Case Study Title: Ghana - A Picture of Mental Health

Case Study Presenter: Glowen Kyei- Mensah

Presenter Affiliation: Participatory Development Associates

1. What is/was the context and key challenge(s) in your K* case study?
   a. When, where and how long did this initiative occur, or is it ongoing?

This initiative began in July 2010 and is ongoing.

Mental illness in Ghana is surrounded by stigma and ignorance and this has resulted in severe marginalisation of mentally ill people. People who suffer from mental illness are almost always subjected to social stigma and discrimination which excludes them from interaction, a place in their communities and happiness at home. Sufferers become even more trapped without options for a way out. Excluded from their communities, they are frequently denied access to basic human rights, such as health, social and economic wellbeing; participation in both political and social life.

Lack of interest in mental health issues has led to low recruitment levels for mental health workers and poor incentives for workers from the government as well as meagre budget allocations for mental health. At the beginning of the initiative, there were a total of 4 psychiatrists in public service in Ghana (with a population of over 24 million) and 159 psychiatric nurses and 5 social workers. There are 3 psychiatric hospitals in Ghana, all in the south of the country. Despite policy to develop psychiatric units in each district hospital very little progress has been achieved, currently only 3 regional hospitals have psychiatric units attached.

Many families, in an attempt to deal with the illness themselves tend to hide their relations experiencing mental illness from outsiders, even resort to shackling and/or locking them in rooms away from the public.

Ghana is a signatory to the United Nations Declaration of Human Rights. These rights are enshrined in the National Constitution and other laws to promote and protect the rights of all citizens. However, at the beginning of this initiative, there was no formal legislation on mental health. There were two policy attempts in 1983 and 1996; and then the draft Bill in 2004 that stalled.

This initiative is taking place under the DFID-funded Mwananchi Ghana project in partnership with BasicNeeds Ghana.

The purpose is to use a photographic documentary on the everyday life of people with mental illness or epilepsy as evidence to influence mental health policy and practice that addresses the needs and rights of people with mental illness in Ghana.

2. Who are/were the players and why did/do they need to come together?
   a. What was/is the reach of the initiative?

The players are BasicNeeds Ghana (a NGO that focuses on issues of mental health), Mental Health Self Help Groups (consisting of members with mental health challenges as well as their care givers and community
volunteers), Mental Health Society of Ghana, District and Regional level policy makers, Parliamentary Select Committee on Health, The Ministries of Health and Local Government and traditional media organizations. The reach of the initiative is national level.

3. How did/does K* play a role in the story, i.e. tools/techniques/approaches.
Evidence based action research was used. The photobook which contained a photographic documentary of the state of mental health in Ghana was used for engagement at the district, regional and national level. A photo exhibition entitled ‘Ghana – A Picture of Mental Health’ was part of the process. The packaging of the research evidence was unique and interesting, making policy makers appreciate the knowledge and engagement. Increased knowledge and awareness about mental health.
Self-Help Groups of people with mental illness were supported to use the photo book to engage duty bearers on issues affecting them. The approach of interactions with policy makers sought to build trust to ensure evidence produced is used to inform policy. Capacity building was essential as members of the Self-Help groups were actively involved from the inception of the project. As a result, they learned and appreciated the importance of evidence when dealing with issues of governance and rights.
Traditional media was used for public awareness. There was a need for the general public to appreciate the need for adequate mental health laws to address the needs and rights of those faced with mental health challenges. It was also important to influence a change in attitude of the general public.

4. What was/is the intended impact/contribution of K* and, if you can, tell us whether K* had an impact and how.
K* had an impact. Evidence is knowledge and the action research focused on producing evidence to inform policy. There was a need to inform policy as the mental health bill had been sitting in parliament for several years. This was the right time to package the right knowledge and use the right approach to ensure that the human rights of the mentally challenged in Ghana were protected.

5. What are the lessons from this example that others should know about/could be transferred, in general and particularly in a resource-limited context?
Inclusiveness is important – The Self Help Groups are much more dynamic as a result of this project. Packaging is important – the very vivid photos of the state of mental health in the country caught the attention of everyone that came in contact with them and had an effect on policy makers
There was increase awareness and knowledge among policy makers and elected representatives.
The mental health bill was informed by several engagements with the Parliamentary Select Committee on Health and the mental health bill was finally passed into law in February, 2012.
The photobook has strengthened the activities of the already existing Self-Help Groups, giving them a tool with which to engage at the local level.

6. Any other observations..:
Other reasons for success so far
• Collaboration between BasicNeeds, PDA, Mental Health Society of Ghana and the Self Help Groups
• The use of professionals in the project (photographers, printers, media persons, mental health professionals, researchers, etc.)
• The quality and packaging of the evidence (the book and exhibition) which increased access to knowledge on the mental health situation in the country and what could be done about it
• Timing of the project – the mental health bill had been in parliament for some time and coming in the wake of increasing pressure for an improved mental health system

Twitter: #kstar2012
April 24-27th, 2012, Hamilton, Ontario
www.tinyurl.com/KStarConference