Plan Overview

A Data Management Plan created using DMPonline

Title: Community Engagement and Mental Health Outcomes in Ghana

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Project abstract:

Community engagement has increasingly been recognised as a critical determinant in the recovery and rehabilitation outcomes of individuals with mental health challenges. This form of engagement includes the active participation of local communities, family members, religious leaders, and other societal stakeholders in facilitating mental health care, fostering inclusion, and reducing stigma. In Ghana, cultural beliefs and societal attitudes toward mental illness significantly influence the scope and quality of such engagement, either enabling positive therapeutic pathways or perpetuating marginalisation.

At Ankarful Psychiatric Hospital, one of the largest mental health institutions in the country, mental illness presents complex socio-economic and cultural implications that extend beyond the affected individuals to impact their families and the wider community. This research seeks to examine the influence of community engagement on mental health outcomes within this context. Specifically, the study will address the following research questions: What community-based activities do individuals with mental health conditions participate in? Which socio-demographic factors influence nature and extent of their engagement? What are the potential benefits and risks associated with community involvement? And how can community-based activities be effectively integrated into formal mental health care systems?

Guided by an interpretivist philosophical framework, the study will utilise stakeholder mapping and maximum variation sampling to identify a diverse range of participants. These will include individuals with lived experience of mental illness, mental health professionals from Ankarful Psychiatric Hospital, and key opinion leaders from surrounding communities. Data collection will be carried out through in-depth interviews, and analysis will be conducted using NVivo qualitative data management software. The findings will be interpreted through the lens of the biopsychosocial model and social bonding theory to provide a nuanced understanding of the role of community engagement in mental health outcomes.

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Community Engagement and Mental Health Outcomes in Ghana

Data description

What types of data will be used or created?

This study will generate qualitative data through face to face interviews recruited service users, duty bearers and community leaders at Ankarful. Data will include sociodemographic characteristics, types of community engagement, perceived benefits and risks associated with it and how community engagement will be incorporated into formal health services delivery. The interviews as transcribed will not request names include names as the responses are intended to be anonymous. A separate pretest of instrument involving three to five participants across all target populations which will generate written feedback about the interview guide clarity, accessibility and acceptability. Notes will be recorded in Microsoft Word, Pilot participants' names, preferred contact details and electronic consent records Will be collected separately. Feedback Will initially be pseudonymised using participants codes. No audio or video recordings, automated transcripts or Al meeting notes will be created. Pilot feedback will not enter the main-survey dataset Additional research records will include the questionnaire, participant information sheets, consent materials, recruitment documents, data management documentation and analysis scripts.

How will the data be structured and documented?

Interview data will be exported from transcribed data into zip format document and analysed using Nvivo. Original exports will be preserved separately from cleaned datasets and analysis file. Any analytical record number will be linked to participants' identities. A data dictionary will document variable names, question wording, response categories and coding.

Data storage and archiving

How will your data be stored and backed up?

Weekly checks of the files on the x:drive will still be usable. The data will be stored on University of Birmingham (UoB) storage (BEAR Research Data Store), accessed via network shares mounted on the University-managed computers of the Principal Investigator (PI), Co-PI’s and other researchers. Backups will automatically made overnight from the Research Data Store (RDS) and any files that are created or changed that day will be backed up, with backup tapes copied to a second location for disaster recovery purposes. Backups can be recovered either via accessing snapshots (within 4 days of deletion) or by contacting IT Services (within 90 days of deletion).

Is any of the data of (ethically or commercially) sensitive nature? If so, how do you ensure the data are protected accordingly?

In conducting my research on the role of community engagement in enhancing the recovery of mentally ill patients at the University of Birmingham, I will ensure rigorous data security and protection of sensitive information in accordance with the UK GDPR, the Data Protection Act 2018, and university policies. Ethical approval will be sought from the Research Ethics Committee (REC), and participants will be fully informed through detailed information sheets and consent forms. All data will be anonymised or pseudonymised, stored securely on university-approved systems, and access will be limited to authorised personnel. Transfers of data will be encrypted and governed by formal agreements when necessary. Following university guidelines, anonymised data will be retained for the required period and securely destroyed thereafter. Throughout the project, I will maintain communication with the Research Governance and Ethics team to ensure continued compliance and uphold the trust of participants sharing their personal mental health experiences.

Where will your data be archived in the long term?

The proposed retention period for research data and necessary research records is at least 10 years after project completion, subject to confirmation of the applicable University requirements.
The final archive will contain the transcription dataset, data dictionary, analysis scripts, relevant outputs, anonymised pretest feedback and essential study documentation. Identifiable consent records Will be retained separately With more restricted access.
Long-term preservation Will use a University-approved research archive or retention service, to be confirmed With Research Data Management and IT services. The Research Data Store will support active project storage: its suitability for the full

retention period and any subsequent transfer requirements will be confirmed rather than assumed.
Data Will be retained in accessible formats, including Zip format files plain-text analysis scripts, and suitable document formats. Records will be securely deleted at the end of the applicable retention period when no longer required, following institutional procedures.

Data sharing

Which data will you share, and under which conditions? How will you make the data available to others?

Findings will be shared through academic publications, presentations and a plain-language summary. A link to the summary Will be posted on the social media pages and online platforms used for recruitment, subject to administrator permission where required.
participant-level survey data, identifiable pilot records, consent records and individual pretest feedback notes Will not be publicly released. This reflects the sensitive subject matter, the risk of indirect identification and the commitments made to participants.
Materials suitable for public sharing may include the study protocol, interview guide, data dictionary, analysis scripts and disclosure-checked aggregate results. Interview data sharing will respect the licences and attribution requirements of the published instruments. Scripts and supporting files Will be checked to remove personal information, sensitive file paths and identifying metadata.
Suitable materials will be made available through joumal supplementary files or an appropriate institutional or disciplinary repository, subject to University agreement. Repository records Will describe the materials and their permitted reuse. A data-availability statement will explain why participant-level data are restricted and identify the materials that can be accessed. Requests for additional information will be considered by the responsible institutional lead under the confirmed governance arrangements. Participant-level data will not be shared beyond the authorised research team under the current plan. Any proposed change would first require review Of ethical approval, consent commitments, identification risks and any necessary data-sharing agreement.