

UNITED NATIONS 4th CYCLE OF THE UNIVERSAL PERIODIC REVIEW

—

Submission of A Joint NGO Shadow Report on Mental Health and Human Rights in
Ghana to the United Nations Human Rights Council in Contribution to the Review of
Ghana

by

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With contribution from the following organizations:

1. African Neighbours Foundation
2. Youth Aid Initiative Ghana
3. Ghana Federation of Disability Organizations
4. Hope for Future Generations
5. EmpoweredMind Ghana
6. Network for Health and Relief Foundation
7. Social Support Foundation Ghana
8. Resource Link Foundation
9. Counselling and Care for Humanity Centre
10. Centre for the Advancement of Marginalized Persons
11. Total Life Enhancement Centre Ghana
12. Project Lory Foundation
13. Community Youth Development Foundation
14. Human Care and Maintenance Foundation
15. Ahenbronoso Care Foundation
16. Rights and Responsibilities Initiative Ghana
17. Maternal Mental Health and Emotional Intelligence First Aid
18. David Naboare Foundation
19. Kekeli Foundation Ghana
20. Centre for the Development of People
21. Centre for Active Learning and Integrated Development
22. Mental Health Advocacy Foundation
23. Action for Sustainable Development
24. Passion for Total Care
25. Human Rights Advocacy Centre

A. Introduction

This Joint NGO Shadow Report on Mental Health and Human Rights is submitted to the Human Rights Council (“Council”) by MindFreedom Ghana (MFGh) with contribution from twenty-five (25) mental health nongovernmental and civil society organizations (NGO/CSOs) in Ghana. MindFreedom Ghana is a Ghanaian nongovernmental organization founded in August 2004 with the aim to improve the mental health and lives of persons with mental health conditions through the promotion of their human rights and dignity. MFGh supports persons with mental health conditions in their treatment regimen and undertakes advocacy programmes to improve their social, moral, and economic conditions. MFGh over the past eighteen years have implemented projects on mental health and rights and COVID-19 Recovery in partnership with the Mental Health Authority (MHA) of Ghana with funding from the Open Society Initiative for West Africa (OSIWA) and National Democratic Institute. Currently, it is partnering with MHA to advance rights-based protection and promotion for persons with mental health conditions with support from the European Union and World Health Organization global “*QualityRights* project.

The report is a review of the human rights situation of persons with mental health conditions in Ghana with emphasis on the progress made since the 3rd cycle of the Universal Periodic Review. The purpose of this report is to direct the Human Rights Council’s attention to the ongoing instances of systemic and structural challenges in the human rights response by the State of Ghana to protect, promote and secure the human rights of persons with mental health conditions in Ghana and for it to adopt recommendations made by NGOs/CSOs working for and on behalf of persons with mental health conditions.

B. Methodology

The Joint NGO Shadow Report is an outcome of eight zonal consultations and dialogues held with representatives (including persons with lived experience of mental health conditions) from twenty-five nongovernmental organisations (NGOs) and civil society organisations (CSOs), with support from State Agencies responsible for mental health promotion and human rights protection of persons with health conditions in Ghana. Representatives provided information for the drafting of this report to contribute to the review of Ghana in the 4th Cycle of the UPR. A national validation and dissemination meeting was held on Tuesday 12th July 2022 in Accra which provided an opportunity for a final review of information and data received during the drafting stages as well as to improve recommendations in the report for better monitoring subsequently.

C. Progress of Implementation of Recommendations from the Previous Cycle of the Universal Periodic Review

The 3rd Cycle of the Universal Periodic Review made major recommendations to the State of Ghana to improve human rights conditions of persons with mental health conditions. Notable amongst them, and of concern to the NGOs in mental health are the recommendations to the State to (i) prevent, investigate and prosecute inhumane treatment against persons with mental disabilities by prayer camp operators¹, (ii) establish the Mental Health Fund as described in the Mental Health Act 2012 and provide it with adequate funding ², (iii) provide healthcare to persons with mental disabilities³ and (iv) ensure a more comprehensive application of initiatives designed to improve the situation of people with disabilities, including the Livelihood Empowerment Against Poverty programme.⁴

For each of the foregoing recommendations, the report examines the progress of their implementation, highlights prevailing human rights (and people-centred) barriers that needs addressing and further makes key recommendations for carrying these recommendations forward to improve the human rights conditions of persons with mental health conditions in Ghana.

D. Prevent, investigate, and prosecute inhumane treatment in prayer camps or witch camps and psychiatric hospitals. Address societal attitudes condoning such violations and abuses of rights of persons with mental disabilities

Ghana's mental health legislation and (a nascent twelve year) policy environment inspires direct state and non-state responsibility to protect and promote the rights of persons with mental health conditions, and advances arbitration of violations of human rights and freedoms for persons with and affected by mental health conditions. The Mental Health Act, 2012 is aimed at among others to monitor the practices and services of both formal and informal service providers. However, lack of enforcement of the Act has made it difficult to monitor, probe and systematically report inhumane and degrading treatment of persons with mental health conditions. Adults with and affected by psychosocial or mental health conditions continue to become victims of stigma, discrimination, and physical abuse. Persons with mental illness conditions experience a range of forms of stigma and discrimination including neglect and abandonment, mockery and abuse at home and public places including workplaces and places of worship. Verbal and physical abuse continue to persist in psychiatric facilities.⁵

At Traditional and Faith-based Healing Centres (TFBHCs) including prayer camps, there is still evidence of the abusive practices ongoing such as the use of restraining measures for aggressive persons⁶ in contravention to human right standards although the Mental Health Authority

¹ Report of the Human Rights Council-paragraph 146, recommendation number 110 made by Czechia in the 3rd Cycle of the UPR

² Report of the Human Rights Council-paragraph 146 recommendation number 105 made by Czechia in the 3rd Cycle of the UPR

³ Report of the Human Rights Council-paragraph 146 recommendation number 108 made by Tunisia in the 3rd Cycle of the UPR

⁴ Report of the Human Rights Council-paragraph 146 recommendation number 196 made by Israel in the 3rd Cycle of the UPR

⁵ Moro, Maria Francesca, Mauro Giovanni Carta, Leveana Gyimah, Martin Orrell, Caroline Amisshah, Florence Baingana, Humphrey Kofie et al. "A nationwide evaluation study of the quality of care and respect of human rights in mental health facilities in Ghana: results from the World Health Organization QualityRights initiative." *BMC Public Health* 22, no. 1 (2022): 1-14.

⁶ Annual Report 2020. Pushed by Mental Health Authority in 2019

continue to maintain that the extent of shackling, chaining, and abuse treatment against persons with mental health conditions held at prayer camps have reduced.⁷ In 2020 alone, a total of one thousand and seventy-five (1,075) Traditional and Faith-based Healing Centre (TFBH) were identified by the MHA.⁸ Many more exists unregistered and unregulated in their operations, service provision, facilities, and methods. However, no policy framework to integrate the activities of TFBH with mainstream psychiatric facilities have been enacted especially as training for traditional medicine continue to be a part of the curriculum of some tertiary institutions across the country. This results in continues referral of persons with mental health conditions to traditional mental health facilities including prayer camps.

As part of the preventive measures to address the said occurrence, the Mental Health Authority (MHA) and private stakeholders including NGOs/CSOs have been engaged in awareness raising activities to improve the human rights literacy of operators of prayer camps. Advocacy activities have helped persons with mental health conditions and their caregivers to improve information on human-rights centred care and identification of abuses while at the prayer camps. Furthermore, these have increased public sensitivity to the activities of prayer camp operators and have generated public interests in their activities, although not to the extent that has resulted in open probes and closure of centres that are noncompliant to human rights standards.

In addition, the MHA undertakes supervision to these prayer camps. In three years, the Authority visited a total of three (3) prayer camps out of the one thousand and seventy-five (1,075) camps identified. Evidently, these visits are erratic and inadequate. In addition, there are no indications of how the Authority reports and investigates operators' compliance to human protocols. While a national guideline on the human rights and traditional mental healthcare practices exists, the MHA is not clear oh how its has integrated and utilized these protocols during monitoring visits.⁹

Since the last UPR cycle, the MHA has shown limited capacity to monitor, report and investigate the activities of prayer camp operators. This challenge is compounded by the absence of Visiting Committees to conduct monitoring and reporting of human rights abuses at prayer camps and other traditional and faith-based healing centres within the mandate of the Mental Health Act.

In addition, Mental Health Tribunals with responsibility to provide legal recourse for investigation and trial cases of human rights abuses at the prayer camps are yet to be established. Currently, nominations for the composition of the Tribunal are pending approval by the Mental Health Board for training and inauguration to commence work subsequently.¹⁰ Hence, the

⁷ Prof. Akwasi Osei & Kwaku Brobbey, *10 Years of Mental Health Act, 2012 (Act 846): Impact, challenges, way forward*. Published by Graphic Online on March 2, 2022 - <https://www.graphic.com.gh/news/health/ghana-news-10-years-of-mental-health-act-2012-act-846-impact-challenges-way-forward.html>

⁸ Annual Report 2019. Published by Mental Health Authority in 2020

⁹ *ibid*

¹⁰ Layla Adwan-Kamara, Team Lead Ghana Somubi Dwumadie at a National Validation and Dissemination Meeting on Submission of an NGO Joint Shadow Report on Mental Health and Human Rights in contribution to the 4th Cycle of the Universal Periodic Review, Best Western Premier Hotel, Accra-Ghana on Tuesday 12th July 2022

monitoring and enforcement of operators of prayer camps' compliance to recognized human rights protocols for persons with mental health conditions are still not enforced.

D.1. Recommendations

In view of the foregoing situation, we recommend that:

1. The Mental Health Authority should establish the Visiting Committees and approve the list of nominations for membership to the Committee as a matter of urgency.
2. The Mental Health Authority should lead a nationwide consultation to determine a policy direction to integrate the activities of traditional medicine and faith-based healing practices into mainstream psychiatric and mental healthcare to effect proper monitoring of their activities.
3. The Mental Health Authority should improve and bring to scale humane treatment protocols (people-centred care) into mental healthcare delivery in all facilities across the country.
4. The Ministry of Health in collaboration with the Mental Health Authority should increase the number of rehabilitation centres across the country.

E. Establish the Mental Health Fund as described in the Mental Health Act 2012 and provide it with adequate funding

The Mental Health Authority has held several public consultations and discussion with select Committees on Health and Finance for investment into the Mental Health Fund. Advocacy is ongoing for the Ministry of Finance to set up a Levy to resource the Fund. However, the government has not given any clear indication on the institution of a levy to date. Thus, indicative of government's lack of political will and commitment to carry on the agenda to resource the Fund. While Ghana's twelve-year Mental Health Policy is indicative that about GHC 540 million to GHC 720 million investment would be needed to make a minimum mental healthcare service package available to each person at 3 and 4 US dollars per annum¹¹ there is currently no roadmap for the institution process of a levy or any kind of domestic resource mobilization for mental healthcare delivery in Ghana.

E.1. Recommendations

Therefore, we hope that by this report, the Human Rights Council will bring the attention of the:

1. The Ministry of Finance of Ghana to, as a matter of urgency institute a mental health levy to resource the Mental Health Fund.
2. The Mental Health Authority to lead nationwide consultations on devising innovative strategies for domestic mobilization of financial support to resource the Fund.

F. Provide health care to persons with mental disabilities

¹¹ Presentation by MindFreedom Ghana at a National Validation and Dissemination Meeting on Submission of an NGO Joint Shadow Report on Mental Health and Human Rights in contribution to the 4th Cycle of the Universal Periodic Review, Best Western Premier Hotel, Accra-Ghana on Tuesday 12th July 2022

Ghana's mental healthcare system is established to deliver both institutional and community-based care for persons with mental health conditions, with most of them held in the former. Currently, there are three psychiatric hospitals across the country. In addition, mental health care has been integrated into facilities, with psychiatric units in every district hospital. Persons requiring admission as part of mental health care can now also be admitted at regional hospitals. The number of licensed professional psychiatrists have increased nominally- from 12 in 2012 to 51 in 2022 and additional 20 doctors are expected to pass out of training and be admitted in 2025.¹² As part of measures to improve access to specialist mental healthcare, client consultations through telepsychiatry and telemedicine, especially the use of client's helplines was integrated into mental health and suicide prevention measures at the beginning of the COVID-19 pandemic.¹³ In addition, private partnerships have provided for mental health technology. The supply of electro-convulsive therapy machines has resulted from such partnerships as well as the use of community-based participatory approaches and the capacity building of MHA staff to advance their use nationwide.¹⁴

Nonetheless, treatment centers and psychiatric facilities across the country continue to be overstretched and under resourced with infrastructural development for psychiatric treatment having witnessed nominal upgrade.^{15,16} Human resource challenges, including inadequate specialist care provided by clinical psychologists, occupational therapists and neurologist persist.¹⁷ Coupled with inadequate and limited supply of medication (psychotropic) medicines¹⁸, there continue to remain a mental health treatment gap of 85% for persons with mental health conditions who need them.

In June 2022, the National Health Insurance Authority expressed intentions to expand insurance coverage to treatment of mental illness¹⁹ as part of measures to reduce the cost of burden of care and towards realizing Ghana's universal mental health coverage goals. However, it is unclear (in the absence of a roadmap) the level of political commitment secured for its achievement.

Increasingly, public confidence in orthodox mental health treatment has not improved. Most people still hold the belief that mental illness is caused by nonmedical factors.²⁰ Therefore, treatment should also be non-medical or unorthodox. Hence, the reason for the ongoing traction

¹² Prof. Akwasi Osei & Kwaku Brobbey, 10 Years of Mental Health Act, 2012 (Act 846): Impact, challenges, way forward. Published by Graphic Online on March 2, 2022 - <https://www.graphic.com.gh/news/health/ghana-news-10-years-of-mental-health-act-2012-act-846-impact-challenges-way-forward.html>

¹³ Annual Report 2019. Published by Mental Health Authority in 2020

¹⁴ Annual Report 2019. Published by Mental Health Authority in 2020

¹⁵ Annual Report 2020. Published by Mental Health Authority in 2019

¹⁶ Moro, Maria Francesca, Mauro Giovanni Carta, Leveana Gyimah, Martin Orrell, Caroline Amisssah, Florence Baingana, Humphrey Kofie et al. "A nationwide evaluation study of the quality of care and respect of human rights in mental health facilities in Ghana: results from the World Health Organization QualityRights initiative." *BMC Public Health* 22, no. 1 (2022): 1-14.

¹⁷ Situational Assessment, World Health Organization (WHO) Ghana Special Initiative for Mental Health, published in January 2022

¹⁸ Summary Report of psychotropic medicine, Ghana Somubi Dwumadie December 2020

¹⁹ *NHIA to Add Mental Health Treatment to Scheme* on <https://starrfm.com.gh/2022/06/nhia-to-add-mental-health-treatment-to-scheme/> accessed on June 17th, 2022.

²⁰ World Health Organization and University of Washington, Ghana WHO Special Initiative for Mental Health-Situational Analysis, January 2022

traditional medicine and faith-based healing centres (including prayer camps) continue to enjoy.

This calls for an adoption of innovation in mental health literacy and an examination of the orientations and choice for nonorthodox treatment. More importantly, it requires a deliberate effort to apply behavioral science innovations to change and modify public attitudes, behaviors and mindset on mental health and treatment to accept modern forms of mental health treatment regimen and to gradually wean them off unapproved traditional medicine and faith-based healing treatment. Such innovations should be introduced to both public mental health practitioners, service providers and advocates. For advocates, a behavioral science framework is needed to inform community advocacy activities undertaken by mental health NGOs and advocates²¹ to improve mental health promotion activities and practices at the sub-national level of mental health service delivery.

F.1. Recommendations

We therefore strongly recommend that:

1. The Mental Health Authority staff, mental health officers and practitioners should be trained on innovations in behavioural science to improve mental health promotion and practice for service delivery.
2. The Mental Health Authority and partners should scale up funding for mental health literacy and behavioural change programmes for mental health officers of the Ghana Health Service and staff of the Mental Health Authority.
3. Ghana Health Service Health Promotion Division should collaborate with mental health advocates (including NGOs and CSOs) should establish a network of behavioural change communication community of practice to expand behaviour change literacy in mental health to address stigma and discrimination issues affecting persons with mental disabilities.
4. The Mental Health Authority should facilitate donor support to adopt a localised behavioural science framework and scale up as well as integrate same into the Authority's Communication Strategy on Mental Health.

G. Ensure a more comprehensive application of initiatives designed to improve the situation of people with disabilities, including the Livelihood Empowerment Against Poverty programme

The National LEAP Programme establishes a category of cash transfers for persons with severe disability without any productive capacity to ensure poverty reduction. This is intended to facilitate beneficiaries' enrolment in other complementary welfare service and participation in formal education programmes.²² With the increasing rate in inflation and access to basic service, it has become imperative for the State to review the existing scale of cash transfers and

²¹ *NHIA to Add Mental Health Treatment to Scheme on <https://starrfm.com.gh/2022/06/nhia-to-add-mental-health-treatment-to-scheme/> accessed on June 17th, 2022*

²² The Ministry of Gender, Children and Child Protection website. <https://www.mogcsp.gov.gh/projects/livelihood-empowerment-against-poverty-leap/>. Retrieved on 14th July 2022

ringfence a percentage that targets specifically persons with mental health conditions. Broader stakeholder engagement with the public and private partnerships needs to be leveraged to expand to target investment from private partnerships to support the programme.

In addition, a proper national data, and a definite definition of “severe” disability should be engineered, to encourage transparency and inclusion in the categorization persons with “severe” mental disabilities by the District Welfare Committees responsible for determining who qualify for LEAP.

It has become imperative also to increase awareness raising on the LEAP programme to foster public support, contribution, and collective evaluation of the programme for persons with mental health conditions. The Mental Health Authority and stakeholders should be involved in the monitoring LEAP on behalf of person with mental health conditions to advocate for their fair and proper coverage by the programme.

G.1. Recommendations

Hence, we further recommend that:

1. The Ministry of Gender, Children and Social Protection, the Ministry of Local Government and the Mental Health Authority (MHA) should review and make the multi-stakeholder District Welfare Committees responsible for the selection of LEAP beneficiaries transparent and inclusive for effective integration, identification, capturing and enrolment of persons with mental health conditions onto the LEAP programme.
2. The Ministry of Gender, Children and Social Protection and Mental Health Authority (MHA) should raise awareness on the existence of the LEAP programme as a poverty reduction mechanism for households and individuals suffering from severe mental health conditions.
3. The Ministry of Gender, Children and Social Protection should advocate for private partnerships and investments into the fund to sustain and scale up the cash net for beneficiaries.

H. Annex One (1)

List of Contributing Organizations and their Contact Information

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