

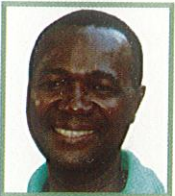
# WE COUNT

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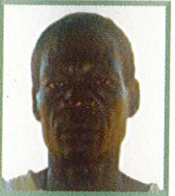
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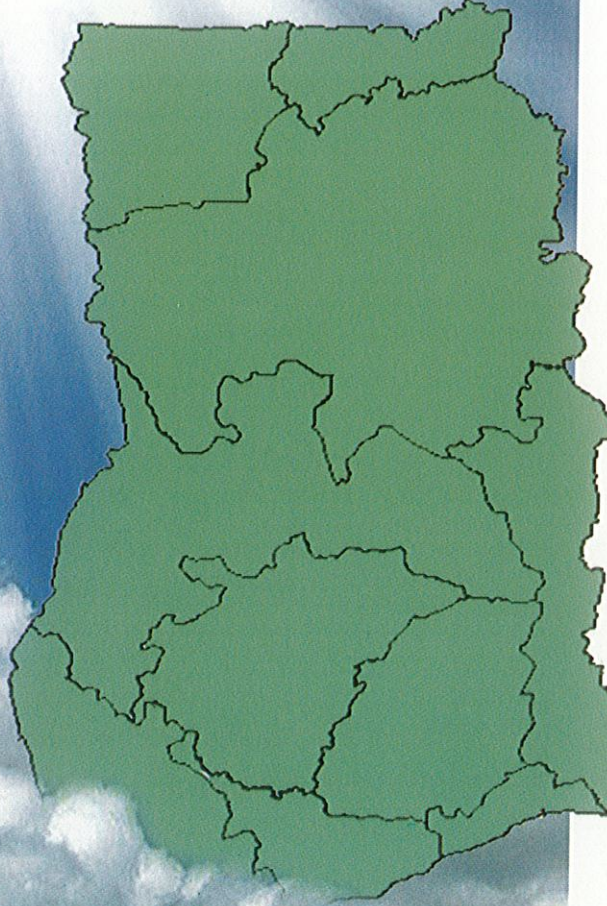
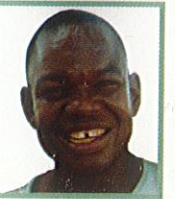
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## OUR VISION

The vision of BasicNeeds is that the basic needs of mentally ill people, throughout the world, are satisfied and their basic rights respected.

## OUR PURPOSE

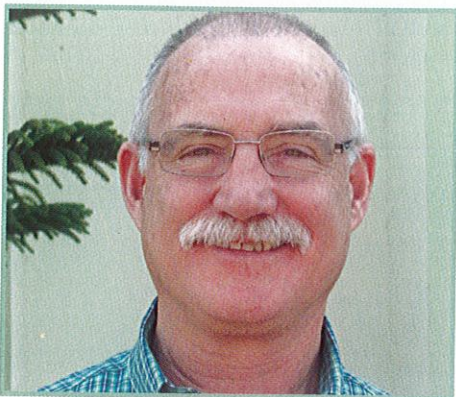
To enable people with mental illness and epilepsy to live and work successfully within their communities.



*With treatment, care and support, Francis now lives happily with his family, having been stabilised of Psychosis*



## MESSAGE FROM FOUNDER DIRECTOR



You are once again welcome to another insightful edition of our regular We Count magazine, which always presents you with interesting stories about the unique experiences of individuals with mental illness and or epilepsy.

As our work continues to empower individuals and families with the needed confidence and self-expression to take charge of their daily lives, documenting their unique experiences throughout this journey, by way of life stories, provides a powerful tool for informed evidence-based awareness creation and policy advocacy on mental disorders and many major, but often overlooked, issues affecting people with mental illness and or epilepsy.

In this edition, the fascinating stories of three men and one woman who have each experienced mental illness or epilepsy are being recounted here as they have narrated them. They give account of conditions they have lived with and the struggles and challenges they have had to endure. These experiences have been compounded by their poverty, lack of access to treatment services, and intense social stigma, which have left many questions about Ghana's mental health system. Their unique experiences reveal the different perceptions society has about the causes of mental illness

and epilepsy and how this informs their choice of treatment. There is also the issue of care, acceptance and rehabilitation of people with mental illness and or epilepsy in our society. Each of the persons in this magazine suffered neglect and physical abuse, as in the case of Francis Kuubilla Pii, at the time that they needed understanding from their families and more attention from society.

Each of the stories in this magazine end with the aspirations and ambitions of these individuals to pick up the pieces and move on with their lives to also contribute their quota to the development of their communities and the nation.

The little investment BasicNeeds Ghana has made and in working with its NGO/CBO partners, which brought about this transformation in the lives of these individuals and their families, is a demonstration of how much Ghana and indeed the whole of society stands to gain if policy authorities give mental health the needed priority it deserves.

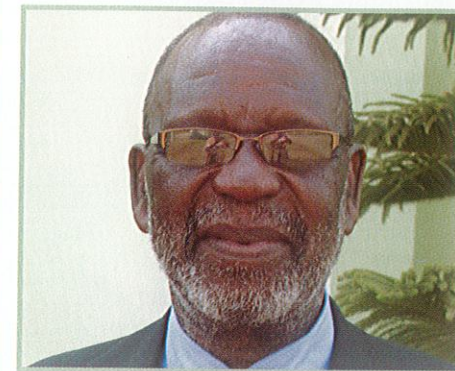
As you flip through the pages of this booklet, we encourage you to think about the little things that are often ignored, but which are very significant and if done, will bring about a difference in the lives of people with mental illness or epilepsy and their families.

Wishing you happy reading.

A handwritten signature in black ink, appearing to read 'Chris Underhill'.

Chris Underhill

## MESSAGE FROM BOARD CHAIRMAN OF BASICNEEDS GHANA



Welcome to another revealing and thought-provoking edition of We Count. This magazine has now established itself as the voice of men and women, and boys and girls with lived experiences of mental illness or epilepsy. One should be wondering by now how much our dear nation Ghana is losing to mental illness and epilepsy, conditions very well manageable. The immense benefits we could have from people suffering from mental illness and epilepsy by their contribution to productivity of their communities and national development in general, are lost.

Our individual and collective ignorance and prejudices towards mental illness and epilepsy has negatively impacted on accessing treatment intervention in time to control these conditions. This has greatly contributed to the sufferings and discrimination that people with mental illness and epilepsy endure. The violation and abuse of their human rights and the erosion of human dignity as revealed in the stories of Gbepuo Tengan, Francis Kuubilla Pii and the others presented in this edition speaks to this. Being locked away from public view worsened the pain of isolation and stigma they had to endure. This notwithstanding, immediately brings to the fore the big difference the modest support of treatment brings to the lives of these people, transforming them almost overnight. The change in their lives from the intervention of BasicNeeds Ghana working closely with personnel of the Community Psychiatric Unit of the Ghana Health Service in the various locations has been remarkable. This has brought great relief not just the individuals concerned but to their families and communities who must have given up on them. Emerging from the dark rooms of exclusion and isolation, neglect and abandoned to their fate, the persons featured in this edition now play significant roles in their various homes, the community Self-Help Groups of

mental health and epilepsy service users and their communities at large.

Their need for belongingness, acceptance and opportunity to exercise their innate potential was realised by their participation in the community Self-Help Groups established in their communities. Each of these persons are proud to be part of the decision-making processes, especially those related to the needs and rights of persons with mental illness or epilepsy in in the communities and Ghana as a whole.

As should be known, currently available mental health care services are highly inadequate and require urgent attention of health policy and service authorities and the government. The stories in this edition demonstrates and brings to light the transformation that can occur in the lives of many people with mental illness and epilepsy, if government pays a little more attention to mental health care by investing in the provision of basic mental health care facilities and supporting the mainstreaming of mental health in our national development agenda.

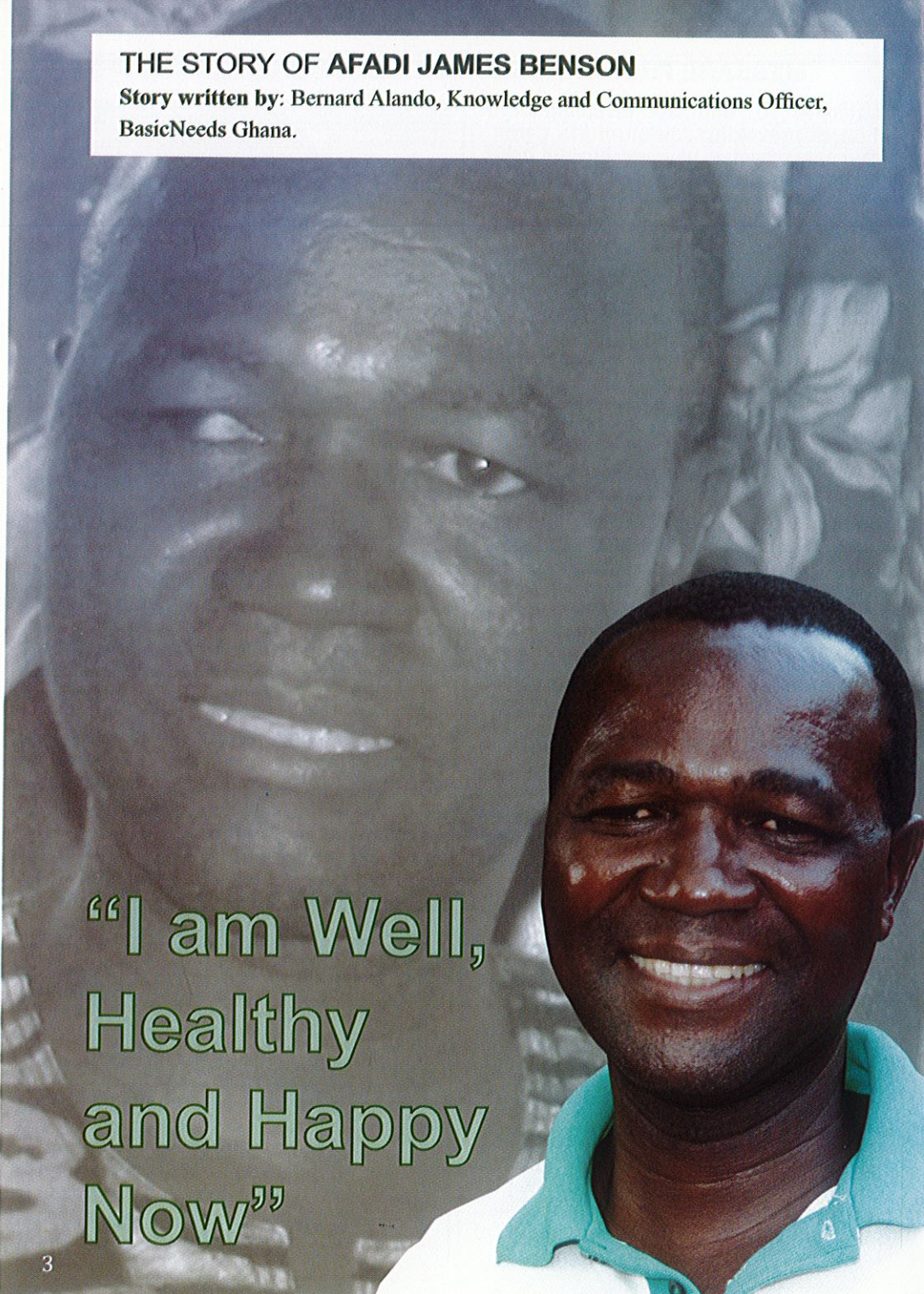
A handwritten signature in red ink, appearing to read 'E. N Gyader'.

Dr. E. N Gyader



## THE STORY OF AFADI JAMES BENSON

Story written by: Bernard Alando, Knowledge and Communications Officer,  
BasicNeeds Ghana.



“I am Well,  
Healthy  
and Happy  
Now”

### Introducing James Benson

Afadi James Benson is a fifty-three year old man living in Tamale, the capital of the Northern Region. James hails from Adedome in the Volta Region of Ghana. Born to the late Kwame Afadi and Madam Georgina Hoziam, James Benson is the fourth of his mother's six children and the sixteenth of his father's thirty children. James speaks Twi, Ewe, Dagbani and English. He is currently an evangelist with the Pentecost International Worship Centre (PIWC) in Tamale.

### A Successful Life - Before Illness

James first came to Tamale in 1968, after the death of his father. He attended St. Charles Minor Seminary School and completed school in 1974. He then moved to Bawku to work at the Bawku Presbyterian Hospital while pursuing his Advance Level Certificate Examination at the Bawku Senior Secondary School. Whilst at the Bawku Hospital, James was sponsored in 1979 by a Dutch doctor, Dr. Kline, to pursue further studies in Holland. However, in 1980, when James visited Ghana on vacation, he experienced his first epileptic fit while sharing a meal with his brother. He was therefore advised not to return to Holland but stay in Ghana and seek treatment.

### A Second Attack

Unable to return to Holland and continue his studies, James got a job with the then State Transport Corporation in 1984 and worked as a clerk until 1989 when he was affected by the company's redeployment exercise.

James gained admission in Kwame Nkrumah University of Science and Technology in 1991 and successfully pursued a three year programme in hydro-geology. He graduated in 1993 and moved to Tamale. In 1993, while in Tamale, James experienced a second episode of epileptic fits. "One day I was conversing with my friends outside our house when suddenly I felt dizzy and fell to the ground. I was rushed to the hospital and when I regained consciousness, I realised I had bitten my tongue several times in the process and also urinated in the cloths I was wearing. After a few hours of rest at the hospital, I was discharged and advised to visit the psychiatric unit for proper treatment, which I did," James narrated.

### An Eight Year Ordeal

However, James' relatives had a different understanding about his condition. "My relatives were very worried about my condition and they took me to several traditional healers for treatment. They believed that an enemy had cast a spell on me. I was taken to see a healer at Saru in Burkina Faso and to another healer at Gulubi near Salaga then to another healer at Dipali, a village near Pong-Tamale, hoping to find a permanent cure for my condition," James continued.

Throughout this period, however, James still took the medication he had received from the psychiatric unit. After innumerable visits to various traditional healers for almost eight years, he decided to stick to the treatment plan of the psychiatric unit.



## A Severe Relapse

James got a job with Terahydro in 1995, but after a few years he experienced severe fits which affected his output at work and resulted in his dismissal.

Between 2003 and 2005, James was sponsored by Bob Steward, a Christian evangelist, to study theology in Indiana State in the United States of America. This sponsorship was under the Alabaster Rural Evangelization Project. "I returned to Ghana in 2005 as an evangelist and a mentor to my congregation – offering counseling and advisory support to people," said James.

In 2005 James experienced severe and consecutive epileptic fits. "I experienced epileptic fits one after another, which resulted in the loss of my eyesight and several bruises all over my body. My vision was later restored through prayers," James said.

## The Stigma of Illness

James disclosed that during the peak of his illness most members of his community who were aware of his condition did not want to associate with him. "Some close friends and family members who were aware I was suffering from epilepsy did not want to get close to me for fear of contracting my condition. They simply avoided me," James said. At fifty three, James is still single. He believes that this is because of his condition. Every lady he starts dating walks out of the relationship upon realising that he has epilepsy.

## An Act of God

James believes that his sickness is an act of God. "One day I was praying and God said to me that His grace is sufficient for whatever I am going through." James believes that illness comes only with the permission of God and not by the powers of man. However, James said his family has a different view about his condition. They believe that his condition was a spiritual attack from their family's enemies who were envious of the progress he was making in life.

## Contact with BasicNeeds Ghana

James said he first came in contact with BasicNeeds Ghana in 2008. He was invited by Madam Felicia, a community volunteer working with the Community Psychiatric Unit of the Tamale Metropolitan Health Directorate, to participate in a meeting of a Self-Help Group, known as 'Alafie Nyela Bimborigu' (translated as 'health is worth searching for').

"Three months after joining the group, I was chosen as a delegate to the Tamale Metro User Association where I was elected Secretary of the Tamale 'Ti bi yihi Tamaha' (translated as 'we have not given up hope') Metro User Association."

"Since my contact with BasicNeeds Ghana, I have benefitted from a lot of training programmes, workshops, meetings and national engagements on issues of mental illness and epilepsy. I am proud and very happy that I am able to contribute my efforts in life this way." James said.



*Benson leading a group discussion during a training on advocacy for district leaders of Self-Help Group in the Northern Region of Ghana.*

## Feeling Well

James says he now feels well. "Sometimes I forget that I am still on medication for the treatment of epilepsy. The medications have become a part of my daily life and I no longer experience fits. I am determined to stay on the medication until the doctors pronounce me sound and discharged."

"I am healthy and happy now," he concluded cheerfully.

## Looking Ahead

Afadi James Benson is now into full-time evangelism with the PIWC Pentecost Church in Tamale. He said he preaches in church and also visits schools and prisons to evangelise. James hopes to set up a piggery in order to have a sustainable source of income. He also hopes to marry and raise a family.

## Epilepsy

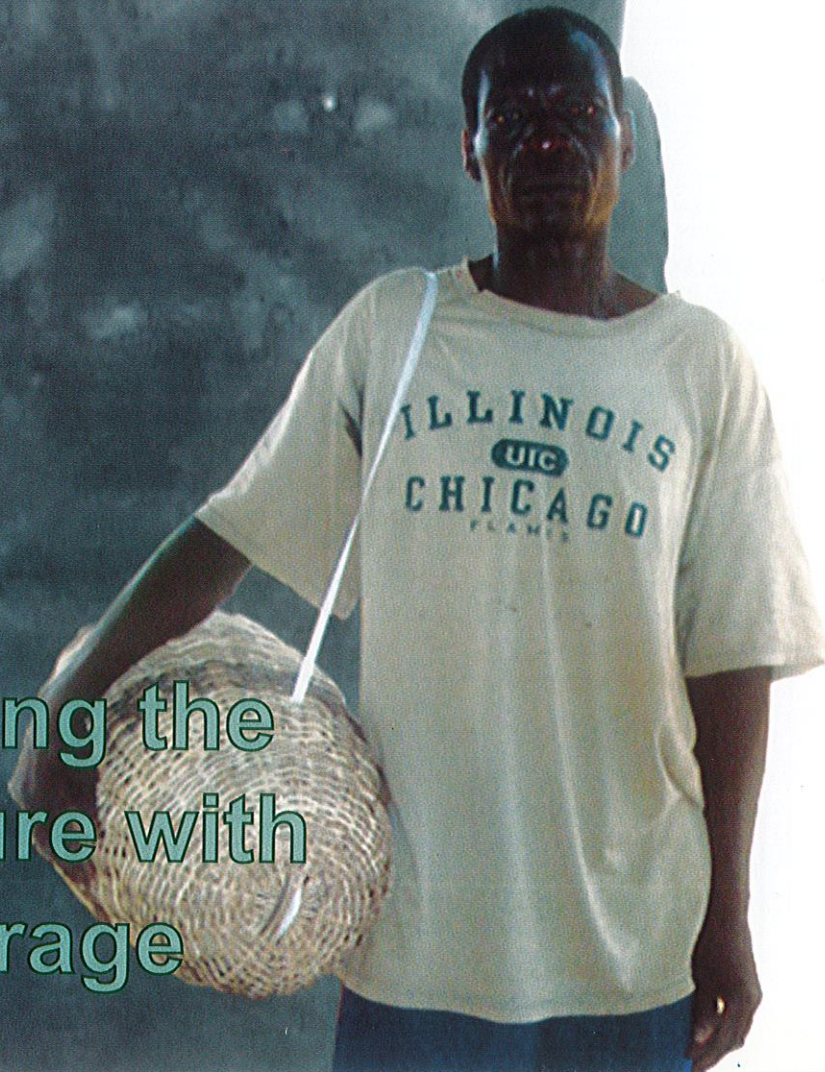
Epilepsy, the most common brain disorder in the general population, is characterised by the recurrence of seizures, caused by outbursts of excessive electrical activity in a part or the whole of the brain. The majority of people with epilepsy do not have any obvious or demonstrable abnormality in the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



## THE STORY OF GBEPUIO TENGAN

Story written by: Anacletus Seeninyin, Assistant Project Coordinator,  
Centre for Peoples Empowerment and Rights Initiative.

# Facing the Future with Courage



### A Story of Interest

I first met with Gbepuo Tengan during a community sensitisation in Babile in 2008, with people with mental illness and epilepsy and their carers. I got information about him from some of the participants at the meeting and that aroused my curiosity to learn more about him. When I called on Gbepuo for an interview in the presence of his cousin, Habibata Abu, Gbepuo was excited and wanted to tell me every bit of his past and present experiences. His cousin, on the contrary, hesitated a bit because she was not sure what Gbepuo's story was going to be used for, but after I explained the purpose of life stories in BasicNeeds' work to her, she was happy to take part in the conversation.

### This is Gbepuo Tengan

Gbepuo Tengan is a humble man in his mid-fifties who has never given up in life. He is cheerful, active and has a positive attitude towards life. Despite the difficult times he has been through, he still holds on to his trade as a weaver of bird cages, from which he earns some income to support his cousin who is now getting weaker than him due to old age. Gbepuo Tengan lives with his cousin in the Zongo area of Babile in the Lawra District of the Upper West Region.

Gbepuo narrates that, "I was a very responsible man happily married to two wives with who we had five children - two boys and three girls". Gbepuo explained that his family responsibilities increased when, according to tradition, he had to assume care of his late brother's two wives and their four children.

### Education cut Short

"I was a brilliant boy in school in the late 1950s. However my mother decided to take me out of school so that I could do farming for her since I was her only son and my father had died. While I was at school, my half-brothers and sisters denied my mother food from the family barn because I was in school and not contributing to work on the family farm. Life became difficult for my mother, and I could not resist her request to discontinue my education and farm for her."

### The Beginning of Illness

"My first experience of the sickness was in 1999 at Bomboti, a village near Bole in the Northern Region of Ghana. It happened one fateful afternoon when I was on my farm. It was a sudden experience. I started hearing the voices of some people in the village of Bomboti speaking to me, directing me what to do and what not to do on my own farm. Even though some of the voices were identifiable, nothing was visible. When I returned home from the farm that very day and turned on my radio, the radio asked me why I took Thomas, a teacher at the Bomboti Junior Secondary School, to the law court. The radio also prosecuted me on three counts and I was found guilty."

"After all the court proceedings over the radio, the judgment was that I would always go strictly by the directives of the radio. For instance, the radio would ask me to lie down flat, to go or not to go to the farm, bathe three or more times on a particular day. In fact, people started



viewing me as abnormal when I was obeying the instructions of the radio.”

“The situation worsened when one day I went to the roadside in search of herbal plants. While I was by the road, somebody in a passing car shouted to me, ‘I have caught you’. After that statement, I started having severe headaches. The headache continued for several days. After sometime when I could no longer bear the headache, I asked my son to give me lorry fare to go back to our native village of Kulura-Babile and seek treatment. On my way home, I bought bread and again heard one of those nagging voices ordering me to eat the bread and that I should not give the bread to the children, but this time I boldly refused to obey the order.”

“When I got to Babile town, I went into a shop to buy soap and I was once again commanded on the radio by J.J. Rawlings, the then President of the Republic of Ghana, not to buy soap. The voice also commanded me not to go to my village but that I should go straight to my uncle’s house at Babile-Tugo and stay there. I again refused to go by the order and went to Kulura, my own village. At Kulura, I was again ordered by an airplane, which was flying over, to do certain things and was told that refusal to comply would lead to severe punishment. For instance, I was asked by the plane to sleep from 6 am to 6 pm in the sun regardless of the strong sunshine. This went on for a very long time. People started shunning my company and made derogatory remarks about me.”

### **I became used to Stigmatisation**

Gbepuo explained that he finally got used to the derogatory remarks and verbal attacks from people and after sometime the remarks seemed to him to be the norm of society. According to Gbepuo, he was openly called a madman even by little children. “I was seen to be more of a madman any time I tried obeying the orders of the airplane. I was restrained by my own family members with chains on my legs and hands and put in a small room for four years. Even in the room, I was being ordered by the airplane to do other things with regard to eating, talking and sleeping. The airplane also told me that I would live for a very long time.”

### **The Stick is my Saviour**

Gbepuo lamented his experience of being chained indoors for four years. According to him, he finally found a stick, which became his saviour. He explained that even though both legs and hands were chained, he used the stick, as a staff, which helped him hop around from one place to the other. With the aid of the staff he went about the village begging for food since he was poorly fed by his family. It was on one such daily rounds that he was spotted by a Community Psychiatric Nurse (CPN), Mr. Kakraba Mensah, who was then conducting a follow-up community outreach clinic in the village, which he later told me was supported by an NGO called BasicNeeds Ghana. Mr. Kakraba visited Gbepuo at home, diagnosed him with psychosis and treated him and recommended that he be freed of the chains. His cousin, Habibata, having heard this and seen

how Gbepuo was suffering, took him to Babile Zongo to live with her so that she could be feeding and caring for him.

### **A Relief from Suffering in Chains**

Gbepuo’s cousin recalled that even though Gbepuo was then staying with her in her own home, he was still in chains. Gbepuo on several occasions complained to her about the chains and appealed that they be removed. So she sought the permission and support of the rest of the family for the removal of the chains, but everyone was reluctant to give approval. She was not discouraged but took the bold decision and first removed the chains from Gbepuo’s legs and observed him for a while. When, after about seven days of close monitoring and observation, she finally felt she could trust Gbepuo, she removed the chains from his hands too. Since then Gbepuo has been free of chains.

### **Diagnosis Confirmed**

From the day the Community Psychiatric Nurse from the Lawra hospital visited Gbepuo to administer the treatment, Gbepuo continued to receive treatment from the Lawra Hospital. It was in the course of such visits that he was informed of the visit of a psychiatrist to the district. Gbepuo was accompanied to the clinic by his cousin to meet the psychiatrist. After the consultations the Psychiatrist confirmed Gbepuo’s earlier diagnosis of having psychosis. He was given medication and encouraged to visit the Lawra hospital every month for a review of his condition and to receive medicines.

According to Gbepuo, “Mr. Kakraba Mensah is very hardworking and patient. I pray that God blesses him for his efforts and for his support in making me what I am today,” Gbepuo says.

### **The Trauma of Mental Illness**

“From my experience with chains, I would like to advise every family to always seek medical treatment from the Community Psychiatric Units for their mentally ill relatives rather than chaining them. I’m free now from mental illness but I am still suffering neglect from my own family. I am currently living with my cousin in another village. I cannot go back home because my family no longer feels proud of me. My wives and children are still alive in my native village, not far from the village in which I live now, but they never bother to visit me. Just as with other people like me, the perception of ‘once mentally ill, always mentally ill’ is being applied to me.”

### **Living in Hope**

Habibata said, “My observation since Gbepuo started treatment shows that he is now mentally stable and appears well, he is even a member of a group of stabilized people with mental illness here in our community. Even though Gbepuo’s condition is stable now, I still ensure that he goes for his medication, because, this was what the Psychiatrist told me to do. He is comfortable staying with me.” Habibata added that though now she is getting old and cannot do much to support herself, Gbepuo is still strong and working hard to support her. She concluded “I am thankful to God for





*Gbepuo in a pose with some cages he had woven ready for sale*

Gbepuo's recovery from mental illness. I am still hopeful of a better future for him even though he is also getting old now."

### Reflections

Gbepuo Tengan is calm, energetic, humble, hopeful and determined. Gbepuo walked out of chains and shackles when Mr. Kakraba Mensah, the Community Psychiatric Nurse made it possible for him to gain access to treatment, with the support of BasicNeeds Ghana. The story of Gbepuo reveals how ignorant people are about mental illness and its management. This ignorance reveals the suffering people with mental illness go through - the abuse of human rights and the erosion of human dignity. Gbepuo is known to have been an industrious

farmer who hoped for success in farming but was struck down by mental illness, which forced him out of his home and family to live in the streets and then with his cousin. Notwithstanding, it did not prevent him from pursuing his dreams. He still hopes to improve and expand his weaving and sale of bird cages, raise money and reunite with his family to start a new life. Despite Gbepuo's isolation from his family, he is determined to face the future with courage because he thinks it is not all over for him and the best is yet to come.

## Psychosis

An acute or brief psychosis appears similar to schizophrenia, which is a more severe form of mental illness, but is different in that it usually starts suddenly and is brief in duration. Thus, most sufferers recover completely within a month and do not need long-term treatment. Brief psychosis is typically caused by a sudden severe stressful event such as the death of a loved person.

The typical symptoms of acute or brief psychosis are

- Severe behavioural disturbance such as restlessness and aggression

- Hearing voices or seeing things others cannot

- Bizarre beliefs

- Talking nonsense, confusion, indecent exposure in public

- Fearful emotional state or rapidly changing emotions, from tears to laughter.

Sometimes, a severe medical illness in the brain can cause acute psychosis. This condition is also called delirium. Delirium often needs urgent medical treatment.

The typical symptoms of delirium are

- Disorientation, the patient not knowing where he is or what time it is

- Fever, excessive sweating, raised pulse rate and other physical signs

- Poor memory

- Disturbed sleep pattern

- Visual hallucinations, seeing things others cannot

- Symptoms that vary from hour to hour, with periods of apparent recovery alternating with periods of severe symptoms.

### Sources:

Foundation and Techniques in Psychiatric Rehabilitation - NIMHANS, Bangalore India. Essential Psychiatry - Edited by Nicholas D.B. Rose  
The World Health Report - 2001



## THE STORY OF MATILDA ADONGO

Story written by: Bernard Alando, Knowledge and Communications Officer, BasicNeeds Ghana.

# A Life of Dignity and Self-Worth

### Too Much to Bear

Matilda Adongo is a forty year old single mother. She lives in Soe, a suburb of Bolgatanga with her three children - Felicity, Eunice and Vincent. Matilda's husband died in 1986 after a short illness and she had to shoulder the full responsibility of bringing up her children all alone. Matilda suffered from severe headache for a long time, which was later diagnosed as migraine by a Psychiatrist at one of the specialist psychiatrist outreach clinics facilitated by BasicNeeds Ghana.

At first sight migraine may not strike the reader as a mental illness and whilst this might be true, diagnostically it can be without doubt very disabling. In a country where such conditions are not easily identified, it is not surprising that it was more easily identified in a BasicNeeds sponsored mental health clinic. Over the years, we have found that many impairments generally associated with the mind are stigmatised in the same way by the community, after all, this is also true for those with epilepsy who often come to our clinics. We thought it interesting to include this life story and to show how once Matilda was more aware of mental health problems more generally how she became a great contributor to the mental health movement in Ghana.

### A Search for Treatment

Ignorance of the causes of mental illness and the inadequate facilities available for the treatment of mental health conditions informs the treatment sources and courses people pursue when they have symptoms of mental illness. For Matilda, an illness like such severe headache was beyond the realm of mental disorders. "I was sick with a headache I have had for a long time. This is not a sickness that one needs to see a specialist for or should feel shy or hide away from the public about, but when I started behaving and talking incoherently and keeping to myself, I realised the sickness was more than just a headache."

"My sickness first started with symptoms of malaria in 1995". Malaria is a common illness in Ghana, easily recognisable and usually the first suspected illness with someone until discounted by further investigations. Matilda further recounted, saying, "I went to the hospital for the treatment of malaria several times without finding a lasting solution for it. So I turned my attention to pursuing traditional healing. I visited about six traditional healers within a year but did not get any favourable results. Most of the healers demanded a lot fowls, guinea fowls, goats, sheep and money from me without me finding the cure so much wanted. This left me frustrated and poor."

"One day, I heard some neighbours discussing the availability of treatment for mental health conditions at the psychiatric unit of the Bolgatanga Regional Hospital. I inquired further and they directed me to the unit. I visited the unit the following day and was attended to by the Psychiatric Nurse, Mr. Issifu Tawah. The nurse diagnosed me with migraine and gave me medications to take for one month. My headache reduced considerably after that. In 2007, my condition was confirmed by a psychiatrist at an outreach clinic organised by BasicNeeds Ghana in the Bolgatanga Hospital."

### Life Becomes Difficult

Before Matilda's illness she lived a normal happy life as a petty trader. She said, "I was a trader and lived a normal life with my friends and family. I had no problems. Business was good and my children were very happy together."

When her sickness became severe, life became difficult. She said, "I could no longer concentrate on issues and so could not carry out my trading business. This affected my family's income. My children had to take up the trading and some piggery I was engaged in along with their schooling. This was a lot of work for them. During these hard times, some of my



friends supported me while others just ignored me to suffer my fate. Some of my relatives felt I was mentally ill and did not want to associate with me, but my children and some other close relatives kept on encouraging me not to give up hope. This was what urged me on to recovery."

### **BasicNeeds Ghana enables me regain my life**

"I first heard about BasicNeeds from officials of the Programme for Rural Integrated Development (PRIDE) at the Bolgatanga Hospital. The officials brought those of us receiving treatment at the hospital together to share ideas on our condition and think of ways in which we can help one another. They encouraged us to form groups in our various communities and meet regularly so that we can help each other. We formed a group and called it 'Yintel Ti' (translated as 'God support/help us') Self-Help Group. Through our meetings we learnt that BasicNeeds Ghana was the organisation supporting the treatment that we were benefitting from. At one of our meetings, I was elected Secretary of the group," Matilda narrated.

### **Belonging to a National User Movement**

"My group in Bolgatanga is represented at the district user association of the Bolgatanga Municipal and is as well part of a national mental health and epilepsy service users group called the Mental Health Society of Ghana (MEHSOG). At the community level our concerns are raised at the Municipal Assembly by a group of representatives of the various SHGs in the Bolgatanga municipal area. Under the umbrella of MEHSOG, we are able to come together from the different parts of Ghana to share ideas, take decisions and advocate for the improvement of unfavourable national policies affecting us. Through my involvement in the group, I have benefitted from various trainings, met and interacted with high profile personalities and taken part in important decisions affecting people with mental illness or epilepsy.

For instance I was part of my district association's decision to engage with the Bolgatanga Municipal Assembly on how people with mental illness and epilepsy can access the 2% of the District Assembly Common Fund allocated for persons with disability. All this has increased my self-worth," Matilda said cheerfully.

### **Life Now**

Matilda now feels well, happy and capable of doing anything she wants to. "People no longer say I am mad. I feel good about that. In my group I am the Secretary and we respect each other a lot. Everyone is equal and very important to one another. I feel happy with the group. I am also back to doing my trading and rearing of my pigs. Right now, I have twelve pigs in my piggery, which makes me comfortable and happy because I can take care of my children in school."

### **Future Plans**

Matilda hopes to be able to give her children the best education possible, so that they are able to, in turn, take care of her. She said, "Currently, all my children are doing well in school. Felicity has just completed Senior High School and is awaiting her results. Eunice is in Junior High School form three and Vincent is in Primary class three. I am confident that they will all succeed."

### **Matilda's Reflections**

"My illness is treatable and should not be hidden because I am now well. I still take my medications though. I will continue to take them until the psychiatrist tells me to stop. The medication is very good. If I knew about this earlier I would not have suffered from the illness for such a long time," Matilda concluded.

### **Conclusion**

Ignorance, lack of access to treatment and stigma characterised Matilda's experience

with mental illness. She is one of over 20,199 men, women and children under

treatment as at June, 2012, who are all receiving regular treatment support.

## **Migraine**

A migraine is a common type of headache that may occur with symptoms such as nausea, vomiting, or sensitivity to light. In many people, a throbbing pain is felt only on one side of the head.

Some people who get migraines have warning symptoms, called an aura, before the actual headache begins. An aura is a group of symptoms, including vision disturbances, that are a warning sign that a bad headache is coming.

### **Causes**

Migraine is caused by abnormal brain activity, which can be triggered by a number of factors. However, the exact chain of events remains unclear. Today, most medical experts believe the attack begins in the brain, and involves nerve pathways and chemicals. The changes affect blood flow in the brain and surrounding tissues.

Alcohol, stress and anxiety, certain odors or perfumes, loud noises or bright lights, and smoking may trigger a migraine. Migraine attacks may also be triggered by:

- Caffeine withdrawal
- Changes in hormone levels during a woman's menstrual cycle or with the use of birth control pills
- Changes in sleep patterns
- Exercise or other physical stress
- Missed meals
- Smoking or exposure to smoke

### **Symptoms**

Vision disturbances, or aura, are considered a "warning sign" that a migraine is coming. The aura occurs in both eyes and may involve any or all of the following:

- A temporary blind spot
- Blurred vision
- Eye pain
- Seeing stars or zigzag lines
- Tunnel vision

Other warning signs include yawning, difficulty concentrating, nausea, and trouble finding the right words.



## THE STORY OF FRANCIS KUUBILLA PII

Story written by: Bernard Alando, Knowledge and Communications Officer, BasicNeeds Ghana.



“Oh, What a World!”

Photogra

### Unshackled and Free

Francis Kuubilla Pii is a Forty year old primary school teacher from Asonge Pii near Zuarungu in the Upper East Region of Ghana. Francis was diagnosed with substance induced psychosis caused by his use of Marijuana. Due to his aggressive behaviour and his family's inability to afford twenty Ghana Gedis (about £11) for his treatment his leg was pinned to a log to prevent him from causing harm to himself, people and property. When Francis was discovered by BasicNeeds Ghana in November 2010 and upon meetings and negotiations with his family, his leg was unshackled and he walked out a free man once again and within a few months returned to the classroom to teach, a profession that mental illness had forced him to abandon for close to two years.

### From a Troubled Marriage to a Troubled World

Francis said his mental illness first started in 1996 as a result of a troubled marriage. He was then teaching at the Baptist Primary School in Bolgatanga. “I married my first wife in 1993 after I graduated as a trained teacher from the St. John Bosco's Teachers Training College Education. This was a very joyous moment in my life. A two years into the marriage she became pregnant with our first child. Our joy knew no bounds and the love that we shared in our relationship grew stronger. However, Awine, my wife suddenly started becoming unusually troublesome and verbally abusive towards me. She no longer appreciated anything I did for her

and always nagged. We quarreled almost every day and night and she constantly disgraced me in public. I became a very worried man, always thinking about my troubled home. This was noticed by my friends, and they advised me to smoke a little Indian hemp[marijuana] to clear away my worries.” Francis followed this advice. This decision was the beginning of Francis' ordeal. “I did not only become an addict to Indian hemp but also a distributor. I used to smoke it with my friends at the Tanzue hills, a suburb of the Bolgatanga township. I made a lot of money from the business. When most distributors ran out of stock in Bolgatanga I always had enough, because I took my supplies from Tumu in the Upper West Region.” Francis recounted.

### A Noticeable Change in Behaviour

In 1996, Francis' friends and business partners, who were referred to as 'AERAY MEN', noticed that Francis was becoming increasingly talkative and unusually temperamental. They advised him to reduce smoking Indian hemp, but he failed. This gradually turned him into an aggressive person and he neglected his personal hygiene. He asked his wife to leave their house and then took his child and returned to Asonge Pii, his native village, by foot. Asonge Pii is about eleven kilometres from Bolgatanga. Francis regularly threatened to harm his siblings when they provoked him. He also usually left home for days without informing anybody. Noticing such unusual behaviour, his late brother took him to Ankaful Psychiatric Hospital in the Central Region of Ghana, where he was treated and discharged.



His condition resurfaced in 2009 when he started smoking again and this time he showed visible symptoms of mental illness. He started killing his own fowls and goats indiscriminately. His explanation was that he was performing some traditional rites for protecting himself against his enemies. He left his house to live in the village market square because he claimed he did not feel safe at home. Francis recounted that, "I decided to go and stay in the market square because my family members did not like me. They complained about almost everything I did in the house."

### **Bound to a Log**

Francis was forcibly taken home to undergo traditional treatment. The healer who was consulted was from the village of Pelungu, about nine kilometres from Francis' village. He bore a hole in a huge log and forced Francis' right leg through it. The healer also forced a metal rod through one half of the hole to prevent Francis from removing his leg from the log. This, Francis' cousin, Baba Pii, explained, was done by the healer to prevent Francis from wandering away and to aid his speedy recovery.

The practice of pinning aggressive people with mental illness to logs, according to the family of Francis, is common in the area. It is believed that this practice calms mentally ill people who exhibit aggressive behaviours. They say it also prevents the persons with mental illness from causing harm to themselves and others around them. It is also believed that the log contributes to the healing of the patient and until the spiritual

healer who has put it in place removes it, no one is allowed to do so. Baba Pii explained that, "The traditional healer who was contacted to pin Francis' leg to the log warned the family that anyone who removed it without his permission would incur the wrath of the gods. Due to this warning, no one was willing to help Francis out of his predicament."

### **BasicNeeds Brings Relief**

BasicNeeds Ghana came in contact with Francis in November 2010 when BasicNeeds initiated a project to document the living conditions of people with mental illness to raise awareness about the neglect and abuses that people with mental illness suffer in their homes and in some of the institutions of care. It was also to document good practices that should be encouraged for better mental health care. Francis was discovered during the photo-shooting exercise, after spending nearly one and a half years pinned to a huge log in his home in Asonge Pii.

The Community Psychiatric Nurse of the area, Mr. Subsar Taawele together with the Circuit Supervisor of the Ghana Education Service responsible for the circuit in which Francis' home was located, Mr. Samuel Atia, led us to Francis. The Community Psychiatric Nurse said "Francis needed twenty Ghana Cedis (GH¢20.00), about £11, to buy a long-acting injectable drug to stabilize his condition before he could be provided with tablets of psychotropic medicines. The oral medications are supplied free of charge by the Ghana Health Service. However, since his family could not afford

the money for the long-acting injectable drug, the unit could do very little to help."

The BasicNeeds team, touched by Francis' plight, offered the GH¢20.00 to the Community Psychiatric Nurse to commence treatment. BasicNeeds Ghana and the Talensi/Nabdram District Education Office then supported the rest of Francis' treatment to bring him back to complete stability.

### **A Friend in Need is a Friend Indeed**

Francis describes Samuel Atia, his friend, as more than just a friend. "This man is the reason for my being well today. He has been with me all through my illness, even when my family lost hope of treatment, deserted me and left me to rot. I pray that God blesses him and grants him a long life." Samuel Atia said he knew Francis way back at St. John Bosco Training College. They were then together in the school Cadet Corps and were very good friends, even though Francis was a year junior to him. "We did a lot of things together then. We used to train and study together even though we were at different levels. After school we served in different places, but when I was posted here as Circuit Supervisor our friendship came back to life. When Francis became ill, I felt it was my personal responsibility to support him to get better. I had a very tough time dealing with the family, especially when they decided to pin his leg to the log. I am very happy that my friend is back to a normal life."

With Samuel Atia's support Francis has now been transferred to a different school, Dagliga Primary School in

Dagliga, about three kilometres from his village, near enough for Francis to remain home and commute to and from school rather than go back to Bolgatanga where he got involved in smoking of marijuana. Mr. Samuel Atia also said this is to avoid Francis being ridiculed by some children from his previous school who saw him during his illness.

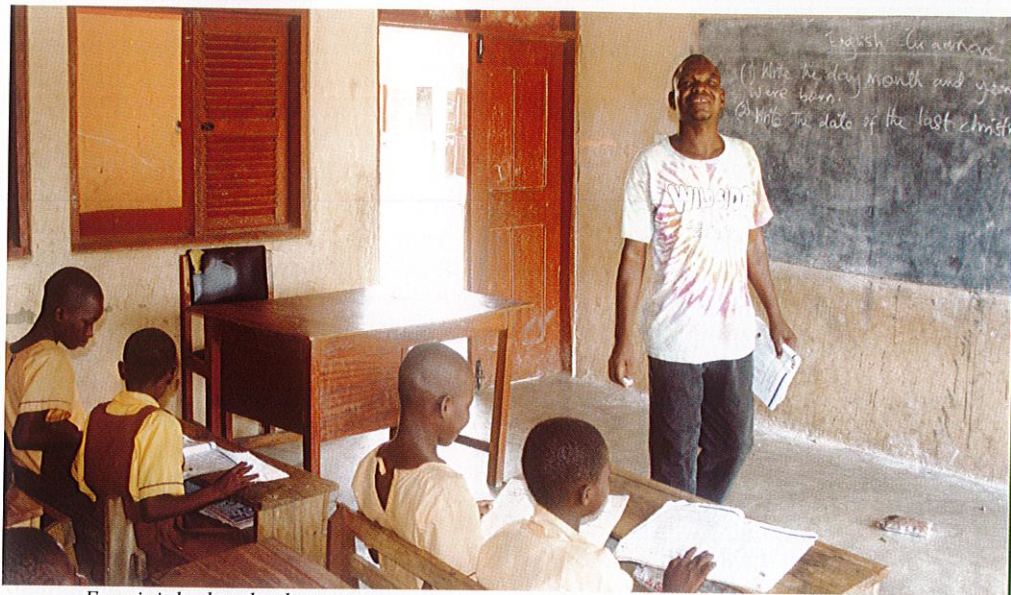
### **Life Transformed**

Narrating his ordeal, Francis said "I felt very sad, neglected and abused, having my leg pinned to a log like an animal. It did not feel like home to me. I felt immeasurable pain from the weight of the log, especially whenever I wanted to reposition myself. It is unthinkable that my own family could not stop for a minute to reflect on how I slept on the bare ground with my leg in the log. How about the fact that I passed urine and faeces on the very ground where they served me food to eat? Oh, what a world! I am thankful to my friend Samuel, but it is BasicNeeds that brought me my transformation. But for you, I possibly would have been dead today."

### **A Future So Bright**

Francis said he is so happy that he is well now and that he is living happily with his current wife and children. His focus is now on rebuilding his life from where he left it. "I am happy that my current wife is still with me. I am back to the classroom as a teacher and my wife is helping me cultivate our small piece of land in front of our house. Together we shall regain our dignity," Francis said.





*Francis is back to the classroom*

His current wife, Yaa Kuubilla, who stood beside him through his illness said, "I am happy that my husband is well again. We plan to rebuild our family. We shall have a few more children and then concentrate on caring for them."

### Reflections

The story of Francis Kuubilla Pii brings to light the transformation that can occur in the lives of many people with mental illness and epilepsy, if government pays attention to that sector and donors increase their investment in the provision of basic mental health care facilities and medications and in public education. The results undoubtedly will be tremendous. With just GHS¢20.00 for the purchase of long-acting medication, and the subsequent provision of the right treatment, Francis was able to leave behind the huge log in which his leg was

pinned into and walked free into the classroom where he is currently working as a professional teacher. Your guess is as good as mine - how much Ghana is losing to mental illness, how much people like Francis could contribute to the development of their families and communities but are unable to do so, and how many people are left to their fate due to lack of access to proper mental health care services.

## Substance Induced Psychosis

Substance-induced psychotic disorder is categorized based on whether the prominent feature is delusions or hallucinations. Delusions are fixed, false beliefs. Hallucinations are seeing, hearing, feeling, tasting, or smelling things that are not there. A substance-induced psychotic disorder that begins during substance use can last as long as the drug is used. A substance-induced psychotic disorder that begins during withdrawal may first manifest up to four weeks after an individual stops using the substance.

### Causes and symptoms

A substance-induced psychotic disorder, by definition, is directly caused by the effects of drugs including alcohol, medications, and toxins. Psychotic symptoms can result from intoxication on alcohol, amphetamines (and related substances), cannabis (marijuana), cocaine, hallucinogens, inhalants, opioids, phencyclidine (PCP) and related substances, sedatives, hypnotics, anxiolytics, and other or unknown substances. Psychotic symptoms can also result from withdrawal from alcohol, sedatives, hypnotics, anxiolytics, and other or unknown substances.

Following are some criteria necessary for diagnosis of a substance-induced psychotic disorder:

- Presence of prominent hallucinations or delusions.

- Hallucinations and/or delusions develop during, or within one month of, intoxication or withdrawal from a substance or medication known to cause psychotic symptoms.

- Psychotic symptoms are not actually part of another psychotic disorder (such as schizophrenia, schizophreniform disorder, schizoaffective disorder) that is not substance induced.

- Psychotic symptoms do not only occur during delirium.



## REFLECTIONS

Ghana's mental health advocacy is at an all-time high! The new mental health Law has become reality due to the untiring efforts of BasicNeeds, leading mental health professionals of Ghana, and many other civil society groupings. Of particular mention is the national mental health user and carer movement that has been encouraged and supported to actively make their voices heard in campaigns for the passage of the mental health Bill into Law. It is for this reason that BasicNeeds find the stories told by individuals of their experiences with mental health to be powerful testimonies for inclusion of disadvantaged and marginalised persons with lived experiences of mental illness or epilepsy in decision-making and community development processes. BasicNeeds has not only made it possible for men, women, boys and girls with mental illness to gain treatment for their illness conditions but has created the enabling environment for them and their carers and families to express themselves and aspire as everyone else.

BasicNeeds has not spared its efforts to make mental health the issue to address in poverty eradication programmes and policies locally, nationally and the global level. The increasing inclusion of stabilised people with mental illness or epilepsy in skills training and in the establishment and operations of micro-enterprises has brought to the fore the resilience and potential of persons who have experienced mental illness or epilepsy. It is gratifying that the modest number of over 1500 people with mental illness or epilepsy that BasicNeeds Ghana supported to register with the mutual health schemes of National

Health Insurance Scheme (NHIS) in their communities and districts have been widely emulated in good measure. The previous resistance of many of the health insurance scheme managers has now given way to people with mental illness or epilepsy registering, sometime as indigents, in good numbers. Now almost all the inmates of the three psychiatric hospitals have now been registered to benefit from free treatment services of their physical conditions. Similarly, it is commendable that the Mental Health Society of Ghana (MEHSOG), the national mental health service user association, embarked on calls for persons with mental illness to register to vote in the coming national presidential and parliamentary elections. It is our hope that soon, nothing will bar them from standing to be voted for. Interestingly, this has made people registered under the NHIS and the national voters register to acquire two important national identity cards. This establishes their unquestionable national identity, hence their undeniable rights to all public goods and services.

BasicNeeds will continue to pursue such initiatives that increase avenues for persons with mental illness or epilepsy and their primary carer-givers to satisfy their basic needs and exercise their basic rights. BasicNeeds will work with others to influence government and other actors to fashion and implement such legislation and policies to increase access and quality of services to them, a means to a secure livelihood, and a generally good quality of life.

Yaro, Badimak Peter  
**Executive Director, BasicNeeds Ghana**





BasicNeeds Ghana  
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