

**FINAL REPORT OF PROJECT  
IMPLEMENTED IN WASSA  
EAST AND AHANTA WEST  
DISTRICTS OF THE  
WESTERN REGION  
GHANA**

**PROJECT TITLE:** *“INCREASING PUBLIC  
AWARENESS AND DIALOGUE ON MENTAL  
HEALTH IN WESTERN REGION”*

Grant Agreement No.: 605400.01.11.901.FOG20

USAID Contract No.: AID-497-A-11-0001

*Period of Implementation:* **APRIL – OCTOBER 2012**

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**Ghana Local Governance and Decentralization Program  
(LOGODEP)**

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**DISCLAIMER**

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## **Executive Summary:**

Following the approval of a Fixed Obligation Grant (FOG) to MindFreedom Ghana in March 2012, which had five milestones for the duration of the Grant; this is the final report of activities implemented over a seven month period. In all, a total of nine activities were implemented.

The project titled **“Increasing Awareness and Dialogue on Mental Health in Western Region”** commenced in April and ended in October, 2012. It was implemented in Mporhor Wassa East and Ahanta West Districts. It is important to mention that all the activities implemented were the same in each of the two districts.

This report talks about project team meetings to draw up the implementation plan, initial consultative meetings with all the stakeholders in the two districts, preparation of training materials for both workshops and district level forums, training workshops for all the stakeholders, district level forums, monitoring visits to project areas to survey project impact, radio talk shows and evaluation done.

With some accompanying photos and materials used for the project, this report also focuses on some challenges, lessons learnt, observations made, some recommendations made and conclusions drawn.

## **1.0 Introduction:**

Following a full proposal submitted to USAID Ghana Local Governance & Decentralization Program (LOGODEP) in July 2011 after a concept note had earlier been accepted, MindFreedom Ghana (MFGh) was shortlisted for approval subsequently. In January 2012, our organization was asked to submit a revised proposal and budget which was done.

Subsequently the proposal was approved and MFGh was awarded a Grant in the amount of forty-six thousand, one hundred and ninety-four Ghana Cedis, thirty Pesewas (GH¢ 46,194.30). Our organization having been notified of this decision and seeing that the date of commencement – from March- was coinciding with another project being implemented by then in Ho, Volta Region, asked the Grantor to shift the date to April which was consented to.

In the aftermath of the grant award, MFGh realized that costs for payment of resource persons to facilitate the training workshops and preparation of training materials, had been labeled as per diem in the budget instead of fees. Our organization drew the Grantor’s attention to the fact that it is fees that are normally paid to such persons contracted to perform specific tasks in projects implemented and not per diem. These were subsequently amended within the amount awarded after some pruning had been done by the Grantor in some items in the budget. Following thereafter, MFGh signed its portion of the Fixed Obligation Grant (FOG).

Focus of the project was to ensure that the basic rights of Persons with Disabilities in the Western Region of Ghana are respected and their basic needs satisfied within the context of the United Nations-UN Convention on the Rights of Persons with Disabilities and Ghana's Disability Act, Act 715.

Its overall objective was to ensure that people with mental disabilities in the Western Region are able to satisfy their basic needs and exercise their basic rights as citizens of Ghana.

The specific goals of the project were to:

- ✚ Enhance public awareness and sensitivity to the fundamental human rights and dignity of persons with disabilities, mental health and development issues in the two districts
- ✚ Increase Civil Society Organizations' (CSOs) and other groups' knowledge in mental health and the importance of advocating and integrating mental health issues into their programme agendas.

Stakeholders in the project were Traditional Authorities, Association of Persons with Disabilities, CSOs including the media, Traditional & Spiritual Healers, human rights organizations, District Health Directorates, Assembly People and the District Assemblies

Against the background of a World Health Organization (WHO) 2001 report which forecasts that 25% of people will suffer from mental illness in their lifetime, this project was meant to bridge a yawning gap in ignorance about mental health issues in the two districts. The report goes on to state that 10% of patients will suffer from severe form of mental illness like schizophrenia and depression. Worse still, the report suggests that by 2020, mental illness will become the second largest non-communicable disease with over 121 million affected worldwide.

It is important to mention that the WHO has estimated that there are 2.8 million persons with various forms of mental disabilities in Ghana, 650,000 of who have severe mental disabilities.

Mental illnesses and disabilities therefore have the damaging 'potentials' to affect a nation's development and governance including Ghana in so many ways.

The need for implementing this project was informed by a situational analysis of mental health service delivery carried out 2010 by our organization and BasicNeeds Ghana, another NGO also into our area of work, in three districts of Western Region viz. Mporhor Wassa East, Shama and Ahanta West revealed deplorable results which inter alia were:

- ✚ The poor state of mental health services
- ✚ Very minimal or non-existent efforts/programmes of civil society organizations' advocacy around mental health and rights of persons with mental disabilities

- ✚ Widespread human rights abuses against people with mental illnesses in prayer camps and other faith based treatment centres
- ✚ Deep rooted stigmatization and stereotypes
- ✚ High mental health ignorance among district residents evident by the long-held perception that mental disability is a punishment for immoral behaviour and/or misdeeds for one's ancestors
- ✚ Negative labeling of persons with mental disabilities and more often than not considered as outcasts

Detailed activities implemented were:

✚ **Milestone 1 :-**

- Project team meeting to develop a detailed implementation plan and concomitant plans to ensure smooth and successful implementation of project
- Consultation meetings with Traditional Authorities, Association of Persons with Disabilities, Civil Society Organizations (CSOs), Mporhor Wassa East and Ahanta West District Assemblies, including District Health Authorities, Assembly persons and other stakeholders to introduce the project and select participants for the training workshops

✚ **Milestone 2:-**

- Preparation of training materials/presentations for mental health workshops, District level forums and dissemination to the general public

✚ **Milestone 3:-**

- Organizing two-day workshop for 30 leadership of selected Civil Society Organizations (fifteen from each district) including the media on mental health to secure their commitments become advocates for People With Disabilities particularly people with mental health challenges
- Organizing a two-day workshop on mental health and stigma for 30 participants (fifteen from each district) made up of Traditional Rulers, Traditional Healers, Human Rights Organizations and people with mental health challenges

✚ **Milestone 4:-**

- Organizing one-day district level forums on mental health and stigmatization for 200 residents. Two forums were held in two towns (Daboase and Agona Nkwanta) in the two districts. Each forum targeted at least one hundred community members
- Broadcast six radio programmes to create awareness on mental health and human rights with three of the talk shows programs targeted at each district
- Undertaking monitoring visits to the project districts to carry out survey impacts of the project

### **Milestone 5:-**

- Broadcast six radio programmes to create awareness on mental health and human rights with three of the talk shows programs targeted at each district
- End of Project evaluation meetings at the two districts

## **2.0 Project Team Meeting:**

Just after all issues relating to the FOG had been ironed out with Grantor and signed, Director of MFGh chaired a meeting that discussed way forward regarding the smooth and successful implementation of the project aside other projects being implemented concurrently by the organization. These included the year long project being funded by Disability Rights Fund which focus is on the voting and democratic rights of persons with psychosocial disabilities.

The meeting came out with plans to undertake a familiarization visit to the two districts and also arranged to get some partners and volunteers on the ground there to assist or intervene when necessary before and after any activity was implemented.

Aside roles delineated at the meeting, a project implementation was drawn up and mode of reporting field work to management fashioned out.

## **2.1 Consultation Meetings With Stakeholders:**

Two weeks before these meetings were held, two staff of MFGh undertook a two day familiarization visit to the project districts. This was after contacts had been made with some partners and volunteers that were identified at the two places.

During the visit, personal contacts were made with some of the stakeholders and some underground work done regarding booking for venues and arranging for logistics for the meetings and other activities outlined in the project.

MFGh staff had the opportunity to meet the District Chief Executive of Mporhor Wassa East, Hon. Anthony Bassaw, and the Deputy Coordinating Director of Ahanta West, Mr. Alhassan Sumani to brief them on the project and request for formal entry into their respective jurisdictions for smooth implementation of the project.

Both of them welcomed the motives behind the project and described it as an innovation in their districts. They asked MFGh to write formally to the District Assembly about the project and among others request for support and cooperation in its successful implementation.

### **2.1.1 Meeting at Mporhor Wassa East:**

On April 18, the consultative meeting was held at the Mporhor Wassa East District Assembly Hall, Daboase with twenty-two stakeholders in attendance. Albeit fifteen people were invited, the excess number, we learnt expressed interest in participating because of the subject matter for discussions.

At the meeting, MFGh staff, Mr. Dan Taylor and Nii Lartey Addico took turns to let participants know the purpose, need for, objectives and goals of the project.



**Figure 1: A Section of Participants at the Stakeholders' Meeting at Daboase with the District Director of Health, Mad. Priscilla Amoah Making a Contribution**

The former did the presentation on Power Point which took participants through a brief background of MFGh and went on to outline all aspects of the project ending with a call on participants to commit themselves to become advocates for the rights of persons with mental disabilities wherever they find themselves.

After the presentations by MFGh staff, the floor was given to participants to ask questions and make contributions. In all, eight participants either asked questions or made some contributions. Responses by MFGh staff were given to all the questions brought up and contributions duly acknowledged.

At the tail end of the meeting, action points were spelt out and some participants were assigned roles to play to ensure that these were successfully carried through.

### **2.1.2 Meeting At Ahanta West:**

This took place on April 19 at the Ahanta West District Assembly Hall where the number of stakeholders who took part was fifteen.

At the meeting, MFGh staff, Mr. Dan Taylor and Nii Larley Addico took turns to let participants know the purpose, need for, objectives and goals of the project.



**Figure 2: A Section of the Participants At Agona Nkwanta Listening to the Presentations**

Mr. Taylor's presentation, which was on Power Point took participants through a brief background history of MFGh and went on to outline all aspects of the project ending with a call on participants to commit themselves to become advocates for the rights of persons with mental disabilities wherever they find themselves.

After the presentations by MFGh staff, the floor was given to participants to ask questions and make contributions. In all, eight participants either asked questions or made some contributions. Responses by MFGh staff were given to all the questions brought up and contributions duly acknowledged.

### 3.0 Preparation of Training Materials / Presentations for Mental Health Workshops & District Level Forums:

The training materials and presentations were prepared by Dr. Frank Baning of Pantang Psychiatric Hospital and Mrs. Lucy Dadzie, Western Regional Coordinator, Community Psychiatry Nursing.

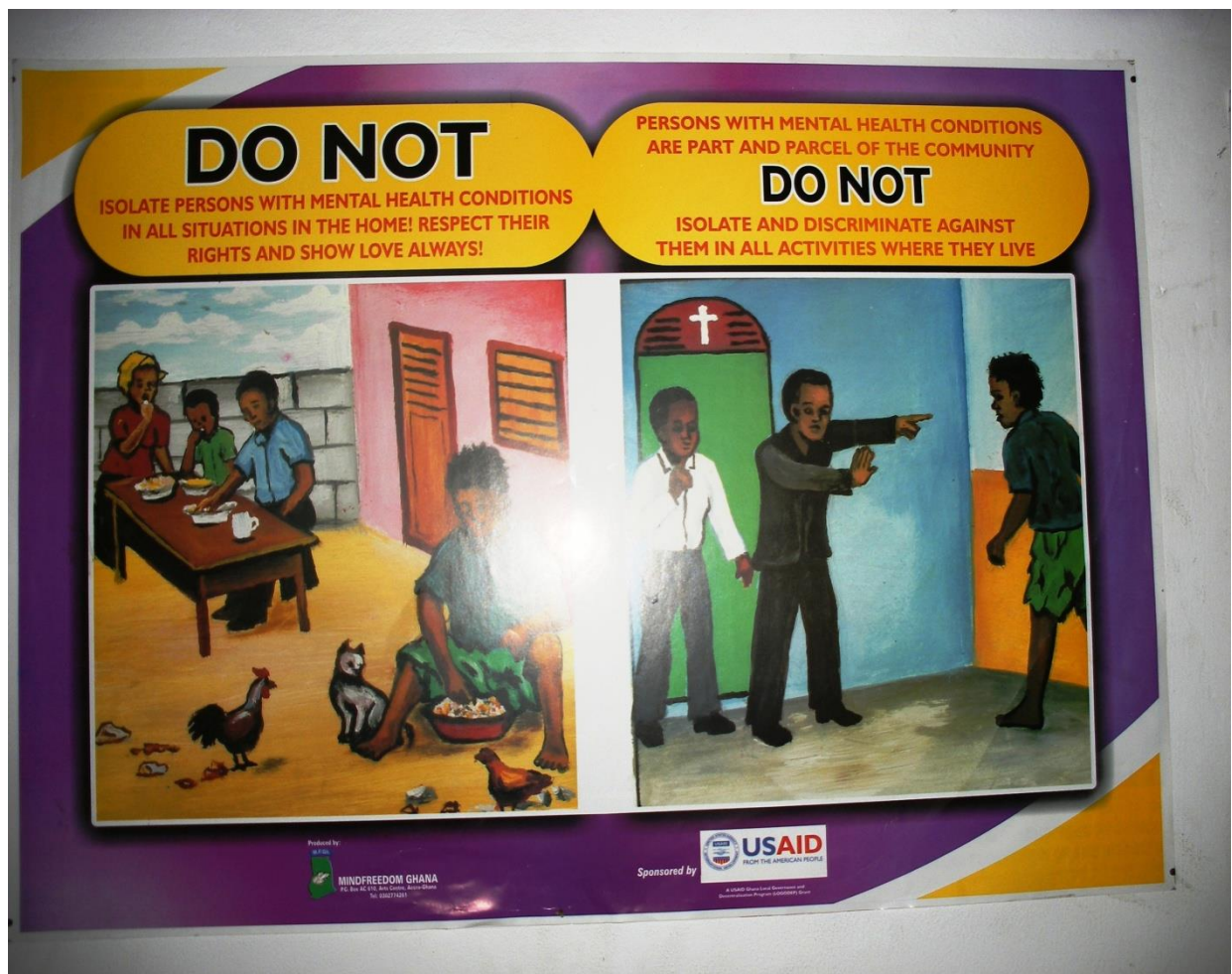


Figure 3: One of the Posters Used for the Education and Awareness Creation Activities Which Depicts Discrimination and Social Exclusion of Persons with mental Disabilities in our Homes & Public Places



The concepts for art work for the posters were designed by MFGh and an artist contracted to do the painting. Three different types of posters which concepts were based on campaign against stigmatization in mental health, human rights violations and show of love and concern in situations of persons with mental health problems were developed.

The stickers were also designed by MFGh and the printing work contracted to a printing company.

Compilation of materials and information for the 46 page booklets and flyers were done by a mental health expert and the printing work contracted to a printing company.

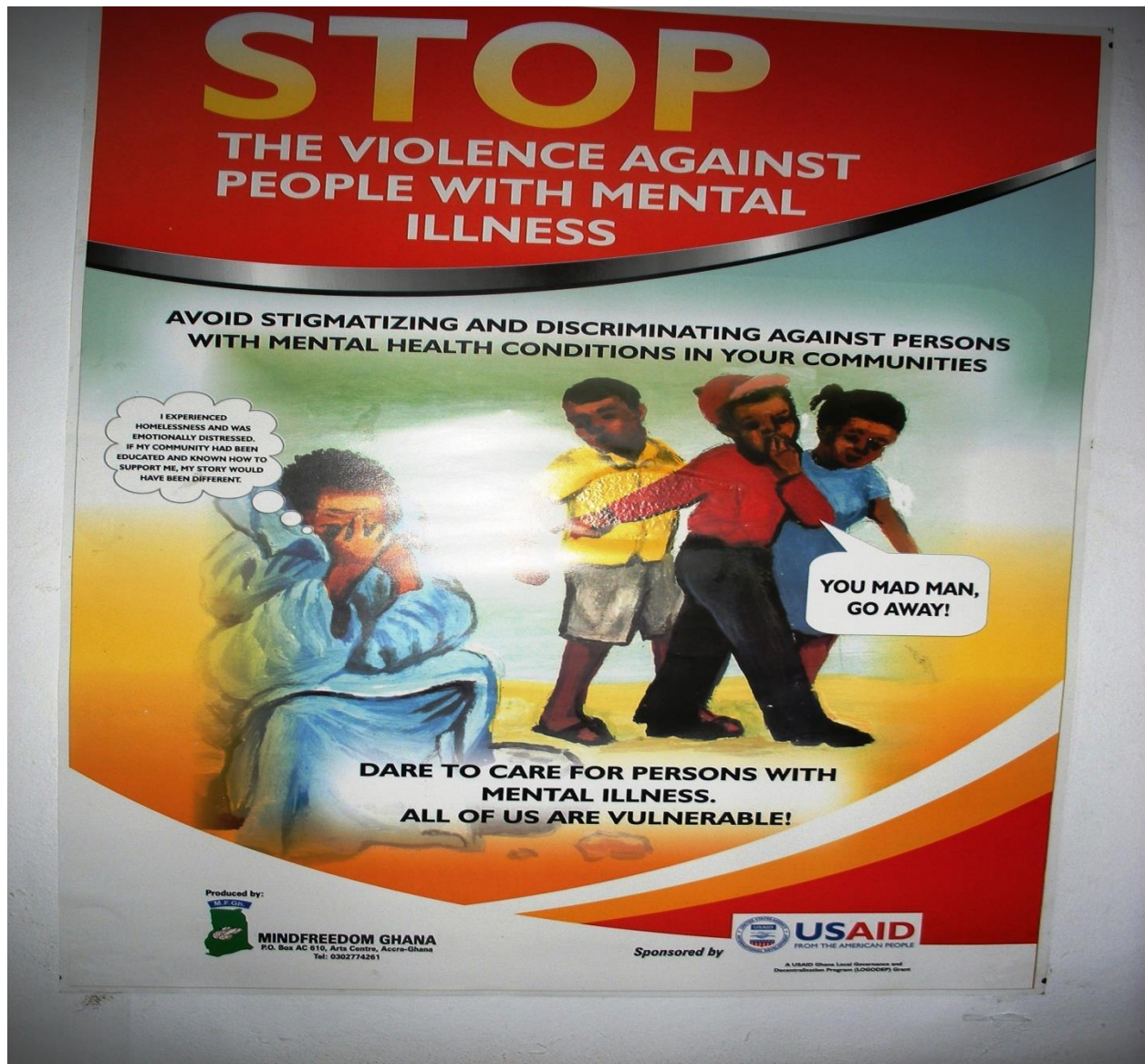
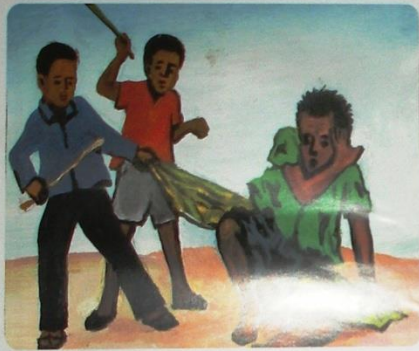


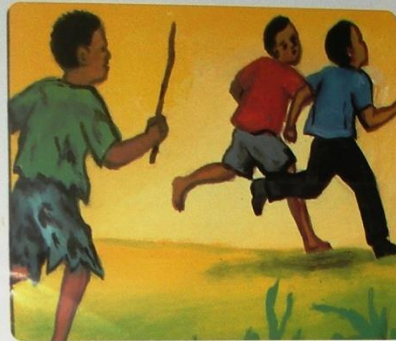
Figure 4: A Poster Depicting Campaign Against Stigmatization & Discrimination Against Persons with Mental Disabilities in Most Communities

# DO NOT

## SUBJECT PEOPLE WITH MENTAL HEALTH CONDITIONS TO VIOLENCE, PROVOCATION AND HUMAN RIGHTS VIOLATIONS



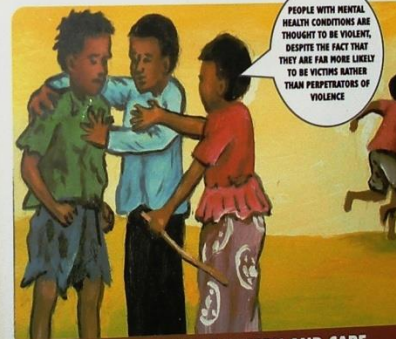
HE WAS PROVOKED AND SUBJECTED TO VIOLENCE AND ABUSE BY PEOPLE IN HIS COMMUNITY



HE OVERCAME THEM AND THEY TOOK TO THEIR HEELS AS HE PURSUED THEM



HE WAS STOPPED BY THIS COUPLE WHO INTERVENED



THEY SHOW LOVE, CONCERN AND CARE TOWARDS HIM.

PEOPLE WITH MENTAL HEALTH CONDITIONS ARE THOUGHT TO BE VIOLENT, DESPITE THE FACT THAT THEY ARE FAR MORE LIKELY TO BE VICTIMS RATHER THAN PERPETRATORS OF VIOLENCE

Produced by:



**MINDFREEDOM GHANA**  
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**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

For Further Information  
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Everyone including you is prone to mental illness and emotional problems so you must be an advocate for mental health promotion and education

**USAID**  
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A USAID Ghana Local Government and Decentralisation Program (LGD0007) Grant




**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**



Things turn out best for people who make the best out of the way things turn out.

**MINDFREEDOM GHANA**  
*Increasing Public Awareness and Dialogue on Mental Health*

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

**WHAT IS MENTAL OR EMOTIONAL HEALTH?**

**Mentally healthy is** when you are constantly in "a state of well-being" in which you:

- Can cope with the normal stresses of life
- Can work productively
- Can make reasonable or rational decisions, choices and act with meaning and a realistic purpose
- Can adapt to any changes and challenges in daily life encounters appropriately
- Are able to make contributions to the development of your relationships, work and Community

Good mental health is a complete state of emotional well-being in which you can achieve satisfactory results in every element of your life where your behaviour is acceptable to yourself and society. There is also an appropriate balance of love, work and leisure pursuits.

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

**WHAT TO LOOK FOR WHEN YOU ARE MENTALLY & EMOTIONALLY HEALTHY:**

- A zest for living well and the ability to laugh and have fun
- Ability to deal with stress and bounce back from adversities
- A sense of meaning and purpose, in both your everyday activities and relationships
- A balance between work and play, rest, activity, etc.

Let's all be concerned about our mental health and that of our friends and relations. Remember that good mental and emotional health is paraceca for a sound individual and nation's development!  
Dare to care for human rights of persons with mental disorders and avoid stigmatization!

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

- Afraid to take a good rest and think that if you slow down, others will bypass you or you may lose your competitive drive
- Easily irritable or moody, angry or jittery for no obvious reason(s)
- Finding it hard to concentrate or pay attention.
- Can't seem to find time to do something you enjoy or just relax
- Your mind is usually racing or talking to itself and you are like one whose life is on a treadmill
- You are up to your neck in details and constantly thinking of more things to do, which makes it hard to focus attention on the problems ahead of you
- You do two things simultaneously and get angry with slow movement or procrastination
- Having difficulty sleeping even when you're exhausted. Your mind is racing when you should be resting
- Feeling pressure and an urgency to be active and accomplish something almost always
- Irritated at the minor inconveniences of life, such as standing in a queue at the cafeteria/airport etc., waiting for an elevator or getting caught up in traffic

**WHAT ARE THE BEST WAYS TO AVOID GETTING STRESSED OVER TRIVIAL THINGS?**

- Think positively by making focusing on your good qualities and ignore any self prophecy or imagination of your bad qualities

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

- Ability to build and maintain fulfilling relationships
- Self-confidence and high self-esteem

**MENTAL HEALTH PROBLEMS CAN AFFECT EVERYONE INCLUDING YOU!**

No matter how old you are, male or female, rich or poor, the ethnic groups you belong to, mental illnesses affect all of us! One in every four of us will have mental illness at some point in our lives. Being a great burden on every country, research from around the world shows that 40% of all persons attending health clinics have some form of mental illness or another.

**RISK FACTORS THAT MAY LEAD TO MENTAL & EMOTIONAL HEALTH PROBLEMS:**

Early childhood experiences are very significant. Genetic, medical and biological factors can also play roles. These are:

- Poor attachment to your primary caretaker (parent or guardian) or lack of affection, discipline leading to lack of comfort and good values early in life
- Traumas or serious losses (most often deaths of parents/friends/loved ones etc.) or physical/sexual abuse, especially early in life:
- Various illnesses which turn chronic or become protracted
- Side effects of medications/diagnosis

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

- Substance & alcohol abuse

**FEELINGS & BEHAVIOURS THAT REQUIRE IMMEDIATE ATTENTION TO HELP AVOID EMOTIONAL OR MENTAL PROBLEMS:**

- Inability to sleep or rest
- Feeling down, hopeless or helpless always
- Concentration problems interfering with your work, home life etc.
- Using nicotine, narcotic drugs or alcohol
- Thoughts of self-harm, death or suicide
- Getting irritated over trivial matters

**WHAT ARE THE MOST COMMON MENTAL HEALTH PROBLEMS?**

- Schizophrenia
- Bipolar disorder
- Depression & anxiety
- Drug/Alcohol induced mental disorders

**TREATMENTS AND STRATEGIES FOR ADDRESSING MENTAL HEALTH PROBLEMS:**

- Seeking professional medical treatment at the hospital
- Taking well balanced diets
- Having and maintaining good inter-personal relationships with family, friends, spouse and colleagues

**STRATEGIES AND TIPS FOR GOOD MENTAL HEALTH**

- Stopping alcohol and illegal drug consumption
- Regular exercises
- Relaxation and adequate rest
- Sharing emotional and psychological problems with others

**TIPS TO IMPROVE YOUR MENTAL & EMOTIONAL HEALTH**

- Doing things that positively impact on others and society
- Practicing self-control or self-discipline
- Learning of new ways of doing things so you can discover new things
- Enjoying the beauty of nature or art or wildlife
- Limiting unhealthy mental habits like worrying and anxiety
- Engaging in meaningful, creative work
- Making leisure time a priority
- Making time for contemplation and self appreciation

Maintaining supportive and cordial relationships

**WHAT STRESS IS & WARNING SIGNS TO LOOK OUT FOR:**

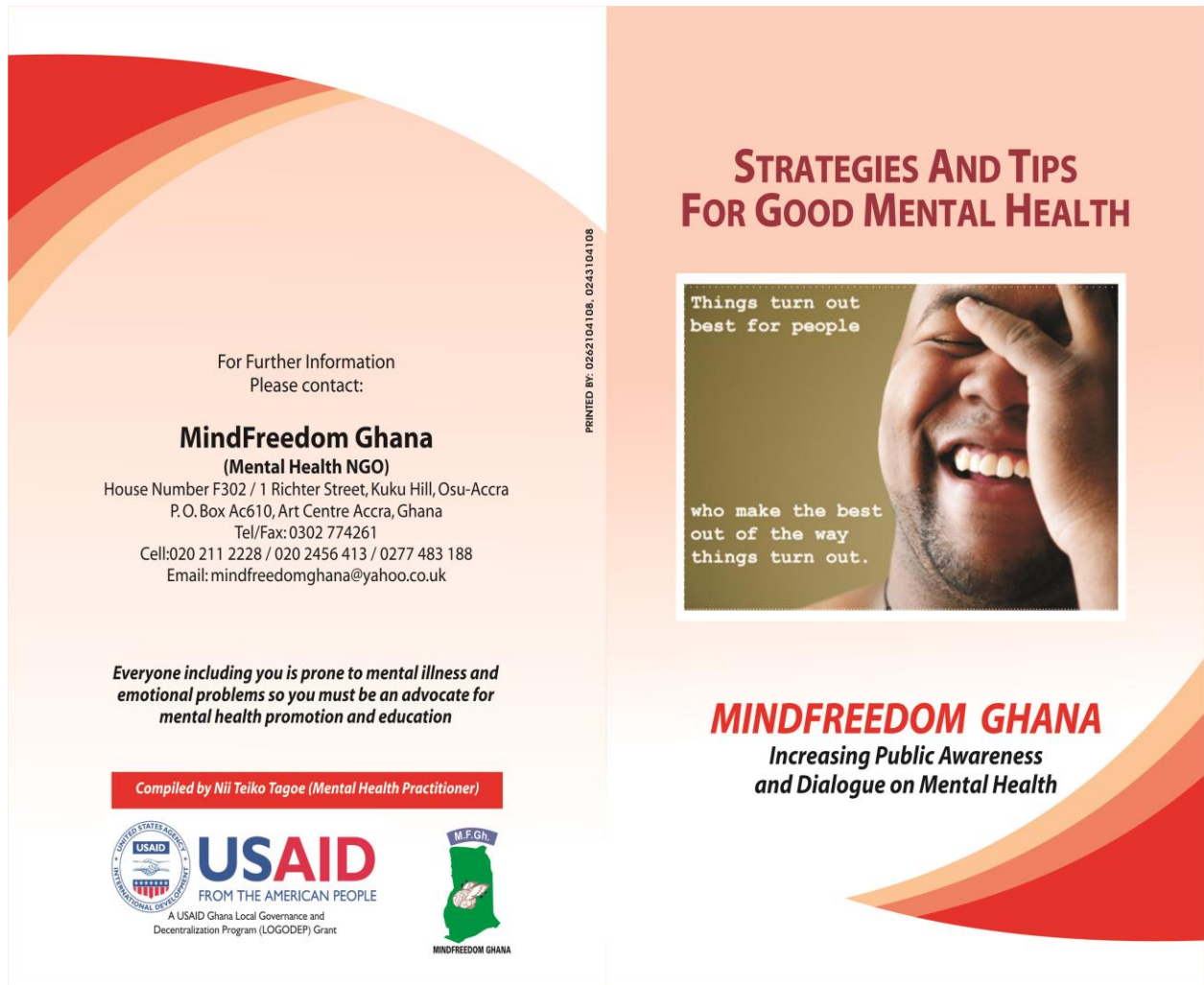
It is your mental, emotional, physical and often behavioral responses to the changes, conflicts, frustrations and / or pressures that are part of your daily life events or situations.

Some warning signs are:

- Can't slow down and relax, even during vacations

**Figure 6: A Copy of the Flyer Produced & Printed**

Some of the posters, booklets, flyers and stickers were distributed to participants at the training workshops. Mr. Taylor of MFGH staff took time to explain the concept behind all the materials and urged participants to disseminate them to their constituents and those they interact with.



**Figure 7: Back Cover of the Booklet "Strategies & Tips for Good Mental Health" Produced & Printed**

#### **4.0 Training Workshops For Civil Society Organizations (CSOs):**

Training workshops for thirty selected leadership / representatives of civil society organizations including the media were organized at Assemblies of God Church Hall, Daboase on July 16<sup>th</sup> & 17<sup>th</sup>, 2012 and World Vision Centre, Agona Nkwanta on July 18<sup>th</sup> & 19<sup>th</sup> 2012. Fifteen participants were targeted at each session for the workshops. But this was exceeded at almost all the workshops organized.

Resource persons for the workshops were Dr. Frank Baning and Mrs. Lucy Dadzie.

Stakeholders who participated in the workshops were some Assembly Persons of the two Districts, media personnel, representatives of some NGOs operating in the two districts, personnel from the District Health Directorates, Dept. of Social Welfare and some persons with disabilities.

Objectives of the workshops were to increase the knowledge of participants in mental health against passage of the Mental Health Act plus other international laws and to secure their commitments to become advocates for the rights of persons with psychosocial disabilities in their areas of operation.

The activities were implemented in the context of enhancing public awareness and sensitivity to the fundamental human rights and dignity of persons with psychosocial disabilities, mental health and development issues. They were also to increase Civil Society Organizations' knowledge in mental health and the importance of advocating and integrating mental health issues into their programme agenda in the two districts they operate in and even beyond.



**Figure 8: Dr. Baning Making his Presentation at Daboase**

Topics treated were the burden of mental health situations in Ghana, causes and types of mental illnesses; the Mental Health Act and its significance; Rights of persons with mental disabilities in the context of local and international laws; terminologies and media language in respect of persons with mental disabilities; stigma in mental health and its repercussions on social development and governance; human rights violations of persons with mental disabilities in prayer camps/shrines and access to mental health care in Ghana; societal norms and practices against persons with mental

disabilities that affect development and governance and incorporation of mental health issues in traditional governance and local structures.

It is relevant to mention that prior to the commencement of the presentations at both workshops, a ten minute documentary was screened which depicted poor sanitary conditions and human rights violations at a prayer camp located on the outskirts of Accra. This was produced in March 2007 with funding from the WHO.

Dr. Baning's presentations brought out some statistics regarding mental health conditions globally and among others used some cases of patients he had treated and still treats not only to exemplify his presentations but also as explicit references.

Describing mental well being as a dynamic state, in which the individual is able to develop his/her potentials, build strong and positive relationships, work productively and creatively contribute to the community, Dr. Baning stated that mental health forms a very important component of our total well being as human beings.

He said mental disorders are disturbances in perception, beliefs, thought processes and mood (psychoses); disturbances in mood, concentration, irritability, fatigue (neuroses or common mental disorders); progressive organic disease of the brain (dementias); abnormal personality traits which are handicapping to the individual excessive consumption and dependency on alcohol, drugs, narcotics and tobacco.

On risk factors that may lead to someone having mental disorders, Dr. Baning traced these to excessive concern about bodily symptoms (headache, backache), loss of enjoyment, low mood, crying, anxiety, excessive fear and panic. Some other symptoms were mentioned as poor concentration, impaired sleep; consistent loss of appetite and weight loss, irritability and low libido, suicide, complications in physical illnesses, unemployment, low productivity, poverty, stress & burden on families, fatigue and anxiety, depressive moods, marital breakdowns, intellectual and emotional damage to children, stereotypes and marginalization.

The resource person mentioned the magnitude of mental disorders worldwide as being inter alia that as many as 450 million people suffer from mental or behavioral disorders and nearly 1 million people committing suicide every year due mainly to severe depression.

On prayer camps and fetishes where some persons with mental health conditions are sent to, he attributed these to the belief system in Ghana and Africa as a whole observing that much as everyone is entitled to his / her beliefs, it is very important that relatives and friends make sure that they seek treatment at the hospitals and clinics first whilst they as well get the spiritual healing from the prayer camps and shrines.

In a brief presentation, Project Officer of MFGh, Mr. Dan Taylor spoke about terminologies in mental disabilities and asked those in the media especially to take note of and use appropriately when on air and in their publications. He asked them to refrain from calling persons with mental illnesses for

instances as mad, lunatics, mentally deranged, idiots etc. Some terminologies that they can use are persons with mental disabilities, persons with mental disorders, persons with psychosocial disabilities.

On stigma which presentation was done by Mr. Asare-Danquah with support from Mrs. Dadzie, he took participants through the origin and the three forms of stigma and categories of people it is normally extended to, i.e. persons with mental disorders, relations & friends and mental health professionals. Causes of stigma among which are traced to cultural beliefs, myths and erroneous assumptions and its consequences were also touched on by the presenter.



**Figure 9: A Section of Participants at Workshop at Agona Nkwanta in Group Discussions**

Some of the consequences of stigma given were social withdrawal, occupational difficulties such as finding it hard to get a job whilst those working are not accorded respect and/or promoted when due them, reluctance to seek needed help or even treatment, societal neglect and exclusion.

It must be mentioned that all the presentations made were all the same at both places where the workshops were organized.

At the end of the presentations, there were group discussions on the second and last days at both workshops, which focused on the topics treated and how these could be actualized in the district. Recommendations by the groups we must mention will be made available to the two District Assemblies when this project closes out.

It is significant to mention that the District Director of Health, Mporhor Wassa East, Mad. Priscilla Amoah made an open declaration at the end of the workshop to commit her outfit to ensuring that mental health issues take a centre stage in their outreach activities henceforth and make provision in its next budget for such training workshops and outreaches.

Following especially from the workshops, all the Assembly People especially those from Ahanta West asked that a day be set aside for MindFreedom to organize an outreach activity that will see the populace in their district being invited and educated on mental health conditions. For that reason MindFreedom Ghana offered to get something of that scale executed on October 10<sup>th</sup> which is World Mental Health Day observed globally and asked them to source for some funding from the District Assembly to enable this to be done successfully.

## **5.0 Training Workshops For Traditional Rulers, Traditional Healers, Human Rights Organizations Etc.:**

Training workshops workshop on mental health for 30 participants made up of traditional rulers, traditional healers, traditional and faith based healers, human rights organizations (from Commission on Human Rights & Administrative Justice - CHRAJ) and people with mental health challenges were organized at Mporhor Wassa East District Assembly Hall, Daboase on July 23<sup>rd</sup> and 24<sup>th</sup> and at the District Health Directorate Hall, Agona Nkwanta on July 25<sup>th</sup> and 26<sup>th</sup> 2012. Fifteen participants were targeted at each session for the workshops. But this was exceeded at Daboase and fifteen maintained at Agona Nkwanta.

Main resource person for these workshops was Dr. Eugene Dordoye of Pantang Psychiatric Hospital. Mrs. Lucy Dadzie could not attend for reasons not known previously to MFGH. In her stead stood, Mr. Agyapah Buah of Support for Community Mobilization Projects & Programmes based in Daboase, who took part in the workshop the previous week. He offered to present in the absence of Mrs. Dadzie stating that he is well capacitated to perform having learnt from the previous week's workshop in which he participated. Mr. Taylor also stood in at Agona Nkwanta.

Some stakeholders who attended were Queen mothers, traditional healers, linguists, personnel from CHRAJ and Dept. of Social Welfare, spiritualists, some persons with disabilities and some interested persons working with the District Assemblies.

Objectives of the workshops were to increase the knowledge of participants in mental health against passage of the Mental Health Act plus other international laws and secure their commitments to become advocates for the rights of persons with psychosocial disabilities in their communities and factor same into their operations as the case may be.

Topics treated were the burden of mental health situations in Ghana, causes and types of mental illnesses; the Mental Health Act and its significance; Rights of persons with mental disabilities in the



context of local and international laws; terminologies and media language in respect of persons with mental disabilities; stigma in mental health and its repercussions on social development and governance; human rights violations of persons with mental disabilities in prayer camps/shrines and access to mental health care in Ghana; societal norms and practices against persons with mental disabilities that affect development and governance and incorporation of mental health issues in traditional governance and local structures.

It is relevant to mention that prior to the commencement of the presentations at both workshops, a ten minute documentary was screened which depicted poor sanitary conditions and human rights violations at a prayer camp located on the outskirts of Accra. This was produced in March 2007 with funding from the WHO.

Dr. Dordoye's presentations followed the same trend as that done the previous week at the workshops for CSOs by Dr. Baning. The presentations were done mostly in the Akan language because most of the participants were either unlettered or semi-literate.



**Figure 10: Dr. Dordoye Making his Presentations at Daboase With Participants Listening Attentively**

In his presentation in power point Mr. Agyapah Buah titled “Stigmatization and Discrimination of People with Mental Health Conditions”, he took participants through the origin of stigmatization, forms of stigma, causes of stigma, consequences, management – reducing stigma.

It is relevant to mention that Mr. Buah’s presentations followed the same trend as Mr. Asare-Danquah had done the previous week during the workshop for CSOs.

In his presentations he gave some instances which his organization in the course of its work in the District had come across where some persons with mental disorders who are kept in rooms and not brought out ostensibly for people not to see them because of stigmatization, noting that with the education gained at the workshop, it is hoped attitudes would begin to change.



**Figure 11: Dr. Dordoye (Seated Extreme Right) in an Interactive Session with a Section of Participants at the Workshop at Agona Nkwanta**

He called on participants to start something in a small way in their homes and communities speaking openly against stigmatizing persons with mental health conditions. The posters and other materials distributed at the workshops must be made to go far so that people in communities in the district would be educated on stigmatization and human rights of persons with mental disabilities.

At the end of the presentations, there were group discussions on the second and last days at both workshops, which focused on the topics treated and how these could be actualized in the district.

Recommendations by the groups it must be mentioned will be made available to the two District Assemblies when this project closes out.

The District Health Director of Ahanta West, Dr. Kofi Sutherland in brief comments before workshop ended on the first day commended MindFreedom Ghana for organizing the training at Agona Nkwanta and noted that this had enabled participants gain new insights into mental health conditions especially with regard to conditions at the prayer camps and fetishes.

“I’m impressed with the objectives of this workshop and will get a prayer camp operator at Asuboi to join on the second day to learn about mental health and the need for him to know how to treat people with mental disorders brought there.”

Nana Yaa Nsowaa III, Queen mother of Dompim No. 1, Mporhor Wassa East, said she had learnt a lot from participating in the workshop even though it was just for a day as she could not make it the first day due to some urgent matters she had to attend to in her area. She called on the organizers to go to all the communities in Mporhor Wassa East and spread these good messages so that people will change their views and perceptions about mental health conditions affecting their kith and kin.

“As I go back to my village, I’ll give the posters and booklets to my subjects to look at and read. Those who are not able to read will be told of the messages in these materials. Indeed my views and perceptions about people with mental disorders have changed completely after listening to the presentations made. I humbly ask MindFreedom to move from Accra to my village and surrounding areas to speak directly to my people for them to hear the messages. Thank you so much for all that you’ve taught me and all other participants”, the Queen mother of Dompim No. 1 said.

## **6.0 District Level Forums at Mporhor Wassa East and Ahanta West Districts:**

Main aim of the forums which were in form of outreaches was to sensitize residents on matters relating to mental health, human rights of persons with mental disabilities vis-à-vis activities of prayer camps and faith based healers, the Mental Health Act, distribute posters on mental health awareness creation and offer the platform for the audience to ask questions on issues about mental health. The forum was also aimed at dispelling some wrong perceptions and myths about persons with mental disabilities and harping on their strengths as citizens whose conditions can be improved through the right treatment and thereby contribute to development and governance in their communities.

### **6.1.1 Forum Organized At Mporhor Wassa East:**

This was organized at Daboase on September 18<sup>th</sup> 2012, a market day, at the ICT Centre where the resource persons for the outreach were Mad. Cecilia Quainoo, Head of Psychiatric Unit, Essikado Hospital; Mr. William Asare-Danquah, Deputy Coordinator, Community Psychiatry Nursing, Western Region, Ms. Eunice Asamoah, Senior Nurse, Psychiatric Unit, Effia Nkwanta Hospital and Mr. Dan Taylor of MFGh.

A week prior to the event, MFGh hired a publicity van to go round at dawn at Daboase and the surrounding communities publicizing and inviting residents to attend. Also the community radio at Daboase was engaged to announce and invite residents.

In attendance were some of the stakeholders, residents, students and their teachers from some selected schools in the district, traders and buyers. It is important to mention that apart from the stakeholders, the students and teachers and a few residents who sat under the canopies and chairs provided, others chose to stand nearby or hang around the fringes listening to the presentations. Clearly these were underpinned by attitudes of stigma towards issues about mental disorders.

First to speak to the audience was Mr. Asare-Danquah who touched on causes, types and risk factors of mental illnesses. A common practice serving as forms of punishment in most homes for children which the resource person spoke about was knocking their heads hard using the knuckles. He said these can lead to serious mental health problems immediately or later in life for the young ones.

He advised teachers not to continuously spank their students who do not do well in classes stating that such children will need to be assessed of their mental and intellectual status. He said cases of such nature have come to them which when diagnosed, turned out to be those of mental problems brought about in part because of bad treatment at home and the community they live in which made those children not being able to concentrate well in class during lessons and exercises.

He strongly advised that treatment for persons with mental disorders must first be sought at the psychiatric institutions before anywhere else.

Next to speak was Ms. Amoah who treated stigmatization of persons with mental disorders. She spoke about the meaning, types and consequences of stigma.

Concluding Miss Asamoah entreated traditional rulers and Assembly men and women to put in place programmes that would enable their subjects and constituents to be educated on mental disorders observing that these would to a large extent help in de-stigmatizing persons with mental disorders in their communities and electoral areas. She said it is very important everyone should treat people with mental disorders well and humanely since mental health conditions are no respecter of persons and that all are vulnerable.

There was a musical interlude after the first two presentations.

The third presentation was made by Mad. Quainoo whose presentation was mainly on epilepsy which she stated is a major problem in the District having in some past years worked in some communities. She explained that epilepsy per se is not a mental health problem but one of neurological which often times are associated with mental disorders. Some of the causes she noted are mostly hereditary.

She strongly debunked the wrong beliefs and superstition that epilepsy is infectious stating that she had treated and continues to treat many people with those conditions but has not contracted the ailment. She therefore advised that such persons ought to be sent to hospitals for treatment and management of their conditions when diagnosed. She made it known that epilepsy is not curable but manageable like some health conditions such as hypertension, diabetes, various cancers etc.

On prayer camps which Mad. Quainoo said she had come across quite a number of them in the District where she worked some years back, the presenter cited some instances where the operators had used orthodox medications which had made some persons with mental disorders to be sedated. Cunningly the pastors and operators of the camps had claimed that the prayers had worked and make these vulnerable persons fall asleep. She therefore exhorted the audience to ensure that they seek treatment at the hospitals first always before turning elsewhere.

In his presentation, Mr. Taylor showed the three different types of posters used for the education and awareness creation activities to the audience explaining that the rationale behind all the posters are based on stigma reduction, campaign against violations of the rights of persons with mental disorders at home and the community and asserting their rights at all times. He asked the audience to paste the posters at strategic areas in their communities and commit themselves to become strong advocates for the rights and dignity of persons with mental disorders wherever they find themselves.



**Figure 12: A Member of the Audience Asking Questions at the Outreach. Sitting In Front From Right to Left Are the Three Resource Persons**

During question time, some members in the audience among which were a teacher, a farmer and a nursing mother, came up with their concerns which bordered on mental health conditions of pregnant

women, how to take care of relatives who develop mental disorders in the course of their lives and managing personal experiences of someone with epilepsy.

Responses were given to these concerns satisfactorily by the resource persons in turns. They went on to advise the audience to get in touch with MFGh if need be so they could be given further directions in situations where assistance or support in cases of any mental health conditions.

### **6.1.2 Forum Organized At Ahanta West:**

This was organized at Agona Nkwanta Main Lorry Station on September 20<sup>th</sup>, 2012 where the resource persons for the outreach were Mad. Cecilia Quainoo, Head of Psychiatric Unit, Essikado Hospital; Mr. William Asare-Danquah, Deputy Coordinator, Community Psychiatry Nursing, Western Region and Honourable Joseph Kwoffie, Assemblyman, Domeabra Electoral Area, Ahanta West District.

Five days prior to the event, MFGh hired a publicity van to go round at dawn at Agona Nkwanta and the surrounding communities announcing and inviting residents to attend. Just when the activity was to commence, Hon. Joseph Kwoffie went round the market nearby in a Ministry of Health ambulance announcing and inviting buyers and sellers to come to the outreach.

In attendance were some of the stakeholders, commercial drivers and their mates operating at the lorry station, passengers, buyers, sellers, hawkers and passersby some of whom sat under the canopies and chairs provided, others chose to stand nearby or hang around the fringes listening to the presentations.

Mr. Asare-Danquah who first spoke touched on causes, types and risk factors of mental illnesses. A common practice serving as forms of punishment in most homes for children which the resource person spoke about was knocking their heads hard using the knuckles. He said these can lead to serious mental health problems immediately or later in life for the young ones.

He advised teachers not to continuously spank their students who do not do well in classes stating that such children will need to be assessed of their mental and intellectual status. He said cases of such nature have come to them which when diagnosed, turned out to be those of mental problems brought about in part because of bad treatment at home and the community they live in which made those children not being able to concentrate well in class during lessons and exercises.

It must be mentioned that Mr. Asare-Danquah's presentation followed the same trend as had happened at Daboase and he also spoke on stigma in mental health.

The third presentation was made by Mad. Quainoo whose presentation was mainly on epilepsy which she stated is a major problem in many districts of the Western Region, explained that epilepsy per se is not a mental health problem but one of neurological which often times are associated with mental disorders. Some of the causes she noted are mostly hereditary.

She strongly debunked the wrong beliefs and superstition that epilepsy is infectious stating that she had treated and continues to treat many people with those conditions but has not contracted the ailment. She therefore advised that such persons ought to be sent to hospitals for treatment and management of

their conditions when diagnosed. She made it known that epilepsy is not curable but manageable like some health conditions such as hypertension, diabetes, various cancers etc.

On prayer camps which Mad. Quainoo said she had come across quite a number of them in the District where she worked some years back, the presenter cited some instances where the operators had used orthodox medications which had made some persons with mental disorders to be sedated. Cunningly the pastors and operators of the camps had claimed that the prayers had worked and make these vulnerable persons fall asleep. She therefore exhorted the audience to ensure that they seek treatment at the hospitals first always before turning elsewhere.



**Figure 13: A Scene From The Drama Sketch Depicting Discrimination By a Family Against Its Own Son Made to Sit on The Ground to Eat His Meals. Also is Hon. Kwoffie in The Background Holding a Poster and Describing the Scene to the Audience as Portrayed in the Sketch**

She entreated traditional rulers and Assembly men and women to put in place programmes that would enable their subjects and constituents to be educated on mental disorders observing that these would to a large extent help in de-stigmatizing persons with mental disorders. She concluded that it is very important everyone should treat people with mental disorders well and humanely since mental health conditions are no respecter of persons and that all are vulnerable.

A short drama sketch followed after the second presentation. It depicted some of the messages on the posters which were on violation of the rights of persons with mental disabilities and stigma. It is significant to mention that one of the stakeholders, Hon. Kwoffie mobilized some residents in his Electoral Area and took them through the rationale behind the posters and they were able to come out with the sketch to the understanding and admiration of the audience.

In a presentation which was more of a testimony, Hon. Kwoffie said as a teacher by profession he used some of the knowledge gained at the training workshop to teach his students and shared with some of his colleagues. He said some of the training materials have been put in the school library which the students can go in for and read.

He observed that previously he thought persons with mental disorders were receiving punishments for evils they had done or that perpetuated by their forebears saying that these perceptions have changed completely since he has learnt that most of our daily activities can precipitate bad mental health conditions.

According to Hon. Kwoffie, he gave some of the training materials to his pastor and church members many of whom have gotten back to tell him how useful and educative these are.

The presenter advised the audience to refrain from sending their relatives and friends to prayer camps and some faith based practitioners in his area and beyond but let them seek treatment first at the District Hospital where a mental health nurse is at post who will diagnose the problem and administer the appropriate treatment.

Touching on stigmatization, Hon. Kwoffie said this is widespread in his area and the district as a whole. He however noted that it is high time people change these negative attitudes which tend to aggravate the conditions of persons with mental disorders. He ended saying when people get to know what it means to be mentally ill and the burden it places on the family and society as attitudes would change.

During question time three people, two traders and a commercial driver among the audience, who voiced some concerns regarding their mental health conditions and that of their children had appropriate responses with case stories used as instances from the resource persons.

### **6.1.3 Broadcast of Six Radio Programmes on Awareness on Mental Health, Stigmatization & Human Rights:**

These activities took place between October 2<sup>nd</sup> and 3<sup>rd</sup> 2012 at Twin City Radio, ROK FM, Shama Radio and KYZZ FM. Resource persons who spoke at these stations were Mad. Cecilia Quainoo, Mad. Gladys Frempomaa, Retired Deputy of Nursing, Takoradi Hospital, Osofo Maame Gertrude Awortwi, one of the stakeholders from Mporhor Wassa East and Nii Lartey Addico of MFGh.

These radio programmes were aimed at providing the platform for educating and sensitizing residents in the two districts on mental disabilities with emphasis on the negative effect of stigmatization and discrimination against persons with disorders in the development of their communities.



An interview guide / synopsis prepared by MFGh, was used by the presenters for the talk shows which gave some space to listeners to call in with their questions and contributions.

Copies of the radio talk show recordings have been presented to the Grantor.

#### **6.1.4 Monitoring Visits to Project Districts:**

These were implemented with visits to Mporhor Wassa District which took place on September 19<sup>th</sup> and that of Ahanta West was on October 4<sup>th</sup>.



**Figure 14: A Section of Stakeholders During the Monitoring Visit to Mporhor Wassa East**

The main focus of the visit was to find out how the stakeholders had benefitted from the activities and what impact these had made since the project commenced. The visit was also to enable our organization discuss with participants ways of sustaining gains made since the project got underway.

Prior to the visits, MFGh had made calls to some of the stakeholders and other community members whose contact details were made available. Calls were made to these categories of people whose views were sought on the project's impact.

MFGh arranged to meet the stakeholders on the dates aforementioned at Daboase and Agona Nkwanta where some findings from the visits were as follows:

At Mporhor Wassa East, the major highlights were that:

- ✚ Posters have been pasted in most of the communities there. Those who have seen them have been talking about the issues portrayed therein. Some of the posters distributed at outreach have been taken to places outside the district such as Takoradi, Shama, Beposo
- ✚ Stickers have been distributed and some have been pasted on vehicles both commercial and private
- ✚ Some prayer camps operators are beginning to tell relatives of some persons with mental disorders to take them to the District Hospital or Ankaful Psychiatric Hospital for treatment. One of the stakeholders, a spiritual healer, Osofo Maame Gertrude attested that after the training workshop, she was approached by a family which wanted to bring a relative who has some form mental illness to her. But she asked them to take him first to the hospital and later come for prayers.



**Figure 15: A Section of Stakeholders at Monitoring Visit at Ahanta West**

- ✚ Booklets titled “Strategies and Tips for Good Mental Health” have been distributed and feedback from stakeholders is that many more people want copies to read having been told of its contents and the practical lessons they give. Some stakeholders gave copies of

the booklets to some schools in the areas they live and nearby. These according to them have been put in the schools' libraries for students to use.

- ✚ Traditional rulers have informed their elders of the lessons gained at the training workshop and outreach and recommended that they make arrangements to invite MindFreedom to organize such activities in their communities.

At Ahanta West, the major highlights were that:

- ✚ Posters have been pasted in most of the communities there. Notable places mentioned are lorry stations. Some of the posters distributed at the outreach have been taken to places outside the district such as Half Assini, Elubo, Tarkwa, Asankragwa etc.
- ✚ District Health Directorate has been using the posters for education purposes in its community care activities. It now has been able to get a mental health nurse at post for the first time at the District Hospital which previously was not the case
- ✚ Stickers have been distributed and some have been pasted on vehicles both commercial and private. Some have also been pasted on doors of some offices on the District Assembly compound.
- ✚ Messages about human rights violation at prayer camps have gone down well with some of the spiritual healers who are stakeholders. According to one of them, the Local Council of Churches have called a meeting to discuss the issue and find ways to educating its members who operate the prayer camps to know how to go about treating persons with mental disorders brought to them
- ✚ Booklets titled "Strategies and Tips for Good Mental Health" have been distributed and feedback from stakeholders is that many more people want copies to read having been told of its contents and the practical lessons they give. Some stakeholders gave copies of the booklets to some schools in the areas they live and nearby. These according to them have been put in the schools' libraries for students to use.
- ✚ CSOs like the media are talking about mental health and persons with mental disorders on their networks. They made it known that sharing the training materials and booklets with colleagues have increased their knowledge in mental health. Stakeholders from media made it known that some of their colleagues who are presenters on radio have been using some of the extracts in the booklet on air.

## **7.0 Broadcast of Six Radio Programmes on Awareness on Mental Health & Human Rights:**

These activities took place between October 4<sup>th</sup> and 5<sup>th</sup> 2012 at Twin City Radio, Shama Radio, ROK FM and KYZZ FM. Resource persons who spoke at these radio stations were Mad. Cecilia Quainoo, Mad. Gladys Frempomaa, Retired Deputy of Nursing, Takoradi Hospital, Mr. Cephas Ansah, one of the stakeholders from Ahanta West, Dan Taylor and Nii Lartey Addico both of MFGh.

These radio programmes were aimed at providing the platform for educating and sensitizing residents in the two districts on mental disabilities with emphasis on the negative effect of stigmatization and discrimination against persons with disorders in the development of their communities. It further proffered the opportunity for one of the stakeholders to talk about impact of the project and share experiences with other listeners.

An interview guide / synopsis prepared by MFGh, was used by the presenters for the talk shows which gave some space to listeners to call in with their questions and contributions. As a follow-up, contact numbers of MFGh and the resource persons were provided.

Copies of the radio talk show recordings have been presented to the Grantor.

## **7.1 Evaluation Meetings:**

The meeting in Mporhor Wassa East took place on October 3rd at the old District Court building and that of Ahanta West was on October 4th at World Vision Centre, Agona Nkwanta.

The evaluation took the form of focus group discussions and interviews with the stakeholders. Calls were also made to some beneficiaries in communities of the two districts to get a feedback from them. Both meetings were conducted by Dan Taylor of MFGh.

### **7.1.1 Outcome of the evaluations at the two places was inter alia that:**

- ✚ Some residents numbering approximately one hundred and fifty are beginning to appreciate the need to accord persons with mental disabilities their rightful place in society instead of the excluding and marginalizing them
- ✚ Stakeholders have all agreed that the activities implemented were relevant to the project objectives and mentioned the training workshop as one that completely changed their perceptions about mental health conditions and how vulnerable everyone is
- ✚ Two of the Traditional rulers in Mporhor Wassa East have since the training been telling about sixty of their subjects about what they have learnt and its relevance
- ✚ Traditional healers and spiritualists have been telling about twenty residents whose relatives are with them to arrange and take them to the hospitals for treatment
- ✚ Stakeholders chosen for project have been appropriate as these categories of people and organizations have direct bearings of their work on residents of communities in the districts
- ✚ Some stakeholders especially NGOs have had over fifty members of the community come to them after the outreach to seek advice on what to do
- ✚ CSOs from five media organizations have been using their medium to address issues on mental health and persons with mental disabilities
- ✚ District Health Directorate at Mporhor Wassa East has been using the posters in its outreach clinics and health education activities at Sekyere Heman, Sekyere Abroadzewuram and Adiembra communities with sponsorship from World Vision Ghana. A copy of a report with photos showing some of these was made available by a staff mental health nurse who took part in the training workshop. Community health nurse (stakeholder) at Dixcove Hospital is using the posters in four communities in Ahanta West where she is currently working
- ✚ Two mosques in Ahanta West have been given some of the posters and other materials used for the project with a stakeholder availing himself to share the lessons he had learnt from the project

Some recommendations contained in the evaluation border on the need for stakeholders especially those from the District Assemblies and District Health Directorate to lobby for provisions to be made in their annual budgets for education and sensitization on mental health; Traditional rulers and authorities should make arrangements for MFGh to reach to their areas with the outreaches and other educational activities; Those from the media ought to make much more space for programmes on mental health and persons with mental disabilities on their networks; More of the posters and other education materials have to be printed and disseminated over a wider area in the District; Commission on Human Rights & Administrative Justice (CHRAJ) and other human rights organizations must be well conversant with provisions in the Mental Health Act and the UNCRPD so that they can effectively safeguard the rights of persons with mental disabilities in the communities, institutions and prayer camps; Local Council of Churches in the two districts must arrange for MFGh and the stakeholders to educate their congregations on mental health conditions and people with mental disabilities

## **8.0 Challenges:**

Implementing this project spanning a period of seven months has been quite revealing in terms of new experiences and difficulties, considering that this happened to be the first time MFGh had ventured into the Western Region. These challenges spread across our organization, with some of the stakeholders, some institutions and experiences on the field.

Some of the challenges we must highlight are:

- ✚ Rising costs of goods and services affected our original budget culminating in deficits in projected expenses
- ✚ Lack of right attitudes towards time consciousness especially at start of all the activities
- ✚ Pre-financing of activities by MFGh
- ✚ Apathy on the part of some institutions, both government and non-government towards getting on board as stakeholders or associating themselves with the project
- ✚ Delays in disseminating information to some stakeholders
- ✚ Back to back implementation of activities in some of the milestones
- ✚ Complaints by some stakeholders about inadequacy of transport allowances given at activities
- ✚ Huge financial demands by some people hired to perform some tasks meant to facilitate organization of some activities such as district level forums
- ✚ Slight delays on the part of Grantor in payment of invoices submitted albeit no queries/clarifications had been raised/sought against/for stated deliverables in the milestones

## **9.0 Observations & Lessons Learnt:**

We must mention that these apply proportionally to the two districts as follows:

- ✚ Mental health issues as concern persons with these disorders must be talked about repeatedly as happened in the case of HIV AIDS a few years back. Constant hypes on radio, TV and other publicity networks will help raise the awareness and change wrong perceptions about mental health conditions

- ✚ Stakeholders have fully grasped the training they have been taken through and ready to become advocates of the rights and dignity of persons with mental disabilities
- ✚ Dialogue on mental health and persons with disabilities as we went about them in our project has sat well with all the stakeholders and portions of the populace we interacted with in the course of implementing this project. These have been attested to by the outcomes of evaluation done at all the training workshops
- ✚ Stigma can be reduced significantly if and when we show love and care towards persons with mental disorders wherever we find them as exemplified by one of the stakeholders at Mporhor Wassa East who brought a person with mental disorder from the streets to her church premises and ensured that she went back to his home in the Nzema area after taking care of him for a period of time
- ✚ The outreaches (first time we have been told on the topic we treated in the two districts), have brought about new awakenings to those who prior to that did not care a hoot about mental health and persons with mental disabilities
- ✚ Those from other places other than the two districts who listened to the presentations at the outreaches and got some of the posters have called from where they live for such activities to be organized there. Clearly the dearth of information and knowledge in mental health and persons with mental disorders are a bane in most parts of Ghana which tend to deepen stigmatization and exclude persons with mental disabilities from main stream activities in areas where they are
- ✚ Because of the stigma, some people and families are reluctant to go to Ankaful Psychiatric Hospital or Effia Nkwanta Hospital for diagnosis of their state of mental health fearing that they would become the subject of labeling and stereotyping in their communities

## 10.0 Recommendations:

MFGh would want to put across the following recommendations:

- ✚ Cost of future budgets under the FOG should be denominated in US Dollars in order to cushion any Cedi – Dollar currency fluctuations.
- ✚ Grantees ought to be directly involved in coming up with revised budgets and/or be availed with copies thereof to make some inputs before these are finally approved by the Grantor
- ✚ Time is money and so future activities must be structured in such way that will make participants turn up early so that these can commence ahead of or well on time
- ✚ Grantor should seriously consider funding half payment for future activities as outlined in the milestones with the remaining half being settled after Grantees have submitted all the deliverables and duly accepted by the former
- ✚ Constant education and awareness creation for government and non-government institutions on mental health and persons with mental disabilities would go a long way to change attitudes and perceptions about these issues.
- ✚ Some provisions (we suggest 5% - 10% of total budget cost) must be made in future budgets to cater for incidental expenses that can be used to offset items/expenses not originally budgeted for in the project budget
- ✚ Grantor must endeavour to make invoice payments within the stipulated period, there being no queries/clarifications on submission of deliverables by Grantees

- ✦ Period of implementing project should be seriously considered to go a little longer than currently structured. We recommend a period of between ten and twelve months so as to make impact well grounded
- ✦ We strongly recommend that in future projects, Grantor should seriously consider making provision for television and newspaper coverage of activities. This would enable the whole Ghanaian populace see and hear what is happening with USAID's various support schemes in our country

## 11.0 Appreciation:

MFGh wishes to express profound appreciation to USAID/MSI for funding these interventions in the two districts of Western Region. We are particularly appreciative for being shortlisted from the initial applicants and later made to submit a revised proposal which subsequently culminated in the grant award. We are thankful!



**Figure 16: Flashback: A Scene from One of Our Advocacy Activities in July 2010 Towards Ratification of the UN Convention on The Rights Of Persons with Disabilities in Ghana & Passage of the Mental Health Bill. This was During a March Through Some of the Principal Streets in Accra Which Ended at Independence Square**

MFGh wishes to express appreciation to Grantor for the sponsored training workshop it organized which took our staff among other Grantees through topics like project planning, proposal development & writing, time management, monitoring & evaluation, financial management & control etc. That the topics treated have helped built our personal and organizational capacities in so many ways are attested to by some structures we have put in place and are utilizing thereafter. MFGh is profoundly thankful!

Implementing this project in Western Region has opened a new vista in our organization's profile and this among other indicators are manifested by the number of calls we have had during and after the curtain on the project had been drawn. These have been from most of our stakeholders, beneficiaries of the outreaches cum other activities and requests for radio interviews by some stations in Western Region especially during the recent celebration of World Mental Health Day on October 10th and thereafter.

We are pleased with the great interest expressed by all stakeholders in the project and most particularly the various learning experiences they had had and wish to thank them sincerely for availing themselves for the successful implementation of this project.

Our appreciation also extends to all the resource persons for their presentations and other consultants we engaged in coming with other materials necessary for the successful implementation of this project.

## **12.0 Conclusion:**

As an organization, we appreciate the fact that changing people's views and mentality about mental health and those who in one way or the other suffer from it would take quite a long time. We can conclude with certainty that the milieu is changing but quite slow it is. But then it is better late than not starting anything at all.

Recognizing that knowledge is power, it is our utmost expectation that the aftermath of this project will and can witness significant changes in people's beliefs and attitudes towards issues pertaining to matters of mental disabilities in the two districts and hopefully extend to other parts of Western Region.

As noted in the observations and lessons learnt, much more sustained publicity stints and media hype ought to be embarked upon as happened in the case of HIV AIDS sensitization and anti stigma campaigns which were all over the place in Ghana a few years back.

A lot more would have to be done to educate and sensitize the public on mental health conditions and those who suffer from these in different forms. In fact these ought to be sustained in various ways by all the stakeholders especially the district health authorities and district assemblies as separate entities and collaborators as and when necessary. We further believe that USAID would commit itself to provide another round of funding to enable us and/or other organizations deepen what had been implemented.

MFGh is fully committed to facilitating such educational and sensitization interventions in the two districts and indeed anywhere in Ghana especially with passage of the Mental Health Act and ratification of the UN Convention on the Rights of Persons with Disabilities.