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Brandee Burler

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The Treatment of Psychiatric Illness in Ghana

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School for International Training-Fall 1997
Ghana: Crossroads of the African Diaspora

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ABSTRACT

This study was conducted to investigate contemporary orthodox and unorthodox methods of treatment as well as the factors affecting one's decision to seek treatment.

During the colonial era the mentally ill, then referred to as lunatics, were segregated and incarcerated with common criminals. It wasn't until 1888 that the colonial government passed a legislative ordinance to provide for the custody of "lunatics" in an asylum in the former High Court in Victoriaborg, Accra. Prior to the appearance of Western orthodox medicine, traditional healers, most often spiritualists and herbalists, before coming to the hospital, treated all ailments, including mental illness, locally. Sometimes due to dangerous methods and techniques traditional healers cause patients more harm than good. However, in some instances patient receive more of what they need, by way of individual attention and social psychological support, from a traditional healer than from the overcrowded and understaffed psychiatric facilities. Presently the best chance for the delivery of mental health care in Ghana lies in the joining of the two fronts.

INTRODUCTION

Over the years significant progress has been made in modern psychiatric treatment. Gone are the days of lunatic asylums for purely custodial purposes. Psychological treatment is recognized. In theory, psychiatric treatment facilities should now be therapeutic communities in which patients receive ample time, attention, and emotional support in addition to the basic necessities such as proper nutrition and sanitation. However, many psychiatric institutions, worldwide, fail miserably at creating such an environment.

The mental health care system in many Third world countries suffer from many of the same problems as institutions in any country might encounter. However, on top of such problems they must also deal with severe overcrowding, inadequate bathing and toilet facilities, manpower shortages, drug shortages, inadequate sewage systems, and a host of other problems that some richer nations may not be forced to contend with. With the pace of economic development in many of these countries, delivery of the mental health care system is a long way off. In the meantime, a way must be found to handle the inevitable increase in patients as the rapid pace of change puts more pressure and strain on mental and physical well being of the people.

In many Eastern societies, the traditional healer has for centuries played an important role in the spiritual and physical well being of the natives. It wasn't until the colonial era of deculturization did traditional medicine contract a negative reputation and become shrouded in secrecy. Since gaining independence within the last few decades a number of Third World countries have begun to revisit some traditional and cultural practices which have for so long been discouraged. The time has now arrived to bring traditional medicine to the light in order to investigate and take full advantage of what alternative methods have to offer. A great deal of potential for improving the state of mental health care lies in harnessing the power of alternative methods of healing to pick up where orthodox medicine, as it is practiced under abject conditions, leaves off.

METHODOLOGY

The information presented in this paper was collected through highly structured interviews, observations, and the gathering of relevant literature.

Interviews were with patient's relatives, doctors, nurses, and other knowledgeable staff members at Accra Psychiatric hospital. It must be noted that due to the nature of the study patients could not be selected at random for interviewing. They were specially selected by Specialist In-Training Dr. Daniel Gboloo-teye and the various Charge Nurses of the Bank for Housing and Development, Female Acute, and Male Chronic wards. In selecting patient's illness, current emotional state, and level of coherency. Translation was necessary for those patients who were better able to articulate in their local languages.

Observations were made at the Accra Psychiatric Hospital over a course of 3 weeks (12 November- 4 December, 1997). A tour of the various wards and facilities and in-depth formal and informal interviews with staff supplemented information gathered from relevant literature and testimonies of those interviewed.

This study was primarily limited by time; Three weeks was hardly enough to do justice to the subject matter.

Secondly, this study was limited by cultural and language limitations. Although translators were used, and were of tremendous help, inevitably some clarity, detail, and understanding were lost in the translation.

Although consent was given by all patients interviewed it is my personal preference, out of respect for patient privacy, to use only the initials of patient's and their relatives. Full names and background information can be found in my journal, in possession of SIT, by written request to the author.

1. The History of Mental Health Care in Ghana

During the colonial era the mentally ill, then referred to as lunatics, were segregated and incarcerated with common criminals. It wasn't until 1888 that the colonial government passed a legislative ordinance (to provide for the custody of Lunatics- 4th February 1888, Gold Coast colony, No 3, 1888) providing for the old High Court in Victoriaborg, Accra to be converted into an asylum.

The asylum was staffed with 1 Chief Attendant, 1 Assistant Chief Attendant, 9 Attendants (male), 1 Matron, and 1 Gate Keeper. At this time staff responsibilities included feeding and reporting on the physicals health of the wards.

Unfortunately the number of patients first kept in the asylum could not be obtained, however, in 1904 the numbers had risen to 104 (1).

Initially the sole function of the asylum was custodial segregation rather than treatment and rehabilitation. The rationale behind this being protection of society rather than the care of the patient (2). In 1906 the asylum was deemed inadequate and the facility presently functioning as the Accra Psychiatric Hospital was built. The hospital was built of concrete and consisted of an administrative block, a dispensary, an office for the visiting doctor, a store, a gatekeeper's room, a night warder's room, and a kitchen. Built around the two large courtyards were the patient dormitories and bathroom facilities. By 1907, the transfer delayed by a water shortage, one hundred and ten patients were admitted and supervised by sixteen untrained nurses, and a visiting doctor who was also in charge of the prisons. Males were prepared by the criminal lunatics under nurse supervision. At this time treatments were in the form of "exhibition of mind suiting drugs", chiefly arsenicals. Aggressive or violent patients were restrained by the use of handcuffs and leg irons, or by seclusion in single cells (1).

Since 1951 attitudes towards mental illness and the types of treatment and services offered have changed. The first African Psychiatrist south of the Sahara, E. B. Forster, was appointed to the asylum and initiated the reformation of predominant techniques and attitudes shaping psychiatric treatment. Under Forster's direction the hospital no longer served purely custodial purposes, rather it strived to become a therapeutic community where physiological as well as psychological and social aspects of treatments were considered. Restraint of aggressive patients was now by purely chemical means. Other forms of treatment such as pharmacotherapy, electro-convulsive therapy, occupational therapy, and group psychotherapy, were added (1). Soon the hospital began attracting voluntary patients, even those from other parts of the sub region (2).

Two years after opening the hospital, the only one of its kind in the country, the patient population was more than double the capacity (1). Despite additions, extensions, and the establishment of other treatment facilities, overcrowding continues to plague the hospital today. It soon became apparent that the one hospital could now provide services for a country with a population of over 6 million so the first president of Ghana, Dr. Kwame Nkrumah, expanded the hospital and established the Adome resettlement project for chronically ill patients (2).

Plans to build in every region began with the commissioning of a second psychiatric hospital in Ankaful in 1966. Even between the two hospitals the number of patients seeking care could not be accommodated. Pantang Hospital, commissioned in 1972, was built to help alleviate the congestion. In 1981 a psychiatric outpatient clinic, which eventually evolved into a small psychiatric unit, was established at the Komfo Anokye Teaching Hospital. In addition, small psychiatric units manned by nurses have been established in some district and regional capitals (2).

Community Psychiatric Nursing is a component of the psychiatric treatment provided for patients who are discharged and must reenter society. Introduced in 1973 by a World Health Organisation nurse, Mrs. Pearl Alderson, CPN was started as a pilot project based on a therapeutic community in a hospital. One of the wards at the Accra Psychiatric Hospital was converted into the therapeutic community and some of the nurses taken through an orientation program. The project consisted of forming neighbourhoods within the community based on the tribal affiliation or language of the patient. Each neighbourhood had a chief who was subject to the Deputy community chief who was also subject to the Deputy community chief. The activities included current affairs, counseling on how to recognize the patient's drugs, drama, role playing, dancing, and strolling and were overseen by a coordinator. It was noted that patients in the program recuperated within shorter times, however, when given trial leaves the patients would readily relapse (2). To remedy this therapeutic community was extended into the real communities. Community Psychiatric Nursing is particularly pertinent because if we are to believe that social conditions are in part the determinants of psychiatric illness then we must accept the fact that the community is often where the illness was generated and perpetuated (4), Community Psychiatric Nurses are a core group of Nurses, with limited training, who regularly visit the homes of discharged patients with the intent of educating the patient's community on the nature of the illness and how to interact and properly care for the patient (3) (5).

Traditional Healing

Prior to the appearance of Western orthodox medicine, all ailments, including mental illness, were treated locally by traditional healers. Illness was commonly attributed to supernatural causes thus the traditional medicine man served as a spiritual leader in touch with the ancestors and the spirit world and doctor concerned with the sick and disabled (6).

The art of healing was most often acquired through family tradition. The traditional healer was schooled for a significant period through apprenticeship. As an apprentice one would learn the therapeutic properties of plants, the mysteries of nature, the powers and uses of sacred objects, and understanding of the supernatural world (2).

Because traditional, or indigenous, medicine is part of the culture of the people it is closely linked to their beliefs and religion. Important in traditional Ghanaian belief is harmony with ancestral spirits who represent the soul of departed kinsfolk and the lesser gods of the supernatural worlds who derive their powers from the Almighty God. There is also the belief that certain plants and animals form sacred relationships with certain communities and are revered for special powers and that there are spirits of mystical powers, e.g. agents of witchcraft, magic, and sorcery, with powers to aid or harm man. Traditionally items such as charms, amulets, and talismans are used for protective or offensive purposes (7).

For the traditional healer symptoms are most often manifestations of a conflict between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society. Because traditional medicine places such a great emphasis on the supernatural causes of disease the healer is most concerned with the cause of the illness rather than the actual effects on the body. The healer would use a process of divination or more direct communication with the spirits to determine the cause and grasp and social meaning of the symptoms. In doing so the healer would be able to conclude, for example, “you are ill because have broken the taboos of your family and thus offended the spirits who protect your” (6). Some common causes of illness as conceived by traditional practitioners are:

- Angry deities who punish wrong doers (e.g., those who violate taboos)
- Ancestors and other ghosts who feel they have been too soon forgotten or otherwise not recognized.
- Sorcerers and witches working for hire or for personal reasons.
- Loss of a soul following a bad fright that jars it loosed from the body or as the consequences of a sorcerer or supernatural spirit.
- Spirit possession or the intrusion of an object into the body.

- Loss of the basic body equilibrium usually because of entry of excessive heat or cold into the (7).

Treatment for the illness took on a number of different forms. Patients either visited and healer's house or shrine or were treated in their own homes. Some stayed in the healer's house or shrine on an "in-patient" basis. When this was the case a patient would stay for the duration of the treatment, sometimes several weeks, and would be accompanied by a relative who assisted with nursing care. The accompaniment of the relative reduced the risk of the patient being abandoned by the family and eased the initial transition from home as well as re-entry into the community. Having a relative who had been a part of the therapy at home to continue the treatment and care for the ill made the process run smoother (2).

The healer himself concocts the various remedies, the ingredients found in the local environment. Special techniques used by the healer include:

- Body contact – Holding or touching patients during healing. Sometimes massaging is carried out, often applying a substance to the body, but it is equally common for the healer to caress or support the patient's body.
- Trance Induction – Often a group activity during which the participants dance or sway to the beat of drums. After one or two hours of increasingly rapid movements the patient falls into a trance. He may speak in a strange voice or strange tongue. Finally he falls to the ground and enters into a deep sleep.
- Dancing – Often part of the treatment, dancing is a means of symbolizing transactions. The themes and melodies of the dance enables the ancestral spirits to be invoked. At times special masks, garments, or ornaments may be used.
- Rituals - Traditional Medicine involves a wide variety of rituals which may include wearing of a special dress, the sacrifice of animals (e.g., sheep, goats, or chicken), prayers or incantations, and sessions of self-flagellation. Their purpose is to enable the great mysteries of life to be acted out and expressed in real terms. During a short moment pregnant with meaning the patient may really feel birth or death, separation or reunion, the giving of life or the infliction of death.

- Herbal Remedies – Medicinal herbs used by healers are often psychoactive agents. Plants can also be cleverly used as placebos. The use of herbs can often explicitly symbolic and are usually ingested or applied directly to the skin, often in bathing (6).

Due to the deleterious effects of colonialism traditional beliefs and practices, including indigenous medicine, were suppressed. A process of deculturization began, and continues, with the perpetuation of the colonial master's traditions, beliefs, and values. During the colonial era traditional healing practices were seen as primitive and evil and were discouraged by authorities (7). As a result traditional healing was forced underground but was still heavily patronized by the natives (2). In modern times, despite the advances made in modern medicine and the improvement in facilities and practices, traditional healing in various forms, continues to be the first treatment of choice for many Ghanaians.

2. **Factors Involved in Treatment Seeking**

For majority of the patients seeking psychiatric treatment the Accra Psychiatric Hospital is not their first, and often not even their last, stop. Most patients find themselves at the hospital only after having first sought treatment elsewhere. Patients end up there often as a last result and surely after other means have failed. For some the latency is due to lack of education or knowledge, but for others factors such as time, distance, shame, and religious beliefs prevent them from first looking to the hospital.

Accra Psychiatric Hospital is the oldest and largest of its kind in the whole of the country. In many areas, e.g., the hinterland, quality psychiatric services do not exist or the far and few between (1). If one should know of the psychiatric hospital and want to seek its services the relative(s) and his or her ward must find the time and money to make the journey to the south. Coming from the northern regions this could mean long hours. Traversing horrendous roads, and finding the money, time and energy to endure the length of the stay, be it a few days to admit the patient or weeks to assist the patient during treatment (2).

Because of the stigma associated with mental illness a number of family members either choose to deny its existence or deny the ill person or treatment for fear of social repercussions. Many assume that mental illness is hereditary thus having a known mentally ill person in the family may ward off so-called friends and potential suitors or other family members (3). Not to mention the suspicious glances and marred reputation of anyone seen entering a psychiatric treatment facility. Perhaps society's attitude towards the mentally ill is best illustrated by the occasion in August of 1991 when the "lunatics" were rounded up to be secluded from public view during an International Conference in Accra (4). This act of segregating and hiding from view, treating them as one would treat dirty laundry, was a shameful attempt to sweep the problem under the rug.

Of those patients who opted not to seek traditional, or unorthodox, treatment before coming to the hospital, many are urban educated and live near, if not in, Accra or locations or other psychiatric facilities. When asked why they chose not to consult alternative treatments a few patients scoffed at the idea and expressed extreme skepticism as to the efficacy of traditional mental healing methods (5) (6). Others said that many of the methods and beliefs involved in traditional healing went against their church's doctrines as Christians (5) (7). A couple of patients said they would consider alternative methods of treatment but came to the hospital first because they felt modern medicine would most likely be the most effective and thus the safest bet (8) (9).

3. Alternative Treatment

A large number of patients interviewed had first gone to spiritual prayer camps for healing. Apparently prayer camps are common throughout the country often hosted by Pentecostal, Methodist, and a number of other churches. A campsite may either be in the church building, on adjacent plots of land, or even on plots of land unauthorized by its owner. Prayer camps are often open to all types of people with all types of problems including mental illness and can last anywhere from 5 days to 3 months. Most campers stay in the camp for the duration sleeping either on beds or mats, however, a few patients who happened to live near or had relatives in the area reported attending on a daily basis (1). Those patients who were unable to care for themselves were accompanied by a relative who would care for such needs as feeding and bathing throughout the entirety of the camp stay (2). Although there was some variation in patients' experiences at the different camps a general pattern was apparent. In general patients would wake up early, usually around dawn, to begin an intense daily regimen of fasting and praying. For some patients, the daily routine included cleaning (e.g., sweeping, scrubbing, etc) (3) (4). The intensity of fasting varied between camps. Some patients reported fasting from early morning to late afternoon or early evening, being allowed water during these hours and a meal afterwards (4). Others reported eating little (e.g., pineapple and sugar cane) to no food for more significant periods of time (5).

Other methods employed by spiritualists in the prayer camps include chaining patients, with tight metal or twine, to control restlessness and aggressive behaviour and to prevent patients from running away. The length and conditions under which patients reported being chained varied but included being tightly chained to trees and beds, indoors and outdoors, for hours or days at a time. One patient reported being bound by his wrists and ankles to a tree, sheltered only by a hut, along with the other 8 attendees for most of the two weeks he stayed. (6).

Although there is no compulsory remuneration for attending a prayer camp tithes and offerings are commonly taken up. Some believe that sacrificing money or possessions to God will bring favour and (7). Spiritualists have often been known to use waters, which are said to have been purified by the spirit(s) (i.e., Holy Water) which is then given to patients to bathe or to drink in order to wash away their sins and purify their souls. Spiritual healers also use olive oil with which they anoint one, often dabbing it on the forehead. At times restraints are used to immobilize one so that certain rituals or anointing may be performed (7) (8).

There is little doubt that spiritualists are often effective in treating minor mental health problems by offering psychotherapeutic and somatic cures, however, the methods they employ sometimes cause greater harm than good (9). Although I did not come across personal testimonies of the following in my research, such techniques are known to occur in spiritual prayer camps:

- Suspension over open fires
- Flogging
- Administration of various concoctions prepared under doubtful conditions, to be taken orally or by installation into eyes, ears, nostrils, etc.
- Forced incarceration for varying periods (10).

One patient has been subjected to such hazardous, not to mention cruel and inhumane, treatment the psychiatrist seeing him thereafter has an even harder time in treating him. Often patients are referred to the psychiatric hospital by the spiritualist after he realizes that he is unable to help (11). Patients then arrive at the hospital with physical complications which are likely to be coupled with some sort of emotional scarring as well. All of this is in addition to the mental problem for which the patient originally sought treatment. Some harmful effects seen in hospitals include:

- Large infected and almost gangrenous ulcers of the wrist and ankles.
- Severe dehydration
- Large scarification body marks
- Cataracts
- Deafness and permanent anosmia
- Jaundice
- Severe anemia (10)

In the course of interviewing it became apparent that most patients preferred spiritual consultation, ie., going to prayer camps or going to their pastor or elders for prayer, rather than consulting fetish priests, herbalists or traditional healers of the sort. According to one Charge Nurse Grace Johnson the days of consulting such traditional healers are quickly fading. Nowadays most people rely on spiritualists and spiritual churches for healing before coming to the hospital (12).

Because of the religious nature of Ghanaians and the long standing beliefs and traditions of the Christian church I do not consider attending church regularly and being prayed for by one's pastor and /or congregation to be out of the ordinary or entirely unorthodox. Spiritual camps, however, are a different story. Because of the methods employed and the nature of the phenomenon I would consider prayer camps an unorthodox form of treatment meant to supercede modern medicine.

With this in mind I found that, after prayer camps, traditional herbalists were the second most popular unorthodox treatment of choice among those patients interviewed. Unlike most

spiritualists, herbalists to require a fee for their services (often in the form of money, animals, etc.) (13) (14). Again unlike spiritualists herbalists usually prescribe the cause of the ailment, be it supernatural or other, before determining the proper treatment. Usually some sort of concoction prepared by the herbalist is given to be bathed in or ingested over some specified amount of time. the medicinal herbs used by healer are often psychoactive agents (10). The use of herbs is often symbolic as n the case of enabling the patient to incorporate in his body a beneficial and powerful force when orally ingested or to let an evil force escape from the body when applied on the skin. Similar to spiritualists, herbalists have been known to use holy water or holy oil along with special prayers (15).

4. **Accra Psychiatric Hospital**

When a patient comes to the Psychiatric hospital he is usually brought in by relatives as a result of strange behaviour. Some patients are referred to the hospital by other health care workers, or unorthodox healers who realize that the patient's condition is beyond their ability to treat. Others are brought in involuntarily on court orders, by policemen or other people (1). Patients are treated on either an inpatient or outpatient basis and are required to pay a fee of 3,000 cedis upon registration (this fee covers the cost of their patient case folder). If admitted as an in-patient the patient will lodge in one of twenty-five wards depending on the nature and severity of the condition. The breakdown of the wards is as follows:

- New male patients are admitted to either the Bank for Housing and Construction (BHC), Admissions I or II, Ward E, or the Special Ward for patients or court orders. New female patients go to Female Acute or F1 and F2.
- The physically ill patients and nursing mothers occupy the Infirmary Wards.
- The Rehabilitation Wards are long stay wards, especially for those undergoing occupational therapy.
- The Acute wards, Female Acute and BHC, are short stay wards with patients usually staying between two and six weeks.
- The Convalescent wards serve as a halfway house and patients here are allowed to go to work from there as a form of practice before being discharged home. In practice, however, the wards are populated by well patients who, for one reason or another, cannot return home.
- The Geriatric wards are occupied by the chronically ill.
- The Children's ward is for those who are mentally retarded.
- CI is the epileptic ward and CII is the vagrant ward.
- Ward E is the male locked ward for the acutely disturbed patients and F2 is the female counterpart.

- The ECT ward is occupied for short periods by those undergoing electro-convulsive shock therapy (1).

Meals, lodging, all treatments, and medication are provided free of charge according to government policy. Depending on the diagnosis given and treatment prescribed by the doctor, a patient may receive psychotherapy, electro-convulsive therapy, recreational therapy, occupational therapy, and /or drug therapy.

Electro-convulsive therapy operates on the belief that the incoordination of nerve impulses from the brain to distal ends of the body results in abnormal behaviour. In ECT a patient is hooked up to a machine manned by the doctor and is administered electric shocks. ECT takes two forms, that which is modified with drugs to relax the muscles and the other in which drugs are not used. In modified ECT patients are premedicated to dry bodily secretions, to avoid choking, or are given muscle relaxing and sleep inducing drugs to reduce the violence of the convulsions. In unmodified ECT the patient is restrained to avoid injury such as fractures and dislocations of joints. This type of treatment is often used on patients suffering from depression (2).

Recreational therapy introduces patients to some sort of recreation to occupy patients. This form of therapy also serves to sooth patients and to relieve them of boredom and idleness. Recreational therapy takes the form of game playing, a current events round table, and lessons on how to recognise medication, among other things. Similarly occupational therapy is prescribed to divert otherwise undesirable actions to useful and productive activities such as carpentry, brass making, and sewing (3). On the hospital grounds there is an occupational therapy shop featuring items made by patients which are available to be sold to the public and will soon be part of an upcoming museum exhibition.

Some examples of psychotropic drugs used in orthodox treatment include tranquilizers which are frequently used to relax muscles and keep patients calm. Sleep inducing drugs are used to sedate patients and relieve insomnia. For those patients who are dull and lethargic stimulating drugs are administered to reverse their condition (2).

Manpower –

Currently patients are managed by a staff of:

- 7 Psychiatrists
- 1 Medical Officers
- 2 Clinical Psychologists

- 2 Clinical Psychologist Interns
- 2 Psychiatric Social Workers
- 230 Nurses
- 132 Ward Assistants and Ward Orderlies

Upon discharge the community psychiatric nurses follow patients into their respective communities to help families and patients with care and management and generally to help ease reentry into society.

Patients also receive the benefits of the social welfare office whose aim is to help sort out non-medical problems. Social issues including housing, finances, marriage, children, contacting relatives, are among the many issues tackled by the social workers. If a patient is preoccupied with worrying about such issues he may be unable to benefit fully from the psychiatric treatment. If such issues are not taken care of the patient will only reenter the same social and emotional milieu, which is likely to have contributed to his illness, and he will be more likely to relapse and return to the hospital (4).

State of Affairs at Accra Psychiatric Hospital

Since opening the Accra Psychiatric Hospital has been plagued with the serious problem of overcrowding. This leads to a host of other problems including health hazards and supply shortages. Health and sanitation hazards include lice and tick infestations, scabies and violence among patients (5). Within the 25 wards there are, as of 21 November, 1997, 598 functional beds for 1,048 patients (Nursing Administration Office). In those wards where beds are lacking patients must sleep on mats on the floor. Certain wards lack the space for all of the patients to even sleep indoors. Besides beds, in some wards other basic amenities are unavailable such as tables, chairs, and clothing (particularly for those abandoned by relatives) (2) (5).

The sewage system is general is antiquated and water supply, bathroom, and toilet facilities are inadequate (3) (5). At certain times of the day it is inadvisable to be in the courtyards of certain wards due to the offensive smells (3).

Far too often the hospital is short of the most common drugs. This is partly due to shortage of funds as well as the extreme demand. When this happens the supply that remains is reserved for in patients while out-patients are asked to purchase their own until the supply is replenished (usually within 2 weeks) (3) (6).

Until recently patients were given three meals a day. However, with budget cuts the Ministry of Health now allots 1,300 cedis per patient per day which is enough for 2 meals (7). Patients are fed at 11 a.m. and again at 4 p.m. This may be problematic for those patients whose medication requires intake three times per day with food. For some patients the amount for food given simply isn't enough (6).

Not at all unrelated to the problem of overcrowding is the issue of patients being abandoned by relatives. When it is time for well patients to be discharged relatives may not come for them. Ignorance is largely responsible for this. Relatives believe that the ward is no longer useful and will become a burden on the family. Because of the stigma associated with mental illness, some families leave patients in the hospital's care to avoid bringing disgrace to the family. According to the social welfare office, upon admittance relatives sometimes give fake addresses so that they cannot be contacted. Those families who travel far to bring the patient to the hospital also do not want to make the journey to visit or pick the patient up. This is the reason some patients remain at the hospital for as long as 20-30 years (4).

When relatives do take patients home they may not fully understand the nature of the illness. Some people tend to believe that the illness is infectious and as a result place the patient in isolation. They may put them in separate rooms and serve them with separate silverware and dishes to avoid contracting the illness. Treatment such as this inevitably pushes one to relapse. Even when patients have not relapsed relatives have been known to bring them back soon after discharge claiming that they have (3).

The quality of patient care is greatly jeopardized by the incredibly low staff to patient ratio. Because the doctors have so many patients to treat they are unable to give patients the time and attention that they rightfully deserve and actually require. They are unable to take the time to explore patient's case in depth in order to make proper assessments and recommendations for the optimal treatments (8).

5. **Advantages of Traditional Healing**

According to Gralnick and D'Elia an important element of a truly therapeutic environment, which is what the psychiatric hospital must strive to be, is anything which gives the patient status and role in the affairs of the hospital; essentially a feeling of individuality and importance. The therapeutic effect which follows the feeling of significant status should come from such treatment of the patient as conveys that he, as a patient, is the sole object of concern and that personnel are devoted to his welfare (1). A high degree of emotional and temporal investment by the doctors is thus required. However, the existing conditions of the Accra Psychiatric Hospital make achieving a therapeutic effect in this way is extremely difficult if not logistically impossible. In this instance, where the hospital fails in time and individual attention, traditional medicine finds its success.

Many traditional practitioners are good psychotherapists in part due to the confidence in his ability to relieve anxieties. The social status of the healer, who is often highly revered and occupies a high status within the community, along with his personal qualities, dress, sense of timing, and calm and authoritative air play a large part in his success (2). Unlike modern doctors, and unorthodox practitioner had time for his patients, is ready to listen, and authoritatively asserts that he knows the cause of the disease as well as the cure or treatment (3). Traditionally practitioners also have great success in psychosomatic medicine with those patients whose illness is not organic and whose symptoms originate from the mind or in local parlance from supernatural causes. Such practitioners understand and share the culture and language of the patient and know the part that migico-religious concepts of misfortune, illness, and death play in the life of the average patient. Notions of witchcraft, magic and sorcery and recommendations for finding antidotes are therefore commonplace in their diagnostic and therapeutic methods (4). However, when such a healer encounters an illness, which is organically determined, he is largely ineffective.

This is not to say that unorthodox practitioners in general are superior to orthodox treatment in the area of non-organic illnesses. The detriments caused by some of their methods have already been presented. They lack the scientific knowledge and efficacy to appropriately treat a number of serious problems however they are known to play an important part in rehabilitating and reintegrating chronic patients (2).

6. **Prospects for the Future**

In 1962 the late Dr E.B. Forster knew that in the near future there would be a rise in mental illness in Ghana due to impending social, political, and economic changes. As a result of industrialization and rapid change and development, Ghanaians are being forced to adjust to a continuously changing environment. Some of these changes strike at the very heart of customs and traditions and also at the social security from which people derive a lot of psychological support (1). All of this results in increased pressure on Ghanaians and an increased ambition for rapid progress (2). According to Evans-Ansom this results in administrative indigestion in the country and disappointments in life for the individual. This in turn results in neurosis, inferiority complexes, anxiety, bad dreams, and unsettled minds as well as a feeling of insecurity. Knowing this, the field of mental health care requires vast improvements, including an increase in highly trained personnel and expanded facilities in order to cope. For mental illness is now, and will inevitably remain, a force to be reckoned with as Ghana moves into the twenty-first century.

The inability to cope with societal pressures is leading more and more people to the realm of soul healing and traditional methods. In light of the acute shortage of psychiatric facilities and personnel the need to utilize and combine the benefits of both unorthodox and modern methods is apparent. Nigeria and China are examples of societies which have been credited with the capacity to fuse the two in order to suit cultural needs. (3).

Realistically because of the economic situation in Ghana, psychiatric treatment facilities are not going to appear anytime soon. It thus makes sense for the government to acknowledge the functional utility of traditional practitioners in psychiatry and to openly recognise and regulate unorthodox practices. This could put an end to the harmful practices utilized by ignorant practitioners and at the same time supplement modern medical psychiatric treatment with the benefits of interpersonal and culturally effective methods. The traditional methods offer social restoring health, while the scientific treatments are able to cope with many physical symptoms via the use of drug therapy or other modern techniques (3).

Since the World Health Organisation incorporated traditional medicine in its program in 1976, a growing number of practitioners of modern medicine are now taking interest in its and are prepared to learn (2). However, one may still find that unorthodox methods are shrouded in secrecy and are unfavorably looked upon by medical doctors. The judgmental and condescending attitude of scientific practitioners only makes traditional healers more reluctant scientific scrutiny. This is unfortunate and only impedes progress.

Most traditional medicine is handed down by oral tradition, a serious drawback since much valuable knowledge is lost in this way while much useless information is picked up along the way (3). As one can imagine, the quality and skill of the traditional practitioner is jeopardized as a result. Thus the need for establishing efficacy and committing methods to scientific documentation are necessary for accurate dissemination of information. This will allow others, colleagues and healers of future generations, to duplicate and make further inquiries.

Conclusions and Suggestions for Further Study

The problem of mental illness is not likely to disappear any time in the near future; in fact, as Ghana continues to undergo rapid social, political, and economic change the numbers are likely to increase. It is apparent by the number of patients, particularly those who have been abandoned by relatives that the system of treating the mentally ill in Ghana is in need of a major overhaul. A psychiatric hospital can only work so well without basic needs such as ample medication, space, adequate sewage systems, functional beds and shelter not to mention sufficient staff and relative support. The lack of such basic amenities inevitably results in a less than sanitary and therapeutic environment where patients can receive the treatment they need. Because of extreme overcrowding coupled with a shortage of manpower doctors are stretched to their limits and cannot give each patient the individual time and care that they need. It is no wonder patients first turn to unorthodox treatments before coming to the hospital.

There is something to be said about an alternative method of treatment which caters to the beliefs and understands the background and fears of the patient. In some cases this alone is enough to treat the patient's problem. For those illness which are not psychosomatic and cannot be treated in this way perhaps the combination of modern scientific medicine, which is highly effective in allaying physical symptoms, and traditional method, which are highly effective in allaying patients' fears and anxieties, can be combined to heal the patient physically mentally, and spiritually.

In order for this goal to become a reality a number of people must be educated and attitudes must change. Modern medical doctors need to be educated on the efficacy of traditional methods and techniques while traditional healers need to be learned in scientific methods. In addition, society needs to be educated on the nature of mental illness along with available treatment and management. This will require an open mind from both parties and a willingness to work for the greater good of patients and for the improvement of the whole of mental health care in Ghana.

Further study is recommended in the following areas:

- Efficacy of current psychiatric practices (e.g., ECT, psychotherapy)
- Efficacy of current alternative practices (the power of prayer, herbs, etc)
- Attitude change amongst Ghanaians
- How to bring together the two fronts: Traditional and Modern

- Campaigns to Increase Public Awareness and Education
- Prevention.

Endnotes

1. **The History of Mental Health Care in Ghana**

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9. Head Specialist In-Charge Dr. J. B. Asare, interview by author, 12 November 1997, Accra, work journal in possession of SIT.
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