Dr Soori consulting with a client during an outreach
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Self Help Group Sensitizes Public through Drama

The Adom Self Help Group (SHG) of people with mental illness and epilepsy (PWMIE) in the Central Region performed a community drama titled "de-stigmatizing mental illness." The drama was meant to entertain and sensitise the public during a community durbar organised by Basic Needs-Ghana and the Mental Health Society of Ghana (MEHSOG) in Cape Coast.

The SHG used the drama to convey to the people gathered that people with mental illness and epilepsy could be productive and hence contribute meaningfully to society. The story line also demonstrated that mental illness and epilepsy were treatable and incommunicable as such people with mental illness could better with appropriate care and acceptance from their family and community.

Feedback from the gathering was enough indication that the message had struck home. Mr Richmond Yeboah, a senior staff nurse at the Ankaful Psychiatric Hospital fully captured the sentiments of the gathering when he said "the self help group has done well. They have conveyed their message well. Members of the public needed to be sensitised on mental health issues and I think the drama was an effective way of doing just that."
Members of self-help groups (SHG) in Central Gonja, Bole, Mamprugu-Moaduri, and Sawla-Tuna-Kalba Districts participated in a series of radio discussions to speak on issues affecting them in their respective districts. These discussions were sponsored by Basic Needs-Ghana and Gub-Katimali Society.

They shared their experiences and advocated to the general public and duty-bearers on some mental health issues. They argued that society must put an end to discrimination and stigmatization towards people with mentally illness and epilepsy (PWMIE) in their communities.

They also appealed to duty-bearers to ensure regular supply of needed medicines to avoid patient relapse. Local authorities were encouraged to include PWMIE in the Disability Common Fund and any other government interventions for vulnerable populations. They used the opportunity to also promote the activities of their SHGs and called out to PWMIE who were not yet part of any SHG to join their ranks.

Following these radio discussions, some of the SHGs recorded new members. Also, the number of PWMIEs seeking treatment for the first time showed an increase.
People with Mental Disorders to Acquire Skills.

Stabilised persons with mental illness and epilepsy and their primary carers from the three northern regions are being supported to gain vocational and technical skills which will enable them secure sustainable livelihood. Through the joint sponsorship of the Big Lottery Fund (BLF) and the Jersey Overseas Aid Commission (JOAC), 192 stabilised persons with mental illness and epilepsy and their primary caregivers have so far benefitted from this opportunity to become productive and useful to themselves and their families.

All the beneficiaries have since been given tools and equipment that they would need to undertake an apprenticeship of their choice. Out of the total number of beneficiaries, 88 have received dressmaking and tailoring equipment; 12 have received carpentry tools; 2 have received masonry tools; 2 have received electrical tools; 18 have received hairdressing equipment and 1 person has received weaving equipment.

All beneficiaries are also currently receiving training respectively in dressmaking and tailoring, carpentry, masonry, shoemaking, electrical, weaving, hairdressing and soap-making from master artisans.

Earlier, training workshops were organised for the master artisans who are training the beneficiaries. They were trained in basic psychiatry and taught how to identify potential symptoms of epilepsy and some mental disorders. The trainings were designed to enable the master artisans better understand and manage their mentally ill and epileptic apprentices.

This effort to ensure that people with mental illness and epilepsy are productive is based on the operational model of BasicNeeds, called the Mental Health and Development Model. The model seeks to enable people with mental illness and epilepsy live and work successfully in their communities.
The Mental Health Board paid a visit to the offices of BasicNeeds-Ghana in Tamale. This visit was part of their familiarisation tour to acquaint themselves with the state of mental health in the Northern Region.

Accompanying the entourage was Dr. Soori, the resident psychiatrist serving the three northern regions, and Mr. Mumuni Fuseini, the Northern Regional Coordinator for Psychiatry, as well as members of the media fraternity.

In his welcome remarks, the Executive Director of BasicNeeds-Ghana, Badimak Peter Yaro expressed the organisation's utmost gratitude to the Board for such recognition. He lauded the Board for all their efforts in addressing mental health issues in Ghana. He thanked the Board for their openness to collaboration with BasicNeeds-Ghana and assured them of the organisation's continued support.

Mr. Yaro thanked Dr. Soori for his dedication and commitment to work in reaching out to people with mental illness and epilepsy in the remotest parts of the three northern regions. He also commended him for maintaining a cordial relationship with BasicNeeds. He also thanked Mr. Fuseini for his selfless dedication and hard work in his role as mental health coordinator for Northern Region.

Dr. Soori, for his part, acknowledged the support he has received from BasicNeeds-Ghana since he assumed office. He said this had made his work easier. He also commended the organisation for their active involvement in ensuring that people with mental illness and epilepsy have access to treatment services, especially in the hard to reach parts of the region and beyond. He indicated that role of BasicNeeds in transforming the lives of people mental illness and epilepsy is worthy of recognition.

The Chief Psychiatrist, Dr. Akwasi Osei, reflected on the fact that his office has collaborated with BasicNeeds-Ghana since its establishment in 2002. He added that the fruitful cooperation that exists between his outfit and BasicNeeds has been beneficial and achieved so much in terms of dealing with issues of mental health. He also praised BasicNeeds for recruiting high calibre staff who are committed and dedicated to their work.

The Chairman of the Board, Prof. J.B. Asare, described BasicNeeds as pacesetters in mental health advocacy. He said this was evidenced by the fact that its model for mental health and development has been adopted by other organisations. He concluded by expressing his utmost gratitude to BasicNeeds-Ghana for maintaining a good working relationship with the Board.
BasicNeeds-Ghana organised a three day social franchise training with new partner organisations under the Grand challenges Canada (GCC) grant of CAD 1 million to BasicNeeds to scale up its innovative mental health and development model (MHD Model) to other organisations using a social franchise approach.

The facilitators for the training were the Chief Executive Officer (CEO) of BasicNeeds, Jess McQuail and Peter Yaro, the Executive Director of BasicNeeds Ghana. The two participating organisations were Voice Ghana from the Volta Region of Ghana and HelpIN from Nigeria.

During the three day training the facilitators introduced participants to the different aspects of the Mental Health Development (MHD) model and basic psychiatry. The facilitators stressed that the model offers a unique approach towards addressing mental health issues that goes beyond medication. They made mention that people working in the field of mental health should have a fair knowledge in basic psychiatric.

In his presentation, Peter Yaro mentioned that the focus of BasicNeeds is to empower people with mental illness or epilepsy, and their primary care givers with the required knowledge and skills for them to be able to do advocacy for themselves as users. He added that the model also orients policy makers and health workers to issues of mental health in other for them to include people with mental illness or epilepsy in planning, decision making and other social intervention programs. Participants were also taken through conducting field consultation, home visits, group formation and stakeholder identification for mental health though practical demonstrations.
Dissemination of Mental Health Law in Cape Coast

On 12th March, 2015, the Mental Health Society of Ghana (MEHSOG), in collaboration with BasicNeeds-Ghana, held a dissemination workshop for key local government officials and relevant decentralized departments and agencies in the Central Region. The workshop, which was organized in Cape Coast, is part of a project titled “Support Government of Ghana to build a national Mental Health System that effectively and efficiently responds to the mental health needs of the population”, funded by Department for International Development (DFID) Ghana. It was designed to introduce the participants to key provisions of the new Mental Health Law (Act 846).

The guest of honour for the occasion was the Omanhene of the Oguaa Traditional Area, Osabrimba Kwesi Atta II, represented by Nana Kodwo Addae II. Dr. Armah Arloo, Medical Director of the Ankaful Psychiatric Hospital facilitated the workshop.

The facilitator led the participants to understand that people with mental illness had rights under the law and that these rights were to be respected by all. He also made them aware that it was their responsibility as public and civil servants to ensure that people with mental illness were protected from abuse and general injustice.

At the end of the workshop, some of the participants expressed their sentiments and resolutions. The Cape Coast Municipal Police Commander assured all and sundry that his doors were open whenever it became necessary to ensure that the rights of people with mental illness were upheld. A representative from the planning and budget office of the Cape Coast Municipal Assembly pledged that the assembly will re-evaluate their budgeting since the workshop had enlightened him. The social services subcommittee chairperson of the Cape Coast Municipal Assembly promised to invite Mr. Anthony K. Acheampong, a psychiatric nurse at the Metropolitan Hospital to their next meeting to enable the subcommittee improve their understanding and be able to incorporate the law in their work.

In his concluding remark, the chairman for the occasion expressed his profound gratitude for the quality time members gave to the meeting. He entreated all to support persons with mental illness and reassured the meeting that the Oguaa traditional council was ever ready to support in whatever means they could to improve mental health in the region.
The Centre for the Development of People (CEDEP) and the Mission of Hope for Society (MIHOSO) International Foundation held review meetings for the mental health volunteers on separate occasions in Kumasi and Sunyani respectively.

CEDEP, BasicNeeds-Ghana partner in Ashanti Region, interacted with mental health volunteers working in communities of the Ashanti Region. This meeting, which took place in Kumasi, saw the participation of thirty-eight (38) mental health volunteers of which two (2) were female.

The review meeting for Brong-Ahafo volunteers organised by MIHOSO, BasicNeeds-Ghana partner in the region. It took place in Sunyani. A total of forty-five (45) volunteers attended.

During the meeting, the participants had the opportunity to refresh their knowledge in their roles as volunteers and the importance of quality data collection and usage. Each volunteer gave an account of their activities especially with regards to their work with the community self-help groups (SHG). These reports highlighted their achievements as well as some of the challenges they faced at their respective communities.

The meetings further gave the participating volunteers the opportunity to discuss how they could effectively carry out their roles as volunteers. These brainstorming sessions brought to the fore some ideas which would improve the effectiveness of volunteers. Some of the strategies they suggested were among others,

a. the need for volunteers to have good working relations with the mental health personnel in their districts and project staff;

b. facilitate the referral of identified persons with mental illness and epilepsy for treatment at psychiatric units;

c. and ensure proper documentation and record keeping of self-help group meetings, activities and correspondence.