

WE COUNT

Issue 08 — August 2010



A group of people with mental illness or epilepsy at Okai Koi sub-metro discussing how they can best engage with the district assembly authorities in their area

Acknowledgements

We gratefully acknowledge the contributions of Evans Oheneba-Mensah, Humphrey Kofie, Kingsley Nettey, Theophilus Thompson, Mariam Salifu who gathered the original life stories and updates for this publication. We also thank Peter Yaro for proof-reading and editing this final work. We particularly wish to say a huge thank you to the Canada Fund for Local Initiatives (CFLI) for providing the funds for this project, which has made this publication possible.

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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 takes full responsibility for this book and all its contents.



BasicNeeds - An Introduction

BasicNeeds was founded in November 1999 to transform lives by promoting and advocating access to integrated health and social and economic services for people with mental illness in the world's poorest communities. In the process, we empower individuals and families and involve communities in social change. We also partner with other organizations to influence public policy.

Our purpose is to enable people with mental illness or epilepsy to live and work successfully in their own community.

BasicNeeds operates in Ghana, Uganda, Tanzania, Kenya, India, Sri Lanka, Lao PDR and Nepal. BasicNeeds Ghana independently registered in Ghana, operates in the Northern, Upper East, Upper West and Greater Accra Regions. Our model of Mental Health and Development consists of five modules which seek to promote community based mental health treatment services as well as addressing the poverty of people with mental illness and their primary carers and families by focusing on:

Capacity Building:

Building the capacity of individuals and families, and self-help user groups including our local CBOs and NGOs, government health institutions and community-based workers to work with people with mental illness or epilepsy and their families and communities.

Community Mental Health:

Mobilising psychiatric clinicians from the public sector and community health workers to provide mental health services in community health facilities within proximity of users and their communities.

Sustainable Livelihoods:

Supporting individuals with mental disorders, their families and self-help user groups to engage in productive and income earning activities.

Research:

Bridging the gap between policy and practice by conducting research on programme outcomes and promoting and coordinating mental health policy reforms.

Management and Administration:

Managing partnerships, human resources, accounts and information systems that inform effective programme planning.

Message from Founder Director, BasicNeeds

I am delighted to welcome you to this edition of *We Count* magazine, which focuses on one of our projects - 'Building public support for rights of mentally ill people ...' being implemented in Ghana! The editorial team and the writers have once again demonstrated our commitment towards empowering the thousands of people with mental illness or epilepsy that we work with to lead the struggle for a better world.

People with mental illness or epilepsy in most of our programmes across the world have often expressed the desire to belong, to have an opinion and to be heard. These no doubt are legitimate desires which they have long been denied. The lack of opportunity to feel part and contribute to the society in which they live is a denial of their basic right. We at BasicNeeds recognize that people with mental illness have rights which must be respected. This, we have been working in partnership with them and other stakeholders to promote.

There is now a National User Movement of people with mental illness or epilepsy in Ghana with 182 community Self-Help Groups and 38 District Associations across our Ghana programme area. This was made possible by Comic Relief UK and DFID, which funded the initiatives. The Canada Fund for Local Initiative funded project - 'Building public support for Rights of Mentally ill people in Ghana', was meant to increase stakeholder confidence and galvanize more public support for better mental health services.

All the people featured here tell their stories of how this project has increased their confidence and capacity to better engage with people in authority to demand their rights. I feel glad therefore, about this significant change that is occurring in one of our biggest country programmes.



Chris Underhill

Editorial

Have you ever imagined how it feels to be mentally ill, humiliated and shunned? It is as if your whole world is empty and isolated from the universe. This is what thousands of people in Ghana suffer silently every moment of their life with no hope in view. At BasicNeeds we work to support people with mental illness or epilepsy to live and work successfully in their communities by initiating and implementing appropriate interventions that bring about lasting change in their lives.

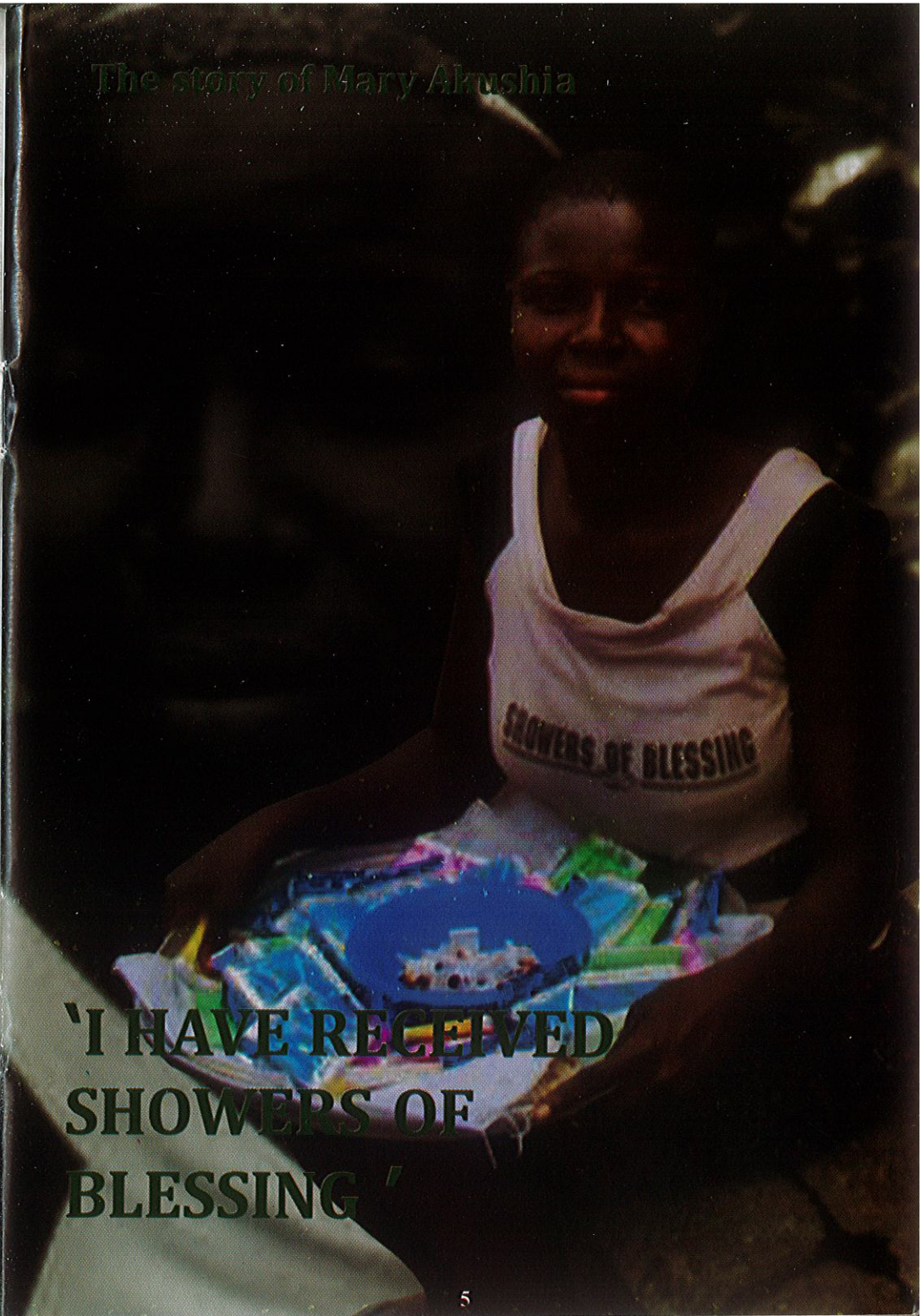
We are therefore delighted to present to you this special edition of our regular 'We Count' magazine, which gives you a 'first person' narration of life stories of people with mental illness or epilepsy who have been supported to reclaim their confidence under a project "*Building Public Support for Rights of Mentally Ill People in Ghana*" which was funded by the Canada Fund for Local Initiatives (CFLI). The project strengthened Self-Help Groups (SHGs) to be able to engage with their communities and local government authorities for the inclusion of mental health issues in community development planning. This initiative not only built their confidence to engage with people, but also enabled them to benefit from resources that could help them improve their livelihoods. This is best seen as you flip through the pages of this book.

The successful demonstration of this project calls for greater support for the increasing numbers of people with mental illness or epilepsy who are getting better from their illnesses and more assertive to be involved in community processes as a result of BasicNeeds' interventions but are unable to work to support their families due to lack of resources.

We hope you will find this special edition interesting; and as always, we welcome your feedback and contributions on the quality and content of this publication.

We wish you happy reading!

The story of Mary Akushia



**'I HAVE RECEIVED
SHOWERS OF
BLESSING'**

Synopsis: *Mary Akushia Mensah was diagnosed with epilepsy when she was only a young girl of about three years old but has now stabilized and is well and hearty. It is almost impossible for someone meeting her either at home or in the course of her hawking business to know that she has ever experienced epileptic seizures.*

'Before My Illness Started'

My mother recounts that when I was born I did not have any health problems. In search of a greener pasture in life she left me in the care of my father's mother at Chorkor (a suburb of Accra) and travelled to Nigeria. I was barely two years old at the time. My mother stayed in Nigeria for over seven years before she returned home to resume her care of me. We moved residence to stay in another suburb of Accra. According to her, it was then that I started experiencing seizures. My mother recounted that as I convulsed she realized that my right hand was almost paralysed. Indeed I have lived with a somewhat paralyzed right hand to date. This handicap notwithstanding, trading turned out to be the vocation that I have grown to concentrate on. I had lost the opportunity to acquire formal education because my parents were too poor to sponsor me through formal education.

When I was in my early teens, I supported a woman who sold kenkey (a fermented steamed maize meal) in the community market at James Town, a slum community in Accra. I did this by announcing the availability of the kenkey in the words 'kenkey yebie!' which means kenkey is available here. I was made to do this because I had a very shrilled voice and I received a commission for this job. As I got myself involved in this livelihood activity, there were occasions that I convulsed. Happily the occurrence was infrequent. Despite this, I yearned for a permanent cure for my condition so that I could concentrate on this job. The day finally came when I received what I consider my 'showers of blessing'. This was when I heard an announcement about an organization called BasicNeeds from a mobile information van in my area.

Getting to Know BasicNeeds

The announcement in 2007 did not only talk about BasicNeeds but also directed people with mental illness or epilepsy to seek medical care at the Usher Polyclinic on a date specified by the announcer, who, I later got to know was the BasicNeeds Volunteer for the Ashiedu Keteke sub-metro,



Mary makes a point during a SHG meeting

Mr. Theophilus Thompson. Following the broadcast, I went to the Usher Polyclinic where my condition was diagnosed. I was given some medication. I found the medicines very helpful in my desire to find cure. Since then, I have never stopped going to the outreach clinic. Incidentally, it was on my first visit to the outreach clinic for my medicines that I heard of the Self-Help Group meetings that people with mental illness and epilepsy regularly organized.

Before my first attendance, I wondered what the meeting of mentally ill people and those like me with epilepsy could set out to achieve. I was happy when I joined the group meeting because, all the while, I thought I was the only person who had my kind of health condition. At the meeting I realized that there were others with conditions similar to mine. Three years have elapsed since I first set foot at the Self-Help Group meeting, but I still have fond memories of how I was warmly welcomed to that first meeting. I felt very much at home as the leaders of the group took turns to explain the purpose of the meetings and shared general information about the need to take medicines given to us at the clinic. We also share ideas and discussed ways of promoting the group and our individual interest.

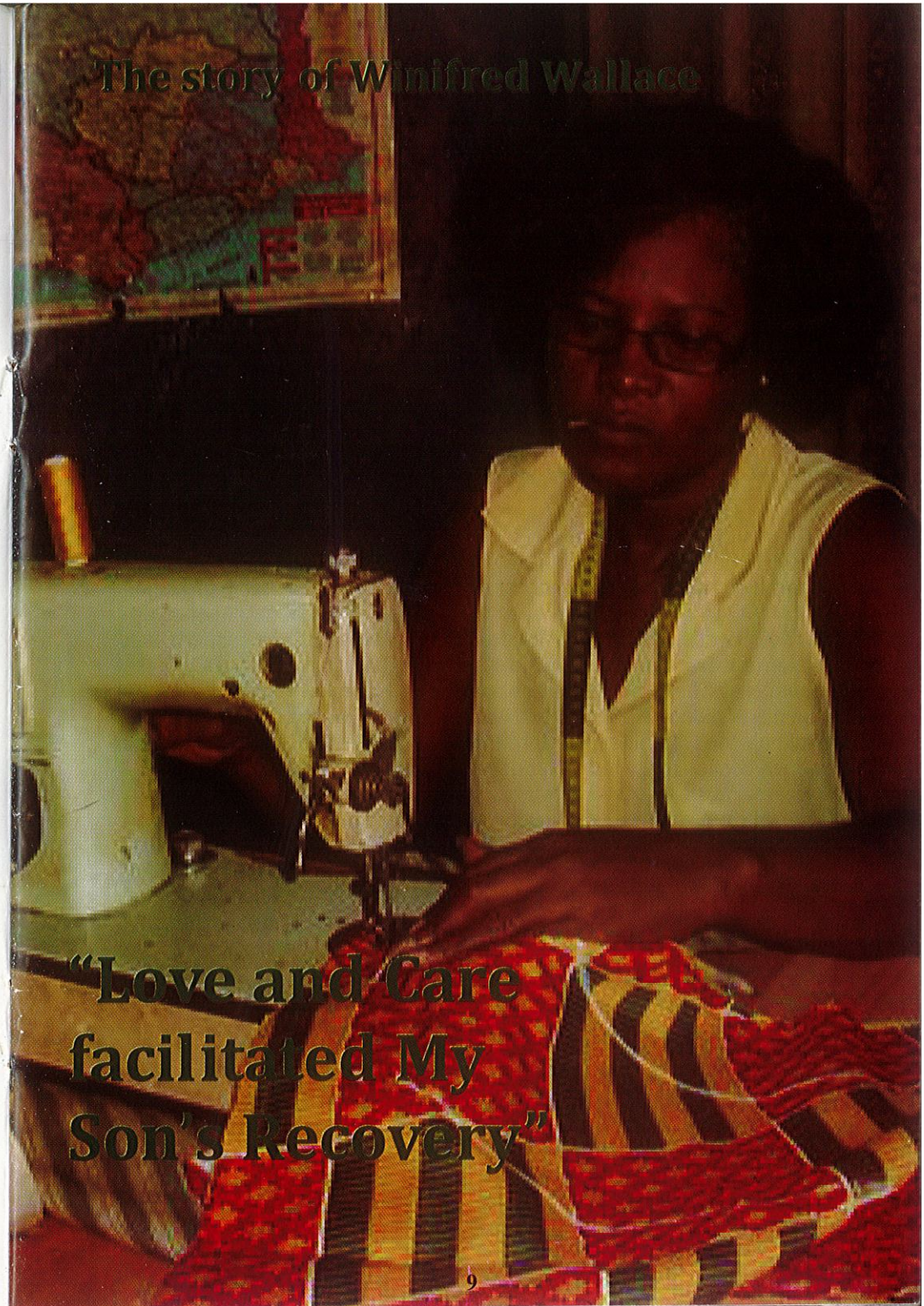
The group I joined enhanced my speedy recovery because I learnt a lot about the need to stick to my treatment. My involvement in group activities has also boosted my confidence to speak in public about issues that affect me. I now know that I am not the only one suffering this condition but many

other people out there who all deserve the right to treatment. I am not shy to present myself as an example when I am talking in public. Currently, I hawk groceries in the James Town market from which I make some average sales of Fifteen Ghana Cedis (GH¢15. about US\$10.50) per day. With this, I am able to contribute to buying ingredients for meals at home. I am also able to buy a few dresses for myself. ■

Epilepsy

Epilepsy, the most common brain disorder in the general population, it 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.

The story of Winifred Wallace



**“Love and Care
facilitated My
Son’s Recovery”**

Synopsis: Winifred Wallace, fifty years old, a woman carer of her son Seth Nkansah, is not only the Chairperson of the 'Peace and Love' Self-Help Group (SHG) in the Okaikoi Sub-metro in Accra, but also the Vice Chairperson of the Okaikoi District Association. She is noted for her strong voice in advocating for the rights of people with mental illness or epilepsy.

Forthrightness is my hallmark

I used to work at the head office of the Ghana Publishing Corporation, but now I ply my trade as a seamstress. My outspokenness and readiness to share whatever experience I have gathered from caring for my epileptic son with members of the group is perhaps what endears me to group members.

I am married to Mr. Seth Nkansah, a store keeper in Accra. Our marriage has been blessed with four children among who is Seth Nkansah Junior who suffers from epilepsy. Seth was born on the 9th of November 1982 at a Maternity Home in Accra, without any health problems. At the age of three, he started his pre-school education at Agape Nursery School also in Accra.

When Seth was about three and a half years old, he experienced convulsion and we took him to the Kaneshie Polyclinic. A laboratory test was conducted after which we were referred to Korle Bu Teaching Hospital (one of the National Referral Hospitals in Ghana). At Korle Bu Teaching Hospital, he was admitted for three weeks. However Seth continued to experience convulsion, which later developed into epilepsy.

Determination

Given the determination with which I cared for Seth and what Seth has himself been able to achieve in life, my family has come to adopt the dictum that: "The downfall of a man is never the end of his life". I ensured that my son's sickness notwithstanding, he continued with his education. I enrolled him at the renowned Prince of Peace International School in Accra where he completed Junior High School (J.H.S) and later continued his education at a technical institute.

Upon completion of his course, Seth did his internship at the cinema section of the Information Services Department of Ghana, and was subsequently employed there. A few months later, he started experiencing frequent seizures which often made him stay away from work for many days. As this was affecting his performance at work, he was advised to resign.

Managing the Situation

Throughout the period that Seth experienced his condition, I provided



Winifred delivering the vote of thanks during the launch of the Mental Health Society of Ghana in Accra

support as a carer, a mother for that matter. Today, largely as a result of the guidance I provided him he does almost everything for himself. He takes his medications at the appropriate time, attends the outreach clinics and Self Help Group meetings all by himself. I seldom accompany him to the outreach clinic and this is meant only to encourage him to take charge of his life and to let him know that the family loves him and want to see him run his own life.

I stopped working at the Ghana Publishing Corporation in order to have more time to take care of my epileptic son. Whiles at home, I learnt dressmaking and set up a shop in my home which made it possible for me to be available to Junior most of the time.

Getting to know BasicNeeds

An announcement was made in my church one Sunday that a specialist psychiatrist was visiting the Kaneshie Polyclinic to attend to people with mental illness and those with epilepsy. I immediately noticed that the cure for my son's condition was about to be found. I took Seth to the Polyclinic for treatment and we have since been receiving treatment from there.

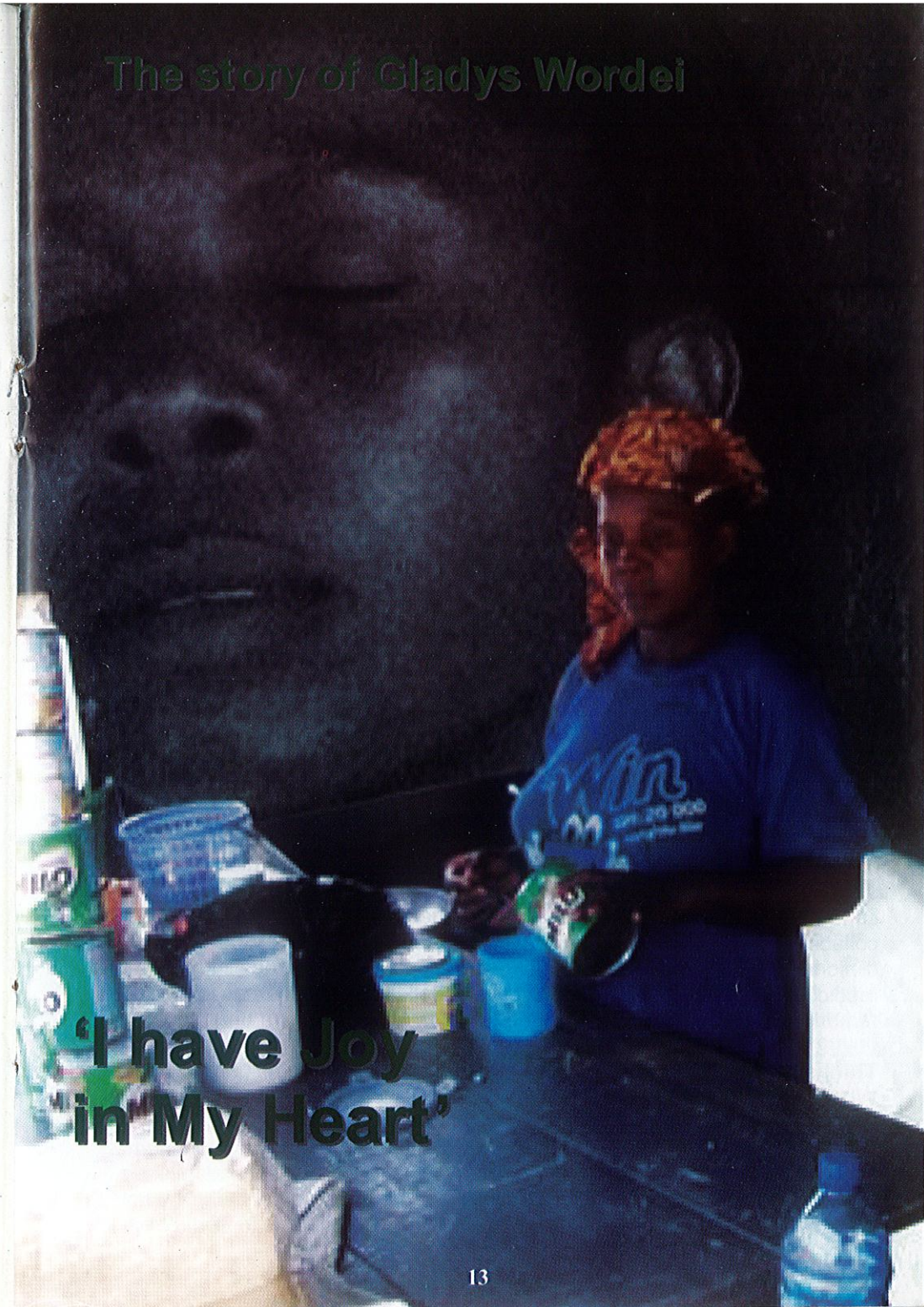
Through the interventions of BasicNeeds, both the people with mental illness or epilepsy and their carers formed the Peace and Love Self-Help Group. We now meet regularly to discuss issues affecting us and sharing our experiences with one another. I found the group and the meetings a very laudable initiative and therefore supported it. I have since then remained committed to the meetings both at the level of the community

SHG and at the District Association. I have also actively participated in meetings and deliberations that led to the coming into being of the national user association which we call Mental Health Society of Ghana (MEHSOG). I am happy to have lived to witness the birth of such a national representative user association - a body that we can call our own.

Author's Note:

Winifred feels very passionate about her son. She believes that Seth's phenomenal recovery is attributed to the immense support she has given him. She is also confident in Seth's abilities to excel in his chosen career. Winifred recounts that a donation of a computer and accessories by BasicNeeds in 2008 boosted Seth's desire to pursue academic excellence in IT. BasicNeeds has also supported Winifred with a sewing machine and related accessories. ■

The story of Gladys Wordei



**'I have Joy
in My Heart'**

Synopsis: Gladys was diagnosed with schizophrenia but has stabilized in her condition so much that she looks very well and healthy. Indeed it is almost impossible to notice she has experienced mental illness before. She looks after herself well and is quite healthy.

My Childhood

I am one of nine children of my parents. We all lived together in a single room apartment. Life was very hard for us but we managed to survive. Unfortunately I lost my father when I was 28 years old. Soon all my other siblings, except one, got married and moved in with their spouses. My life did not change much because it was still a struggle for me to make ends meet.

Two years after my father's death, I was sitting in our room one day when all of a sudden I started hearing strange voices. I shouted and that marked the beginning of my illness.

My mother, who obviously was concerned about my condition, took me to a prayer camp called "Asomdwe ne Bohye Asase" An Akan name meaning (land of peace and promise) at Haatso a suburb of Accra. At the camp my condition worsened. My mother recounts how on some occasions I became aggressive and would attack anybody on sight. The prophetess in charge of the camp locked me in shackles to prevent me from running away and/or cause havoc. There were no rooms at the camp so I slept outside under a shed. I was made to fast for three days after which I became a little calm as a result of hunger. After more than three months of prayers and fasting at the camp, I was discharged. When I came home, a volunteer who had heard about my condition, visited me. The volunteer whom I did not know, spoke to me about mental illness and invited me to an outreach clinic which, as I later gathered, was organized by an organization called BasicNeeds in collaboration with the Maamobi polyclinic. On my first day at the outreach clinic I was diagnosed with schizophrenia and given some medication. The medicines made me feel much better and well. My condition has improved remarkably since I was put on the medication.

Things began to improve

When I got much better I started petty trading in order to support my mother to cater for the ever-mounting needs of the household. At the beginning, it was difficult sometimes to the extent that feeding the family was a problem. Life had always been a struggle for my family. I would walk several miles to buy bread on credit for sale after which I kept the profit and sent the rest of the sales to the owner. My mother traded in a range of items in front of our



Gladys busily working in her beverage business

house and made a little profit which I support with the little I realized from the sale of bread. Today I have recovered from my condition happily married and have a son.

I look into the future with lots of hope. I can say with confidence that life has been progressively better since my first encounter with BasicNeeds in 2006. I am considerably well and I know my beverage business will flourish with time. Soon I will make more money than the Forty Ghana Cedis (GH¢40 about US\$27.87) that I realize each day, so that I can assume some of the responsibilities of the home.

Throughout the period I was sick my family never abandoned me. They persistently demonstrated love, patience and understanding. They never lost hope in my ability to recover from my illness and to resume my role in the family. My friends also did not abandon me. They visited me frequently both during my horrifying days at the prayer camp and at home when I eventually left the walls of the prayer camp.

I am grateful to BasicNeeds for the support in providing medication and for ensuring that a Psychiatrist visited us on outreach clinic days to review our conditions. I am also happy that through BasicNeeds, members of my Self-Help Group are able to hold meetings and support one another. This

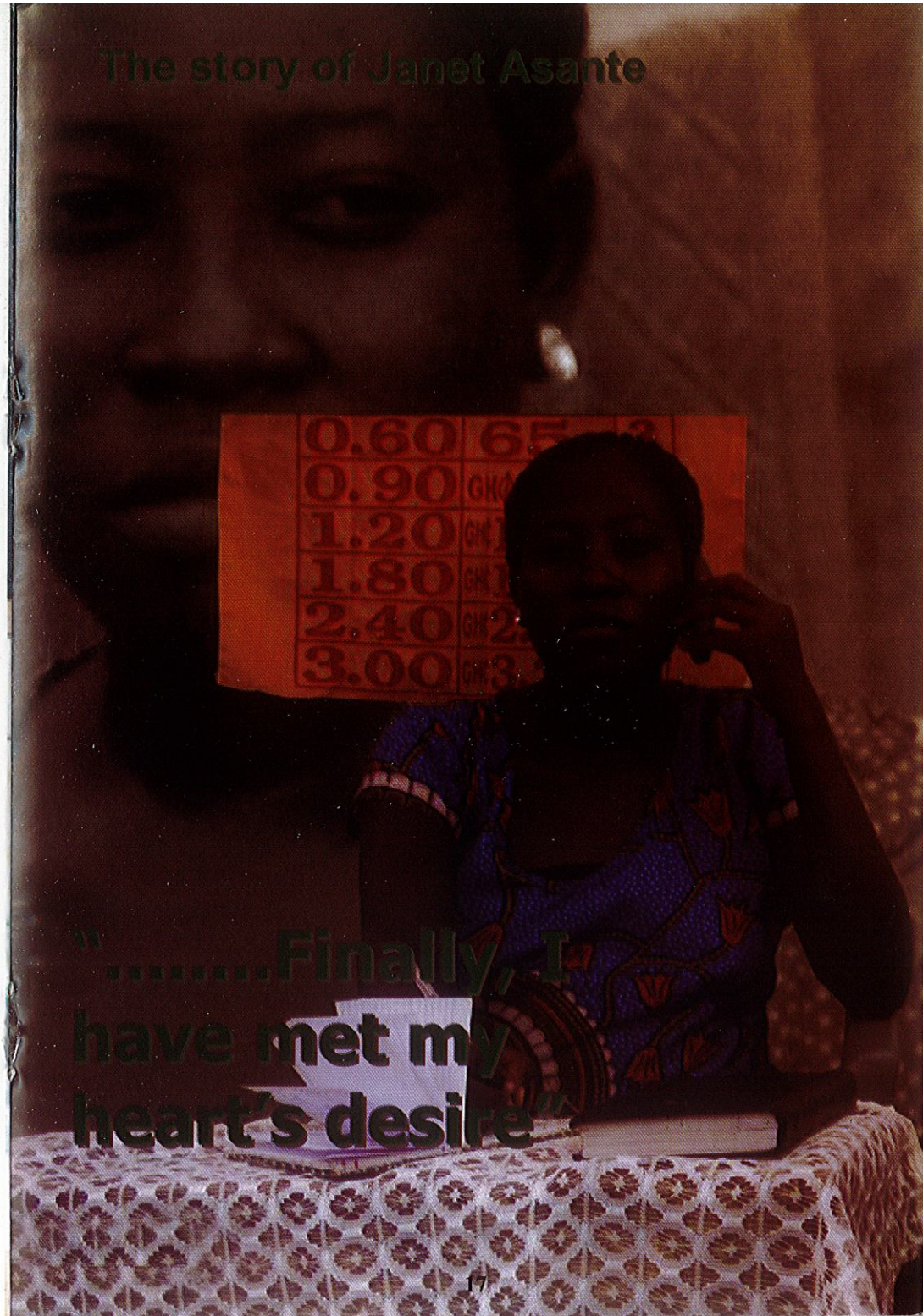
year BasicNeeds organized many programmes in advocacy and human rights for us. These programmes have built our confidence and skills to better talk about our situations and engage with our elected representatives. I was part of a group of women who visit mosques and churches to talk about mental illness and the need to support people with mental health problems. This has been as a result of the unflinching support of BasicNeeds .

Now I have hope for the future. ■

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.

The story of Janet Asante



Janet Asante before the Sickness

My Mother tells me I was born premature (born in the 7th month of pregnancy). I frequently fell ill when I was a child. According to my mother, this delayed my early childhood development. At age two I could still not walk. I started schooling quite late but dropped out of school when I was in Junior High School form two, because my parents could not pay my school fees to keep me in school.

How it all started

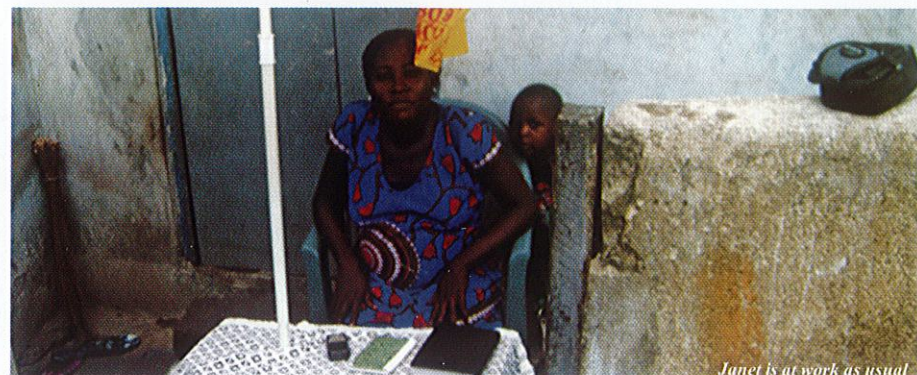
My illness started in 2002 when I was 23 years old. I woke up one day feeling sad and very disturbed for no apparent reason. I refused to eat food and would not talk to any one even my own mother. When my mother tried to force me to run some errands for her, I started crying uncontrollably. In fact that day I cried till night. This prompted my parents that all was not well with me. So the next day they took me to a near-by private clinic where I was examined and given some medications. This did not change my mood that much. I was still reserved and feeling very sad. My parents took me to several treatment centres all to no avail. In 2004, they took me to the Accra Psychiatric Hospital. This was where I was diagnosed with depression, treated and discharged.

My boyfriend then was very supportive in encouraging me to pursue my treatment. He visited me regularly and always called me on phone to remind me to take my medications. He had accepted me and was working hard to gather some money for our marriage, even though he knew I had been diagnosed with depression. This deepened my passion for him and I vested in him all my hopes for the future. In fact this feeling for him actually aided my recovery. He was indeed, to describe the least, my anchor.

It came as a shock when suddenly my 'anchor' stopped visiting me and even calling me as he frequently did. He even refused answering my phone calls. This behaviour, up to date still remains a mystery to me. The thought of what I could possibly have done to deserve such neglect, worsened my illness. This time I completely isolated myself from the world. I stayed without food and water for three days and my parents were very alarmed. I collapsed on the third day and was hospitalised for two days. With constant advise and counselling by my parents, I was trying to forget my experience but I still felt depressed until I heard about BasicNeeds and joined their programme.

BasicNeeds Ghana has helped Me a Lot

This was about the same time that I heard about BasicNeeds in a church



Janet is at work as usual

announcement at the Bethel Presbyterian Church at Akweteman here in Accra. The announcement called on members of the congregation who had relatives with mental disorders to take them to the Kaneshie Polyclinic for consultation and treatment. Even though I no longer exhibited symptoms of my illness, I still felt it was necessary I attended the clinic since it was happening right in my community. When I met the psychiatrist I spent time narrating my medical history to him. After explaining all that I had been through, the psychiatrist counselled me and encourage me to always try to keep myself busy and happy. He also gave me medications and asked me to come and see him in thirty days time.

I experienced improvement in my condition as I continuously attended the clinic to receive my medication and listen to counselling. Formerly, I will resist taking my medicine even though I may not be well but now things are different, I no longer refuse my medication. I now feel well and able to interact with people in my area.

In 2008 I received One Hundred Ghana Cedis (GH¢100 about US\$69.68) credit support from BasicNeeds through my Self-Help Group (SHG) which I started my mobile telephony business. Even though I still hope for a bigger financial support to expand my business I am very thankful to BasicNeeds for the several initiatives it has instituted for those of us who have experienced mental illness or epilepsy. Training programmes and their support visits to our monthly self-help group meetings have all helped to build our confidence and pride. At our meetings we are taught how to take care of our selves. Carers are particularly advised to be patient with their relatives who are ill.

I have met my Life Partner

After my initial disappointment from my first boyfriend, I have since 2008

met a gentleman who works with the Ghana Armed Forces in Kumasi. He appears to be very committed to our relationship just as I am to it. In fact we are planning to get married soon. As I am talking to you I am carrying a seven-month-old pregnancy by him. As soon as I deliver my baby we will have the marriage ceremonies and I will become his legal wife.

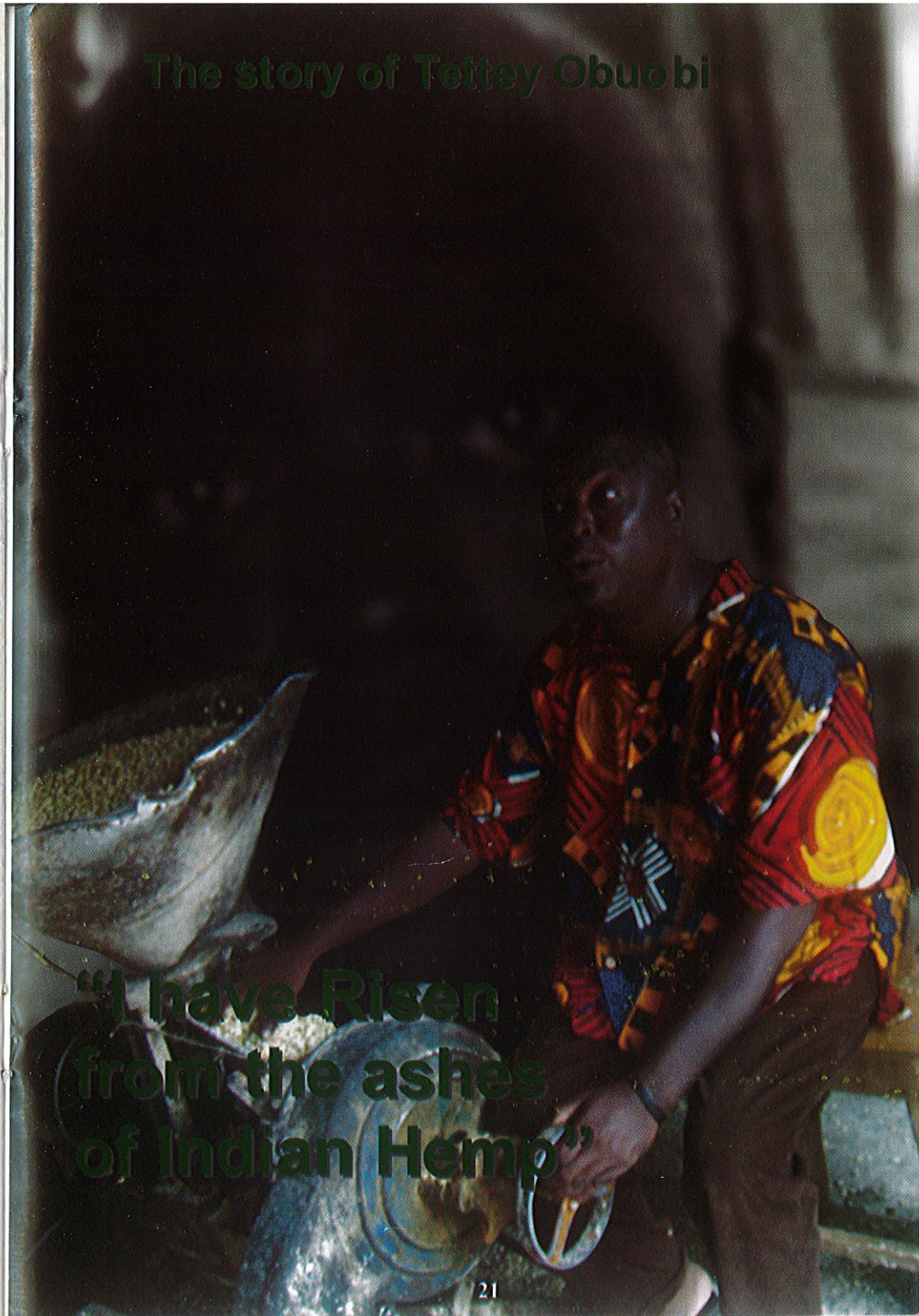
Author's note:

Janet looked well balanced throughout the discussions. She never looked like a person with any kind of mental disorder. She also has quite sharp retentive memory as she vividly remembered some events that were relevant to the story. She was led the writer to capture, for example, the announcements at the church about BasicNeeds and outreach clinics. It is evident that Janet's improved health is for a long. ■

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.

The story of Tetey Obuobi



Synopsis: *Tettey Obuobi comes from a prosperous family. Schooled in one of Ghana's leading Senior Secondary Schools. He fell into bad company at school where he abused Indian hemp; survived the ordeal; recovered and managed to take a ten-month course in agriculture - a giant step to reliving his dream to become a renowned agriculturalist. He acknowledges the impressive role BasicNeeds played on his way to recovery and start-up of his business.*

Born with an Ambition to become an Agriculturist

I was born on 9th June 1966. I completed St Theresa's Primary School in 1979 and entered Mfantshipim Secondary School the same year. I completed Mfantshipim Secondary School in 1984. It was at the senior secondary school that the antecedents to my problem started. All along, I had an ambition to go to Kwadaso Agricultural Training College.

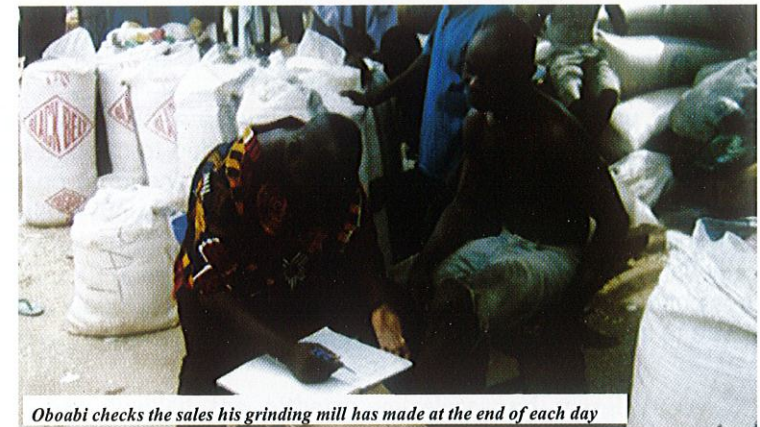
I unknowingly joined a company of bad friends at Mfantshipim Secondary School and later learnt their ways of life. We used to sneak out of campus to attend disco dance in town. We were not serious with our studies, and so failed in the General Certificate of Education (GCE) examination at the Ordinary Level. Hence, my desire to go to Kwadaso Agricultural Training College ended there.

I stepped onto the wrong path by smoking cigarette and drinking alcohol. This finally led me to smoking Indian Hemp. A friend first introduced me to the drug and later, other friends joined us in abusing it. During holidays I and the other students of the group usually got our supplies of drugs from some different people at obscure locations in Accra like the Awudome cemetery.

My condition became manifest for the first time at a Computer Class ...

I was in the computer class one day when I felt that people were reading my mind. I was very uncomfortable about the feeling, so I came home and reported to my parents and they advised me not to be worried about that. They did not know that this was the start of serious symptoms of my illness. Ignorant about the seriousness of what was beginning to happen to me, I continued my smoking and drinking habit. Suddenly I started exhibiting aggressive tendencies.

My mother took me first to the Accra Psychiatric Hospital where I was treated and counselled to stay away from drugs. I was also given some medications to be taking. This stabilised my condition, but when the medicines finished I felt reluctant to go back for a review because I felt I was



Oboabi checks the sales his grinding mill has made at the end of each day

well, but I was wrong. I relapsed with more serious symptoms to an extent that I had to be handcuffed to the Accra psychiatric hospital for admission. I stayed at Psychiatric Hospital for six weeks. When I was discharged, I was given some medicines and asked to return after three weeks for a review of my condition. This time I followed the treatment very religiously and returned to the hospital on the set date for my review. One review led to the other and I became quite well. Still desirous in pursuing my dream as an agriculturalist, I enrolled at the University of Ghana Agricultural Research Station for a 10 month course.

Contact with BasicNeeds Ghana Accra

When I was discharged from the Accra Psychiatric Hospital for the first time, community psychiatric nurses at the Kaneshie Polyclinic visited me at home. With the passage of time, they introduced me to BasicNeeds Ghana. They told me of the Self Help Group meetings that BasicNeeds supported people with mental illness or epilepsy to organise. I became interested in joining this group, since then I have never looked back. I even benefited from a cash grant of One Hundred Ghana Cedis (GH¢100 about US\$69.68) from BasicNeeds Ghana to rear grass cutters. Even more important is the fact that my contact with BasicNeeds has made it possible for me to benefit from training on advocacy. I am now very confident that I no longer feel shy to share my experience with the public. I am also very proud as a leader of my group. I was able lead my group members to meet our Sub-metropolitan Directors to discuss some of the problems facing us. I was also been part of a team that went round schools and other public places to educate people on mental health and drug abuse issues. Indeed, in February 2010 I was part of a radio panel discussion programme on an Accra based FM radio

station to educate the public on mental health issues.

Author's note:

At the time of updating this life story, Obuobi was no more into the poultry and grasscutter business. He had had to close it due to the bird pandemic scare in 2005. He therefore thought it prudent to concentrate on his family grinding mill business which he is solely managing. Obuobi explained that He used the One Hundred Ghana Cedis cash credit that he benefited from BasicNeeds to replace worn-out parts of the mill. Affirming that the support was not only timely but also relevant to his business. Obuobi's wish is to find a wife to marry soon. ■

Reflections

Generally, the project has brought about increased and effective recognition of and respect of the rights of poor people with mental illness and/or epilepsy, who are among the most discriminated and marginalised group in Ghana, and ensured their participation in development activities within their families and communities. The project has through a community durbar, training in leadership, advocacy and group dynamics made Self Help Groups become more organized and structured.

It has enabled the hitherto voiceless and marginalised people with mental illness and their primary-care-givers and families have a voice to impact on existing socio-economic policies and projects as a result of increased participation in local governance, including monitoring and evaluation of the impact on health, education, and other civic and democratic processes on their wellbeing.

The project has also capacitated local NGOs and CBOs in the project area to better include mentally ill people and people with epilepsy and their primary care-givers in their current and subsequent development projects.

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