

WE COUNT

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Editorial

You are welcome to this edition of “We Count” magazine. We hope you enjoyed reading the last issue which threw light on treatment paths people suffering from epilepsy usually pursue and how little investments towards their recovery can make them productive members of society.

In this issue, we explore the roles of community mental health volunteers in linking people with psychosocial needs to appropriate treatment options.

Many people living with mental illness in Ghana do not undergo treatment because of many and varied reasons. In the first instance, many persons in need of mental health care live in rural and remote areas, usually far from any mental health treatment centre. Further to it is the fact that many of such people are unaware of the existence of mental health treatment centres or simply lack knowledge that mental disorders can be managed at the hospital.

Being members of the communities they serve, community mental health volunteers are able to pass on relevant information to members of their community. The information they pass on can

potentially influence people who need psychosocial help to seek out treatment at the most appropriate and convenient places.

Community mental health volunteers are also the nexus around which community peer support structures are built. From undertaking home visits to helping people with mental illness and their care-givers to constitute themselves into self-help groups, these volunteers provide ongoing care for the people with mental health needs who live in their communities.

Community mental health volunteers have, therefore, been identified as indispensable collaborators in ensuring an effective community mental health system. Their presence within community mental health service structure ensures that mental health programmes receive valid insights about the extent to which planned interventions are helping to achieve the desired change.

We hope that this edition will increase your awareness of the diverse ways people with mental health needs can benefit from the time of people who care. in promoting community-based mental health care.

“Listen to the truth about my condition”

Synopsis:

Abasi Awini is a 34 year old energetic and hardworking young man. He has been diagnosed with substance induced psychosis. He attacked and injured his mother and uncle in a fit of rage. His family chained him and sent him to the hospital. The investigating police arrested him from the hospital for assault but released him to the care of his family when they were certain he was mentally ill. His family encased his foot in a log for safety, thus terminating his treatment at the hospital. BasicNeeds-Ghana supported him to access treatment and undertake animal rearing. Abasi has continued with his treatment till date. Using his own experience, he has become an advocate for mental health in his community.

Credits:

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Editors: Fred Nantogmah & Fred Osei-Agyeman

Photographers: Bernard Azuure & Fred Nantogmah



Abasi Awini

Introduction

This story begins in the town of Kopella in the Bawku-West District of the Upper East Region of Ghana. This rural community is largely still agrarian. Sometime in September, 2013, a young man was chained and sent to the Psychiatric Unit of the Zebilla District Hospital by his relatives; he had suddenly, and without apparent provocation, attacked and seriously wounded his mother and one other relative with a machete. That young man was Abasi Awini, 34, an energetic and hardworking young man. The Psychiatric Nurse who commenced treatment of Abasi is called Karim Issah Mbawin.

The police which arrested Abasi for assault unceremoniously and without proper procedure took him out of the hospital for investigation. But on realising that he was suffering from mental illness, they released him to the care of his family who subsequently restrained him by encasing his foot in a log for safety. This temporarily ended his treatment at the hospital.

Light Shines in a Dark Room

Matthias Akugre is a Community Mental Health Officer responsible for a number of sub-districts of the Bawku West District including Kopella. He was first approached by some relatives of Abasi. They informed him that they had a relative who was inhumanely restrained in a dark room in their house. Matthias went to the house and found the report to be true. He physically examined Abasi and found sores on his body. “Abasi looked unkempt and weak” said Matthias.

He admitted that it was at this point that he remembered about BasicNeeds, having attended a workshop on addiction organised by the organisation a few weeks earlier. When he could not lay hands on contact number or email address of BasicNeeds, he proceeded to search for BasicNeeds on Facebook and posted a message to the organisation’s wall. “I was overwhelmed with Abasi’s condition that when I was contacting BasicNeeds for help on Facebook, I didn’t notice I was doing so through my wife’s account” Matthias said, smiling.



Abasi's scars are a constant reminder of what nearly destroyed his life

Not long after contacting BasicNeeds on Facebook, Samuel Abugbilla, a community mental health volunteer working with BasicNeeds - Ghana, contacted him. Matthias says “Samuel told me he had been sent by BasicNeeds to find out what was happening and report back.” Matthias took pictures of Abasi in his present state and sent them via whatsapp to Karim Issah Mbawin, Community Mental Health Officer

(CMHO) at the Zebilla District Hospital.

Matthias, together with Samuel, petitioned the Medical Superintendent of the Binaba Health Centre to release the official pick-up truck to send Abasi to the Zebilla District Hospital. Fortunately, Karim Issah Mbawin, the CMHO who treated Abasi earlier, was still at post and was responsible for his treatment.

Treatment Resumes

Karim diagnosed Abasi with substance induced psychosis. This was as a result of Abasi smoking marijuana and drinking alcohol. His condition had been triggered after an episode of drunkenness, a fact confirmed by Azuporka, Abasi's younger sister.

Even though BasicNeeds-Ghana was paying for the Abasi's treatment, Karim enrolled Abasi unto the National Health Insurance Scheme (NHIS). He said that “I felt this was a more sustainable way to encourage his family to continue with his treatment. You could see that they did not have any money. There were times some of my fellow nurses and I had to buy food to feed Abasi from our own resources.”

Once he was certain that Abasi's mental condition had stabilized and his injuries healing, he recommended to the hospital administration to discharge him to the care of his family. This time round, however, his family had been prepared before hand by Matthias on how they would help in Abasi's recuperation.

This is My Story

On the January 17, 2014, a team led by BasicNeeds-Ghana made its way to Abasi's home. The team was received warmly and members were offered the traditional token of welcome with drinking water. Having been welcomed, they introduced themselves and stated the team's business – to checkup on Abasi and document his story.

Abasi heartily gave the team his consent and when asked if he would like to change the venue for the interview (quite a number of his relatives were seated with us at the time) he responded by saying "I am Ok here. I want them to sit here and listen to the truth of my condition".

Abasi recounted how he successfully cultivated and harvested rice during the farming season. During the dry season he decided to go to Kumasi in



From left to Right- Karim Issah, Samuel Abugbilla, Abasi Awini, Matthias Akugre

the Ashanti Region (which has two farming seasons unlike in the north) to work as a farm labourer.

While in Kumasi, he said that there was so much work to do so he felt the need to boost his energy to enable him to cope with the task. He, therefore, started smoking marijuana in addition to cigarettes. Some of his friends who smoked came to him for directions to buy the drug. Abasi, therefore, saw an opportunity to make money. He would buy the marijuana directly from the suppliers and then sell to his friends at a high price. Abasi had transitioned from just being a user to being a middleman.

According to him, after sometime in Kumasi, he came home. He had gone to the funeral within the community and taken some alcohol. He woke up later at home and found himself without his clothing. When he confronted his mother as to the whereabouts of his clothing, his mother told him she had taken them to be sold. He then got angry and inflicted machete wounds on her. His mother was then rushed to the hospital in Binaba and it was while he, Abasi, was on his way to the hospital that he saw this other relative farming on the parcel of land which was originally his farmland. He couldn't control himself and thus inflicted machete wounds on him too. This relative had to be rushed to the Tamale Teaching Hospital for medical care.

When he was eventually subdued he was chained and sent to the Zebilla District Hospital. He was in the hospital receiving treatment when some policemen came there and arrested him on the charge of assault. They took him away and later released him to the care of his family. Abasi said "the policeman who released me said they (police) don't deal with mad people's cases".

His family, however, did not send him back to the hospital. When they took him home, they forced his foot into a log because they were afraid he would attack them again. They had sold his rice in storage without his consent while he was at the hospital. They did not want to take any chances of possible retribution from him. That was the state he found himself when Matthias came to take him away to be treated.

Looking ahead to the Future with Hope

Abasi has continued with his treatment till date. Using his own experience, he has become an advocate for mental health in his community. He said “when I see people smoking or drinking alcohol, I tell them that it will make them sick and they will suffer a lot”.

He concedes that since he started treatment, the way his family treats him has improved. He said “now I am able to move about and they talk to me and consult me when they are going out”. Abasi’s family unanimously agreed he had become approachable and sociable. Abasi’s sister also said Abasi himself was so interested in getting well so much so that he did not wait for anyone to tell him to take his medication.

Abasi said he would like to farm and rear small ruminants. Based on his interest, BasicNeeds-Ghana gave him two goats to rear. This support has enabled him to stay in Kopella during the dry season to take care of the animals. The community mental health volunteer also pays regular home visits to Abasi to check up on him and ensure that he is on track with his medication.



Rearing animals gives Abasi something to do when not farming

“The group is now my family”

Synopsis:

Rukaya Abubakari is a person living with epilepsy. Having to take care of her infirm mother from the tender age of 5 robbed her of her childhood and prevented her from going to school. An initial seizure she suffered while still an apprentice, was attributed to fatigue until the seizures became frequent and severe. Meeting a community mental health volunteer changed her life and set her on a path to treatment. She was encouraged to join a self-help group of persons with mental illness and epilepsy where she got the peer support to cope with her illness. Having completed her apprenticeship, she got support to start-up and now lives a more comfortable life with her husband.

Credits:

Writer: Sunday Atua Anaba

Editors: Fred Nantogmah & Fred Osei-Agyeman

Photographer: Sunday Atua Anaba



Rukaya Abubakari

Introduction

Navigating between the shops and houses in Nima, a sprawling community in Accra, the BasicNeeds-Ghana project team arrived at the shop of Rukaya Abubakari. She is a seamstress. She recently completed her apprenticeship but stayed on to work with her mistress at the same shop. Becoming a seamstress isn't the only good thing that has happened to her recently. Rukaya also got married to her sweetheart and now lives with him at Abenase, a suburb of Nima.

Rukaya Abubakari was diagnosed with seizure disorders in 2010 by a psychiatrist. Auntie Mariam, a community mental health volunteer, had encouraged her to participate in a BasicNeeds-Ghana organised specialist outreach clinic in the Nima area. The volunteer also introduced her to the Nima Abenase self-help group (SHG) of which she is a member till date. She is practically a member of Auntie Mariam's family, having learnt to sew from Auntie Mariam's firstborn daughter, Hurierat.

Rukaya likes to be called Ruki. She is a 26 year old lady who hails from Togo. Ruki is the only child of her mother, Ayishetu. She was raised by her stepfather, Abubakari who is a security guard. She has five (5) step siblings.

Life Growing Up

Ruki says her childhood was an unhappy one. "I was never a happy girl growing up because my mother had to battle with a stroke when I was just five (5) years" she said. Ayishetu battled with this ailment until her demise 20 years later, in 2017. Ruki said "my step-father used to provide money for mother's treatment at the hospital but he stopped. He simply didn't have enough money to continue with the treatment, especially when there was no indication that she was getting better." Before her illness, Ruki's mother sold cooked food at the Nima market.

Ruki had to take care of her mother all by herself. She, therefore, did not go to school. When she was asked why she hadn't been to school, she simply smiled and said "my parents didn't send me." Ruki had to forgo schooling and took care of house chores such as fetching water, washing

and cleaning her mother.

Unlike a lot of children her age, Ruki did not have any aspirations of what she wanted to be when she grew up. Having assumed so much responsibility at such a tender age was enough to make Ruki develop a very serious outlook on life. She did not have any friends like the average girl in her neighbourhood. Ruki said “I simply did not have time to play. I had to be near my mum at all times. Friends would have simply been a distraction.”

When her step-father saved some money, she was sent to begin her apprenticeship. She had turned 18 at this time. “I was lucky to find a mistress who lived near me. This gave me an opportunity to keep my eye on my mother even from here” Ruki said. But she did not have the full complement of sewing equipment needed for an apprenticeship. She, therefore, used the sewing equipment of her fellow apprentices.

Ruki quickly caught the attention of the young men in her neighbourhood. She started getting proposals for marriage. But she couldn't be bothered. She intimated with a sly smile that “I refused a marriage proposal because I wanted to stay and take care of my mother and concentrate on learning to sew.”

Onset of Seizures

Ruki experienced her first seizure when she was 19 years. She was in the shop when this happened. She had just began her apprenticeship. She suddenly felt lightheaded. This was quickly followed by a severe headache. She eventually collapsed. “I thought I was sleeping on my bed when I fell down but woke up to realize I was sleeping on the floor” she said, bursting out in laughter. She explained that “my madam thought this was due to exhaustion so we thought nothing of it.”

She suffered another seizure three (3) days later. This time, she was at home. It was in the night. She recounted the experience: “I was asleep when I suddenly experienced a sharp headache. I woke up confused and ‘felt myself slipping away’. I later realised I had passed out.” But she kept these seizures to herself because “I didn't want my mother to worry.”

Right place, right time

Ruki said “I was in the shop one afternoon when Auntie Mariam came around. She had come to visit some people and had come in to greet my madam. You know my madam is her daughter, right?” Though she was not part of the ensuing conversation between mother and daughter, Ruki was keenly listening. She said that “my attention was particularly drawn to their conversation when she started talking about what conditions the doctor was coming to treat. She mentioned that the doctor would be treating people who had seizures. So after she left, I told my madam that I had had other episodes of seizures after the one in the shop sometime back.” This reference to a doctor was with regards to a psychiatrist who was coming to undertake outreach services in Nima.

Ruki’s mistress informed Auntie Mariam about the condition of her apprentice. Auntie Mariam invited Ruki over and asked her what was happening. Ruki recalled that initial conversation between them: “I felt really shy having to explain how I fainted and lost consciousness. But she showed so much understanding.”

Auntie Mariam, on hearing Ruki’s story, encouraged her to come for the outreach. “She told me that it was free of charge and that she would help me get treatment for my problem” said Ruki. This was enough to convince her.

Auntie Mariam’s Perspective:

Auntie Mariam recalls that “I first encountered Ruki at my daughter’s shop in 2010.” She had gone to that neighbourhood to visit some mental health service users and invite them to a scheduled specialist psychiatric outreach clinic to be held in the neighbourhood. Ruki had just started her apprenticeship with Hureirat, Auntie Mariam’s daughter.

Hureirat intimates that “Ruki asked me how come my mother was so knowledgeable in mental health issues. I responded that she was a community mental health volunteer working with a mental health organisation.” Ruki confided in her mistress that she suffered from

seizures. “When my daughter told me about this, I wanted to talk to Ruki. I wanted to find out from her exactly what was happening to her” says Auntie Mariam. “Apparently, she had been silently suffering from seizures for some time now. She did not want to make her mother anxious because of her condition and so had kept it to herself; she had successfully done so because her seizures usually occurred in the night” she adds. Ruki’s mother, Ayishetu, had been afflicted by a stroke and Ruki had automatically assumed the responsibility of caring for her.

Auntie Mariam convinced Ruki to see the visiting psychiatrist during the outreach clinic organised by BasicNeeds-Ghana in collaboration with the Ghana Health Service. The psychiatrist diagnosed her with seizure disorder and prescribed medicines for her. These medicines were given to her free of charge.

On the Path to Wellness

Once Ruki was diagnosed and started treatment, she no longer experienced frequent seizures. She became less worried that her mother would find out she was unwell. Ruki indicated that “I felt so relieved when I no longer suffered seizures.”

The mental health volunteer also introduced her to the Abenase SHG. For



Ruki with Auntie Mariam at Ruki’s shop

the first time in her life, Ruki belonged to a group; she now had friends she could talk to. She said excitedly “you can’t imagine my surprise when Auntie Mariam paid us a visit at home with some of the group members.”

Because of Ruki’s continued membership of the Abenase SHG, she has been encouraged to continue with her treatment. She has not experienced any seizure for more than a year now. She was also given sewing equipment to further her training. She said “I was so excited to be given the sewing machine. I really needed it.”

The SHG has also continued to be a source of social support for Ruki. When Ruki completed her apprenticeship, she was supported to graduate befittingly by her SHG members. The group also supported her during her marriage and when her mother passed away. She says “for me, this group is now my family. Auntie Mariam is now my family. Without them, life would have been very difficult for me.”



Ruki and her husband

“Returning from the brink of despair”

Synopsis:

A condition that was initially misdiagnosed as malaria caused young Helena to lose her ability of speech and hearing. Her mother and father lost faith in the general health system and resorted to prayer camps and traditional healers in search of treatment for their daughter. A radio announcement informing their community of a planned specialist psychiatrist outreach marked the turning point in the lives. Helena, who was diagnosed with epileptic psychosis, is now stable and has been enrolled in a special school. Her mother was supported to restart her weaving business which collapsed as a result of taking care of her mentally ill daughter and the associated stigma.

Credits:

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Editors: Fred Nantogmah & Fred Osei-Agyeman

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Helena Akambisa

Introduction

When Nicholas Aguyiri and Selina Atampora got married 9 years ago, they were happy and eagerly expected to be blessed with the fruit of the womb, as is usual with every newly married couple. A baby girl, their first child, was eventually born to them. She brought joy to the family. She was named Helena Akambisa. Nicholas and Selina were also blessed with a baby boy. Helena is quite protective of her younger brother and loves to play with him she comes home from school.

Nicholas, Helena's father, is a 49 year old peasant farmer while Selina, her mother, is 38 years old and a weaver. Both of them hail from Bolgatanga in the Upper East Region of Ghana. The family migrated to Anyima in the Kintampo South District of the Brong Ahafo Region in search of greener pastures about 8 years ago. The family depends on the income from the sale of produce from Nicholas's farm and Selina's weaving loom.

Life Before Helena's Illness

Even though the Aguyiri household is not a wealthy one, Helena's parents are committed to giving their children the best life possible. However, this has been a challenging task due to Helena's condition. She was diagnosed with epileptic psychosis about 3 years ago. Nicholas says "my little angel's condition has become an unbearable pain in my heart that I have had to endure every night and day."

By the time Helena was 3, she appeared to be very healthy. One could easily discern that she was an intelligent child from the way she did things. She was enrolled at the Anyima Roman Catholic Crèche. Helena's parents were determined to give her the best education possible. She enjoyed being in school and loved to play with his friends and her younger brother.

Initial Signs of Trouble

One early morning in March, 2014, Selina woke up to find her daughter running a fever. "Her (Helena) body was hot like coal fire and she was very restless. I thought if I gave her paracetamol syrup it would bring down her temperature but it did not work. Her condition actually

became worse” recalls Helena’s mother. Selina rushed her daughter to the Kintampo Government Hospital where she was diagnosed with malaria. She was admitted for three (3) weeks but her condition kept deteriorating. She was later referred to the Komfo Anokye Teaching Hospital in Kumasi because she had developed complications. Without any warning, Helena had become paralysed.

Helena was on admission at the Komfo Anokye Teaching Hospital for three (3) months. Selina recounts those long hours she spent sitting by her daughter’s bed: “I felt so sorry for my baby. I could feel she was in agony but I could not do anything to alleviate her pain. I felt so helpless.” Fortunately, Helena regained the ability to walk and she was discharged.

Helena’s parents had spent all their income on hospital bills. The business of both Nicholas and Selina suffered as a result of their inability to regularly tend their farm or weave new cloth. This ultimately affected the family income. Selina, in particular, could not do any productive work but to stay home and take care of Helena. “It got to a point when we struggled to eat” Selina recalled.

Shortly after coming home, however, Selina noticed very disturbing changes in her daughter. She says “I noticed that her speech and hearing had become impaired. She also started having seizures. These were all new phenomena.” Initially, Selina thought these were side effects of the treatment Helena had undergone at the hospital and therefore, believed they would go away after a while. However, they persisted and her seizures became intense and more frequent. “I became alarmed when her (Helena’s) seizures became more frequent. She would fall during the day and also in the night.” Selina said, wiping tears from her eyes.

Earlier experience by Nicholas and Selina had caused them to become apprehensive of hospitals in general. Influenced by the pieces of advice from both family and friends, Nicholas and Selina started believing that their daughter’s condition was a spiritual one. They, therefore, felt that their only option was to consult herbalists or visit prayer camps. The family spent their already depleted resources paying for herbal concoctions or consultation fees but this did not yield any progress either. “I sold all my Kente cloths and other valuables just to ensure that my daughter was healed” recounted Selina. Nicholas recounts that “at the prayer camps I had

to fast and participate in long prayer sessions on behalf of my daughter.” Meanwhile, Helena’s condition had become known in the community and became the subject of many a gossip. People in the community began avoiding them. Children from neighbouring families were warned to stay away from the Aguyere household for fear of contracting Helena’s seizures. According to Nicholas, “life became so different for me in a twinkling of an eye! My once warm neighbours became very cold and abusive towards my family.”

Just When All Hope was Lost

Helena’s parents felt quite hopeless at this time. She had been taken to every conceivable place that had been recommended to them but to no avail. They had come out from these places poorer and more hopeless than before. Such was their new reality, But a radio announcement was about to change their fortunes.

Selina vividly recalls that “one Tuesday morning in 2014, I was out here fetching water, when I heard an announcement on the community information system that some people were coming to meet with people with mental illness and epilepsy at the Anyima Health Centre. I immediately decided that I would send my daughter to the meeting”. MIHOSO International Foundation, BasicNeeds-Ghana project implementation partners in the Brong Ahafo Region, had organized this specialist psychiatrist outreach to enable people living in the surrounding communities to access mental health treatment services. This was the first of such outreach in the area. Selina recollects her experience: “when I sent Helena to the clinic, I met Sister Akua Fosuaa (the local Self Help Group (SHG) Leader) who I knew in the community. She introduced me to the Sister Rose Dapaah (Community Mental Health Officer)”. The visiting psychiatrist diagnosed Helena with epileptic psychosis. Selina says “I was speechless when Sister Rose told me what was wrong with my daughter. I guess the effect was momentarily lost on me.” Helena was given the medicines the psychiatrist had prescribed free of charge.

After this initial visit to the psychiatric unit, Selina administered the prescribed medicine to Helena at home and sent her for regular check-



Selina setting up her loom

ups at the community mental health unit. The local SHG leader was also very helpful. Akua Fosuaa helped Selina to take care of her daughter.

About 4 months into her treatment, Helena started showing signs of improvement. Her seizures became less frequent and severe. She also regained some of her strength. She was now able to play with her friends even though her difficulties with speech and hearing persisted.

Threat of Relapse

Helena's troubles were far from over. Her family still faced some challenges that threatened to derail her recovery. Even though they regularly went to the community mental health unit for routine review, the medicines prescribed for Helena were not always available at the hospital. Her parents, therefore, had to buy them from the pharmacy shop. Anytime



Helena at her loom

they delayed in doing so, mostly because they could not immediately raise money, Helena relapsed. Selina recalls that “about 5 months after we started treatment at the hospital, my daughter experienced very serious and frequent seizures because we could not raise GH¢40.00 to buy her medicine for that month.”

Akua Fosuaa convinced Selina to join the Anyima Self Help Group. She explained to Selina that the group existed to provide support to people with mental illness or epilepsy and their carers. Joining the group turned out to be helpful to Helena and her mother. Selina said that “the self help group members supported us to purchase her (Helena’s) medicine from the GH¢1.00 monthly dues they paid.” Selina also received vital information on how to take care of her daughter from the discussions at meeting. Now, Helena had many ‘mothers’ who helped to take care of her.

Relief at Last

With Helena's improved condition, her mother had the chance to do something productive to support her family. She expressed her desire to revamp her former business to BasicNeeds-Ghana through MIHOSO International Foundation. The organisation supported her with a cash amount of GH¢300.00 to restart her weaving business which she had abandoned three years ago because of Helena's condition. Selina has since resumed weaving different kinds all kinds of Kente and Batakari (locally woven Ghanaian fabric) for sale to support her family's upkeep and meet her daughter's treatment expenses. Selina said "I earn about GH¢500.00 from my cloths each month. I am able to pay Helena's fees and contribute to our feeding." The project officers also linked Selina to the Social Welfare Department at Kintampo South District. This enabled her to secure admission for Helena at the School for the Deaf and Speech Impaired at Pong Tamale in the Northern Region of Ghana. A visibly grateful Selina said "I am happy and quite thankful to God for using BasicNeeds and MIHOSO to turn our lives around."



Helena loves to keep her mother company while she weaves

