


# 'Share Learn Share'

BasicNeeds Ghana Newsletter

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*Design by*

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## Message From The Executive Director

We are once again, by this publication, sharing with you the efforts that BasicNeeds-Ghana is making to bring about enhanced mental health in the country. This is the focus of BasicNeeds and our contribution to improve the quality of life of people with mental illness or epilepsy and their primary carers and families in the communities.

Together with its implementation partner-NGOs and wide collaboration with relevant government agencies, BasicNeeds-Ghana continues to emphasise to all that mental health is as much a development issue as it is health issue for which every effort must be mustered and resource mobilised to make it what we all desire. Such efforts are what you will be informed about as you leaf through the pages of this current edition of *Share-Learn-Share*.

Over the period, BasicNeeds-Ghana has led the implementation of four key projects funded by various donors. These are being implemented in 81 districts across seven regions. BasicNeeds-Ghana has built partnerships with Gub-Katimali Society, Centre for People's Empowerment and Rights Initiatives (CPRI), Mental Health Society of Ghana (MEHSOG), Mission of Hope for Society (MIHOSO) International Foundation, and Centre for the Development of People (CEDEP) to implement the project activities in the communities and districts.

There has been active collaboration with the Ghana Health Service, the District, Municipal and Metropolitan Assemblies and several decentralised government Ministries, Departments and Agencies (MDAs). The collaboration is to ensure mental health gets its deserved recognition and people with mental illness or epilepsy, and their primary carers and families benefit from services and participate in development processes. It is also for the general public to be better informed so as to reduce stigma and improve attitudes and practices.

You will read about how BasicNeeds-Ghana and its partners and collaborators have made it possible for people to benefit from treatment within their communities, have access to a means to secure their livelihoods and enabling marginalised people with mental illness or epilepsy and their carers to mobilise themselves to be involved in community development decision-making processes. Similarly, our advocacy and influencing work to improve policies continue to



*Badimak Peter Yaro,*

*Executive Director of BasicNeeds-Ghana*

call on the establishment of the Legislative Instrument for the Mental Health Law and for district assemblies to plan and budget for mental health in the annual and medium term development plans of their respective assemblies.

Therefore, BasicNeeds-Ghana is in a unique position where it continues its pioneering work to promote community mental health, enable poor and vulnerable people to access treatment, enjoy a livelihood and influence public policy and programmes to be inclusive of mental health. BasicNeeds-Ghana will strive to deliver on its mandate, for that matter work to realise the vision and mission of the organisation and by extension Ghana as a whole.

The hardworking staff of BasicNeeds-Ghana, the implementation partner organisations, and government agencies, as well as support from our partner BasicNeeds UK, deserve huge praise and appreciation for the commitment to mental health and the welfare of people with mental illness or epilepsy. We will continue to express our thanks and appreciation to our donors for their confidence in us and recognition that mental health is an area deserving attention.

# STAR-Ghana Project Comes to Completion

The STAR-Ghana funded project titled “Mental Health for All in Ghana” has successfully been brought to completion. The two-year project officially came to an end in November 2014. The overall expectation of the project was to ensure that ‘a mental health system that responds to majority of people with mental health service needs’ is put in place. The project’s objectives were to:

(i) ensure that the mental health law is successfully implemented through increased advocacy by 4 region-based Alliance for Mental Health and Development (AMHD)

(ii) have a Legislative Instrument (LI) in place for effective implementation of the new Mental Health Law

(iii) enhance access to community mental health services to improve the health status of 3500 poor men, women, boys and girls with mental illness or epilepsy in deprived and hard to reach areas.

Through increased multi-stakeholder participation and collaboration, the project successfully carried out key activities such as training of leaders and key members of Self-help Groups (SHGs) of people with mental illness or epilepsy and their carers on the Patients Charter, and in policy research and analysis. The project also developed an advocacy action plan for implementation by the region-based AMHD,



*Engagement with Parliamentary Select Committee on Health*

which included working towards the emergence of a national Mental Health Alliance; engagement of the health Committee of Parliament of the Republic of Ghana; dissemination of key provisions of the mental health law (Act 846; 2012) to officials of local government and provision of mental health treatment services through specialist psychiatrist outreach clinics in deprived rural hard to reach districts.

The project was implemented in six regions in Ghana namely Northern, Upper West, Upper East, Greater Accra, Brong Ahafo and Ashanti Regions. The project ended in December 2014 and significantly contributed to pushing forward the agenda to improve mental health care in Ghana, improve human rights and increase participation of poor women and men with mental illness or epilepsy in family affairs and community development processes.



*Dissemination of the mental health law in Accra*

The project successfully contributed to enlightening service users about their rights as patients. This increased their confidence and asserting their rights as patients. Amina Zakaria, who is one of the service users who was oriented on the Patients Charter said she was able to ask to know more about her illness and if the medicines she was taking could affect her chances of having a baby. Amina continued: “I was surprised that the psychiatrist (Dr Odonkor) took time to explain to me about depression and mentioned the name of the medicines I take (phenobarbitone). Before this I did

not know the name of my medicine. I could only describe it as small yellowish tablets”.

Similarly, member-organisations of the AMHD agreed that it was good that periodically the regional networks meet as one big national group to share practices and deliberate on strategies to keep mental health issues topical in public discourse and ensure government responds to mental health issues. Representatives of the existing region-based alliance met and formally adopted a memorandum of understanding that paved way for a formal registration of the national Mental Health Alliance as the umbrella civil society network to advocate on mental health. This alliance, together with the national mental health users and care-givers association, will complement each other’s efforts to ensure mental health receives the attention it deserves.



*Through the project, PWMIE in hard to reach areas enjoyed mental health services through specialist and follow-up outreach clinics*

Through a combination of specialist outreach clinics, follow-up outreach clinics, home visits and provision of psychotropic and anti-epilepsy medication, 4500 people with mental illness and epilepsy (PWMIE) in hard to reach areas were able to access treatment services within proximate distance of their location.

In all, an estimated 134,153 members of the general public were reached through print, electronic and social media platforms. These media engagements were done to positively influence public behaviour and attitude towards PWMIEs. Under the project 1,500 copies of the abridged version of the Mental Health Law (Act 846) were produced and disseminated to 150 (60F, 90M) government officials at the district level. These dissemination sessions were used to educate the stakeholders on the key tenets of the law. A major outcome of this activity was that the capacities of 285 members of 6 Region-based alliances for Mental Health and Development were enhanced to engage in ongoing mental health advocacy.

## *End of Project Evaluation for EU-NSA funded project*

In October, 2014, an independent end-of-project evaluation was carried out by a consultant on the project: **“Promoting an Inclusive and Empowered Civil Society to Advance Socio-economic and Political Development in Ghana”**. The project was funded by the European Union under the Non-State Actors and Local Authorities in Development Actions in partner-country.



*The MCE of Ejura-Sekyedumase makes a point to the evaluation team*

The project, which started in October 2011 had the overall objective of bringing about ‘an inclusive and empowered society that actively ensures

a good quality of life for the poorest and most vulnerable groups, their families and communities in



*The evaluation team interacting with front-line staff of the East Gonja District to solicit their views on the project's impact in their district*

project, self-help groups in the target districts achieved an appreciable level of internal organisation and leadership.

This strengthened the ability of these groups to engage with their district assembly authorities in order to articulate their concerns and aspiration. For example, the evaluator's report indicated that "The Tamale vulnerable groups effortlessly showed the wide range of activities they had been engaged in, a lot of which had to do with engaging with the Metropolitan Assembly."

Engagements focused on the need for District Assemblies to include mental

Ghana'.

Specifically, the project was meant to increase the participation and influence of vulnerable groups including people with mental illness or epilepsy (PWMIE), women, youth, poor farmers, their families and communities in District level planning, budgeting and social accountability in target districts.

In this regard, the project targeted 100 Community Based Development Organisations (CBOs) made up of 20 Self-Help Groups (SHGs) of PWMIE and their primary carers; 20 other district and region-based DPOs; 20 women's groups; 20 youth groups; 20 vocational/trade-skills development associations to be able to build networks to collectively engage district assemblies to address their needs and claim their rights.

The project was targeted getting, at 100 front line staff from 20 MMDAs and 40 MPs f areas, to be more responsive to the needs and rights of poor people with mental illness or epilepsy and their carers.

Similarly it was to increase involvement of at least 240 members of NGOs/CBOs and interested individuals in mental health advocacy through the region-based AMHD.

The evaluation documented achievements of the project, including significant lessons to inform future designs of similar projects. Through this

health in the annual and medium-term development plans and budgets. A total of 14 out of the 20 districts targeted included mental health in their plans and budgets and committing them to increase awareness on mental health issues. This is to reduce stigma and protect people with mental illness or epilepsy.

The assemblies also extended financial grants under the district assembly disability common fund to support activities of SHGs in their districts. For instance, the evaluation also established that "the draft 2014-2017 MTDP plans of Bongo, Builsa North, Bolgatanga and Central Gonja all point to a heightened awareness of the need to be responsive to the needs of the vulnerable particularly the disabled and they include this focus in their strategy documents.



*The evaluation team interacted with members of SHGs across the project locations to hear from them just how much the project had benefitted them (Pic: members of the Sandema SHG interacting with the evaluator)*

The draft MTDP of Bongo e priorities of the vulnerable in whilst the one for Builsa North has a section on how they intend to mainstream responding to the priorities of the vulnerable throughout the work of the assembly.” The evaluation also established that advocacy for improved mental health and greater participation of citizen groups in district level planning and budgeting is increasing with CBOs, NGOs and CSOs rallying around the region-based Alliance for mental health development to accountability by government, especially the district assemblies.



*The evaluation team also called on the MCE of Wa as part of the evaluation processes*

demand responsiveness and

Key learning from implementation of the project, which the evaluation highlighted, was the fact that citizen -groups when properly-organised can make an input and begin to be constructive in their engagement. However, representation to influence decision-making goes beyond having the platform to express your voice. This project has been able to enable PWMIE, women and youth and small business persons express their voice but a lot still is required to make people with mental illness or epilepsy and their carers truly empowered and included in decision-making. This could happen in the future but not in the life time of the project.



*The project enabled stabilized PWMIE and their carers to benefit from training in income generating activities such as mushroom farming.*



## BasicNeeds Celebrates World Mental Day

BasicNeeds-Ghana, together with its implementation partners and collaborators, marked the World Mental Health Day with a series of activities. The World Mental Health Day is celebrated worldwide on 10th October each year. It is an occasion to raise awareness on mental health and issues that affect the lives of people with mental illness.

The World Mental Health Day also provides opportunity for all stakeholders in the mental health arena to carry out activities and events based on the theme for the year to inform, educate and advocate for mental health and persons living with mental illness or epilepsy and their carers. The global theme for the 2014 celebration was “Living with Schizophrenia”.

BasicNeeds-Ghana and partners marked the occasion with a series of activities under the theme “Living with Schizophrenia: A concern for All”. These activities were jointly sponsored by the DFID, Big Lottery Fund (BLF) and the Jersey Overseas Aid Commission (JOAC).

Between 5th and 18th October, 2014 a series of television and radio advertisements on mental health and availability of treatment for mental illnesses, and human rights on people with mental illness or



*UE Alliance in a radio program in Bolga*

epilepsy were aired across various notable media houses. It was part of the efforts of BasicNeeds-Ghana to increase awareness on mental health issues and encourage people with mental health needs to seek treatment from health facilities. The advertisements also threw light on the rights of people with mental illness and sought to conscientize people to desist from discriminating and abusing people with mental illness or epilepsy.

On 9th October, 2014, members of the Upper East Regional Alliance for Mental Health and Development organised a briefing session for the media in Bolgatanga in the Upper East Region. The briefing of the media was on schizophrenia and the manifestation of the disorder on people living with it and ways by which the media can help increase awareness and help people with schizophrenia live more positively.

The media were encouraged and challenged to be more positive in their reportage and increase their calls on support to the mental health sector in the region and Ghana as a whole. A panel discussion on radio followed the media briefing. This was meant to educate on schizophrenia and living positively with it.

They informed listeners of the treatment options available for people with mental illness in the region and also spoke against negative public attitudes and behaviours against people with



*UER Coordinator of Psychiatry presenting some issues affecting mental health service delivery in the region to the media*

mental illness. The programme received massive patronage as a lot of listeners called in to contribute to the programme. The media briefing and panel discussion included the Regional Coordinator for Community Psychiatry of the Upper East Region, Mr Philip Aboagye.

On Friday, 10th October, 2014 a durbar was held in Tamale at the Tamale Jubilee Park to commemorate the day. This event was meant to bring as many members of the general public to the grounds to be educated on schizophrenia and mental health in general. The meeting brought together government officials, especially regional and district officers of the Ghana Health Service, the Ghana Education Service, Department of Community Development, Department of Social Welfare, Commission on Human Rights and Administrative Justice, Information Services Department, and National Commission For Civic Education, as well as several heads of NGOs in the Tamale Metropolitan area.

Also in attendance were members of Self Help Groups (SHG) of People With Mental Illness and Epilepsy (PWMIE) from Tamale and its environs, political leaders, representatives of religious and



*Cross section of participants at the durbar held in commemoration of the World Mental Health Day in Tamale*

traditional authorities, decentralised departments of government agencies, security services, civil society organisations, educational and health institutions, parastatals and members of the general public.

There was a large representation of news reporters and correspondents from various print and electronic media houses, particularly the FM radio stations. The event was also broadcast live by Kesmi FM and Radio Savannah.

The Executive Director of BasicNeeds Ghana, Mr. Badimak Peter Yaro used the occasion to recount to the public the work of BasicNeeds over the years and its contribution to address access to treatment for people with mental illness or epilepsy and the carers and families, and advocacy to have inclusion of people with mental illness or epilepsy in pro-poor policies scheme and programmes.

He mentioned that the work of BasicNeeds in Ghana has reached over 24000 women and men, boys and girls with mental illness or epilepsy and an equal number of primary



*The DCE of Sagnerigu delivering the keynote address on behalf of the Northern Regional Minister*

carers. He added that the work of the organisation has impacted 79,500 family members, making them feel happy again. Families are now encouraged to accept and support their brothers and sisters who are ill with one form of mental disorder or the other.

Mr. Badimak Yaro bemoaned the fact that schizophrenia was generally misunderstood by the public even though it is one of the commonest mental disorders affecting people. He added that such misinformation about its causes and symptoms promote negative attitudes and behaviour against people with the illness. He therefore called for more education to disabuse the minds of people with long-held misconceptions and beliefs so that more accurate and current facts about mental disorders could be made available to reduce stigma and abuse of PWMIEs. He promised that BasicNeeds will continue to support activities that promote treatment, care and support, and reduce discrimination, abuse and neglect.

Peter used the occasion to commend government for its growing attention to mental health and praised the collaboration BasicNeeds-Ghana has with the Ghana Health Service, Ministry of Health and the Mental Health Authority of Ghana. He said that partnership with government was key to realising success and sustainability of initiatives of NGOs like BasicNeeds.

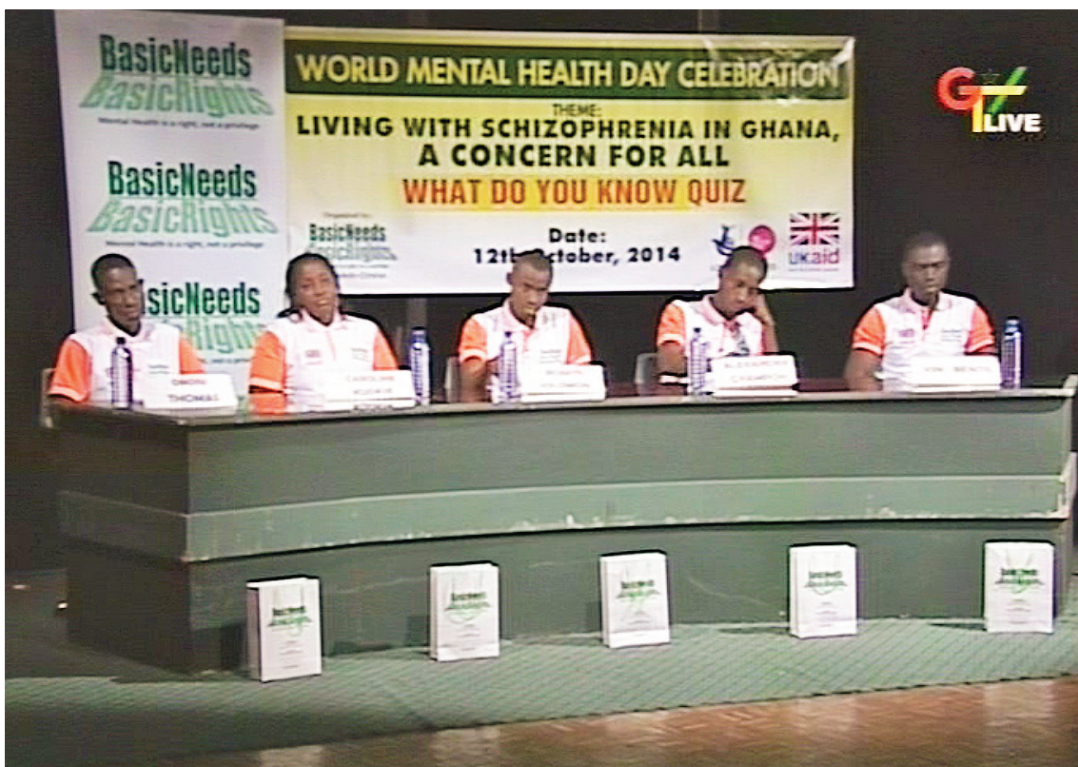
He was however quick to call on government to hasten efforts to, as a matter of urgency, ensure the draft

Legislative Instrument of the Mental Health Law was approved. He also appealed to government to increase investment in community mental health to make it possible for poor people and those disadvantaged by distance from the few psychiatric hospitals to access treatment within proximity of the communities and homes.

The Executive Director then used the occasion to commend Dr. Soori, the only resident psychiatrist responsible for the three northern regions. Solidarity messages were also given by some of the invited guests. These included the Executive Director of Gub-Katimali Society, leadership of MEHSOG, and the traditional healers association in Tamale.

Presenting the keynote address on behalf of the Northern Regional Minister, Hon Alhaji Surogodoo, the District Chief Executive of Sagnarigu, emphasised government's commitment to addressing mental health issues in Ghana. He said the passage of the mental health bill into Law by the NDC government was clear evidence of this. He said government's commitment to improving mental health was a priority in its Better Ghana agenda.

The climax of the celebration was on Sunday, 12th October, 2014. A live television and radio quiz competition (what do you know) by the Ghana Broadcasting Corporation (GBC) was held in its national studios in Accra. The programme was organised in collaboration with GBC.



*Contestants of the What Do You Know competition*

Contestants were drawn from some of the country's leading universities. They answered questions on mental health in Ghana and globally, and the work of BasicNeeds. Members of self-help groups and other stakeholders in the mental health sector were among the live studio audience.

At the end of the competition, contestants received BasicNeeds branded paraphernalia and publications.



*Some dignitaries who graced the 2014 World Mental Health Day Durbar*



*Cross section of participants who attended the 2014 World Mental Health Day Durbar*

# SHGs in Ashanti Embark on Public Sensitization



*A service user addressing members of a church in the Bekwai municipality*



*SHGs in Adansi South interacting with Nana Dekie of Bruku Shrine at Dompouse near Bepoase*



*A member of Amansie West SHG stressing the need to fight discrimination at Kumpese mosque*



*Members of Ejura-Sekyedumase Municipal SHG addressing congregants of the Church of Pentecost at Hiawoanwu Community*

Self-help groups (SHGs) of Persons With Mental Illness and Epilepsy (PWMIE) from Bekwai Municipal, Amansie West and Ejura-Sekyedumase municipality, all in the Ashanti Region, embarked on sensitization campaigns in their respective districts. The purpose of these campaigns was to encourage positive public attitudes and behaviour towards people with mental illness and epilepsy (PWMIE). In all, 40 (22M, 18F) members of five district SHGs took part in the sensitization activities. This was made possible due to advocacy training they received that was facilitated by CEDEP under the DFID-CSCF funded project titled “enabling people with mental illness and/ or epilepsy access their rights in mid-Ghana”.

During the campaign, the SHG members addressed congregation in some churches, mosques and prayer camps within their respective districts. They collectively reached out to about five hundred and eighty-two people with their message.

The SHGs stressed on the negative effects of stigmatization on people with mental illness or epilepsy and their rehabilitation and involvement in family and community decision-making and activities. They appealed to the audiences and crowds they encountered to stop discriminating against PWMIEs since their condition was neither contagious nor as a result of curses or spiritual reasons. They also encouraged their listeners to spread the word that mental illness and epilepsy were treatable. They emphasized the point that mental illness or epilepsy did not mark the end of one’s life or usefulness of the person to his/her family or community and that with proper care, PWMIEs could become productive members of society.

In a related development, members of the Adansi South SHG visited some shrines within the district to interact with PWMIEs sent there for treatment. They used the opportunity to discuss with the handlers of these shrines about more humane ways to handle PWMIEs brought to them. They used the opportunity of such meetings to remind the handlers of the shrines of the provisions of Mental Health Act (846).

At the end of one such visitation, Nana Dekie of the Bruku Shrine at Dompouse thanked the SHG members for clarifying some misconceptions he had about mental illness and epilepsy. He added that this knowledge would surely influence his practice in terms of handling PWMIEs with more dignity.

## Food and Income Security for Vulnerable Women

BasicNeeds-Ghana is implementing the 'Food Security for Empowerment and Poverty Reduction Project (FOSEPREP)' with a grant from the Ministry of Local Government and Rural Development (MLRGD) and the Government of Canada. It seeks to introduce tested innovations of using water harvesting mechanisms in organic vegetable gardening for poor women and men stabilised from mental illness or epilepsy and/or women and men who are primary carer-givers of persons with mental disorders. The project is implemented by BasicNeeds-Ghana in partnership with the Presbyterian Community Based Rehabilitation Programme, Sandema.

The project seeks to improve household food and nutrition security and incomes of poor women and men with mental illness, including female primary care givers of people with mental illness or epilepsy and female household heads three districts in the Northern Region and Upper East region.

The project promotes and supports organic cultivation of vegetable and fruits all-year round using simple, tried and tested water harvesting and storage technics for dry season cultivations. The project is in its second year and has proved to be of rich learning to BasicNeeds-Ghana and its partners with regards



Beneficiaries received chain-links to fence their farmlands agriculture and food security related intervention.

The project suffered start-up challenges but has since picked up and serving the beneficiaries as anticipated. It has enabled stabilised mentally ill people to focus of gardening as a form of therapy for them, while they produce vegetables for household consumption.

The project has also made it possible for people stabilised from their mental ill-health to work alongside other members of the community in the same fields that have been fenced for cultivation, erasing the apprehension some people have of mentally ill people.

This has been significant for the recovery of the people under treatment as they freely mingle with their family and community members to work. Akalawomba Amoak of Sineasi near Sandema, is a 65 year old woman caring for her mentally ill son. Speaking through a translator, she remarked that "before this project I used to be alone working on my field. People even accused me of being a witch and bringing this illness to my son, which is not



Wells fitted with rope and soka pumps have been made available at all project farm sites to make water readily available to aid dry season gardening



*With proper technical support, beneficiaries learnt good agronomic practices to better their output.*

true at all. However, since they fenced this field on my land neighbours have come to work on it with me. They have not complained, neither have I. I can only say this project has brought us together. It could have taken years for this to happen. My son is also helping on the field. With the well, we can work all year round. The only problem is that we cannot be sure of the water in the well. As for me I am happy! You people have done well. Don't leave us yet; we will prove ourselves to you".

So far, the project has cultivated 12.5 acres of land on which 181 beneficiaries are working. The level of health and age of the beneficiaries have meant that only small plots can be worked on. Eight tube wells have been constructed, lined and fitted with hand-pumps and are in use in eight fields. Alongside these are 26 small

reservoirs that have been constructed to store water pumped from the wells for watering the fields. Four soka pumps have been provided to four other fields that are close to open water bodies from where they pump the water manually to work on their fields. Gardening tools and implements made up of watering cans, wellington boots, wheel burrows, garden forks and hand trowels have been supplied to beneficiaries to enhance their work in the field.



*Regular monitoring ensures that the project's targets are met and that the lives beneficiaries and their families are enhanced*

Various types of vegetable seeds and seedlings were provided to the beneficiaries. These are made up of onion, tomato, okra, cabbage, carrot, red/green pepper, lettuce and garden egg. Beneficiaries have indicated that the leafy vegetables and okra are the ones that have done well and giving them income.

Ayishetu Borideebu, a 42 year-old carer in Bugiya and a beneficiary during one of our monitoring visits, narrated "some of us have ailments that have affected our bodies and doctors have advised us to eat leafy vegetables. But for the project, where will we have gotten these vegetables from at this time of the year? We would have had to buy them and it is hard to come by GHS1.00 for vegetables and money for other ingredients. Now the 'headache' of the vegetable has been taken of us, thanks to this project. I will remain in it even if go finally".

The Agriculture Extension Agent of the district offices of Ministry of Food and Agriculture (MOFA) Mr Kparib Bukari had this to say, 'the most wonderful thing about the project to me is the wells which will provide water all year round and this will make beneficiaries not having to worry about where to get water in the dry season to use. It can reduce boredom because people will have opportunity to work and make something for themselves'.

## Faith-based and Traditional Healers Receive Training

Sixty-eight owners and/or managers and handlers of prayer camps in the Brong-Ahafo Region underwent a day's training in Sunyani. The training focused on basic human rights with particular emphasis on the rights of people with mental illness and epilepsy (PWMIE). It was organised by MIHOSO, implementation partner of BasicNeeds-Ghana in the Brong-Ahafo Region. It formed part of activities carried out under a DFID-CSCF funded project titled “enabling people with mental illness and/ or epilepsy access their rights in mid-Ghana”



*Cross section of prayer camp handlers and traditional healers at a training workshop.*

The training was designed to positively influence change in attitudes and practices of the owners and handlers of the prayer camps towards people with mental illness sent there for treatment. The organisers also hoped that the training would encourage the participants to work with health professionals by referring PWMIEs to them for medication. Some Community Psychiatric Nurses (CPNs), Community Mental Health Officers (CMHOs) and traditional healers were invited to share their experiences regarding their collaboration with the participants.

The prayer camp operators were taken through the sections of the mental health act that dealt with the rights of PWMIEs as well as some international conventions that protected the rights of the mentally ill and people with epilepsy.



At the end of the training, participants committed to respecting the rights of their client. They also resolved to work with psychiatric units in order to ensure that their clients received holistic treatment. The handlers also promised to collaborate with orthodox mental health practitioners by referring epilepsy and mental health cases to them so as to ensure that their patrons receive comprehensive mental healthcare.

*Traditional healers and prayer camp handlers brainstorming during the group session of the workshop*





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