

FACTSHEET – UPR 2017, GHANA

3rd CYCLE UNIVERSAL PERIODIC REVIEW

MENTAL HEALTH SITUATION

SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES AND RECOMMENDATIONS MADE

Three key recommendations on mental health were made to Ghana during the 2012 UPR cycle. One recommendation for Ghana to *improve mental health and combat maternal mortality* was against the background of a mental health legislation enacted in 2012 not being effectively implemented because of the adoption of the requisite Legislative Instrument.

Ghana was also asked to *implement measures aimed at providing oversight of the activities of prayer camps in line with the Convention on the Rights of Persons with Disabilities (CRPD)*. This recommendation was actuated by the absence of statutory regulations to control the activities of prayer camps where human rights abuses are perpetrated against persons with mental disorders, brought there by relations and/or friends for spiritual treatment and exorcism.

A third recommendation asked that Ghana “*Intensifies her efforts against harmful traditional practices and in favour of living conditions in prisons and psychiatric hospitals*”. This recommendation was precipitated by Government’s failure to provide the statutory funds and other resources for good mental healthcare in all psychiatric facilities in the country.

NATIONAL FRAMEWORK

Ghana is a State Party to several instruments on the Right to Health, which places an obligation on the state to protect, promote and respect these obligations. Some of these include the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture (CAT), the African Charter on Human and Peoples’ Rights (ACHPR), the Protocol on the Rights of Women in Africa (Maputo Protocol), Convention on the Rights of the Child (CRC), the Universal Declaration of Human Rights (UDHR) and the Convention on the Rights of Persons with Disabilities (CRPD).

Per Articles 26 (2) and 29 of the 1992 Constitution of Ghana, all citizens including persons with disabilities are entitled to the right to health and other rights without any discrimination or hindrances. The Mental Health Act 2012, (Act 846) was enacted to cater fully for the quality mental healthcare and rights of persons with psychosocial disabilities.

ISSUE

Ineffective Implementation of the Mental Health Act

Mental Health Act inter alia provides for monitoring activities in prayer camps, ensuring sustained statutory funding for mental health care nationally, strengthening the rights of persons with mental disorders and the establishment of an individual complaint system for persons with mental disabilities to review and challenge prolonged detention before a judge. However, none of these provisions have been actuated owing largely to the non-passage of a Legislative Instrument by Parliament, attributable to delays by the Government to submit the draft to Parliament.

IMPACT:

The lack of a Legislative Instrument to ensure the smooth and effective implementation of the Mental Health Act. Some provisions in the legislation that will guard against inter alia, involuntary and forced treatment, formation of visiting committees, judicial review of violation of rights of persons with mental disorders in psychiatric facilities, establishment of the Mental Health Fund to provide funding, responsibility of local government authorities for taking off persons with severe mental disorders found in public places for treatment at psychiatric facilities and rehabilitation, are not being implemented.

ISSUE

Abuse of Persons with Mental Disorders in Prayer Camps:

Mentally ill persons continue to be physically abused in various forms in some of the hundreds of prayer camps and faith based healers, located mainly in the southern regions of Ghana. Regrettably, sections of the populace believe strongly that the abusive practices in prayer camps are justified by religiosity that can only be treated by spiritual leaders and practices rather than that of orthodox medical practices.

The UN Special Rapporteur on Torture in 2013 after a visit to Ghana in his report strongly called for “*an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities that should apply in all places of deprivation of liberty, including in psychiatric and social care institutions.*”

The prayer camps currently operate under no state regulations, albeit some level of oversight exists through the Ghana Pentecostal and Charismatic Council, a non-governmental umbrella body for 122 churches and evangelical associations in the country.”

Human Rights Watch research report in October 2012 titled “*Like a Death Sentence: Human Rights violations against Persons with Mental Disabilities in Prayer Camps in Ghana*” gave vivid accounts of the inhumane incidents in prayer camps, some of which are forced fasting and deprivation of water, forced application of concoctions to mentally ill persons, shackling of persons with mental health conditions to trees and objects in the open sun for days which expose them in various ways to vectors.



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IMPACT:

Some persons with mental disorders sent to prayer camps and subjected to various human rights abuses eventually suffer psychologically and tragically. In some cases, some of them who were shackled for long periods developed wounds on their arms and legs which were not treated or simply ignored. These in the long run became gangrene and sadly led to amputation of the affected arms or legs. Some of the persons with mental disorders at the prayer camps develop physical health conditions such as malaria, severe cough and body rashes which many a time are not treated and eventually culminate in fatalities.

Recently the Mental Health Authority started moving some persons with mental disorders from three prayer camps in the Central Region for treatment at a nearby psychiatric facility.

ISSUE

Inadequate Funding for Mental Healthcare & Programmes

Due to inadequate funding by Government to procure basic medications and logistics such as gloves, employ adequate number of nurses and other medical staff, among others, the Accra Psychiatric Hospital medical staff, in October 2016, embarked on a sit down strike for about two weeks. This sad situation led to the discharge of some of the patients even though their conditions had not improved. No new cases were accepted at the facility, thereby depriving affected citizens of their right to health. Poor working conditions for medical staff, inadequate logistics and facilities, including insufficient running water and electricity, among others, are common in the major psychiatric hospitals.

From the second annual report of the Mental Health Authority 2015, some of the challenges recounted were:

Lack of Funding

The Authority did not receive any money from the Ministry of Health. Indeed it is yet to receive its budgetary allocation from the annual Government subvention. DFID, the British aid agency, has been the main financier of the Authority since it was put in place in November 2013. The livewire for raising money to run mental health services in Ghana, i.e. the Mental Health Fund, established by the Mental Health Act 2012, (Act 846) has not received any allocation because the Legislative Instrument is not available.

Delay in the Passage of the Legislative Instrument:

In the absence of an enabling Legislative Instrument, the substantive law cannot be fully implemented and made to work effectively. The Legislative Instrument inter alia provides for admission procedures of patients to psychiatric facilities, rights of patients to challenge any forced or involuntary treatment, legal capacity, and guardianship.

Medications:

Lack of psychotropic medications and inadequate supplies have been a bane of mental healthcare in Ghana and the situation prevailed as indicated in the report. Only 30% of the medications were supplied.

Infrastructure:

This was and still is a major challenge as only three regional hospitals in Ghana namely Volta, Brong-Ahafo and Eastern, have the standard 10 to 20 bed units as psychiatric wings. Four other regions namely Northern, Upper West, Upper East and Western, have facilities where they can only admit patients for a few hours in the day. Plans for the building of regional psychiatric hospitals have not taken off yet, let alone have any drawings made to this effect.

IMPACT

- Due to lack of incentives and other forms of motivations in the mental health sector along with stigmatization, not many are attracted to work in the mental health sector. These not only cause shortage of medical staff but place huge burden of work on the disproportionate few who work at these mental health facilities.
- Inadequate supply of medications, equipment and other logistics seriously affect good mental healthcare and put the lives of the medical staff at risk from some patients who sometimes become aggressive and violent because of their mental health conditions.
- Patients on admission have had to buy the medications from outside at high costs because the medications are not available to be administered freely as mental healthcare is not chargeable in Ghana. Those who are not able to afford these medications at such high costs relapse in their conditions.
- With the three main psychiatric hospitals located in the southern most part of Ghana, not many people from the middle and northern parts of the country are able to access mental healthcare where they reside.
- The three main psychiatric hospitals are seriously underfunded thereby undermining quality and effective mental healthcare.

RECOMMENDATIONS

- Ensure that Parliament passes the Legislative Instrument to the Mental Health Act to foster the regulation of the activities of prayer camp operators and other faith based healers to effectively protect the rights of persons to health
- Government must provide the statutory funding and other resources to the Mental Health Authority to perform its work as mandated under the Mental Health Act

ABOUT THIS FACT SHEET

Prepared By: **MindFreedom Ghana**

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