

# Cultural Adaptations and Barriers to Implementing Trauma-Informed Care in Mental Health Recovery: A Comparative Study of Urban and Rural Ghana

*Dr Eric Kwasi Elliason, Post PhD Research Scholar, Kennedy University, St. Lucia*

## Abstract

**Background:** Trauma-informed care plays a key role in helping people with mental illnesses in places with few resources. It is challenging to use this approach in Ghana because of the country's differences in culture and regions. The study aims to see how culture affects trauma-informed care in western Ghana and compares the challenges present in urban versus rural areas.

**Methods:** The research combined both quantitative questionnaires and qualitative interviews to obtain detailed information. There were 200 participants, evenly divided into urban and rural areas, chosen randomly with stratification. The SPSS software was used to compute descriptive and inferential statistics for quantitative data, while the qualitative data was studied using thematic analysis.

**Results:** Quantitative findings reveal a generally positive perception of trauma-informed care, with urban participants scoring slightly higher than rural ones. Key barriers identified include limited resources, lack of trained personnel, and cultural stigma, particularly in rural areas. Qualitative insights underscore the necessity of culturally sensitive approaches and highlight disparities in access to mental health resources between regions. Participants advocated for educational campaigns and infrastructure improvements to support trauma-informed practices.

**Conclusion:** This research points out both the opportunities and the difficulties in applying trauma-informed care in Ghana. Successful strategies are designed to fit different cultures and make use of existing resources, helping to bridge the gap between city and rural places and boost mental health. In terms of policy, more funds should go to mental health services, professionals should be trained better, and public awareness should be increased. Working on

these points can make mental health care more accessible and better quality in many parts of Ghana.

**Keywords:** Trauma-Informed Care, Mental Health, Cultural Adaptation, Ghana, Urban-Rural Disparities, Mental Health Policy

## Introduction

More countries are adopting trauma-informed care in mental health services because it is important for dealing with the impacts of trauma. As explained by the Substance Abuse and Mental Health Services Administration (2014), safety and empowerment are vital elements of effective treatment in mental health that focus on trauma. The approach seems effective in enhancing patient results and ensuring better care delivery (Elliott et al., 2005).

In Ghana, dealing with mental health disorders is very challenging for health professionals, as the treatment options are lacking (World Health Organization, 2017). Despite the demands for mental health help, there are still not enough services in rural areas which lack both resources and the needed infrastructure (Adu-Gyamfi, 2016). Using trauma-informed care in Ghana's mental health services can help solve some of these issues with a more caring and complete approach to care.

There are special difficulties and opportunities in Ghana because of its cultural environment when trying to use trauma-informed care. People's ideas and habits about culture have a strong impact on the perception of and treatments for mental health conditions (Osei et al., 2011). So, it is important to learn about these cultural features to adapt trauma-informed care for people in city or rural areas.

At the same time, it has been difficult in Ghana to use trauma-informed care because of limited resources, not enough skilled workers and cultural stigmas related to mental health conditions (Asare, 2015). It is important to handle these barriers to ensure trauma-informed practices are performed effectively and sustainable.

Mental health care in Ghana is affected by the big contrasts in opportunities found in urban and rural areas (Roberts et al., 2018). More resources and better infrastructure are typically found in urban areas, whereas getting health care can be harder for people in rural places. My purpose in this study is to show these differences and suggest fairness in trauma-informed care in various areas.

Analyzing how different cultures deal with trauma supports and challenges in mental health recovery, this study aims to give ideas for successful application of trauma-informed care in various places. Overall, the priority is to make mental health better in Ghana, provide useful knowledge for mental health care and influence policies and practices.

## **Methodology**

### **Research Design**

The study used a mixed-methods design to examine both the barriers and the methods used for cultural adaptations in implementing trauma-informed care in recovering mental health in the Western Region of Ghana. Mixed methods were preferred to achieve a total view of the research problem because it brings together different types of data to strengthen the findings (Creswell & Plano Clark, 2011).

### **Study Area**

In this research, the Western Region of Ghana was studied because it contains a blend of urban and rural areas and covers a wide range of people, necessary for making comparisons in this study.

### **Sample and Sampling Technique**

To make sure the sample included both urban and rural participants, a stratified random sampling method was applied. The research study involved mental health professionals, patients recovering from mental illnesses and important staff in healthcare. The target sample of 200 participants was calculated, based on Cochran's method, taking into account a 95 percent confidence level and 5 percent margin of error. 100 participants from urban locations and 100 from rural locations were used in the sample for easier comparison.

### **Data Collection**

All the data was collected from January to June 2024 using the interview method. The data were gathered through questionnaires that were structured and given to psychiatrists and patients. Assessments through questionnaires addressed people's feelings about trauma-informed care, as well as challenges to implementing it and changes needed for different cultures. Semi-structured interviews were conducted with important stakeholders, giving a

detailed understanding of the background factors behind trauma-informed care implementation.

## Data Analysis

The results were examined with descriptive and inferential statistics by using SPSS software version 25. Summarizing statistics were applied to describe the subjects' demographics and opinions and t-tests and ANOVA were also used to test for differences between urban and rural places. A thematic analysis was used on the qualitative data, applying the guidelines from Braun and Clarke (2006), to discover important features and patterns in adapting to the new culture and facing related barriers. Quantitative and qualitative findings were triangulated to confirm that the results were complete and correct.

## Ethical Considerations

Ethical approval was obtained from the relevant Institutional Review Board. Informed consent was secured from all participants prior to data collection, ensuring confidentiality and the right to withdraw from the study at any time. Participants were assured that their responses would be used solely for research purposes. By adhering to these methodological steps, this study aimed to provide a comprehensive understanding of the challenges and adaptations necessary for effective trauma-informed care in the Western Region of Ghana.

## Results

**Table 1: Demographic Data**

Demographic Variable	Urban (n=100)	Rural (n=100)	Total (n=200)
Gender			
- Male	60	55	115
- Female	40	45	85
Age Group			
- 18-30 years	35	30	65
- 31-50 years	45	50	95

- 51+ years	20	20	40
Education Level			
- Secondary	30	40	70
- Tertiary	70	60	130

The study included a total of 200 participants, with an equal distribution between urban (n=100) and rural (n=100) settings in the Western Region of Ghana. Table 1 presents the demographic characteristics of the participants.

**Table 2: Perception of Trauma-Informed Care**

Region	Average Perception Score (1-5)
Urban	4.2
Rural	3.8

The perception of trauma-informed care among participants was measured using a Likert scale, with higher scores indicating more positive perceptions. Table 2 presents the average perception scores by region. The data suggest that participants in urban areas have a slightly more positive perception of trauma-informed care compared to their rural counterparts, though both groups generally hold favorable views.

**Table 3: Barriers to Implementation**

Barrier	Urban (%)	Rural (%)
Limited Resources	80	90
Lack of Trained Personnel	75	85
Cultural Stigma	60	70
Infrastructure Challenges	50	65

Table 3 shows the most frequently reported barriers to implementing trauma-informed care. The results indicate that limited resources and a lack of trained personnel are the predominant barriers, with these issues being more pronounced in rural areas.



## Qualitative Results

### Themes from Interviews

Qualitative analysis revealed several key themes regarding cultural adaptations and barriers:

1. **Cultural Sensitivity in Care Delivery:** Participants emphasized the need for culturally sensitive approaches to trauma-informed care, highlighting community-based strategies as effective means to increase acceptance and effectiveness.
2. **Education and Awareness:** There was a strong consensus on the necessity of education and awareness campaigns to reduce stigma and improve understanding of mental health issues.
3. **Support Systems:** The importance of developing robust support systems, including peer support and family involvement, was a recurring theme, particularly in rural settings.

### Comparative Insights

The qualitative findings suggest that urban areas benefit from better access to information and resources, whereas rural areas face greater cultural and infrastructural challenges. These insights underscore the need for tailored interventions depending on the regional context.

Overall, the results provide a comprehensive picture of the current state of trauma-informed care in the Western Region of Ghana, highlighting both the progress made and the challenges that remain.

## Discussion

The results of the study highlight some of the details involved in providing trauma-informed care for mental health recovery within the Western Region of Ghana. Quantitative findings suggest that both urban and rural people have a good view of trauma-informed care and urban participants have slightly better scores. That means, although the concept gets a positive response on average, the regional view of it is affected by how much information and resources are available (Adu-Gyamfi & Brenya, 2016). It was found that issues such as a shortage of resources, trained individuals and negative views from society occur in similar contexts all across Africa (Ofori-Atta et al., 2010). As a result of these barriers, it is necessary to implement planned actions to help enhance mental health services in Ghana.

Cultural issues turned out to be very important in the qualitative findings, as the participants stressed how crucial it is to be sensitive to culture. This agrees with the worldwide trend of adopting mental health interventions that are tailored to each region's culture (Okello et al., 2012). Since traditional beliefs are important in Ghana, it is necessary to include cultural competence in trauma-informed care practices. This could be achieved by helping mental health specialists use appropriate techniques for different cultures and inviting community leaders to play a role in mental health programs (Read et al., 2009).

The analysis shows that there is a significant gap between urban and rural areas. The availability of good infrastructure and more resources in cities seems to help implement trauma-informed care. Alternatively, rural communities are often disadvantaged by the lack of proper infrastructure and mounting cultural biases which prevent them from using such methods of care. Since there are differences in these areas, it is important to have policies that suit both places. For example, using mobile health services and telepsychiatry can help people in rural Africa and such solutions have been introduced in other countries on the continent (Tomlinson et al., 2009).

The results of this study suggest that the government and the international community should give more resources to boost mental health services in Ghana. A higher priority should be given to developing and equipping more workers in the mental health field to help with trauma care. It is also necessary to run public health programs to lower stigma and inform people about mental health. These approaches have helped reduce the stigma related to HIV and inspired individuals in other African communities to get treatment (Kakuma et al., 2010).

While the study has been useful, it does have certain limitations that cannot be ignored. As this study is cross-sectional, it is difficult to tell if the stated barriers cause specific perceptions of trauma-informed care. Besides, collecting information from people themselves may cause their answers to be affected by bias. It would be helpful for future studies to apply longitudinal methods and include measurements that are not just self-assessments for mental health outcomes. In addition, adding more regions in Ghana to the study could give researchers a fuller view of trauma-informed care in the country.

### **Conclusion**

All in all, this study sheds light on how trauma-informed care is implemented in the mental health system of the Western Region of Ghana. The research suggests that both urban and

rural people generally like trauma-informed care, with cities having better support and opportunities because of their better access to resources and information. Mental health care providers in Ghana encounter major obstacles, for example, shortage of staff, low funding and cultural prejudice which are more pronounced in rural communities. According to these results, mental health care would be more effective if steps to address disparities between rural and urban regions were taken.

It encourages authorities to focus on developing more mental health support and training experts, together with efforts to educate the community and reduce the stigma surrounding mental health. By making progress in these significant areas, Ghana will enhance mental health services which encourages a better environment for those recovering from trauma.

More research is needed to examine the cultural environments of Ghana, using ongoing studies to find out what lasting effects trauma-informed care may have. Examining mental health issues in all parts of the country will allow experts to support culturally adapted mental health interventions on a national level.

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