GHANA
A PICTURE OF **MENTAL HEALTH**
PREFACE

The power of photographs to highlight issues or tell a story cannot be under-estimated. It is in this light that BasicNeeds feels privileged to have been funded by Mwananchi Ghana to put together a collection of images that capture sobering, thought-provoking experiences and living conditions of people with mental illness or epilepsy.

This collection is not just meant to portray the unspeakable treatment and living conditions that many people with mental disorders or epilepsy have to endure, but also to highlight the humanness and inherent potential that people who are currently ill, or have stabilised in their condition, as well as their primary care-givers, have to contribute to their own wellbeing and those of their families.

The people captured in this collection of images have, before the onset of their mental illness, been teachers, traders, hardworking wives or husbands, lovely children of parents and families. Unfortunately, the social stigma so often associated with mental illness or epilepsy, poverty, and inadequate health care facilities have conspired to rob these people of the care and support they deserve.

All is not lost, as increasing attention is being given to mental health issues and the welfare of people with mental disorders. The BasicNeeds model for mental health and development demonstrates the viability of a holistic approach to capacitating people with mental illness or epilepsy and their families. It provides a framework for the management and treatment of neuro-psychiatric conditions, making it possible for people with mental illness or epilepsy to participate in family and community activities, engage in awareness-raising, and influence policy and practice in favour of the disadvantaged.

The images in this publication also depict the few but hardworking professionals, mental health volunteers, social workers and primary care-givers who continue, under trying conditions, to commit themselves to helping people with mental illness or epilepsy to “live and work successfully in their communities” – the purpose of BasicNeeds.

As you contemplate the images on these pages, spare a moment of thought for the person with a mental disorder, for it could be any one of us.

Yaro, Badimak Peter
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Y... has been confined for three months due to aggressive behaviour, including attacking his mother. He lives in a remote village in the Upper West Region, and was last seen by a Psychiatric Nurse during an outreach clinic a year ago. Medicines were prescribed, but his supply of pills has long since run out.

Y...’s foot has been forced through a heavy length of wood, and a metal bar driven across the hole in the log to prevent him from withdrawing his leg. In this way he is prevented from escaping, and others are at less risk from his aggressive outbursts.
M... is Y...’s brother. He has been suffering from recurrent mental illness for 20 years. Unlike his brother, he is placid but has a tendency to wander. As a result he has spent the past four years with his leg pinned in place through a heavy length of tree trunk.
B... suffers from schizophrenia. He is responding to treatment, but his tendency to sneak away to smoke marijuana is hampering his recovery. His family are subsistence farmers, and this year’s harvest has not been good, meaning that the year ahead will be a hungry one.
S... suffers from epilepsy and, before receiving treatment relatively recently, had as many as seven seizures a day since childhood. He was highly stigmatised, and used to be stoned and abused by neighbourhood children. Through education and awareness raising, he is now treated better by those around him, and is no longer abused. According to his mother, neighbours will now assist and protect him if he suffers a seizure in her absence.

S...'s elderly mother pictured in one of the two rented rooms she shares with her son. S... does his best to support her with his meagre earnings from carrying loads on his head at a local market.
I... took care of his wife under difficult circumstances for a year. She eventually came to the attention of a mental health volunteer who guided her to a community outreach clinic, and she has now been well for over five years. I... is now the chairman of a local mental health self-help group in their community.
Sh... is estimated to have fallen ill in her early twenties. She is cared for by her elderly mother, who is clearly not able to support the two of them adequately - they often go hungry. They live in two small rented rooms they share with four other people.
Ma... has suffered from schizophrenia ever since she was a teenager. She used to wander, talk incoherently and expose herself. Her loving family took care of her for 10 years until she found treatment through a community outreach clinic a month before this photo was taken. She is responding well to treatment, and is polite and lucid, though she experiences weakness and headaches from the medications. She is proud that she is now well enough to do some household chores.
R... suffers from cannabis induced psychosis. Because he is destructive he is kept outside in a partially enclosed porch in front of one of the family dwellings. There appears to be a history of substance abuse in the family. According to relatives, R...’s dependency began when he was regularly sent as a teenager to buy cigarettes and alcohol for an older brother.
F... is a 48-year-old teacher. Though visibly mentally ill, it is clear that he is keenly intelligent, widely-read and very articulate. He is believed to be suffering from substance induced psychosis, though no firm diagnosis is available since he has not been seen by a psychiatrist.

After neighbouring villagers complained of F...’s aggressive behaviour, his foot was pinned through a heavy length of tree trunk to restrain him.
F... has been confined in this manner for two years – naked in an empty room, on a bare concrete floor upon which he eats, sleeps and relieves himself.
28-year-old T... was physically abused by her husband. He drove her out of the home when she fell ill with schizophrenia, and her father found her a year later wandering the streets. Her recovery is being hampered by her refusal to take her medication – she insists that there is nothing wrong with her. She is kept shackled to prevent her from running away from home. She had four children, but only one survives.
After recovering from her illness, Th... is undertaking an apprenticeship with a seamstress. She made the dress she is wearing. The numbers on the wall behind her are measurements.
A... suffered from debilitating migraines for over thirty years before finding treatment through a community mental health volunteer. He is now the chairman of his local self-help group and is pleased to be able to assist others.
58-year-old Iddi Sadiq is a mental health volunteer. He monitors 465 patients in Savelugu and surrounding villages, riding from home to home on his bicycle.
In... fell ill with schizophrenia. Through treatment he has recovered sufficiently to return to work making knives and cutlasses.
The images on the following pages were taken in two of the country’s psychiatric hospitals, to which BasicNeeds was granted limited access.

Ghana has only three psychiatric hospitals, all of which are underfunded, overcrowded and located in the urban and better-developed south of the country. The three regions of the northernmost part of the country are the poorest, and particularly underserved in terms of mental health services – there are no psychiatrists and only 34 psychiatric nurses for a population of 3,317,478.

Elizabeth at the Yendi District Hospital, on the facing page, is one of the very few psychiatric nurses in the north.
A small number of individual rooms are available to patients in fee-for-service VIP wards at one public psychiatric institution. Charging patients for improved services and accommodation brings in much-needed revenue.
Unlike the fee-for-service VIP wards, there are neither bed sheets nor pillows in the public wards, and there are inadequate facilities for patients who suffer from incontinence.
The seclusion room on a fee-for-service private ward is in better condition than its public ward equivalent, but even here patients must sometimes be confined.
At this public facility, patients who are a danger to others must sometimes be confined in a seclusion room due to understaffing and a lack of more appropriate facilities. The institution acknowledges that such methods are not ideal, but at present they have no alternative. The room contains only a small bare mattress, and has no sanitation.
A member of staff coaches patients in volleyball at a public psychiatric institution. The way staff and patients relate is one of this hospital’s greatest assets.
There is scope for innovation. In this initiative to improve the situation of patients at a public institution, a long-term resident tends broilers at the Rehabilitation Center. When they reach maturity the birds will be sold to raise funds for the patients. Consideration is being given to including layers in the program to improve patients’ ability to feed themselves.
A VSO volunteer in the Occupational Therapy unit at a public institution, with a bead jewellery workshop run by the Ghana Bead Society in the background. Volunteers make an important contribution without which activities like this can sometimes not be sustained.
Inadequate funding constrains public institutions’ ability to maintain and upgrade their facilities. The overflowing records department of one institution has apparently not been refurbished since it was constructed in 1975. All of the records of the 43,170 patients treated to date are maintained here, in paper form.

At another institution, the carpentry department in the Occupational Therapy unit has virtually no working tools and lacks sufficient wood for patients to work with.
The images in this book clearly reveal that there is much to be done to improve the situation of people suffering from mental illness and epilepsy in Ghana. While much good work is being done, with the support of people like yourself many more lives can be transformed.

On the opposite page, an inspiring message left by a volunteer at a public psychiatric institution adorns the wall of a room in which garden tools are stored.
THERE ARE NO STRANGERS IN THIS WORLD
ONLY FRIENDS THAT HAVEN’T YET MET
ABOUT BASICNEEDS GHANA

BasicNeeds Ghana was established in April 2002 following a feasibility study from which a three-year pilot project was developed. Since then it has become one of the largest programmes of the BasicNeeds Global Federation.

The vision of BasicNeeds is that the basic needs of mentally ill people, throughout the world, are satisfied and their basic rights respected. BasicNeeds initiates programmes in developing countries which actively involve mentally ill people and their carers/families, and which enable them to satisfy their basic needs and exercise their basic rights. BasicNeeds also stimulates supporting activities by other organizations and influences public opinion.

BasicNeeds promotes a model for mental health and development (MHD). At the centre of the model is the empowerment of people with mental disorders and their families to enable them to advocate for themselves, secure a livelihood, and be active participants in their families, communities and society at large. The five main elements of the model are:

Capacity Building: To enable people with mental illness or epilepsy and their families to be included and involved in development processes.

Community Mental Health: To improve access to appropriate treatment and follow-up services for people with mental illness or epilepsy in or near their own communities.

Sustainable Livelihoods: To support people with mental illness or epilepsy and their families to attain sustainable financial stability.

Research and Policy: Researching the conditions of poor people with mental illness and epilepsy, and formulating and implementing policies that supports their ability to advocate for their rights to government and other agencies.

Management and Administration: To provide efficient administrative, financial and evaluative systems for all programmes. A rigorous documentation framework ensures lessons learnt are incorporated into development practice and internationally disseminated on an ongoing basis. The World Health Organisation and others have recognised BasicNeeds as a leading global advocate on community-based mental health.

To date, BasicNeeds Ghana has reached 18 838 people with mental illness or epilepsy from over 18 700 families. Together with these are 18 335 carers. We are currently working actively with 17 603 people with mental illness or epilepsy, all of whom are receiving regular treatment. 4 681 of them have been trained or are being trained in vocational skills; 2 014 people are operating small businesses; 1 032 are engaged in horticultural activities; and 8 476 people are involved in several different livelihood activities. BasicNeeds' continuous public awareness activities have increased public knowledge and awareness on mental health issues. Our work has also led to the development of 182 community Self-Help Groups of people with mental illness or epilepsy and their primary carers.
We would like to thank all our Community Volunteers, partners, Community Psychiatric Nurses, supporters and the staff of BasicNeeds for their untiring contribution towards making this project happen. Our special thanks to the Mwananchi Project financed by GTF of UKAid for their generous financial assistance. We are also grateful to ODI and Participatory Development Associates (PDA) for their monitoring and supervisory support which helped to ensure the success of this project.

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