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Mental Health in Ghana: A Study on the Practice and Understanding of Mental Health In the Volta Region

Abstract

Neuroscience is a synthesis that combines selected elements of Biology, Psychology, Physics, Chemistry, and Mathematics. Neuroscientists focus on the brain and its impact on behavior and cognitive functions. The concept of Neuroscience in Ghana is very sparsely addressed and in the cases where it is emphasis is placed on the realm of Mental Health. However, Neuroscience encompasses so much more. This can be attributed to the fact that, neuroscience isn't a part of the Ghanaian curriculum until the University level and even at that level neuroscience is only found in the curriculum of specific courses (i.e. Psychology and Mental Health). However, in Ghana, anything that isn't understood is said to be of religious origin. This study therefore sought to evaluate the practice and understanding of Mental Health within the Volta Region of Ghana and related issues.

This study was conducted in collaboration with a local Non-Government Organization (NGO), Humanity and Community Development Projects Ghana (HCDP Ghana). This study employed both a qualitative hospital-based observations, interactive interviews, and case reviews, as well as a community based quantitative field survey. The study revealed that in the perspective of most respondents, the cure for Neurological ailments in Ghana lies in spirituality and not in Medical treatments. Therefore, leading to more untreated cases.

Introduction

Neurology is said to have started in Africa and this is evidenced by the fact that Egyptian physicians were the first to describe the brain and recognize major brain-related disease (Quansah & Karikari, 2016) In addition, native Yoruba physicians in Nigeria practiced neurology in a traditional way many years ago (Karikari & Aleksic, 2015). However, the continent of Africa is behind in terms of the human resources and facilities to grow in the field of neuroscience. Currently Africa only has a couple of Neurologist serving a population of about 27 million versus the 1:29,200 neurologist: population ratio held by more developed countries such as the US (Quansah & Karikari, 2016). Unfortunately, most neurologist practice in cities, thereby leaving those Africans who live in rural areas with the burden of traveling great distances to receive care or go without care at all.

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Mental health is growing to become an epidemic in Africa due the fact that there are very limited health care provision according to European standards (Read, Adiibokah, & Nyame, 2009). Neuropsychiatric conditions account for 13% of the global burden of disease and is over 5% in Africa (Bird, et al., 2011). In Ghana, mental illness is ranked 12th for outpatient consultations (Ae-Ngibise, 2010). Despite the high prevalence, mental health remains a low priority in Africa. In Ghana, like most African countries, the concept of Neuroscience is very sparsely addressed and in the cases where it is, emphasis is placed on the realm of Mental Health. However, Neuroscience encompasses so much more. This can be attributed to the fact that, neuroscience isn't a part of the Ghanaian curriculum until the University level and even at that level neuroscience is only found in the curriculum of specific courses (i.e. Psychology and Mental Health). However, in Ghana, anything that isn't understood is said to be of religious origin. This study therefore sought to evaluate the practice and understanding of Mental Health within the Volta Region of Ghana and related issues.

Methods

Study Area: The Republic of Ghana, is a unitary presidential constitutional democracy, located in the West African sub-region. Ghana has a population of approximately 27 million, spanning a variety of ethnic, linguistic and religious groups. The Volta Region is one of Ghana's ten administrative regions. Its capital is Ho. The Volta region of Ghana, lies to the east of the Volta lake. This region represents 8.6% of Ghana (Government of Ghana, 2017). This is the setting for this research study. Qualitative observations were collected at Volta Regional Hospital. Volta Regional Hospital, popularly known as Trafalgar, is the regional and teaching hospital in Ho in the Volta Region of Ghana. It became a teaching hospital in 2015 to serve the University of Health and Allied Sciences. The community based survey was conducted at the two villages of Amuzu Deve and Blido Kope where there is a combined adult population of 610.

Study Design: This study was conducted in collaboration with a local Non-Government Organization (NGO), Humanity and Community Development Projects Ghana (HCDP Ghana). This study employed both a qualitative hospital-based observations, interactive interviews, and case reviews, as well as a community based quantitative field survey.

Eighty-seven semi-structured interviews were conducted in the two rural communities from the 2nd to the 7th of July, 2017. Subjects were assessed using a semi-structured questionnaire made up of both close-ended and open-ended short response applications. The results from the surveys were inputted into information processing software such as SPSS and analyzed through a customized framework. Most of the survey questions allowed for the respondent to respond based on their interpretation so responses were filtered through based on validity. Most of the

respondents required the interviewer to have a translator alongside them. Therefore, allowing for the survey to be put in the context of the native language.

Hospital-based observations, interactive interviews, and case reviews were conducted at Volta Regional Hospital between June 14th to the 30th in the Psychiatric/Mental Health Unit working with patients and observing firsthand how care is provided. Also, a visit was made to a local prayer center where a collaboration between medical and spiritual treatment was observed. An appointment was made with a Neuro-Pharmacologist and the President of the Ghana Neuroscience Society at the University of Ghana in Accra

Survey Sample Size: Using the Raosoft online sample size calculator, the recommended minimum sample of 84 participants was calculated at 95% confidence level, 10% margin of error, and a response distribution of 50%.

Results

Respondents from Amuzu Deve made up 56.3% and the rest (43.7%) from Blido Kope. The presence of women in our pool of respondents was 66.7% of the responses compared to men who make up 33.3%; a 3 to 1 ratio. Majority of the respondents (91.9%) had attained no more than a basic education at the time of the survey. Most of the respondents held occupations in Agriculture (73.6%). (See Table 1)

Table 1 Social and Demographic Characteristics of Respondent from Amuzu Deve and Blido Kope

Parameter	Frequency	Percentage
Total	87	100
Location		
Amuzu Deve	49	56.3
Blido Kope	38	43.7
Gender		
Female	58	66.7
Male	29	33.3
Marital Status		
Single	17	19.5
Married	70	80.5

Educational Status

None	31	35.6
Basic	49	56.3
Secondary	6	6.9
Tertiary	1	1.1

Employment Status

None	4	4.6
Farmer	64	73.6
Trader	7	8.0
Other	12	13.8

Data is presented as frequency and percentage

Table 2 Neurological and Mental Health Knowledge Assessment of Respondent from Amuzu Deve and Blido Kope

Parameter	Frequency	Percent
Total	87	100.0
Knowledge about the brain	70	80.5
Knowledge about Mental Health	61	70.1
Community Reactions to Mental Health Patients		
Accept	28	32.2
Affection	18	20.7
Mental facility	27	31.0
Other	14	16.1
Amount of people known to have Mental Health Illness	38	43.7
Sources of Mental Illness		
Physical Affliction	21	24.1
Spiritual Affliction	54	62.1
Other ideas for the source of Mental Illness		
Cannabis	27	31.0
Hereditary	12	13.7
Other	12	13.7
Prior knowledge of Mental Health and the brain	35	40.2
Sources referenced for the information		
Clinic	14	16.1

Nurse	8	9.2
Other	5	5.7
Radio	9	10.3

Data is presented as frequency and percentage

During the survey, participants were asked what is the brain and what is mental health. Subjects responded with various responses such as “Intelligence”, “the Central Nervous System”, “think and everything we do”, “overthinking”, and other varying responses. Thus yielding 80.5% of the population to have some idea of what the brain is and 70.1% to have some idea of what mental health is.

The people were asked in what ways do they deal with those who have Mental Illness and the results showed two sets of sentiments. About 52% of the people expressed their desire to accept and give affection to those with Mental Illness. Whereas about 47% of the people expressed their desires to send away those with mental health illness. Some of the places expressed were actual mental health facilities, prayer centers, herbalists, and other undisclosed locations.

When asked about the source of mental health issues 62.1% claimed it to be a spiritual affliction. Some other responses were Cannabis (31.0%) and Hereditary (13.7%). The other 13.7% consisted of responses such as, but not limited to, “Overthinking” and “Karma”. 40.2% of the people claimed to have had prior knowledge about the brain and Mental Health. Some of the major sources were the Clinic (16.1%) and the radio (10.3%). (See Table 2 above)

Subjects were assessed on their knowledge of signs and symptoms of common mental health diseases. The most commonly identified signs and symptoms were Depression (35.7%), Overthinking (17%), and Malaria (9.8%). The least commonly identified were Bipolar Disorder (.9%) and Substance Abuse (.9%). (See Table 3 below)

Table 3 Interpretation of Common Mental Health Symptoms

Parameter	Frequency	Proportion	Ranking
Depression	40	35.7	1st
Overthinking	19	17	2nd
Malaria	11	9.8	3rd
Frustration	9	8	4th
Mental Disorder	8	7.1	5th
Sick	8	7.1	5th

Spiritual	5	4.5	6th
Amnesia	3	2.7	7th
Bipolar Disorder	1	0.9	8th
Doesn't know	1	0.9	8th
Substance Abuse	1	0.9	8th

Data is presented as frequency, proportion, and ranking.

Subjects were asked about the sources of Mental Health illness and the perceptions changed depending on which group of people you asked. Across all 4 groups the results were conclusive that Cannabis and Inheritance was the primary cause. However, in Amuzu Deve the third cause was believed to be Karma. Whereas in Blido Kope the third cause was overthinking. The females overall held a similar opinion as their third highest cause was indicated as overthinking as well. Among the males, the third overall cause was injury to the head. (See Figure 1 below)

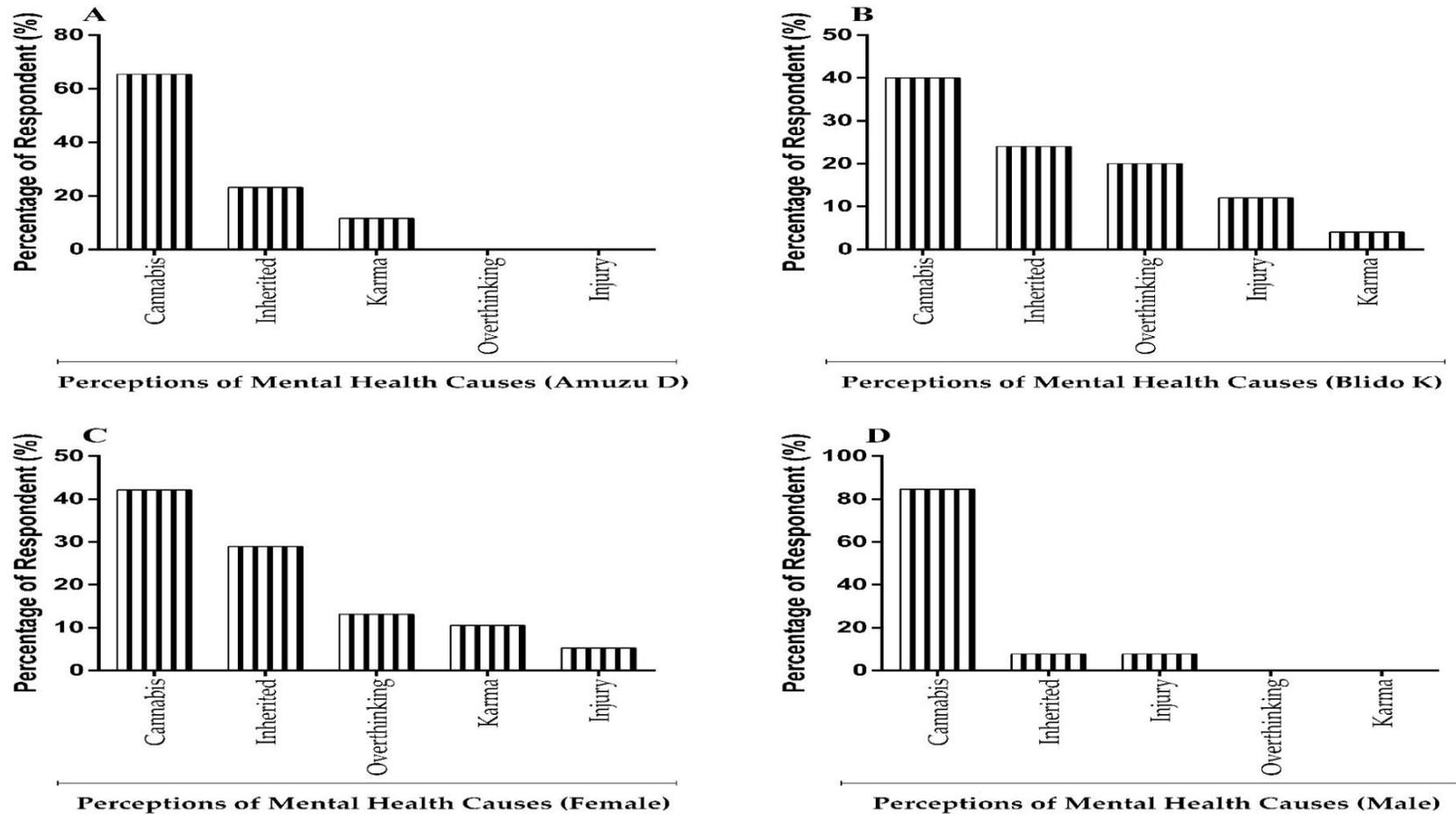


Figure 1 Perceptions of the causes of Mental Health among the people of Amuzu Deve (A), the people of Blido Kope (B), females from both communities (C), and males from both communities (D).

Discussion

This study sought to evaluate the practice and understanding of Mental Health within the Volta Region of Ghana and related issues. In terms of understanding, the results from the surveys revealed that despite the lack of focus on mental health and neurological disorders, even people in the rural community have a basic understanding of these issues. Thereby, negating my initial hypothesis that there would be a lack of neurological awareness altogether. However, this doesn't mean that there isn't more work to be done. During various interviews with the townspeople it was expressed that they would like more support for this area of health in their communities as there are people living with mental disorders that don't even know it. Also, students explained that there is a lack of information presented to them if not at the university level. In the past, programs were conducted exposing students to information about the brain and they were astonished as to the vast functions of the brain (Chudler, 2015).

In terms of practice, observations were made on site at Volta Regional Hospital and interviews were conducted with various professionals such as Dr. Gabriel Atuuro. He is 63 years old and has a degree in Psychology with a concentration in Psychiatry/Mental Health. He was asked about his experience with Mental Health in terms of it being a spiritual issue or a physical issue. He explained that he believes in both because over his many years of practice he has found that his patients are deeply affected by the religious influences of the community. For some cases that really believe their affliction to be spiritual he will refer them to spiritual facilities that he works with to provide care. He explained that this type of collaboration between spiritual facilities or "prayer centers" is rare, but can happen if you have the right people working behind both. "What is being done in terms of mental health is not enough. I am the only psychiatrist that can write prescriptions for people within this region and I am retired. For someone else you would have to drive about 4 hours to the next psychiatrist in Accra, Ghana. It has been 3 years now since I retired, but I still come to this facility at 4pm every weekday. There aren't many in my field because there is an overwhelming stigma. So, I do my part and continue to provide support for this facility until a replacement is found (Atuuro, 2017)." In 2003 there were three psychiatric hospitals across Ghana and a few smaller inpatient units. In terms of the saturation of qualified psychiatrist, there is approximately one per million people in a country with a population of over 18 million people. Due to this and religious influences patients with mental health problems are more likely to go to seek other means of treatment in the community such as traditional healers or pastors (Appiah-Poku, Laugharne, Mensah, Osei, & Burns, 2004).

At the hospital, I saw first-hand the way in which patients were treated. The procedure went as follows. The patient would come in with their folder from the Outpatient Department (OPD) and present it to the nurses at the front desk of the psychiatry/mental health ward. Then the nurses

would take the patients vital signs and then put them in line for a counseling session. Once it came time the patient would be taken to a private room along with the caretakers that brought them and would be asked questions with the aims of figuring out what was wrong with the patient. If most of the symptoms matched an illness, depending on the severity of the patient's condition, they were either admitted or given medicine.

If the symptoms were odd or did not match anything dealt with before they were put up for medical review and had to wait until the psychiatrist, Dr. Atuuro, was able to come in. In the cases where the patient was aggressive or uncooperative they were tied up with sheets, restrained physically, or tied to the bed and given an injection to calm them. In the cases where patients came in claiming to be spiritually oppressed, they were treated with a bit more caution as they tended to be a lot more noncompliance when it came to taking medication. In some cases where the patient was at a prayer center, but really needed medical attention, we travelled to the Bethel Payer Center, which was about 15 minutes away from the hospital, to provide medicine for the patients.

Lastly, there seems to be a great link between substance abuse and the development of mental health diseases (Centers, 2017). Results have shown that a high number of mental health cases are linked to substance abuse. Many of the people I interviewed shared the sentiment that drugs are the cause of many mental health cases. While there at the hospital there were many cases that came in and after assessing them the diagnosis was "substance induced psychosis." It has led me to believe that many of the cases may have already had pre-existing conditions that were exasperated due to drug use. This may be something worth investigating in future studies.

Overall it is evident that there is very much a connection between spirituality and this issue of mental health. In terms of education there is more that can be done in terms of making the information about neurological disorders available at all levels. Despite claims Ghana is on the right track in terms of addressing these issues. I got a chance to meet with Dr. Patrick Amoateng who shared with me the success and launch of the Ghana Neuroscience Society. "We are working currently to expand the availability of Neuroscience to the public by implementing a curriculum into the school system at all levels. We have found great success here at the University of Ghana, but hope to trickle down the information to primary schools all over Ghana (Dr. Amoateng, 2017)."

If a future study is to be conducted I recommend that an activity be created that can adequately assess the true knowledge of the community. An actual assessment would give a better representation of the peoples basic understanding of the neurological and mental health issues. As mentioned before, a study should also be conducted looking at the correlation of substance abuse to mental health conditions.

-23-

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