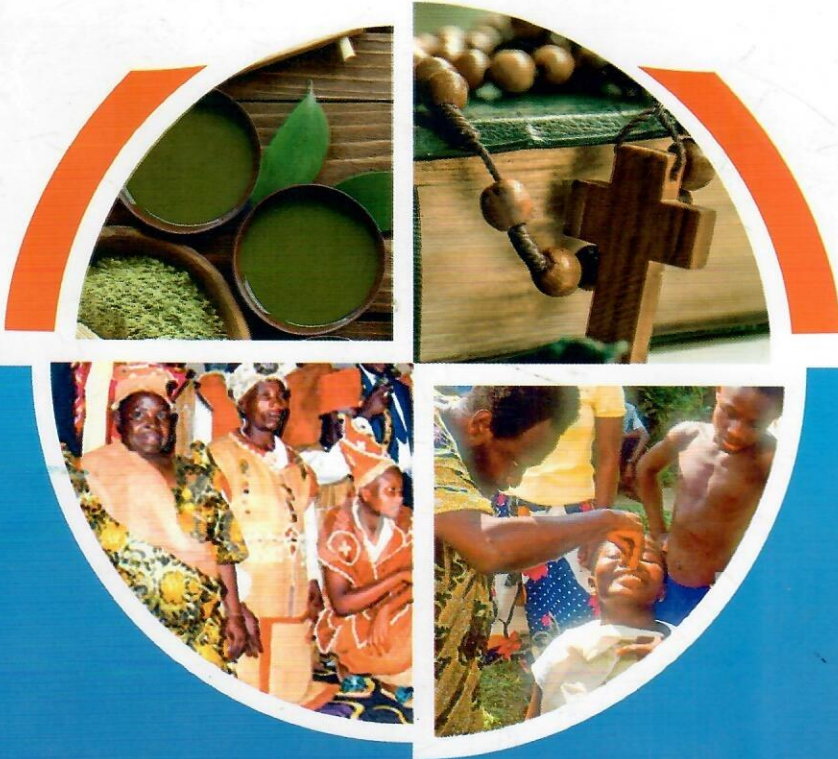




MENTAL HEALTH AUTHORITY



Guidelines for **TRADITIONAL & FAITH BASED HEALERS**

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FOREWORD

Mental health practice in Ghana involves many stakeholders who work to restore functional mental health to persons with mental illness.

The Government of Ghana has enacted the Mental Health Act, 2012 (Act 846), which recognizes the involvement of orthodox and non-orthodox workers in the field, to be regulated by the Mental Health Authority. The Act recognizes the Faith Based and Traditional Healers as the main non-orthodox practitioners in the field of mental health. Mental Health Authority has developed these Guidelines to ensure that persons providing care and receiving treatment in facilities set up for that purpose, do so in an acceptable way that does not compromise the dignity and human rights of clients. The Guidelines will improve the care that we give to persons with mental illness in the country.

The Guidelines have been developed to prevent practitioners from disregarding the fundamental rights enshrined in the Mental Health Act, a situation that has been the concern of the Authority and many others. The contents of the Guidelines have been drawn from the Act and elaborated in lucid language for the understanding of those working with persons with mental illness. Until the Guidelines are translated into the local dialect it is our hope that for those who have challenges understanding the English language, appropriate arrangements will be made to help them to be abreast with the contents.

The Guidelines should be adhered to by all practitioners in the field of mental health to prevent legal actions against those who will work contrary to the contents of the Guidelines. The visiting committees are expected to use this document as their check list

as they visit facilities on behalf of the Mental Health Authority.

Prof J. B. Asare

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Mental Health Authority.

Preamble

The **Mental Health Act, 2012 (Act 846), (section 3m)** enjoins the **Mental Health Authority** to regulate the practice of **Traditional and Faith-based healers** working with persons with mental illness, in collaboration with TMPC. There have been concerns with regards to the inhumane treatment meted out to clients in some of these unorthodox facilities. The Authority has developed these Guidelines for the operations of unorthodox practitioners in mental health in Ghana in collaboration with other key stakeholders.

The Guidelines are in consonance with the provisions of the **Mental Health Act, 2012 (Act 846)**. It is the hope of the Board, that these Guidelines will strengthen the collaboration with Traditional and Faith-Based Centers and monitoring of human rights activities in all such facilities.

Inventory of Traditional and Faith-Based Healers with the Authority

Traditional and Faith-Based Healers working in mental health shall be known to the Mental Health Authority through an inventory. These practitioners should be registered with the Traditional Medicine Practitioners Council (TMPC). The Mental Health Authority (MHA) shall liaise with the Traditional Medicine Practitioners Council (TMPC) for the list of Traditional and Faith-Based Healers yearly. In addition to this list, the Mental Health Authority shall have a list of Traditional and Faith-Based Healers who are not registered with the TMPC.

Housing

Housing for the purposes of mental healthcare in a traditional and faith-based center shall be in accordance with the following:

- a. Living accommodation for the premises shall be roofed and walled/ fenced to ensure privacy.
- b. There shall be provision of separate accommodation for

men, women and children with adequate bedding for each client.

- c. Accommodation shall be reasonably free from congestion
- d. The environment shall be adequately aerated and illuminated.
- e. The environment shall be hygienic and safe.
- f. There shall be provision of storage for client belongings .

Utilities

Utilities shall include but not be limited to the availability of:

- a. Potable water.
- b. Adequate provision for safe, hygienic toilets and bath facilities that guarantee privacy.
- c. A bore-hole/well, where necessary, shall be constructed in accordance with relevant planning regulations and must not be situated near a sanitary or refuse site.
- d. Veronica buckets for the purpose of hand washing by all those who use the facility (staff, clients and care givers) in the absence of running water.

Clothing

Clothing for a client shall be decent and a joint responsibility of client, care-givers and the centre.

Feeding

The feeding of the client shall be the joint responsibility of the client, care-givers and the centre.

Clients in such a facility shall:

- a. not to be denied food or subjected to starvation or forced fasting.
- b. be fed at least three (3) times a day with nutritious meals.
- c. be entitled to receive supplementary food from other sources if they so wish and is necessary, provided it does not interfere with their treatment and client is already

- d. informed.
- d. be provided with a special diet where necessary

Safety and security

All traditional and faith-based centers shall:

- a. Provide services in a safe and secure environment that is safe from rodents, reptiles, mosquitoes and other insects, among others.
- b. Keep all hazardous objects out of reach of clients (e.g. sharp objects, harmful chemicals, ropes, etc.)
- c. Be situated at an adequate distance from refuse and sewerage disposal sites as prescribed by district assembly by-laws.
- d. be free from offensive smell and odour
- e. provide security for the safety of clients at the Centre
- f. provide doors and locks for safety and security purposes in the accommodation.
- g. have an evacuation plan in case of an emergency .

Training

1. Staff of traditional and faith-based centers shall be given training on:
 - a. mental health care as prescribed by the Mental Health Act, 2012 (Act 846)
 - b. The Guidelines for traditional and Faith-based healers in mental healthcare
 - c. any other topic that the District or Regional Coordinator for Mental Health may arrange
2. Training of Traditional and Faith-Based Healers on mental health care shall be provided by the Mental Health Authority in collaboration with relevant stakeholders.
3. Operators of Traditional and Faith Healing Centres shall ensure that the healers and their staff receive training as in (2) above at

least once in a year.

Human rights and dignity

To secure the dignity and fundamental human rights of clients at traditional and faith-based centers, the centre, its staff and caregivers shall, without limiting the provisions of sections 54 and 55 of the Mental Health Act, 2012, (Act 846) ensure the following:

- a. freedom from forced, unremunerated or inadequately remunerated labour or other forms of exploitation
- b. freedom from cruel, inhuman and degrading treatment such as flogging, restraint in chains, shackles and others
- c. freedom from forced marriage
- d. freedom from sexual harassment, rape and indecent assault
- e. freedom from discrimination
- f. freedom from forced confessions
- g. a client shall not be forced to adopt the religious belief of the healer or any other person by virtue of being a client there. The client's fundamental right to belief must be respected
- h. The client shall have the right to confidentiality

Abolition of chaining and caging

Traditional and Faith Based Healers are to note that:

- a. Chaining, shackling and caging are abolished
- b. A client shall not be restrained in chains, shackles, logs, ropes or any other material or object that is injurious to the person
- c. A client shall not be put in a cage
- d. A soft cloth, bedsheet or blanket may be used to restrain an aggressive or violent client who requires to be transported on referral
- e. By section 48 (3) of the Mental Health Act, 2012 (Act 846) a person with mental illness in an emergency situation may, when necessary and inevitable, be kept at a Traditional and

Faith-Based Healing Centre for not more than forty-eight (48) hours pending transfer to a mental health facility. If there is the need to restrain such a person it shall be in accordance with (a), (b), (c) and (d) above.

- f. Any violation of this principle of abolition of chaining, shackling, roping or caging shall be liable to persecution according to section 94 of the Mental Health Act, 2012 (Act 846)- both the healer and the care-giver shall be prosecuted.

Record Keeping

Each Traditional and faith-based healer shall:

- a. Take personal data of each client (including name, age, sex, marital status, traceable address, occupation, and telephone number) and significant others including at least two family/ care-givers and an opinion leader of the community where the client resides if necessary
- b. Take and keep clinical records of each client
- c. Keep records of incidents including adverse events, restraints and unusual happenings e.g. aggression, self-harm, etc.
- d. Ensure that all deliveries (births) by clients at the facility are recorded and reported at the Births and Deaths registry
- e. Ensure that records of all discharges and referrals are available to the visiting committee
- f. Ensure that all deaths of clients at the facility are recorded and reported to the Police
- g. Ensure that these records are available for assessment by the Visiting Committee and the District or Regional Mental Health Coordinator
- h. Uphold confidentiality of all records

Visits by Visiting Committee

A facility may be visited by a Visiting Committee of the Mental Health Board with or without prior notification, in accordance with the Mental Health Act, 2012, (Act 846)

Miscellaneous

Traditional and faith-based centers shall note:

- i. In an emergency situation in accordance with section 97 of the Mental Health Act, 2012 (Act 846), client shall not be kept for a period exceeding forty-eight (48) hours. The TFBH must make referral arrangements to the nearest orthodox health facility
- ii. The traditional and faith-based healer must make immediate referral arrangements to the nearest orthodox health facility in the following cases:
 - a. Suicidal/ Homicidal Clients (persons who have threatened or attempted to kill themselves or others)
 - b. Severely ill Clients (e.g. an unconscious Client)
- iii. In the event of doubt on any client the healer is encouraged to consult the nearest orthodox facility or District or Regional Mental Health Coordinator

Glossary

'Veronica bucket'

This is a bucket with a tap fixed at its bottom for outlet of water instead of fetching with a cup through the lid of the bucket.

'Emergency'

Emergency is where a person's mental disorder requires to be quickly addressed when there is a high risk or imminent danger of the condition seriously deteriorating or of the person causing personal harm, harming others or property [section 97 of Mental Health Act, 2012 (Act 846)].

Traditional and Faith Based Healer

'Traditional healer' is a practitioner of traditional medicine in the context of WHO's definition of Traditional medicine as "the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." 'Traditional medicine': Definition, World Health Organization, 2008-12-01.

Such a healer may use rituals, incantations and divinations in accordance with a belief system to bring healing or supposed healing to a person with mental illness.

A faith-based healer is a healer who relies on prayers and/or religious beliefs and practices to bring about healing in a person with mental illness.

Orthodox mental health facility

They are facilities that provide scientific based mental health care.

Unorthodox mental health facility

They are facilities that provide non-scientific based mental health

care.

Visiting Committee

This refers to a team that collaborates with other agencies to ensure that the rights of persons with mental disorder within the community are protected.

District Mental Health Coordinator

This refers to an individual appointed by the Board of MHA who is responsible for the execution of policies and coordination of mental health activities at the district level.

Regional Mental Health Coordinator

This refers to an individual appointed by the Board of MHA who is responsible for the execution of policies and coordination of mental health activities at the regional level.

Traditional Medicine Practitioners Council

This refers to a body for the traditional medicine practitioners.

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