

DIVINE TOUCHING LIVES FOUNDATION PSYCHIATRIC HOSPITAL PROPOSAL 2013

EXECUTIVE SUMMARY

Divine Touching Life Foundation is a registered charitable non-profit organization whose primary focus is rendering selfless social assistance to the destitute and abandoned mental disorder people on the street of Ghana.

Since our inception in 2010, we have been supporting people living with mental disorders on the street of Ghana without the basic physiological needs of life.

Our aims and objectives are; **1.providing the basic physiological needs such as food, water, cloths and shelter to the destitute and abandoned mental disorder people on the street.**

2providing free and quality mental healthcare treatment to people living with mental illness on the street,

3. Advocating and educating the general public on mental health and the stigma surrounding it.

4.To evacuate mental disorder people from the street where they are expose to bad weather, diseases, malaria, sexual abuse and the stigma surrounding their illness.

We are supporting people with mental illness to have at least their daily bread and hope to help them recuperate back their lives to live and work successfully in their communities, we aim to give hope to the thousands of people who struggle daily with lack of medical treatment and the stigma associated with this mental condition.

We work with people suffering from mental illness and lack of their physiological needs, in the remote rural to urban slums, in Ghana.

Our work is based on the philosophy of building inclusive communities, where the mentally challenged – through development – realize their own rights.

This project which was initiated in 2010 by Samuel Anaba and friends with funding from our Executive members, friends and Christ Church in Ghana, we have pioneered a way of working which places mentally disordered person at the heart of all we do.

Called the Model for touching lives and changing life, we address both people's illnesses and their poverty to lead to a sustainable recovery.

We work to help mentally ill people by giving them access to food, water, cloths and first aid treatment which is one of the needs they lack most while deserted on the streets to cater for themselves. Through this project, we have been able to pay for the medical treatment of six mental disorder persons on the street whose cases was so worse and needed urgent attention, and also introduce a program call “street encounter” where we have been going round the street providing food, water and other items to mental disorder persons on the street twice every week for the past few years of it initiation.

We also carry out valid, effective and much-needed research that listens to the mentally ill so that we have the authority to challenge people’s views on mental health and measure our successes and failures.

Improving the administration and management of the project and our organization we have been working on partnering with Ghana ministry of health and other organization which is also important to our work so that we can effectively help them far beyond the reach of our organization.

It is currently estimated from the office of the chief psychiatrist of the Ghana health service that out of about 26 million people living in Ghana, 2.4 million are suffering from a severe mental disorder and a further 2,166, 000 are suffering from a moderate to mild mental disorder.

Mental health services in Ghana are available at most levels of care. However, the majority of care is provided through specialized psychiatric hospitals (close to the capital and servicing only small proportion of the population), with relatively less government provision and funding for general hospital and primary health care based services. The few community based services being provided are private.

Great efforts are being made to change the model of service provision to one which emphasizes care in the community. However, Ghana's 1972 mental health decree strongly emphasized institutional care to the detriment of providing mental health care in primary health care settings, contradictory to both national and international policy directives. Furthermore, procedures for involuntary admission in the 1972 law did not sufficiently protect people against unnecessary admission. Indeed, serious mistreatments of people with mental disorders - some have been involuntarily locked away in institutions for decades – have persisted under this legislation.

COUNTRY PROJECT

Ghana requested the support of WHO in developing a new mental health law to promote best practice in treatment and care and to protect the human rights of people with mental disorders.

Through a series of training workshops, broad consultations with key national stakeholders, and ongoing critical analyses and reviews of the different drafts of the new law using WHO materials and tools, Ghana has developed a comprehensive Mental Health Bill which protects the rights of people with mental disorders and promotes mental health care in the community in accordance with international human rights standards.

WHO is helping Ghana to prepare for the implementation of the new legislation, and has provided guidance on the elaboration of a detailed action plan and regulations for putting the provisions of the law into effect.

Ghana's Mental Health Bill has gained the support of doctors, nurses and traditional healers and can serve as a model for other African countries wishing to develop progressive mental health laws that respect international human rights standards.

NEWS REPORT/ RESEACRH CONDUCTED

Divine Touching Life Foundation as a non-profit organization was able to gather reports and also visited some of the psychiatric hospitals to see things for ourselves has file this from reporters and our personal visits to the hospitals.

Mental health in Ghana is one thing the government does not really give priority to. It seems to be content with the situation in the psychiatric hospitals in the country, despite the insurmountable problems they face.

Even though the state of mind of every country's citizens has a reflection on its economic productivity, there still seems to be no attention for them on the side of the government. If the research of the World Health Organization's (WHO) official figures indicates that about 10% of Ghanaians suffer from mental disorder, then mental health is an issue worth looking into by the government.

As the poor people with mental illness in the developing countries have a higher risk of being deprived of life's chances, then Ghana, being a developing country, must give priority to its psychiatric hospitals to have a safe future, and if any step needs to be taken, then the Accra Psychiatric Hospital should be their first and foremost step toward the upgrading of mental health hospitals.

Psychiatric hospitals in Ghana

The Accra Psychiatric Hospital is about 100 years old and obviously, one of the oldest mental hospitals in Ghana. Its long years of existence has however, not caught the attention of the various government who come and go out of power since the regime of the first President, Dr. Kwame Nkrumah. The lack of innovation and attention has resulted in this hospital being rated as one of the worst in the country. The Director, Dr. Akwasi Osei, might be doing his best to turn things around however, the reluctance of the government, even to pass the mental health bill, makes it evident that the government, in every way, is not very much bothered about the well being of the inmates, making the Director's efforts unremarkable.

According to research, more than two million of Ghana's population fall within the category of mental illness and need urgent attention. The number might be a disbelief for many people, however, it must be put into consideration that these mentally ill people are spread throughout the regions of the country, as some are left on the streets, other find themselves in prayer camps,

shrines, herbalists, and the rest in psychiatric hospitals. A psychiatric hospital, for many Ghanaians, is one of the trusted ways of treating mental illness, apart from the medication being free. In Ghana, research indicates that there used to be about 11 psychiatric hospitals, but unfortunately, the number has gradually reduced to three, which can be found in the Greater Accra, Eastern and Central regions of Ghana. Among these three hospitals, the Accra Psychiatric Hospital is in the worst state, and ironically has the most number of patients.

Inside the wards

A visit by reporters and us into the wards indeed, proved how dearly the hospital needs help. It was a hospital though, with beds, nurses, a few doctors to attend to the inmates, and cleaners to clean the place. Some sections looked like a hospital, and others looked so different, way below the likeness of a hospital. The hospital has about 22 wards, but only a few looked like wards in a hospital. The outlook of the rest, indeed, proved that the inmates were being taken advantage of by the government; it shows how extremely they are exempted from the sharing of the national cake. Surely, the medication is free, but the atmosphere and most parts of the environment don't look free enough, considering the situation of these inmates, the environment and atmosphere create a kind of cage, coupled with the lack of freedom for these inmates.

Most of these wards, despite the fact that the hospital is a clinic, look almost exactly like the normal situations of the mentally ill people on the streets, the difference being that in the clinic they are fed, given medication and sometimes, given a bath. Their place of abode is very unfavorable, in the sense that it might even hinder the progress of their recovery. They sleep in wards which look like a wide open public bath house, which according to the nurse, during the night, takes about 100 inmates per room when they are using their mats. According to him, the lack of wards has compelled the hospital's administration to convert some of the bathrooms into wards. The wards have canals into which the inmates urinate into during the night. The number of inmates in the wards, and the number who urinate into the canal, makes the place really stinky, even after being scrubbed with antiseptics or disinfectant. All the inmates are told to sit outside during the day, with no enough recreation or sheds to sit under. Some choose to have a nap, sometimes on the bare floor; those whose cases are fresh, and find it difficult to do the right thing, choose to sit in the scorching sun in the ward, until a nurse comes to tell them to leave.

During the visit of the reporter and us, the female rehabilitation ward, which has 17 beds, had 15 patients at that time, and according to the nurses in that ward, the high level of congestion has made the hospital to receive all stages of mental health patients in that ward. In admission Ward 1, there are 17 beds but 130 patients, in Ward E, there are 14 beds 106 patients, in Ward C, 25 beds 100 patients. According to the nurses, those without beds or mats sleep on the bare floor, exposing them to the risk of getting pneumonia. The situation became worse during the rainy season, apart from them getting a conducive place to stay, when it rains during the day, they also have to face the trauma of sleeping in wards with broken windows through which mosquitoes invade the place.

The Occupational Therapy Department

After thorough treatment and therapy by the hospital, patients who seem to be getting better are referred to the Occupational Therapy Department (OT Department). In this department, patients learn all sorts of craft and vocations to enable them take care of themselves and not become a burden to the family or the society, when discharged. Patients, who already have an idea of craft and other vocations, are helped to better them, in order not to forget their skills. The existing craft and vocations in the hospital at the moment include carpentry, tailoring, ceramics and cane weaving. One of the main ideas behind the creation of this department is to help patients stay focused and not misbehave.

As good as this project sounds, during our visit to the hospital, this department seemed to be non-functional, as the only part which seemed functional was the carpentry section, which at that moment, had only 12 patients. The cane weaving section had almost collapsed due to the lack of raw material, the tailoring department was so pathetic, in the sense that not only was the room extremely congested, but also the section had only two tailoring machines to teach patients who are referred there. As for the ceramics section, thanks to Mr. Jojo Peter Abdullah, a product of the University of Ghana, Legon and an inmate who has almost recovered, is making use of his talent. It is his creative skills and talent which has beautified the ceramic section.

According to the nurse, who took us and the reporter around the arts of Mr. Abdullah, his works are sometimes sold and he is given 10% of the amount for his efforts. He said the OT Department has about 50 patients, however, since there is not enough material to use to teach them, most of the inmates resort to the playing of games to occupy their minds. Apart from the playing of games, some of the patients sometimes go to the library to read, however, it is a shame that the library does not exist anymore, and there seems to be no trace of it coming back to life again. At certain points too, patients occupy themselves in group therapy or therapeutic community, that is they gather themselves in groups to share their problems, give advice to each other, and sometimes, they even have discussions about their medication.

The OT Department helps patients recover quickly to face life once again, but due to the lack of enough material the teachers find it difficult to teach, resulting in the department deteriorating daily.

Challenges of the hospital

Disclosing one reason for the congestion in the male ward, the nurse noted that inmates brought by the police with a court order, are abandoned in the hospital. He said inmates brought by court order are supposed to stay in the clinic between two weeks to six months at most, but the refusal of the police to go for feedback about the condition of the inmates, and the inefficiency of the country's system, makes the inmates stay in the hospital for between 7 to 20 years, hence making the place overcrowded, since the number increases almost every day. The hospital does not have the facilities to separate the wild inmates from the calm ones, so they end up mixing them up, and one is only locked alone in a room when he becomes too aggressive and violent. The hospital has the problem of insufficient water supply, and not enough food to feed the inmates.

Most of the nurses complained that they always have to write a memo to the authorities before they get water.

Apart from this problem they face, they as well have problems locating the families of patients once their treatment is over. It is unfortunate that some relatives, due to reasons known to themselves, do not come to visit their wards once they are put on admission, or even come for them when they have been discharged. The hospital, therefore, refers them to the Department of Social Welfare to find their families, as most families who do not want to be stigmatized by society give wrong addresses to the hospital, making it difficult locating them when the patient is fine, however, if the patient is able to remember the whereabouts of his family, then the hospital allows him to go home by himself.

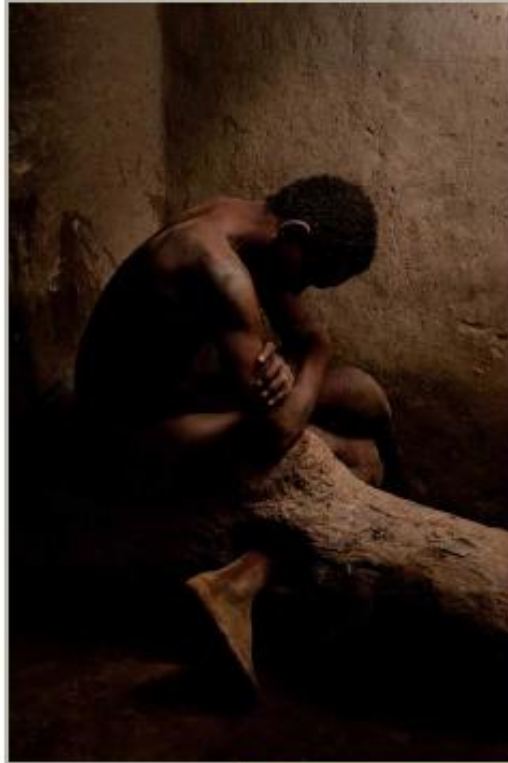
Conclusion

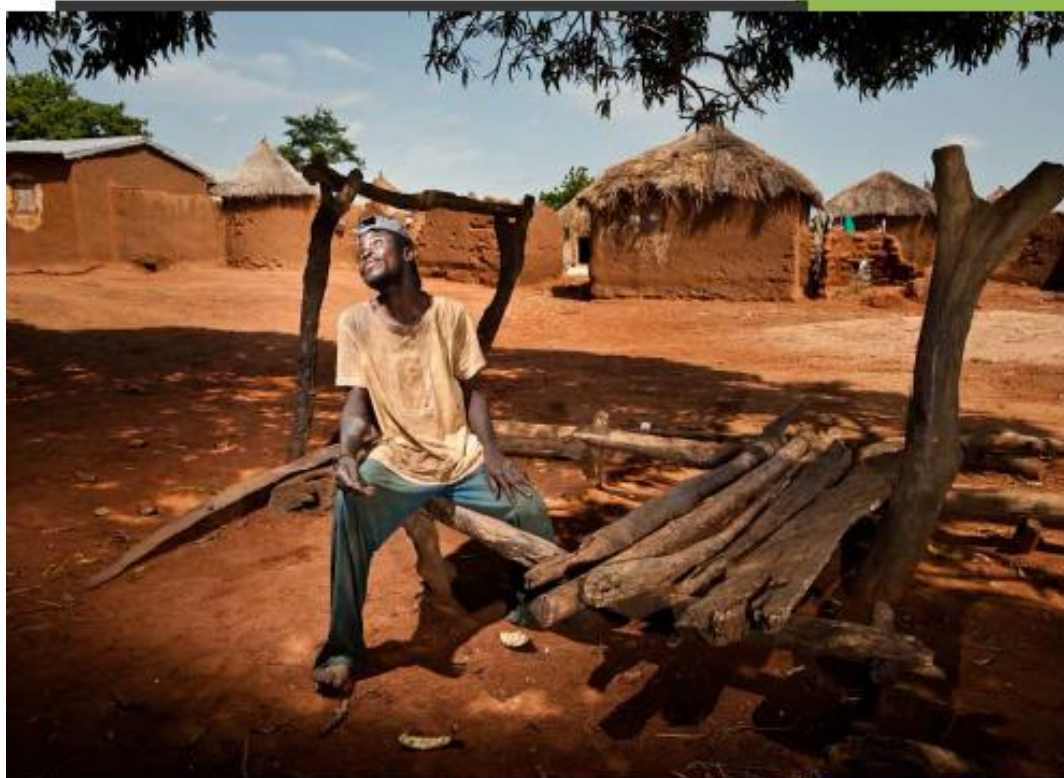
It has always been the dream of many stakeholders on the mental health bill that once the bill is passed into a law, situations in the mental health will change for the better, however, looking at how severe the situation is in the Accra Psychiatric Hospital, one can hardly tell how things will change for the better when the bill is enacted into law.

Below are just some few pictures of Ghana mental health care and the poor facilities and conditions some of the mental disorder people face.



F... has been confined in this manner for two years - naked in an empty room, on a bare concrete floor upon which he eats, sleeps and relieves himself.





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THE PROJECT SUMMARY (CONSTRUCTION OF THE HOSPITAL FACILITY)

DTLF has undertaken a project to construct a psychiatric hospital as a non-profit, charitable mental healthcare facility in Ghana which will serve both rural and urban communities in the country.

The hospital shall consist of the following departments for the effective execution of its vital services.

1. The General administration department
2. Nursing administration
3. Bio- statistics (medical records) department.
4. Pharmacy
5. Crisis stabilization unit
6. Open unit

7. Juvenile wards(aside for the children and adolescent with mental illness)
8. Environmental sanitation
9. Occupational therapy department
10. psychology
11. Electroconvulsive therapy department(ECT)
12. Maintainers
13. Welfare
14. Accounts
15. Transport
16. Canteen
17. Laundry
18. Central stores
19. Security
20. Full time staff and volunteers quarters.

The first objective of the project will be the construction of the hospital and all the departments stated above which will be group into six different buildings namely;

BLOCK A

The General Administration, nursing administration, accounts, welfare, maintainers and Bio-statistics (medical records) department.

BLOCK B

Psychology, Electroconvulsive therapy department, pharmacy, crisis stabilization unit, opens unit and the juvenile wards (children and adolescent with mental illness) and wards for accommodations.

BLOCK C

Environmental sanitation, occupational therapy department, transport, central stores and laundry.

BLOCK D

Full time staff and volunteers quarters.

BLOCK E

Canteen/catering

BLOCK F

Security personnel's

The second objective is to fully furnish the hospital with all the equipments and facilities needed for its operation to begin.

The final objective of the project is for it to be staffed by local professional medical doctors and assisting nurses with other personnel's at the various departments for the effective execution of duties. We will also seek for international professional medical practitioners in the area of volunteers to support the cause of our work. We are currently working on partnering with the ministry of health so as to support our work when the implementation of the new mental health bill takes effect. We are also working on partnering with the Accra psychiatric hospital and basic needs Ghana so that we can have effective execution of our work. Funding for the hospital will be financed by DTLF and hoping for the support of the government, donors and organizations both within and abroad.

"Crisis stabilization street encounter"

DTLF shall also be organizing what we term as "crisis stabilization street encounter program" come early next year. This program is to cater for those whose cases or condition is so critical and need urgent attention. We shall be taking some of such mental disorder persons with critical situations to the psychiatric hospital for urgent treatment. We will also provide food, water, cloths and other items to those on the street to sustain livelihood.

We will be using the program as Christmas and New Year gift to the mentally ill folks on the street, celebrating the year with hopes of improving mental healthcare treatment in the country.