title: Missed Mental Health Support for Perinatal Women in Ghana: Examining Gaps in Maternal Healthcare Provision

Abstract

A diagnosis should be the beginning of care. For many perinatal women in Ghana, it is where care ends. Mental health disorders during pregnancy and after childbirth are common in Ghana, yet maternal services remain focused on physical health. The experiences of women who are diagnosed but never supported have not been studied. This thesis addresses that gap. It examines how missed support is experienced, what it costs women and their families, why it happens, and how the health system could respond.

The study was grounded in the interpretivist paradigm and guided by the Biopsychosocial Model. It used a qualitative research approach with a phenomenological design to capture the lived experience of missed mental health support. A systematic literature review first established the gap. In-depth, semi-structured interviews were then conducted with 20 perinatal women who had been diagnosed with a mental health disorder but received no follow-up support, and with 14 midwives and doctors. Participants were purposively sampled from four public, quasi-government and private facilities in the Greater Accra Region. Data were analyzed thematically using a hybrid deductive–inductive approach.

Women recognised their crying, sleeplessness and mood swings but often dismissed them as normal stress, held back by shame, stigma and low mental health literacy. When providers did identify a condition, the response was usually a brief, vague referral with no counselling and no follow-up, and women were left feeling abandoned. The effects were wide-ranging: guilt and depression, exhaustion and weak bonding with the baby, broken marriages and isolation, and in severe cases suicidal thoughts and psychosis. These gaps came from a system without screening protocols, trained staff or integrated care pathways, made worse by out-of-pocket costs and spiritual explanations of distress.

The thesis extends the Biopsychosocial Model by including health system organization, policy alignment and cultural competence. It calls for routine screening, structured follow-up, NHIS coverage of maternal mental health, community-based support through CHPS, and a national perinatal mental health framework, so that no woman’s diagnosis goes unanswered.