THE CASE OF BasicNeeds IN MID-GHANA

‘Enabling people with mental illness or epilepsy to access their human rights in mid-Ghana (2011-2015)’

Lessons Learned - Opportunities to Strengthen & Integrate the Mental Health System in Ghana

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Outline of presentation

- Brief Introduction of BasicNeeds & BasicNeeds-Ghana
- Overview of the project
- Implementation and achievements, observed change and impact
- Lessons learned – Opportunities to strengthen and integrate the Mental Health System in Ghana
- Discussion – Suggestions, questions & answers

BasicNeeds

BasicNeeds is an international development organisation that was founded in 2000 by Chris Underhill after an initial encounter with tortured and caged mentally ill people within a hospital compound in Africa

Our **vision** is that the basic needs of all people with mental illness and epilepsy throughout the world are met and their basic rights are recognised and respected.

Our **mission** is to enable people with mental illness or epilepsy and their families to live and work successfully in their communities by combining health, socio-economic and community orientated solutions with changes in policy, practice and resource allocation

BasicNeeds

A global mental health and development organisation in:
12 Countries of 5 Continents

BasicNeeds

BasicNeeds' model for mental health and development – main implementation approach of the organisation

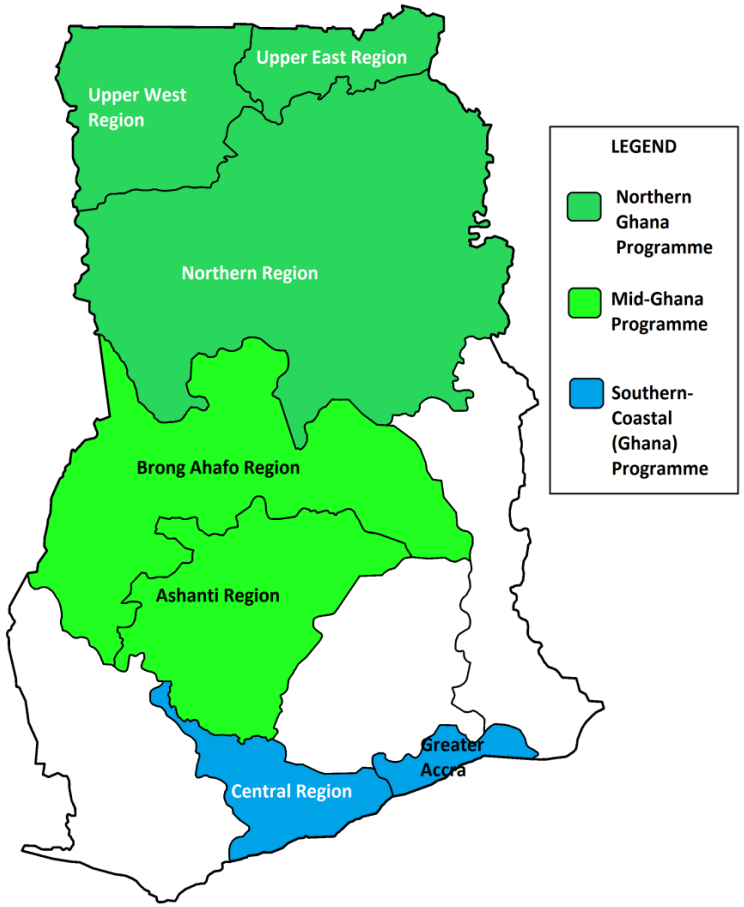
- Active community consultations with people with mental illness or epilepsy and their carers and families
- Training of local partners (CBOs/ NGOs, decentralised government agencies
- Public awareness creation
- Building relationships and networks
- Self-help group
- Process documentation

BasicNeeds

BasicNeeds promotes a most integrated and developed community based mental heath system

BasicNeeds-Ghana

- BasicNeeds-Ghana was formally registered in 2002
- It was to improve mental health among poor communities in low income countries by implementing an innovative and progress model for mental health and development
- Ghana served as the grounds to test the suitability and adaptability of the BasicNeeds model for mental health and development
- Now a fully fledged national NGO; remains a member of the BasicNeeds international federation under the leadership of BasicNeeds UK Trust →
- **BNGh operates in three programme areas** (see map):
  - **Northern Ghana - (Northern, Upper East & Upper West)**
  - **Accra Urban - (Asheidu-Keteke, Ablekuma, Ayawaso & Okaikoi)**
  - **Mid-Ghana - (Ashanti and Brong-Ahafo)**
  - **Southern-Coastal Ghana (Accra metro. & Cape Coast)**



Overall, covering 81district s in at least an aspect(s) of

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Mental health is under-resourced and neglected

BasicNeeds
BasicRights

BasicNeeds works to bring about a lasting change in the lives of mentally ill people around the world

Medical files of people under treatment in a Community Psychiatric unit

Struggle with mental illness and epilepsy.

A combination of:

- stigma,
- negative perceptions,
- fear, helplessness,
- poor attitudes,
- inadequate infrastructure and service policy
- Inadequate political commitment

Enabling people with mental illness or epilepsy to access their human rights in mid-Ghana:
aka 'The mid-Ghana Project'

- Goal:

Women, men and children with mental illness or epilepsy with mental illness and epilepsy in Ashanti and Brong-Ahafo Regions of Ghana satisfy their basic needs and their basic rights are recognised and respected

- Purpose:

To strengthen the capacity of poor women, men and children affected by mental disorder and epilepsy to access effective mental health and development services that meet their aspirations for a better quality of life

- Outputs:

i. 7800 women, men and children affected by mental illness and/or epilepsy and carers have access to mental health and development services through community-based mental health in hard to reach areas of Ashanti and Brong-Ahafo Regions of Ghana

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- Outputs:

i. 130 Self-Help User Groups of women, men and children with mental illness or epilepsy and their carers are empowered and able to express their needs and claim their rights to inclusion and development

ii. The capacity of NGOs in Ashanti (AS) and Brong-Ahafo (BA) Regions of Ghana are strengthened to fully implement and train in the MHD model

iii. Knowledge on mental health and development built and disseminated to influence policies and practices in Ghana

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- Key Activities:

- Identify/mobilise and consult with 7800 people with mental illness and/or epilepsy and their primary carers
- Support the establishment of 16 community mental health clinics with specialist psychiatrists outreaches facilitated to support mental health treatment services at district and sub-district levels
- Facilitate 208 specialist psychiatrist outreach services in the 16 districts
- Train 96 Community Mental Health Services volunteers (6 for each district) on 'Essential Skills for Mental Health Care' to support early reporting of mental health cases an to undertake family visit to support treatment of people with mental illness and epilepsy
- Facilitate In-Service Training (INSET) for 26 Community Psychiatric Nurses and 64 other general health workers to increase mental health service provision at the district and sub-district level
- Train 68 managers and handlers of Prayer Camps on basic psychiatry and human rights of mentally ill people, including issues related to gender violence and HIV/AIDS
- Facilitate the formation of 130 SHGs of people with mental illness and/or epilepsy and their primary carers
- Training of leadership and members of SHGs in group dynamics, leadership, record keeping and financial management, and local level advocacy to enhance their group activities.

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- Key Activities:

- SHGs undertake exchange visits to existing SHGs in northern Ghana and national secretariat of mental health service users and primary carers in Accra
- Support community and district level advocacy of SHGs to demand/claim their needs and rights through community outreach, (including visits to churches/mosques Pentecostal Prayer Camps) and community durbars and visits to District Assemblies.
- Support SHGs to link up with existing livelihoods opportunities through local community development organisations
- BasicNeeds trains and supports 2 key local partners on the Mental Health and Development (MHD) model to enable them to reach a required standard to gain accreditation as a BN training/franchise partner in implementation of the MHD model
- Train at least 30 staff of local implementation partners to ensure effective implementation of the MHD model in the field and to work with SHGs
- Establish a regional local NGO network for mental health and development advocacy, with active inclusion of people with mental illness and epilepsy and their carers, in Ashanti and Brong-Ahafo Regions of Ghana
- Support advocacy and policy campaign work through appropriate media and public awareness activities, development and use of IEC materials ('We Count', posters, T. Shirts and caps)
- Train 54 key policy makers in health and (rural) development in basic psychiatry to create awareness and ensure development plans include mental health issues and needs of SHGs

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- Project Areas:

Atebubu-Amantin District, Sene West (and East) district(s), Pru District, Kintampo North Kintampo South, Asutifi, Tain, Sunyani West, Sunyani East (Odumasi), Dormaa East (all in Brong-Ahafo Region);

Amansie West, Adansi East, Adansi West, Ejura Sekyedumasi, Kumasi Metro. (Tafo) (all in Ashanti Region)

- Project implementation partners:

1. MIHOSO (Mission of Hope) Foundation International (MIHOSO)

2. Centre for the Development of People (CEDEP)

‘The mid-Ghana Project

Implementation and Achievements

- **Extensive Community Engagements – for community entry & influencing stakeholder buy-in:**

  - Consultations with persons with mental illness or epilepsy and their primary carers
  - District and regional directorates of health services
  - District Assemblies and Regional Coordinating Councils
  - Medical Directors/Superintendents of hospitals and health centres
  - Owners/managers of prayer camps & traditional healers
  - Private health care providers (maternity homes and pharmacists and/or chemical sellers/ drug-stores

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Implementation and Achievements

- **Consultation with persons with mental illness or epilepsy and their primary carers**

  Identified/ consulted 7925 people:

  3925 PWMIE (1812 men, 1709 women, 256 boys, 148 girls)

  3882prim. carers (2300 women, 1027 men, 421 girls/ 134 boys [adolescents]),

- **Development of SHGs for self-advocacy:**

  148 SHGs established with 5180 (3163F, 2017M)

- **Community health workers and Volunteers trained:**

  163 Community health workers (94F,69M);

  150 Community Vols. (68F,98M)

- **Managers of prayer camps trained and relationships established for provision of treatment services to people in the prayer camps**

  112 managers/ owners of prayer camps trained

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Implementation and Achievements

- **Establishment of Community Psychiatric Units (CPUs)**

  16 CPUs establishment and supported with logistics

- **Facilitation of provision of community mental health services**

  208 quarterly specialist psychiatrist outreaches and follow-up outreaches carried out through the project districts, routine daily services in the CPUs

- **Two regional Mental Health Alliance established** bringing together over 45 CBOs/NGOs and decentralised government MDAs (Dept of Soc. Welfare, Dept. of Com’ty Dev’t, CHRAJ, NCCE, Dept of Women & Children)

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Implementation and Achievements

- **Regional Mental Health Alliance established**
  - **Over 45 NGOs/ CSOs/ CBOs & MDAs**

- **Community durbars and media activities carried out to create awareness**

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Implementation and Achievements

Provided regular monitoring and support to implementation partners and ensuring quality control

‘The mid-Ghana Project

Implementation and Achievements

- **Partners have improved capacity to implement project and work in mental health:**
  - working with women and men, girls and boys with mental illness or epilepsy
  - Policy engagement at the local level to improve community mental health and inclusion of mental health in district assembly plans and programmes (NHIS, LEAP)
  - Active involvement in awareness and advocacy
  - Engaging/ influencing and working with prayer camps
- **Organisational systems and practices have improved**
  - Human resource systems (contracts and performance reviews) instituted and operating
  - Financial accounting process and reporting improved.
- **They still require lots of support though:**
  - Reporting (Timeliness and completeness)
  - Financial independence and fundraising capacity

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- Change and Impact:
  - ❑ Access to mental health treatment services improved:
    - People receiving treatment have significantly improved in their health. With reduced symptoms they are able to engage in household and income earning ventures
    - Even though just in 16 out of over 60 MMDAs of the two regions, mental health is widely recognised as a topical issue needing attention
  - ❑ Awareness improved and social stigma reduced

"Mental health was not really what we did but now with the establishment of the Unit has been on immense relief to people in and around the district. People come freely and most times accompanied by the families. They are bringing them out for treatment. This is because there is now more information about the illness and treatment available " Medical Superintendent, Nsoatre Hospital.

  - ❑ Mental health has been included plans and budgets
    - 12 out of 16 targeted district assemblies have plans and budgets to address mental health issues, at least awareness creation activities
    - 507 service users/ primary carers have benefitted from LEAP and NHIS
  - ❑ Increased number of CSOs involved in mental health awareness creation and advocacy

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- Challenges:
  - ❖ Political commitment and counterpart funding expected from government (District/ Municipal/ Metropolitan Assemblies and Health directorates) not forthcoming
    - District assemblies explain the DACF is irregular and district/ health directorates do not get regular inflows of funds
  - ❖ Shortage of government supplies of medicines

BasicNeeds-Ghana sustained the supply of medicines in the area but this could not make it possible for the project 60% target of psychotropic medicines availability to be reached

- ❖ Stigma against mental health issues and people living with mental illness still exist in communities and among officialdom
- ❖ Remote and hard-to-reach communities constitute a challenge to maintain regular contact

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- Lessons learned:
  - ❖ Political buy-in and stakeholder involvement requires time to develop.
    - Mental health being 'new' in community development, frequent transfers and poor record keeping in government departments is a challenge to maintaining and sustaining discussions and agreements
  - ❖ CBOs/NGOs are willing to work in mental health but do not know how to start
    - CBOs/NGOs are a good interface to work with
  - ❖ Built relationships with the media and actively involving them in the provides avenue for a bigger voice for mental health issues – they have a powerful voice/ constituency
  - ❖ Organised group of mental health service users and care-givers provide avenue for their greater and effective involvement of service provision and awareness raising

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- What are the opportunities?:
  - ❑ We have a MH Law (Act 846; 2012)
  - ▪ It demonstrates a good level of commitment by government to improve the situation
  - ❖ CBOs/NGOs are willing to work in mental health – having been involved as a partner of BasicNeeds-Ghana and/or a member of the region-based mental health alliance
  - ▪ CBOs/NGOs are a good interface to work with
  - ❖ Increasing number of community health workers willing to work in mental health. Potential of senior high school graduates showing interest in being trained in mental health profession, either as nurses or social workers
  - ❖ Growing interest of the media on mental health issues provides an opportunity to build relationships to focus more on mental health. – they have a powerful voice/ constituency
  - ❖ The select committee of the Parliament of Ghana and its members have a commitment to doing their bit for mental health. This should be exploited and enhanced
  - ❖ Informal/ alternative health care practitioners/ private health care providers (prayer camps/ traditional healers, pharmacists and maternity homes) provide avenues for promoting and enhancing mental health services

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- Way forward:
  - ❖ BasicNeeds-Ghana secured funding and will continue to explore funding to continue with our operations in the regions
  - ❖ BNGh will continue to work with and mentor the implementation partners to enable them acquire franchise status to deliver the entire model as required.
  - ❖ Ongoing efforts will be intensified to maintain and extend contact with governments (locally and at the nationally), particularly working with the Mental Health Authority of Ghana to promote community mental health and advocate for pro-poor policies and programmes to be inclusive of mental health issues

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