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CENTER FOR SOCIAL POLICY STUDIES (CSPS)

UNIVERSITY OF GHANA

THE ROLE OF SELF-HELP GROUPS IN MENTAL HEALTH REHABILITATION AMONG MENTAL HEALTH PATIENTS IN GA-MASHIE

BY

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DECLARATION

I, Lionel Sakyi do hereby declare that this dissertation is the result of an original research carried out by me, under the supervision of Professor Ama de-Graft Aikins for the Centre for Social Policy Studies (CSPS) of the University of Ghana.

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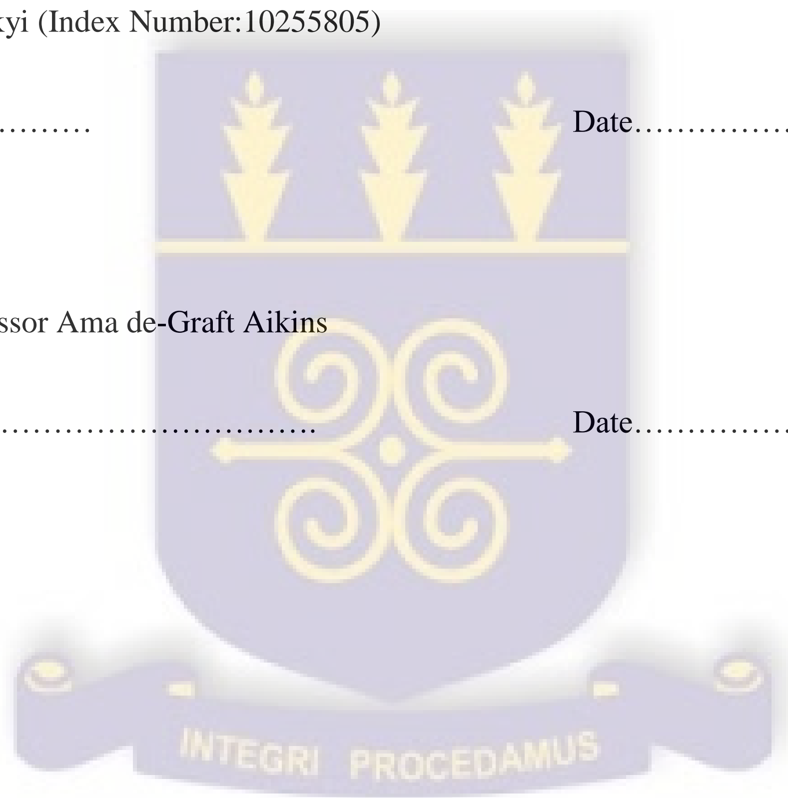
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DEDICATION

This dissertation is dedicated first to the Almighty God for his mercies, grace, favour and gift of life. Secondly, this is dedicated to my family especially Mavis Akufobea, my parents and brother Oppong Botchwey whose immense contribution, consistent love and support have brought me this honour and finally to all people who have been part of my success.

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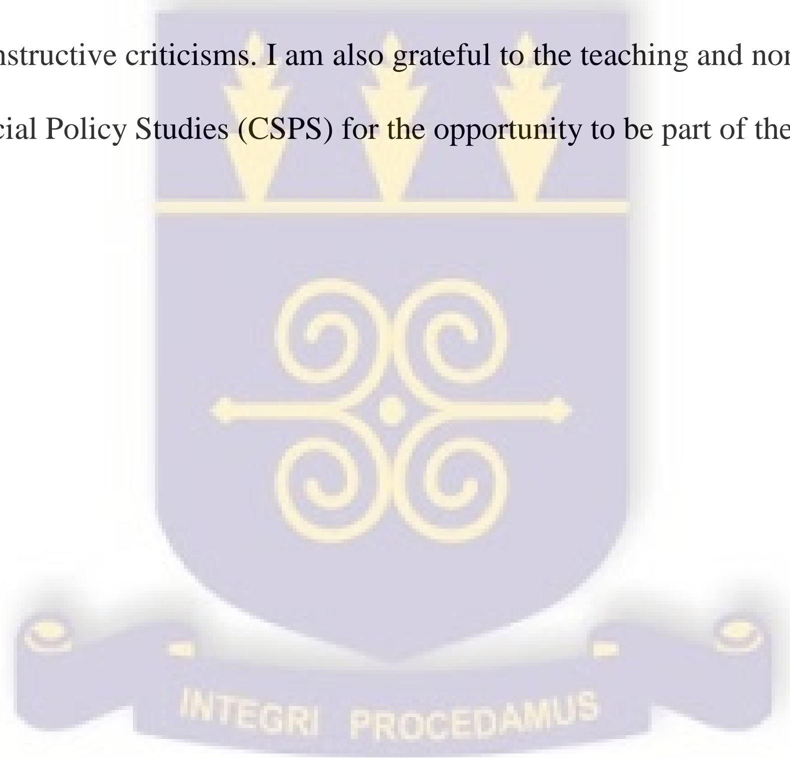

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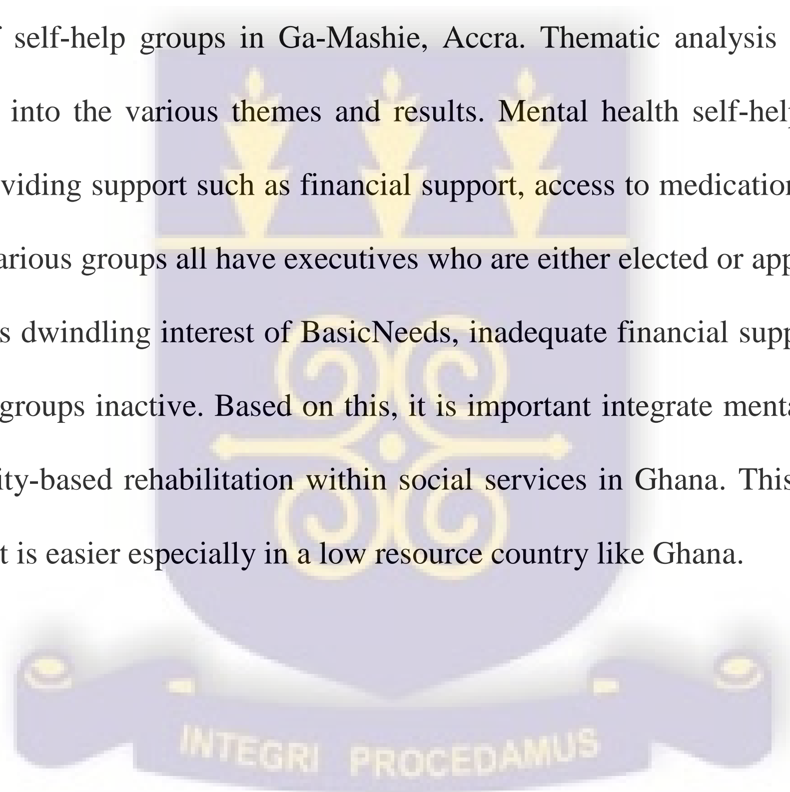
ABSTRACT

Mental health self-help groups play an important role in the rehabilitation of people with mental illness in the wake of WHO advocacy for a paradigm shift in the treatment of mental health. This is a qualitative study on the role of self-help groups in mental health rehabilitation in Ga-Mashie, an urban poor community which has been a recipient of the mental health self-help model by BasicNeeds. Data was collected through 4 focus group discussions and 2 in-depth interviews with members of self-help groups in Ga-Mashie, Accra. Thematic analysis was employed to organise the data into the various themes and results. Mental health self-help groups perform functions like providing support such as financial support, access to medication as well advising each other. The various groups all have executives who are either elected or appointed. However, challenges such as dwindling interest of BasicNeeds, inadequate financial support among others have made some groups inactive. Based on this, it is important integrate mental health self-help into the community-based rehabilitation within social services in Ghana. This will be easier to implement since it is easier especially in a low resource country like Ghana.



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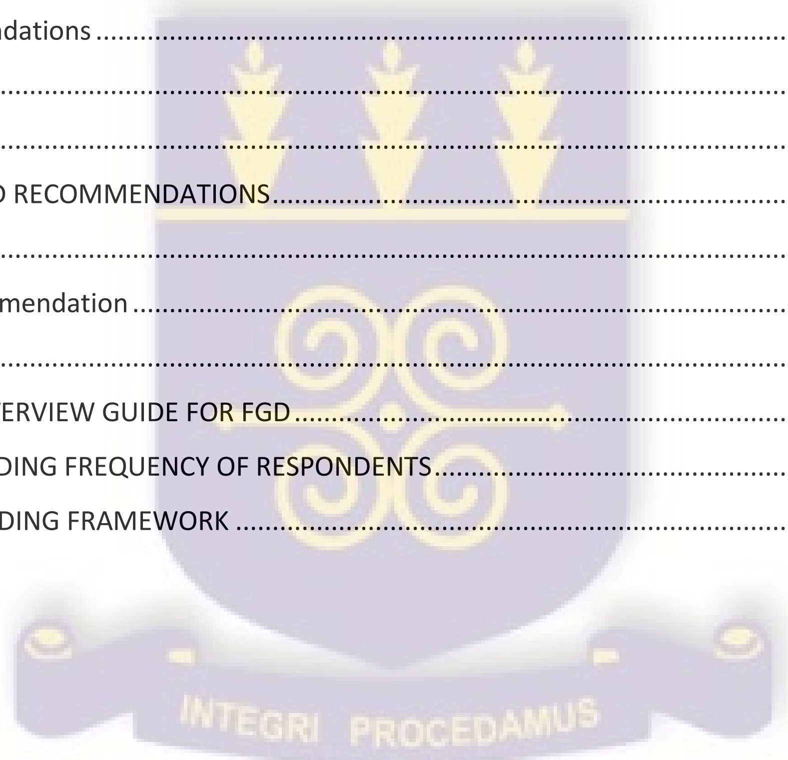

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CHAPTER ONE

1.1 INTRODUCTION

1.2 Background of the study

Mental disorders contribute significantly to the increase of the burden of disease worldwide (WHO, 2005). One of every four people globally suffers from poor mental health (WHO, 2001). According to the World Health Organization, in the year 2004 mental, neurological and substance use disorders, accounted for 13% of the total global burden of disease; whereas depression alone accounted for 4.3% of the global burden of disease. It accounts for 11 % of all years lived with disability globally; one of the largest single causes of disability worldwide (WHO, 2004). In Ghana, evidence exists of a high burden of mental disorders with a recent survey indicating nearly 20% of Ghanaians having moderate or severe psychological distress (Sipsma et al. 2013).

To address the problem of mental health, people with mental disorders were categorized just like those with many other diseases and undesirable social behaviours, thus leading to them being locked up in large institutions. People with mental disorders were isolated from society (WHO, 2001). Thus, Goofman, one of the first scholars to address the issue of institutionalisation described psychiatric institutions in the 19th and 20th century as a closed system excluded from the society where patients were physically and emotionally abused with their normal social roles being deprived from them (Chow and Priebe, 2013). In Ghana, history shows that “people, who were found to be mentally ill were labelled “insane”, arrested and put in a special prison in the

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capital Accra" (Asare, 2003). There continues to be an over reliance on the institutional treatment and care. This has led to people with mental disorders often being subjected to stigmatization and discrimination as well as social exclusion leading to the violations of their basic human rights (WHO, 2013). The psychiatric hospitals during the period of institutionalization started experiencing their own problems which included congested wards, admission of patients without precise diagnosis and long admission periods, thus led to poor living conditions culminating in various human rights abuses, stigmatization as well as the loss of social skills of institutionalized patients (WHO, 2001; Akpalu et al, 2010). Thus institutionalization led to the development of more disabilities as a result of social exclusion that people with mental disorders experienced. The long admission periods of patients coupled with various inhumane treatments has led to the inability of the patients to manage their own affairs when they return from the psychiatric hospitals; thus unable to integrate in the community and making them susceptible to relapse. Clearly, the institutionalization method proved not so effective in the recovery and rehabilitation process of people with mental disorders.

To address the impact of mental illness on the wellbeing of the patients, the families and the population as a whole, World Health Organization advocated for a "change in emphasis: from care in large custodial institutions, which over time had become repressive and regressive, to more open and flexible care in the community " (WHO, 2001). In the World Health Report 2001: *Mental Health: New Understanding, New Hope,* it emphasised on the need for a paradigm shift in the treatment of mental health: "from care in large custodial institutions to a more open and flexible care in the community" (p.49). In one of the 10 recommendations to mitigate the impacts of mental health on the population, it highlighted that services should be adjusted to the needs of

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the people. To achieve this, it is important that "communities, families and consumers" are included in the policy making decisions and the provisions of services to them. This has become more urgent as studies have shown that unmet needs for mental health treatment are pervasive and common in low-income and middle income countries (Wang et al, 2007). The lancet Series on Global Mental Health, in one of its papers called for the mobilization of service user'-s and family-member groups to help advocate for effective interventions and human right protection as well as the implementations of the national mental health policies (Lancet, 2007). Advocacy for mental health has been slow because mental health consumers and their families are often not included in the advocacy for better services (Saraceno et al, 2007).

The focus of community care is on rehabilitation and recovery of people with mental disorders; to help people function well independently in their societal roles and have an overall better quality of life (Drake et al, 2003). Community-based care provides majority of patients the opportunity of being treated at community level and address the multiple needs of individuals. Thus, community-based care ultimately aims at providing "empowerment and use efficient treatment techniques which enable people with mental disorders to enhance their self-help skills, incorporating the informal family social environment as well as formal support mechanisms" (WHO, 2001, p.54).

The needs of people with mental illness and their families are complex and vary at different stages of illness, hence a wide variety of services are required to provide comprehensive care for some of the people with mental illness (WHO, 2001). Rehabilitation can be defined as "a process aimed at enabling [people who experience disabilities] to reach and maintain their optimal

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physical, [spiritual, occupational,] sensory, intellectual, psychological and social functional levels."(WHO, 2010). Rehabilitation programs for people with mental disorders assist those recovering from illness and need help to regain their skills and resume their roles in society. Those who recover only partially need assistance to compete in an open society and have equal access to opportunities.

Rehabilitation helps people with mental disorders to acquire or regain the practical skills needed to live and socialize in their various communities, and teaches them how to cope with their disabilities. Rehabilitation is one of the important components of community-based mental health care. It provides people with mental disorders the opportunity to attain a high level of functioning in their communities. The main objectives are consumers' empowerment, the reduction of discrimination and stigma, the improvement of individual social competence, and the creation of a long-term system of social support (Drake et al, 2003). Community-based rehabilitation involves the active participation of people with disabilities and their families in the rehabilitation of patients; this model also takes knowledge of the social, economic and cultural issues in communities in providing rehabilitation services for consumers (Chatterjee et al, 2003). Thus, community-based rehabilitation involves active local community participation and low levels of technical expertise to deliver services.

Community-based rehabilitation provides the platform for the enhancement of the quality of life for people with disabilities and their families; providing their basic needs such as food, water and shelter; as well as ensuring inclusion and participation in the society (International Labour Organisation (ILO), UNESCO, WHO, 2004). Community-based mental health rehabilitation also

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provides platforms for people with mental disorders as well as other disabilities to access and benefit from education, employment, health and social services, thus empowering them. Services include mental health care, outreach, housing, vocational and educational services, family and community services, and peer support (Barrio, 2000).

One type of community-based mental health rehabilitation is the mental health Self-help. Self-help groups are an important health-promotion strategy for mental health patients. Self-help approaches can be delivered in a variety of ways, including self-help manuals, web-based therapies, disease self-management guidance, and patient information, with or without professional support (Chamberlain, Heaps, & Robert, 2008). Self-help groups are useful to people with severe mental illness as well as depression (Pistrang, Barker and Humphrey, 2008). The main purpose of self-help groups may be primarily concerned with the provision of peer support with shared knowledge; others are also geared toward changing public policies and public attitudes. Other Self-help Groups focus on “self-empowerment, including monitoring and critiquing the mental health services they are receiving” (Eaton and Radtke, 2010; Antwi-Bekoe, Yahaya and Bernard, 2005).

The argument of using more community rights based approach in rehabilitating mental health consumers is even more important in Low and Middle Income Countries (LMIC). The proportions of people with mental disorder who are treated in low-income and middle-income countries are very low (Wang et al, 2007). In many LMIC, the supply of medicines does not extend to all areas of a country, or, is irregular forcing patients and families to pay for access to these medicines, and because mental health problems affects those in the lower income group,

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mental healthcare becomes inequitable (Saxena et al, 2007). The lack of state welfare provision in many African countries has led to the family taking full responsibility in the care of those with severe mental illness. This has led to a burden on the family, leading to a significant financial burden (Quinn, 2007). This limited investment in mental healthcare, the scarcity of accessible and high quality mental healthcare has forced families to resort to alternative forms of treatments such as churches and traditional healers. This contributes to the popularity of these alternative services which tend to abuse the rights of people with mental illness (Read et al, 2009). Even in psychiatric institutions in the lower and middle income countries especially in Africa, there are reports of beatings and the use of medication as punishment (Doku et al, 2008). Thus, although community-based models of care for adults with depression, schizophrenia, panic disorder, and bipolar disorders in low-income and middle-income countries improve clinical outcomes, with some cost savings, it is important that these services provide the highest standard of care which promotes human rights and respects the viewpoint of the person being treated (Wiley-Exley, 2007; Read et al, 2009).

Although Ghana has enacted a new Mental Health Act which focuses on improving access to care for people with mental illness and places more emphasis on community care, there has not been an effective way of practicing community care in Ghana. As Doku et al (2012) explained, community-based rehabilitation programmes in Ghana is mainly restricted to the physically disabled without paying attention to the needs of people with mental illness in the design of community-based rehabilitation programmes. Even under the Act, psychiatric rehabilitation is not considered as a clinical issue for psychiatric services, but rather it has been added to the roles of the Ministry of Social Welfare (Doku et al, 2012). Thus, examining the roles mental health

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self-help groups play in the rehabilitation of people with mental illness can help policy makers to start considering including in the community-based programme tailored for people with mental illness.

1.3 Problem statement

World Health Organization (WHO) estimated that 25% of the world's population will suffer from mental, behavioural, and neurological disorders such as schizophrenia, mental retardation, alcohol and drug abuse, dementia, stress-related disorders, and epilepsy during their lifetime (Prince et al, 2007). For instance, depression affects more than 450 million people and might become the second most important cause of disability by 2020, which mostly affect the poor and people from developing countries (Omar et al, 2010). In Ghana, it was estimated by the World Health Organization that at least 2,816,000 people are suffering from moderate to severe mental disorders, and only 1.17% of these people receive treatment from public hospitals due to the meagre budget allocated to mental health services (WHO, 2007).

Even though mental health has become a global health concern threatening the lives and welfare of people, many developing countries including Ghana struggle to fund the mental health services. Government spent GHC 5,656,974 out of GHC 398,857,000 allocated to health budget in 2011 representing about 1.4% of the total government expenditure on health (The Kintampo project report, 2013). Thus, the problem of low resources in the mental health services continues to linger in these countries. Most low-income countries have insufficient resources to expand limited mental health services which are confined to short staffed institutions. In Africa, most of the biomedical care offered for mental health is limited to mental institutions; nonetheless most African countries lack the resources to institutionalize people for a long time (Yaro and de

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Menil, 2010). Records indicated that between 76% and 85% of people with severe mental disorders received no treatment for their disorder in low-income and middle-income countries due to the scarcity of resources making it difficult for these countries to meet mental health needs of their citizens (WHO, 2013).

The World Psychiatric Association attributed the slow development of mental health plans in Africa to the scarcity of economic and staff resources and the stigma associated with mental health care. Studies have proven a high prevalence of stigma in developing countries including Ghana (Barke, Nyarko and Klecha, 2010). In most developing countries, majority of the population do not have access to psychiatric care. Even the ones that are accessible are in mental hospitals and these mental hospitals are centralized. This centralization has restricted people in accessing these services, therefore, using them as the last resort (WHO, 2001). Rights abuses in these institutions for people with mental illness, as well as other factors highlighted above led to the World Health Organization advocating for a change from institutionalization to a "more open and flexible care in the community"(WHO, 2001). The theory behind this paradigm shift is that it enables individuals to live as independently as possible within their own homes in the community, thereby increasing their opportunities to achieve their full potential (Malone et al, 2007).

To reflect the paradigm shift from institutionalisation to a community care that ensured the respects of the rights of people with mental health problems, there have been policy changes in a number of countries including Ghana. As a signatory to the UN convention on human rights and the Convention on the Rights of Persons with Disabilities, the parliament of Ghana in March

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2012, passed the Mental Health Act 2012. This is aimed at addressing the gaps in the mental health services and ensuring the protection of the human rights of people with mental disorders in Ghana (Doku, 2012). This mental health policy is different from previous policies; the new mental health policy adopts a human rights based approach which prevents stigma as well as discrimination and provide equal opportunities for people with mental disorders. Even though the Mental Health Act has been passed into law, challenges at the organizational, legal, human resource as well as financial have slowed the implementation of the policy (Doku et al, 2012). The lack of a Legislative Instrument (LI) to back the mental health law has made the policy not function well in terms of criminalizing any human right abuse of the mentally ill in Ghana.

Ghana's mental health sector is characterized by a widening treatment gap of people with mental disorders. Although community mental health care has been in existence since 1975 (Asare, 2003), it is not well developed. As at 2010, there were only 120 Community Psychiatric Nurses working in the entire country as opposed to the 2000 Community Psychiatric Nurses needed to provide adequate care (Fournier, 2011). Due to this, Ghana continues to rely on institutional care (WHO, 2007) which does not extend services to all. The fact that health systems have not adequately responded to the burden of mental health has led to a huge gap between the need for treatment and care and the provisions of these services (WHO, 2013).

There is a strong relationship between poverty and mental health, factors such as poor housing, insecurity, hopelessness, poor physical health, rapid social change and limited opportunities as a result of less education may mediate the risk of suffering from mental disorders (Patel and Kleinman, 2003). The treatment gap for most mental disorders in developing countries is large

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but for the poor populations it is worse, these countries have few resources for mental health care and these resources are often unavailable to those in the lower wealth quintile (WHO, 2001). These factors create barriers to care for the poor creating a vicious cycle of poverty due to their inability to cope with the cost of providing care and the loss of productivity. Studies have shown that there is bidirectional relationship between mental health and urban conditions like poverty (Anakwenze & Zuberi, 2013). So the built environment has direct or indirect effects on the mental health of its residents; for instance, a study has shown that residential crowding (number of people per room) elevates psychological distress (Evans, 2003). These factors make it very important to conduct community based studies in urban poor settings.

Ga-Mashie is classified as a poor urban community with many socio-economic factors which makes them vulnerable to mental health problems. Using several indicators such as demography, housing, urban services (water, sanitation and solid waste) as well economic analysis; the Co-operative Housing Foundation International (CHF) report of 2010 identified the area of Ga-Mashie as well as other three areas as being high poverty zones. In terms of housing, Ga-Mashie particularly Usshertown had the least dense area in terms of housing and yet housed over 3000 people per square kilometre. Usshertown had the highest ratio of households sleeping in one room with about 85% of the population having an average of 5 persons. With regards to access to toilet facilities, only 3% of people in Usshertown had access to water closet with about 78% of households using the public toilets, the highest number in the AMA area (CHF, 2010). Studies have shown that people with mental illnesses are heavily concentrated among society's poor. One of the causal factors of the development of mental ill health is socioeconomic status of

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people (Cohen, 2000). Thus, people with low socioeconomic factors are at risk of developing some mental health problems.

1.4 Research Question

Due to these issues, this study will seek to answer the following research questions:

- What is the structure of mental health self-help groups in an urban poor community
- What is the function of self-help groups
- What does the concept of mental health self-help contribute to the implementation of the mental health policy?

1.5 Rationale

Self-help groups have become an important constituent of mental health programs and community mental health as a whole. Many benefits are derived from self-help groups; for instance, a study conducted by Chatterjee et al (2009) in rural India indicated that cohort of persons with severe mental disorders such as schizophrenia who participated in self-help groups had a positive impact on their social functioning, e.g., attending marriages, participating in community festivals, attending village development council meetings and voting. Despite these benefits or efficacy of self-help groups for mental health patients, there has been relatively few research on the implications of self-help groups on mental health patients in developing countries including Ghana.

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Non-Governmental Organizations (NGOs) especially in developing countries play an important role in the implementation of community health services. In Ghana, there has been an increase in the mental health service user involvement due to the support of BasicNeeds; an international NGO (Yaro and de Menil, 2010). BasicNeeds developed a model called the Model for Mental Health and Development which sought to develop programs to address the various economic and social challenges like access to treatment services, stigma faced by individuals with mental disorders and epilepsy, as well as provide livelihood programs to help them (Cohen et al, 2012). Despite these efforts by Basic needs, there is not much information or corroboration as to how community-based strategies are effective in low-income countries like Ghana (Cohen, 2011) and this retards the process of scaling up the efforts to provide effective mental health services.

There is also a relative lack of information about self-help groups in general. Even when this information is available, they are mostly based on clinical trials, thus this study will assess the functions of self-help groups in Ghana as well as increase our understanding of how self-help groups contribute to the social as well as economic well-being of individuals with mental disorders and their families.

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1.6 Objectives

The study will seek to examine the role of self-help groups in the rehabilitation of mental health patients in Ga-Mashie with specific objectives as follows:

- To examine how self-help group is organized and structured to achieve its target
- To determine the functions of mental health self-help groups in urban poor communities
- To examine how the concept of mental health self-help can contribute to the implementation of mental health policy.

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Chapter two

Literature Review

2.1 Introduction

Mental health is crucial to the overall well-being of individuals, societies and countries. The mental, physical and social health is very crucial aspects of life that are closely connected and interdependent on each other (WHO, 2001). Since the advent of deinstitutionalization and its advocacy by the World Health Organization, different types of community support strategies have been implemented. The various abuses experienced by mental health patients at the psychiatric hospitals led to the movement for deinstitutionalization of mental health patients. This has led to the push for a strong community alternative in the treatment of mental health. WHO has repeatedly advocated the development of community mental health and reduction in the number of psychiatric institutions (WHO, 2001). Community mental healthcare is a community-based, long-term treatment within a supportive atmosphere aimed at stability rather than change (Koekkoek, van Meijel, & Hutschemaekers, 2010).Community intervention seeks to enable communities identify problems, develop solutions and facilitate change (Blackburn, 2000). Thus, it helps to empower the targeted individuals and community (Minkler, 1992). Empowerment is identified as a principal theory of community psychology (Rappaport, 1987). This chapter looks at the theoretical framework underpinning this study and seeks to crystalize the impact of self-help groups in the rehabilitation process of mental health patients. Various empirical studies are also used to review the literature on self-help and its effect on mental health recovery process.

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2.2 Theoretical Framework

The empowerment theory provides insight into how various community interventions provide an empowering environment which leads to individual empowerment. The empowerment theory was identified by Rappaport (1987) and is a construct that links individual strengths and competencies, natural helping systems, and proactive behaviours to social policy and social change. Empowerment can be explained as the ability of people to gain understanding and control over personal, social, economic and political forces in order to take action to improve their life situations (Israel *et al*., 1994). People who are vulnerable feel overpowered and dominated by others; and these are sometimes embedded in the economic and political processes thereby denying the vulnerable of their social rights (McCubbin and Cohen, 1996). Due to this, many people experiencing mental health problems have become very adaptive to this system of social injustice leading to their belief of being powerless; even in supportive environments. Empowerment enables individuals and communities to realise their potential and act effectively in gaining greater control of their lives and their environment (Minkler, 1992). Empowerment often leads to changes of the individual in personal qualities, such as outlook on life, personal ability, emotional control, and knowledge about society, all of which are conducive to more effective decision making and handling of problems (Cheung et al., 2005)

Czuba (1999) suggests that three components of empowerment definition are basic to any understanding of the concept: empowerment is multi-dimensional, social, and a process. It is

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multilevel in nature and is applicable to individuals, organizations and communities (Rappaport 1987). It is concerned with the study of relationships within and between levels of analysis- individuals, groups, organizations, and other settings, communities, and social policies. Thus, empowerment does not only apply to individuals, it is also an organisational, a sociological as well as economic construct. Empowerment also occurs at various levels, such as individual, group, and community. Thus, it concerns itself with how analysis of one level influences or affects the other levels (Cowen, 1985).

Empowerment and mental health are interconnected. Social support from friends, peers, family at the individual level is very important for the recovery of mental health patients. The concept of mental health self-help is also based on this philosophy of empowerment as well as the understanding that effective health interventions require empowerment-related processes and outcomes across multiple levels of analysis (Rappaport, 1987). At another level, organizations such as self-help and other advocacy groups with empowering characteristics are able to provide opportunities for members to have meaningful consumer participation. They are engaged in the process of mental health policy-making, develop a shared vision and strive to help its members to implement these shared visions; thus making it conducive for the recovery of its members (Ochocka et al., 1999). In a classic research conducted by Zimmerman (1986) in studying college students and community residents who were engaged in a wide variety of different kinds of community organizations, ranging from self-help for former mental patients, to community betterment organizations, to political actions or participation. Zimmerman found in both samples a single consistent dimension of empowerment which was represented by a sense of civic duty,

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political efficacy, and perceived personal competence. This shows that empowerment can be developed and promoted through community organizations depending on the settings.

Self-help participation therefore leads to empowerment at the three levels; that is at the individual, organization and community levels (Segal, Silverman, & Temkin, 1993). At the individual level, empowerment refers to the ability to have choice and control. Self-help particularly mental health self-help promotes individual empowerment by helping members obtain needed resources, develop the necessary skills needed to direct their own lives, and to become socially engaged (Brown, L. D., & Lucksted, A. 2010). Social support from peers, friends and family all play important role in the recovery process of mental health patients. At the organizational level, creating formal roles and responsibilities for members irrespective of the person's level of functioning and even how the organisation is structured serve as empowering that transform its members. At the community level, self-help programs lead to involvement of mental health consumers in social change and policy-making by organizing advocacy and public education efforts to reduce stigma by the community. Mental health organizations strive to promote community change and community integration of people with mental health problems (Rappaport 1987).

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2.3 Related literature review

2.3.1 Mental health rehabilitation

Mental health rehabilitation is an important component in the management of people with mental health conditions. The care and treatment of people with mental health conditions has undergone transformation for the past few years; moving from early centuries of social persecution and banishment through institutionalisation to the present day where these people are now recognised as central to the success of any rehabilitation program (Kilaspy et al, 2009). Mental health rehabilitation can be explained as "a whole systems approach to recovery from mental illness that maximizes an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support" (Kilaspy et al, 2005). Thus, whereas psychiatric treatment focuses on psychiatric symptoms; mental health rehabilitation focuses on functioning, wellness as well as how these people can optimise their quality of life. Rehabilitation services for people with a mental illness are provided in a variety of settings, from residential to within the person's own home. Mental health rehabilitation plays a lot of roles in the recovery of its consumers. Mental health rehabilitation services focus on a psychosocial model of care rather than a medical approach to empower and promote independence and recovery (Roberts et al, 2006). Studies have shown that people suffering from acute schizophrenia and have had no prior rehabilitation are limited with regards to social and cognitive functioning. However, vocational rehabilitation significantly improves consumers' efforts to integrate into the society and function efficiently in their assigned roles in the society (Suresh Kumar, 2008).

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2.3.2 Relevant definitions of self-help

There are a vast number of definitions of self-help groups in research literature. Katz and Bender (1976) define or characterize them as 'small voluntary group structures that through mutual support aim to complete specific tasks. For the most part, they consist of participants that gather in order to mutually satisfy a common need, help with a handicap or a life problem and to create a desired social or personal change. The initiators and participants in such groups do not feel that their needs are satisfied by existing social institutions (Katz & Bender1976, p. 141). Richardson and Goodman (1983), on the other hand, define self-help groups as: groups of people, who feel that they share the same problem and that they have gathered in order to do something about it.

2.3.3 Characteristics of self-help groups

The role of the self-help programs has been both to fill gaps in the present system of care and to help members get what they need from existing services; therefore having a positive impact on the quality of life of mental health consumers (Chamberlin, Rogers and Ellison, 1996). Munn-Giddings and Borkman (2005) characterized self-help as a support mechanism which helps individuals to have a constructive and positive life despite the various challenges posed by their mental illness. The value of self-help groups in the rehabilitation process of persons with mental illness has been emphasized by various researchers since the paradigm shift of institutionalization to community psychiatry. Thus, self-help groups have become a very crucial component of community mental programs particularly in countries where the resources allocated to the mental health sector is meagre. In its most basic form, self-help is a process by which people voluntarily come together to form a group with the sole purpose of helping each other address common problems or shared concerns (Davidson et al. 1999). A self-help group

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brings about individual and collective empowerment through improvement in conditions of people with mental illness (Ndaegi et al, 2013).

Self-help is viewed by some researchers as an alternative strategy for marginalized groups to have their voice heard and effect changes in area of concern (Aglen, Hedlund and Landstad, 2011). In Finland, a study by Nylund (2000) shows that over 40% of self-help groups have socially oriented goals, including collective goals to promote employment, prevent social exclusion and raise the status of single parents; welfare reform goals to provide better welfare and unemployment benefits and promote cooperation between patients and professionals; and advocacy goals to influence legislation and alter public attitudes. It is also seen as a complementary or alternative ways to cope with problems compared to what is provided for through regular healthcare services and health programmes or strategies (Aglen, Hedlund and Landstad, 2011). The idea of empowerment also entails sharing ideas and taking collective actions to influence policy decisions (Kruger, 2000). Hence as self-help group members are given the opportunity to share their common problems and aspirations, they are seen as way of empowering themselves (Humphrey, 1997).

One characteristic of self-help relates to the intrapsychological process of adapting to changing situations as well as being able to cope with the various challenges as a result of changing situations (Lundman and Jansson, 2010). It is therefore a crucial component for coping and empowerment for mental health consumers because their inner psychological processes are stimulated by peers with shared knowledge; this helps improve their quality of life or wellbeing. Research has demonstrated that participation in self-help groups improved social functioning

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such as voting, attending social events as well as working (Chatterjee et al, 2009). Self-help deals with group processes such as an exchange of experiences, mutual support, or sharing of information which leads to increased quality of life and wellbeing and better insight into how to cope with the disease in everyday life (Aglen, Hedlund and Landstad, 2011; Norman, 2006). Peer support also increases consummers sense of hope, control and ability to effect changes in their lives; increase their self-care, sense of community belonging, and satisfaction with various life domains; and decrease participants' level of depression and psychosis (Davidson et al, 2012).

Early studies of self-help organizations indicate that, compared with recent self-help members, longer-term members displayed characteristics of more prominent social networks with a higher rate of current employment, and lower levels of abnormal behaviours (Rappaport et al., 1985). Thus self-help groups are organised with reference to a specific problem with members tending to be peers. These self-help groups hold common goals and work towards achieving these goals collectively as well as providing help to members of the group.

2.3.4 Functions of mental health self-help groups

Self-help groups, also known as mutual or peer support groups are directed by people with mental illness or their family members and provide education, support, empowerment, advocacy or similar activities for other families or consumers (Hoagwood et al, 2010). In a systematic review Pistang, Barker and Humphrey (2008) concluded that self-help groups are useful to people with chronic mental illness, depression and anxiety. Mental health self-help groups are of great benefit to consumers, and their caregivers in terms of increasing social inclusion, providing

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social support and promoting biomedical treatments for mental disorders and epilepsy (Cohen et al, 2012). Thus through mental health self-help groups, people with mental health problems are organised as collective entity and develop their capabilities to motivate themselves into further action. Consumer participation in mental health self-help may possibly enhance the effects of psychiatric treatment on outcome. Mental health self-help decreases consumers' use of hospital stay as to number of admissions and days in hospital, with a reduction of costs; and are more satisfied at work (Burti et al, 2005). Another function of mental health self-help is that it reduces subjective burden and worry, and increasing empowerment as well as increasing self-care among family members of people with severe mental illness (Dixon et al, 2004).

Additionally, studies have shown that mental health self-help tend to have a positive impact on social network and social support as well as increased self-efficacy and quality of life (Castelein, 2008), consistent improvements in the family burden of care in terms of finance, daily life and activities, interaction with the patient and all aspects of patient functioning, including self-maintenance, interpersonal functioning and community living skills (Chien et al, 2006). Cohen et al. in a qualitative study of mental health self-help groups in Ghana concluded that they provide a range of supports (social, financial, practical), foster greater acceptance of service users by their families and by communities at large, and are associated with more consistent treatment and better outcomes for those who are ill (Cohen et al, 2012).

2.3.5 Types of mental health self-help

There are several types of mental health self-help groups whose aim is to provide support to either the patients or caregivers. Self-help interventions for psychosis can take a number of forms

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including those based on psychoeducation, behavioural approaches, and peer support; and these approaches are used to address the frequency of symptoms, the extent to which they can be controlled, and/or the distress associated with symptoms such as hallucinations and delusions (Scott, Webb and Rowse, 2014). Guided self-help programmes in which patients work through exercises on their own, and only have brief weekly meetings with a health care professional are also used in treating anxiety and depression disorders (Zinken et al, 2010).

2.3.6 Ghana context

In Africa, it is estimated that between 76% and 99% of people with mental disorders do not have access to needed treatment for their problems (WHO, 2004). Mental health in Ghana like many other developing countries continues to rely mainly on institutional care as a form of treatment. Legal backing to mental health activities started with the enactment of the Lunatic Asylum Ordinance in 1888 signed by the then Governor of the Gold Coast, Sir Griffith Edwards. Before this period, the lives of the mentally ill were that of loneliness, stigmatization and social exclusion (Fournier, 2011). This led to the establishment of the Accra Asylum in 1906. There was no revision of the legislation until 1972, when a Mental Health Decree (known as the NRCD 30) was passed. This legislation recognised that those with mental illness should not be prisoners but patients who require treatment. Under the 1972 legislation, people with a mental illness were defined as those residing in psychiatric hospitals even though it prescribed the establishment of a Mental Health Tribunal. However, this was never actually done (Osei, Roberts and Crabb, 2011). Due to its emphasis on institutionalisation, there was no consideration towards community mental health and rehabilitation of the mentally ill. The NRCD 30 also did not provide a place for the provision of mental health facilities in general hospitals and particularly

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the involvement of users of mental health services, caregivers and families in the implementation of this decree. However, the NRCD 30 was never implemented (Doku, Wusu-Takyi and Awakame, 2012). Several attempts were made especially during the 1990s to enact a new mental health law. For instance, both The Law Reform Commission (LRC) and the Mental Health Law of 1990 were not enacted (Doku, Wusu-Takyi and Awakame, 2012).

However, thanks to a push by the World health organization (WHO) and the Convention on the Rights of Persons with Disabilities, there has been a gradual shift from institutionalisation to community care. The UN Convention for the Rights of Persons with Disability (UNCRPD) a piece of International legislation had huge implications for community rehabilitation in mental health care worldwide and this served as a guiding principle in making community treatment and rehabilitation for persons with mental disability mandatory and binding to its members countries (UNCPRD, 2006). As signatory to this convention, Ghana passed the Mental Health Act 846 2012 in to address mental health as a public health and ensure that the rights of people with mental disorders are protected (Doku, Wusu-Takyi and Awakame, 2012). This new Act was drafted between 2004 and 2006 with the support of the World Health Organisation (WHO). The new Mental Health Act focuses on improving the access to care for people with mental illness or epilepsy including the poor and vulnerable, safeguarding human rights and promoting participation in restoration and recovery (WHO-AIMS, 2013). This new law place more emphasis on community rather than institutional care.

Despite the passing of the act into law, there are various challenges that seem to slow its full implementation. According to Doku et al, (2012), one of the challenges is the fact that

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community-based rehabilitation programme is mainly restricted to the needs of the physically disabled without acknowledgement of the provision for community rehabilitation needs of people with mental disability. Hence the relegation of psychiatric rehabilitation services to the department of social welfare instead of considering it as a psychiatric service.

The formation of Self-help groups has become one of the important components of community mental health program operated by non-governmental organisations. In 2013, Ghana had 11 mental health related NGOs whose main area of interest included advocacy and the creation of mental health awareness and reduction of stigma in Ghana. These NGOs include Mental Health Association Of Ghana, Mind Freedom, The Ghana Mental Health Association, BasicNeeds Ghana and others (WHO-AIMS, 2013). The table below gives the list of Consumer associations, family associations, NGOs and other mental health projects in Ghana.

Table 3.1 Consumer associations, family associations, NGOs and other mental health projects in Ghana.

NAME	MEMBERSHIP	FUNCTIONS/ACTIVITIES
Mental Health Society of Ghana (MEHSOG)	It consists of mental health and epilepsy patient members across Ghana. (18,320 members)	To bring all people with mental illness and epilepsy, including people who have experienced one form of mental illness and/or epilepsy in Ghana into a unified and representative association. To promote the socioeconomic wellbeing of people with mental illness and/or epilepsy. To cooperate with like -minded associations and bodies as well as with the Government of Ghana and advocate in pursuit of

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		the advancement of mental health.
The Ghana Mental Health Association	It is an umbrella group of NGOs and persons in mental health	The Association advocates for the mentally ill and is involved with awareness creation, seeking for the welfare of the mentally ill and influencing policy direction.
Mindfreedom Ghana	MindFreedom is a membership-driven organization, one of the very few independently-funded groups, supported by members, and dedicated to taking action for human rights.	In a spirit of mutual cooperation, MindFreedom leads a nonviolent revolution of freedom, equality, truth and human rights that unites people affected by the mental health system with movements for justice everywhere.
Alcoholics Anonymous Ghana	a self-supporting fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for membership.	The primary purpose of Alcoholics Anonymous Ghana is “to help people stay sober and help other alcoholics to achieve sobriety.
The Epilepsy Society of Ghana	It is an association of physicians and other health professionals working towards a world where no persons’ life is	The goals and mission are to ensure that health professionals, patients and their care providers, governments, and the public world-wide have the educational

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	limited by epilepsy	and research resources that are essential in understanding, diagnosing and treating persons with epilepsy.
BasicNeeds Ghana	Membership involves people with mental illness or epilepsy, and their families and communities and other organisations.	BasicNeeds Ghana, a branch of the international group, was formed in Ghana in 2002, with the vision that "People with mental illness or epilepsy live in dignity and satisfy their basic needs and exercise their basic rights". The organisation in Ghana works to develop and implement initiatives that directly involve people with mental illness or epilepsy, and their families and communities and other organisations to enhance self-determination and influence public opinion and decision-making on mental health and development.
Psycho-Mental Health International	They are made up of retired serving nurses and nursing assistants.	They provide mental health promotion and prevention activities including for alcohol and substance abuse in churches, schools and communities.
The Kintampo Project		The Kintampo Project is a charity based UK initiative working with The College of Health and Wellbeing in Kintampo to produce Community Mental Health Officers and Clinical Psychiatric

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		Officers. The project started in 2006 and will run until 2017 by which time it will have produced over 700 new mental health workers for Ghana.
Mental Health Educators in the Diaspora (MHED	It is an international diaspora volunteering initiative made of a multidisciplinary faculty of mental health educators in the diaspora	They are committed to advancing and raising the profile of mental health education in Ghana and other countries in the West African sub-region, through teaching, learning, service provision and research
Ghana mhGAP Epilepsy Initiative	It is a WHO /MoH / GHS programme which started in 2011/12 to improve access to care and services for people with epilepsy in Ghana	Develop and engage in the strategy for delivering epilepsy care. Promote training of all professional health care providers, making them competent in diagnosing and treating epilepsy
Ghana Organisation against Foetal Alcohol Syndrome (GOFAS)		To create awareness on the dangers of alcohol consumption by pregnant women.

Source: WHO-AIMS 2013

Despite the surge in the formation of mental health NGOs, BasicNeeds - an NGO that seeks to implement a social and economic development approach to mental health care. BasicNeeds Ghana seeks to help individuals and their families' access treatment services, to reduce stigma, and to provide livelihood programmes that address the negative economic consequences of mental disorders and epilepsy. It is so far the only NGO which has taken active role in the establishment of mental health self-help groups (Cohen et al, 2012). This objective has led to the

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establishment of self-help groups in 2006. As of 31 December 2010, BasicNeeds reports that almost 18,000 service users and their caregivers participated in its programmes in northern Ghana (Cohen et al, 2012). Over the past several years, BasicNeeds has helped form 239 user-led groups in Ghana at community, district, and national levels (Yaro and de Menil, 2009). Findings have shown that the formation of self-help groups has led to the promotion of biomedical treatment, provision of social and financial support as well as increased social inclusion. BasicNeeds organisation support self-help groups and have formed mental health self-help groups in Ga-mashie; where this study is based.

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CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the processes that were used in conducting the research. Discussions will be on the research design, study area, sampling and sample size, data collection and analysis.

3.1.1 Research design

Qualitative research design was used to conduct this study. Qualitative research is mainly interested in understanding how people make sense of their world and the various experiences they have in their world (Merriam, 2009). Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations. It can help us to interpret and better understand the complex reality of a given situation. Thus, in this study, in order to understand what mental health self-help users perceive as the functions and roles of such groups, as well as obtain more detailed descriptions and explanation of experiences of their conditions, qualitative research design was used.

3.1.2 Study Area

The study area is Ga-Mashie which is located within the Greater Accra Region of Ghana. The area is specifically located Southwest of Accra on the Atlantic coast side. Ga-Mashie comprises of the oldest neighbourhoods in Accra: Ussher Town and James Town. Ussher Town is made up of four quarters: Asere, Abola, Gbese and Otublohum; James Town is made up of 3 quarters, Akanmaadzen, Ngleshie and Sempe. Ga Mashie is principally inhabited by the Gas, of the Ga-

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Adangbe tribe, although a considerable number of non-Gas reside in the community, including Akans, Ewes, Guans and Mossi-Dagomba, as well as other foreign groups (Mahama et al, 2011). With regards to health facilities, there is the government-run clinic in the area: Ussher Polyclinic, which deals with all manner of cases, from malaria to sex education, which is managed by the Accra Metro Health Directorate. In addition, the privately run Sea View Clinic and Medical Laboratory is housed on the premises of the Sea View Hotel. All these health centres refer their major medical cases to the Korle-Bu Teaching Hospital, which is less than one kilometre from the western border of Ga-Mashie. In James Town, the most dominant building type is the double-storey compound house. Very often these houses are arranged into clusters connected to each other via alleyways. Since most of the structures were built over 80 years ago and have been passed on by, and to, generations of family members, the most common form of home ownership is a communal one, by the extended family.Traditionally, the primary industry of occupation for the people of Ga Mashie has been fishing which is primarily undertaken by the men whereas the women are responsible for preservation, marketing and trading of the fish. Other women produce and sell kenkey to community residents as well as engaging in other trades (Mahama et al, 2011).

3.1.3 Target Population

The research targeted members of the mental health self-help groups organised by BasicNeeds Ghana within the Ga-Mashie area. Out of all the Non-Governmental Organisations, BasicNeeds is the only NGO that has organised mental health self-help organisation in Ga-Mashie. The

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researcher was also interested in people with mental illness living in an urban poor community and Ga-mashie has been classified as urban poor community. Informed by this information, the researcher decided to use people with mental illness living in Ga-Mashie as the target population. BasicNeeds in order to give opportunity to people with mental illness or epilepsy to live a meaningful and productive life in their communities formed mental health self-help groups. The organisation formed five (5) self-help groups in Ga-mashie, and would have been preferable to interview all the five (5) groups. However; during recruitment only members of three (3) groups were available for discussions due to the inactivity of the other groups. These members included people with epilepsy and those with other conditions even though the dominant condition was epilepsy. Most of these groups are made up of both caregivers and carers; however, a lot of the users were incapacitated and therefore caregivers were interviewed on behalf of the users.

3.1.4 Sampling procedure and Sample Size

Purposive sampling technique was used in finding participants for the research. Participants or respondents were recruited with the help of a community facilitator who is a resident of the community. The community facilitator together with the researcher visited the Ussher clinic where some of the members had come for review and medication. Some members of the mental self-help groups were recruited. One of the respondents then introduced the researcher and the community facilitator to a leader of one of the groups. Users were contacted through one of the leaders who then informed participants about the purpose of the research and sought their consents. Respondents were then recruited based on the availability of the respondents. The self-help group in Ga-mashie were made up of 5 groups based on the location of the patients. Following this, 4 focus groups and two individual interviews were conducted. The 4 focus

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groups discussion and two individual interviews comprised of 30 respondents living with mental illness and epilepsy. These participants were then grouped based on their sex and condition.

3.1.5 Data Collection

Focus group discussions as well as in-depth interview were used to collect data from participants. This method helps participants to have the freedom to express their opinions, desires and needs and provide more detailed narratives. In cases where mental health consumers were not able to participate in the interviews themselves, their caregivers were asked to join the discussion. Because all the patients and their caregivers knew each other, most of their views were corroborated by other respondents present in the group. The decision to do in-depth interview with 2 respondents who were leaders of two groups was to provide more detailed information on the structures as well as organisation of the mental health self-help groups in the various groups. Both focus group discussions and in-depth interviews were guided by this interview guide in Table 3.1.

Table 3.1 Interview Guide

1. Socio-demographic details
2.Life history of condition
3. Structure and organization of the mental health self-help group
4. Functions of the self-help group

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Interviews were conducted in the language that was comfortable for participants to express themselves in with no limitation. All the focus groups discussions were conducted in Ga with the 2 individual interviews being conducted in Twi. An interpreter was used to assist with the interview conducted in Ga. In order to prevent misrepresentation of words by the translator, there was one day assigned for familiarisation with the question guide conducted by the researcher. After a thorough discussion on documentation and appropriate words to use, the guide was then tested.

3.1.6 Ethical Consideration

To ensure those respondents' privacy and confidentiality were protected, data gathered from respondents were presented in anonymity. Participants were also given the chance to opt out of the research at any point they feel comfortable, thus there was no coercion when the interviews were conducted.

3.1.7 Data Analysis

The thematic Analysis approach was used in analysing the data that was collected (Attride-Stirling, 2001) and steps included:

3.1.8 Organization of raw data

Initially, the audio data collected from the focus group discussion as well as in-depth interviews were extracted from the recorder and organised into 6 different files. 4 of the files represented the focus group discussions and the 2 for the individual interviews.

3.1.9 Respondent identification

In order to protect the identity of the respondents, the file names for the focus group discussions were changed into FGD1, FGD2, FGD3, FGD4; whereas the individual interviews were changed into II to denote individual interviews. The two respondents were named II-R1 and II-R2 as identifiers.

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3.1.10 Transcription

All the 4 focus group discussions and individual interviews were transcribed into English by the author and other two Ga speakers who could transcribe. Particular attention was given to audible and visual communication cues that could imply meanings to statements that were made during interviews. These cues were used on all the transcripts. Transcribed interviews were then printed out. During the interviews, questions were asked about some socio-demographic details of all respondents. These details included the type of condition of respondents. Each respondent's information was used to form a second table in the excel sheet. Constructing respondent's profile will help us to know each for the primary characteristics that they possess.

Table 3.2 Profile of respondents.

Participant	Age	Sex	Education	Marital status	Occupation	Ethnicity	Religion	Condition	Children
FGD1									
FGD1-R1	52	Female	No education	Never married	No occupation	Ga	Christian	Epilepsy	No children
FGD1-R2	31	Female	No education	Married	No occupation	Ga	Christian	Epilepsy	No children
FGD1-R3	73	Female	Middle school	Married	No occupation	Ashanti	Christian	Epilepsy	4
FGD1-R4	14	Female	Class six	never married	student	Ga	Christian	Epilepsy	No children
FGD1-R5	34	Female	Class four	never married	Trader	Ga	Christian	Epilepsy	1
FGD1-R6	45	Female	class three	married	Trader	Ga	Christian	Epilepsy	3
FGD1-R7	22	Female	JHS 3	Never married	Trader	Ga	Christian	Epilepsy	1
FGD	16		class 6	Never	student	Ga	Christian	Epilepsy	No

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R8		Female		married					children
FGD2									
FGD2 -R1	14	Male	class 5	never married	student	Ga	Muslim	Epilepsy	no children
FGD2 R2	37	Male	form 4	never married	no occupation	Ga	Christian	Epilepsy	no children
FGD2 -R3	29	Male	class 3	never married	no occupation	Ga	Christian	Epilepsy	no children
FGD2 -R4	31	Male	No education	never married	no occupation	Ga	Christian	Epilepsy	no children
FGD2 R5	23	Male	class 4	never married	no occupation	Ga	Christian	Epilepsy	no children
FGD2 -R6	28	Male	No education	never married	no occupation	Ga	Christian	Epilepsy	no children
FGD2 -R7	25	Male	No education	never married	construction worker	Ga	Christian	Epilepsy	no children
FGD3									
FGD3 -R1	57	Male	Secondary school	Never married	no occupation	Ga	Christian	Mental retardatio n	no children
FGD3 -R2	45	Male	Jss	Never married	Missing	Ga-Adanbge	Christian	Mental illness	no children
FGD3 -R3	24	Male	Class 6	Never married	Sells polythene bags	Ga	Muslim	menatl illness	No children
FGD3 -R4	52	Male	Secondary school	Never married	no occupation	Ga	Christian	Hearing impaired and mental	No children

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								problem	
FGD3 -R5	20	Male	Class 6	Never married	no occupation	Ga	Muslim	Mental problem	no children
FGD3 -R6	33	Male	no education	Never married	no occupation	Ga	Christian	Mental problem	No children
FGD4									
FGD4 R1	10	Female	no education	Never married	No occupation	Ga	Christian	epilepsy	No children
FGD4 -R2	70	Female	Form 4	Married	No occupation	Ga	Christian	epilepsy	2
FGD4 R3	35	Female	jss	Never married	Trader	Ga	Christian	epilepsy	1
FGD4 R4	40	Female	Jss	Never married	Trader	Ga	Christian	epilepsy	2
FGD4 -R5	20	Female	class 6	Never married	No occupation	Ga	Christian	epilepsy	1
FGD4 -R6	17	Female	class 3	Never married	No occupation	Ga	Christian	epilepsy	No children
FGD4 R7	15	Female	nursery	Never married	No occupation	Ga	Christian	epilepsy	No children
FGD4 R8	53	Female	class 4	Married	Trader	Ga	Christian	epilepsy	4
Individual interview (II)									
II-R1	56	man	form 4	Married	Business man	Bono	Christian	Mental illness	3
II-R2	73	Female	Class four	Married	Trader	Ashanti	Christian	Mental illness	4

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3.1.11 Extracting basic themes

After extracting the profile of each respondent, the next phase was to identify statements that were made by each respondent that had an implication for the research question and the objectives set out by the research. Each transcript were given line numbers and read thoroughly. All these were done with the objectives and research question in mind. All the relevant responses were highlighted and each highlighted statement was given a title with a simple word or phrase according to the research objectives. Other responses that were not directly addressing the research objectives were also highlighted, that is if they are significant to the research work. Thus, the researcher used both inductive and deductive coding to derive the basic themes. This same procedure was repeated for all the other transcripts. These labels or themes given to the statements of respondents became the basic themes. Below is a sample of a coding frequency table

Table 3.3 Coding frequency sample for FGD

Codes	**FGD1**	**FGD2**	**FGD3**	**FGD4**
Structure of the MHSHG				
Position				
Chairperson	4	3	3	2
Vice-chairperson	1	2	2	3
Treasurer	-	2	2	2
Assistant treasurer	-	2	1	-
Organiser	3	2	1	3
Secretary	3	2	1	-

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Roles				
Chairperson				
Takes lead in group activities	1	3		3
Convey message to BasicNeeds	1		2	
Remind members of meeting time	1		1	2
Handles funds	1			
Organise things	2			
Provides financial support			1	
Vice-chairperson				
Handles funds	1			
Assist chairperson	3	2	2	
Treasurer				
Handles funds	-	4	1	2
Organizer				
Inform members of meeting time	2	3	1	1
Organize group activities	4		1	1
Secretary				
Writes down notes	3	5	1	1
Selection of leadership				

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Voting	3	7		
Appointment		1	5	1
Criteria for leadership				
Being Kind	3	2	3	1
Being caring	2	1		
Being sympathetic	2	2	1	

3.1.12 Organizing Themes

After deriving the basic themes from all the transcripts, the next stage was to group basic themes that are similar into organising themes. Basic themes addressing similar issues were grouped together under one organising theme.

3.1.13 Coding Framework

A table was established using the various themes. This table was made up of the global theme, an organizing theme, and number of responses, description and sample quotes. The global theme was a word or phrase that represented directly the research objectives. All the organizing themes that addressed a research objective was grouped to form the global theme and the name ensured that it represented the global theme. To ensure that the description represented the views of the respondents, all the quotes were grouped together and a universal description was given to it. The sample quote was the representation of the universal description of all the quotes.

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Table 3.4 A sample of coding framework

Global theme	Organising theme	Basic theme	No of responses	Description	Sample quotes
Structure and organisation of MHSHG	**Position**	Chairperson	6	The chairperson is the leader	*"we have a leader, he is the chairperson"* (R3.FGD3)
		Vice-chairperson	5	Deputy to the leader	*"At the Group level each group have, Chairman and Assistant, Secretary, Treasurer and Assistant, Organizer."* R5 (FGD2)
		Treasurer	5	Handles groups' funds	*"we have one who keeps our money, he is the treasurer"* R7 (FGD3)
		Assistant treasurer	2	Serves as a signatory to the group's account	"yes, for instance the assistant treasurer also helps the treasurer handle the money in the groups" R5 FGD2

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		Organizer	6	Organises the members	*" I am the organiser, if like we will go somewhere and I am told then I go to members in town and tell them where we are going"* R1 (FGD1)
		Secretary	6	Takes notes	*"Let us say that with the secretary.. when we go somewhere she writes down what transpires just like you doing and that is what we do and we don't do money matters. Hope you understand me?"* R5 (FGD1)
	Roles	**Chairperson**			
		Must take lead in activites	4	*Take the lead in group's activities*	*"He has to organize everything for us and lead us because most of these users can't take care of themselves" R4 FGD1*

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		Convey message to BasicNeeds	3	Must liaise between members and BasicNeeds	"He is supposed to contact the BasicNeeds and tell them our problems--"
		Remind members of meeting time	2	Call members to remind them of time	*"Yes and Mr. Nkrumah as well do call us to remind us of the meeting time" R4 FGD4*

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CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

Results have been presented in three parts based on the research objectives. These parts are the structure and organisation of mental health self-help groups, the functions and the various recommendations that can contribute to the implementation of mental health policy in Ghana. The most prominent themes and related themes have been presented in this chapter. Thematic networks as well as figures have been used to provide clear understanding of the connection between various parts. Sample quotes under various basic themes have been provided for easy understanding of what the themes meant which were extracted from transcripts of interviews conducted by the researcher with respondents.

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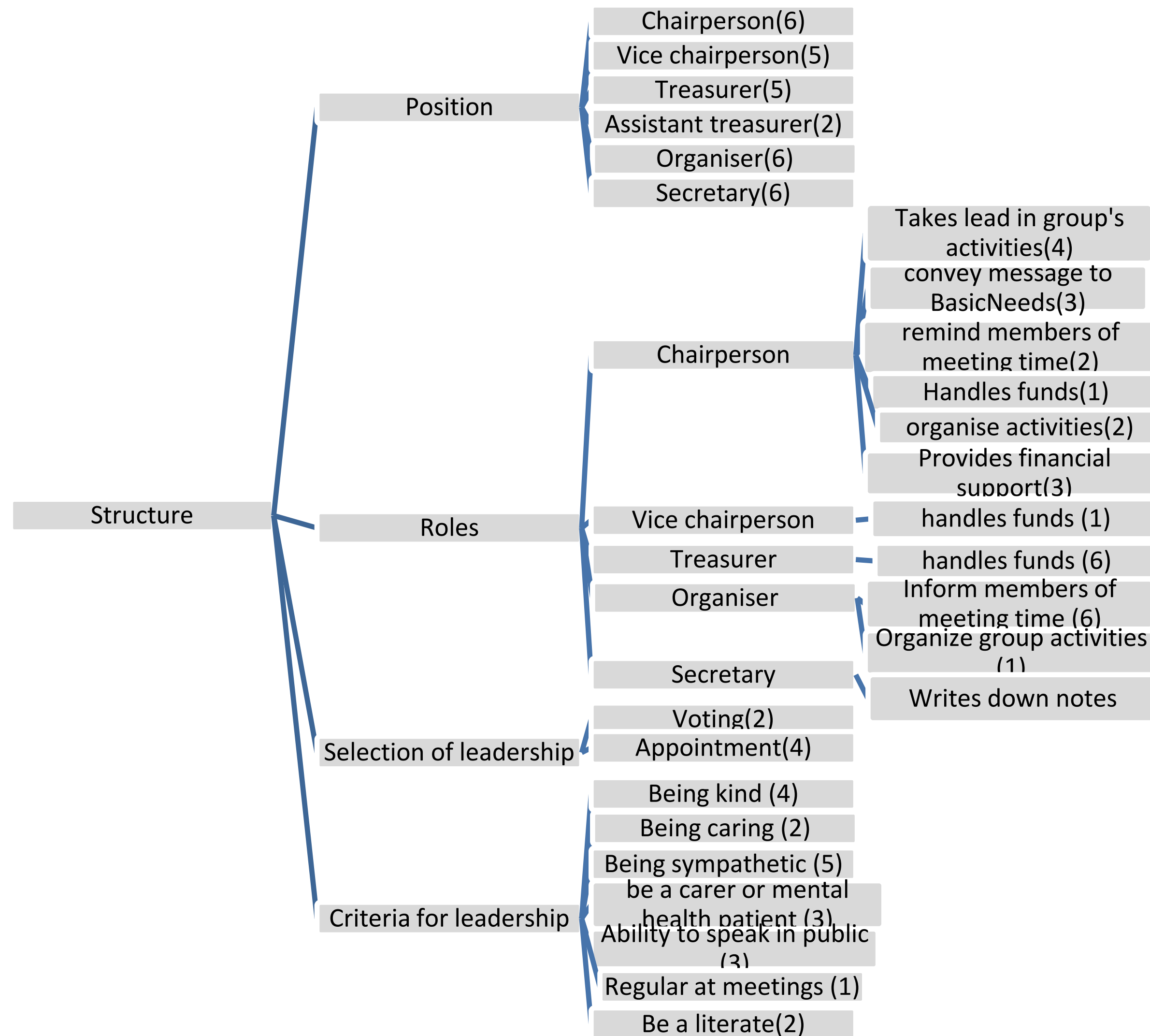
Figure 4.1 Thematic network on the structure of mental health self-help groups in Ga-Mashie



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4.2 Structure of mental health self-help group

As identified in the conceptual framework, member control of organizational activities, governance and administration provides organizational empowerment, thus this makes them more involved in the decision making process of the organisation. In order to understand the role mental health self-help plays in the rehabilitation of mental health patients, it is better to tap into the knowledge and experiences of users regarding the structures, organisation and functions of these groups.

4.2.1 Positions

With regards to positions in the various mental health self-help groups, all the groups reported having a chairperson as the leader of their groups. All the 4 focus groups indicated having a leader who is the chairperson. In FGD1, FGD1-R1, FGD-R2, FGD-R3 and FGD1-R6 mentioned their chairperson as the leader of the group. The position of vice-chairperson was available in all the mental health self-help groups. For instance, FGD4-R1, FGD4-R4 and FGD4-R5 in FGD4 all indicated having a vice-chairperson in their group. This position was also present in the rest of the FGDs with FGD1, FGD2 and FGD3 all confirming it. The position of treasurer was mostly cited as part of the composition of the executives of almost all the groups. Except FGD1, all the other groups indicated having a treasurer with 2 respondents from FGD2, FGD3 and FGD4 all affirming that. However, FGD1 indicated not having any treasurer since they do not have any funds to manage. Assistant treasurer was the lowest position in the various mental health self-help groups, with only FGD2 and FGD3 confirming that position in their various groups. References of the demographics of the groups in the appendix indicated that focus groups 2 and

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3 which are all males with epilepsy and different conditions had assistant treasurer in their groups. Organiser was one of the most common positions in the various groups with a consensus in all the focus groups. All the 4 focus groups confirmed having an executive which includes an organiser, with FGD3 having the lowest number of responses. This however, does not indicate the absence of consensus because all the respondents in FGD3 all agreed with the view of FGD3-R3. These positions were confirmed by the individual interviews from the leaders of two groups who are themselves chairpersons in their respective groups. Quotes from some of the respondents in the various focus groups as well as individual interviews reveal the various positions in their respective mental health self-help groups.

Chairperson; *"..we have a leader, he is the chairperson"* (FGD3- R3)

Vice-chairperson: *"At the Group level each group have, Chairman and Assistant, Secretary, Treasurer and Assistant, Organizer." (FGD2- R5)*

Treasurer: *"we have one who keeps our money, he is the treasurer" (FGD3- R7*)

Assistant treasurer: "*yes, for instance the assistant treasurer also helps the treasurer handle the money in the groups"* (FGD2- R5)

Organiser: *" I am the organiser, if like we will go somewhere and I am told then I go to members in town and tell them where we are going" (FGD1- R1)*

Secretary*: "let us say that with the secretary.. when we go somewhere she writes down what transpires just like you doing and that is what we do and we don't do money matters. Hope you understand me?*" (FGD1- R5)

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4.2.2 Roles

Respondents assigned various roles to all the positions in the mental health self-help groups. With the position of chairperson, all the 4 focus groups showed that one of the roles of the chairperson is to take the lead in the various activities in the group. For instance, in FGD2, FGD2-R3, FGD2-R5 and FGD2-R6 all attributed this role to the chairperson. Another role suggested by the groups pertaining to the chairperson was to convey message to the parent organization or liaise with them (BasicNeeds); FGD1, FGD3 and FGD4 all ascribed this role to the chairperson. According to FGD4-R4 and FGD4-R6 in FGD4 as well as FGD1-R6 in FGD1, the chairperson calls members to remind them of meeting times. According to FGD1-R5, one of the roles of the chairperson in mental health self-help group is to handle funds. As part of the roles of the chairperson, FGD1 indicated that he/she organizes activities in the various groups. Aside these roles, discussions with FGD3 also showed that the chairperson also provides financial assistance to their members who are in need. With regards to the role of the vice-chairperson, FGD1, FGD2 and FGD3 all pointed out that the vice-chairperson also assists the chairperson whereas all the 4 FGDs asserted that the treasurer handles money issues in the various groups. In terms of the role of the organiser, just like the treasurer, all the FGDs elaborated that they inform members of the meeting time whereas FGD1 and FGD3 also indicated that the organiser organises the various activities in the groups. The secretary writes down notes of all the things transpiring in the groups, according to all the focus groups. Below

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are some of the quotes from respondents. What was also notable was the fact that all the organisers in the groups were women.

Chairperson: *"he has to organize everything for us and lead us because most of these users can't take care of themselves" (FGD1- R4)*

Vice-chairperson: *"He helps the chairperson and most of the time conducts the meeting" (FGD2-R4)*

Treasurer*: please the money is sent to the bank by Three (3) people, and so when any activity is being embarked on, these three (3) are supposed to know. They are the chairman, vice and treasurer. FGD2-R2*

Organiser: *"Yes organizer, so when we are going somewhere, I go to inform them about what we are doing" (FDG1- R6)*

Secretary: *"let us say that with the secretary.. when we go somewhere she writes down what transpires just like you doing and that is what we do and we don't do money matters. Hope you understand me?" (FGD1-R5)*

4.2.3 Selection of leadership

In the selection of leadership, two methods were identified by respondents namely voting and appointment. FGD1 and FGD2 all affirmed that voting was used to select the leaders whereas

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FGD3 and FGD4 all indicated that the leaders were just appointed by the members of the group. However, FGD2 also indicated that not all the positions held in the self-help groups are voted on. Below are some of the quotes from focus groups.

Voting*: "We did elections ehhhh…when we started first I was their leader i.e. the "Gbese" group and another person came to be the leader and the woman that I mentioned her name" (FGD1-R6)*

Appointment: " *… And it happened that Mr. Nkrumah was part of our group and so we agreed to select him to be our leader…*(FGD3-R5)

4.2.4 Criteria for leadership

When asked about the criteria for the selection of their leaders, all the 4 focus groups indicated that the person has to be kind towards the mental health self-help users and the carers. FGD1 and FGD2 mentioned being caring whereas all the focus groups with the exception of FGD1 indicated a leader has to be sympathetic towards users. Another criterion indicated by FGD2, FGD3 and FGD4 is that a person has to be either a carer or a mental health patient, thus they should be a member of the mental health self-help group. According to FGD2 and FGD4, a leader should be able to speak in public, whereas only one focus group discussion (FGD) indicated that a leader must be regular at meetings as well as literate. Both II-R1 and II-R2 indicated that a member should be a carer or mental health patient.

Being kind: *"yes because he is kind towards us and takes care of us all and even when you want to go to the hospital he will take you" (FGD3-R6)*

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Being caring*: "The person must also be caring and kind" (FGD2-R4)*

Being sympathetic: *"and if the person sympathizes with us" (FGD2-R2)*

Be a carer or mental health patient: *" we also look out for one who has a patient that one is taking care of or one is also affected with the disease. One who as well is patient and have compassion for the group members" (FGD1- R3)*

Ability to speak in public: *"Someone who when we go somewhere one can be bold to speak or ask questions…" (FGD2- R3)*

Regular at meetings*: "...As for that one we can vote for that person or someone who attends meetings regularly.." (FGD2-R3)*

Be a literate: *"Also, you know pardon me, most of the sick people have not been to school before, and so if one can read and write to some extent, one can be given a position as well" (FGD2-R3)*

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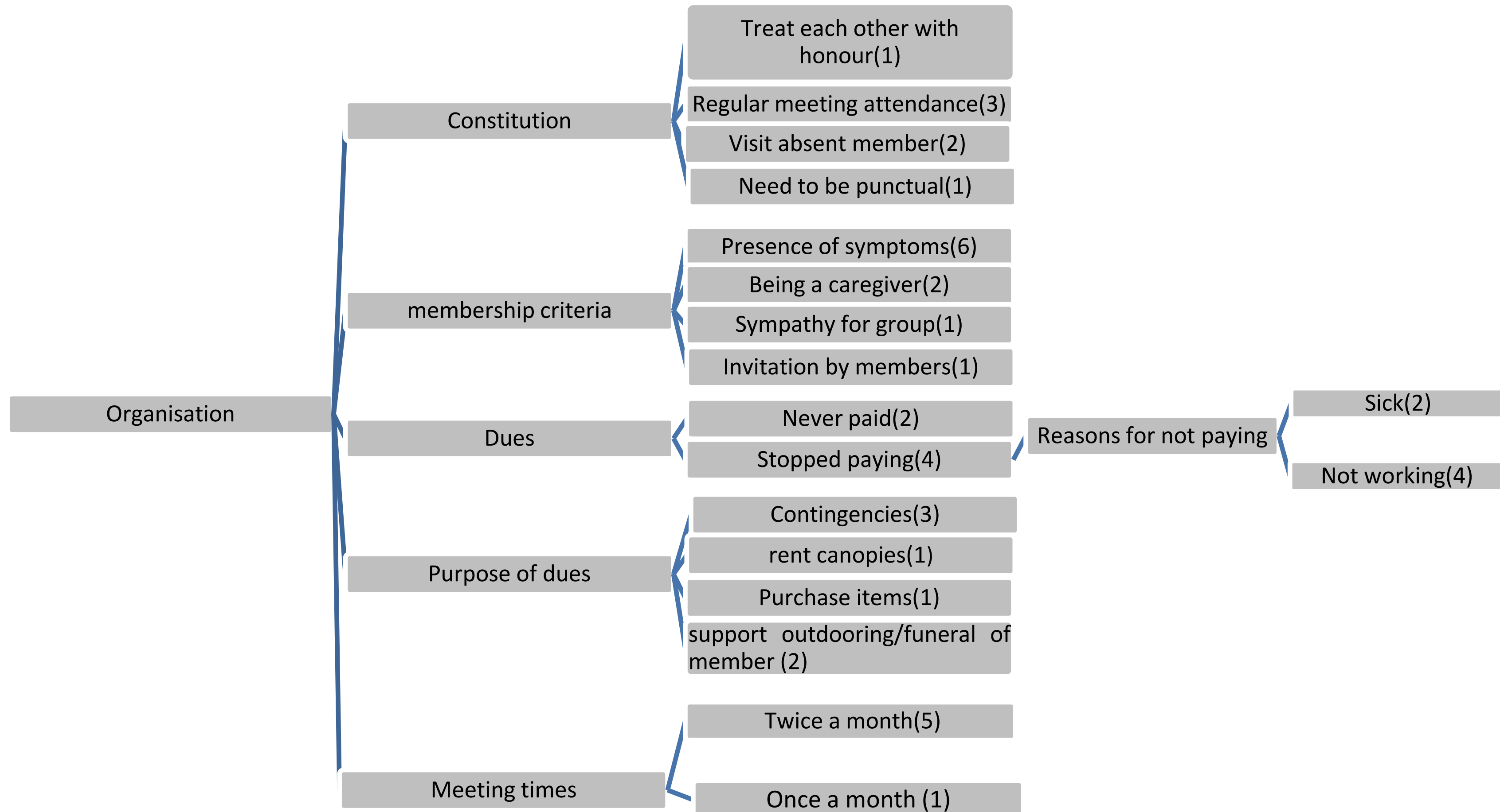
Figure 4.2 Thematic network on the organisation of mental health self-help groups in Ga-Mashie



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4.3 Organisation of mental health self-help groups

4.3.1 Constitution

In the types of rules guiding the groups, FGD1, FGD3 and FGD4 all indicated having a rule which specifies that all members attend meetings regularly. One focus group also cited the rule of them visiting members when they absent themselves whereas one group also mentioned punctuality as a rule in the self-help groups. One Focus group indicated that it was in their constitution that members treat each other with honour and respect.

Treat each other honour: *" we don't want people who speak disrespectfully and when we come to meeting we treat each other with honor and as well advise each other" (FGD3- R7)*

Regular meeting attendance*: "the law we are aware of is that-- we are supposed to come to meeting once every two (2) weeks and at 4 o'clock and close at 6p.m ." (FGD4- R2)*

Visit an absent member*: "erh..it is in our law that if you don't see your members you have visit him/her…" (FGD2- R5)*

Has to be punctual*: "When one as well does not abide by the time given for a member to attend a meeting, the culprit is queried "(FGD2- R3)*

4.3.2 Membership criteria

With regards to who is admitted into the group, all the 4 FGDs indicated that a person must exhibit symptoms of being a mental health patient. FGD1 had the most responses with FGD1-R2, FGD1-R3 and FGD1-R6 all mentioning that. According to FGD1 and FGD3, before a person is admitted into the group they have to be caregivers of mental health patients, whereas

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FGD2 said a person should have sympathy for the group. One group as well indicated that the person can also invited by other members based on their assessment.

Presence of symptoms: *"One must be sick person and comes along to join with the caretaker. Or one who has sympathy for the group can as well join "(FGD2- R2)*

Being a caregiver*: "we also look out for one who has a patient that they is taking care of..." (FGD2- R5)*

Sympathy for group: *.."Or one who has sympathy for the group can as well join..." (FGD2- R2)*

Invitation by members: *"at times when someone who is sick do not know anything about the group, we can invite the person ourselves to join the group and tell them such kids are being treated in this group." (FGD2- R7)*

4.3.3 Dues

In terms of the payment of dues, respondents indicated that either they had never paid or stopped paying. Members of FGD1 said they had never paid dues whereas the rest of the focus groups pointed out that they were paying but stopped paying after some time. Most of the dues is 50 Ghana pesewas per month and most of these groups have bank accounts. Below are some quotes from respondents from the various groups.

Never paid: *"no we don't pay any dues oo.." (FGD4- R3)*

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Stopped paying: *" when you attend a meeting it is not by force because we know that not all mental patients have the means to pay… It got to a point we couldn't contribute anymore so we stopped" (FGD3- R6)*

4.3.4 Reasons for not paying

When asked for reasons why they had either stopped paying or never paid the dues before, only FGD1 respondents pointed out that because the group members were sick people they could not afford the 50 Ghana pesewas. The remaining 3 focus groups all attributed their inability to pay the dues to the fact that members of the various mental self-help groups are not working.

Sick*: "when we come, we have taken the issue that all members are sick people and even if you go to call someone you suffer before the person will come , how much more dues" (FGD1- R2)*

Not working*: "They also do not work. So we decided not to add any money matters to it up until when the BasicNeeds group calls us to come and meet with them." (FGD2- R3)*

4.3.5 Purpose of dues

Respondents provided many reasons for the purpose of the payment of the dues. Both FGD2 and FGD4 indicated that the purpose of the dues was for contingencies. Another purpose for the payment of the dues was to support the outdooring or funeral of a member; with FGD1, FGD2 and FGD3 indicating that. The least common purposes were to rent canopies during meetings and to purchase various items; each purpose was indicated by a focus group.

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Contingencies*: "When an unexpected event has happened to a member, we use the money to support the person" (FGD2- R3)*

Rent canopies*: "We use this money to help each other which includes; just like you (interviewers) come here, we use it to rent canopies." (FGD3- R6)*

Purchase items*: "We sometimes, for instance when we have to buy certain items for the members, we use the money to do it for them." (FGD2- R3)*

Support outdooring or funeral of a member: *"We just decided to pay the 50 pesewas dues so that we could help each other in case there is an outdooring or someone is bereaved in the group" (II-R1)*

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4.3.6 Meeting times

With regards to the meeting times of the group, the most common response was twice a month with almost all of the focus groups indicating that they met twice a month. Only FGD2 indicated that they met once a month.

Twice a month: *"we meet twice in a month" (FGD3- R6)*

Once a month: *"But we used to do it weekly but came down to two weeks but currently we meet monthly and it is very good enough with us" (FGD2- R7)*

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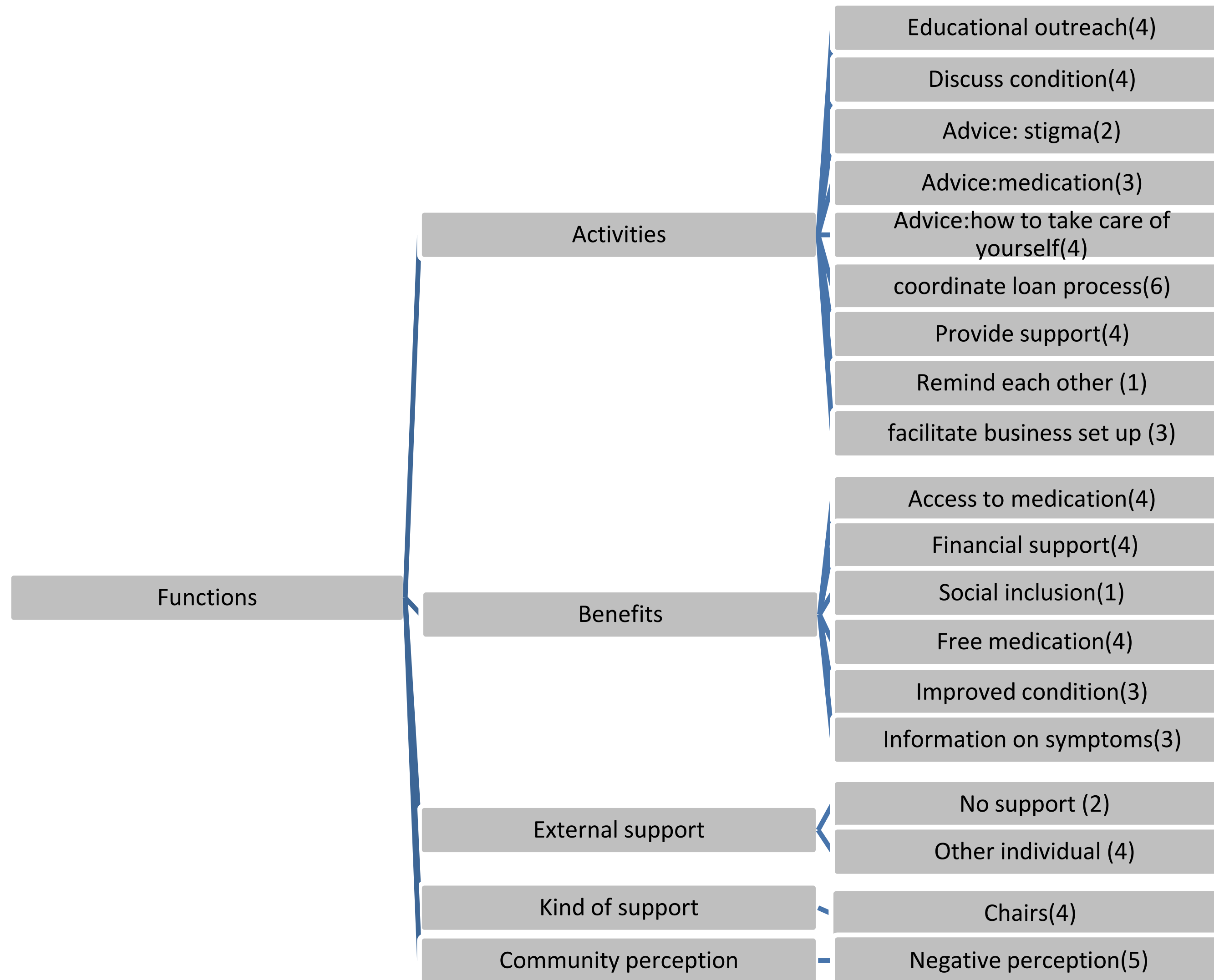
Figure 4.3 Thematic network on the functions of mental health self-help groups in Ga-Mashie



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4.4 Functions of mental health self-help groups

4.4.1 Activities

One goal of BasicNeeds is to help people with mental disorders and epilepsy become productive members of the communities in which they live, and, for that reason, providing access to credit is a central element of its work with SHGs. Respondents highlighted several activities mental health self-help groups embark on. The most common activity was the coordination of loan processes. All the 4 focus groups organised indicated that BasicNeeds coordinated loan process for the members of the various groups. Members of the mental health self-help group engage in educational outreach; FGD1 and FGD2 indicated that. In FGD1, FGD1-R2, FGD1-R4, FGD1-R6 all mentioned educational outreach as part of the activities they engage in. In terms of discussing conditions, 3 focus groups pointed out that they discussed their conditions among themselves when they had meetings. Regarding advice on medication, FGD2 and FGD3 all indicated being given advice on their medication. All the groups with the exception of FGD4 indicated that they are advised on how to take care of themselves as well as provide support to each other. In terms of stigma, FGD3 and individual interview (II-R1) indicated that they are advised on how to handle stigma in the community. Regarding BasicNeeds helping them set up businesses; the 2 individual interviews (II-R1 and II-R2) indicated that. FGD3 indicated that they remind each other of doctor's appointment time.

Below is a table showing the types of support received in the past years.

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Table 4 Types of support

Type of support	Respondent
Loan of GHC 400	Members who were unavailable
Loan of GHC 400	Members who were unavailable
Loan of GHC 400	Members who were unavailable
Loan of GHc 100	FGD2-R5
Loan of GHc 100	FGD2-R1
Loan of GHc 100	FGD2-R6
Loan of GHc 100	FGD2-R4
Fridge	II-R2

Below are some of the quotes from respondents.

Coordinate loan process*: "Yes, we have been given loan before. But it's been ages since we were last given a loan. We have heard of other three (3) groups who have received loan but we haven't received any for like two (2) months now. …" (FGD3- R6)*

Educational outreach*: "Oh yes..We even went to Tema. They called us to come educate everyone that if you take care of someone with the condition, you will not be infected by it".* (II-R2)

Discuss condition: *"Using myself as an example, when I have a stomach ache, I complain to them, and when they have guidance to give me, they then provide it. " (FGD2- R8)*

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Provide support: *"As for this mother over there,(pointing to one respondent), when someone comes with such illness and don't have money, she leads the person to the clinic and the person is taken care of. We help ourselves." (FGD3- R6)*

Advice: how to take care of yourself; *"They advise us on how everyone should take care of one self"(FGD2- R2)*

Advice: medication*; "When we meet we talk about our health, the various medications they are given.." (II-R1)*

Advice: stigma; *"we also talk about what to do when they are ridiculed" (II-R1)*

Facilitate business set up: *"It came to a time when they decided to do something for us so that even if you don't have anything to eat, you can still do something to earn something. So they asked to write whatever we want that can help us earn money. In fact..some people wrote for machine..others also asked for++ eh..fridge. Even one of the caregivers asked for carpentry tools for her son. It was—who went for the things." (II-R2)*

4.4.2 Benefits of mental health self-help

In discussing the benefits of mental health self-help to the users, all the focus groups discussions the researcher had with members of the mental health self-help groups, the 4 FGDs highlighted

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access to medication as one of the benefits they derive from the self-help groups. FGD1 had the most responses with FGD1-R1, FGD1-R3 and FGD1-R4 all indicating that. II-R2 also indicated access to medication as a benefit. Financial support was one other benefit highlighted by respondents; FGD1 and FGD3 indicated such benefit with the latter having five respondents affirming it. FGD3 is a male group with mental illness and most of the respondents in the group indicated financial support as a benefit. Both individual interviews (II-R1 and II-R2) cited financial support as one of the benefits the group enjoy. Another benefit highlighted during the focus group discussion was the provision of free medication through BasicNeeds, both FGD3 and FGD4 indicated that. Also individual interviews conducted with two of the leaders all mentioned free medication as a benefit members of the mental health self-help groups enjoy whereas 3 FGDs all indicated that their conditions have improved due to the self-help they joined. Access to information on symptoms of their conditions is one benefits enjoyed by mental health self-help members. FGD1, FGD2 as well as FGD4 all highlighted that as a benefit whereas the lowest response was social inclusion, with only FGD3 highlighting that. FGD3 also highlighting social inclusion as a benefit indicates how important it is for people with mental illness. This group was composed of males with mental illness only. Here are some quotes from various groups.

Access to medication*: "Because of the group we are able to get medications from the hospital.." (FGD4- R1)*

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Financial support: *"drinks!, like this mineral they give us some, and pie, as well as money and add to take away and they give us, money…every time they call us to a place they give us money for transportation" (*FGD1-R2)

Free medication: *"I can say the medication. The medication is one major thing that has helped. Some of the medicines are expensive so at least it has helped us get access to them easily. It is still helping us,. It is free for us." (FGD2-R3)*

Improved condition*: "Sure, because when they are alone they feel lonely but when they get to such activities they feel they are being socialized with normal human beings and it helps improve their condition because at least he was happy." (FGD3-R5)*

Information on symptoms*: "They explain to us how we should live and also when the sickness is coming how we can control ourselves among others" (R3 FGD1)*

Social inclusion: "*Sure, because when they are alone they feel lonely but when they get to such activities they feel they are being socialized with normal human beings and it helps improve their condition because at least he was happy." (FGD3-R5)*

4.4.3 External support

Concerning external support, FGD1 and FGD2 all indicated not receiving any other support apart from BasicNeeds ever since the groups was formed 11 years ago. The rest of the 2 FGDs

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highlighted receiving external support in the form of an individual who donated chairs to the groups.

No support: *"Ow no..we don't receive any support from any other organization apart from Basic Needs. So when we don't get help from BasicNeeds, it becomes difficult and I think that is why some of the groups have become inactive" (FGD1- R6)*

Other individual*: "Apart from BasicNeeds no one has given us loans. But one person has come to support with these twenty (20) pieces of plastic chairs you see here, the aspiring Assembly man" (FGD3- R6)*

4.4.4 Community perception

At least a member of each FGD had indicated that the community still have negative perceptions about them and the mental health self-help groups in Ga-Mashie. However, in the same groups there were contradictory views which indicated an improved perception of the community towards people with mental illness and the mental health self-help groups. Below is a quote from a respondent in one of the focus group discussion conducted.

Community perception: *"yes, they still call us 'Abodamfo group"(Group for mad people) but I don't care because we are not mad people. We know what we get from the group" (R6 FGD3)*

Community perception: "*ahh… for him, he was very strong before he became sick, people in the community were still sending him to fetch water and also throw dirty water away for them, they*

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didn't stop because he was 'mental', when they hand him a bucket he knows he has been asked to fetch water. And so that was what he was doing to help the community." (FGD3-R5)

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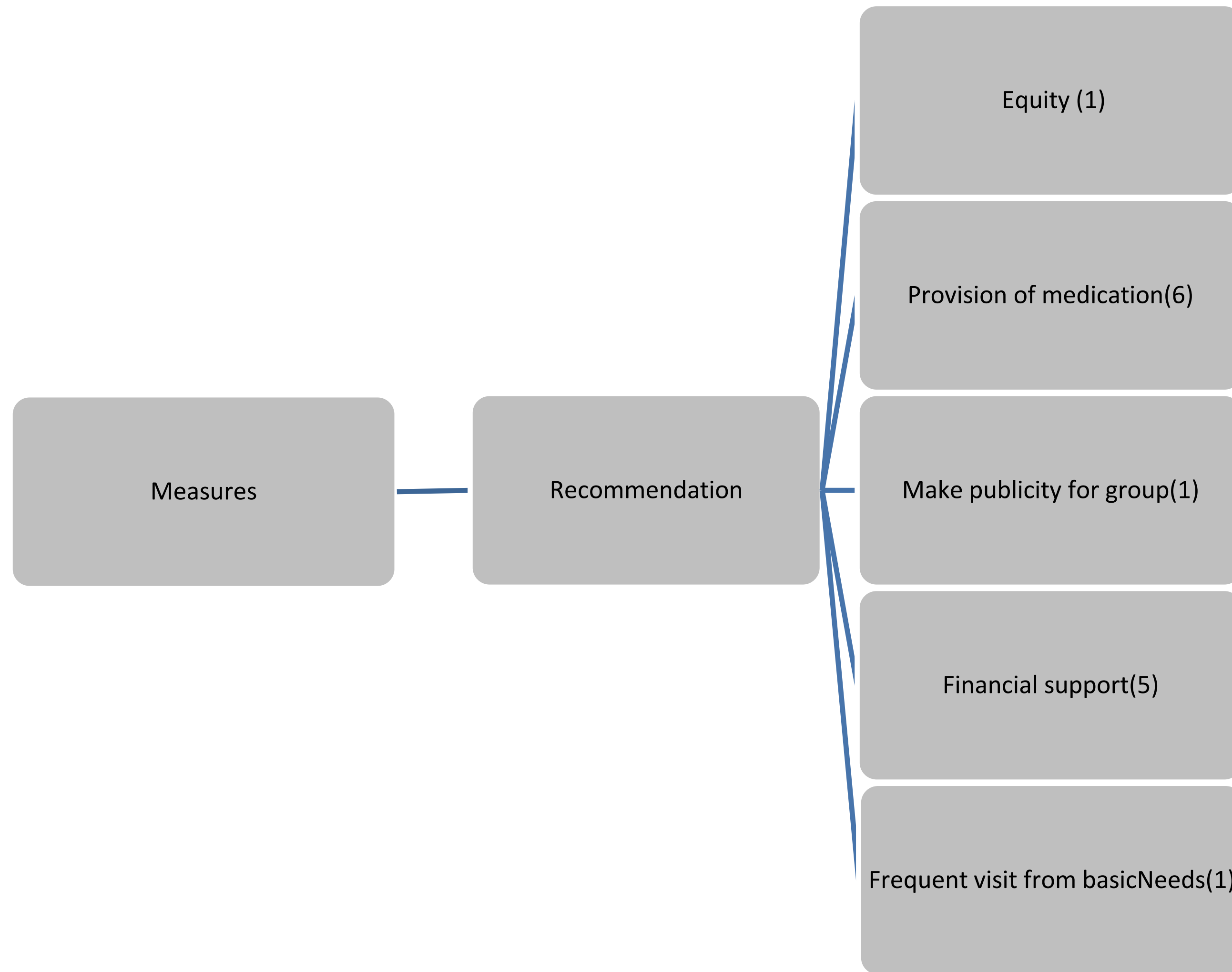
Figure 4.4 Thematic networks on measures to make mental health self-help groups sustainable



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4.5 Measures

4.5.1 Recommendations

When asked of ways to help make the self-help groups more effective and sustainable, respondent provided several recommendations. The most dominant was access to medication; with all focus groups and individual interviews conducted pointed out that concern. All but FGD4 recommended financial support as one factor that could help sustain the various groups. One individual interview also pointed out that frequent visit from BasicNeeds could go a long way to make the groups more effective and active. Another individual interview (II-R2) indicated that to make the self-help free of bickering and other complaints, there should be equitable distribution of resources.

Provision of medication: *"please medicines should be provided to us since they are very expensive at the pharmacy which cost seven Ghana cedis (GH¢7.00) and five cedis (GH¢5.00) at the hospital plus other medications" (FGD4- R5)*

Financial support*: "our names have been registered and no financial support is coming. Also with the medications we don't get some at the hospital and we have to take some money from Mr. Nkrumah to buy the medicine.*

Frequent visit from BasicNeeds: *Secondly.. when BasicNeeds is coming here eh++ we make announcement and all the members come. So when they see them around it makes them happy and motivates them because they know that BasicNeeds people are around and they will advise them. And since they know that BasicNeeds are around they are motivated to come to meetings++but because the BasicNeeds people do not come, people are not motivated to come to*

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meetings. Even if they don't have money to give the users, their mere presence and advice would have been good enough for them to attend meeting and make the other groups more active." (II-R1)

4.6 Findings

The objectives of this study were to examine how self-help group are organized and structured to achieve its target, to determine the functions of self-help groups in urban poor communities and to examine how these insights contribute to the implementation of mental health policy. The empowerment theory by Rappaport (1987) was used as the conceptual framework for examining the three objectives outlined in this study and it is a construct that links individual strengths and competencies, natural helping systems, and proactive behaviours to social policy and social change. Empowerment can be explained as the ability of people to gain understanding and control over personal, social, economic and political forces in order to take action to improve their life situations (Israel *et al*., 1994). Empowerment does not only involve one's belief about the potential for agency, real opportunity but it includes the ability to exercise that belief through active participation in decisions and activities, and the removal of personal and external barriers to that participation (Kleintjes, Lund &Swartz, 2013).

The first objective examined the structure and organization of mental health self-help groups in Ga-Mashie. In all the various mental health self-help groups organized by BasicNeeds, there were independent leaderships and membership structures available. All the various positions in the structure of leadership were occupied by members of the mental health self-help groups. Thus, most of the key decisions-making of the various groups were driven by the members. The groups' executives are either elected or appointed by the members of the groups and this is based

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on some selection criteria instituted by the members of the various groups. Additionally, these executives had well laid out roles assigned to them. Most of the mental health self-help groups organized by BasicNeeds are guided by constitutions which serve to make it more organized. The payment of 50 Ghana pesewas as dues fee was basically to provide peer support to each other.

Thus as Rappaport (1987) explained, the creation of formal roles and responsibilities for every member, irrespective of that member's level of functioning, the culture of the groups, the way they assign meanings to problems in living, and the structure of the organization, are identified as empowering mechanisms which combine interpersonal, and organizational processes to foster empowerment of the membership and of the organization. Thus, mental health self-help groups that provide opportunities for members to have meaningful consumer participation in the process of voting and appointment of its leadership, develop a shared vision and strive to help its members to implement these shared visions have empowering characteristics that make it easier for members to recover (Ochocka et al., 1999). Active participation of members in the group's activities is the foundation on which members 'confidence and abilities are redeveloped to help them settle in their communities.

The second objective examined the various functions of mental health self-help groups in an urban poor community. Various focus group discussions and individual interviews with members of mental health self-help groups highlighted that mental health self-help groups perform functions such as access loans for members, organize educational outreach, discuss their

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conditions, provide support to each member and advice each other on how to react when stigmatised in the community. Cohen et al.(2012) in a qualitative study of mental health self-help groups in Ghana concluded that they provide a range of support (social, financial, practical), foster greater acceptance of service users by their families and by communities at large, and are associated with more consistent treatment and better outcomes for those who are ill (Cohen et al, 2012). One of the aims of BasicNeeds is to help people with mental disorders and epilepsy become more productive in the community, thus facilitating loans for members could help improve their livelihoods. Loans are generally in the range of 100 to 400 Ghana Cedis and these loans are interest free. In the repayment of the loans, members are expected to pay into their respective group's account which will then serve as fund for the management of the various self-help groups. Prilleltensky (1994) supports that empowerment includes access to valued resources. The process of empowerment cannot occur without the improvement of material conditions of life of mentally ill people, particularly when they experience poverty, poor quality housing, unemployment and inadequate access to education (Prilleltensky 1994). Thus, the provision of loans and other services by BasicNeeds are to improve the livelihoods is in line with the principles of empowerment with one using the fridge to sell water. This is in conformity with the findings of Kleintjes, Lund &Swartz,(2013) of organizational activities of other user services in Africa and these activities include providing members and their carers with psycho-education for symptom management and psychosocial support. Results indicated that members of mental health self-help groups had easy access to medication, free medication, financial support, improvement in conditions as well as social inclusion. These findings mirror the findings of Cohen et al, 2012 which suggest that they provide a range of supports (social,

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financial, practical), foster greater acceptance of service users by their families and by communities at large, and are associated with more consistent treatment and better outcomes for those who are ill (Cohen et al, 2012). Thus, being an active member of mental health self-help groups improved health conditions and well-being of patients. The benefits derived by members of the mental health self-help groups tend to outweigh some of the stigma and negative perception the community has about the group and its members. As Corrigan et al, (1999) explained, despite societal stigma, empowered patients acquire positive attitudes about themselves. They have good self-esteem, they believe in themselves and they are optimistic about the future. That is why despite the stigma, some of members looked at the greater benefits of the mental health self-help group instead of dwelling on the negative perceptions. However, as one of the leaders narrated, although all members of her mental health self-help groups were promised of appliances such as fridges, sewing machines, carpenter tools among other things only one person received fridge.

The third objective was to examine how mental health self-help can contribute to the implementation of the mental health policy. Findings showed that these mental health self-help groups are faced with several challenges that have led to the inactivity of some of the groups. One of the challenges was the perception of partiality in the various groups due to the fact that not all respondents received both financial and material assistance from BasicNeeds even though they all applied for them. Most of them felt aggrieved and because of that have stopped attending the meetings. During my initial recruitment of respondents, I came across one respondent who was not willing to talk to us because she was aggrieved that she didn’t receive certain benefits

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which others in her group have benefited. These little things have led to the decline in attendance of meetings in most of the mental health self-help groups in Ga-Mashie. Thus, members of the mental health self-help groups recommended that equitable distribution of resources to ensure harmony in the groups. Another challenge highlighted was the lack of support from BasicNeeds recently. Although they still receive medicines, most of the members are still asked to pay for some of the medicines, thus leaving a financial burden on the patients and caregivers. This lack of support either it is financially or other form of support have made most of the groups inactive. Another challenge is the disconnect between the Community Psychiatric Nurse and the mental health self-help groups. Discussions with the members of the mental health self-help groups have indicated that they have not had any contact with any Community Psychiatry Nurse apart from attending the Ussher Clinic for their routine check-up. This was also confirmed during my first contact with the Community Psychiatric Officer who indicated that they are not involved in the mental health self-help groups and left it solely in the care of BasicNeeds. Even though mental health self-help group is a user-led group, Community Psychiatric Nurses play an important role in the implementation of the Ghana mental health policy which is championing the community based-care and rehabilitation campaign. The involvement of Community Psychiatric Nurses is very important if the groups are to be sustained and should therefore be more active even if it is just visiting the groups and educating them periodically. Findings indicated that sustained interest of BasicNeeds in the activities of the group is important for the continued development of the mental health self-help groups. However, there has been a decline in the level of interest shown by BasicNeeds in the mental health self-help group. As at the time of this research, the last time some of the self-help groups met BasicNeeds was in the beginning of 2014, more than a

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year. This role of BasicNeeds is very important for the overall success of the mental health self-help groups as well as achieving their goal of improving the lives of people with mental illness and epilepsy. The monitoring and supervision of these self-help groups would go a long way to address the various challenges in the groups since they would be aware of them, however BasicNeeds' low commitment have made them oblivious of the various challenges faced by the self-help groups. As one leader (II-R1) said when asked to explain why he thought BasicNeeds was to blame for the inactivity of other self-help groups; he said: Because if you have a child who is asleep and you don't wake him up, do you think the child will wake up? Thus, without the involvement of BasicNeeds, it will be very difficult for the mental health self-help groups to achieve its full potential of empowering people with mental illness and epilepsy. As respondents indicated, the infrequent visit of the organization is demotivating members from attending meetings regularly, thus making the groups inactive.

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CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter makes conclusions and recommendations based on the findings of the study.

5.2 Conclusion

Mental health self-help plays an important role in the rehabilitation of mental health patients especially in an urban poor community. It offers its members the conducive environment to recover and become active member in the community. Hence the active participation of members in key decision making, provision of access to medication, organising educational outreach as well the development of income generation opportunities all help empower members. Membership with mental health self-help groups appear to be associated with improvement with more consistent treatment and positive outcome. The provisions of loans by BasicNeeds to members also helped in some part improve their livelihoods. In a country where there is low resource in the field of mental health, mental health self-help can serve as a key component in implementing the mental health policy and achieving its objective of being a community based approach.

At the same time, this study had some limitations. First, due to the inactivity of some of the groups, the researcher was unable to interview all the various mental health self-help groups in Ga-mashie. Although some of the recipients of the loans were able to indicate the impact of the loans for their livelihoods, the rest were based on narratives given by other people on behalf of

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the recipients who were not present during the research. Thus, it would have been best to assess the extent to which mental health self-help groups' members had been able to use the loans successfully and if it has improved their livelihoods. Also the lack of longitudinal data makes it difficult to assess the extent to which a member's participation in group's activities has an influence on their mental health condition.

Despite these limitations, the findings in this study are very relevant especially in the implementation of the mental health policy which leans towards a community based approach. These findings will help us better understand how SHGs function, the various activities they engage in, the challenges they face, and the potential benefits offered by mental health self-help group membership. This study was done to better understand examine the effects of being a member of mental health self-help groups increase the positives and address the challenges.

5.3 Policy recommendation

With the mental health Act yet to have a legal instrument to back its activities, there is still leeway for continued abuse of the rights of the patients. However, a mental health self-help group is an important component of mental health rehabilitation in the management of people with mental health conditions. These self-help organizations face the challenge of having to manage the various groups, ensuring the establishment of good governance structures to empower users and caregivers, as well as generating funds for the operation and management of the various groups. Donor agencies could help fund these organizations to ensure that the various groups are sustained. The community-based rehabilitation programme in Ghana is mainly

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restricted to the needs of the physically disabled without acknowledgement of the provision for community rehabilitation needs of people with mental disability. Hence, mental health self-help has not been included in the services of the community-based programme even though it is one of the cost-effective and easiest ways of rehabilitation among mental health patients. Therefore, there is a need to address this and integrate mental health self-help into the community-based rehabilitation within social services in Ghana. This will be easier to implement since it is less complex especially where the whole field of mental health is cash strapped.

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REFERENCES

Aglen, B., Hedlund, M., & Landstad, B. J. (2011). Self-help and self-help groups for people with long-lasting health problems or mental health difficulties in a Nordic context: A review. *Scand J Public Health* 2011 39: 813

Akpalu, B., Doku, V., Lund, C., Ofori-Atta, A., Osei, A., Ae-Ngibise, K., ... & Flisher, A. J. (2010). Scaling up community-based services and improving quality of care in the state psychiatric hospitals: the way forward for Ghana: original article. *African Journal of Psychiatry*, *13*(2), 109-115.

Anakwenze, U., & Zuberi, D. (2013). Mental health and poverty in the inner city.*Health & social work*, hlt013.

Antwi-Bekoe T, Yahaya AD, Bernard A. Report on baseline study: BasicNeeds Northern Ghana programme. Tamale, Ghana: BasicNeeds Northern Ghana; 2005.

Asare J (2003). Mental Health Profile (Ghana). World Health Organization African Region: Ghana.

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative research*, *1*(3), 385-405.

Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*.

Blackburn, J. (2000) Understanding Paulo Freire: reflections on the origins, concepts and possible pitfalls of his educational approach. *Community Development Journal*, *35*: 3–15.

University of Ghana http://ugspace.ug.edu.gh

Brown, L. D., & Lucksted, A. (2010). Theoretical foundations of mental health self-help. In *Mental health self-help* (pp. 19-38). Springer New York.

Brown, S. L., Nesse, R. M., Vinokur, A. D., Smith, D. M. (2003). Providing social support may be more beneficial than receiving it: results from a prospective study of mortality. *Psychological Science*, 14(3):320–328.

Burti L, Amaddeo F, Ambrosi M, Bonetto C, Cristofalo D, Ruggeri M, Tansella M (2005) Does additional care provided by a consumer self-help group improve psychiatric outcome? A study in an Italian community-based psychiatric *Community Mental Health Journal 41(6): 705-20.*service.

Castelein S, Bruggeman R, van Busschbach JT, van der Gaag M, Stant AD, Knegtering H, Wiersma D (2008) The effectiveness of peer support groups in psychosis: A randomized controlled trial. *Acta Psychiatrica Scandinavica 118(1): 64-72.*

Chamberlain, D., Heaps, D., & Robert, I. (2008). Bibliotherapy and information prescriptions: a summary of the published evidence-base and recommendations from past and ongoing Books on Prescription projects. *Journal of Psychiatric and Mental Health Nursing*, *15*(1), 24-36.

Chamberlin, J., Rogers, E. S., & Ellison, M. L. (1996). Self help programs: A description of their characteristics and their members.

Chatterjee S, Patel V, Chatterjee A, Weiss H: Evaluation of a community based rehabilitation model for chronic schizophrenia in a rural region of India. *Br J Psychiatry* 2003, 182:57-62.

University of Ghana http://ugspace.ug.edu.gh

Chatterjee S, Pillai A, Jain S, Cohen A, Patel V: Outcomes of people with psychotic disorders in a community-based rehabilitation programme in rural India. *Br J Psychiatry* 2009, 195(5):433-439.

Cheung, Y. W. et al. (2005). Personal empowerment and life satisfaction among self-help group members in Hong Kong. *Small Group Research 36* (3), 354-377.

Chien WT, Chan SW, Thompson DR (2006) Effects of a mutual support group for families of chinese people with schizophrenia: 18-month follow-up. *The British Journal of Psychiatry 189(1): 41-9.*

Chow, W. S., & Priebe, S. (2013). Understanding psychiatric institutionalization: a conceptual review.*BMC psychiatry*, *13*(1), 169.

Cohen, C. (2000a). Overcoming social amnesia: The role for a social perspective in psychiatric research and practice. *Psychiatric Services*, 51, 72–78.

Cohen, A., Raja, S., Underhill, C., Yaro, B. P., Dokurugu, A. Y., De Silva, M., & Patel, V. (2012). Sitting with others: mental health self-help groups in northern Ghana. *Int J Ment Health Syst*, *6*(1), 1.

Corrigan PW, Faber D, Rashid F, Leary M (1999). The construct validity of empowerment among consumers of mental health services. *Schizophrenia Research*, 38:77–84.

Cowen, E. L. (1985). Person-centered approaches to primary prevention in mental health: Situation focused and competence-enhancement. *American Journal of Community Psychology, 13, 31-48.*

University of Ghana http://ugspace.ug.edu.gh

Czuba, C. E. (1999). Empowerment: What Is It? *Journal of Extension*, *37*(5).

Davidson, L., Bellamy, C., Guy, K. and Miller, R. (2012), Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry, 11: 123–128*.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*, *6*(2), 165-187.

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.

Doku, V. O. A. A., Akpalu, B., Read, U., Osei, A., Ae-Ngebise, K., Awenva, D., ... & Omar, M. (2008). A situational analysis of mental health policy development and implementation in Ghana. *Accra: Mental Health and Poverty Project*.

Drake, R.E., Green, A.I., Mueser, K.T., & Goldman, H.H (2003). The history of community mental health treatment and rehabilitation for persons with severe mental illness. *Community Mental Health Journal;* Oct 2003; 39, 5; ProQuest Social Science Journals

Eaton J, Radtke B: Community Mental Health Implementation Guidelines Bensheim, Germany: CBM; 2010.

Evans, G. W. (2003). The built environment and mental health. *Journal of Urban Health*, *80*(4), 536-555.

University of Ghana http://ugspace.ug.edu.gh

Fisher, E. B., Boothroyd, R. I., Coufal, M. M., Baumann, L. C., Mbanya, J. C., Rotheram-Borus, M. J., ... & Tanasugarn, C. (2012). Peer support for self-management of diabetes improved outcomes in international settings. *Health Affairs*, *31*(1), 130-139.

Humphreys, K. (1997). Individual and social benefits of mutual aid self-help groups. *Social Policy 27* (3), 12-19.

ILO, UNESCO, WHO. 2004. CBR*: a strategy for rehabilitation, equalization of opportunities, poverty*

Israel, B. A. Checkoway, B. Schultz, A. and Zimmerman, M. (1994). Health Education and Community Empowerment: Conceptualizing and Measuring Perceptions of Individual, Organizational and Community Control. *Health Education Quarterly 21*(2): 149-170.

Katz A.H. & Bender E.I. (1976) The Strength in Us: Self-help Groups in the Modern World. New Viewpoints, New York.

Katz AH. The strength in us: self-help groups in the modern world. New York: New Viewpoints, 1976:9.

Killaspy H, Rambarran D, Harden C, Fearon D, Caren G, McClinton K (2009). 'A comparison of service users placed out of their local area and local rehabilitation service users'. *Journal of Mental Health,* 18 (2), pp 111–20.

University of Ghana http://ugspace.ug.edu.gh

Killaspy, H., Harden, C., Holloway, F., et al (2005). What do mental health rehabilitation services do and what are they for? A national survey in England. *Journal of Mental Health, 14, 157–165.*

Kleintjes, S., Lund, C., & Swartz, L. (2013). Organising for self-advocacy in mental health: Experiences from seven African countries. *African journal of psychiatry*, *16*(3), 187-195.

Kruger, A. (2000). Empowerment in social work practice with the psychiatrically disabled: Model and method. *Smith College Studies in Social Work 70*, 427-440.

Lancet Global Mental Health Group. Scale up services for mental disorders: a call for action. *Lancet 2007 October;370:1241-1247*

Lord, J., Hutchison, P. (1993). The process of empowerment: implications for theory and practice. *Canadian journal of community Mental Health* 12(1): 5-22.

Lund C, Waruguru M, Kingori J, Kippen-Wood S, Breuer E, Mannarath S, Raja S (2013) Outcomes of the mental health and development model in rural Kenya: A 2-year prospective cohort intervention study. *International Health*, 5, 43–50.

Lundman B, Jansson L. The meaning of living with a long term disease. To revalue and be revalued. J Clin Nurs 2007;16(7B):109–15. 820 B. Aglen et al.

Malone, D., Marriott, S., Newton-Howes, G., Simmonds, S., & Tyrer, P. (2007). Community mental health teams (CMHTs) for people with severe mental illnesses and disordered personality. *The Cochrane Library*.

University of Ghana http://ugspace.ug.edu.gh

Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med* 2006, **3:** e442.

McCubin M, Cohen D. 1996. Extremely unbalanced: interest divergence and power disparities between clients and psychiatry. *International Journal of Law and Psychiatry* 19;1-25.

Minkler, M. (1992). Community organizing among the elderly poor in the United States: A case study. *International Journal of Health Services, 22*: 303-316.

Munn-Giddings C, Borkman T. Self-Help/Mutual Aid as a Psychosocial Phenomenon. In: Williams JE, Ramon S, editors. Mental health at the crossroads; the promise of the psychosocial approach. Hants, England: Ashgate, 2005. pp. 137–54.

Ndaeji, M. N., Samah, A. A., Akingbade, O. A., Akinjinmi, A. A., Ezechukwu, U. S., Okerentugba, P. O., ... & Maleki, A. (2013). Relationship Between Participation And Empowerment In Women Self Help Groups In Nigeria–A General Analysis. *World Rural Observations*, *5*(3), 1-5.

Nelson, G.,Lord, J., Ochocka, J. (2001). Empowerment and mental health: Narratives of psychriatic consumers/survivors. *Journal of Community & Applied Social Psychology, 11:125-142.*

Norman C. (2006). The Fountain House movement, an alternative rehabilitation model for people with mental health problems, members' descriptions of what works. *Scand J Caring Sci;20(2):184–92.*

University of Ghana http://ugspace.ug.edu.gh

Nylund, M. (2000). The mixed-based nature of self-help groups in Finland. *Group Work 12* (2), 64-85.

Ochoka J, Nelson G, lord J. 1999. Organizational change towards the empowerment-community integration paradigm in community mental health. *Canadian Journal of Community Mental Health 18(2): 59-72.*

Omar MA, Green AT, Bird PK, Mirzoev T, Flisher AJ, Kigozi F, Lund C, Mwanza J, Ofori-Atta AL, Mental Health and Poverty Research Programme Consortium (MHaPP) (2010). Mental health policy process: a comparative study of Ghana, South Africa, Uganda and Zambia. Interna- tional Journal of Mental Health Systems 4, 24.

Osei, A. O., Roberts, M. and Crabb, J. (2011). The new Ghana mental health bill. *International Psychiatry 8(1)*1749-3676

Patel V, Araya R, de Lima M, Ludermir A, Todd C (1999). Women, poverty and common mental disorders in four restructuring societies. *Social Science and Medicine, 49: 1461–1471*

Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *Bulletin of the World Health Organization*, *81*(8), 609-615.

Pistrang, N., Barker, C., & Humphreys, K. (2008). Mutual help groups for mental health problems: A review of effectiveness studies. *American Journal of Community Psychology*, *42*(1-2), 110-121.

Prilleltensky I (1994). Empowerment in mainstream psychology:legitimacy, obstacles, and opportunities. *Canadian Psychology*, 35:358–374.

University of Ghana http://ugspace.ug.edu.gh

Prince M, Patel M, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A (2007). Global mental health: no health without mental health. *The Lancet* 370, 859{77.

Quinn N: Beliefs and Community Responses to Mental Illness in Ghana: The Experiences of Family Carers. *Int J Soc Psychiatry* 2007, 53:175-188.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*: 121-148.

Rappaport, J., Seidman, E., Toro, P. A., McFadden, L. S., Reischl, T. M., Roberts, L. J., Salem, D. A., Stein, C. H., and Zimmerman, M. A. (1985). Collaborative research with a mutual help organization. *Social Policy,* Winter, 12-24.

Read, U. M., Adiibokah, E., & Nyame, S. (2009). Local suffering and the global discourse of mental health and human rights: An ethnographic study of responses to mental illness in rural Ghana. *Global Health*, *5*, 13.

reduction and social inclusion of people with disabilities. Joint position paper. Geneva: ILO,

Saraceno B, van Ommeren M, Batnije R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. *Lancet 2007;370(9593):1164-1174*.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. *The lancet*, *370*(9590), 878-889.

Scott, A. J., Webb, T. L., & Rowse, G. (2015). Self-help interventions for psychosis: A meta-analysis.*Clinical Psychology Review*.

University of Ghana http://ugspace.ug.edu.gh

Sipsma, H., Ofori-Atta, A., Canavan, M., Osei-Akoto, I., Udry, C., & Bradley, E. H. (2013). Poor mental health in Ghana: who is at risk?. *BMC public health*,*13*(1), 288.

Sureshkumar PN. (2008). Impact of vocational rehabilitation on social functioning, cognitive functioning and psychopathology in patients with dronic schizophrenia. Indian J Psychiatry. ;50:257–61

Wang, P. S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Borges, G., Bromet, E. J., ... & Wells, J. E. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. *The Lancet, 370*(9590), 841-850.

Wang, P. S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Borges, G., Bromet, E. J., ... & Wells, J. E. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. *The Lancet*, *370*(9590), 841-850.

Wiley-Exley, E. Evaluations of community mental health care in low- and middle-income countries: A 10-year review of the literature. *Soc Sci Med*. 2007; 46: 1231–1241.

World Health Organization. (2001). *The World Health Report 2001: Mental health: new understanding, new hope*. World Health Organization.

World Health Organisation World Mental Health Survey Consortium: Prevalence, severity and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *Journal of the American Medical Association 2004, 291(21):2581-2590.*

University of Ghana http://ugspace.ug.edu.gh

World Health Organization (2002) Nations for Mental Health: Final Report. Mental Health Policy and Service Development: Department of Mental Health and Substance Dependence, *WHO:* Geneva.

World Health Organization (2007). Ghana a very progressive mental health law. Mental Improvements for Nations Development: Department of Mental Health and Substance Abuse, WHO Geneva.

World Health Organization, *Health Topics, Rehabilitation*, Last modified 2010, www.who.int/topics/rehabilitation/en

Zinken, J., Zinken, K., Wilson, J. C., Butler, L., & Skinner, T. (2010). Analysis of syntax and word use to predict successful participation in guided self-help for anxiety and depression. *Psychiatry research*,*179*(2), 181-186.

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Appendix A. Sample of Transcript

The role of self-help groups in mental health rehabilitation among mental health patients in Ga-mashie
Transcript
Focus group discussion

Date: 7th July, 2015.
Location: Ussher Town
Interviewer: Lionel Sakyi
Respondents: FGD3

Glossary

< >	Gesture
###	Inaudible
++	Short pause
++++	Long pause
….	Incomplete statement

Interview begins

Interviewer: Please as I have explained to you already, this purely academic and whatever is said here will remain confidential.

Respondent 1: ow ok++we hear you..(laughs)

Respondent 2: This man his patient has traveled meaning he cannot be found. < > this woman's patient is at home, a very small child. < > this woman's patient's attack comes and go. Continued; and these two ..### My father over there is our Chairman but today I am the Chairman for today and when we go out to public but at meeting he is the chairman. (Laughs…).

Interviewer: The chairman?

Respondent 2: Yes

Interviewer: Ahh okay++please we will start the interview. Please what sickness is he suffering from?

Respondent1: Please he is mentally retarded but right now he is crippled he can't do anything for himself.

Interviewer: Please why couldn't he come to the meeting?

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Respondent 1: Please he cannot walk nor do anything

Interviewer: Ahh okay. And please how old is he?

Respondent1: he is fifty seven (57), in September *2015* he will be fifty eight (58)

Interviewer: Please what tribe is he?

Respondent1: He is a Ga

Interviewer: A Ga person?

Respondent1: Yes

Interviewer: Please does he go to church or prays *(a Muslim)?*

Respondent1: Please he is a Christian

Interviewer: And please is he married?

Respondent1: No

Interviewer: he doesn't have a partner. How about children?

Respondent1 : Oh no

Interviewer: Oh okay, please was he in school for some time?

Respondent1: yes, he went for some time

Interviewer: Please where did complete school?

Respondent1: He completed at Form 4 but he went to a vocational school. He learnt how to weave a basket

Interviewer: What is his occupation?

Respondent1: He doesn't work oo

Interviewer: Mum, Please how old is he?

Respondent2: Please he is forty five (45)

Interviewer: Please what tribe is he, Ga or Twi?

Respondent2: Please he is Ada *(Ga-Adangbe*)

Interviewer: Please is he a Christian or a Muslim?

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Respondent2: Please he is a Christian

Interviewer: Please is he married?

Respondent2: Please no

Interviewer: Does have children?

Respondent2: No

Interviewer: Please has he attended school before?

Respondent2: Oh yes, he completed

Interviewer: where did he complete

Respondent2: completed at "Aayalolo", form three (3)

Interviewer: He completed J.S.S.

Respondent2: Yes

Interviewer: Please what sickness is he suffering from?

Respondent2: Mental, his head

Interviewer: Please does he fall down (*have seizures?)?*

Respondent2: No, he does not fall (*does not have seizures)*

Interviewer: Please what is wrong with him?

Respondent3: Please the doctor says his head, mental problem

Interviewer: Please old is he?

Respondent3: Twenty four (24)

Interviewer: Twenty four (24), okay. Please does he go to church or pray (*a Muslim*)?

Respondent3: He has converted to a Muslim

Interviewer: Please what tribe is he?

Respondent3: he is a Ga

Interviewer: Please does he have partner?

Respondent3: No he doesn't have..He doesn't even have children

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Interviewer: please has he attended school before

Respondent3: Yes

Interviewer: Please did he complete J.S.S or?

Respondent3: No he didn't complete?

Interviewer: Please where did he stop?

Respondent3: Stopped at class six (6)

Interviewer: Class 6

Respondent3: Yes

Interviewer: Ah ok..Is he working?

Respondent3: No please

Interviewer: Please what sickness is he suffering from?

Respondent5: Please he is a hearing impaired person but he also has mental issues

Interviewer: please what tribe is he?

Respondent5: Please he is a Ga

Interviewer: Please is he a Christian or a Muslim?

Respondent5: Please he is a Christian

Interviewer: Please is he married?

Respondent5: No

Interviewer: And children

Respondent5: no

Interviewer: Please has attended school before?

Respondent5: yes

Interviewer: please where did he complete?

Respondent5: Please he went to Akropong School of Deaf

Interviewer: oh ok, secondary school?

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Respondent5: Yeah…

Interviewer: Please what is his occupation?

Respondent5: Please he doesn't work

Interviewer: Oh ok++ Please what is your name?

Respondent4: I am Mariam ###

Interviewer: Aunty Mariam, please what is the name of the one you take care of?

Respondent4: Adjetey###

Interviewer: Please what is wrong with him?

Respondent4: He has a mental problem

Interviewer: please how old is he?

Respondent4: twenty (20) years

Interviewer: please is he a Christian or Muslim?

Respondent4: Please he is a Muslim

Interviewer: Please does he have a partner

Respondent4: No

Interviewer: How about children?

Respondent4: No please

Interviewer: Please does he attend school or completed?

Respondent4: No, he stopped

Interviewer: At what level did he stop?

Respondent4: at class 6

Interviewer: Class 6, oh okay. Thank you

Interviewer: Please we will begin; please you explain further the condition of their patient?

Respondent1: it gets to some time, especially earlier stages of the month; he will be talking a lot, shouts at people, and insults them.

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Interviewer: Ahh ok. For how many has he suffered from this?

Respondent1: oh it has kept long?

Interviewer: how old was he when it attacked her?

Respondent1: R4: he is around forty (40) years

Interviewer: oh okay but want to know the age at which the sickness attacked him?

Respondent1: he was very small when my mother saw it?

Interviewer: How old was he, five or four?

Respondent1: I can say he was around five years upwards

Interviewer: 5 years, ahh ok.So when you realize it, what did you do about it?

Respondent1: Oh we took him to Korle-Bu several times, and he didn't grow up when my mum died

Interviewer: Ahh ok. Please we want to find out whether when you started taking him to the hospital the sickness reduced or it remained the same?

Respondent1: it reduced, after my mother's death, the aggressiveness started.

Interviewer: Oh ok. So please I want know whether he was able to play normal with other children like playing football or attend school before the sickness was discovered?

Respondent1: Went to school but I went to Bishop Girls and he went Boys school so cannot tell if he was playing foot ball

Interviewer: So can you tell if he did play with the kids when at home?

Respondent1: he plays but didn't see him play football

Interviewer: So when the sickness came was able to play with them?

Respondent1: Yes he did but unless the sickness attacks him

Interviewer: Ohh okay. So they kids he used to play with does he still have a relationship with them?

Respondent1: not really, because a lot of them are grownups and married now left

Interviewer: ahh okay. So now does he like sitting down all by himself or?

Respondent1: right now he can't do anything for himself

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Interviewer: so he sits all by himself?

Respondent1: yes, he sits all by himself and I do everything for him

Interviewer: how about work conditions? Does he work?

Respondent1: No, he does not work now

Interviewer: please how old was he when he had the sickness

Respondent2: he was five years

Interviewer: Ahh ok++ please aside from what you have said, he hasn't worked at all in his life?

Respondent2: Oh okay, he has sold rubber bags before at Ghana house

Interviewer: so up to date does he still works?

Respondent2: no oo… he is sick and can't do anything

Interviewer: oh okay.. please what is your name?

Respondent6: Please Odaatsoo Lamptey

Interviewer: Odaatsoo Lamptey?

Respondent6: Yes please

Interviewer: Please when did you detect the sickness, at what age?

Respondent6: Oh can't really tell but it was right when I was born and was told I have that sickness

Interviewer: Please how does it make you feel?

Respondent6: When I sit down the sickness makes me shout out loud and possibly if I feel like urinating it comes to pass or toilet on myself. I feel thick cloud on my face and then I fall down. It is a certain lady …I have been coming here for a long time.

Interviewer: Please how many years now since you joined?

Respondent6: Please we use to attend at the top, it's been very long

Interviewer: Please the one you care for, can you explain to us his condition and the things that worry?

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Respondent5: After birth, when he got to the age of three or four years, he had an accident and rendered him hearing impaired.

Interviewer: Oh okay

Respondent5: Yeah. But he went to school and completed, able to do everything and later became a vulcanizer

Interviewer: Please which school did he complete?

Respondent5: Akropong School of Deaf. He worked for some time at Swedru. He later said he will go to Nigeria; he was thirty years by then. But after five years when he returned from Nigeria, he came home with Mental illness.

Interviewer: Ooo…okay

Respondent5: Yeah. So from then on he wasn't better anymore, his condition was not stable anymore, and he worried us until we took him to the mental clinic. Whiles there he improved and seeing that he is fine, he was discharged and brought home. When he was brought home, the situation worsened and did not become any better ever since.

Interviewer: Oh okay. So we want to understand that he wasn't born with the sickness?

Respondent5: No, not at all…

Interviewer: So the accident caused his condition?

Respondent5: Yes, the accident rendered him hearing impaired

Interviewer: Oh okay. How old was he by then?

Respondent5: He was three (3) years

Interviewer: So was it the car that caused that

Respondent5: No, when hit by the car, there was a soapy water on wall and he held on to it which poured on him, and whiles rolling on the ground some of the soapy water went into ears and choked it.

Interviewer: So that as well caused his mental health?

Respondent5: No++ later he went to Akropong School of the deaf and completed and came out as a vulcanizer. Afterwards he went to seek for greener pastures in Nigeria++++ after five years he came home with the mental illness.

Interviewer: Ahh okay

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Respondent5: And we didn't know the cause of it, afterwards we sent him to the mental hospital. He was doing well

Interviewer: Recently?

Respondent5: No, not now. You remember there was a time that it was said that mentally ill people who are doing well must go home, he was part of that group.

Interviewer: Oh okay, ahhh…by that time that they were decongesting the mental hospitals?

Respondent5: Exactly. So when he came from there to home, the illness became worse again

Interviewer: Ahh when he came home?

Respondent5: Yes

Interviewer: So when he is under attack what is involved?

Respondent5: Sometimes he goes away from home, and behaves as if he can talk and keep talking all by himself but cannot talk well.

Interviewer: Ahh okay, okay. So how long has it been since he came back from Nigeria?

Respondent5: Err++he came back when he was about thirty five years

Interviewer: Thirty five years?

Respondent5: Yes

Interviewer: So how many years now.. he his fifty two now?

Respondent5: Yeah fifty two (52)

Interviewer: So it has been twenty seven years now?

Respondent5: Yes

Interviewer: Ahh okay. So ever since he came back he hasn't been working or has he been working?

Respondent5: No he can't work anymore

Interviewer: So you take care of him now

Respondent5: Exactly

Interviewer: So when he was taken to the hospital, did he improve?

Respondent5: Yes he did, not actually okay but became stabilized

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Interviewer: Stabilized, Accra mental hospital

Respondent5: Yes, yeah

Interviewer: Oh okay. Please we want to know how your lives were before you joined the errr… BasicNeeds, right?

Respondent5: Yes

Interviewer: Please we want to know the difference between your life before and after joining?

Respondent5: When we joined we saw some changes

Interviewer: What sort of changes?

Respondent5: He gets a medication that's why we joined. Also when he was discharged home, there was no proper care and we didn't know where else to take him for treatment. But at his place we can get medication a little

Interviewer: Oh okay.so before you brought him here,where were you seeking medical care from?

Respondent5: Nowhere

Interviewer: Nowhere?

Respondent5: Yeah

Interviewer: So he was just home?

Respondent5: Yes, just home

Interviewer: Oh okay. So he wasn't taking any medication?

Respondent5: No, no medication

Interviewer: So when you were discharged, the psychiatric did not give you any form of medication?

Respondent5: Actually, we were given medicine and told us that if any problem we should come back but we couldn't follow up until we met BasicNeeds.

Interviewer: So why couldn't you make the follow up?

Respondent5: Errmmm++it is like++it was the mother who took her to that place, and we don't have much knowledge about the procedure there so that is why we couldn't do the follow up

Interviewer: Oh okay…

Respondent5: Until we met BasicNeeds and we said we would like to join the group.

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Interviewer: Please how did you hear of basic needs? Did someone inform you about it?

Respondent5: Errrmm… yes someone did inform me about them and so I came to verify if what I have been told is true

Interviewer: Please what did the person tell you?

Respondent5: Ohh…whiles we were conversing he informed that they treat sick people like epileptics and mental health, and they as well get support to take care of them. And true to it when I came it was like that and so I realize I have to join the group

Interviewer: And so when you joined have experience any help?

Respondent5: The help has been what we all expect in order to take of him very well

Interviewer: My mum, please mum before you brought him to the Usher clinic or came in contact with Basic Needs, where were you buying medicines for him?

Respondent3: He himself goes to Korle-Bu to buy it

Interviewer: He goes to buy it from Korle-Bu himself?

Respondent3: Yes

Interviewer: Ahh okay. Now that you have come to BasicNeeds he comes to buy it here by himself?

Respondent3: Right now, there are some ladies there who comes to inform us, and I come to buy from there

Interviewer: Ahh okay

Respondent3: The one who gives it to me sometimes is called Cynthia or so

Interviewer: Ahh okay. Please why did you join the BasicNeeds?

Respondent3: Please I was called and informed that sick patients are taken care of here and they are as well supported

Interviewer: Please who told you?

Respondent3: Oh, the people who use to work here

Interviewer: Ahh okay. So please ever since you joined has it helped you?

Respondent3: Oh by Jehovah's grace, it has helped me to some extent

Interviewer: Please in what way has it helped you?

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Respondent3: Oh they gave me some financial support and when I cook with it, then I give him some

Interviewer: Oh okay…

Respondent3: I use it in buying food and other things for him

Interviewer: Did they help you with medication

Respondent3: Yes they did help us with our medications

Interviewer: Please I want to find out if there has been any improvement ever since you joined the group

Respondent5: Sure, when we brought and he was taking the medicine, there was much improvement. This is because we saw that it the same medication that he was given from the Mental hospital, it was working

Interviewer: So did he engage in any activity? Does the group organize any activities; like going out for outreach programs?

Respondent5: Oh okay, sometimes when Durbars are organized the group can be called upon to come and perform or educate people.

Interviewer: So has he ever taken part in such activity?

Respondent5: Once

Interviewer: Once?

Respondent5: Yes. But ever since he became very, very sick and so this does not allow him to take part in any of such functions

Interviewer So please what activity did he take part in? What did he do exactly?

Respondent5: Ohh okay, it is actually just a Durbar that they attend and they are only interviewed and not like e games activity, no.

Interviewer: Ahh okay

Respondent5: He didn't do anything much

Interviewer: Okay. So do you think that activity helped him?

Respondent5: Sure, because when they are alone they feel lonely but when they get to such activities they feel they are being socialized with normal human beings and it helps improve their condition because at least he was happy.

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Interviewer: Ah okay. So do you come along with him?

Respondent5: Actually when we started I use to come with him but until he couldn't anymore

Interviewer: Ahh okay. So how is he now?

Respondent5: Actually he has been taken away to somewhere else

Interviewer: He has been taken away? Not living here?

Respondent5: Yeah, not now

Interviewer: So can I find out where he is now or it is private?

Respondent5: Yeah,

Interviewer: Ahh okay. So personally you think the group that was organized helped him?

Respondent5: Yeah, for sure

Interviewer: Okay. So err… apart from the medication, what other help do you think you get?

Respondent5: Well we found out that, they are given some financial assistance given to them. Actually when we applied for the first time our assistance didn't come and hopefully we were told that very soon we will get something to help in doing some business to take care of him

Interviewer: Ahh okay. So before you take leave of us since you are in hurry, would like to know since you joined the group; your issue is quite different from the Epilepsy

Respondent5: Yes

Interviewer: Yours is more, like the patient walks around…

Respondent5: Yeah

Interviewer: It is very challenging. So since you joined the group what do you think has been the attitude of the community towards him?

Respondent5: Ahh… for him, he was very strong before he became sick, people in the community were still sending him to fetch water and also throw dirty water away for them, they didn't stop because he was 'mental', when they hand him a bucket he knows he has been asked to fetch water. And so that was what he was doing to help the community.

Interviewer: Ahh okay. And now since he is no more he cannot do those things?

Respondent5: Yeah, he cannot do those things

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Interviewer: Ahh okay. So the way people see him, has it changed? You know people have the perception that people with mental health err…

Respondent5: Harass people?

Interviewer: Yeah

Respondent5: As for him he does not harass anyone. Only when he is under attack that he become a bit a annoyed and sits down, and then we the family members know what is happening. He can sit and would not talk to anyone.

Interviewer: Ahh Okay. So do the community members in James Town treat him well?

Respondent5: Oh yes, they treat him well.. Because of his hearing impairment as well he is friendly with them so they do not sack him when he comes around them

Interviewer: Ahh okay. So do you think the Self-help groups have helped the community members?

Respondent5: Yes. I even wish that those who have not heard should join the group to see how best this is helping people so that they can also take of them and to wipe out the stigmatization so that they can also be free and join the society and socialize

Interviewer: Oh okay. Since you are in a hurry we would not want to take much of time. But I will definitely keep in touch with you so we can have one-on-one chat because I am very interested in your case. Thank you very much

Respondent5: You are welcome Sir.

Interviewer: Please I earlier on wanted to find out how you got to know of Basic Needs?

Respondent4: Oh when he comes he tell me he was taken to the top and that I should come but I use to refuse to go but then they came to invite me and said they take care of sick patients because as for my sibling when he is under attack he goes about insulting people and they in turn beat him carelessly. That was why I came

Interviewer: Ahh okay. Please what sickness is your child suffering from, and when he is under attack, how does he behave?

Respondent3: hmmm…at first my child completed school and he use play good football. But later I realize he was behaving abnormal. So I took him to Asylum and he became well, so he was discharged. But after he came when it gets to a point he starts misbehaving and that is what I have been dealing with up to date.

Interviewer: Please at what age did you realize that he is suffering from this sickness?

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Respondent3: Ohh… he has completed school at the age of seventeen (17) and this issue came, now he is forty seven (47) years

Interviewer: So before age 17 what was his life like?

Respondent3: That is what I explained that, at that time he plays ball as a footballer and completed school when the case came. So I didn't stop there, I always take him to the mental hospital when he is sick and they take care of him and discharge him several time. The nurses as well come to visit him at home and even the group I belong they come tovisit him but when they come he is not around.

Interviewer: Ahh okay. So please when he had this sickness did his attitude change?

Respondent3: Yes it changed, that is what I was explaining that he does sit at home, he goes out and come back home, still do that up till now

Interviewer: Ahh okay. So please the things he used to do before the sickness is he able to do them now?

Respondent3: Ohhh!! he can't do anything

Interviewer: Can't do anything at all?

Respondent3: Yeah nothing at all

Interviewer: Ahh okay. So please the friends that he used to live with . . .

Respondent3: Ohh…he doesn't see anyone of them, nobody comes to him nor get close to him which is not fine

Interviewer: Mhmmm…okay. so daddy, please at what age did you realize you have the sickness?

Respondent1: Ohh when I was around age forty (40)

Interviewer: Around age forty (40) that you realize that you have this sickness?

Respondent1: Yes,oh I used to drink alcohol a lot and that caused it. When I drink alcohol it makes behave badly

Interviewer: **P**lease want to know if the things you used to do before the sickness you are able to do them now or has it changed?

Respondent1: Oh I have stopped doing all those things

Interviewer: So please can you give us examples of things that you do and don't do anymore?

Respondent1: I used to play football and we work among other things

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Interviewer: Please what work were you doing?

Respondent1: I worked at ###

Interviewer: Worked where?

Respondent1: PNT

Interviewer: Ahh okay. So you stopped working when you became sick or?

Respondent1: Yeah stopped when I became sick. I was taken to the mental hospital

Interviewer: Taken to mental Hospital?

Respondent1: Yeah

Interviewer: Ah okay. So ever since you stopped working your friends that you used to associate whiles workingdo they still do or because pardon me, your "aches small", they don't come?

Respondent1: (laughs). Yeah they stopped coming but when they see me in town they raise their hands to wave me.

Interviewer: Ahh okay. So please when you came join this group has it helped you in any way in your life?

Respondent1: When I joined, they give medicines

Interviewer: Please what other help has it given you aside from the medicines?

Respondent1: They give a little income

Interviewer: They provide little income?

Respondent1: Yes

Interviewer: So please with these things provided, has it helped you in your life?

Respondent1: yes it has really helped a lot in my life

Interviewer: Ahh okay, please thank you. Please has joining the group help you in any way in your life?

Respondent6: Oh it has helped me a lot.

Interviewer: Please what sort of help?

Respondent6: They provide us with medicines and money to take care of the sick patients and so in fact they have helped us and it shouldn't be a group that we should disassociate with

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Interviewer: Please why did you join this group?

Respondent4: it is because he was sick and the hospital that we attend, a lady there told us about the group and we came to join

Interviewer: Please were you charged any amount of money when you joined?

Respondent4: No they did not charge me a dine

Interviewer: They did not take anything?

Respondent4: Yes, nothing, they rather help us

Interviewer: Please how did you joined this group

Respondent3: One sister told me that they are treating sick people at the clinic and she brought me there

Interviewer: So when you came do find the help that they offer relevant?

Respondent3: Yes please

Interviewer: Ahh okay. And so please oo++I want direct this question to you all, please do you all belong to one group?

Respondents: Yes, we are in Pillar two

Interviewer: Ahh okay, so who is the leader of the group

Respondent2: Mr. Nkrumah

Interviewer: And what is he?

Respondent1: He is the chairperson

Interviewer: And how did you select Mr. Nkrumah as your leader?

Respondent3: Mmhmm…we voted. He really takes care of us and when in need he provides

Interviewer: And so…

Respondent4: When we are in need of any help we go to him for assistance

Interviewer: What did you do to select him as a…

Respondents: He is the errrr…we selected him as…we voted

Interviewer: Ahh you voted?

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Respondent6: yes because he is kind towards us and take care of us all and even when you want to go the hospital he will take you

Respondent3: and even if you don't have money he will give you some

Respondent2: That is why he is our leader

Respondent5: And please the reason why he became our leader is that, when we used to attend at the top, we were divided into groups consisting of twenty five (25) members each. And it happened that Mr. Nkrumah was part of our group and so we agreed to select him to be our leader. In fact ever since he became our leader, everything we ask of him he does it.

Interviewer: So what are the roles of the leader?

Respondent1: I think he is supposed to lead us and tell BasicNeeds our needs

Respondent4; He also sometimes gives us money when we are going to hospital

Interviewer: Oh okay..

Respondent3: He also takes the lead in meetings

Interviewer: So please when it time for meeting who organizes the members?

Respondent6: Please it is the organizer

Interviewer: So please are you the organizer

Respondent6: Please he calls me and I then go ahead to inform the members

Interviewer: So please are you the organizer?

Respondent6: Yes please

Interviewer: Please what is your name?

Respondent6: Please I am called Susanna Duodoo

Interviewer: Please can you tell the structure of the group? Say a leader, secretary, or president or vice president?

Respondent6 and respondent 4: Please we have all of the above

Interviewer: Please can you mention the things you do in the group?

Respondent4: Whatever is it that we are supposed to we do

Interviewer: Ahh okay. Please we want to know you structure or do you have executives among you?

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Respondents: Yes

Interviewer: And what is their position?

Respondent5: We have one who keeps our money, he is the treasurer

Interviewer: A Treasurer

Respondent1: We have one upon any event goes to inform the members

Respondent3: Organizer

Respondent4: Sometimes when our leader is not around and advice is being given I also give advice

Respondent6: We also have a vice-chairperson who also assists the chairperson and conducts meeting when he is not around.

Respondent2: As you can see..we have a secretary who writes the things that transpire in our meetings

Interviewer: Ahh okay…yoo…please thank you all. Please we want to again find out how a new person who arrives in James Town, who is also suffering from the sickness, can join the group?

Respondent1: Please a new person?

Interviewer: Yes a new person

Respondent1: Maybe where the person is residing a group is there so one can join

Interviewer : Please take for example, I am a new person who has come to rent a house beside St. Mary's and I have a child suffering from mental disorder, how can I join the group?

Respondent1: When we get to hear of it or one converse with someone and the person is told of the group. When we also hear of it we also accept the person

Interviewer : How do you accept the person?

Respondent6: Please when the person comes for the first, we ask one how the sickness makes one feels. And so when we realize that he/she is one of us we add one to the group after some two weeks.

Interviewer : Ahh okay. Please does anyone have anything to add to what she said? Or do we all agree with what our sister said?

Respondent6: Yes, it is like that

Respondent6: As for this mother over there,(pointing to one respondent), when someone comes with such illness and don't have money, she leads the person to the clinic and the person is taken care of. We help ourselves.

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Interviewer : Please we want to know if you have a constitution that guides your Pillar Two group.

Respondent2: Our law is that we don't want anyone to do anything bad

Interviewer : Please what sort of things?

Respondent2: We don't want people who speak disrespectfully and when we come to meeting we treat each other with honor and as well advise each other.

Interviewer: Please do we all agree with what our mother said?

Respondents: Yes please

Interviewer: So please apart from what she mentioned, don't have any other law?

Respondent2: Please we others that guides us

Interviewer: Please can you give us any example

Respondent2: We have a law of attending meetings in twice month and so even if you have forgotten when one remembers that law, one quickly rushes to the meeting. So this is the law that we know of the group

Interviewer: Yoo…please thank you all. Please how many times do you say meet in a month?

Respondent6: We meet twice in a month

Interviewer: Please do you pay any dues?

Respondent6: Please no++ it is fifty pesewas ad not everyone pays. No one is forced to pay when one attends the meeting

Interviewer : Please go on

Respondent6: When you attend a meeting it is not by force because we know that not all mental patients have the means to pay. So when we contributed we had one hundred and thirty five thousand Ghana Cedis (135,000.00) old currency. We use this money to help each other which includes; just like you (interviewers) come here, we use it to rent canopies. It got to a point we couldn't contribute anymore so we stopped

Interviewer: Please thank you. So does anyone have anything to add?

Respondent2: The reason why we stopped paying the dues is that, it gets to a point when they come to meeting some members say they don't have money and keep postponing when they will pay.

Respondent3: The dues even do not make us attend meetings (yes, because of the dues when some members go they don't return)

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Respondent1: It made the group not to function

Interviewer: : Please why do you think it was so, do you think they don't have money?

Respondent2, **Respondent1** & **Respondent4**: We can't really tell and because some members know they will be asked to pay dues when they attend meetings, so they rather would not come to avoid that. Most members do not work also oo

Interviewer: Errr…please does anyone add to what the dues are used for?

Respondent3:: Ow that is all oo.. we use it rent canopies, and use some to help members in need. But some cannot contribute anymore.

Interviewer: So you are saying it was used to rent canopies…?

Respondent3: Yes

Interviewer: So you all agree with that

Respondents: Yes, it is the truth

Interviewer: Please thank you all. We have been to places that we were told the groups have collapsed and so would want to find out what you do to prevent the group from collapsing? Why hasn't your group collapsed?

Respondent5: The reason is that, whenever Mr. Nkrumah informs me (organizer) of a said I quickly go to inform them and even if you have forgotten the persistence with which I inform them makes them come and just did that for today's meeting, I constantly reminded them.

Interviewer: Ahh okay

Respondent5: What makes me even more excited is of the fact that when it is Christmas time, he gives us items like rice, oil among other others things

Interviewer: Please who provides you those items?

Respondents: The chairman..(all laugh)

Respondent5: So I always pray for Christmas to arrive quickly

Interviewer: What activities are you engaged in during your time of meetings?

Respondent5: Please we …

Respondent1: We discuss about our medications

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Interviewer: Apart from the medications what else do you do?

Respondent2: We are advised on how take care of ourselves and how to take good care of our patients

Interviewer: Please do you have something to add

Respondent4: Please it is the truth, when we come we are advised on how to care for the sick patients and ensure that they don't misbehave whiles they take their medications correctly. We the caretakers are as well admonished to be tolerant with our patients since because they are sick, when we treat them harshly it can worsen their condition. We as well pray begging God to take care of us.

I: Please do you have anything to add?

R16: Yes, when someone is sick we informed at the meeting and we go to visit he person, and as well pray for the person.

Interviewer: Ahh okay

Respondent6: Sometimes we are reminded of when the doctor will come so we don't forget to go in medication

Interviewer: So please when you meet as a group do you share with each other your conditions?

Respondents: Yes

Interviewer: You do discuss your conditions with among yourselves?

Respondents: Yes

Interviewer: Please have you all agreed that you discuss your condition when you meet?

Respondents: Yes

Interviewer: So please do you support, advice or encourage each other upon an unexpected event?

Respondent5: Yes we do go.A member who lives afar died and we went on that long trip to support him

Interviewer: Please where did he die?

Respondent5: He died at Kwashibou, around Santa Maria, Accra

Interviewer: Ahh okay. Oh okay. So apart from that what else have done to support each other?

Respondent5: When someone dies we attend the funeral

Interviewer: Please have this group, Pillar 2 group or heard of any other group who have received loan before?

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Respondents: We have been given loan before

Interviewer: You have been given loan before?

Respondents: Please yes

Interviewer: Okay, yoo…

Respondent6: Yes, we have been given loan before. But it's been ages since we were last given a loan. We have heard of other three (3) groups who have received loan but we haven't received any for like two (2) months now. We are almost twenty seven member group both males and females that we were asked to write to apply. That was around last year that we submitted and up-to-date, only three (3) people have received theirs. The rest have not received it and for three years now we have not received any loan. So only three (3) people have received the loan

Interviewer: When were they given the loan?

Respondent6: It's been two years since they were given the loan

Interviewer: Ahh okay. So what were they to use the loan for?

Respondent6: It was given to us to trade with and each person received forty Ghana Cedis (GH¢ 40.00), old currency being four million Cedis (4,000,000.00 Cedis)

Interviewer: Is it four hundred Ghana Cedis (GH¢ 400.0)?

Respondent1: Mention the figure properly, four hundred Ghana Cedis (GH¢ 400.00)

Respondent6: Eeii…it is four hundred Ghana Cedis (GH¢ 400.0).

Interviewer : Ahh okay. Please have you noticed or heard whether they are working with the loan given to them?

Respondent6: They are working with it but he money do not suffice the sort of trade they in, and they are really suffering now.

Interviewer: Ahh okay

Respondent6: They are supposed to be given more than that because the work they do involves a lot of money. Those three (3) are fish mongers and even the items needed to boost the business are expensive. The equipment they use in smoking the fishes cost around three million old Ghana Cedis. ..So the rest of the one million cannot buy any other item and so they really suffering, so the money should be increased. So from three years now, no loans have to us for just this two months one that was received.

Interviewer: Oh okay. Please we want to find out who brought the last loan, was it BasicNeeds or?

Respondent6: Yes BasicNeeds

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Interviewer: So no other institutions have provided you with loan?

Respondent6: Apart from Basic needs no one has given us loans. But one person has come to support with these twenty (20) pieces of plastic chairs you see here, the assembly man..

Interviewer: The Assembly man gave you the chairs or?

Respondent2: The aspirant Assembly man

Interviewer: Did he buy them for you this year?

Respondent2: Yes, he bought it this year++the ones given to us by BasicNeeds are all spoilt

Interviewer: Ahh okay, so do church organizations come around to pray for you?

Respondent3: No church organization comes to pray for us because we haven't gone to them to inform them about us

Interviewer: Ahh okay. Please we want to know the benefits you have gained from joining this group Basic Needs?

Respondent3: They give us financial support. That is what we said earlier on that, they support us financially and at times we are refreshed with soft drinks. These are some of the benefits we gain

Interviewer: Ah okay. So please what assistance does Basic Needs offer to you?

Respondent3: That is what I said that they support me financially.

Interviewer: So you received some of the loan this year?

Respondent3: Yes

Interviewer: Ah okay. Please as a patient what benefit have you had from the group?

Respondent1: Oh they also provide me with medications

Interviewer: What other benefits aside the medication?

Respondent1: That is all

Interviewer: What challenges do you face in the group?

Respondent1: The only challenge we have is that of our chairs, they were all spoilt until the Assembly man helped us

Interviewer: What other challenges do you please face?

Respondent2: Please the purchasing of the medications became a little troublesome

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Interviewer: Please in what way did it proved to be troublesome?

Respondent2: When we go we are told there is no medication

Respondent: Please sometimes when we come and the sun is hot, we don't get shady a place to sit under, it becomes really problematic

Interviewer: Please I would want to find out if the perception people have about the mental disorder group ever since you joined has…

Respondent6: They call us "Abodamfo)" group (*mad group).*

Interviewer: Currently they call you "Abodamfo)" group?

Respondent6: Yes that is name some do call us with

Interviewer: Okay. But I thought you go out…

Respondent6: Yes, we go out to march even at the Flagstaff House

Interviewer: So that helps a lot?

Respondent6: Yes, and it even draws people to us

Interviewer: And make people aware of you people?

Respondent6: Yes

Interviewer: But some people still label you as "Abodamfo)" group?

Respondent6: Yes, they still call us 'Abodamfo group" but I don't care because we are not mad people. We know what we get from the group

Interviewer: Oh okay. But why don't care when they call you as such?

Respondent6: As for me I know the benefits I derive from it so I don't care

Interviewer: Yoo…please with the challenges…

Respondent4: Just as we have said if we get a canopy to sit under for meetings it will be good because when we come and the sun is very hot it is really problematic. Also with our medications it doesn't come it becomes difficult for us but when it does we are fine

Respondent3: Sometimes when the medicine is not available and maybe one don't have money to purchase the drug and our sickness continues to worry us a lot?

Interviewer: So what do you think can be done about it to help you?

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Respondent4: Oh, we can be helped with some money

Interviewer: Please we want to find aside from the personnel that take care of you at the Usher Clinic, other personnel cone from other places like the Accra Psychiatric Hospital to care for or to visit you?

Respondent2: Some time ago they came to visit us once but ever since they have not come again

Interviewer: Ahh okay. And so how many years has it been now since they last visited you?

Respondents: Oh it has been very long, very long time almost five years or so

Interviewer: So they don't visit any of you?

Respondents: No, no

Interviewer: Okay, thank you. Please what do you think can be done to help solve the challenges facing the Pillar two (2) group?

Respondents: We can be helped financially

Interviewer: So you would like to be supported financially

Respondents: Yes

Interviewer: Please do you have anything to add that?

Respondent1: Please I don't have anything to add only that we be supported financially to work with it

Respondents: Laughs …

Respondent2: We can also be supported with "pure" water and other things like refrigerators which we use to do business

Interviewer: Thank you all for….

Interview ends

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APPENDIX B: INTERVIEW GUIDE FOR FGD

Interview Guide: Focus Group discussions with members of mental health self-help group in Ga-mashie

I) Introduction: Identity and role of interviewer, general aims of research and issues of confidentiality to be explained.

1. Socio-demographic details

1.1 Date of birth; Ethnicity; Religion; marital status; children; educational level.

2) Life history

2.1 Can you tell me about your condition?

Prompts: *What is the name of your condition?*

How long have you experienced your condition?

When did you start experiencing the condition?

2.2 What was life before the illness?

Prompts: *Occupation; social activities; friends*

2.3 Life before joining the mental health self-help group?

Prompt: *Where did you seek treatment?*

How did you hear of the mental health self-help group?

When did you decide to join the group?

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3. Structure and organization of the mental health self-help group

3.1 How is the mental health self-help group structured?

Prompts: *who leads the group?*

Who organises people for meetings?

Who organises the various activities in the groups?

Who takes care of the funds?

Are all the leaders members of the group?

What are the activities of the leader?

How is one recruited into the group?

Is the group guided by a constitution?

3.2 How is the mental health self-help group organized?

Prompts: *How do you meet? (Weekly, monthly?)*

How do you sustain the mental health self-help group?

Do you pay dues? If yes how much?

What is the purpose of the dues?

4. Functions of the self-help group

4.1 What activities are you engaged in as a group?

Prompt: *Do you organize educational outreach?*

Do you discuss your conditions among yourselves?

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Do you provide advice and encouragement to other members of the group?

Do you provide support when a member is in need? (funeral, outdooring etc)

Do you have access to loans?

4.2. What do you think are the benefits of your activities?

4.3 Do you receive support for your activities outside the self-help group?

4.4 What kind of support do you receive?

Prompt: *Physical, emotional, social or spiritual support*

5. What do you think can be done to make mental health self-help groups sustainable and effective?

APPENDIX C: CODING FREQUENCY OF RESPONDENTS

FGD1

code	FGD1-R1	FGD1-R2	FGD1-R3	FGD1-R4	FGD1-R5	FGD1-R6	FGD1-R7	Total
Structure of the MHSHG								
Position								

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Chairperson	*	*	*			*		4
Vice-chairperson				*				1
Treasurer								
Assistant treasurer								
Organiser	*		*			*		3
Secretary				*	*		*	3
Roles								
Chairperson								
takes lead in group activities				*				1
convey message to BasicNeeds					*			1
remind members of meeting time							*	1
Handles funds					*			1
organise things				*			*	2
Provides financial support								
Vice-chairperson								
Handles funds							*	1
Assist chairperson	*		*			*		3
Treasurer								
Handles funds								
Organizer								
Inform members of meeting time					*	*		2

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organize group activities	*		*			*	*	4
Secretary								
writes down notes		*		*	*			3
Selection of leadership								
Voting		*		*			*	3
Appointment								
Criteria for leadership								
being Kind	*		*	*				3
being caring					*		*	2
being sympathetic								
be a carer or mental health patient								
Ability to speak in public								
Regular at meetings								
Be a Literate								
membership criteria								
Presence of symptoms		*	*				*	3
being a caregiver				*			*	2
Sympathy for group								
invitation by members	*			*	*			3
Organization of MHSHG								

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Meeting time								
Twice a month	*	*	*	*	*	*	*	7
Once a month								
Constitution								
Treat each other with honour								
Regular meeting attendance	*				*			2
Visit an absent member								
need to be punctual			*			*		2
Dues								
Payment of dues								
never paid	*	*		*				3
stopped paying								
Dues fee								
50 pesewas	*	*	*	*	*	*	*	7
Reason not paying								
Sick		*		*				2
No employment			*				*	2
Purpose of dues								
contingencies								
rent canopies								
Purchase items				*				1

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support outdooring/funeral of member	*			*	*			3
Functions of MHSHG								
Activities of MHSHG								
Educational outreach		*		*		*	*	4
Discuss condition								
Advice: stigma								
Advice: medication								
Advice: How to take care of yourself		*		*				2
coordinate loan process		*	*	*	*	*	*	6
provide support	*						*	2
Remind each other								
facilitate business set up								
Benefits of MHSHG								
Access to medication	*		*	*				3
Financial support			*		*			2
Social inclusion								
Free medication								
Improved condition				*				1
information on symptoms management	*	*		*		*		4
External support								

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No support	*	*		*	*	*		5
other Individual								
Kind of support								
Chairs								
Community perception								
Positive perception								
Negative perception	*	*				*	*	4
Recommendation								
Equity	*	*			*			3
Provision of medication		*		*			*	3
Make publicity for the group								
financial support		*		*		*		3
Frequent visit from BasicNeeds								

FGD2

code	FGD2-R1	FGD2-R2	FGD2-R3	FGD2-R4	FGD2-R5	FGD2-R6	FGD2-R7	Total
Structure of the MHSHG								
Position								

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Chairperson								
Vice-chairperson			*	*		*		3
Treasurer		*			*			2
Assistant treasurer	*	*						2
Organiser		*	*					2
Secretary				*		*		2
		*					*	2
Roles								
Chairperson								
takes lead in group activities								
convey message to BasicNeeds			*		*	*		3
remind members of meeting time								
Handles funds								
organise things								
Provides financial support								
Vice-chairperson								
Handles funds								
Assist chairperson								
			*			*		2
Treasurer								
Handles funds								
	*		*	*			*	4
Organizer								

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Inform members of meeting time								
organize group activities		*		*	*			**3**
Secretary								
writes down notes								
	*		*	*		*	*	**5**
Selection of leadership								
Voting								
Appointment	*	*	*	*	*	*	*	**7**
			*					
Criteria for leadership								
being Kind								
being caring	*		*					**2**
being sympathetic			*					**1**
be a carer or mental health patient	*			*				**2**
Ability to speak in public		*	*			*	*	**3**
Regular at meetings	*				*			**2**
Be a Literate			*			*		**2**
					*			**1**
membership criteria								
Presence of symptoms								
being a caregiver							*	**1**
Sympathy for group		*						**1**

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invitation by members			*				1
				*	*		2
Organization of MHSHG							
Meeting time							
Twice a month							
Once a month							
		*					1
Constitution							
Treat each other with honour							
Regular meeting attendance							
Visit an absent member							
need to be punctual	*			*			2
Dues		*		*	*		3
Payment of dues							
never paid							
stopped paying							
		*				*	2
Dues fee							
50 pesewas							
	*	*			*		3
Reason not paying							
Sick							
No employment							

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			*			*		**2**
Purpose of dues								
contingencies								
rent canopies				*			*	**2**
Purchase items								
support outdooring/funeral of member			*					**1**
					*			**1**
Functions of MHSHG								
Activities of MHSHG								
Educational outreach								
Discuss condition	*				*			**2**
Advice: stigma							*	**1**
Advice: medication								
Advice: How to take care of yourself			*					**1**
coordinate loan process						*	*	**2**
provide support		*	*	*		*		**3**
Remind each other								
facilitate business set up								
Benefits of MHSHG								
Access to medication								
Financial support					*	*		**2**
Social inclusion								
Free medication					*			**1**

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Improved condition	*****		*****			*****	**3**
information on symptoms management			*****				**1**
		*****					**1**
External support							
No support							
other Individual			*****				**1**
Kind of support							
Chairs							
Community perception							
Positive perception							
Negative perception							
				*****		*****	**2**
Recommendation							
Equity							
Provision of medication							
Make publicity for the group				*****			**1**
financial support			*****				**1**
Frequent visit from BasicNeeds						*****	**1**

FGD3

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code	II-R1	II-R2
Structure of the MHSHG		
Position		
Chairperson		
Vice-chairperson	*	*
Treasurer	*	
Assistant treasurer	*	*
Organiser		
Secretary	*	*
	*	*
Roles		
Chairperson		
takes lead in group activities		
convey message to BasicNeeds		*
remind members of meeting time	*	
Handles funds	*	
organise things		
Provides financial support	*	
	*	*
Vice-chairperson		
Handles funds		
Assist chairperson		

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Treasurer		
Handles funds		
	*	*
Organizer		
Inform members of meeting time		
organize group activities	*	*
	*	
Secretary		
writes down notes		
	*	
Selection of leadership		
Voting		
Appointment		*
	*	
Criteria for leadership		
being Kind		
being caring		
being sympathetic		*
be a carer or mental health patient		*
Ability to speak in public	*	*
Regular at meetings	*	
Be a Literate		

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	*	
membership criteria		
Presence of symptoms		
being a caregiver	*	*
Sympathy for group	*	
invitation by members		
Organization of MHSHG		
Meeting time		
Twice a month		
Once a month	*	*
Constitution		
Treat each other with honour		
Regular meeting attendance		
Visit an absent member		*
need to be punctual		
Dues		
Payment of dues		
never paid		
stopped paying		*
	*	
Dues fee		
50 pesewas		

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	*	*
Reason not paying		
Sick		
No employment		
	*	*
Purpose of dues		
contingencies		
rent canopies		
Purchase items		
support outdooring/funeral of member		
	*	
Functions of MHSHG		
Activities of MHSHG		
Educational outreach		
Discuss condition	*	*
Advice: stigma	*	
Advice: medication	*	
Advice: How to take care of yourself		*
coordinate loan process		*
provide support	*	*
Remind each other		*
facilitate business set up		
	*	*

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Benefits of MHSHG		
Access to medication		
Financial support		*
Social inclusion	*	*
Free medication		
Improved condition	*	*
information on symptoms management		*
External support		
No support		
other Individual		
	*	*
Kind of support		
Chairs		
	*	*
Community perception		
Positive perception		
Negative perception		
	*	
Recommendation		
Equity		
Provision of medication	*	
Make publicity for the group	*	*

financial support								
Frequent visit from BasicNeeds	*	*						

FGD4

code	FGD4-R1	FGD4-R2	FGD4-R3	FGD4-R4	FGD4-R5	FGD4-R6	FGD4-R7	FGD4-R8
Structure of the MHSHG								
Position								
Chairperson								
Vice-chairperson			*					*
Treasurer	*			*	*			
Assistant treasurer		*		*				
Organiser								
Secretary					*	*	*	
		*						*
Roles								
Chairperson								
takes lead in group activities								
convey message to BasicNeeds			*		*		*	
remind members of meeting time								
Handles funds				*		*		
organise things								

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Provides financial support								
Vice-chairperson								
Handles funds								
Assist chairperson								
Treasurer								
Handles funds								
	*		*					
Organizer								
Inform members of meeting time								
organize group activities	*							
Secretary								
writes down notes								
		*						
Selection of leadership								
Voting								
Appointment								
	*	*	*	*		*		
Criteria for leadership								
being Kind								
being caring								*
being sympathetic								

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be a carer or mental health patient			*			
Ability to speak in public						
Regular at meetings				*		
Be a Literate						
membership criteria						
Presence of symptoms						
being a caregiver	*					
Sympathy for group						
invitation by members						
Organization of MHSHG						
Meeting time						
Twice a month						
Once a month					*	*
Constitution						
Treat each other with honour						
Regular meeting attendance						
Visit an absent member					*	
need to be punctual						
Dues						
Payment of dues						
never paid						
stopped paying						

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	*		*		*		
Dues fee							
50 pesewas							
	*	*	*	*	*	*	*
Reason not paying							
Sick							
No employment							
				*			
Purpose of dues							
contingencies							
rent canopies		*					
Purchase items							
support outdooring/funeral of member							
Functions of MHSHG							
Activities of MHSHG							
Educational outreach							
Discuss condition							
Advice: stigma						*	
Advice: medication							
Advice: How to take care of yourself							
coordinate loan process							
provide support	*		*		*		*
Remind each other		*					

facilitate business set up					
Benefits of MHSHG					
Access to medication					
Financial support				*	
Social inclusion					
Free medication					
Improved condition	*		*		
information on symptoms management		*			
					*
External support					
No support					
other Individual					
				*	
Kind of support					
Chairs					
				*	
Community perception					
Positive perception					
Negative perception					
		*			*
Recommendation					
Equity					

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Provision of medication			
Make publicity for the group	*	*	*
financial support			
Frequent visit from BasicNeeds			

Individual interview

code	**II-R1**	**II-R2**
Structure of the MHSHG		
Position		
Chairperson		
Vice-chairperson	*	*
Treasurer	*	
Assistant treasurer	*	*
Organiser		
Secretary	*	*
	*	*
Roles		
Chairperson		
takes lead in group activities		
convey message to BasicNeeds		*
remind members of meeting time	*	

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Handles funds	*	
organise things		
Provides financial support	*	
	*	*
Vice-chairperson		
Handles funds		
Assist chairperson		
Treasurer		
Handles funds		
	*	*
Organizer		
Inform members of meeting time		
organize group activities	*	*
	*	
Secretary		
writes down notes		
	*	
Selection of leadership		
Voting		
Appointment		*
	*	
Criteria for leadership		
being Kind		

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being caring		
being sympathetic		*
be a carer or mental health patient		*
Ability to speak in public	*	*
Regular at meetings	*	
Be a Literate		
	*	
membership criteria		
Presence of symptoms		
being a caregiver	*	*
Sympathy for group	*	
invitation by members		
Organization of MHSHG		
Meeting time		
Twice a month		
Once a month	*	*
Constitution		
Treat each other with honour		
Regular meeting attendance		
Visit an absent member		*
need to be punctual		
Dues		

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Payment of dues		
never paid		
stopped paying		*
	*	
Dues fee		
50 pesewas		
	*	*
Reason not paying		
Sick		
No employment		
	*	*
Purpose of dues		
contingencies		
rent canopies		
Purchase items		
support outdooring/funeral of member		
	*	
Functions of MHSHG		
Activities of MHSHG		
Educational outreach		
Discuss condition	*	*
Advice: stigma	*	
Advice: medication	*	

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Advice: How to take care of yourself	*	
coordinate loan process		*
provide support	*	*
Remind each other		*
facilitate business set up		
	*	*
Benefits of MHSHG		
Access to medication		
Financial support		*
Social inclusion	*	*
Free medication		
Improved condition	*	*
information on symptoms management		*
External support		
No support		
other Individual		
	*	*
Kind of support		
Chairs		
	*	*
Community perception		
Positive perception		

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Negative perception		
	*	
Recommendation		
Equity		
Provision of medication	*	
Make publicity for the group	*	*
financial support		
Frequent visit from BasicNeeds	*	*

APPENDIX D: CODING FRAMEWORK

Global theme	Organising theme	Basic theme	No of responses	Description	Sample quotes
Structure and	Position	Chairperson	6	the chairperson is	*"we have a leader, he is*

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organisation of MHSHG			the leader	*chairperson"* (R3.FGD3)
	Vice-chairperson	5	Deputy to the leader	*"At the Group level eac group have, Chairman a Assistant, Secretary, Tre and Assistant, Organize* (FGD2)
	Treasurer	5	Handles groups' funds	*"we have one who keep money, he is the treasu* (FGD3)
	Assistant treasurer	2	Serves as a signatory to the group's account	"yes, for instance the as treasurer also helps the treasurer handle the mo the groups" R5 FGD2
	Organizer	6	organises the members	*" I am the organiser, if I will go somewhere and told then I go to membe town and tell them whe are going"* R1 (FGD1)
	Secretary	6	Takes notes	*"let us say that with the secretary.. when we go somewhere she writes a what transpires just like doing and that is what w and we don't do money matters. Hope you unde me?"* R5 (FGD1)
Roles	Chairperson			

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Must take lead in activites	4	*take the lead in group's activities*	*"he has to organize everything for us and le because most of these u can't take care of thems R4 FGD1*
convey message to BasicNeeds	3	must liaise between members and BasicNeeds	"He is supposed to cont the BasicNeeds and tell our problems--"
remind members of meeting time	2	Call members to remind them of time	*"Yes and Mr. Nkrumah well do call us to remind the meeting time" R4 F*
Handles funds	1	a signatory to the groups's account	*"Please the money is se the bank by Three (3) pe and so when any activit being embarked on, the three (3) are supposed t know. They are the chai vice and treasurer." R2*
organise things	2	Organise everything	*"he has to organize everything for us and le because most of these u can't take care of thems R4 FGD1*
Provides financial support	3	Gives money to some members when they need	"and even if you don't money he will give you *R5 FGD3*
Vice-chairperson	1	Assist chairperson	" *He helps the chairpers most of the time conduc meeting"* R4 FGD2

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	Treasurer			
	Handles fund	6	the treasurer controls money in the group	It is the treasurer and th chairperson who handle money..R1
	Organiser			
	Inform members of meeting time	6	Inform members about agendas	"Yes organizer, so wher are going somewhere, I inform them about wha are doing" R6 FDG1
	organize group activities	1	Make sure everything is in order	*"The organiser sometim calls the people to also r them of meeting time ev though I also do that. Sh makes sure all the thing organised before meetin R1*
	Secretary	5	writes down notes	"*let us say that with the secretary.. when we go somewhere she writes d what transpires just like doing and that is what w and we don't do money matters. Hope you unde me?"* R5 (FGD1)
Selection of leadership	Voting	3	Elect leaders	*"We did elections ehhhh…when we startec was their leader i.e. the "Gbese" group and anot person came to be the le and the woman that I mentioned her name*" R

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				FGD1
	Appointment	4	Appoint leaders	*"Some groups voted bu appointed in our group'*
Criteria for leadership	being Kind	4	Convey some patients to the hospital	*"yes because he is kind towards us and takes ca us all and even when yo want to go to the hospit will take you*" R7 FGD3
	being caring	2	The leader has to care about users	*"The person must also b caring and kind" R4*
	being sympathetic	5	Has sympathy for the group	*"and if the person sympathizes with us" R2* 2
	be a carer or mental health patient	3	Either the person is a carer or has mental health conditions	*" we also look out for or has a patient that one is taking care of or one is affected with the diseas who as well is patient ar have compassion for the group members" R3 FGD*
	Ability to speak in public	3	Being able to speak in public	*"Someone who when we somewhere one can be speak or ask questions..* FGD2
	Regular at meetings	1	Should be regular at meetings	*"...As for that one we ca vote for that person or someone who attends meetings regularly.." R3*
	Be a Literate	3	Must be literate to lead	*"Also, you know pardon most of the sick people not been to school befor*

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			the users	*so if one can can read a write to some extent, or be given a position as w FGD2*
Recruitment criteria	Presence of symptoms	6	Exhibit symptoms of mental condition,	*"One must be sick perso comes along to join with caretaker. Or one who h sympathy for the group well join "* R2 FGD2
	being a caregiver	2	Must be caregiver	*"we also look out for or has a patient that one is taking care of…"* R5 *FGD*
	Sympathy for group	1	Should have compassion for the group	*.."Or one who has symp for the group can as we join…* R2 FGD2
	invitation by members	1	Members can invite members to join	*"at times when someon is sick do not know anyt about the group, we can the person ourselves to j the group and tell them kids are being treated in group."* R7 FGD2
Organisation of MHSHG	Meeting time			
	Twice a month	5	Meet twice a month	*"we meet twice in a mo R6 FGD3*
	Once a month	1	Meet once a month	*"But we used to do weekly but came do to two weeks but currently we meet*

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				monthly and it is ve *good enough with u* FGD2
Constitution	Treat each other with honor	1	respect each other	*" we don't want people speak disrespectfully an when we come to meeti treat each other with ho and as well advise each R7 FGD3*
	Regular meeting attendance	3	Attend meeting regularly	*"the law we are aware o that-- we are supposed come to meeting once e two (2) weeks and at 4 o and close at 6p.m ."* R2
	Visit an absent member	1	Members have to visit any member who was absent	*"erh..it is in our law that don't see your members have visit him/her. We h time that meet* and go o *visit members"* R5 F
	has to be punctual	1	Members are queried for not being punctual	"*When one as well d not abide by the tim given for a member attend a meeting, th culprit is queried "* F FGD2
Dues	Never paid	2	Never paid dues	*"no we don't pay any du oo.." R3 FGD4*
	Stopped paying	4	Were paying but stopped paying	" *when you attend a meeting it is not by f because we know th not all mental patie*

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				have the means to p So when we contrib we had one hundred thirty five thousand Ghana Cedis (135,000.00) old currency. We use th money to help each which includes; just you (interviewers) c here, we use it to re canopies. It got to a point we couldn't contribute anymore we stopped" R6 FGD
Dues fee	50 pesewas	6	periodic contribution	"*We just decided to pay the 50 pesewas dues so that we could help each other in case there is an outdooring or someone is bereaved in the group" R1*
Reason not paying	Sick	2	Members are sick people	"*when we come, we hav taken the issue that all members are sick peopl even if you go to call so you suffer before the pe will come , how* much m

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				dues" R2 FGD 1
	Unemployed	4	Users not working	"*They also do not w So we decided not t any money matters up until when the B Needs group calls u come and meet wit them.*" R3 FGD2
Purpose of dues	contingencies	3	in case of unexpected events	*"When an unexpected e has happened to a mem we use the money to su the person" R3 FGD2*
	rent canopies	1	to facilitate the meeting	*"We use this money to h each other which inclu just like you (interviewe come here, we use it to canopies." R6 FGD3*
	Purchase items	1	Buy things for members	*" We sometimes, for ins when we have to buy ce items for the members, use the money to do it f them." R3 FGD2*
	support outdooring/funeral of member	2	To help in case of outdooring or funeral	" *We just decided to the 50 pesewas due that we could help e other in case there i outdooring or some is bereaved in the g R1*

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Functions of MHSHG	Activities of MHSHG				
		Educational outreach	4	Go out to educate people about condition	*"Oh yes..We even went tema. They called us to educate everyone that take care of someone w condition, you will not b infected by it". R2*
		Discuss condition	4	Discuss symptoms they experience	*" Using myself as an exa when I have a stomach complain to them, a when they have guid to give me, they then provide it. " R8 FGD*
		Advice: stigma	2	How to react when they are stigmatised	"*we also talk about wha do when they are ridicul R1*
		Advice: medication	3	Advice on medication members take	*"When we meet we talk our health, the various medications they* are giv R1
		Advice: How to take care yourself	4	Advise to look after themselves	"*they advise us on how everyone should take ca one self" R2 FGD2* *"yes, that is what our sis said; when we come we advised on how to take care of our patients and administer their medica to them."*
		coordinate loan process	6	BasicNeeds facilitate loans	*"Yes, we have been give loan before. But it's bee since we were last given loan. We have heard of three (3) groups who ha*

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			received loan but we ha received any for like two months *now. We are almost twenty seven member group both males and females t we were asked to w to apply. That was around last year tha submitted and up-to date, only three (3) people have receive theirs. The rest have received it and for t years now we have received any loan. S only three (3) peopl have received the lo FGD3-R6*
provide support	4	Help each other	*"As for this mother over there,(pointing to one respondent), when some comes with such illness don't have* money, *she leads the person to t clinic and the person taken care of. We he ourselves."* R8 FGD3
Remind each other	1	Remind themselves of doctor's appointment	"sometimes we are rem of when the doctor will so we don't forget to go medication" R6 FGD3
Facilitate business	2	Helped members to	"It came to a time when they

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			set up businesses	decided to do something for us so that even if you don't have anything to eat, you can still do something to earn something. So they asked to write whatever we want that can help us earn money. In fact some people wrote for machine..others also asked for++ eh..fridge. Even one of the caregivers asked for carpentry tools for her son. It was—who went for the things." R2
Benefits	Access to medication	4	have easy access medication	*"because of the group w able to get medications*

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		from hospital	the hospital.." *R1 FGD*
Financial support	4	Provide money for transportation	*"drinks!, like this minera give us some, and pie, a as money and add to ta away and they give us, money...evrytime they c to a palce they give us n for transportation" R2 F*
Social inclusion	1	Able to attend programmes	*"We are able to socializ when there is any programme" R5 FGD2*
Free medication	4	Members of the MHSHG get free medication	*"I can say the medicatio medication is one major that has helped. Some o medicines are expensive least it has helped us g access to them easil is still helping us,. It free for us."*
Improved condition	3	Symptoms of the conditions has reduced	"*with God as my witness in fact, the attack on my child has reduced due to the good medicines I am given. At first the attack come continuously but ever since I joined the sickness is not*

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				like first." R7 FGD2
	information on symptoms management	3	Educate users on how to manage symptoms	*"they explain to us how should live and also whe sickness is coming how control ourselves amon others" R3 FGD1*
External support	No support	2	No support from any other organization or individual	"*Ow no..we don't receive any support from any other organization apart from Basic Needs. So when we don't get help from BasicNeeds, it becomes diificult and I think that is why some of the groups have become inactive*" R6 FGD1
	Other individual	4	Donation of chairs to the group	"*Apart from BasicNeeds one has given us loans. one person has come to support with these twer (20) pieces of plastic cha you see here, i.e. the asp Assembly man*" R7 FGD3

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	Kind of support	Chairs	4	Supported with chairs	"Apart from BasicNeed one has given us loans. one person has come to support with these twen (20) pieces of plastic cha you see here, i.e. *the aspiring Assembly m* R7 FGD3
	Community perception	Negative perception	5	Community members sometimes call them names	"yes, they still call us 'Abodamfo group" but I care because we are no people. We know what from the group" R6 FGD
measures for effective MHSHG	Recommendation	Equity	1	There must be equity in the sharing of resources	*"One major thing is tha sometime back we were to apply for some loans* about twenty (20) of u applied but only 10 were given the loan it was like there wa favouritism but the said they were just lucky. How can you it was luck *"when y know all of them ar struggling so when are doing that mak majority are include give it to those who regular in meetings made a lot of people stop attending meet*

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			R1
Provision of medication	6	free provision of medication because they are expensive	*"please medicines shoul provided to us since the very expensive at the pharmacy which cost se Ghana cedis (GH¢7.00) five cedis (GH¢5.00) at t hospital plus other medications" R5 FGD4*
Make publicity for the group	1	Advertising of the MHSHG on radio	*"we also want to have a effective advertising of t groups on the air waves FGD2*

financial support	5	Financial support for medication and business	*"our names have been registered and no finan with the medications we don't get some at the some money from Mr. Nkrumah to buy the me to support our businesses." R2 FGD4*
Frequent visit from BasicNeeds	1	BasicNeeds' frequent visit could make the group more active	*"But because the BasicNeeds people do not co come to meetings. Even if they don't have mor presence and advice would have been good en meeting and make the other groups more act*