



UNIVERSITY OF GHANA

**DISCRIMINATION AGAINST PEOPLE WITH DISABILITY IS A VIOLATION
OF THE INHERENT DIGNITY AND WORTH OF THE HUMAN PERSON: A
CALL TO INTENSIFY INVESTMENT IN QUALITY MENTAL HEALTH CARE.**

BY

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DECLARATION

I hereby declare that except for acknowledged references this work is the result of my own research. It has not been presented anywhere either in part or in its entirety for the award of a degree.

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DEDICATION

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ABSTRACT

The general well-being of the human person is the totality of the effective operation of the human brain especially, and the physical health of the person. Without the brain functioning properly, the entire body may be deemed collapsed as nothing meaningful may proceed from such individuals. Dr Brock Chisholm, the first Director -General of the World Health Organization (WHO), who was a psychiatrist and Shepherded the notion that mental and physical health were intimately linked. He also stated that “without mental health there can be no true physical health”.¹ It is for this purpose that all individuals, departments, agencies and government must pay intense attention to and seek to fulfill their duties to ensuring that the right to quality health care of which mental health care is not exempted is realized.

As indivisible as the right to quality mental health care is, mental health has historically been neglected in Africa’s health and development policy agenda. Faced with equally challenging matters, including maternal and child morbidity, malaria, intractable poverty, leaders in Ghana and international development agencies frequently overlook the importance of mental health. It is as a result of this conscious shift of attention from mental health to other matters that we have mental patients of various degrees of mental health challenges on the streets of Accra, Ghana.

This paper seeks to unfold:

1. the injustice done people with mental health diseases;
2. the insubstantial investment and contributions from the government of Ghana over the years in the mental health sector;
3. the inability of international bodies and communities’ and the government of Ghana’s inability to adequately factor, promote and guarantee the rights of persons with mental health diseases in the various acts and conventions; and
4. the evasive nature of advocacy in matters regarding mental health in Ghana.

To effectively achieve the purpose of this paper, relevant institutions like the Mental Health Authority, reports and statistics from the Accra Psychiatric Hospital, Pantang Hospital, the World Health Organization on Mental Health and Mental Health Care will be examined. Some published cases, summaries of various interviews from international and national institutions and individuals will be considered. Legislations like the Mental Health Act, 2012 (Act 846), International and Regional Instruments will be reviewed for this purpose.

This paper concludes with the unfolding of the weaknesses in the mental health sector and how the rights of persons with disabilities (mental health challenge) are considered among the least in our society and treated with little or no dignity. The statistics will

¹ See, *Outline for a Study Group on World Health and the Survival of the Human Race*. Material drawn from articles and speeches by Brock Chisholm. Geneva: World Health Organization; 1954. Available from: whqlibdoc.who.int/hist/.../ChisholmBrock_1953_Compilation.pdf [accessed 22 August 2019]

prove that international instruments and norms regulating mental disabilities rights are somewhat ineffective in our part of the world.

1.0 INTRODUCTION

The rights of the individual either entrenched or enshrined in various constitutions across the globe seem to give assurance to the individual that the legal institutions and communities will guarantee any citizen the protection of his or her rights when the normal brains or mind of the citizen is gone haywire without seeking whom or who to point figures at as being the reason behind one's mental shortcomings.

Globally, we are made to understand and believe in the universality of human rights.² Yet despite the tremendous growth in the awareness and scope of international human rights advocacy since the late 1970's, states have rarely been subjected to international scrutiny on the treatment given to people with mental disabilities. The individuals' rights to mental health have been hidden behind the curtain of stigma and discrimination for too long a period.³ It did take the most ardent activists of human rights to fight for man's freedom from slavery and slave trade, but it seems to have taken a long time for the fight for peoples' right to mental health to be a part of us.

While there have been visible improvements in one's rights to most health areas, mental health; the quality and investment made therein, though highly relevant to Millennium Development Goals (MDGs) have not been given the necessary recognition, as it was excluded from the goals.⁴

How relevant then is mental health to the United Nations?

For all individuals, mental, physical and social health are vital and inter-woven strands of life. As our understanding of this relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries.⁵

The emphases this paper seeks to make, is that, there is the need that the nation Ghana, acknowledge its citizens' right to quality mental health and mental health care and improve its investment in ensuring that rights of citizens with mental health disorders are enjoyed fully and equally.

By investment in mental health, we mean substantial continuous financial commitment to the mental health sector, infrastructure and human resources development that will help take care of the needs of people with mental disorders and sufficiently promote all rights of persons with mental health disorders.⁶

²See, Eric Rosenthal and Leonard S. Rubenstein (1993) International Human Rights Advocacy under the "Principles for the Protection of Persons with Mental Illness" International Journal Law and Psychiatry, Vol. 16 pp. 257.

³ World Health Organization (WHO), (2007) *Investing in Mental Health* pp. 3

⁴ United Nations. (2013). The millennium development goals report 2013. New York: United Nations.

⁵ World Health Organization (WHO), (2007) *Investing in Mental Health* pp. 4

⁶ World Health Organization (WHO), (2007) *Investing in Mental Health* pp. 3

2.0 BACKGROUND

In recent years, mental disorders and psychosocial disabilities have been increasingly recognized as a global development issue in several high-income governments.⁷ Most of these governments have acknowledged the critical importance of scaling up mental health services in their respective countries.⁸ However, quite a large number of countries around the world have immeasurable work to perform in the mental health sector.

In West Africa, Ghana, is one of the few countries hailed across the globe for diverse reasons. In recent times, we have been in the news for our excellence and prowess in football, as the most stable and peaceful country in West Africa since its transition from military rule to multi-party democracy in 1992 and ⁹Africa's largest gold producing country, amongst others. A country with fairly robust growth, the source of our growth has always been biased in favor of extractive and capital-intensive services sector, which do not have direct poverty reducing effect. We still have area constrained by basic infrastructure, rural-urban disparities in health care service with malaria still a public concern being battled and still significant enrolment gaps also remain between the poorest and the wealthiest children.¹⁰ While it would appear that we have done well as a nation, we have not fared well in matters of human rights enforcement and in the provision of quality mental health delivery.

It is instructive to note that, the mentally handicapped¹¹ are also considered physically handicapped or disabled persons. How is society to know, when they are barely spoken of nor have their rights upheld by any institution or protected in any way or some special concerns given them?

While a lot is still being done in the health sector, the mental health still remains one of the sectors or areas that has been neglected and left in a deplorable state.¹² Over two decades now, the five 5 killer diseases in children have been a priority and a goal for the World Health Organization (WHO) and United Nations Children and Education Fund (UNICEF).¹³ Instead, they have made headway with solving morbidity and mortality to a

⁷ Eaton, J., Kakuma, R., Wright, A., & Minas, H. (2014). A position statement on mental health in the post – 2015 development agenda, *International journal of mental health systems*, 8(1), 28.

⁸ *Ibid.*,

⁹ Amarendra Bhushan Dhiraj (2018) The World's Largest Gold Producing Countries, 2018 Rankings. *Corporate Commentary*. <online>: <https://ceoworld.biz/2018/06/14/the-worlds-largest-gold-producing-countries-2018-rankings/> accessed on July 15, 2019.

¹⁰ United Nations Development Project (UNDP) <online>: <http://www.gh.undp.org/content/ghana/en/home/countryinfo.html>

¹¹ Fox, A.M. (1976). "The special educational needs of physically handicapped children." *Child: care, health and development*, 2(1), 45-71.

¹² See, Doku V., Ofori-Atta A., Akpalu B, et al. (2008) A situation analysis of mental health policy development and implementation in Ghana. Mental Health and Poverty Country Report on Ghana.

¹³ WHO (2004) Developing Health Management Information Systems. A PRACTICAL GUIDE FOR

reasonable extent in African. ¹⁴The killer diseases most heard of amongst children at the time, were poliomyelitis, malaria, deadly diarrheal disease and pneumonia and were treated as special cases with intense attention and investment in Africa. Today, killer diseases in Ghana are not as topical as they were some time ago.

Serious attention should be given to the mental health sector across the nation Ghana. The fact that mental health disorders are not “killing” people in Ghana, as it were does not mean that an important resource as a nation is not being torn apart. Mental health care should be treated as a right in Ghana.

With no prejudices to political parties or biases on grounds of political affiliation, Ghana’s budget statement and economic policy of each financial year read by the minister of finance annually, evidently shows the priority placed on all sectors in the country. The 2017, 2018 and 2019 budget statements and economic policies had brief references on the health sector while emphasis was placed largely on petroleum revenue and other industries that aim at fetching money for the government. Other policies dwelt on are taxes, electricity tariffs, and water bills, infrastructure and diverse special initiatives. ¹⁵¹⁶Ghana in 2010 allocated 6.20% out of the total 100% budget to other health services.

If there was enough information for advocacy, could policy makers be convinced to place more of the country’s health budget into mental health care?¹⁷

Developing Countries. Geneva, World Health Organization.

¹⁴ Wardlaw, T., Salama, P., Johansson, E. W., & Mason (2006). Pneumonia: the leading killer of children. *The Lancet*, 368(9541), 1048 – 1050.

¹⁵Ministry for Finance (2018) *The Budget Statement and Economic Policy* - The Government of Ghana, “Putting Ghana Back to Work”.

¹⁶Department of Psychiatry, University of Ghana Medical School/Ministry of Health Partner. (2010) *Mental Health and Poverty Project*, Policy Brief – Ghana Team.

¹⁷*Ibid.*,

3.0 HISTORY OF MENTAL HEALTH LEGISLATION IN GHANA

As a former colony of the United Kingdom, the legal and governance systems of Ghana were modeled upon the British systems as they existed at the time of colonial rule. In 1957 independence was declared and the area known as the Gold Coast became Ghana. Ghana today exists as a multi-party democracy; after periods of military rule, the current Constitution was approved in 1992.¹⁸

¹⁹Ghana's first mental health legislation was the Lunatic Asylum Ordinance Cap 79 of 1888, and it regulated all health matters in the mental health sector. It remained in existence until 1972 when National Redemption Council (NRC) Decree 30 also known as the Mental Health Act 1972 was enacted.²⁰NRC Decree 30 primarily focused on providing institutional care of patients. It was an improvement on the 1888 Ordinance with regard to voluntary treatment and care.²¹

Some attempts were made to effect changes to the 1972 Act in 1996 but these never materialized until 2006 when extensive work was done to introduce a Mental Health Bill.²²The 1972 Legislation was by then outdated and did not match the global standards in protecting and improving the well-being of people living with mental health challenges.²³ However, the Parliament of Ghana, in March 2012 successfully passed the new Mental Health Bill known as Act 846, 2012 into law. This new law, (Act 846, 2012) seeks to bridge the gap between mental health services and needs in Ghana. It adopts a human-rights-based approach to treatment of persons with mental health challenges; prohibits all forms of discrimination and inhumane treatment of mentally disturbed person and desires that mental disturbed persons be given equal opportunities.²⁴ This aspect of the law is one that most individuals, institutions and organizations have deliberately turned a deaf ear to.

3.1 Mental Health Act 2012 (ACT 846)

²⁵The Mental Health Act, 2012 (Act 846) established a body known as the Mental Health Authority whose objective is to see to promote mental health and provide human care

¹⁸ Walker, G. H., & Osei, A. (2017). Mental health law in Ghana. *BJPsych international*, 14(2), 38-39.

¹⁹*Ibid.*,

²⁰Ofori-Atta, A., & Ohene, S. (Eds.). (2015). *Changing trends in mental health care and research in Ghana* (No. 3). Sub-Saharan Publishers.pg. 9

²¹*See*, Ofori-Atta, A., Read, U. M., & Lund, C. (2010). A situation analysis of mental health services and legislation in Ghana: challenges for transformation. *African Journal of Psychiatry*, 13(2).

²²Ofori-Atta, A., & Ohene, S. (Eds.). (2015). *Changing trends in mental health care and research in Ghana* (No. 3). Sub-Saharan Publishers.pg. 9

²³ *Ibid.*, at 9.

²⁴ *Ibid.*, at 10.

including treatment and rehabilitation in a least restrictive environment; and promote a culturally appropriate, affordable, integrated and specialized mental health care that will involve both the public and the private sectors. ²⁶The authority in order to achieve these objectives among many others are to collaborate with other healthcare service providers to ensure the best care of persons with mental disorder; protect the rights and responsibilities of persons with mental disorder; ensure and guarantee the fundamental human rights of persons with mental disorder against discrimination and stigmatization. The Act also provides for the composition of a tribunal which shall hear and investigate complaints in respect of people detained under Act 846.²⁷

Act 846 makes provision for the rights of persons with mental disorders; ²⁸non-discrimination of persons with mental health disorders, ²⁹their basic human rights, confidentiality³⁰, ³¹privacy and autonomy, ³²access to information, and ³³right to employment, amongst others. With all these well-meaning provisions and other international provisions which will be addressed shortly, not much of the objectives have been realized in Ghana. It is as though we never had an Act that tackled matters of mental health care. What could the challenge be?

It is expedient for a nation to update and upgrade itself as the world evolves and its population increases exponentially. Not many citizens and individuals in Ghana have an idea of the laws that protect these vulnerable individuals. Hence when stating that we have equal rights, there should be some in-depth explanation given people when persons with that persons with mental health problems are included.

3.2 Legislations, International Standards, and Instruments Regulating Mental Health Care

Persons with disabilities face discrimination and barriers that restrict them from participating in society on an equal basis with others every day, either openly or covertly all around the world regardless of the laws meant to protect such persons. One may wonder why these laws are made if they cannot be implemented. There are various international human rights instruments that seek to protect the rights of persons with disabilities but; as there seems to be little done with enforcement in the said area in Ghana. Ghana is signatory to a number of these instruments; the Convention on the

²⁵ The Mental Health Act, 2012 (Act 846) Section 1(1).

²⁶*Ibid.*, at Section 3 (e)(f)(g).

²⁷*Ibid.*, at s.26 (1).

²⁸ Section 54.

²⁹ Section 55.

³⁰ Section 60.

³¹ Section 61.

³² Section 62.

³³ Section 63.

Rights of Persons with Disability (CRPD) and Optional Protocol to the Convention on the Rights of Persons with Disabilities 2008, the 1948 United Nations Declaration on Human Rights (UNDHR), the United Nations (UN) Resolution 46/119, Resolution 47/3, the 1981 African Charter on Human and Peoples' Rights, Persons with Disability Act, 2006 Act 715, the draft protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa which was adopted in The Gambia in February 2016. All these instruments aim at pointing to the propagating, guaranteeing and realizing the human rights of persons with disabilities and³⁴ prove that international instruments support even the most basic rights of persons with mental ailment.

The Universal Declaration on Human Rights (UDHR) was proclaimed by the General Assembly of the United Nations in 1948 as the common standard of achievement for all peoples and all nations to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States and among those of territories under their jurisdiction. The declaration provides that,³⁵ all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. This declaration is one that Ghana is a signatory to, which means respect for to the rights of all persons, yet very little have been applied here with regard to our relations or citizens who suffer one mental disorder or the other. Man or woman, young or old, any person with mental disorder remains a human being with equal rights just as any other person and must be respected and treated with dignity.³⁶ Likewise the protocol to the African Charter on Human and Peoples' rights on the rights of persons with disabilities in Africa which states that every person with disability has the right to life and integrity hence state parties much take measures to ensure that persons with disabilities are not discriminated, on one or more grounds, including denial of reasonable accommodation, on the basis of birth, age, gender, sex, race or ethnicity, language, religion, color, nationality, economic, social or political status, health or other status and also that specific measures, as appropriate, are provided to persons with disabilities in order to promote equality and eliminate discrimination, and such measures shall not be considered discrimination. The Persons with Disability Act, 2006 Act 715, makes no room for compromising the rights of persons with mental health disorders or otherwise known as psychosis.

These guaranteed rights will not yield the results we need, if the authorities, the mental health authority, the ministry of health, the National Commission on Civic Education, the various hospitals and special clinics sit and do very little. The rights of mentally disabled

³⁴ World Health Organization (WHO); *Guidelines for the Protection of Human Rights of Persons with Mental Disorders*: Division of Mental Health and Prevention of Substance Abuse. Geneva (1996), pg. 11.

³⁵ Article 1 of the Universal Declaration of Human Rights, (UDHR).

³⁶ Article 1 (2) (3) of the Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, African Commission on Human and Peoples' Rights; February 2016.

persons must be propagated in schools, churches, offices just like the publicity given to Ebola and HIV AIDS.

We cannot have laws and not implement them. It is unsatisfactory to establish institutions which do little about the abuse of mentally disabled persons.³⁷ Then United Nations Secretary-General, Ban Ki-moon stated at a Mental Health Day that, “Mental disorders contribute more to disease burden and disability in developing countries than any other category of non-communicable disease, yet only a small minority of people with mental disorders in these countries have access to mental health services. The need is high, and care is inadequate”.³⁸ He reiterated that, “Governments and public health organizations, civil society, multilateral agencies and donors must join hands to make this happen,” he added, noting that effective treatments exist for a wide variety of mental disorders.³⁹

It is a fact that cannot be denied that mental disorders are brain-based conditions that can be made better or worse by the environmental factors. Factors like drug use, stress, comfortable accommodation, regular and available health service providers, acceptable families and societies amongst others contribute to making life worse or better for individuals with mental disability.⁴⁰

People who have been diagnosed to be mentally ill should enjoy the same rights as other citizens of the country, most fundamentally the right to live their lives as they choose and the right to make their own decisions.⁴¹ Any special help or protection they may need as a result of their disability should in no way alter their fundamental citizenship rights.⁴² It is for this reason and many others that Ghana as a state must treat and give mental health equal priority in investment as is being done to education currently.

³⁷ UN News, Ban Ki-moon, Global Perspective Human Stories. “*Ban calls for donor support to treat mental disorders in developing countries*”, online: <<https://news.un.org/en/story/2009/10/316852-ban-calls-donor-support-treat-mental-disorders-developing-countries>> 10 October 2009.

³⁸ *Ibid.*,

³⁹ *Ibid.*,

⁴⁰ See, American Psychiatric Association. (2015). *Understanding Mental Disorders: Your Guide to DSM-5*®. American Psychiatric Pub.

⁴¹ World Health Organization (WHO); *Guidelines for the Protection of Human Rights of Persons with Mental Disorders*: Division of Mental Health and Prevention of Substance Abuse. Geneva (1996), pg. 11.

⁴² *Ibid.*,

4.0 ACCESS TO QUALITY MENTAL HEALTH AS AN INDIVISIBLE RIGHT

⁴³The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. The positive dimension of mental health however, is stressed in WHO's definition of health as contained in its constitution: ⁴⁴"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The brain is wired in such a way that, it is responsible for most activities, actions and inactions of the human persons. Hence for one to enjoy a sound mind to be effective to her or his community cannot be down played. The sound mind produces a sound and effective human resource that can feed for her or himself as well as others in his or her immediate environment and beyond. The sound mind when nurtured, developed or trained with the rights and appropriate information, and treated properly can make beneficial contribution to the world. In this same vein that a similar person without treatment can be a liability to society.

The individual's right to quality mental health care cannot be underrated as the magnitude and burdens of mental disorders are unimaginable. ⁴⁵Mental health disorder is one significant burden on the family, as family members are often the primary caregivers of people with disorders. The extent of the burden of mental disorders on family members is difficult to assess and quantify, and is consequently often ignored. However, it does have a significant toll on the immediate family's quality of life.

The immediate members with mental disorder mean a lot than one may think in our part of the continent. Families go all out to seek remedies from various sectors so their relatives would be fine. They roam from the orthodox, to herbal then to *Vudu* men and women all in the bid to make life better for the mentally sick relation. In the process of doing these, families are drained of cash and the quality of life and standard of living in most cases are reduced to nothing dignifying for members in these families. ⁴⁶In addition to the obvious distress of bearing to see one's family member in that state, the rest of the family would have to battle with stigma, discrimination and in some cases neglect and denial of suitors from marrying from such families as '*madness*' or insanity is an area inquired into before a suitor is permitted to marry from. ⁴⁷In the worse cases, a single mother would have to take time off work, which in most cases lead to her losing her job

⁴³ World Health Organization, (WHO), Mental Health: a state of well-being, August 2014: Online: <https://www.who.int/features/factfiles/mental_health/en/>.

⁴⁴ World Health Organization. (2003). Investing in mental health.

⁴⁵World Health Organization. (2003). Investing in mental health. Pg. 14.

⁴⁶*Ibid.*, at 14

⁴⁷*Ibid.*, at 16

and earnings.⁴⁸The failure of our community to acknowledge the burden of mental disorders on affected families means that very little support is available to them. If only state parties or Ghana specifically would pay more attention to this area of our health and ensure that the National Health Insurance Scheme covers a lot of medical bills for the mentally ill and makes it mandatory for hospitals both public and private to accept the scheme, the desirable results will be attained.

The indivisibility of one's rights to quality mental health care can be likened to stark poverty in our part of the world. As the number of persons who suffer mental health disorders increases, the faster the economy loses. Both the sufferer and the helper of the individual will either have to be absent from work for quite a while, and this affects productivity. Eventually, victims end up being sacked or advised to resign as most employers in our part of the world understand very little about mental health management and their lack of knowledge coupled with impatience with persons with mental health disorders is unbearable.⁴⁹All over the world, people with mental disorders face unfair denial of employment and educational opportunities. Understandably, no well-meaning employer who has invested and sacrificed a lot to get his or her company, industry, school, hospital etc. to an enviable level will employ one with disability adjusted life.

First, no one knows when psychosis may strike such an employee. Second, no institution will be willing to employ an individual who suffers a recurring mental health challenge who may have a high possibility of abusing colleagues and client. To avoid all these, opportunities to earn a meaningful living is denied persons with mental disorder even though they have equal⁵⁰right to employment and⁵¹the right to protection against unemployment. Unemployment contributes to an increased crime rate in society. Men and women, who are frustrated, depressed and without money may engage in criminal conduct. Those under the influence of drugs in some cases commit gruesome criminal acts so that they can have some money to live on. Society itself will not be safe anymore because our right to security will be threatened. Why are mothers selling their own children for as low a fee as GHC 200.00 (dollar equivalence USD 38.04)? Some of these cases stem from the depressed mind and a frustrated life as a result of either marital challenges and or financial incapability. Why the numerous kidnapping and manslaughter? In a society where there are no stringent checks on the importation of drugs and the abuse of illicit drugs, men and women go high on substances which cause them to act abnormally for any fee.⁵²That conscience we once had as Ghanaians to act towards one another in the spirit of brotherhood has waned. It may be that we are wrong in attributing all these incidents to mental health disorders or the lack of access to quality mental health care but it may very well be the case.

⁴⁸*Ibid.*, at 14

⁴⁹*Ibid.*, at 13.

⁵⁰Section 6 (1) (2) & (3) of Mental Health Act, 2012 [Act 846]

⁵¹ Article 23 (1) of the Universal Declaration of Human Rights, 1948.

⁵² Article 1 of the Universal Declaration of Human Rights, 1948.

The issue of mental disorder has adversely affected the economic rights of most bread winners, which in effect has rendered ⁵³most parents irresponsible⁵⁴, with dire consequences on the⁵⁵rights to education, dignity, health and shelter, clothing of some children whose parent(s) are mentally ill.

The effect of mental disorders which has contributed tremendously to the ‘threats’ on our streets especially and homes is unimaginable.

It is worth noting however that ⁵⁶human rights and fundamental freedoms are universal, indivisible, interdependent and interrelated. The denial of anyone of these rights invariably impedes enjoyment of other rights. Thus, the right of everyone to quality mental health care cannot be compromised at the expense of other rights, such as the right to adequate standard of living or the right to education. It is for this reason that the rights of every individual are recognized in global human rights instruments, including the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights and the 1966 International Covenant on Civil and Political Rights.

⁵³ Section 6 (3) (a) (b) & (c) of The Children’s Act, 1998 of The Republic of Ghana states that;

Every parent has rights and responsibilities whether imposed by law or otherwise towards his child which include the duty to:

(a) protect the child from neglect, discrimination, violence, abuse, exposure to physical and moral hazards and oppression;

(b) provide good guidance, care, assistance and maintenance for the child and assurance of the child's survival and development;

(c) ensure that in the temporary absence of a parent, the child shall be cared for by a competent person and that a child under eighteen months of age shall only be cared for by a person of fifteen years and above

except where the parent has surrendered his rights and responsibilities in accordance with law.

⁵⁵*Ibid.*, Section 8 (1) & (2)

⁵⁶ United Nations Population Fund, Human Rights Principles, (2005): online, <<https://www.unfpa.org/resources/human-rights-principles>> accessed on 18th April 2019.

5.0 MENTAL HEALTH SERVICES IN GHANA

5.1 Mental Health Hospitals

Ghana's first mental hospital that served the people of Ghana, then Gold Coast during the colonization period was the old High Court of Victoria Borg which was converted into a Lunatic Asylum in 1888. Overcrowding of persons who were perceived to be mentally ill in the prisons led to the building of the first mental facility at Adabraka in 1904, which was commissioned in 1906 to accommodate approximately 200 patients.⁵⁷ It had no substantive psychiatrist until 1950 when a Gambian, Dr. E.F.B Foster was posted by the colonial administration from London to head the psychiatric hospital in Accra.⁵⁸ The Ankaful Psychiatric Hospital, was established by the late Dr. Kwame Nkrumah, first President of the Republic of Ghana in 1965, then the Pantang Hospital also known as the Accra Psychiatric Hospital was opened by General I.K. Acheampong in 1975. In the whole country, there are only three public psychiatric hospitals and four private psychiatric hospitals.⁵⁹ The three public hospitals are, the Accra Psychiatric Hospital, Pantang Hospital, and Ankaful Psychiatric Hospital, all located in the South, with two in the Greater Accra Region and one in Cape Coast in the Central Region.⁶⁰ Treatment for mental health care in government hospitals is free and is funded by the Ghana Health Service, which allocates a mere 0.5 {3.4% of the health budget to the mental health sector. There are also five private psychiatric hospitals, two in Kumasi, two in Accra; one owned by Dr. Lamptey and another Abokobi owned by Dr. Mfodwo and one in Tema (18 km from Accra). Although Kumasi is not along the coast, it is still in the southern half of Ghana.⁶¹ The private hospitals are criticized for being too expensive, and it is said that their patients usually end up at a public hospital once their resources are drained.⁶² It is uncertain whether the quality of care at a private psychiatric hospital is superior to that of a public hospital, but there are most likely better accommodation, less congestion, and more doctor-patient contact time. The privileges of the treatment in the private hospitals to that of the government hospital notwithstanding, of what good is it, if patients will have to move from the private comfort zone to the public hospitals when there is no medication in the private hospitals? This is an indication that both private and government psychiatric hospitals are burdened and need immediate attention. The five psychiatric hospitals that attend to mentally challenged persons in Ghana remains alarming and worrying.⁶³ As population increases, one may think that such essential facilities will be increased to meet the increased demands in recent times. However, that has not been the case in Ghana. It therefore comes as no surprise as the large numbers of mentally challenged persons continually roam the streets of Accra,

⁵⁷See, A. Osei, (2012). "The New Mental Health Act, Key Provisions and Implementation issues," pp. 1-31

⁵⁸Burler, B. (1997). The Treatment of Psychiatric Illness in Ghana. *African Diaspora ISPs*, 50(1).

⁵⁹ Ibid.,

⁶⁰ Fournier, Olivier A. "The status of mental health care in Ghana, West Africa and signs of progress in the Greater Accra region." *Berkeley Undergraduate Journal* 24.3 (2011): pg. 13.

⁶¹ Ibid.,

⁶² Ibid.,

⁶³ Ibid., at 9

making under bridges, abandoned housing projects, lorry stations, and bus stops their places of abode.

If the National Health Insurance Scheme, (NHIS) does not cushion the burden on families of persons with mental health challenges, there is not much Ghanaians should accept from hospitals in both sectors. Most Ghanaians are unable to afford the medical expenses and other resources like ⁶⁴adequate housing suitable for people in this category hence the influx of both the depressed, schizophrenic, mentally retarded, alcohol and drug abuse, dementias, stress-related disorders, and epileptic running rampage on the streets of Ghana.

How many Ghanaian families are able to afford a balanced three-squared meal a day, for them to honor bills for the mentally challenged?

5.2 Unhealthy Patients - Staff Relationship in the Psychiatric Hospitals

Mentally ill people are some of the most vulnerable people in society.⁶⁵ ⁶⁶They are often subject to discrimination, social isolation and exclusion, human rights violations, and an ancient, demeaning stigma which leads to bereavement of social support, self-reproach, or the decaying or straining of important relationships. With such persons, the least any health practitioner or staff, should do is to treat them with much respect and dignity as will any patient that walks into a hospital. This has not been the case for most persons with mental illness.⁶⁷ They are not treated rationally like any sane or levelheaded person in society. This should not be so. ⁶⁸For persons who fall in and out of consciousness of their environment, from sanity to insanity as many times in a day should be treated with much care, dignity, respect and love as it forms part of the factors that heal persons of depression amongst others mental health issues speedily.⁶⁹

⁶⁴ Evans, Gray W., Nancy M. Wells, and Annie Moch. "Housing and mental health: a review of the evidence and a methodological and conceptual critique." *Journal of Social issues* 59.3 (2003): 475 – 500.

⁶⁵ Goffman, Erving. *Asylums: Essays on the social situation of mental patients and other inmates*. Routledge, 2017.

⁶⁶ Asher, Laura, et al. "I cry every day and night, I have my son tied in chains": physical restraint of people with schizophrenia in community settings in Ethiopia." *Globalization and health* 13.1 (2017): 47.

⁶⁷ *Ibid.*,

⁶⁸ Section 57 (1) (2) & (3) of the Mental Health Act, 2012: Act 846 states; (1) A person with mental disorder has the right to the highest attainable standard of mental health care.

(2) A person with mental disorder is entitled to the same standard of care as a person with physical health problems and shall be treated on an equitable basis including quality of in-patient food, bedding, sanitation, buildings, levels and qualifications of staff, medical and related services and access to essential medicines.

(3) A person with mental disorder shall not be subjected to torture, cruelty, forced labour and any other inhuman treatment.

⁶⁹ Worden, J. William. *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer Publishing Company, 2018.

The Mental Health Authority of Ghana as a body, is obligated to ensure the safety, and make policies that will be in the interest of persons with mental illness; provide psychiatric in-patient care which is of an equitable standard to physical in-patient care; as well as ensure the safety of staff of the Authority.⁷⁰ However, this obligation is hardly ever fulfilled in the psychiatric hospitals of our country. Furthermore, a number of nurses and others who attend to persons with mental health challenges on daily basis lament the ordeal they endure while on the job. Most nurses at the front-line risk their lives in continuing to render services to these inpatients. Most of them end up being assaulted. These assaults be they verbal, physical or sexual cannot be blamed on any of the parties involved, as there are underlying factors that contribute to these treatments in our psychiatric hospitals and they will be addressed later.

It will interest the individual to know that the said assaults are two-way, though the degree may differ.

Ghanaian nurses who pledge to be in service even in times of daring opposition, continue to work⁷¹ when essential medications for psychiatric management are in short supply or have run out entirely. Some go to the extent of purchasing some of these medications with the scanty salaries they earn. Nurses in the various psychiatric hospitals in Ghana do all within their means to be professional and helpful as much as possible. When all these efforts fail without government intervention for the good, nurses resort to⁷² hostility and maltreatment, as self-defense strategy in the face of inadequate security but adequate knowledge on reasonable self-defence strategies and to also control more patients than is feasibly possible. As challenges multiply in the psychiatric hospitals, so do the inmates become aggressive and uncooperative towards staff. When there is not enough funding, there will be little money to spare for food. When inmates have not had enough food or have missed on dosages of psychotropic medicines⁷³ (which also is a violation of the rights of the mentally ill), they act fiercely and extremely abnormally when the frustrations of nurses are being vented on them.⁷⁴ It was no news to some Ghanaians when nurses and staffs of the Accra Psychiatric Hospital embarked on an indefinite strike action in October 2016 for safety. “Most patients have relapsed and many of them demonstrate serious aggressive behaviors towards staff and other patients. These physical assaults have resulted in varying degrees of injuries and disabilities spreading fear and panic among the staff and even the patients, to the extent that the focus now is on staff protection rather than patients care,”⁷⁵ the statement said.

⁷⁰ Section (i) (j) (k) & (l) of the Mental Health Act, Act 846 of Ghana.

⁷¹ Myjoyonline.com: Accra Psychiatric nurses begin indefinite strike over dangerous working environment. <Online>: accessed on May 26 2019.

⁷² Fournier, Olivier A. “The status of mental health care in Ghana, West Africa and signs of progress in the Greater Accra region.” *Berkeley Undergraduate Journal* 24.3 (2011): pg. 19.

⁷³ Section 57 (3) of the Mental Health Act, 2012: Act 846 states that A person with mental disorder shall have access to psychotropic drugs and any other psychosocial rehabilitative interventions at different levels of care as appropriate.

⁷⁴ *Ibid* at 21

⁷⁵ The Graphic Online. “Accra Psychiatric nurses strike over dangerous working environment”. <Online>: <https://www.graphic.com.gh/news/general-news/accra-psychiatric-nurses-strike-over-dangerous-working-environment.html>. Accessed on July 31 2019.

It takes a well-educated nurse who rides on knowledge other than emotions to see and treat these hostile individuals as human beings and not maltreat them thus violating their human rights.⁷⁶ It is obvious that quite a lot more has to be done by the Mental Health Authority and the Ministry of Health to ensure that nurses are at their best;⁷⁷ are trained and retrained to meet new demands and circumstances in the mental health sector, to enhance the delivery of the ⁷⁸highest attainable standard of quality mental health care service to these patients. Nurses have the right to work under satisfactory conditions.⁷⁹ Persons with mental illness have the right to be treated with dignity, respect and in a more humane manner than they are currently receiving in our psychiatric hospitals.

5.3 Inexperienced and Inadequate Human Resource in Our Mental Health Care

Institutions

Mental health care has become a critical international concern, but developing countries are still straining to attend to the mental health needs of their suffering and stigmatized citizens.⁸⁰ Amongst all the challenges faced, is the long-standing issue of inexperienced and inadequate human resource in the few mental health institutions has been a bone to contend with.

Young men and women in the country yearn for jobs that pay well, enough to cushion them against the challenges they have had to face and to relieve their parents from the long service of providing for them. As the norm in most parts of Africa, parents cater for children in the hope that they will be in a position, to take care of them. Largely, this concept has increased exponentially the dependence rate and ratio on young adults who are yet to find their balance in life. It is for this reason that many a time, the youth seek to

⁷⁶ Section 57 (3) of the Mental Health Act, 2012: Act 846 states that: A person with mental disorder shall not be subjected to torture, cruelty, forced labour and any other inhuman treatment.

⁷⁷ Section 10 (e) (f) of the Labour Act, 2003 states that: the right of the worker includes the right to (e) be trained and retrained for the development of his or her skills; and (f) receive information relevant to his or her work.

⁷⁸ Section 57 (1) of the Mental Health Act, 2012: Act 846 states that: A person with mental disorder has the right to the highest attainable standard of mental health care.

⁷⁹ Section 55 of the Mental Health Act, 2012. Act 846 (1) states that: A person with mental disorder has the right to enjoy a decent life as normal and as full as possible which includes, the right to education, vocational training, leisure, recreational activities, full employment and participation in civil, economic, social, cultural and political activities and any specific limitations on these rights shall be in accordance with an assessment of capacity.

(2) A person with mental disorder is entitled to humane and dignified treatment at any time with respect to personal dignity and privacy.

⁸⁰ Fournier, Olivier A. "The status of mental health care in Ghana, West Africa and signs of progress in the Greater Accra region." *Berkeley Undergraduate Journal* 24.3 (2011): pg. 8

find jobs that can pay well to be able to feed the mouths that depend on them immediately they are out of school. Quite unfortunately, most employees in the health sector generally in Ghana are not well paid. This is evidenced by demonstrations by ⁸¹nurses, doctors and even national service⁸² nurses for unpaid salary arrears and non-payment of allowances respectively.

While this is happening in our part of the world, Ghana, nurses elsewhere are valued, paid well, trained and retrained and valued greatly as people who are integral to the sustainable development of the country as well as the relevant to the outcome of productivity as a nation.⁸³

In contrast, ⁸⁴Ghanaian nurses in some foreign countries like South Africa, Holland and Canada are valued and highly paid well, trained and retrained for years. Ghanaian governments over the years have done little to bring out the full potential in our health workers. If governments understood this concept, quite a number of anomalies in the health sectors generally and the mental health sector would have changed. Our neglect of mental health care in Ghanaian social work education is a likely reflection of the Ghanaian society's attitude towards persons with mental illness.⁸⁵ ⁸⁶According to World Health Organization of the 30,143,499 million people living in Ghana, approximately 650,000 suffer from a severe mental disorder, and over two million suffer from a moderate to mild mental disorder.⁸⁷The Mental Health Society of Ghana (MEHSOG) states that the most vulnerable and neglected of victims of mental disability are those with severe mental illness. These neglected majorities are the children, adolescents, fathers, mothers, breadwinners, and generation thinkers. They are those currently on our streets, under bridges, in uncompleted buildings, in aluminum shelters etc. unattended to as a result of inadequate human resource and material.

Where are the many nurses that graduate from the various government and private nursing schools? Do all of these nurses pass out as general nurses or midwives? Most of these nurses lack the motivation to work in the health sectors they were trained for as a result of poor condition of service amongst others. This leaves a small number of psychiatric nurses to work in psychiatric hospitals.

⁸¹ Kwaku Asante-Kroboea. "Nurses threaten National Strike". Daily Guide Network. <Online>: <https://dailyguidenetwork.com/nurses-threaten-national-strike/> accessed on August 01 2019.

⁸² Daily Guide Network. "National Service Nurses on Strike" (November 7, 2018) <Online>: <https://dailyguidenetwork.com/?s=National+Service+nurses+on+strike>. Accessed on August 01 2019.

⁸³ G. Pascal Zachary. "Shortage of Nurses Hits Where They Are Needed the most". *The Wall Street Journal*. <Online>: <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Shortage-of-Nurses-Hits-Where-They-Are-Needed-the-Most-13232>. Accessed on August 1, 2019.

⁸⁴ G. Pascal Zachary. "Shortage of Nurses Hits Where They Are Needed the most". *The Wall Street Journal*. <Online>: <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Shortage-of-Nurses-Hits-Where-They-Are-Needed-the-Most-13232>. Accessed on August 1, 2019.

⁸⁵ See, Doku, V. C. K., Wusu-Takyi, A., &Awakame, J. (2012). Implementing the mental health act in Ghana: Any challenges ahead? *Ghana Medical Journal*, 46(4), 241–250.

⁸⁶World Health Organization (WHO). (2013). Mental health: Ghana. Retrieved from http://www.who.int/mental_health/policy/country/ghana/en/

⁸⁷Mental Health Society of Ghana. (2013). Welcome to the Mental Health Society of Ghana. Retrieved from <http://www.mehsog.org/> Accessed on May 31 2019.

The best resort and option left are to ⁸⁸force many to work as staff at the hospital through either a nursing program or the national service requirement. These persons who fill in for the lost who are trained are not sufficiently equipped to meet the task on the ground. This is where the challenge begins, under-staffed and unperceptive staffs who have to manage overpopulated mentally sick persons.

⁸⁸*Ibid.*, at 21

6.0 VIOLATION OF THE RIGHTS OF MENTALLY DISABLED IN GHANA

A national representative survey in Ghana has shown that,⁸⁹ while there has been a trend towards a better understanding of mental health, there still remains a large number of individuals who regard mental health disorders as spiritual, supernatural, or punishment for bad behavior rather than a health condition that necessitates medical treatment.⁹⁰ Many people in Ghana empathize with persons suffering from various forms of mental illness; they usually express fear or suspicion when they are around the mentally ill. These beliefs about and attitudes towards persons with mental illness have hampered the progress of mental health care in Ghana.⁹¹

The lack of education in the area of mental health care in our society amplifies fears, and suspicions towards the mentally disabled in Ghana.⁹² By far these have been the leading factors that contribute to the violation of the rights of persons with mental health disabilities in Ghana. The depressed, old persons suffering from dementia, bipolar disorders, anxiety, schizophrenia, schizotypal, mood disorders, neurotic depression, stress related disorders, delusional disorder and other related psychotic health challenges are viewed from a different perspective by the general public. Most old women especially are misunderstood and tagged as witches in society.⁹³ For a long time, women struggling with mental illness were accused of witchcraft. Equally, women who struggle with certain changes in their lives at menopause stage are misunderstood as witches. Other women out of frustration or depression as a result of their loss (loss of a child, husband especially etc.) contributes to certain abnormalities which is mostly tagged by society as witchcraft. Hence in society's quest to protect themselves from being harmed or being bewitched or as a form of further punishment for the assumed pain and misfortunes caused in the lives of fellow individuals, relatives and family members by these "witches" their rights are infringed upon. Suddenly, these individuals' views are not regarded, they are usually beaten in communities when seen stark naked and are heard

⁸⁹See, Doku, V. C. K., Wusu-Takyi, A., &Awakame, J. (2012). Implementing the mental health act in Ghana: Any challenges ahead? *Ghana Medical Journal*, 46(4), 241–250.

⁹⁰See, Ae-Ngibise, K., Cooper, S., Adii bokah, E., Akpalu, B., Lund, C., & Doku, V. (2010). 'Whether you like it or not people with mental problems are going to go to them': A qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana. *International Review of Psychiatry*, 22(6), 558–567.

⁹¹Barke, Antonia, Seth Nyarko, and Dorothee Klecha. "The Stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views." *Social psychiatry and psychiatric epidemiology* 46.11 (2011):1191-1202.

⁹² Gonzales, Lauren, Ginny Chan, and Philip T. Yanos. "Individual and neighborhood predictors of mental illness stigma in New York State." *Stigma and Health* 2.3 (2017): 175.

⁹³ Alexandra Stickler (May 15 2017) How Women's Mental Health was Treated Throughout History. <Online>: <https://www.elitedaily.com/> accessed on January 19, 2019.

saying certain statements which is proof of the accusations being laid against them. In 2015, a Canadian woman with Ghanaian origin in her seventies, Barbara, narrowly escaped lynching when she was found wandering naked on the streets of Madina, a suburb of Accra and was accused of witchcraft.⁹⁴ People thought Barbara ‘seemed weird’. She was mocked relentlessly by the crowd and oiled with what normally is referred to as “Anointing oil” in Ghana to exorcise the witchcraft in her. It turned Barbara was an active, productive single mum who nurtured three children in Canada, who are young independent women today. Ghanaians’ lack of mental health education and the evidence of our extremism in attributing most health challenges to traditional beliefs were exhibited in Barbara’s case. If Ghanaians again knew what the rights of the individual were, being accused of witchcraft would not justify the treatment given Barbara. Often, the rights of persons with mental disorders are violated but very few are made public. Children are not left out in this ordeal. They being more vulnerable than the adults are subjected to assault, torture and sometimes even to death. Mental health disability can affect anyone. In some communities, children are taken to the stream or riverside for some rituals to be performed for them in the expectation that they will be healed of their mental ailment. On a recent visit to an orphanage, Rising Star Home in Dodowa, a town located in the Greater Accra Region of Ghana, I met close to fifty-three children of diverse health and character traits. A peculiar issue was a six-year-old, Georgia, who could neither walk, sit nor talk at the time she was brought to the home. Her eyes were very unstable; they rolled every now and then which was very abnormal in her society and incited fear in close relatives. Cases like this are addressed from the spiritual perspective. Georgia was seen as a product from the sea, which needed to be returned.

A child who could not walk, talk, sit or act normally at reasonable age in life was deemed to be from the sea and must be escorted to the gods or ancestors of the sea. A rich traditional food called *Eto*, a meal prepared from mashed yam with red oil and boiled eggs and depending on the tribe, roasted groundnuts, is given to the child. The food is placed by a water body, quite frequently a well-known river near the town. The child is placed by the food, drums are played to invoke the gods to come to welcome and take their own home. As superstition will have it, a spirit always comes to take the child away. He or she just vanishes mysteriously. The disappearance of the child is great relief to the immediate family, since such children are bad omen to the family or the wider community in Ghana. The act of escorting “abnormal children”, cannot be explained in any way, by any reasonable logic or fact by any family who has practiced such gruesome act. What these families and societies do not appreciate is that a potential labour force for the country, a tax payer, an effective contributor to effecting change in society has been

⁹⁴The Observers (27/ 05/2015) Elderly Disabled Woman Accused of Witchcraft Narrowly Escape Lynching. <Online>: <https://observers.france24.com/en/20150527-ghana-witch-mental-illness-lynching-africa>.

lost. Above all,⁹⁵the life of a child⁹⁶ has been taken, which is a ⁹⁷violation of the right of a child⁹⁸. If medical practitioners educate pregnant women especially on some of these children sicknesses at an early stage, most lives will be saved. Some families may have lost these innocent children to ⁹⁹Rett syndrome, a rare genetic neurological and developmental disorder that affects the way the brain develops, causing a progressive loss of motor skills and speech. ¹⁰⁰Children with Rett Syndrome show signs of slow growth, loss of normal movement and coordination, loss of communication skills, unusual eye movements, abnormal hand movement and other symptoms. Most symptoms were just familiar with the signs little Georgia exhibited. Someone could have educated them that such ¹⁰¹disorders primarily affect girls and their brains which make life quite unbearable for them as children and individuals and abnormal to society.

⁹⁵ Article 3 of the Universal Declaration of Human Right states that: Everyone has the rights to life, liberty and security of person.

⁹⁶ Article 6 (1) of the International Covenant on Civil and Political Rights states that: Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

⁹⁷ Article 6 (1) & (2) of the Convention on the Right of the Child states, State Parties recognized that every child has the inherent right to life. (2) States Parties shall ensure to the maximum, extent possible the survival and development of the child.

⁹⁸ The Convention on the Rights of Persons with Disability (2008), Article 10 states that: States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on equal basis with others.

⁹⁹ Gold, Wendy A., et al. "Rett syndrome: a genetic update and clinical review focusing on comorbidities." *ACS chemical neuroscience* 9.2 (2017): 167-176.

¹⁰⁰ Downs, Jenny, et al. "Environmental enrichment intervention for Rett syndrome: an individually randomized stepped wedge trial." *Orphanet journal of rare diseases* 13.1, (2018): 3.

¹⁰¹ Mayo Clinic. "Rett Syndrome – Symptoms and Causes" < online>www.mayoclinic.org/diseases-conditions/rettsyndrome/symptoms-causes/sync-20377227 : accessed on June 07 2019.

7.0 ALTERNATIVE TREATMENT TO MENTAL HOSPITAL AND ITS CHALLENGES IN GHANA

As stated previously, any person can suffer from mental illness. The number of people with this ailment has increased over the years in Ghana as a result of increased drug abuse, excessive intake of alcohol, stress, infections, brain malfunctions, divorce and in some cases spiritual attacks. Life has not been easy for them, living among unsympathetic society.

Victims of mental health disorders, on daily basis suffer discrimination and stigma (either felt or enacted stigma).¹⁰² Enacted stigma refers “to the real experience of discrimination. This kind of feeling or treatment from the general public is itself a violation of the individual’s right, which must be discouraged. When victims and their families are unable to bear with the stigma from society, they hem in and do not seek medical help. They will rather chain or confine to a corner of their houses or in a special room the mentally challenged relative in order to prevent any encounter or engagement with the outside world. Such an approach only worsens the plight of the victim¹⁰³ and also violates their rights to be treated with¹⁰⁴ dignity,¹⁰⁵ equality and freedom from discrimination, of movement and peaceful association. Beyond the violation of the rights of the victim at the family level, families or caregivers of the victims,¹⁰⁶ delay seeking professional help or alternative care

¹⁰² Malcolm A. HIV-related stigmatization and discrimination: Its forms and contexts. *Critical Public Health*. 1998; 8(4): 347-370.

¹⁰³ WHO. The World Health Report Mental Health: New understanding, New Hopes. Geneva. World Health Organization. *JAMA*. 2001; 15(2) 115-120.

¹⁰⁴ Article 15 (1) and 2 (a) & (b) of the 1992 Constitution of Ghana states that; (1) the dignity of all persons shall be inviolable.

(2) No person shall, whether or not he is arrested, restricted or detained, be subjected to—

(a) torture or other cruel, inhuman or degrading treatment or punishment;

(b) any other condition that detracts or is likely to detract from his dignity and worth as a human being.

¹⁰⁵ Article 15 (1) and 2 (a) & (b) of the 1992 Constitution of Ghana states that; (1) All persons shall be equal before the law. (2) A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status.

¹⁰⁶ Clement, Sarah, et al. "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies." *Psychological medicine* 45.1 (2015): 11.

for fear of being seen, mocked at by people in the community and identified as the family with mental health issues.

Traditionally, there have been several approaches: the theoretical and or the conceptual approach that is used to determine the factors that influence the treatment in mental health services.¹⁰⁷ Three factors have been found to influence the use of health services, including mental health services. These factors are the predisposing, enabling, and need factors.¹⁰⁸ The predisposing factors which position individuals to have more propensity to use health services, are grouped into demographics (age and sex), social structure (education, occupation, ethnicity, social networks and social interactions, and culture), and attitudinal or belief systems (attitudes, values and individuals knowledge concerning the health care systems).¹⁰⁹ The enabling factors regarding the use of mental health services¹¹⁰ include affordability, availability, accessibility, adequacy, and acceptability of existing health services. The need factors describe the functional and health-related problems that prompt the immediate use of health services.

Predominantly, the reason behind the use of alternative care pathways for persons with mental health disorders in Ghana have been largely affordability and superstition. Previously many families resorted to herbal medicine to exorcise the demons from their relatives.¹¹¹ However, a recent development is to send mentally challenged persons to prayer camps for healing.¹¹² In the 1920's, Christian Prayer camps began to spring forth with the aim of treating physical and mental ailment. The religious idealists are the ones mostly found heading these camps. Today, there are number of Christian prayer camps throughout the country.¹¹³ At some of these camps, the leaders anoint the bodies of these victims with *anointing oil* or cajole them to drink the anointing oil to deliver them from the bondage of demonic spirits. This option may be termed the faith-based treatment or

¹⁰⁷ Nartey, Anna Korley, et al. "The predictors of treatment pathways to mental health services among consumers in Ghana." *Perspectives in psychiatric care* (2019): 1.

¹⁰⁸ Graham, Annette, et al. "Mental health service use among those with depression: an exploration using Andersen's behavioral model of health service use." *Journal of affective disorders* 208 (2017): 170-176.

¹⁰⁹ *Ibid.*,

¹¹⁰ Andersen, R., and J. F. Newman. "Societal and individual determinants of medical care utilization in the United States. 2005." *Milbank Quarterly* 83 (2017).

¹¹¹ Bartlett, Hugh. "Mental Health and Religious Beliefs in Ghana: An Intersection Between Faith and Science." (2016), pg. 28.

¹¹² Bartlett, Hugh. "Mental Health and Religious Beliefs in Ghana: An Intersection Between Faith and Science." (2016), pg. 30.

¹¹³ *Ibid.* at 31.

pathway, but the extremes of these practices have been dehumanizing.¹¹⁴ Older women who have been accused of witchcraft but in fact are mentally challenged are asked to strip naked to be bathed by these male prophets or herbalist with some concoction of a sort. Persons with mental health disorders are at some point treated as children or rather babies who do not have rights that should be respected. They may be treated anyhow and anywhere. In recent times, some mentally disabled men and women on the streets are caught and bathed in the open with herbs to exorcise the evil spirit in them.

I admit that some of these pastors and other religious bodies do these in their quest to set them free, and return them to normalcy but the approach in most cases is without dignity. Sad to relate, the victims, experience a range of human rights abuses in the prayer camps, just as in the hospitals. Pastors and self-proclaimed prophets in charge of the prayer camp, who have no mental health care training administer concoctions made by themselves to the mentally challenged who are taken there. The victims are forced to fast; go without food or water for days, bathe, sleep and defecate in the open.¹¹⁵ In the absence of security at the prayer camps, the victims are chained, tied with ropes to trees when they are noncompliant and to prevent them from escaping from the camp. Families ostensibly send their relatives to these camps for help, hoping that someday, the victim will come back home in a more human state. It however comes as a surprise that the primary role of these prayer camps, is not to treat persons with mental disabilities.¹¹⁶ Most of these camps sprung up as religious worshipping centers but ended as healing schools for the mentally disabled.¹¹⁷ Some sources state that these camps accommodate these inmates because they were their catalyst to foster charitable activities.

It is unfortunate that most of these camps are under no governmental surveillance,¹¹⁸ they do as they please to the detriment of these vulnerable citizens some of who at some point in their active lives served the nation. They are treated with no dignity or respect as human beings. They should be treated humanely because such treatment contributes towards recovery.

Persons with disability have¹¹⁹ inherent rights, which demand that they are not deprived of food, water, access to professional medical healthcare, reasonable freedom of

¹¹⁴ Human Rights Watch (HRW). “Like a death sentence’. Abuses against persons with mental disabilities in Ghana.” (2012).

¹¹⁵ *Ibid.*,

¹¹⁶ *Ibid.*,

¹¹⁷ *Ibid.*,

¹¹⁸ *Ibid.*,

¹¹⁹ Article 6 (1) of the United Nations Convention on the Rights of the Child, 1989 states that States Parties recognize that every child has the inherent right to life.

movement,¹²⁰adequate housing ¹²¹(accessibility and usability) ¹²²which befits and is to the advantage of the victim, right to employment and in the case of children, ¹²³the right to a decent, memorable childhood living with their parents, enjoying the right to special education, leisure and recreation,¹²⁴ the right of protection from being hurt or maltreated.

¹²⁰ Krieger James, and Donna L. Higgins. "Housing and Health: time again for public health action." *America journal of public health* 92.5 (2002): 759-760

¹²¹ Bonnefoy Xavier. "Inadequate housing and health: an overview." *International Journal of Environment and Pollution* 30.3-4 (2007):419-420.

¹²² See, Xiao, Yang, et al. "Exploring the impacts of housing condition on migrants' mental health in Nanxiang, Shanghai: a structural equation modeling approach." *International journal of environment research and public health* 152 (2018):225.

¹²³ Article 23 (1) of the United Nations Convention on the Rights of the Child, 1989 states that, State Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

(2) State Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to eligible child an those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

¹²⁴ Article 31 (1) of the United Nations Convention on the Rights of the Child, 1989 states that, State Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

8.0 MENTAL DISABILITY AND STREETISM - A GROWING AND WORRYING PHENOMENON IN GHANA

The state of an individual's mental health care, has the ability to interfere distractively in the individual's ability to function adequately across all areas of life.¹²⁵ It has been shown that the consequences of poor mental health care and mental health development in childhood extend into adulthood.¹²⁶ It therefore, comes as no surprise as the number of mentally disabled persons keep increasing in Ghana, especially in the capital cities of the various regions. They roam the streets of Ghana with no destination in mind. Very few among the growing numbers have proper homes to return to at the end of the day. Most lodge under bridges, uncompleted houses, at lorry stations, bus stops, in abandoned vehicles at mechanic shops and such other places.

They are on the streets either by choice or by compulsion.¹²⁷ Whatever reason for which these victims opt to live their lives on the streets, cannot be justified. First, they are human beings with special needs who deserve and need to be treated well and cannot receive any better treatment on the streets. Some of these victims roam our streets for lack of proper security at the facilities in which they were kept in the hope that they will receive special care and treatment. Some of them have been abandoned by their families and are not the priority of caregivers. In some instances, family members of the patient are unable to bear the cost of treatment, the embarrassment and violence from the patient and drive him or her to a faraway place and leave them there. They also include children who for medical challenges from childbirth or at an early stage in life suffer severe mental health conditions and grow up with these challenges. These ones will also prefer to live on the streets for the harsh treatments they received from home. All these individuals with their unique reasons opt for the streets where in their minds there are supposedly no restrictions on human rights. The street life of these individuals poses a danger to society when they become violent.

The disabled are abused both sexually, verbally and physically. These victims on the streets depend on food vendors and alms for their daily meals. Others live from what they get eat from refuse dumps, and stagnant waters. They are unsightly as they go without

¹²⁵ Elegbeleye, A. O. "Predictors of the mental health of orphans and vulnerable children in Nigeria." *IFE Psychologia: An International Journal* 21.2 (2013): 170-180.

¹²⁶ Bonnefoy, X. (2007) 'Inadequate housing and health: an overview', *Int. J. Environment and Pollution*, Vol. 30, Nos. 3/4, pp.417.

¹²⁷ Kebede, Shimelis Kassa. "The Situation of Street Children in Urban Centers of Ethiopia and the Role of NGO in Addressing their Socio-Economic Problems: The Case of Hawassa City." *International Journal of Academic Research in Education and Review* 3.3 (2015): 46.

bath for long periods, if any at all.

9.0 CHALLENGES WITH THE MENTAL HEALTH SYSTEM

The health system in Ghana has seen some improvement over the years. There has been commendable improvement in the maternal mortality rate, the child-killer diseases for instance. However, greater attention should be paid to mental health care in Ghana.

¹²⁸The numbers of mentally challenged persons on our streets is partly a reflection of the conditions at the various psychiatric hospitals and mental clinics, low budgetary allocation to mental health, how poorly the policies are being implemented, as well as the quality and input of the staffs at the various hospitals. To a large extent, it seems that only inpatients in psychiatric hospitals are attended.

About two years ago, statistics showed that Ghana with its large population of about thirty (30) million and above had only eighteen (18) psychiatrists. ¹²⁹With a population so huge as this and approximately 650,000 persons suffering from severe mental disorder and 2,166,00¹³⁰ suffering from moderate to mild mental disorder, 18 doctors in the psychiatric system in Ghana is unacceptable and pathetic. How well can a doctor keep adequate track of the health history of the number of patients under his care. The inadequate number of doctors coupled with the shortage of staff at the various psychiatric hospitals as a result of lack of zeal, poor conditions of service, poor remuneration and chiefly brain drain have made streetism a norm for persons with mental disability. All these challenges with the inability of government to meet the medical need timely and sufficiently has created the avenue for staffs at the psychiatric hospitals to shorten the stay of inmates in these specialized facilities. How will the numbers be managed? Who takes responsibility for the increasing numbers should they overstay? ¹³¹Currently, Ghana houses the inpatients for a maximum duration of 187 days as compared to 1446 days in most upper-middle income countries. What the shortening of stay in residential facilities means is, that the victims are treated to a point quite manageable for the families then they are discharged. When they relapse as a result of lack of medication or improper care at home or abuses, they move to the streets of cities in Ghana for succour. Government should enlarge the existing facilities or build new hospitals with more beds to house inpatients and encourage long stay in residential facilities to help treat to the full most mentally disabled cases that must be treated medically. This will reduce the streetism on the streets in Ghana and the various abuses these persons endure daily. ¹³² Staffs, social workers and all medical team irrespective of the level of education and qualification must be subjected to continuous training and retraining with exchange programs at diverse levels of their fields to equip them enough for all category of patients they have to handle daily. These training sessions should be

¹²⁸ *Ibid.*, at 52-64.

¹²⁹ World Health Organization, *Mental Health, Policy and Services*: (2019) Online: <https://www.who.int/mental_health/policy/country/ghana/en/> accessed on June 27, 2019.

¹³⁰ *Ibid.*,

¹³¹ Roberts, Mark, Caroline Mogan, and Joseph B. Asare. "An overview of Ghana's mental health system: results from an assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS)." *International Journal of Mental Health Systems* 8.1 (2014): 60.

¹³² *Ibid.*, at 60.

potent enough, equipping them not only in matters of administering drugs at the hospital¹³³but also a lot more in the fields of treating these patients with respect and dignity as they would to themselves or any “sane” person. Nurses should be taught how wrong and inappropriate it is to starve patients for misbehavior and ¹³⁴staff should be trained to know that it is wrong to cage patients like animals as they deserve better as human beings. It is an infringement on the rights of mentally disabled persons to be given in some cases the same narcotic drugs that led to the reason for which they have been ‘camped’ at the ¹³⁵ psychiatric hospitals. Nurses should rather give attention to the administering of psychotropic drugs as a way of suppressing the misbehavior or as a de-escalation technique for the management of violence and aggression. It is also wrong and a violation of rights to physically and sexually abuse a patient hiding behind their inability to identify the culprit who inflicted such inhumane treatment on him or her. ¹³⁶As this training is being given to mental health caregivers, caregivers are to be equipped on how to handle ¹³⁷burnouts and burnout prevention. The relationship between mental health and human rights is complex and bidirectional and human rights violations can negatively impact mental health.¹³⁸ Conversely, respecting human rights can improve mental health. This is one intrinsic aspect of mental health care that caregivers, staff, and relations must be taught and admonished on not to compromise anything as long as human rights and mental health is the subject for discussion.

¹³³ *City and County of San Francisco v. Sheehan*, 135 S. Ct. 1765, 575 U.S. 191 L. Ed. 2d 856 (2015).

¹³⁴ Act 57(3) of the Mental Health of Act of Ghana, Act 846 states that; A person with mental disorder shall not be subjected to torture, cruelty, forced labour and any other inhuman treatment.

¹³⁵ Act 57(4) of the Mental Health of Act of Ghana, Act 846 states that; A person with mental disorder shall have access to psychotropic drugs and any other psychosocial rehabilitative interventions at different levels of care as appropriate

¹³⁶ Morse, Gary, et al. "Burnout in mental health services: A review of the problem and its remediation." *Administration and Policy in Mental Health and Mental Health Services Research* 39.5 (2012): 341-352.

¹³⁷ Burnout: the condition of someone who has become very physically and emotionally tired after doing a difficult job for a long time. Accessed on September 01, 2019 from Merriam-Webster Dictionary.

¹³⁸ Mann, Sebastian Porsdam, Valerie J. Bradley, and Barbara J. Sahakian. "Human rights-based approaches to mental health: A review of programs." *Health and human rights* 18.1 (2016): 263.

10.0 INVESTMENT IN THE MENTAL HEALTH SECTOR

10.1 Human Rights as a Top-Level Priority

Everyone can help protect the rights of persons with mental health disability. Right from the home, relations, to the general public on the street who are not related in any way to the disabled, nurses, doctors, social workers and general caregivers in the general hospitals, communities and psychiatric hospitals. The right of the human person in the areas of mental health disability is a top priority that must not be misplaced. Usually, individuals, caregivers and relations of persons suffering from mental health disorder are quick to assume and conclude that so long as the individual's mental faculties have developed some challenges, that fellow ceases to be normal and does not deserve a humane and dignified treatment from society. The violation of human rights of a person with mental health disability begins from how we communicate with them, discrimination, name calling, isolation, leaving them unsightly, depriving them from enjoying certain basic amenities in society without keeping close eye on them; even when they pose a threat to society, and leaving them to roam the streets.

Respecting the human rights of these persons goes beyond obeying documented rules and laws.¹³⁹ Human rights and mental health are bidirectional, hence respecting human rights of persons with mental disabilities can and does improve mental health drastically than the administration of psychotropic drugs only. Generally, caregivers, relations and society adopt harsh and very mean ways in¹⁴⁰ subduing them without taking into consideration their disabilities. Homes that accommodate the mentally disabled need to be monitored frequently to ensure that the homes where these individuals are kept are suitable for them. Aside having access to a home or house and honoring and dignifying the individual with a place to sleep, and be treated on an equitable basis including the quality of in-patient food, bedding, sanitation, buildings, levels and qualifications of staff, medical and related services, the type, condition, space, access to and availability of amenities and recreational sites. These individuals may necessarily not be children but the availability to a serene, welcoming and accommodating environment contributes to healing in mental health.¹⁴¹ Overcrowding and poor- quality housing have a direct relationship to poor mental health.¹⁴² It is the responsibility of the government and other agencies who are responsible for catering for persons with mental health to ensure that the housing of these individuals is not taken for granted.; it must be adequate for their purpose. In *City and County of San*

¹³⁹ Mann, Sebastian Porsdam, Valerie J. Bradley, and Barbara J. Sahakian. "Human rights-based approaches to mental health: A review of programs." *Health and human rights* 18.1 (2016): 263.

¹⁴⁰ *City and County of San Francisco v. Sheehan*, 135 S. Ct. 1765, 575 U.S. 191 L. Ed. 2d 856 (2015).

¹⁴¹ Diana M. Sheehan, Kristopher P. Fennie, Daniel E. Mauck, Lorene M. Maddox, Spencer Lieb, Mary Jo Trepka. 2017. Retention in HIV Care and Viral Suppression: Individual- and Neighborhood-Level Predictors of Racial/Ethnic Differences, Florida, 2015. *AIDS Patient Care and STDs* 31:4, 167-175.

¹⁴² See, Bashir, Samiya A." Home is where the harm is: inadequate housing as a public health crisis." *American Journal of Public Health* 92.5(2002): 734-735.

Francisco, California v. Teresa Sheehan a responsible agency that handled persons with mental illness, housed Sheehan, an individual who suffered a mental illness but had a private room to herself. Sheehan had access to sharp objects which she used in threatening and keeping away psychiatrists, social workers and medical caregivers. These objects posed a threat to herself, her caregivers and other inmates. Depriving such individual of access to such sharp objects was in her best interest, the court held.¹⁴³ The right to adequate housing guarantees all people the right to live in security, peace and dignity. It appears that the right to housing of the mentally disabled involves more than the right to access to shelter and includes indivisible, interdependent and interrelated human rights, such as the right: to adequate shelter, adequate standard of living, access to safe drinking water and sanitation, as well as freedom from discrimination etc.¹⁴⁴

The mental health policy and plans in Ghana should be implemented in such a way that the basic rights of persons with mental disability under the Mental Health Act, 2012, Act 846 and other human rights instruments are guaranteed or observed.

10.2 Developing Human Resources

Ghana has a lot to do in developing the human resources for the mental health sector. ¹⁴⁵As noted previously, 18 psychiatric doctors for a population of more than 30 million is woefully inadequate. More doctors and nurses need to be trained and retrained to meet the increasing needs of the psychiatric concerns in Ghana. The conditions of service of personnel in this area must be improved to attract more of them to give dedicated service to the needy. Partly, ¹⁴⁶scholars have gathered that mental health stigma and lack of mental health knowledge discourage young Ghanaian medical students from showing interest in psychiatry. Relatedly, individuals who handle persons with mental health challenges need to be trained and encouraged so that relatives of mentally disabled persons build trust in the health practitioners. This will reduce and avoid faith-based treatment from being the primary source of solution for the ordinary Ghanaian whose relation suffers a mental health challenge. The government must pass a legislation which will compel all faith-based “psychiatrist” to acquire some appreciable level of knowledge in psychiatry with an appropriate knowledge on human rights and human rights protection, pass out with license before setting up houses and institutions as places of refuge for the mentally disabled.

¹⁴³ Kabir, Abul Hasnat Monjurul. “Development and human rights: Litigating the right to adequate housing.” *Asia Pacific Journal on Human Rights and the Law* 3 (2002): 105-109.

¹⁴⁴ *Ibid.*

¹⁴⁵ Ofori-Atta, A., U.M. Read, and Crick Lund. “A situation analysis of mental health services and legislation in Ghana: challenges for transformation.” *African Journal of Psychiatry* 13.2 (2010): pg. 104.

¹⁴⁶ Gilbert, Dorie J., and Mavis Dako-Gyeke. “Lack of mental health career interest among Ghanaian social work students: implications for social work education in Ghana.” *Social Work Education* 37.5 (2018): 1.

10.3 Public Education and Awareness Campaigns on Mental Health

The situation analysis showed that there is a lack of awareness of mental health and illness among many in Ghana and few public education programmes for mental health.¹⁴⁷ There is therefore ¹⁴⁸a need to empower people to give self-care through an active public mental health education programme.¹⁴⁹ Mental health professionals, doctors, psychiatric nurses and teachers should be trained and encouraged to organize public lectures and education to help educate children on mental health care, how to relate with friends and classmates who suffer one mental health challenge or the other. Public lectures can also help the general public have a fair knowledge about mental health and how to identify the signs at an early stage and not attribute some of these signs to spiritual attacks and machinations. Government can also include mental health lessons in the curriculum of pupils and students with a view to helping them keep out of a lifestyle that can adversely affect their mental state. Apart from learning to better the individual's life, students grow up knowing how to treat the mentally disabled in their homes, communities and localities. This could reduce the discrimination and abuse of rights.

The media being a vibrant and resource medium of communication in recent times can be a medium to educate citizens on mental health care. The Ministry of Communications should appeal to television stations and cinema houses to produce short clips and videos in various Ghanaian languages on human rights and mental health care to educate the public that the mentally challenged are entitled to all human rights which should be respected.

Counseling groups and clubs like the Open-Door Counseling Services (ODCS) in Tema a suburb in Accra, the various Peer Counseling clubs in the Universities in Ghana; who provide confidential counseling services and friendly professional support to persons who go through difficult times and churches can use their platforms as means to educate the young ones especially on the use of illicit drugs which by far has been the predominant cause of mental disabilities.¹⁵⁰ Parents and Guardians should also be educated on how to manage stress and challenges that come up in marriages so as to stay sane even in the worse instance when couples divorce.¹⁵¹ A report on interviews on the reason behind either most women going crazy or becoming excessively depressed beyond medical help has been the infidelity on the part of husbands.¹⁵² Physical, verbal and sexual abuse from some husbands

¹⁴⁷ Ofori-Atta, A., U.M. Read, and Crick Lund. "A situation analysis of mental health services and legislation in Ghana: challenges for transformation." *African Journal of Psychiatry* 13.2 (2010): pg. 105.

¹⁴⁸ *Ibid.*, at 105.

¹⁴⁹ Ofori-Atta, A., U.M. Read, and Crick Lund. "A situation analysis of mental health services and legislation in Ghana: challenges for transformation." *African Journal of Psychiatry* 13.2 (2010): pg. 104.

¹⁵⁰ Ofori-Atta, Angela, et al. "Common understandings of women mental illness in Ghana: results from a qualitative study." *International Review of Psychiatry*, 22.6 (2010):591.

¹⁵¹ Ofori-Atta, Angela, et al. "Common understandings of women mental illness in Ghana: results from a qualitative study." *International Review of Psychiatry*, 22.6 (2010):591-594.

¹⁵² Ofori-Atta, Angela, et al. "Common understandings of women mental illness in Ghana: results from a qualitative study." *International Review of Psychiatry*, 22.6 (2010):590-594.

have reduced women into a state that very little can be done about. It is likely to be helpful if the church were to step in to render help to save the brains of women. All these investments to safeguard the sanity of individuals cannot be achieved by the government alone. However, government can task the schools, the mental health authority, all public and private hospitals, the media, employers in various organizations, counselling groups and institutions to play significant roles in promoting mental health care and securing and enforcing the rights of persons with mental health disability.

10.4 Budget

Most low middle and low income earning countries spend very low percentages of their overall health budgets on mental health,¹⁵³ whereas countries with more developed economies not only spend a larger proportion of their health budget on mental health, but also allocate that increased proportion better than countries with less developed economies.¹⁵⁴ In low income earning countries, not only are these budgets low, they are also inequitably distributed – between regions and within communities.¹⁵⁵ In low- and middle-income countries,¹⁵⁶ the scarcity of available resources, inequities in their distribution, and inefficiencies in their use pose the three main obstacles to better mental health care.¹⁵⁷

10.5 Advocacy for Respect of Human Rights of the Mentally Disabled

Despite the tremendous growth in the awareness and scope of international human rights advocacy since the late 1970s, states have rarely been subjected to international scrutiny on the treatment of people with mental disabilities.¹⁵⁸ Men and women, children inclusive, face a number of inhuman treatments both at home and in such places as; the prisons, orphanages and foster homes etc. The media, relations of the mentally disabled, various Non-governmental organizations, researchers, educationists etc. can spearhead some advocacy agenda for the formulation of policies that, for instance, protect the rights of the mentally challenged such that families will find it difficult letting their members roam the streets of Ghana in such deplorable manner. Just the media single-headedly advocated against gamlsey practices in Ghana,¹⁵⁹ such advocacy must be pursued for the

¹⁵³Vigo, Daniel V., et al. "Disease burden and government spending on mental, neurological, and substance use disorders, and self-harm: cross-sectional, ecological study of health system response in the Americas." *The Lancet Public Health* 4.2 (2019): e89-e96.

¹⁵⁴ Saxema, Shekhar, et al. "Resources for mental health: scarcity, inequity, and inefficiency," *The lancet* 370.9590 (2007): 878-889.

¹⁵⁵ Bartlett, Hugh. "Mental Health and Religious Beliefs in Ghana: An Intersection Between Faith and Science." (2016), pg. 30.

¹⁵⁶ Ibid.,

¹⁵⁷ *Braggs v. Dunn*, 257 F. Supp. 3d 1171 (M.D. Ala. 2017).

¹⁵⁸ See also, Ramcharan, Bertrand G. "Strategies for the International Protection of Human Rights in the 1990s." *Hum. Rts. Q.* 13 (1991):155.

¹⁵⁹ Thornicroft, Graham, Tanya Deb, and Claire Henderson. "Community mental health care worldwide: current status and further developments." *World Psychiatry* 15.3 (2016): 276-286.

mental health gap in Ghana, the inhuman treatment of the mentally disabled, for attention and better budget allocation to the mental health system in Ghana.

Raising awareness about mental disorders through advocacy for more respect of human rights is a contributing factor to the timely healing of some individuals with mental health challenges. Victims must be taught what their rights are and educated on the reasons for which some of these mental health challenges happen to them. They will cease to look down upon themselves and society will also cease to judge them wrongly.

Advocacy is a good avenue to promote human rights in the mental health system in Ghana. There should be condemnation on the electronic and print media anytime an individual, supposedly sane abuses the right of a mentally challenged person. Advocacy is a major tool in safeguarding, promoting and guaranting the economic, social and cultural rights of the individual with mental health challenge. In the case of Ghana, a lot of advocacy needs to be done in ensuring that the issue of housing which is a primary right and need to all human being is provided as housing is a first intervention can contribute to the reductions in alcohol problems over time. ¹⁶⁰The lack of most social amenities especially designed for the mentally disabled contributes to the delayed recovery and increased mortality.

10.6 Short-Term In-Patient (Rehabilitation) and Follow-Up Treatment

Ghana needs to improve its short-term In-patient treatment in order to make mental health care a priority. ¹⁶¹The short-term or residential treatment setting is an environment in which 24-hour care is available at an intensity well-able of managing the symptoms and potential complications likely to occur in the days or weeks when the patient has been taken away from his or her usual environment. ¹⁶²The in-patient system provides staff with an uninterrupted environment to effectively handle the reactions patients experience during treatment and also protect in-patients from all environmental stressors they were exposed to prior to the treatment. Here, all manner of risk the society or neighbors would have been open to, would be prevented. ¹⁶³This system is ideal for drug addicts and drug abusers. With the increasing rate of the use of illicit drugs by the youth in Ghana, short-term or residential treatment especially when established can help persons who take to the streets during acute withdrawal phases.

The follow-up system when properly implemented will solve the majority of mental health cases in Ghana and as well take most of these victims on our streets back to rehabilitation centers. When there are sufficient and well-equipped hospitals and psychiatric clinics, as well as committed doctors and nurses, the histories of patients can be tracked efficiently for referrals and follow-up. Because the number of patients outnumber the staff strength, most of these patients come and go with very few followed up on to see their progress.

¹⁶⁰ Kirst, Maritt, et al. "The impact of a housing First randomized controlled trial on substance use problems among homeless individuals with mental illness." *Drug and alcohol dependence* 146 (2015):24-29.

¹⁶¹ UNODC-WHO International Standard for the Treatment of Drug Use Disorders. United Nations Office on Drug and Crime, March 2017: pg. 25.

¹⁶² *Ibid.*, at 25.

¹⁶³ *Ibid.*

The strategy of follow-up and rehabilitation centers must be given attention for quality mental health care in Ghana.

11. CONCLUSION AND RECOMMENDATION

11.1 Conclusion

Just as the importance of quality mental health cannot be overemphasized, so is it that quality mental health care cannot be discussed without addressing human rights. The rights of the mentally disabled must be respected and protected always. Human rights are inalienable and inherent. Thus, nobody should be deprived of them because the individual poses a threat to other individuals in his or her surroundings. Nevertheless, the manner in which the victim is prevented from harming society matters. Measures must be adopted to prevent harm being inflicted on members or the public by mentally challenged persons.

Mental health care in Ghana needs as much attention as education, girl-child and women empowerment do. The attention and urgency with which government and international communities and bodies place on education, construction, strike actions, terrorism and the abuse of human rights, the same should be the same as that paid to quality mental health care. The roaming on streets and eating and drinking from unhygienic places must come to an end. The budget of Ghana must reflect the value placed on persons with mental disabilities. The treatment by society of victims must reflect the investment of awareness in advocacy and education of the public. Equally, the treatment of inmates at both psychiatric hospitals, homes and faith-based treatment centers be reflective of the implementation of the obligations under human rights instruments that Ghana is a party to.

A nation that values its human resource must be quick to address matters that devalues and demeans its human resource, and mental health issues must be given attention just as undivided attention is universally given to diseases like Ebola, HIV/AIDs, Malaria and other contagious diseases that are deemed deadly.

Also, Ghana should consider regulating faith-based centers like the Christian prayer camps as well as traditional healers. ¹⁶⁴These camps and healing centers as a result of they not being supervised have largely contributed to dangerous practices and human rights abuses like the administering of medications acquired from nearby pharmacies without the application of the appropriate dosage. The possibility of these medicine harming the victims as a result of overdose, allergic reactions cannot be overemphasized. Camps and centers for healing mental ailments when monitored and legally regulated may become very resourceful places of healing the mentally disabled, thereby reducing

¹⁶⁴ Bartlett, Hugh. "Mental Health and Religious Beliefs in Ghana: An Intersection Between Faith and Science." (2016), pg. 31.

the load on psychiatric hospitals and clinics as well as reducing streetism of the mentally challenged.

Lastly, ¹⁶⁵the treatment models and methods used for persons with mental health ailments in Ghana should be restructured. The treatment given to persons with mental health challenge should not be the same. Not all persons suffering from psychosis must be camped in a psychiatric hospital or clinic. ¹⁶⁶Structures should be put in place for treating drug withdrawal effects, and other co-occurring disorders including depression, anxiety, post-traumatic stress disorder, schizophrenia, other psychotic disorders and other medical problems. Having diverse facilities that serve different purposes at different locations also helps patient to recover quickly as undivided attention is given to a targeted patient type.

11.2 Recommendation

1. Government should sponsor more medical Africans to specialize in psychiatry to augment the abysmally low number of specialists in this area, 18 for a population of 30 million is woefully unacceptable.
2. The Ministry of Education should liaise with the Ministry of Health and the various health department in the Universities in Ghana to sponsor students of higher learning levels to conduct researches in the areas of mental healthcare to identify new findings that may be contributing factors to the upsurge in mental disability on Ghana.
3. The Mental Health Sector and Pharmaceutical companies in Ghana should be sponsored by Government to look into some medications administered to patients in our hospitals to ascertain their potency and probability to contribute to mental disorders in our part of the world.
4. The Judiciary, the print and electronic media and the National Commission on Civic Education (NCCE) of Ghana, should form a common front to regulate and monitor treatments meted the mentally disabled in prayer camps, psychiatric hospitals, special schools and homes. They are to ensure that people who abuse the rights of these individuals are brought to book to deter others from do same.

¹⁶⁵ Busse, Anja, et al. "International standards on the treatment of drug use disorders." *Drug and Alcohol Dependence* 100.156 (2015): e32, pg. 24-28.

¹⁶⁶ *Ibid.*, at 27.

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