WE COUNT

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INSIDE

Editorial

Another issue (the sixth) of the valued biannual magazine, *We Count*, is here with us. *We Count* presents you with first hand information and knowledge about mental illness from the view point of the very people who suffered it or are just coming out of it. This edition attempts to explore and present how mental illness affects women in Africa and the effect of this on the entire household and other socio-economic arrangements. It will interest you to learn about the poignant struggles of two young girls in their efforts to care for their mentally ill mother and a brother who has both mental disorder and physical disability.

The stories featured in this edition clearly reveal the effects of mental disorders on women from the narrations of three women and two girls from four programmes of BasicNeeds in Africa who experienced severe mental l disorders. As mental disorder leads to isolation and discrimination in the lives of people who suffer it, women suffer this most in their marriages and affiliation with groups and organisations that they belong. Chances of marrying and staying in marriage, including the social standing of such women become virtually eroded, even when the woman has been cured of the mental disorder for a long time.

It is in this light that BasicNeeds strives to ensure equal participation of women and men in development processes. It is even more necessary to enable women take more control of their livelihoods by means that ensure equitable opportunities to education and information, and to a secure livelihoods that assures some form of social and economic independence, as well as promoting family values. It is particularly important to educate families on their roles in the care and support of their relatives with mental disorders, especially women and girls, so that they are not abandoned but they are given all the support and attention they need.

Peter Yaro
Chair of Panel

Alando Bernard
Project Coordinator

Dear reader, we are interested in getting your comments about how this magazine can be improved. Do let us hear from you, be it by electronic mail, a letter posted to us or telephone (or even fax). Thank you to our numerous readers who have spared time to send us 'feedback/comments'. With your interest and support, we are moving on.

Vision

Our vision is “that the basic needs of all mentally ill people, throughout the world are satisfied and their basic rights are respected.”

Mission

“To initiate programmes in developing countries which actively involve mentally ill people and their carers/families and enable them to satisfy their needs and exercise their basic rights. In so doing stimulate supporting activities by other organisations and influence public opinion.”

Disclaimer

All the stories and photos featured in this issue were freely and willingly constructed with the expressed permission of the mentally ill people and their families. This publication is purely to educate the wider society about mental illness and challenge them to treat mentally ill people with dignity. These stories have been edited even though their originality have been maintained throughout.

Message from Founder Director

I am delighted to join the editorial team in welcoming you to this edition of We Count. I am so glad that they have decided to emphasise the situation of women be they carers or people with mental disorders. I am particularly delighted that several of the life stories are recorded by colleagues from our partner organisations in both Ghana and Kenya. This advent is most welcome and is yet another way of showing how our work is a shared mission with a growing number of people.

Chris Underhill
Founder Director

The two little children in Tanzania struggling to go to school whilst looking after their brother and mother. The old lady in Kenya struggling to make sense of her memory loss with carers who really see her as a burden, the tiring and numbing vicissitudes of child birth or, indeed, the death of a husband who loved you, are all stories from women and girls reaching for life’s satisfaction in a very clamorous world.

Underlying all of this is a sense of really grinding poverty. The impoverishment of no money, of no knowledge, and at times the impoverishment of no understanding. The redemptive moment for us as privileged readers is when the character of the women shines through determination to live and to contribute something to our common understanding; to life itself.

THE STORY OF MARIAMA ALIDU

Story written by: Amadu Abdul-Karim, Field Officer, Gub-Katimali Society, Tamale

“It is an Act of God”

A Warm Welcome

When information reached Mariama about my intended visit to her place to have a discussion with her, she was anxious to see me, but when I got to her house she was not there. She had taken food for her father at Nkpanta. Her mother, Mma Ayishetu, a seventy-five year old woman, was shelling groundnuts when I entered. I was warmly welcomed by her and was asked to wait for Mariama's arrival. As tradition demands, I got myself engaged in cracking groundnuts, when Mariama entered with a broad smile, looking quite happy to see me.

This is Mariama!

Mariama Alidu is a forty-five year old woman. She lives in Salaga, the district capital of the East Gonja District in the Northern Region. She is the firstborn of a family of ten children. Ayishetu Saaka and Alidu Saaka are her parents. Mariama was married to a man named Seidu and they have six children - four boys and two girls. She is a Moslem by religion and a Gonja by tribe. She was born in Salaga and grew up there. Mariama is plump and dark in complexion with a tribal mark on her left cheek.

Establishing Rapport and Gaining Permission

Before getting down to our discussion to enable me construct her life story, I explained to Mariama the importance of Life Stories and how BasicNeeds used them widely through various publications in order to inform and increase public awareness, serve as source of hope to people in similar situations she has been through, as well as influence public policies that serve the cause of poor disadvantaged people with mental disorders. This was in attempt to seek her consent for her narration to be documented in a Life Story. Mariama granted permission and said, "I will need a copy of the publication where my story will be featured, so that my neighbours will know that I also know people."

"Life was Good Then…."

Narrating her story, Mariama said, "When I was not sick, I used to process shea-nuts[1] into butter for sale." "I also sold charcoal." Her mother added that Mariama used to trade in foodstuffs as well, where she would buy foodstuff from the community on their market days and sell them in other communities. This made her very busy and resourceful. "Life was good for me then," Mariama said. "My husband was also a trader and living conditions were good, but now, it is no longer so because my sickness has taken away my livelihood." "Over the past ten years my business capital has been used up in search of treatment for my sickness."

One Evening, Eighteen Years Ago…!

When asked how her illness started, Mariama said, "I started experiencing epileptic fits eighteen years ago." "It happened to me one evening when I was coming home from the market." "I met a few children who were looking at me as if I was a strange person." "When I got home, I felt that I was acting strangely, but could not tell exactly what that meant." "I had severe headache throughout the night." "This affected my behaviour the next day." "Our neighbours said I was walking fast into a nearby bush and talking aimlessly to myself and shouting at anything that came my way."

"Hmmm," she sighed deeply. Mariama looked pensive at this stage, so I chipped in to assure her that this was history and that she should give glory to God for her condition now.

Mariama continued her narration. "I was chased and brought to the house." "Our neighbours gathered around and prepared some herbal preparations for me to drink to calm my behaviour, but it did not work." "They said I was still walking about and talking to myself."

The Search for Treatment

"The next day, I was taken to Shekhinah Clinic[2] in Tamale, the capital of the Northern Region, a distance of 75 miles from Salaga." "It takes about 3 hours by public transport to reach Tamale." "I was there for six days and was told I had a mental disorder." "There was no improvement in my condition while I was there, so my parents brought me home and after consultations with friends and family members, I was taken to Ankaful Psychiatric Hospital in Cape Coast in the Central Region of Ghana." "It was there that doctors told me I was suffering from a condition known as schizophrenia." "I was hospitalised for one week at the psychiatric hospital."

"On the fifth day after my admission, I was given a container by one of the hospital nurses to fetch water and pour into an empty drum." "The container had so many holes all the water I was trying to hold in it was going waste." "I went to fill it up with water twice, but the third time I reported to the nurse what was happening." "She nodded her head to signal that I could be discharged."

"I have remained a Mere Home Woman"

"I was discharged the following day and taken back to Salaga." "For about four years I did not experi-

ence any recurrence of my condition, but I had lost my business capital in our search for treatment." "So, with no money left to trade and no husband, I was reduced to a mere home woman doing only routine household chores." "This led to my relapse in 2007 during the Harmattan[3] season." "I was confined to my home and was cared for by my father who had no money any more to take me to Ankaful for treatment, until one day our neighbours told us that there was going to be a field consultation[4] meeting of people with mental disorders and epilepsy at the Salaga hospital."

BasicNeeds Brings Hope

"I attended the meeting with my brother on the said day." "It was a big gathering with so many people with mental disorders and people suffering from epilepsy and carers of such people." "Each participant was given the opportunity to narrate what he or she goes through as a person with a mental disorder." "After the field consultation, we were told that a psychiatrist would be coming to attend to us and that when the time is near we will be informed." "The following month a white doctor (Dr. Jim Crabb, a volunteer psychiatrist from the UK) and his wife were brought to attend to us." "This 'white doctor' also told me that I was suffering from a condition known as schizophrenia." "He gave me medicines and told me that my sickness would go away if I take my treatment continuously." "The doctor also told me that whenever my medicines got finished I should contact Mr. Lukman, the nurse in charge of psychiatry in the district, for more." "Today as I speak, I can boast that I am as normal as any other person."

Back to Life

Mariama says she is now a member of the self-help group in her area. "I am a member of a self-help group of stabilized people with mental disorders and carers in my area." "I attend meetings regularly and participate in all the activities of the group." "Through the group, I received a credit support of GH¢ 20.00 (about GB£10.18) for six months." "I was able to revive my charcoal business with this and have been able to repay the loan." "I wish I could get a bigger amount to expand the business, but this does not seem possible because many people in our group are yet to receive this benefit."

Last Words

Mariama said, "This sickness has really affected me a lot." "I had a big business and a happy family before this sickness, but now I survive on the sale of charcoal." "All the same I am very grateful to God

for the intervention of BasicNeeds and its partners in my life." "I am well and earning an income that enables me to take care of my father and mother." "My husband has divorced me because of my sickness but I am not worried because everything that happens to mankind is an act of God."

Reflections

Mariama's life story reveals how poverty exacerbates the suffering of people with mental disorders. It was because of Mariama's parents' inability to take her to the Ankaful Psychiatric Hospital the second time her sickness recurred, that she was confined to her home to suffer her fate. It emphasises the need for mental health services to be made available at the community level.

This life story also underscores the importance of economic capacity in recovery. All of Mariama's business capital had vanished in the trying search for treatment. There was nothing left for her to build on. She felt negated, reduced to nothing, with no work, no income, "a mere home girl" doing household chores.

Her husband divorced her at a moment in her life when she needed him most. "I have learnt to cope with life, as my husband is no longer an issue in my life." It must have left her feeling unwanted. It can be concluded however that these negative circumstances, brought about the relapses she suffered. With the intervention of BasicNeeds', Mariama is experiencing a fresh breath of life again.

Schizophrenia

Globally, 24 million people have schizophrenia. Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives.

Schizophrenia is a serious mental disorder marked by irrational thinking, disturbed emotions and a breakdown in communications with others. Schizophrenia is the most common form of psychosis, a serious emotional or mental condition that makes a person unable to function in society. The cause of Schizophrenia's is unknown, and scientists currently relate it to a metabolism disorder thought to be hereditary. Others add that the environment also has an influence. Biochemical imbalances in the brain, which influence how we think and feel, are also known to be a cause.

People who develop schizophrenia often have a history of unhappiness and emotional stress in early childhood. Later, frustration and disappointment may contribute to the development of schizophrenia in a person who is predisposed to it. The condition can, however, arise in people from a stable family background too.

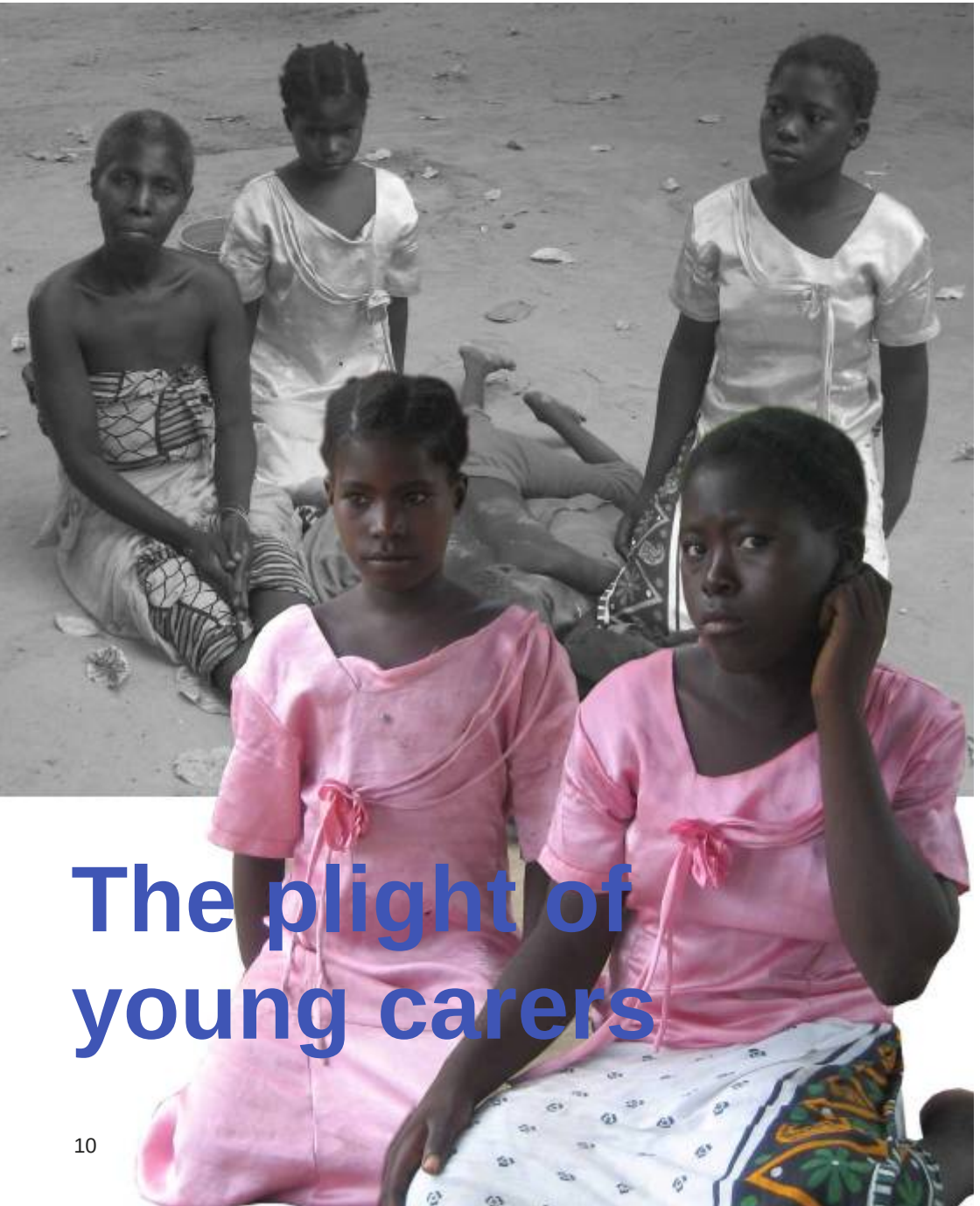
Sources: Foundation and Techniques in Psychiatric Rehabilitation – NIMHANS, Bangalore India.

Essential Psychiatry – Edited by Nicholas D.B. Rose

The World Health Report – 2001

THE STORY OF ZUHURA AND ZAWIA

Story written by: *Kalista Higini, Research Coordinator, BasicNeeds Tanzania*



The plight of young carers

Taking Care of Young Carers

Zuhura and Zawia two young carers of their mentally ill mother and a brother, are part of a Young Carers' project initiated by BasicNeeds to support young people such as them caring for parents and relations with mental difficulties. Zuhura is fourteen years old, while Zawia is eleven. They have been taking care of their mother who suffers from schizophrenia, and their brother who is both mentally ill and physically disabled. This story was constructed with the express permission of the young carers and their relatives.

Zuhura and Zawia live in Mbande Ward which is a sub-ward of Chamazi Ward, 26 kilometres from Dar es Salaam's city centre. They devote most of their time and energy not only to taking care of their mother but also their brother. Their father died in 1995 leaving them behind with their mother who later developed mental illness.

Both girls used to attend Mbande Primary School but had to stop due to the hardship of life. They had become young carers, sacrificing their childhood and their developmental needs to take care of their mentally ill mother and disabled brother who cannot do anything by himself.

No Roof over their Heads

Zuhura and Zawia lived with their family in their own semi-finished house, but their father had to rent it out so that they could get some money to support themselves. They moved to live with their grandmother, but she harassed them so much that they moved out to build a small hut of their own. The new house was built with mud and thatch so was not safe enough to stay in during the rainy season. After their father's death it was difficult for their mother to build a better house so they continued to live in it.

Assistance from the Community

One day, members of an Association of the Roman Catholic Church visited Zuhura and Zawia in their home. Worried about their situation, the association garnered support and rebuilt the house which they presently live in. The association also supports them with maize flour and washing soap periodically.

Life Became Tense

After the death of their father, life became very difficult for Zuhura and Zawia, and their mother.

Their mother had to look after their brother, who could not do anything on his own, and at the same time work to provide food and other necessities for the family. The girls supported their mother whenever they came back from school. Their school life was very challenging as they had to combine studies with working at home. They supported their mother by doing casual labour to get their school pocket money and to pay for books, pens, and such other educational materials. Sometimes they used to carry mortar at construction sites, sell firewood, vegetables or fresh fruits just to make ends meet. On several occasions they failed to go to school because they had nothing to eat. They also did not have school uniforms and shoes which made their friends ridicule them.

"If they go to School who will Find Money to buy Food?"

In 2006, their mother became mentally ill. Zuhura and Zawia had to now do everything by themselves; ranging from household chores to activities that will earn them income to survive and stay in school. "It became very hard for us to balance all the activities," said Zawia. "Now we have to take care of Nuru, our brother." "As you can see, he is helpless." "We have to do everything for him and our mother as well." " During the mango season we usually ate mangoes as our meals and sold some to our colleagues at school, but now that the season is over we survive on the money that we get from doing casual labour."

"We had to stop school because our teachers never wanted to see us without school uniforms and leather shoes (locally known as 'mabuti')." "Our colleagues also laughed at us because we looked different from them without uniforms." "Despite all this, if we decide to go to school, we will only come back without food to eat." Pointing to an empty pot, Zawia said, "like today you see that pot; we had porridge, but the flour was not enough."

Life became not just difficult, but worse after their mother became mentally ill. Zuhura and Zawia had stopped going to school so that they could be around to take care of their mother and brother. They explained that if they could get what they required for school they would be able to continue their education. However, this may not be possible because they are now the breadwinners of the family.

BasicNeeds brings relief

Zuhura's mother was diagnosed with schizophrenia at the National Muhimbili Hospital in Dar Es Salaam, but now she receives treatment at the Chamazi Dispensary which is one of the BasicNeeds Tanzania's supported clinics. She started taking medicines from there only last year but there has already been remarkable improvement in her mental health. Eliada Camando, the community based care nurse in Chamazi, who used to visit the family, observed that their mother did not want to take the medicines she was given. Her carers who are very young, are not able to enforce this.

Despite all these difficulties, Zuhura and Zawia are still willing to go back to school should they get the support. "If we get uniforms, shoes, and school bags and a small amount of capital to start a charcoal business we can manage both going to school and caring for the home." "Our mother's condition is improving now that she get the medicines to take frequently." "She will soon

be able to take care of Nuru while we are in school," they said.

Their mother, having attained some stability of her health, is now a member of a Self-Help Group in their community. She has also been supported with One Hundred Thousand Tazanian Shillings 100,000tsh about GB£43.30, with which she has now started the business of buying and frying cassava for sale. She has also acquired a wheel barrow and with the support of Zuhura and Zawia, fetches water with the wheel barrow to sell.

Taking on all Responsibility

Zuhura and Zawia's mother became ill soon after their father passed away. They then assumed the responsibility of taking care of the home. They could not go to school due to their onerous responsibilities and their inability to acquire uniforms and shoes to use as prescribed. During our discussions, we found Zuhura and Zawia saying that since their mother's health is now stable it leaves them room to be able to go back to school and still help in their mother's business if they get the needed support, because she is now able to take care of herself and Nuru.

Zuhura and Zawia will be supported by BasicNeeds to return to school under the young carers project being implemented in Tanzania, when school resumes in July 2008.

Reflections

In general, children who care for people with mental illness have a very difficult life, especially if one parent has passed away and there is no grown-up to support them. Children in this situation have to take care of both the mentally ill person and look for food and other necessities. It becomes difficult for them to go to school. A combination of more support from such people as the community based care nurses, the Catholic Association that helped repair their house and the young carers initiative of BasicNeeds is the way forward. A good examples is Zuhura and Zawia. Even if you support them with uniforms and what they need to continue with their academic life, it will become difficult for them to participate fully in school because they are also expected to take care of their mother and work so that the family can stay off starvation.

The only solution is that their mother realizes the urgent need for disciplined treatment so that

she can recover and take care of herself and her son. Once she is well and able to pursue a livelihood, she can be provided with initial capital to establish a small business that will bring in the income for their daily subsistence. It is unfair that Zuhura and Zawia should deprive themselves of a childhood and the crucial benefit of education for a life of hard work and toil to feed their family.

THE STORY OF LEILA SURAKA

Story written by: *Dominic Deme-Der, Research Officer, BasicNeeds Ghana – Accra, from 1st May 2006 to 11th April 2008*

"I am Doing Very Well Now"

A Life Story Begins

Leila Suraka is a forty-five year old woman living with her two children in their family house in Nima East, Accra. She was born to Suratu Shaibu and Rahanatu Osumanu. Both her parents are deceased now. Leila Suraka's parents were immigrants in Ghana, her father came from Benin whilst her mother immigrated from La Cote d'Ivoire. Her father had eight wives and sixteen children out of whom Leila's mother had borne five of the children. Only the male children were sent to school, the girls stayed at home. "I was still a little girl when my mother died." "I was then sent to live with my mother's father in Benin." "My grandfather, Osumanu, also later died and one of my aunts took over in caring for me."

Never any Peace

"When I grew up, my uncle arranged for me to marry his friend, who was receiving Quaranic lessons from him as a third wife." "My husband's first wife was quite rich, and so had a lot of control over issues in the house." "She forced the second wife out of the one room they were sharing and I had to move in with her." "I never had any peace while staying with her; she always confronted me with one issue or another." Leila said.

Rivalry a Possible Cause of Mental Illness

"I had three children with my husband, two boys and a girl, while my co-wives already had nine children between them. On the birth of my third child, I started having problems with my co-wives. they believed that I was challenging them to become the landlady of the house by trying to have more children as they have. My husband's family members loved me more than the others because I am a Quite and respectful person and they supported me whenever we had any disagreements. I remember one day when we were fighting, my husband's younger brother separated us and beat up the first wife. This made the two even angrier and more jealous of me.

One evening, I was alone in my room when I started feeling dizzy. All of a sudden I fell to the ground and became unconscious. I regained consciousness in my grandfather's house. My uncle, who is an Islamic scholar, believed that I was possessed by evil spirits. He wrote some Quaranic verses on a tablet and then washed the writings on the

tablet for me to drink and bathe the water for nine months. After a while I got better, but refused to go back to my husband's house, because I believed my co-wives who were rivalling me were the cause of my sickness. My husband loved me and still loves me. When he came to Asamankese, a town in the Eastern Region of Ghana for a funeral in 2007, he came to Nima, in Accra to visit me.

Getting Well and Relapsing Again

"I met and married another man in the Eastern Region of Ghana when I went to live with my sister in Bodua. We had two children together, but after eight years of a happy marriage, my husband died of diabetes so I returned to Nima with my two children to mourn his passing. I stayed indoors for four months and ten days in accordance with Islamic tradition. After this period my sickness re-occurred. This time I was behaving abnormally. My late brother told me that I was roaming the streets naked so they took me to the Accra Psychiatric Hospital where I was diagnosed with schizophrenia and admitted for one month. I was given some medicines from the hospital, which I continued taking until I got better, and stopped. I relapsed again after a short while and was taken back to the Accra Psychiatric Hospital. This time I was admitted for two months and discharged, but not long after I was discharged, my condition got worse and my family was becoming overburdened with taking me to and from the hospital.

One day, Mariama Salifu, a BasicNeeds community animator[5] in Nima, popularly known as Auntie Mariama, informed us about the BasicNeeds sponsored quarterly outreach clinics[6], which is being run in the sub-metro polyclinics. This was indeed a relief. I could now receive my treatment right in my community without travelling any far." The regular access to treatment helped Leila a lot, her condition was greatly improved and she could do petty activities at home.

Getting back to life

Leila was invitied by Auntie Mariama to be helping in her fante kenkey[7] business, from which she earned one Ghana Cedi (Gh¢1.00 about GB£0.46) each day. Later, when Leila Suraka recovered significantly, Auntie Mariam started giving her assignments to do which included such chores as sweeping, sieving maize to be processed into kenkey, setting fire and such other

basic household chores. Initially, she did not do such assignments satisfactorily but her effort was always appreciated and encouraged. Subsequently Leila learnt how to do things well. “I do not get the opportunity to work every day because my children sometimes fall sick and I have to take care of them.” Leila said.

“If you see the children, you will feel pity for them.” Auntie Mariama added. Then Leila continued, “I used to sell rubber bowls before my illness.” “Now that I am well, I wish I could go back to my business to be able to help myself and my children.”

Support that Goes a Long Way

“Auntie Mariama also told me about the work BasicNeeds was doing for mentally ill people and encouraged me to join the self-help group in Nima.” “The monthly meetings of the group are very helpful. Important issues about our problems and possible solutions to them are discussed.” “This has contributed a lot to my recovery.” “We also share ideas, about health talks by Community Psychiatric Nurses and remind ourselves of outreach clinic days.” “Our group is supported by BasicNeeds Ghana.”

“Thank you BasicNeeds”

“By God’s grace and thanks to BasicNeeds, I am doing very well

now." "The drugs given to me at the outreach clinic have made me healthy and I am able to sleep comfortably." "Everyone tells me I am now well." "Thank you BasicNeeds." Leila said.

Reflections

Leila Suraka looks substantially well recovered now. But her economic situation is really deplorable. I could see that from her appearance. Though she has so many siblings in Accra she receives very little attention from them and her relatives. Her story brings to the fore the need to do more by way of community education, especially sensitizing the immediate families of mentally ill people to take care of their relatives who are mentally ill.

Self-Help Groups (SHGs)

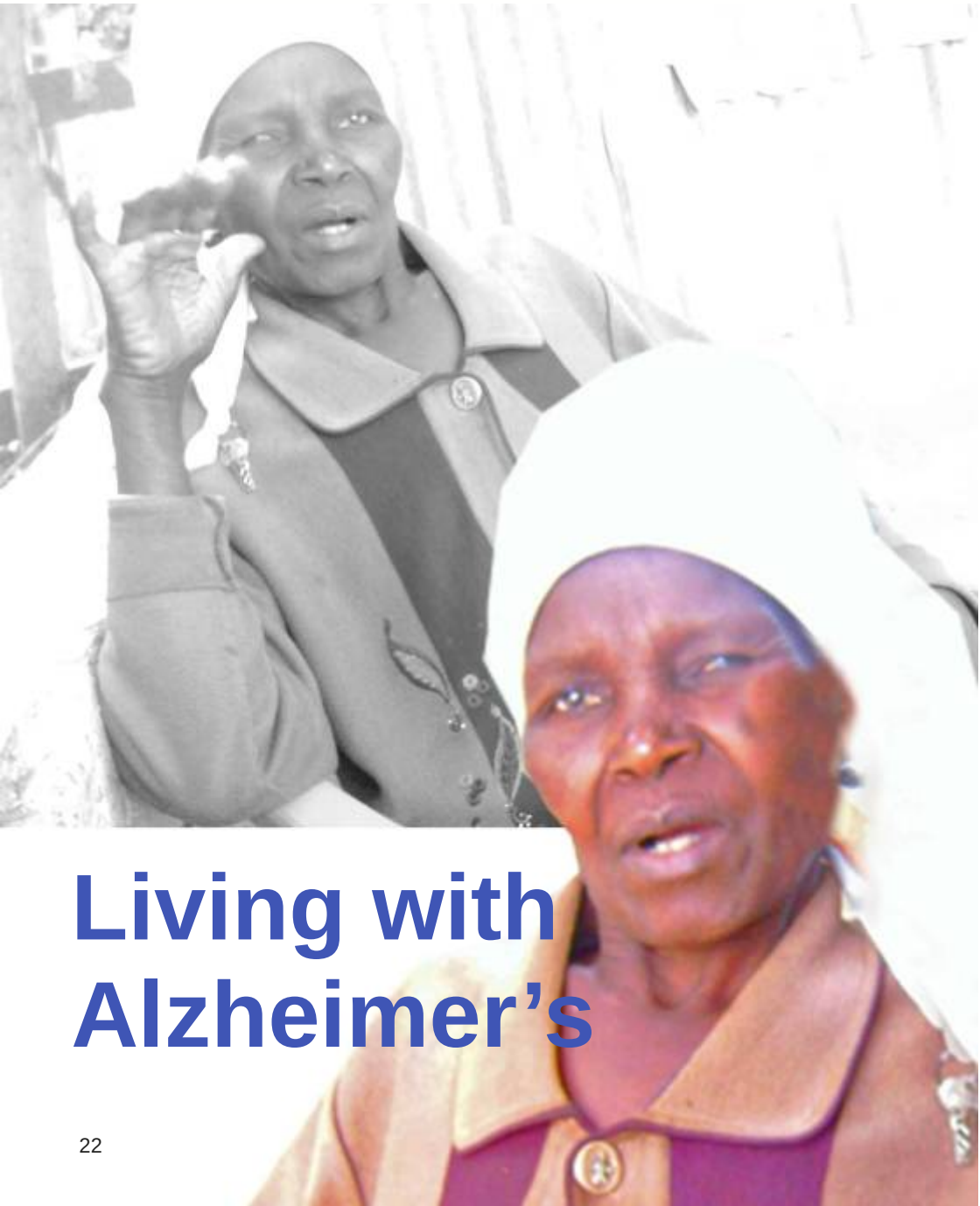
These are community-based groups of mentally ill people, people with epilepsy and their primary carers mainly found around operational areas of Basic-Needs programme area. They are formed with the aim of providing members peer support, including discussions about the progress of their illnesses, the general quality of treatment provided, and to educate them on the need to take advantage of livelihood opportunities in the communities.

As user groups, SHGs provide rallying points for all people affected directly and indirectly by mental illness to form a critical mass to challenge the social stigma against them and advocate for change, inclusion and better treatment at the community and wider society levels. They are the main points of contact for other organisations wishing to work with poor people with mental illness and epilepsy and their carers, as well as conduits for micro-credit and other sustainable livelihood initiatives for them.

Community groups formed, usually by vulnerable groups like women, disabled people and in the case of BasicNeeds' programme mentally ill people and their carers, to articulate and share ideas on issues that affect them and to find possible solutions. Membership in many cases is the conduit for micro-credit. Group members have a common purpose - to discuss their situations and find possible solutions to them. They also do invite Psychiatric Nurses and other resource persons to educate them on their conditions. Self-help groups are supported by Basic-Needs to start-up and undertake activities as a group. This is an opportunity for mentally ill people and their families, who have been excluded from association for so long, to meet and draw emotional and peer support from one another. These groups come together to form District User Group Movements to advocate for their rights and address their needs.

THE STORY OF BEATRICE WANJIRU

Story Written by: *Bagaka, Assistant Research Officer, Africa Mental Health Foundation*



Living with Alzheimer's

Memory Lapses

In 1996, at the age of fifty-one, Beatrice Wanjiru, a single woman and a grandmother, was happy, getting on with her normal routine work at St. Stephen School, a school run by the Anglican Church of Kenya in Maragwa District in the Central Province of Kenya, where she worked as a typist.

However, at that time she was beginning to experience lapses in her memory. Interestingly, Beatrice took time off to write about the problems she was experiencing. She explains, “I shakily checked a written list of activities that I had to do during the day and I put it in my handbag.” “Such planning had never been necessary before, but at the time I was experiencing frequent little episodes of confusion and memory lapses.” “I started taking note of my inability to perform and carry out my duties on a daily basis.” “My immediate supervisors made matters more difficult for me due to what they teasingly referred to as my ‘absent-mindedness.’”

A Chapter Closes

Apart from difficulties with her memory, Beatrice was beginning to experience other problems like dizzy spells and suddenly feeling lost. “I visited my daughter, Wanjiku, who commented, ‘Mama, what is wrong with you?” “You continue walking on the streets as though you were drunk.” “You must be drinking a lot these days.” “How can you forget the way to my house that you have always visited?” Beatrice said.

Wanjiru has ten grandchildren from her two children - seven from her son, David Mwangi, and three from her daughter, Ruth Wanjiku, with whom she lives. In the early stages of her dementia, her son, David, explained to her that the changes she was experiencing were temporary and were simply caused by tension at her place of work. However, the extent of her dysfunction continued to worsen and she started falling whenever she got up from a sitting position. Because of her memory problem, Beatrice forgot that she always gets dizzy spells when she stands up abruptly.

One day, in 1997, she tripped over a balcony injuring her back. Finding herself in hospital, with her boss interviewing her, she knew she had lost her job.

Her boss inquired, “What made you fall from a balcony that is well secured?” She felt a cold shiver developing in her as she

realized she could not remember where she had injured herself or what had happened before the injury. Tears began to flow down her cheeks, as she could not remember what had happened. Her reactions angered her boss and her employment was terminated on medical grounds.

Nothing to Live for

Wanjiru's difficulties have continued over the years. She sometimes forgets the names of her grandchildren. There was one particular instance when she could not remember her son's name or recognize his children. She often gets lost when she leaves her daughter's house. In her own house she had to be guided to her bedroom and bathroom. Her daughter knowing this, has employed a house-help to be helping Beatrice at home. Beatrice feels there is nothing left to live for in her life. This feeling has become a huge burden to her daughter who occasionally has to leave her job to personally take care of her.

"Forgetting too Much"

During her initial psychiatric assessment at the Kangemi Health Centre[8] in October 2007, Wanjiru did not recall a problem like this, ever in her life. The family was introduced to the clinic by Jane Muthoni, a Community Health Volunteer[9]. However, looking through her medical records and after listening to her history, narrated by her daughter, it was noted that she was sacked from her employment because of dementia or "forgetting too much," and not because of a fall, as the family put it. This was the preliminary diagnosis.

Wanjiru could not remember events in her environment. During her period of employment, she could not remember what was required of her on a daily basis. This affected her job performance negatively. She tried to manage this by keeping a daily working schedule, but this failed.

A Scientific Diagnosis

Several medical examinations confirmed that Beatrice had dementia because she did not have any injuries to her brain. Neither has she any history of substance abuse. The dementia according to the doctors, indicate Alzheimer's disease, which is a degenerative disease that is irreversible. Wanjiru's family was counselled on how to live with her.

Reflections

Alzheimer's disease is a new phenomenon in most parts of the

Kenyan community. A family living with a relative who has this illness is always at a loss, since they cannot understand what happens to somebody who is grown up and has memory problems. People with Alzheimer's suddenly start experiencing memory lapses, usually after the age of forty five, lapses that affect their occupational and psychosocial functioning. The person with the illness will require continuous care throughout their life.

Beatrice Wanjiru did not need such psychosocial support in her earlier years, it was not necessary. The family must therefore be trained to give this support since they have to live with someone who in all probability has Alzheimer's disease. Unfor-

tunately, both the person with the illness and her family members view this care as a burden. Beatrice's daughter, Ruth Wanjiku, has taken on her mother as a responsibility. In Kenyan culture it is natural for children to take care of their aging parents.

Alzheimer’s

Alzheimer's disease is the most common cause of dementia which is the loss of intellectual and social abilities severe enough to interfere with daily functioning. Dementia occurs in people with Alzheimer's disease because healthy brain tissue degenerates, causing a steady decline in memory and mental abilities.

Although there's no cure for Alzheimer's disease, researchers have made progress. Treatments are available that improve the quality of life for some people with Alzheimer's. Also, more drugs are being studied, and scientists have discovered several genes associated with Alzheimer's, which may lead to new treatments to block progression of this complex disease.

Alzheimer's disease is mostly characterised by increasing and persistent forgetfulness, difficulties with abstract thinking, difficulty finding the right word, disorientation, loss of judgment, difficulty performing routine/familiar tasks, personality changes.

Source: Tools for healthier lives - www.mayoclinic.com

END NOTES

1. **Shea-nuts** - Shea-nuts come from the shea-tree, a tropical African tree. The nuts yield shea-butter which is used as food and in soap manufacture. It is used for industrial purposes as well. The fruit of the shea-tree is also edible.

2. **Shekhinah Clinic** – A clinic in Tamale that is run by a philanthropist, Dr. David Abdulai, who is a general medical practitioner deeply interested in psychiatry. At his clinic he gives free treatment to people with mental disorders. The clinic also provides one meal a day to destitute and needy people in society and BasicNeeds Ghana support this feeding programme.

3. **Harmattan** - season of cold, dry and dusty winds usually experienced between November and March as a result of the North East trade winds blowing through the sandy Sahara Desert of Africa.

4. **Field Consultation** - Community meetings usually held before the start of active programme implementation. These consultations are generally coordinated by a local community based organisation, potential partner or ally, and initially, animated by BasicNeeds' staff. At the consultations people with mental illness, their carers/other family members, discuss their world and needs, suggest solutions and the way forward.

5. **Animator** – is a person (usually prominent/opinion leader) in a sub-metro who acts as a link person between community volunteers and community psychiatric nurses in the sub-metro.

6. **Outreach Clinics** – are the same as health outreach camps as they seem to be referred to in other countries where BasicNeeds works, for instance, in India. BasicNeeds supports the camp financially by contributing to the cost of transport and fuel and the allowances for the psychiatrist, other health workers, and volunteers. The Community Mental Health Unit of the Ghana Health Service organises outreach clinics every quarter that have been made possible because of BasicNeeds' advocacy engagements that encourage psychiatrists to come out of the three mental hospitals located

south of Ghana to the district and sub-district hospitals and health facilities to provide mental health care services to people who require them . Outreach clinics are organised in hospitals and health centres and at other more central locations within communities where psychiatric diagnosis, treatment and counselling are provided to mentally ill people, especially those living in remote rural communities without access to psychiatric facilities.

7. **Fante Kenkey** - is corn meal eaten in Ghana, especially in the southern part. It is prepared by soaking maize in water for a few days, grinding it to a paste, fermenting it, cooking the paste till it is half done and then rolling it into suitably sized balls wrapped in dry plantain leaves which are then steamed.

8. **Kangemi Health Centre** - Kangemi Health Centre is a Nairobi City Council (local authority) clinic where BasicNeeds Kenya has its mental health outreach clinic. BasicNeeds Kenya provides it with support in the supply of drugs, stationery and a filing system

9. **Community Volunteers** – are people well known in their communities and who have volunteered to serve as links to the activities of BasicNeeds and its implementation partners with people with mental illness and or epilepsy and their families involved in the mental health and development activities. Many of them are members of the Community Based Disease Surveillance teams of the Ghana Health Service responsible for health education and reporting disease outbreaks. They also have appreciable knowledge of community development issues of their communities.

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