

FINAL REPORT OF PROJECT UNDERTAKEN BY MINDFREEDOM GHANA

Introduction :

On November 30, 2006, the Department of Mental Health and Substance Abuse, World Health Organization (WHO) approved a grant of USD 5,000 (Five thousand United States Dollars) to MindFreedom Ghana to undertake a Project titled *“Exposing Human Rights Violations Suffered By Persons with Mental Disorders At Spiritual Camps & Shrines In Ghana.”*

This followed the submission of proposals in respect of the project which was occasioned by the human rights infringements and various indignities suffered by persons with mental disorders at spiritual camps and shrines where they are dragged to for treatment and also exorcism of supposed demonic influences. These sadly are against the background of relatives and friends not wanting to send their relations and friends to the psychiatric hospitals for effective treatment.

Considering these as an affront to the patients’ dignity and human rights, MindFreedom Ghana (MFGh) stepped in to lead a crusade in exposing such acts via a documentary to among others prepare and produce an initial stage of educational and advocacy materials concerning the problems mentioned herein.

Agreement For Performance of Work:

Upon receipt of information of the grant approval with the Agreement for Performance of Work attached, MFGh noticed that there was non-correlation of some portions of the action plans outlined in our proposals and that of WHO’s Agreement.

These pertained mainly to some clauses in WHO’s Agreement which our proposals’ budget did not originally cater for.

MFGh promptly drew attention of WHO to these and they were subsequently amended via a letter dated December 20, 2006 with reference number MSD.

Following MFGh’s signing of the Agreement and Letter of Amendment coupled with completion of banking details on January 15, 2007, WHO subsequently transferred the initial payment of USD 2,500 on February 01, 2007 for commencement of the Project.

Plan Of Action :

Prior to commencement of the Project, MFGh had made fact-finding visits to some spiritual camps and shrines located on the outskirts of Accra and beyond. It emerged that most of those in charge of these places were either reluctant to open up or on their operations or simply refused access to patients in their custody.

Apparently they displayed skepticism and apprehension about MFGh’s intention to assist in publicizing the plight of mentally ill persons under their roofs. In the light of this situation MFGh had to inveigle those in charge to eventually accept that our documentary was primarily meant to bring their activities to the fore and ultimately help improve conditions at their camps.

Furthermore it would greatly assist in rehabilitating the patients whose conditions had become better.

Within this plan of action, some MFGh members joined the congregation at the church of these spiritual camps and were able to extract information about the number of patients on 'admission', conditions prevailing, treatments administered and other related information. Furthermore it became possible for our members to interact with some family members and carers of the patients at the camps. Through these, they were able to know the social and professional backgrounds of the patients on 'admission', conditions that precipitated their mental problems, whether any treatment had been received at the psychiatric hospitals and other relevant information.

Much as we tried to get some shrines where mentally ill persons had been taken to, we could not get any. Many of the shrines we sourced did not have any patients there. Information we got was that for quite sometime now due largely to Godly beliefs, mentally ill persons are not sent to the shrines but rather the spiritual camps.

Scope Of Work :

Following the underground work done by our members and being able to elicit the consent of two of the camps which paved the way for the production crew to move in to commence work on March 09, 2007.

At these camps, the production crew covered scenes of some mentally ill persons chained under trees with no mats or beds to sleep on. There was a makeshift bed for one of them made of wood with no cloth or bed spread on it. There were three females and four males at the time of the coverage.

All those covered were either sitting or lying on the bare ground in the sand. Some of them wore no shirts but had either trousers or shorts on. We encountered three females and four males in these worrying situations who looked very unkempt with some having sores on certain parts of their bodies especially on the feet and arms

From what we gathered, all of them were left to sleep outside in the chains at night. In these dehumanizing conditions, they had to pass urine or defecate at the same place when nature called. According to their relatives and the camp operators, they were taken into specially built dormitories anytime the rains showed up or it began to rain.

Claims of some of them becoming violent and uncontrollable were narrated which we learnt sometimes resulted in them being subjected to beatings and deprivation of food for a period of time.

In a bid to extract information from the patients about their conditions to test their cognitive abilities, it proved that they were totally oblivious of whatever was happening at where they were and the condition they found themselves in. Suffice it to say that from all indications they were mentally sick.

Following information obtained about those in charge, it was made known among others that situations that precipitated their mental illnesses were marital, work & family related pressures, alcohol abuse and maternity complications.

On the part of the survivors, we were able to interview eight of them who had different stories that brought about their mental problems and how they felt upon realizing their situations when they started getting better.

We gleaned from interviews that most of them felt ashamed that they had had to undergo such degrading and harsh situations to come thus far from their mental problems.

It is pertinent to mention that almost all the survivors and carers of patients there disclosed that at the onset of their respective mental illnesses, they were admitted and treated at the psychiatric hospitals. But not feeling satisfied with the treatment given and largely being influenced by others, they decided eventually to seek divine intervention at the camps.

The number of survivors and carers interviewed at the camps was eight among who were two males and six females.

On the conditions at the camps, MFGh covered scenes of makeshift structures where the survivors and carers put up, with no malaria or other diseases preventive measures such as door and bed nets or insecticides available.

Virtually all the patients in chains were left at the mercy of deadly mosquitoes and other equally dangerous vectors as well as the vagaries of the weather.

Toilet and kitchen facilities were in a poor state with waste water being left in the open in the absence of any drainage system. The source of water was from a well dug at the camps which was used mainly for cooking and washing. That used for drinking purposes we learnt were sachets of water bought from outside.

Generally the environmental and sanitation situations at the camps were not too good and these consequently exposed inhabitants to all manner of health hazards.

We learnt from interviews with the carers that owing to limited funds, they sometimes are unable to provide three square meals for their patients. They attributed this sad situation to neglect by their relatives and friends who do not want to associate themselves with mentally ill cases, either at home and within the communities they live.

Albeit this phenomenon was regrettable, we readily gleaned that stigmatization was a major factor that many a time caused people to shun mentally ill persons.

Interview With Mental Health Professional:

Following the completion of the field work involving capturing scenes and interviewing some survivors, we set out to interview some mental health professionals to seek their views on the prevailing conditions and situations seen.

We were able to get Dr. Araba Sefa-Dedeh, a Clinical Psychologist working at Ghana's main teaching hospital namely Korle-Bu Teaching Hospital in Accra to conduct the interview with.

She traced the general phenomenon to certain ingrained practices in the Ghanaian society which tend to make people have a lot of beliefs in the spiritual realm rather than seeking medical attention in matters of mental disorders. She observed that instances of some persons who had received treatment at the spiritual camps and have become better tend to greatly influence others follow suit.

She even noted that in some situations people with physical health problems are sent to the spiritual camps with the belief that the causative factors have an underlying of curse or spell cast on the one.

Dr. Sefa-Dedeh strongly advised that much as some people would still want to send their mentally ill people to the spiritual camps, they must first seek attention at the psychiatric hospitals where in their state of violence or being uncontrollable, they could be conveniently sedated or calmed down. This she asserted is far better than the person being either chained or subjected to beatings which repercussions often aggravate the problem in the long run.

She called for a sustained educational campaign to sensitize the general public to the realities of mental health disorders noting that since everyone is vulnerable to one form of mental illness or the other at any given time, every effort must be made to dissuade friends and relations from dragging their patients to the spiritual camps and rather seek attention at the psychiatric hospitals.

We intend to interview a mental health professional to give a general overview of the problem this Project seeks to address. Through this interview, we would ask the interviewee to use the documentary to assure Ghanaians that the psychiatric hospitals and mental health units in the country are the best places to seek attention for those with mental disabilities and that doing anything contrary to these would not help their cause.

In this regard, she called on the Health Education Unit of the Ministry of Health, NGOs, CBOs, Churches, Mosques and other identifiable groups to get involved by helping in the educational drive to help in giving dignified treatment to people with mental disorders in the communities. Dr. Sefa-Dedeh stopped short of calling for legislation to curb activities of the spiritual camps in treating persons with mental disorders. She contended that sustained education would be most appropriate and far-reaching to address this problem in the Ghanaian social fabric

Conclusion :

We believe this interim report has amply exemplified the situation that pertains in almost all the spiritual camps in Ghana. It is very pathetic and dehumanizing that seeing human beings strapped in metal chains and left at the mercy of the weather all in the name of seeking treatment through divine intervention.

We are optimistic that this preparation an initial stage of production of educational and advocacy materials will be relevant in subsequent work that will be used for national and international educational, publicity and anti-stigma purposes especially in Africa.

MFGh intends to commence with the second phase of this Project as soon as funding is secured and hopefully get this done by July 2007. We wish to seize this opportunity to request WHO to seriously consider proffering us another grant to undertake the educational aspects of this project as soon as feasible. We are ready to submit proposals to that effect based on WHO acceding to our request.

We wish to thank WHO for associating itself with this Project since its sponsorship has helped delved into and brought to the fore, a major problem common in Ghana and which much has not been done to address for a long time.

Submitted By

A handwritten signature in blue ink, appearing to read 'Dan Taylor', is enclosed in a thin black rectangular border.

Dan A. Taylor
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