

## Exploring Gender and Age Disparities in Psychiatric Care: Insights from Accra Psychiatric Hospital

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### Abstract

Mental health is essentially a public health priority in Ghana. It is emerging that there are disparities in psychiatric care across the population. The objectives of this study were to identify which gender and age group were more likely to access care at Accra Psychiatric Hospital - Ghana's primary mental health facility. This quantitative study analyzed the Out-Patient Department prescriptions received at the hospital's Pharmacy over a 6-month period (October 2024 to March 2025). The research identified significant demographic patterns in line with other studies. The research revealed that women were more likely than men to pursue psychiatric support, aligning with global trends. Such insights underscored the need for male-targeted mental health programs and interventions. Age-related disparities were also obvious. Adults aged 18–59 years constituted approximately 75% of the patients. This group, reflected increased stress associated with work, family, caregiving, and other social responsibilities. The elderly patients (60+ years) showed a seasonal increase in psychiatric visits during October, December, and January. Conversely, the children and the adolescents (0–17 years) represented the smallest patient group. These findings emphasized the essence of developing gender- and age-sensitive mental health interventions and policies to help improve the effectiveness of psychiatric care delivery in Ghana.

**Keywords:** Gender, Accra Psychiatric Hospital, Mental Health, Psychiatry care, Age difference, treatment outcome

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### 1.0 INTRODUCTION

Mental health is significantly a public health priority in Ghana, following the enactment of the Mental Health Act 846 in 2012. The legislative framework marked a turning point in Ghana's approach to psychiatric care, which aimed at decentralizing services, promoting community-based interventions, and safeguarding the rights of individuals with psychiatric or mental health conditions [1]. It is emerging that there are disparities in psychiatric care across the population. Age and gender are particularly vital factors that significantly influence not only the prevalence and expression of mental disorders but also access and outcomes of psychiatric treatment. In a study it was recorded that globally, females are disproportionately affected by anxiety and mood disorders, while males are more likely to experience substance use and externalizing disorders [2]

In the Ghanaian context, social and cultural norms often discourage men from seeking mental health care due to professed notions of emotional weakness, while women may face unique stressors such as gender-based violence and caregiving burdens [3,4]. Similarly, the

elderly are often discounted in mental health activities, partly due to societal opinions of aging and the prioritization of younger populations in health interventions [5]

While these trends have been acknowledged in broader global and other national discussions, there remains a need for empirical studies that explore how gender and age shape psychiatric care experiences within certain institutional settings in Ghana like Accra Psychiatric Hospital. This study sought to address that gap by examining gender and age disparities in psychiatric care of patients seeking care at Accra Psychiatric Hospital - one of the country's foremost mental health facilities. The objectives of this research were to identify which gender (male or female) and which age group (children [0 to 17 years], adults [18 to 59 years] and elderly [60+ years]) were more likely to seek psychiatric care at Accra Psychiatric Hospital. The research aimed to provide actionable insights that could inform more inclusive and responsive mental health policies and practices.

## **2.0 MATERIALS AND METHOD**

### *2.1 Overview of Psychiatric Care in Ghana*

Psychiatric care in Ghana has long been underfunded and stigmatized, though recent reforms recognize mental health as a public health priority. The Mental Health Act 846 (2012) sought to decentralize care, promote community-based services, and safeguard patient rights [6]. Recent efforts have sought to integrate mental health services into primary care, especially at the district level, through the Community Mental Health Program [7]. However, implementation has faced challenges such as inadequate funding, a shortage of trained mental health professionals, and stigma associated with mental illness [8]. Public awareness of mental health is gradually improving, thanks to advocacy efforts and media campaigns, but stigma remains a major barrier to seeking psychiatric care, particularly among men and the elderly [9]. Traditional and faith-based healing practices also play a significant role in the mental health landscape, often functioning alongside or in place of formal psychiatric services [10].

### *2.2 Impact of Gender on Treatment Outcomes*

Gender plays a significant role not only in the prevalence of mental disorders but also in treatment outcomes, including the response to interventions and the likelihood of recurrence. Biological, psychosocial, and behavioral differences between males and females influence how individuals engage with treatment, adhere to therapeutic recommendations, and respond to various forms of psychiatric care [2].

#### *2.2.1 Gender Differences in Psychiatric Health Care*

Gender plays a vital role in the expression, prevalence and treatment of mental health disorders. Globally, research constantly shows that females are more likely to experience anxiety and mood disorders, while males are more prone to antisocial behavior and substance use disorders [2]. Biological, psychological, and sociocultural factors all contribute to these gender-based differences. Biologically, hormonal fluctuations especially related to pregnancy, menstruation, and menopause are associated with a higher vulnerability to anxiety and depression in females [4]. Psychologically, females have a habit of internalizing stress, which tend to lead to disorders such as anxiety and depression, whereas males are more apt to externalize stress through substance misuse or abuse and aggression [2]. According to the World Health Organization, these behavioral propensities affect both the detection and diagnosis of mental illness, with women more likely to seek help and receive diagnosis than men [11].

Sociocultural expectations and gender customs tend to further shape mental health outcomes. In many places especially Africa, including Ghana, men are socially conditioned to put down emotional weakness, leading to underreporting of psychological distress and reduced help-seeking behavior [12,13]. On the other hand, women often face heightened mental health stressors due to gender-based violence, caregiving responsibilities, and other socioeconomic disadvantages [4]. Understanding gender differences in mental health is critical for designing equitable interventions to help improve health outcomes. Policies and decisions must account

for how gender influences access to care, risk exposure and health outcomes to ensure mental health services are both inclusive and effective

### *2.2.2 Gender Related Recurrence Rates*

It has been reported that females often report higher relapse and recurrence rates despite better short-term treatment response, predominantly in depressive and anxiety disorders [14]. Hormonal changes linked to reproductive events such as menstruation, pregnancy, and menopause tend to contribute to the higher recurrence rates [4]. However, males often show a slower response to treatment, particularly in anxiety and mood disorders, and are more likely to withdraw from treatment prematurely [12]. Furthermore, men with comorbid substance use disorders often experience poorer treatment outcomes and higher rates of relapse [13]. Social and cultural norms that discourage emotional disclosure among men may further reduce therapeutic outcomes and effectiveness, especially in talk-based interventions. The impact of gender on therapeutic outcomes underscores the relevance of tailoring mental health interventions to gender-specific needs [12].

### *2.3 Impact of Age on Treatment Outcomes*

Psychiatric treatment outcomes vary not only by gender but also across age groups. Children and adolescents (under 17 years), adults (18–59 years), and the elderly (60+ years) tend to exhibit distinct patterns in symptom presentation, treatment response, relapse risk, as well as long-term recovery. The differences are shaped by biological, developmental, cognitive, and social factors that have an influence in the course and management of the mental health disorders across the lifespan [3,23,24].

#### *2.3.1 Age Differences in Psychiatric Health Care*

The impact of the different age groups on treatment outcomes are:

- Children and Adolescents (<17 years): Children and adolescents often respond well to short-term interventions, particularly when treatment is developmentally tailored and has family-based components. However, the rates of relapse are often high, especially for mood and anxiety disorders [15]. Often hormonal fluctuations especially during puberty, with evolving identity and social stressors (such as peer rejection, academic pressure), may significantly contribute to symptom exacerbation. Moreso, limited insight and decreased autonomy in seeking or continuing treatment could undermine adherence as well as long-term treatment outcomes [16].
- Adults (18–59 years): Adults usually exhibit a broad range of responses to therapy, based on life-stage stressors such as parenting responsibilities, employment status and relationship dynamics. Many adults benefit from psychotherapeutic and pharmacological interventions; however, adherence is usually compromised by competing stigma and other demands, particularly among males [12]. In this age group comorbid conditions, including substance use disorders, are more prevalent hence causing complications in treatment outcomes [13].
- Elderly (60+ years): Often the elderly present with complex, overlapping physical and psychiatric conditions, which could obscure diagnosis and delay treatment. They tend to demonstrate slower but steady improvement in response to treatment, particularly in depression and anxiety disorders – especially when the interventions are adapted for age-related sensory and cognitive changes [17]. Cognitive decline and diminishing support networks often challenge effective management of chronic psychiatric conditions in this age group [18].

#### *2.3.2 Cross-Age Implications and the Need for Tailored Interventions*

Gender and age-specific factors shape treatment outcomes and are crucial in mental health care. For children and adolescents, early interventions and family engagement are key to

preventing long-term recurrence. For the adult population, addressing social determinants, comorbid disorders, and gender related stressors are critical to sustaining positive outcomes. For the elderly, integrated care models that combine physical and mental health support, with strategies to decrease isolation, are critical for effective long-term management [3].

### 3.0 METHODOLOGY

#### 3.1 Research Design

This research adopted a quantitative approach to comprehensively examine gender differences in psychiatric care across different age groups (Children- under 17 years, adults- 18 to 59 years, and the elderly- 60+ years) in Accra Psychiatry Hospital. The rationale for this design lies in its ability to put together findings, thereby increasing the validity and depth of the analysis [19]. The study site; Accra Psychiatric Hospital is one of the three public psychiatric hospitals in the country. It is located in Accra and is the largest mental health facility in Ghana. It is a national referral center for psychiatric care and provides outpatient and inpatient services. It was established in 1906 and has a long-standing history of delivering specialized psychiatric care, research, and training in Ghana [3].

The Main Pharmacy of the hospital, where this study was conducted, is a central point for dispensing and counselling of medications and patient interactions from prescriptions received. The pharmacy serves a diverse patient population, including children, adults, and the elderly, thus providing a representative sample for understanding demographic trends in mental health access and utilization of psychiatric services.

#### 3.3 Data Analysis Methods

The data collected at the main pharmacy involved collection of the daily prescriptions and grouping them into the various classifications. The collection took place for a 6-months period. The collection process started in October 2024 and ended in March, 2025. Data collected were coded, stored and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 18 Software.

### 4.0 RESULTS AND DISCUSSIONS

Over the 6-month period (October 2024 to March 2025) a total of 7,296 Out Patient Department prescriptions were received at the Pharmacy department of Accra Psychiatric Hospital. The analysis of the demographic characteristics of the patients focused on gender and age distributions.

#### 4.1.1 Overall Gender and Age Distribution

Of the 7,296 patients who accessed psychiatric care, 47.0% were males and 53.0% females. The age group distribution showed that majority of the patients were adults aged 18–59 years (76.0%), followed by the elderly patients aged 60 years and above (13.0%), and then children aged 0–17 years (11.0%). The tables below show the monthly gender and age distributions.

Table 4.1 - October 2024

Characteristics	Number	Percentage
All individuals	1089	
<b>Gender</b>		
Male	519	47.66
Female	570	52.34
<b>Age Group (Years)</b>		
Children (0-17)	117	10.74
Adults (18-59)	712	65.38
Elderly (60+)	260	23.88

Source: Researcher’s field work, March 2025

Table 4.2 - November 2024

<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
All individuals	1162	
<b>Gender</b>		
Male	431	37.09
Female	731	62.91
<b>Age Group (Years)</b>		
Children (0-17)	87	7.49
Adults (18-59)	912	78.49
Elderly (60+)	163	14.03

Source: Researcher's field work, March 2025

Table 4.3 - December 2024

<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
All individuals	1009	
<b>Gender</b>		
Male	401	39.74
Female	608	60.26
<b>Age Group (Years)</b>		
Children (0-17)	69	6.84
Adults (18-59)	698	69.18
Elderly (60+)	242	23.98

Source: Researcher's field work, March 2025

Table 4.4 - January 2025

<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
All individuals	1423	
<b>Gender</b>		
Male	525	36.89
Female	898	63.11
<b>Age Group (Years)</b>		
Children (0-17)	169	11.88
Adults (18-59)	934	65.64
Elderly (60+)	320	22.48

Source: Researcher's field work, March 2025

Table 4.5 - February 2025

<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
All individuals	1356	
<b>Gender</b>		
Male	444	32.74
Female	912	67.26
<b>Age Group (Years)</b>		
Children (0-17)	93	6.86
Adults (18-59)	1049	77.36
Elderly (60+)	214	15.78

Source: Researcher's field work, March 2025

Table 4.6 - March 2025

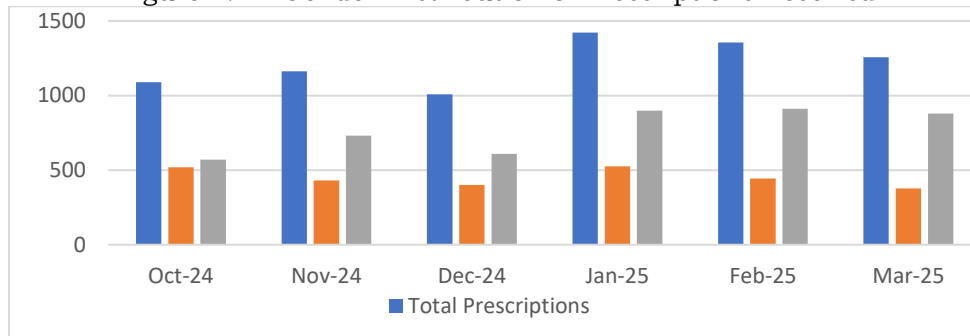
Characteristics	Number	Percentage
	1257	
<b>Gender</b>		
Male	378	30.07
Female	879	69.93
<b>Age Group (Years)</b>		
Children (0-17)	103	8.19
Adults (18-59)	957	76.13
Elderly (60+)	197	15.67

Source: Researcher’s field work, March 2025

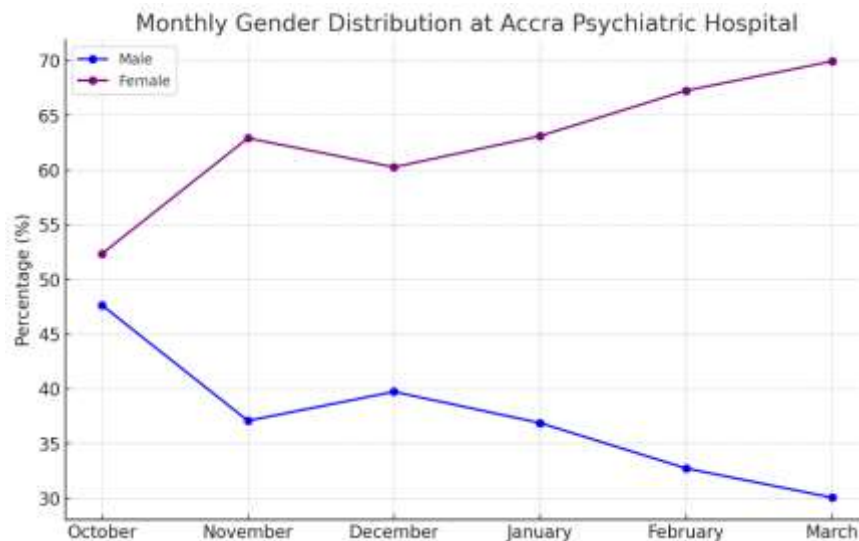
#### 4.1.2 Gender Disparities

Across the period of study, females constantly accessed psychiatric care at higher rates than males - consistent with studies like Ofori-Atta, 2010. This trend increased from November 2024 through March 2025, where the percentage of female patients heightened significantly above 60%. The findings may be a reflection of societal norms in Ghana that encourage help-seeking behavior among women whereas such behavior is stigmatized among men [3]. Masculinity and cultural constructs could be contributing to underutilization of psychiatric services by men **as was reported by Adebayo, D. and Ojedokun, O.** in 2025 [20].

Figure 4.1 – Gender Distribution of Prescriptions Received



Source: Researcher’s field work, March 2025

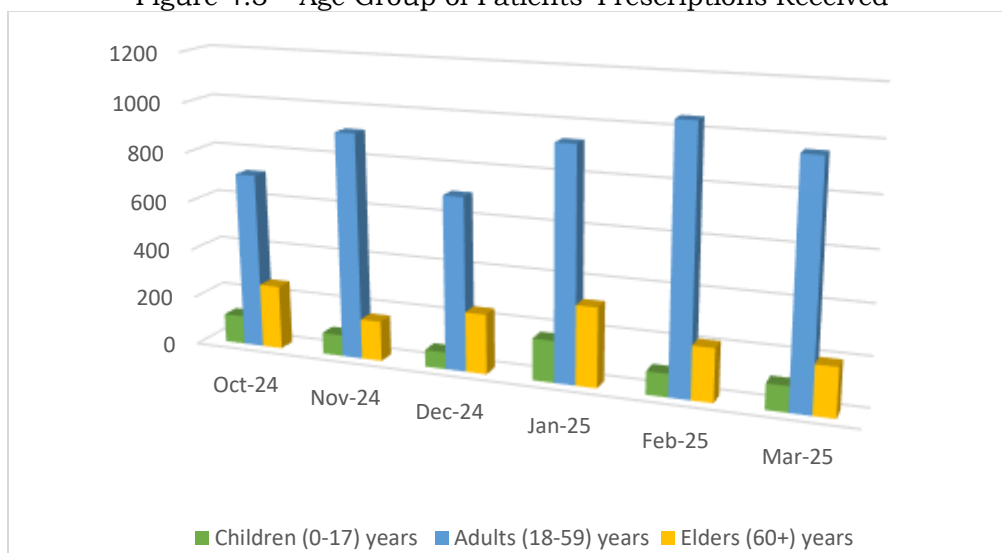


Source: Researcher’s field work, March 2025

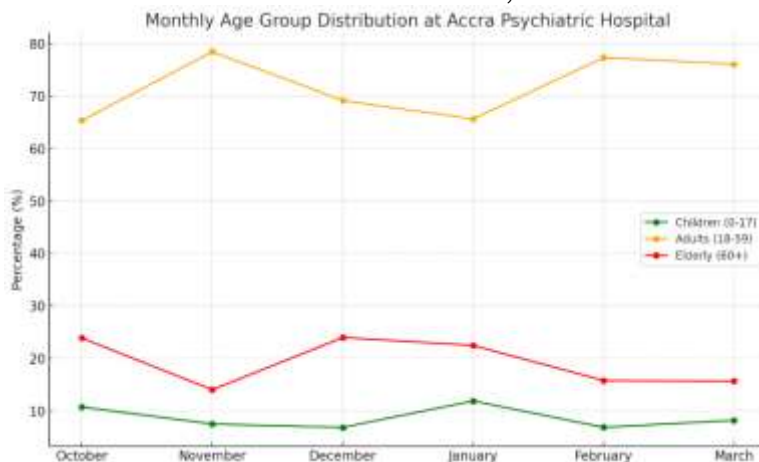
### 4.1.3 Age Disparities

Adults aged 18–59 years were the most dominant group that sought psychiatric care, representing about three-quarters of the total patients across all the months under study. These findings were consistent with global trends where this age group tends to be faced with heightened exposure to issues such as family pressures, work-related stress and other social determinants of mental health [21]. The elderly (60+ years), showed high utilization in the months of October, December, and January which coincided with the festive season - a period that is often linked with increased social isolation and depression among older populations as was reported in a 2018 study by Abankwah and Osei-Yaw [5]. Children (0-17years), comprised of the smallest proportion of patients, which may point to challenges such as under recognition of mental health issues in children or stigma associated with labeling children as mentally ill [22].

Figure 4.3 – Age Group of Patients’ Prescriptions Received



Source: Researcher’s field work, March 2025



Source: Researcher’s field work, March 2025

### 4.2 Implications for Policy & Practice

Practical implications of these gender and age disparities for mental health policy and service delivery include:

- The need for a gender responsive programming which integrates community-driven male focused mental health activities.

- The need for mental health outreach programs and activities targeted at geriatric care to support the elderly, particularly during the periods of increased vulnerability.
- The need for enhanced child and adolescent mental health services to ensure that there is early detection and provision of targeted interventions.

## 5.0 CONCLUSION

In this study it was realized that consistent with global mental health trends, women were more likely than men to seek psychiatric support. The data might also hint of a higher burden of mental health conditions among women. Further research could explore that. Also, adults aged 18–59 years represented nearly three-quarters of all patients, reflecting patterns observed internationally that associated this demographic with heightened psychological stress related to work, family, and other social responsibilities. In a nut shell, there is the need to ensure gender and age-specific mental health policies and practices to enhance positive mental health outcomes.

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