



GHANA / FIELD RESEARCH BRIEF

Youth mental health in focus

A community screening snapshot.
A clearer starting point for support.



28 MAY - 25 JUNE 2026

209

young people registered

105

full clinical screenings

70

flagged for referral

Prepared by the Snuggli Health field research team
Sentra screening tool / Two outreach efforts in Ghana

Operational snapshot, not a population prevalence study.

01 / EXECUTIVE SNAPSHOT

A place to ask. A reason to follow through.

Across two outreach efforts anchored in Ghanaian school communities, Sentra helped surface concerns that deserve attention - and a practical route to further assessment.

WHAT THE SCREENINGS RECORDED

56%

worry / anxiety

55%

sadness

44%

sleep problems

Share of full clinical screenings (n=105). Concerns overlap; these are not diagnoses.

The need behind the numbers

The recorded concerns also included trauma (41%), hearing voices (53%) and self-harm (26%). These findings describe what was raised during screening, not confirmed clinical conditions.

Of 209 registrations, 70 were flagged for referral. The original brief reports that most referrals were directed to Accra Psychiatric Hospital; completed attendance and treatment are not documented.



Outreach photograph supplied by Snuggli Health.

The central signal: screening and follow-up need to grow together.

02 / SCOPE AND INTERPRETATION

What this snapshot can tell us

This is a picture of who attended two outreach efforts, not a representative survey of Ghanaian youth.

WHO	209 registered young people; 105 full structured clinical screenings; 70 referral flags.
WHERE	School-community outreaches in Greater Accra and the Oti Region. The source also records a smaller cluster in Bono East; regions were inferred from community names.
WHEN	28 May - 25 June 2026, concentrated around two intensive screening days.
HOW	Sentra, a structured digital screening and triage tool with built-in red-flag detection.



Read with care

Attendance was self-selected: young people chose to attend or were brought. Age and consent fields were inconsistently captured, and the demographic denominators are not fully specified.

Emergency flags are precautionary operational signals. They are not confirmed diagnoses or verified crisis counts.

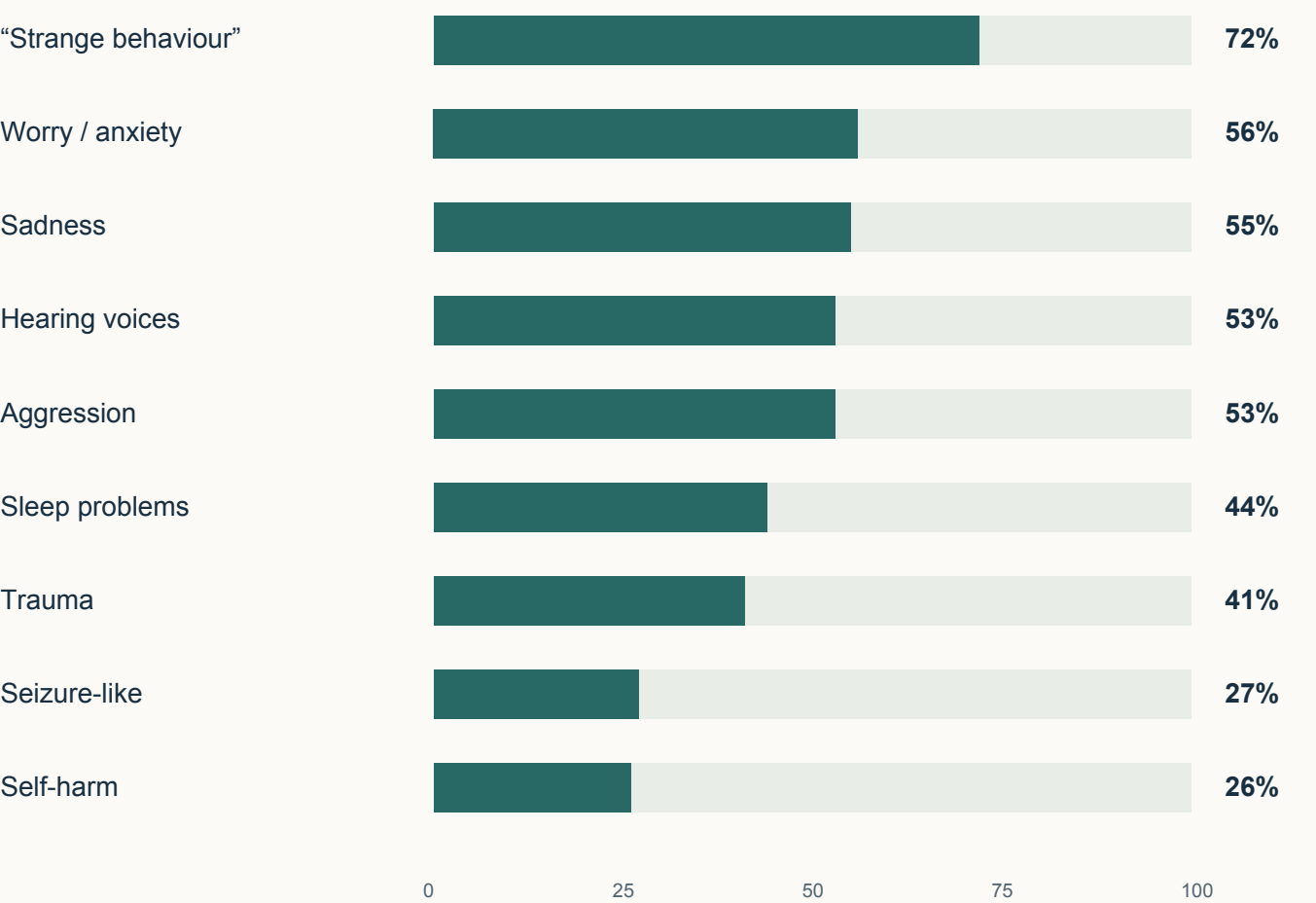
03 / FINDINGS

What young people brought to screening

Many young people raised more than one concern.

FIGURE 1 / RECORDED CONCERNS

Percentage of full clinical screenings (n=105)



Language matters

The original brief describes “thinking too much,” spiritual framings and “strange behaviour” as language used around distress. These terms need context and sensitive follow-up, not automatic diagnostic interpretation.

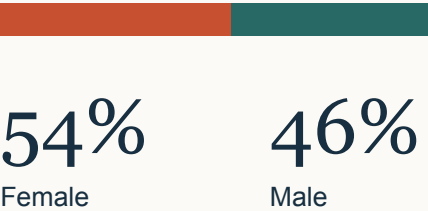
04 / THE COHORT

Who was in the room

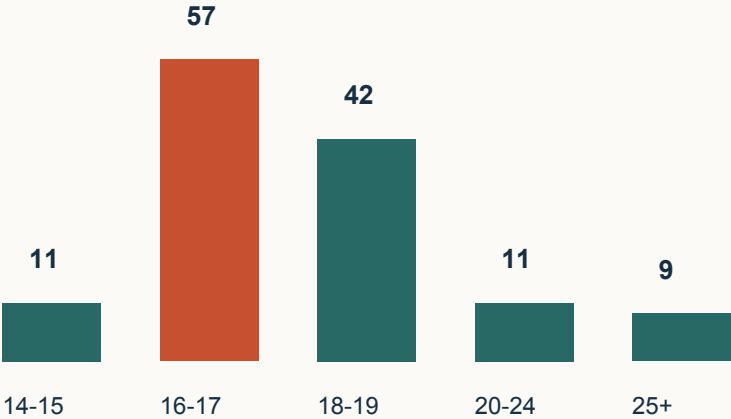
The reported age profile is concentrated in the senior-high-school years. The source reports a median age of 17.

FIGURE 2 / REPORTED DEMOGRAPHICS

Sex distribution



Age distribution



A denominator that needs reconciliation

The age-chart counts sum to 130, while 105 full screenings are reported. The source does not explain the difference. Treat the age chart as a separately reported profile, not the age breakdown of the 105 clinical screenings.



Designing for school-age contexts

The profile makes school-community engagement relevant, while incomplete age and consent fields limit how confidently the cohort can be described.

05 / OPERATIONS

Screening is a beginning. Follow-up is the next test.

The outreach records show registration, structured screening and referral activity. They do not establish that referred young people reached care.

FIGURE 3 / REPORTED OPERATIONAL COUNTS

209	Registered Young people entered in the outreach records.
105	Full clinical screenings Structured screenings completed.
70	Flagged for referral About one-third of all 209 registrations.
66	Emergency referral flags Safety-oriented flags, not confirmed emergencies.

Where the pathway leads

The original brief reports that most referrals were directed to Accra Psychiatric Hospital. This makes referral capacity, community follow-up and documented handovers central to the next phase.

Flags are not completed care.

Referral attendance, treatment and outcomes are not reported. The relationship between the 66 emergency flags and 70 total referral flags is not explicitly reconciled in the source.

06 / INTERPRETATION

Build the response around the young person



Snuggli Health outreach photography. Images do not indicate individual screening results.

01 Make room for disclosure

Community-based, low-stigma screening can create opportunities to raise concerns. This snapshot supports further work on access; it does not estimate population prevalence or prove clinical benefit.

02 Listen in locally meaningful language

“Thinking too much,” spiritual framings and family descriptions should inform culturally sensitive questioning. The findings do not, by themselves, validate a screening tool.

03 Grow follow-up alongside screening

Build referral ownership, community support and specialist capacity into outreach planning. Document whether young people reach assessment and what happens after referral.

LOOKING AHEAD

Better evidence. More connected support.

Snuggli Health will continue these outreaches and report transparently on what we find - including the limits of early, real-world data.



About Snuggli Health

A Ghana-focused digital mental-health company building screening, triage and support tools for African contexts. Sentra is its structured clinical screening and referral intake tool, designed to surface concerns early and support the next step in care.

snugglihealth.com

Reading & photography note

This operational brief supports partner engagement and institutional discussion. It is not a population-level prevalence study.

All photographs were supplied by Snuggli Health. They illustrate outreach activity; no individual result or diagnosis is attributed to anyone shown.