

# WE

— Issue 07 — May 2009

**BasicNeeds**

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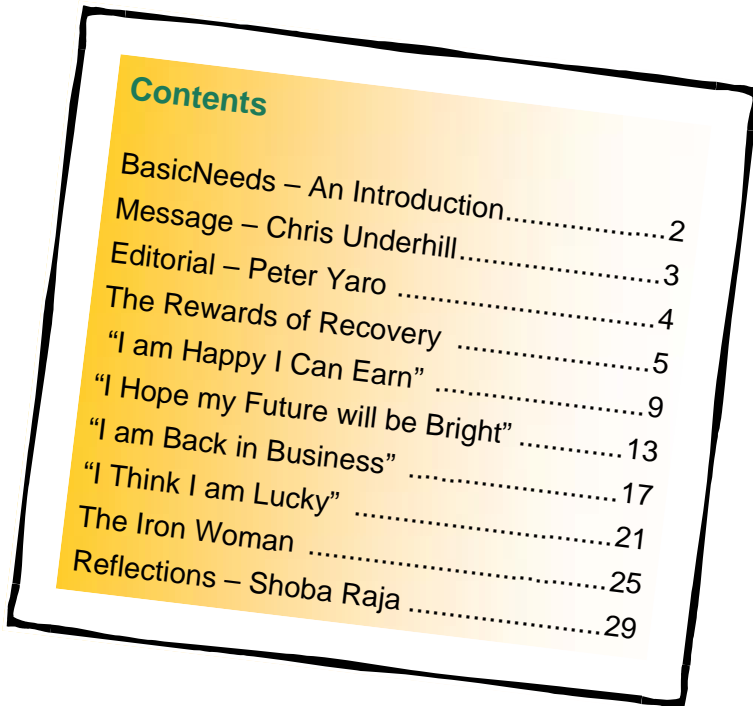
Mental health is a right, not a privilege

# COUNT



## Acknowledgements

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### Privacy statement

All the life stories featured in this book were written with the express consent of the people with mental illness or epilepsy and their families. They agreed to the chronicling of their stories and allowed themselves to be photographed, freely and willingly. This publication is meant purely to generate awareness in the general public about mental illness and persuade them to treat people with mental illness or epilepsy with dignity. The life stories have been edited to shorten them for publication, but without changing the information, the experiences of people, or their voices, which have been retained in original form.

## BasicNeeds - An Introduction

BasicNeeds is an international organisation with a vision of bringing about lasting change in the lives of people with mental illness or epilepsy and their families. BasicNeeds was founded in 1999 to transform their lives through holistic programmes that embody their concerns and vital necessities of treatment, recovery, work, and enhancement of personal worth. Our purpose is to enable people with mental illness or epilepsy to live and work successfully in their communities. BasicNeeds recognises that to create and sustain positive change, mental health must be addressed concurrently with social and economic issues.

Our model for Mental Health and Development consists of five modules. **Capacity Building** - building the capacity of our partners, self-help user groups, NGOs, government health organisations and community-based workers. **Community Mental Health** - mobilising psychiatric clinicians from the public sector and community health workers to provide mental health services in community health centres. **Sustainable Livelihoods** - supporting individuals with mental disorders, their families and self-help user groups in engaging in productive activities. **Research** – bridging the gap between policy and practice by conducting research on programme outcomes and coordinating mental health policy reforms. **Management and Administration** – managing partnerships, human resources, accounts and information systems that inform effective programme planning.

From 2000 to the end of 2008 BasicNeeds has reached 67,995 people with mental illness or epilepsy. BasicNeeds currently implements programmes in India, Sri Lanka, Ghana, Uganda, Kenya, Tanzania, Lao PDR, Colombia and Nepal.

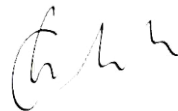
## **Message from Founder Director, BasicNeeds**

Mental illness accounts for an estimated 14% of the global disease burden. As many as one in three people with schizophrenia and one in two people with other mental illnesses do not receive treatment.

Mental ill health does not distinguish between rich or poor. It affects everyone alike, but poor people with mental illness or epilepsy in developing countries are at greater risk of forfeiting life's chances. It is in this context that BasicNeeds' work gathers urgency. Last year alone, we worked to bring change in the quality of life of 26,944 people with mental illness or epilepsy and their families. The change wrought by our initiatives is positive - 17,565 users recorded reduced symptoms and 316 children went back to school or were given vocational training.

While treatment is crucial to recovery, that alone cannot be a guarantor of sustainability. Recovery can have lasting benefits only if accompanied by opportunities for meaningful work and economic enhancement. The challenge for BasicNeeds is how to help people with mental illness pick up their business after a relapse in health. It is tough on them, getting back after the stress and strain of mental illness, surviving an economic crisis and re-establishing a foothold in life and work.

There are people who have achieved this and more. This issue of We Count looks at people with mental illness or epilepsy who have recovered and revived their commercial scope and taken charge of their lives. People who have triumphed against the odds to rebuild and move on.



**Chris Underhill**

## Editorial

It is with great satisfaction that we bring you the 2009 issue of We Count, BasicNeeds' publication of the life stories of people with mental illness or epilepsy. Life stories offer a rich dimension to BasicNeeds' work. They reveal the people and their struggle, their recovery, their renewal. It is an outlet for self-expression for them, long-awaited, long-denied. BasicNeeds finds that new learning inevitably begins with a life story.

Our theme for this issue is *Sustainable Livelihoods*, how recovery hinges not only on treatment but also on a capacity to work and earn and contribute to the family and the community. In this booklet are six life stories of people with mental illness or epilepsy who have recovered, found a vocation or a livelihood and how it has made a difference to their lives.

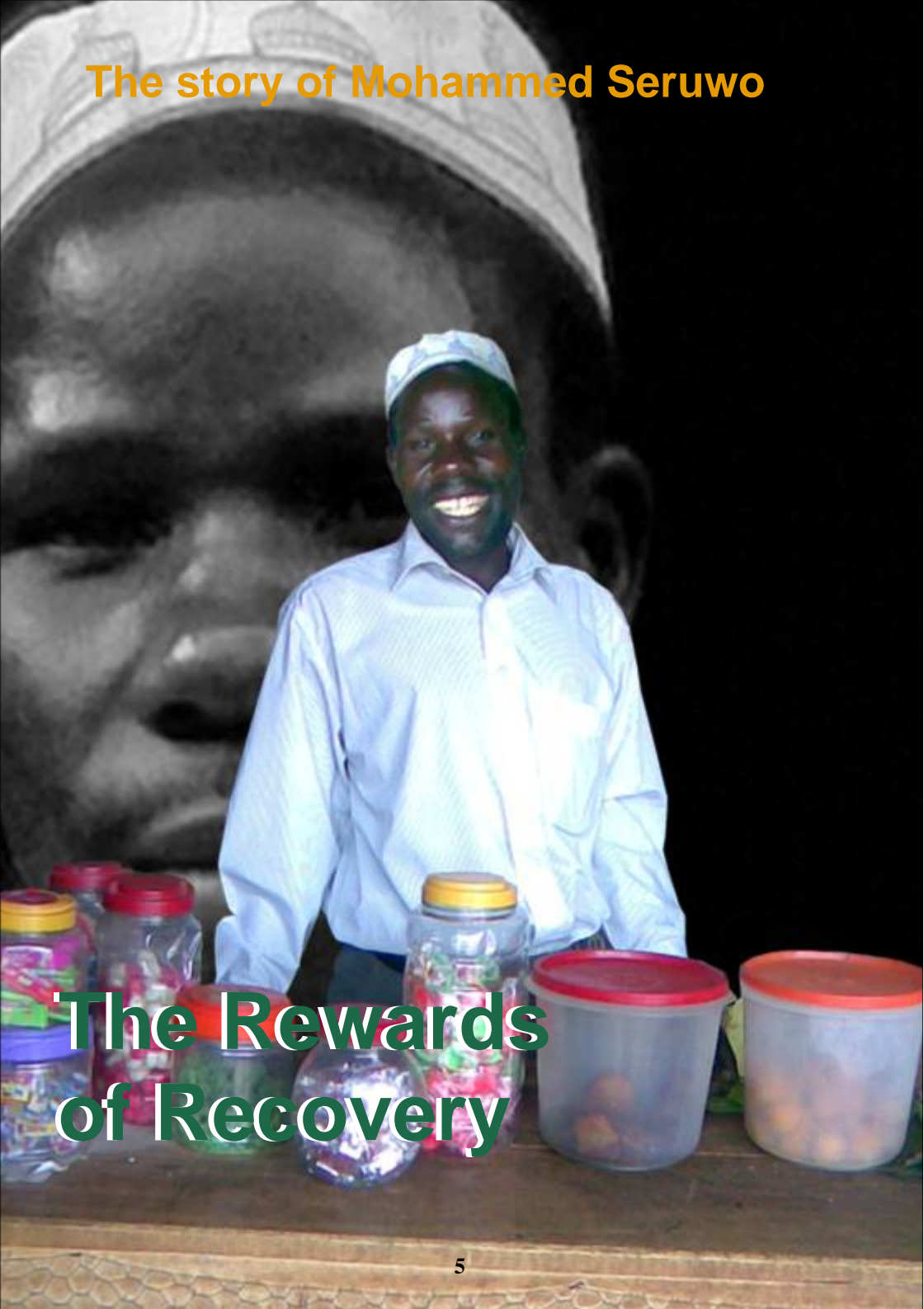
Mohammed Seruwo from Uganda is today the Treasurer of his self-help group and a thriving businessman. BungOn Mun Khong from Lao says that without work her day would feel longer. The first person account of Kevin Isack from Tanzania captures snapshots of his life as a young carer and his current experience as a budding carpenter. From Ghana there is Charles Tagoe whose lucid, analytical mind has found a forum with recovery. Patrick Mutero from Kenya has reclaimed his self-esteem and self-worth. There is Nageshvaran Kanthimathie from Sri Lanka who sketches in her own words her story of survival, of life despite trauma, and how selfless work keeps up her spirit and enthusiasm.

We hope this issue of We Count will serve as an instrument of change, advancing the cause of mental health.

**Peter Yaro**

Country Programme Manager  
BasicNeeds Ghana

# The story of Mohammed Seruwo



## The Rewards of Recovery

## The Rewards of Recovery

Ani Yali Amanyi, a self-help group of people with mental illness and their carers in Masaka District, Uganda, had nominated Mohammed Seruwo as the subject of our next life story. Mohammed, who is a strong advocate for the rights of people with mental illness in his community, agreed to have his life story written and published so that other people experiencing similar difficulties can learn from his testimony. Mohammed Seruwo is a forty three year old Moslem heading a family of nine children, three boys and six girls, and two grandchildren. His wife, Nakalanzi Jamildah, thirty seven years old, operates a small retail shop started by Mohammed. He is a typical family man who has enjoyed the full support of his wife all through his episode of mania.

It had been a life prosperous and worth living. Before Mohammed became mentally ill, he was a successful farmer and businessman trading predominantly in *matooke*, green or yellow bananas, vending great bunches of them on a bicycle. For Mohammed, this business opportunity was huge. It enabled him to soar financially and, by the end of 2002, he was married, had bought two pieces of land for farming and had started putting up a house for his family. Life could not have been better. But then, in 2003, Mohammed fell sick and was diagnosed with mania. He refused to succumb to prolonged hospitalisation, worried about its exorbitant cost. He had not worked for three weeks and it made him restless. His family consulted traditional healers and, in order to be healed, Mohammed almost ended up selling everything he owned. The illness persisted. He looked sad as he narrated this and, as a man with shrewd business acumen, regretted the waste of resources, attributing it to ignorance and naivete, exploited by traditional healers.

The road to recovery, when he discovered it, was amazingly smooth. Mohammed became one of the first patients of BasicNeeds' mental health clinic in 2005. He took his medicines with extraordinary dedication to treatment. He responded well. It was unbelievable because it had never crossed his mind that his condition could be clinically managed. Mixed feelings characterised this point in his life because he was mulling over the property and the sums of money he had lost in his search for a cure.

Like most other people with mental illness who have retrieved their mental health and stability, it was not easy for Mohammed to resume meaningful work. His garden and compound had been abandoned because family members were depressed and had given priority to looking after him all the time. His business had disintegrated. Reclaiming an old reputation was not

as easy as recovery, Mohammed realised. Change was, however, gathering momentum. By the end of 2005, the people with mental illness or epilepsy attending the clinic came together to form Ani Yali Amanyi. The self-help group initiated income generating projects for livelihood development. Mohammed was elected as the group's Treasurer, given his past commercial prowess in managing personal economics



and growth. Mohammed feels a sense of pride today in managing the finances of a self-help group that has a poultry project with forty seven laying birds, six modern bee hives, a hybrid goat multiplication centre and commercial cultivation of a four-acre plot of land. The group is going strong, he says. As Treasurer, Mohammed keeps its fundamentals robust and performs his task with enthusiasm and finesse.

Simultaneously, Mohammed started projects in his individual capacity. His keen eye for business also enabled him to win a local tender for managing the parish abattoir. It is a lucrative position, one of responsibility too, secured through an independent and competitive bidding process in his community. But he is typically self-deprecating about it, his humility in achievement endearing him to a community that once disowned him because of his illness and disgraced him and his children. The abattoir scripted a revival of his business fortunes, and Mohammed's excitement is palpable. He does farming, rears animals and plans to expand his profitable retail venture. He talks of introducing efficient management and accounting systems at his shop with proud ownership and a strong feeling of self-worth.

With the earnings from his businesses Mohammed completed his house, half-finished when mental illness claimed him. He supports his children and helps them attend school by paying their dues promptly. His mother receives a part of his beneficence at home because she has become too old and weak to support herself. He is consistent with his medication and maintains a positive attitude. "The illness no longer bothers me." To him it is a courageous journey from rhetoric to reality, that even people with mental illness can live successfully in their communities.

Mohammed's audacious streak in business, his determination to overcome



the effects of mental ill health, his dependability and sense of responsibility have made him a respected man in the community. In 2007 Mohammed was recommended by the neighbouring St Joseph's Nakawanga Primary School as a member of its Management Committee. The school's head teacher said that he was chosen because he is a supportive parent to his school going children and he is keen to protect the school's assets. "When students do not close their classrooms or leave their desks outside, he invariably puts the property back in the classrooms and secures them," the head teacher says. "To us this is an exceptional act of care and responsibility."

He had given up on life, Mohammed says, he was looking forward to death, but now, he believes he has the potential to move on because he has developed individually, professionally and at the group level, and looks at a future that has many prospects. ■

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## **Mania**

*Mania, manic depressive disorder or bipolar mood disorder, is the disturbance of a person's mood, characterised by alternating periods of depression and mania. Switching from one mood to another is referred to as a mood swing. Mood swings can be mild, moderate or severe and are accompanied by changes in thinking and behaviour. The course of the disorder varies from patient to patient.*

## **BasicNeeds Uganda**

*BasicNeeds Uganda's programmes span many districts in the country. They have, since inception in 2003, provided support to 13,279 people with mental illness or epilepsy. Consumer empowerment was one of BasicNeeds Uganda's significant achievements in 2008.*

# The story of BungOn Mun Khong



**“I am Happy I  
can Earn”**

## “I am Happy I can Earn”

BungOn Mun Khong is twenty three years old. She had severe schizophrenia when she entered BasicNeeds Lao’s programme of Mental Health and Development. BungOn has certainly come a long way since that first day we met her at a community meeting in Sikhottabong District, Vientiane Capital. Her mental health and livelihood conditions have improved considerably with the access she got to proper treatment. For us her life story was an opportunity to record dramatic change.

BungOn lived a happy, carefree life when she was studying in high school. Memorable years they were. At the age of eighteen, however, her life changed when she experienced a mysterious sickness. What followed were three years of unending pain and physical distress. Muan Mun, her mother, says that for three years BungOn was in another world, a world of anger, indifference and unpredictable behaviour, even occasional violence. All those years BungOn’s parents never once slackened their relentless quest for monks and spiritual healers who could cure their daughter. It had little effect and a short stint at a psychiatric hospital did not do much. “I thought I would never get my old daughter back, but we tried our best because she is our child and we love her,” says Muan Mun. They spent exorbitant sums of money. BungOn’s father is a construction worker and her mother engages in casual labour, wrapping cigarettes at home for a private tobacco company.

BungOn’s parents gave in to despair. They lost hope of finding the right treatment for their daughter till, months later, they attended a group meeting organised by BasicNeeds. It altered the course of their lives. The treatment that BungOn received at the BasicNeeds-supported mental health clinic was a success. BungOn concedes that her mental health has improved, but life’s milestones have slipped by. She is aware, without being bitter, of the deprivation illness has caused – her academic goals, the prospect of a family, a better job, a social life, a future, all jeopardised. “I feel like I have just woken up from a long dream. I missed out on so many significant things during those three years. All my friends have now finished high school. Some of them continued with higher education and got good jobs, while others got married, they have children now.”

Muan Mun has been working from home for many years. Before she fell ill BungOn helped her mother wrap cigarettes after school hours and at the weekend. The tobacco company that employs them gives them all the material they need for producing the cigarettes. The money they earn is theirs alone, their fee, their wages for the labour they put in.

BungOn is back at work again, now that she has recovered. Only this time it is a full-time job. She says, "I can produce a box of two thousand cigarettes in a day. The company comes home to collect the boxes every two or three weeks. By then my mother and I can earn around £17 or more. We divide the money equally between us." BungOn spends her earnings on the things she wants. "Milk, snacks, music CDs. To be honest, I often end up spending all I earn, I can never save any of it." She continues, "I am happy that I can earn, I can do whatever I want with what I make. I do not ask my parents for money any more." BungOn still lives with her parents and they cover some of her living expenses.



BungOn's mother is concerned that her daughter works with tobacco most of the day. "There was a time when BungOn was in a bad temper, which made me wonder if it was because of the tobacco, the constant inhalation, the contact," says Muan Mun. BungOn likes her work, likes wrapping cigarettes, but there are times when she experiences the downside of it. "Sometimes I cannot stand the smell of tobacco. The job makes me feel tired. If I wrap cigarettes all day I am too exhausted to do other household chores."

Now there are three people earning an income in the family, and one of them is BungOn. Without work BungOn would not enjoy her days. "If I don't work I would be very bored, the day feels longer and I wait until darkness comes." She continues, "If I have to give up what I am doing now, I would look for a completely new job. I really want to run a clothing shop at the market." Muan Mun has plans for BungOn's future. "I will book a room at the new market that is going to move closer to our home next year. BungOn can set up a small stall there to sell fruits and vegetables." BungOn adds, "I prefer to run a clothing shop, but I don't mind selling fruits and vegetables too as long as it is a business." She likes the idea of setting it up. She would enjoy watching the crowds there at the marketplace, she says, meeting people, and thinking of ways of making a profit from her sales. Another career dream is to be an English teacher at the primary school. BungOn says, "I was one of the outstanding students in my English

class.” BungOn was asked to read some of our documents in English and she did it well. Quite impressive, after what she has been through for so many years.

A sign of independence, the outcome of recovery and perhaps of work and income-generation as well, is that BungOn now goes to the clinic without her mother. She can take care of herself. She usually walks, not confident yet of riding the motorcycle she used to. BungOn is a diligent and attentive person. She personally believes that her livelihood is part of her recovery. She has something to look forward to each new day, something to attend to, and that makes her feel productive, it boosts her self-esteem. She is proud of the fact that she can work and earn.

Her family realises she needs to socialise more, do more. BungOn is young. Having new people in her life would help her gain courage and social prestige, improve her chances at work. At BasicNeeds we hope that Muan Mun will be able to set up a business for her at the new market. She could improve her social and livelihood skills there. We think BungOn has done well in fighting her illness, getting back to work and reviving her sagging confidence, her all but lost hopes. She could not have achieved it without the support of her family that stands by her in all that she does. ■

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## Schizophrenia

*Schizophrenia is a serious mental disorder marked by irrational thinking, disturbed emotions and a breakdown in communication 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. Globally, twenty four million people are estimated to have schizophrenia.*

## BasicNeeds Lao PDR

*Established in July 2007, BasicNeeds Lao has covered 417 people with mental illness or epilepsy so far. Its achievement in this short time frame is that it has taken mental health care to villages where treatment was not available before.*

## The story of Kevin Isack

**“I Hope my  
Future will  
be Bright”**

## ***A First Person Narrative***

“Let me introduce myself. I am Kevin Isack. You could say I am young - sixteen years old. I did have some form of education, but not enough. I went to the primary school in my village of Mipande in the Chiungutwa Ward in Tanzania. I was there till 2006. Unfortunately, I failed in the primary school examination and did not manage to join secondary school. There are reasons for it, which I will come to shortly.

I used to live with my mother and stepfather. My father passed away in 2001 from cerebral malaria. It changed our lives, changed the way his five children would live, a sister and four brothers. Mwanahamis, my sister, the last among us, is ten years old. She has epilepsy. I used to be her main carer. A young carer.

Mwanahamis's epileptic condition was serious and she needed constant attention. I used to take care of this young sister of mine most of the time. Care-giving started when my father passed away. My mother worked on the farm and had no time. She would ask me to look after Mwanahamis and I would stay back at home. I could attend school only twice or thrice a week and my performance began to suffer. That's why I didn't pass my primary school examination. I had to drop out of school because of my failure. I became a full-time carer after that.

My mother decided to marry again in 2004, and life became difficult for me and my siblings. My stepfather is an uncaring man, insensitive to his new family, not bothered about anything at home. The situation simply got worse. After school in the evening and during weekends, my brothers, Deogratius and Linus, would do casual labour, cultivate farms, weed, harvest crops, process cashew nuts, sell water – anything to earn money for school uniforms, food, pens, textbooks, exercise books and all that they needed to keep life going. I too joined them whenever I could. I used to feel very frustrated and depressed seeing them go to school. I requested my mother to take me to the Lupaso Vocational Training Centre, which supports many children in Tanzania in acquiring skills that would later yield an income and sustain their lives. I was keen to go there and learn and pursue a vocation. But my mother said she didn't have the money.

I led a quiet, buried life till one day at a community group discussion organised by BasicNeeds, I brought my life to the forefront, my needs, my dreams. 'I would like to be a carpenter so that I can support my family with daily issues,' I said, taking a wild chance, talking of something close to my heart. Little did I dream that BasicNeeds would support me in fulfilling my

ambition of becoming a skilled carpenter. I was the first person to be identified when BasicNeeds introduced the Young Carers' Project in Mipande. They had the time to discuss my troubles with me. At the discussion I expressed a very genuine interest in joining the Lupaso Vocational Training Centre.

After two months BasicNeeds visited me again and formally asked me to join the Vocational Training Centre at Lupaso in the village of Chiungwa. BasicNeeds had even made prior arrangements for me, in collaboration with a partner organisation. They advocated on my behalf with the Training Centre, requested that I be given a fair chance. Fortunately for me, things worked out well and I was accepted. BasicNeeds paid my two-year course fee, which enables me to stay and study peacefully. I was so excited I took part in all the preparations. I joined the Centre in January 2008, the very next month and am currently engaged in full-time study. I stay at the Centre.



Life at the Centre is super when I compare it to home life. I get enough to eat. All other needs are met. Life at home was so very frustrating. Now I want to stay at the Centre even during the holidays. By the time I joined the Vocational Training Centre, Mwanahamis had started on medication at the dispensary nearby. BasicNeeds arranged her treatment. She had never taken medicines from a hospital before. Mwanahamis's condition shows signs of improvement now, and it is only three months since she started medication. She no longer needs the kind of constant care that I provided her with.

It was a happy moment for me when one morning BasicNeeds' staff visited me at the Centre. BasicNeeds told me this was to do with writing my life story. I was delighted about the prospect of a friendly exchange. I talked openly and candidly about my life. I was so thrilled when they came to my class to see me at work. I was making a coffee table with the other students. I showed them the furniture I had made the previous week. I thanked them and told them how much I was enjoying my course at the Centre.



I am now doing my second and final year at the Centre and hope to finish in November 2009. This is just the beginning. My aim is to become a skilled carpenter and sustain my life. I have been working hard to secure the first rank in class, or at least be amongst the top three. It's a great future ahead, yes. What an opportunity! How life has changed. So completely and utterly changed. Back then life was lonely and unproductive. Living with a person with epilepsy who needs full-time care is not an easy task. I even felt my basic needs were not being met. It generated stigma, I lost friends. It made my life terrible, and there was no relief for my sister as she was not on treatment.

Life is different now. Had it not been for the medical services my sister now has access to I would not be here at the Centre today, doing this course, aiming high and realising dreams. I used to feel depressed and let down and denied. I have recovered, I must say, in a dramatic and enduring way. I hope my future life will be bright." ■

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### **Young Carers' Project**

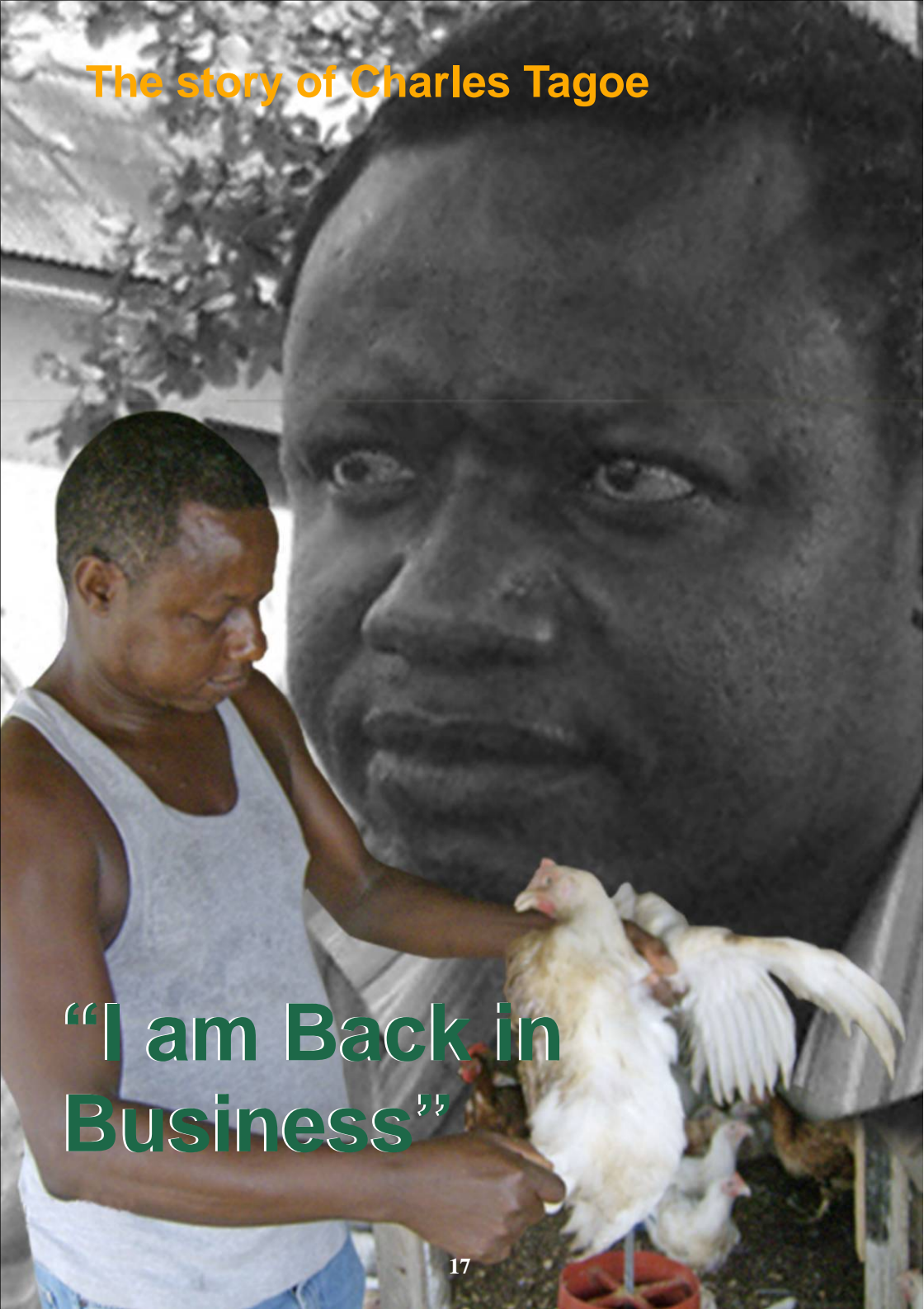
*Young Carers is a BasicNeeds project supported by Medicor Foundation of the U.K. It identifies children who care for people with mental illness or epilepsy in their families through home visits, which throw light on their real life situations. Young Carers is designed to give young carers sustainable futures. This is done by supporting them to learn about mental illness or epilepsy, learn caring skills. Simultaneous emphasis is placed on developing their survival mechanisms through life skills training, education and practical livelihood opportunities.*

### **BasicNeeds Tanzania**

*BasicNeeds Tanzania, with programmes in Dar es Salaam and the Mtwara region, has covered 14,669 people with mental illness or epilepsy. In 2008 alone, 200 stabilised people with mental illness or epilepsy and their carers joined self-help groups and are on the road to economic recovery.*

# The story of Charles Tagoe

**“I am Back in Business”**



## **“I am Back in Business”**

I first met Charles Tagoe at a self-help group meeting in Okaikoi, a suburb in Accra, Ghana. It is a group of people with mental illness and carers who meet regularly to discuss common problems and find a collective way forward, an opportunity for people like Charles, long excluded by society, to share and interact.

What drew my attention was the quality of his contribution at the discussions. Charles, forty seven years old, a person with epilepsy, spoke about the re-organisation of self-help groups. He has a lucid understanding of how such groups work and a good knowledge of the community in which he lives. Charles knows what an asset a strong group that discusses pertinent issues of treatment and advocacy can be. His deep analysis of issues – that was what his articulation demonstrated to me.

He is today the Treasurer of the self-help group in Atico in suburban Accra. Charles describes the personal qualities that he brings to the discharge of his duties. “I am devoted to everything I do. I am happy when I am contributing something good to society. I make small personal sacrifices for the larger good.” As Treasurer, Charles commands respect, group members trust him, they know he will not breach their faith. The position bestows stature on him. In the community he has earned respectability.

That was a dark phase, that time twenty three years ago when he was struck by epilepsy and life went into an eclipse. Now that he has recovered, Charles says he is prepared to serve as an ambassador of epilepsy in order to help change the wrong and negative perception people have about epilepsy and mental illness. This will support the advocacy work that his self-help group is currently planning in market places, churches and schools in the area where he lives.

Charles grew up in a large, happy family, the sixth among eight children. He was known for his good behaviour. His parents felt his future had immense promise. His mother and carer, Beatrice Tagoe, always told him he was ingenious, daring and creative, and that even in infancy he had an insatiable appetite for exploration and the undiscovered, twin attributes that he carried into adulthood. Even when he was ten, Charles was his mother’s natural choice when errands came up that required responsibility, intelligence and reliability.

Charles was a good student, earning distinction in his middle school examinations and later, graduating from the Ghana Secondary Technical School.

Resisting the disappointment of an unrealised marine engineering course, Charles turned his sights to other avenues. "When I turned twenty three I decided to take up poultry farming as my life-long occupation. Within a year of hard work the chickens had fully grown and I was ready to make my first big sale." The days of prosperity had come. "People heard of the quality of my poultry products and sales began to soar. My income rose. I began to contribute to the family income and take up responsibilities, like caring for my younger sister in school."



"Life was beginning to look good for me." Then came his first seizure. "With epilepsy came the fall of my poultry farm." The stigma of illness stuck to him. He says, "Many of my friends made rude gestures at me when we met in town. Residents in the area who used to patronise my poultry products stopped buying from me. Sales continued to drop and my revenue from the poultry farm took a nosedive."

In 2005, Charles received treatment at a mental health clinic supported by BasicNeeds. It set him towards recovery. "I feel better now," says Charles. "If I take my medicines I do not experience my condition, and this has restored my confidence in life. I have regained the respect of my family and the community. I am back in business, and my poultry farm has received a fresh lease of life." When treatment pointed towards recovery, the attitude of the community changed, from stigma that tainted him, his family and even his poultry products, to acceptance and understanding. People have renewed their faith in Charles Tagoe's credibility. However, as Charles quickly observes, the road to rediscovering "his image" and placing his poultry farm back in the hearts of buyers has been a torturous one. "It took more than a year for people to begin to accept that my condition had stabilised. The high quality of my poultry also helped to secure and retain my clientele. Today, orders for my poultry products are placed from far and near, thanks to my perseverance, thanks to my urge to succeed at whatever I do."

As a poultry farmer, Charles says his attributes of critical observation, attention to detail and the desire to provide support to humanity have all combined to fuel his enthusiasm for success. It is with contained pride that

he says, "Today, I am a self-employed poultry farmer in Atico." It is a business where only "the tough survive," and 2009, particularly, has been full of challenges. There is no turning back, though, for Charles. "The poultry project is my profession. I have loved the work since the day I bought my first chick. This work fills my thoughts. It has found a place in my heart, it is in my blood."

Charles believes that his involvement in his poultry farm, in work, has enhanced his pace of recovery. His business has helped him interact with a cross-section of the community. Charles believes that stabilised persons with epilepsy or mental illness need to engage in some form of vocation and begin the process of contributing, however minutely, to the family income, as this helps them "prove to society, to the community, that they can lead a dignified life." Charles affirms, "I believe that work has not only therapeutic significance but also reintegrates the stabilised person with epilepsy or mental illness in the community." ■

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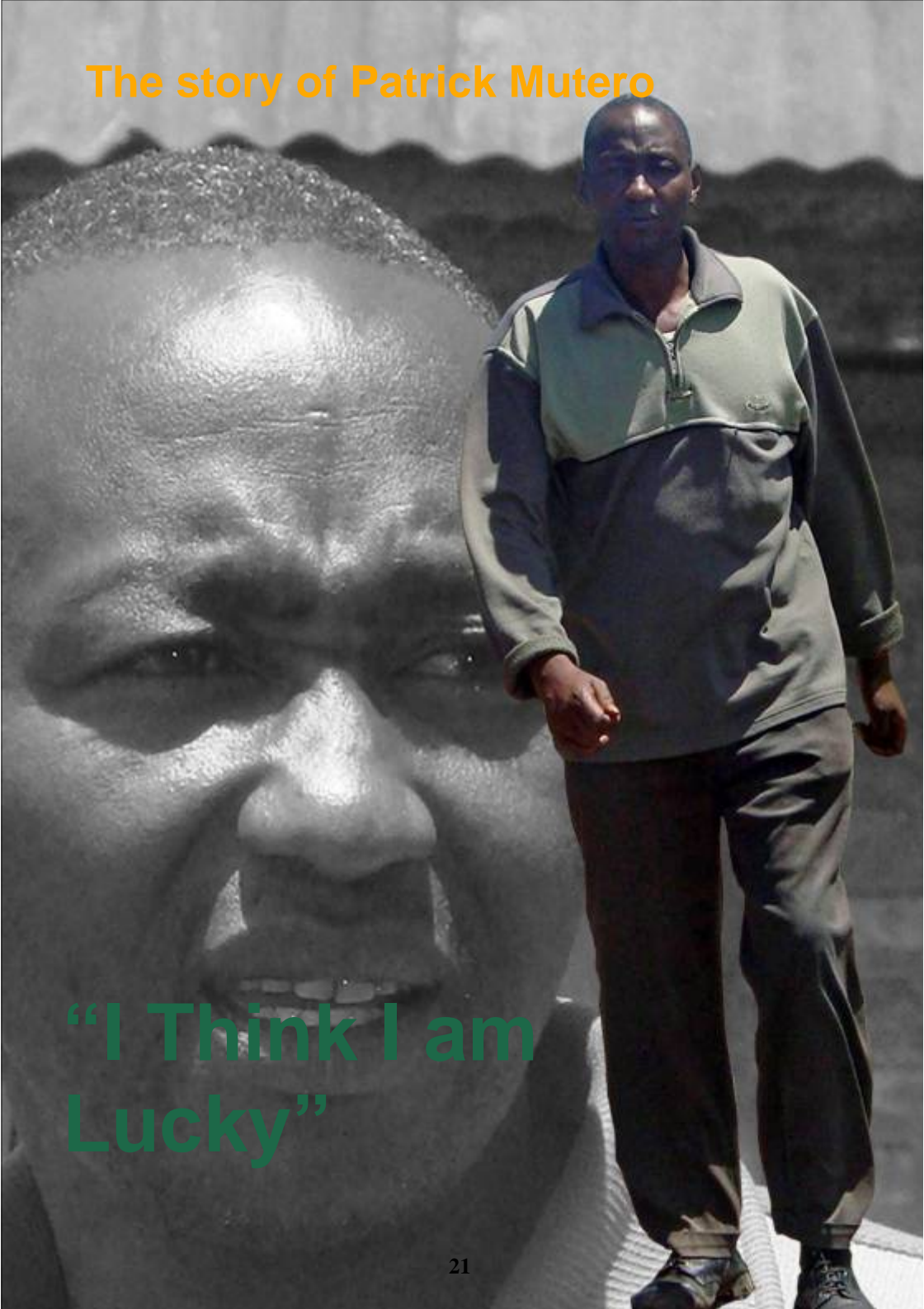
## **Epilepsy**

*Epilepsy, the most common brain disorder in the general population, is characterised by the recurrence of seizures, caused by outbursts of excessive electrical activity in a part or the whole of the brain. The majority of people with epilepsy do not have any obvious or demonstrable abnormality in the brain, besides the electrical changes. It is estimated that more than 80% of people with epilepsy live in developing countries.*

## **BasicNeeds Ghana**

*One of BasicNeeds' oldest programmes, established in April 2002, BasicNeeds Ghana has covered 16,363 people with mental illness or epilepsy in urban and rural areas. It has made great strides in 2008 by helping people with mental illness or epilepsy and their carers establish a legally recognised, broad-based national user association that sustains the momentum of mental health and development.*

# The story of Patrick Mutero



“I Think I am  
Lucky”

## “I Think I am Lucky”

Constable Patrick Mutero is forty six years old. He is an Administration Police Officer in Nyeri South, Kenya. “I have always been interested in law enforcement and in keeping the peace,” he says. Patrick started working early in life, trying his hand at versatile things before he found his true vocation in the police force. It has not been easy all these years. In 1989, when he was twenty six he got schizophrenia and has been admitted in hospitals four times since then. He has tenaciously fought his illness and got back to work and has not had a relapse since 1997. Patrick is part of BasicNeeds Kenya’s rural programme, which also operates from Nyeri..

Patrick started schooling in 1970. He did reasonably well in the primary school examinations, but did not proceed to secondary school because his father could not afford his fees. It was a large family, and money was scarce. Patrick put all thoughts of education behind him and plunged into work soon after primary school. At fifteen, an age when he should have been laying academic foundations and pursuing a future, Patrick found employment as a casual worker at a butchery-cum-hotel at the local shopping centre. He worked there for three months. Patrick has worked consistently since, as a manual labourer, a farm hand, a surveyor’s assistant and a construction worker.

Patrick was always dexterous with his hands. He had the interest, the ability and the skills. His family was impressed and, on an encouraging note, sponsored him for a six-month course in farm machinery operations at the Baringo Technical College in 1981. They realised they needed to invest in his future, help him stand up and be counted, with a respectable profession he could call his own. Patrick completed the course successfully and was immediately employed by a farm owner as a tractor driver. “My employer liked me so much that he gave me a small portion of his farm to cultivate and grow my own crops. Unfortunately, I was not able to do that because another calling came,” says Patrick. A career in law enforcement beckoned. It had always been there, imprinted at the back of his mind, a nudging that he could not ignore.

In 1984, Patrick obtained admission at the Administration Police Training College, Embakasi, in Nairobi. It was a great moment of triumph when he graduated after seven months as an Administration Police Officer. Gone were the days of sundry jobs and uncertain pay conditions, the lack of fulfillment, the lack of work satisfaction. Here was his big chance. Patrick’s first assignment was a posting to Tononoka in Mombasa for three years, after which he was moved to Taita-Taveta district for two years - until 1987.

Keen to learn and advance in his chosen profession, Patrick went back to college for a three-month refresher course.

It was in Taita-Taveta, in 1989, during his second stint there that Patrick's illness surfaced. He attributes it to malaria, highly prevalent in the area, but also says he was admitted in hospital for "disturbing some senior government officers while on duty."



Patrick does not accept the allegation. "As a law enforcement officer, I was only enquiring of one of the district officials why some farmers in the area were not paid their dues." Patrick does admit that he was working long hours at the time, day and night, even when he was off-duty. His career had been progressing well and his achievements were considerable, he felt. He also had a way with people and was making a name for himself. "Some of my superiors were jealous of my work record and my popularity and I believe that they feared I would be promoted and take over their positions."

Patrick says he ran away from hospital after a few days and went back to his work station in Taita-Taveta. He was also missing his family, the domestic environment of peace and support that contributed to stability. "Hospital was not the place for me. Even if I was sick I should be with my family. Is it wrong to be with your own family?" he asks. It was soon after this, like a wish granted, that he was transferred to Nyeri district where his family lives, in the village of Tanyai.

Patrick has taken his medicines regularly since his last hospital admission in 1997 and has recovered. The one thing that is obvious as I interview Patrick - and it seems to make him proud despite his illness - is that he has been able to work and fend for his family. "A source of livelihood, even in ill health, is critical," he says. "I have been able to continue working as an Administration Police Officer and do farming although I am not allowed to handle a firearm because of my illness. Otherwise with medication I have been able to take care of my family." During our conversation Patrick emphasises the "stroke of good luck" in his life, in that he was transferred close to his home base and was able to work and perform his duties near his home, where his family is. Patrick continues to do that, and it is a matter of great pride and vindication to him. He says this has enabled him to farm and live with people he knows. It is important for Patrick, this sense of



family and community, the inclusion, being with people who add to his self-worth, people who accept him unconditionally. "I think I am lucky in this regard because when one is ill, getting employed and working meaningfully is easier when you are loved and appreciated."

However, illness has taken a toll, worn his capabilities, and at work there is that lack of faith in his judgment, evinced by the restriction placed on him about carrying a firearm. Patrick says that he does not perform or work very long hours or handle heavy duties. All is not lost, though. Patrick owns a five-acre farm where he has been farming, growing potatoes and cabbage. It is calming, soothing work. He now lives with his second wife and his seven children. His first wife died in 2000 from uterine fibroids leaving behind three children. He has four children with his second wife.

In his community his self-esteem is intact. People are good to him. He is considered a force of peace in his village, a man who knows his way around government offices. Patrick says, "I have many friends here. The community values my contribution very much because they view me as a source of security in the village. They often request me to assist them with matters at the government office, like acquiring national identity cards. They refer to me as a 'soldier' and I am happy that I can contribute to my community." ■

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### **BasicNeeds Kenya**

*BasicNeeds Kenya, established in April 2005, has so far brought change to the lives of 4,327 people with mental illness or epilepsy. A livelihoods project in 2008 successfully supported stabilised people with mental illness or epilepsy in improving their social and economic conditions.*

# The story of Nageshvaran Kanthimathie

## The Iron Woman



## A First Person Narrative

“The journalist who wrote my life story called me ‘the iron woman,’ ‘someone unforgettable’. This is glorious praise, but I have not considered myself a person of exceptional courage or confidence. I lived my life the only way I knew how. Obstacles came and I overcame them – the turbulence of war in my country, Sri Lanka, the dislocation of refugee camps, the capture of my son, and then starting all over again.

I am Nageshvaran Kanthimathie, forty two years old. I have two daughters and a son. I am a person with a mental illness. I used to have severe spells of giddiness and headache. I was diagnosed with depression. I am on treatment at the mental health clinic BasicNeeds organises every month. The medication I was prescribed makes me feel better. I live in the village of Lingapuram in Serunuwara, Kanthale district, in the north of Sri Lanka. I am known in my village for the work I do. I am a volunteer with organisations that work for the uplift and development of people.

I am a tall, thin woman, usually in long flower-printed frocks, with a *kumkumam* mark on my forehead, the auspicious red dot that women wear. I have a small house with three rooms and a temporary kitchen. There is a well at the entrance and huge trees with long profuse branches spreading cool shade in the courtyard. I am fluent in both Sinhala and Tamil, the two main languages in Sri Lanka. I like a good conversation and I know I use my hands a lot to gesture and reinforce what I say.

The north of Sri Lanka is a region of intense conflict, the scene of strife and struggle. We, the people of Lingapuram, are the victims of war. I remember that fighting started at the beginning of my school session, in 1978, and we moved to a refugee camp. We were children, hopelessly young, and in fact found camp life quite happy! We had to stand in a queue even to get flour. One day we returned to find all our belongings gone. There was nothing left. We didn’t know then that this is what happens to life and property at a time of war. We returned to our village and tried to resume a normal life, going to school and keeping up the pretence of normalcy. There was no security. We survived. Somehow.

I got married to my cousin, Nageshvaran, in 1983. He cultivated paddy and I taught in a Sinhala nursery school as a volunteer. They were happy times and I enjoyed my work. Things happened in quick succession the very next year. My son was born, I lost my mother and war broke out again. We began to live in terror. We felt so frightened we ran away to the jungle for seven days, craving an elusive safety. I will never forget those hard, harsh

experiences. I have lived with war all my life. Four months after I had my daughter we were forced to live in a refugee camp. It was hot, it was hard to bear, but at least we were given something to eat. The government tried resettling us back in Lingapuram, where our old house no longer stood. There was nothing left of it. We slept under the trees till our little hut came up. For the first time in our lives we worked as daily wage labourers at road construction sites.



The strategies used for suppressing people in a war are astonishing. I did not want to know about the fighting, I just wanted to be rescued from that environment. I faced all that the war unleashed, but could not understand it. Why did this have to happen? Why were ordinary people going through so much misery? I remember I had my third daughter when funerals were going on all around us, there was crying and screaming and suffering. War has no sense of daily life. It just concentrates on fighting and winning. We lived in fear and poverty, frequently thrust in the theatre of war, frequently in its aftermath, scrambling together our lives. No money for food or for educating our children. Do you know what it is to feel hounded? That's what we felt when my son was kidnapped. He was eighteen then. We wept so much. What could we do? It felt like there was a funeral in the house. My son is alive and well, thankfully.

I am an active member of my community. I am a volunteer for ZOA, a non-government organisation. Taking pride of place on a wall in the living area of my house is a commemoration plate I received from Shakthi, another non-government organisation I work for. Inscribed on it are the words, 'In appreciation of voluntary services.' I never miss an opportunity for developmental work in my village. My community realises the selflessness of my work. My totally non-partisan approach, without fear or favour. I am now a member of the Civil Defence Committee in my village and, at its meetings, I translate the proceedings from Sinhala to Tamil and vice versa. I am happy to say that Committee members hold me in high respect and regard. I have been working as the President of the Women's Society in our village, a matter of pride, a feeling of restoration. I felt humbled and grateful when the women members requested me to become the President, saying that I am a confident person when it comes to dealing with people from all walks of life, government officials or community members. Our Society is a

catalyst, we galvanise the women in our village to be self-employed, build houses and solve family disputes.

I volunteer for BasicNeeds Sri Lanka's Mental Health and Development Programme. I might be out in the village on a personal errand, but the moment I see a person I believe has a mental illness I take action. I try and get them to attend the mental health clinic or go to the nearest hospital for treatment. I meet their families. Together with the other volunteers in my group I help them acquire knowledge on how to take care of the family member who has a mental illness. There are times, however, when it is so difficult to convince family members to refer people with mental illness for treatment. They fear the stigma of exposure. With all its challenges, I must say that my work as a volunteer gives me enormous satisfaction. Once, I was mentally ill too. I was in a difficult situation myself. Society did not accept me then. I was isolated. I therefore feel I have a duty to help others who have a mental illness. Because, I want them to be equals in society.

I feel very good about myself now. They tell me I am a strong woman, someone people look up to. I don't know. Nothing would have been possible without the support of my family. I like being active and energetic. I am happy that I am able to do so much for my community, be a volunteer for mental health, support my village and its development, take it forward. It's not for money that I do what I do, but for its own sake, for the benefit of the whole village. I enjoy my work with the community. Because that gives me satisfaction and dignity." ■

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## **Depression**

*Depression is a common mental disorder, causing a very high level of disease burden, and is expected to show a rising trend during the coming twenty years. Depression can vary in severity and is most often episodic but can be recurrent or chronic.*

## **BasicNeeds Sri Lanka**

*BasicNeeds Sri Lanka, one of the first programmes to start operations in BasicNeeds, covers diverse communities in many provinces and reaches out to 6,632 people with mental illness or epilepsy. The highlight of 2008 was that many of the people who accessed treatment got trained and now volunteer for the programme. A lot of them do productive work and earn an income.*

## Reflections

The people in this booklet of life stories have all battled mental illness or epilepsy. Medication helped them cross their struggle with illness. Treatment was pivotal to recovery. There is a vital ingredient of life that sustains and stabilises this recovery, and that is work. It enriches lives, adds value and meaning, enhances self-worth. Work need not always be about income generation either, as Kanthimathie amply proves. Her personal and professional satisfaction simply cannot be measured in terms of money. A capacity to earn, however, is a lifeline in poor communities. An income in hand is an expansiveness poor people with mental illness or epilepsy rarely get to feel.

Work erases the stigma of mental illness, changes the community's perceptions of people with mental illness or epilepsy. People look at them anew, with respect and acceptance, with a fresh perspective. Self-help groups across BasicNeeds' programmes are often the stage for economic regeneration, for self-expression and growth, as recovered people with mental illness or epilepsy take on positions of responsibility, become powerful advocates of their cause and trigger enthusiastic enterprise.

Finally, work brings out the person behind the illness, the attributes, the qualities that further revival. Confidence grows, motivation rises, with each transaction secured, with income earned.

A livelihood does have challenges that cannot be overlooked. A relapse could destroy all hard-won effort. An economic slide could spell difficult times for a fragile enterprise. Recovery and work, however, generate, as these life stories show, personal sturdiness and a hardy ability to overcome and survive.

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