

GHANA: A PICTURE OF MENTAL HEALTH

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INTRODUCTION: MY UNCLE MOSES

It was a sunny morning in 2011 and I was about to have my first interaction with a self-help group of people with mental health disabilities. This was part of the ‘Ghana, a Picture of Mental Health’ initiative of the Mwananchi Ghana project, funded by the Overseas Development Institute, as part of the Mwananchi Africa Programme. I didn’t know what to expect. In preparation for this experience, I tried to play back some memories of interactions with my uncle Moses, who had mental health challenges during my early childhood. That was not helpful, as I could not remember much about Uncle Moses. What was clear to me was that my family always accepted Uncle Moses into our home when he thought it wise to trek across the countryside for several days in order to visit his cousin, my dad. Sometimes he would be very interactive and have intelligent conversations with the family, as he was a smart man. However, on most days, he would stay locked up in his room and only open the door to collect his food and return dirty dishes. He refused medication and never ever said goodbye as he would creep away deep in the night, back to the village. That was my one and only direct experience with someone with mental health challenges.

Flash forward to 2011, and I realised this situation was here and now. The Mwananchi Programme had a mission to make a difference in the lives of people with mental health challenges, and I had to first of all meet them and interact with them. This group in Tamale was very impressive and it was clear that they had a deep desire for more than they were getting from society. I could relate to them due to my little experience with my uncle many years earlier. They consisted not only of people experiencing mental health challenges, but also caregivers and loved ones. That first interaction began several years of work with people living with mental health challenges. What I remember most is the hope on their faces as we discussed and worked together on activities that would help secure a better future for them.

STIGMA AND OSTRACISM

In Ghana, mental illness is surrounded by stigma and ignorance, which results in severe marginalisation and ostracism of people with mental health challenges. They are excluded from their communities and frequently denied access to basic human rights, including rights to health, social and economic well-being, and participation

in social life. Apart from challenges with social integration, national infrastructure does little to support the care and treatment of mental illness. In 2011, there was no mental health law, and currently, the Accra Psychiatric Hospital and two other psychiatric health facilities are heavily under-funded and on the verge of being shut down. Even though a Mental Health Bill has been passed into law, not much has been done to protect mentally ill persons in practice.

These challenges are more pronounced in the northern part of Ghana. The country has only three psychiatric hospitals, all of which are under-funded, overcrowded and located in the south. The three regions of the northernmost part of the country are the poorest, and particularly underserved in terms of mental health services. There are only a few psychiatrists and fewer than 50 psychiatric nurses for a population of over three million people in northern Ghana. This makes treatment difficult for the huge numbers of people with mental illness and epilepsy.

Many families, in the face of stigmatisation, attempt to deal with illnesses themselves, hiding relatives with mental illness or epilepsy from outsiders. Some even resort to shackling or locking family members in rooms, away from the public. This reduces people's lives to no better than the existence of chained animals, as was the case of Francis Kabila Pii.¹

FRANCIS' STORY

Francis, a resident of Bolgatanga, was diagnosed with Substance Induced Psychosis. According to Francis, his mental illness first started in 1996 as a result of a troubled marriage. He was then teaching at the Baptist Primary School in Bolgatanga. Misunderstandings at home kept him worried and stressed out, he narrated: "This was noticed by my friends, and they advised me to smoke a little Indian hemp to clear away my worries."² Francis agreed, and this was the beginning of his ordeal. He gradually became aggressive and temperamental, and neglected personal hygiene. He drove his wife out of their home, started threatening to harm his siblings regularly, and would leave home for weeks without notice. Even though he was treated and discharged in the early stages, continuous use of Indian hemp caused a relapse. He left home to live in the market square. Francis was forcibly taken home by his family to undergo traditional treatment. The healer contacted was from a nearby village. He made a small hole in a huge log and forced Francis' right leg through it. The healer also forced a metal rod through one half of the hole to prevent Francis from removing his leg from the log. With the family's consent, this was done to prevent him from wandering away and to aid his 'speedy recovery'.

Restraining people with mental illness by means of shackles and logs is quite common in most parts of Ghana, especially in the Upper East Region. It is believed that the log that is usually pinned to the patient's leg has spiritual powers to aid the treatment process, in addition to the physical restraint it imposes on a person.

Francis came in contact with BasicNeeds, a grantee of the Mwananchi Africa programme, in November 2010. Francis had spent nearly one and a half years pinned to a log. The BasicNeeds team, touched by Francis' plight, offered an initial amount of

¹ Francis was interviewed by Bernard Alando of BasicNeeds Ghana as a case study in Bolgatanga, the capital city of the Upper East Region of Ghana. The interview was carried out under a tree, in front of his house, on 7 July 2011.

² Indian hemp or Cannabis sativa, source of the drug variously known as hashish or marihuana.

GHS20 (approx. US\$5) to the community psychiatric nurse to commence his treatment. BasicNeeds and the Talensi/Nabdam District Education Office then supported the rest of Francis' treatment. Francis also found some good friends who provided social and psychological support. Today, Francis is healed, happy and reunited with his family. He is back at post as a teacher in another district. The Mwananchi Programme contributed to the success story of Francis and many others in northern Ghana.

WORKING AT THE POLICY LEVEL

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Beyond these efforts to help individuals and communities, there is also a need to work at the policy level to improve the way that people with mental illnesses are treated. The Mwananchi Programme worked to strengthen citizens' engagement with governments across six African countries: Ethiopia, Ghana, Malawi, Sierra Leone, Uganda and Zambia. Participatory Development Associates, the organisation I work for, was the National Coordinating Organisation of the project in Ghana.³ Our project, Ghana - A Picture of Mental Health, was implemented in partnership with BasicNeeds Ghana. The initiative used photographic documentary, in the form of a photo book, to depict the everyday lives of people with mental illness or epilepsy. This served as evidence to influence mental health policy and practice that addresses the needs and rights of people with mental illnesses in Ghana.

BasicNeeds Ghana and Participatory Development Associates worked closely with people with mental health issues to implement this project. We made a point of including them in planning, advocacy and engagements at the community and district levels, as well as in engagements with the Parliamentary Select Committee on Health.

The project ensured that peer support was delivered by self-help groups of people with mental health challenges. They were supported to use the photo book to engage duty bearers and law-makers on issues affecting them. Members of the self-help groups received capacity building support and were actively involved from the inception of the project.

The vivid and dramatic photos caught the attention of policy-makers at the community, district and national levels. We worked with the Mental Health Society of Ghana to engage the Parliamentary Select Committee on Health. Members of the delegation, who themselves had mental health challenges, had the opportunity to engage with the highest law-making body of the land. This was before Ghana's Mental Health Bill was passed. Our engagement, as well as the tireless efforts of several other civil society groups, led Parliament to pass the Mental Health Bill in March 2012. In May 2012, The Mental Health Act of 2012 (Act 846) received Presidential assent and became law. BasicNeeds Ghana was asked to represent Ghana's civil society on the committee that was tasked to work on the legislative instrument for the law.

As a result, the Ghana Mental Health Authority was set up, with its the board inaugurated in 2013. The Authority has initiated the legislative instrument to facilitate effective implementation of the Mental Health Act. The authority is working with regional and district hospitals across the country to make provision for mental health cases. This includes ensuring that there are beds for patients.

3 Participatory Development Associates website, www.pdaghana.com.

CONCLUSION

We were able to make an impact by being inclusive. The self-help groups continue to thrive and provide peer support, while BasicNeeds remains passionate about mental health. We are optimistic that the Mental Health Act will make a positive difference, but progress is slow.

Funding is a big challenge on the mental health front. Though the law was passed in 2012, there has not been any movement towards supporting the Mental Health Authority with funds from Value Added Tax (VAT) and the Consolidated Fund as stipulated in the law. This has left the Authority solely dependent on funding from the UK Department for International Development (DFID) to survive. The following need to happen in order to ensure that mental health issues are given the required attention:

- The authority needs to be properly funded, and not solely dependent on DFID funding.
- There should be adequate funding to ensure that Mental Health Nurses are given specialist psychiatric training, which would make them much more useful in their line of work.
- The Ghana Health Service budget needs to have adequate allocation for mental health.

Had my Uncle Moses lived in today's Ghana, he would have had a slightly better quality of life, but things still would not have been much different for him. Unless the Mental Health law is fully implemented and funding provided on all fronts, people with mental health challenges will continue to be hidden from view.