



Mental Health &
Well-being Conference
of Ghana

**Proceedings of the
2nd Mental Health and Well-Being
Conference of GHANA**

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BOOK of ABSTRACTS

Theme:

“Dignity in Mental Health”

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About The Mental Health Foundation of Ghana www.mhfg.org

Established in January 2013 to:

- *Promote a positive attitude about mental health in Ghana;
- *Work with local organisations to reduce stigma associated with mental illness;
- *Collaborate with the Government of Ghana to improve mental health services and increase funding;
- *Make recommendations regarding policy, implementation and service;
- *Encourage/initiate mental health research;
- *Improve standards in training/practice for mental health professionals;
- *Stimulate the development of informed public debate and opinion about mental health issues and
- *Facilitate exchange programs between Ghanaian and regional/international institutions.

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P01. Living with Schizophrenia in the Ghanaian Community

Bright Akpalu, Lecturer/Clinical Psychologist and Divine Kporha et al; University of Health and Allied Science, Ho, Ghana

Schizophrenia is among the most dramatic mental disorders, due to the nature of most of the symptom presentations. It is one of the few mental disorders in Ghana, which is easily recognised, and the only one, which has a local name in every Ghanaian language. Like every mental disorder in Ghana, the prodromal symptoms are either unrecognised or misinterpreted, thus preventing early treatment. During the active phase of the disorder in Ghana, the victims are stigmatized, and orthodox treatment is sought as a last resort, after all other options based on spirituality as a causal factor are exhausted. By the time the typical client with schizophrenia enters orthodox treatment, he or she is severely ill, with a lot of complications. The stigmatization follows throughout in the treatment facilities. Abandonment is rampant. Those who are treated and discharged are not accepted back. Some become vagrants roaming in the towns where they had their treatment. Some others go back to their communities to face severe forms of discrimination and neglect. These conditions are fertile grounds for relapse, and for people living with schizophrenia in Ghana; relapse is common and rampant, as the communities are far from therapeutic and fertile grounds for relapse. It is a grim situation to live with schizophrenia in Ghana as stigma, discrimination and neglect are rampant and relapse is consequently very common.

P02. 22214 - Kenya's FREE Mental Health SMS Breaking Stigma and Offering Support One Text at a Time

Sitawa Wafula, Mental health/epilepsy crusader and blogger, 'My Mind, My Funk', Kenya

My Mind, My Funk (MMMMF – <http://mymindmyfunk.com>) is a mental health hub that provides information and support for people living with mental health conditions and their families. MMMMF provides a solution by making relevant information and support accessible and affordable to Kenyans from all walks of life through its FREE mental health SMS helpline 22214 - Kenya's first line dedicated specifically to mental health. By simply texting 22214, one can get a wide range of information from how to assist someone experiencing an epilepsy seizure to a list of other facilities that one can visit within their locality and get mental health/epilepsy treatment. MMMMF also offers affordable phone and face-to-face counselling and has a resident psychiatrist who sees clients (patients) once week for the most affordable rate.

P03. Mental Health Promotion Ensures Dignity

Noah Boakye-Yiadom, Health Promotion Coordinator, Addiction and Mental Health, Alberta, Canada

How do we as health and social care professionals create effective health promotion initiatives that ensure and protect the dignity of those we seek to care for? How do we also promote mental health within communities and address the key barriers of stigma associated with it? Mental health promotion creates communities and environments that

support emotional wellbeing and encourages people to maintain a healthy lifestyle. The distinction between mental illness/disorders and mental health is critical to this objective. This address promotes a holistic approach to dignity in care, fostering both individual and community resiliency, the creation of mental health awareness initiatives, building opportunities and environments including tools to evaluating the outcomes and impact of these initiatives. Understanding and implementing mental health promotion will empower individuals to recognise and foster their own sense of personal strength through determining their own ambitions, and having the resources to do so in a supportive environment.

P04. Building Human Resource Capacity in Mental Health: The Experience of IOM Ghana

Daniel Kweku Sam, National Project Officer, Migration and Development, International Organization for Migration, Ghana

The Ghanaian Health Sector faces ongoing crisis in the field of human resources, a result of severe brain drain of professional health workers, such as medical doctors and nurses in the late 90s and the early 2000s. The consequences have been enormous, in particular for the quality of health care.

The "Migration for Development in Africa" (MIDA) Ghana Health Project was launched as a brain gain initiative with the support from the Dutch government, as one of the possible interventions in the overall human resource strategy for the health sector. As an integral part of the (MIDA) approach of IOM, aimed at building a sustainable bridge for migrants who can contribute to identified / targeted development in their countries of origin. The MIDA Ghana Health III project had four-year duration from April 2008 until the end of December 2012, was approximately linked with the Ministry of Health of Ghana's five-year Human Resources Policies & Strategies (HRPS) for the Health Sector 2007-2011. During this period, Ghanaian health professionals from the Netherlands, UK and Germany participated in over 300 temporary assignments whereby highly qualified capacities were transferred to Ghana. The temporary return assignments and internships focused on transfer of skills and know-how and a demand-driven that responded to the capacity-building needs as identified by the host institutions in Ghana.

The brain drain also led to a shortage of mental health educators/professionals and staff at all levels including - psychiatrists, psychologists, Medical Assistants in Psychiatry, social workers, psychiatric nurses etc. - as well as an ageing workforce and poor and inequitable access to mental health care especially in remote and rural areas.

Organized as they have been, individual diaspora efforts had sought to address the challenges so far, having been recognized as excellent initiatives, but due to its "isolated" and uncoordinated nature, these efforts have been ineffective and unsustainable.

Recognizing and leveraging the credibility and global interface of the diaspora as part of the key ingredients for an active network for engagement for development, MIDA Ghana Health sponsored the Mental Health Educators in the Diaspora (MHED), an international multidisciplinary faculty of mental health professionals and the Southern Partnership Trust, both in the United Kingdom. As part of the efforts to address these gaps and challenges in

the human resources, the project facilitated temporary returns assignments for those Ghanaian descents in both groups to train undergraduate medical and nursing students in public health nursing training institutions. The diaspora expert groups proactively sought and created opportunities for teaching, learning, service provision and research in a wide variety of settings. Recognized amongst the institutions are the Ankafu and Pantang for pre-service and post-basic mental health training and the Kintampo College of Health (formerly the Rural Health Training School) for the training of Medical Assistant Psychiatry (now called Clinical Psychiatric Officers) and the Community Mental Health Officers (CMHOs).

There is optimism, given the results and the major contribution of the project in general, the diaspora mental health experts acted as accelerators for development, change and capacity enhancement within the host institutions, and the entire health sector in Ghana.

P05. "Break the Shell" Autism Awareness, Acceptance and Action

Dr Araba Abakah Fordjor, Executive Director, Autism Action Ghana

Although quite a young organization, AAG boasts of a Parent's-only Whatsapp group (0244132265) that offers 24/7 support for parents, irrespective of their location in Ghana. Also, AAG has in collaboration with other partners, successfully organized programmes such as the Applied Behavioural Analysis Conference, Training of teachers to meet the needs of Children with ASD in the classroom setting and the "Break the Shell" Autism Awareness, Acceptance and Action Campaign. In July 2015, AAG held the first workshop on Rapid Prompting Method in Ghana in which parents got to "hear" the voices of the children by means of a letterboard!

P06. The Development of Psychiatry in Germany since the 'Psychiatrie-Enquete' - 1975

Dr MED Ernest Wilson, Neurologist, Psychiatrist and Psychotherapist, NeuroPsychoNet, Cologne, Germany

NeuroPsychoNet consists of Neuro-, Psycho- and Psychosocial Specialists who offer integrative-holistic and comprehensive medical care, diagnostics and treatment, attendance and guidance, information and prevention for adults, children and adolescents with diseases and disorders of the brain and other parts of the central nervous system, of the peripheral nervous system, with disruption and disorders of mental, emotional, developmental and/or psychosocial balance. Services are offered in west and central European languages as well as in east European and West African languages. The "Medical Care Network NeuroPsychoNet - Dr. med. Ernest Wilson Medicals attends to all who seek assistance no matter which insurance status.

P07. The Prevalence and Socio-Cultural Features of Dementia among Older People in Kintampo, Ghana

Naana A.A. Agyeman, Centre for Global Mental Health, UK

Dementia has been little studied in LMIC where it is projected 71% of people with dementia will be living by 2050. Ghana has one of the largest populations of elderly in sub-Saharan Africa yet no population-based studies estimating the prevalence or exploring the socio-cultural context of dementia has been undertaken. To ascertain the prevalence of dementia in the Kintampo Health Demographic Surveillance Site (KHDSS) and explore the socio-cultural and care related context of dementia in this setting, a one-phase cross-sectional survey using mixed methods was undertaken in the Kintampo Municipality of a defined catchment area. 900 potential index older persons were randomly sampled within a randomly selected 6 sub-districts from a sampling frame of the total population of 4222 of 70+ adults within the KHDSS. For the quantitative component six sets of the 10/66 DRG protocol assessment questionnaires were administered. A case study methodology was employed for the qualitative component. A sub-sample of interviewed participants diagnosed of dementia were selected from 6-10 households and re-contacted for in-depth interviews using a topic guide adapted from a 10/66 INDEP study. Preliminary results of the study would be shared. Estimation of dementia prevalence, knowledge/information about the impact of the disease on the people, carers/families in the community will be described. To raise awareness of issues related to older people living with dementia, findings will be disseminated to service providers, policy makers and community members. It is hoped that our results will contribute to emerging evidence base on dementia in the sub-Saharan Africa

P08. “Full Many a Gem of Purest Ray Serene ...”: Stigma, Discrimination and Social Exclusion of the Mentally ill: The case of Ghana

Professor Magnus Mfoafo-M'Carthy, Wilfrid Laurier, University, Faculty of Social Work, Ontario, Canada

Challenges faced by individuals with mental illness in Ghana are enormous. This is due to the prevailing culture and societal practices that tend to stigmatize, discriminate and socially exclude individuals diagnosed with mental illness. The lack of resources and political will continue to compound this problem. This article attempts to capture challenges faced by individuals with mental illness and their families. Exploring the lived experience of Ms. Danquah, a mental health advocate featured in the Ghanaian media recently. Her experience gives insight to challenges faced by this population. Using a case study methodology, the author examines the treatment and society's perception of the illness. Though the intent is not to generalize, it is meant to make a case for the majority of mentally ill individuals on the streets in Ghana, be it the capital, Accra, or smaller communities and villages. The paper argues for the importance of embracing psychosocial approach to addressing issues of mental illness.

P09. Experiences of Caregivers of Individuals with Schizophrenia in the Accra Metropolis

Florence Animwaa Darko, Pantang Nurses Training College, Accra, Ghana; Dr Prudence Portia Mwini-Nyaledzigbor, University of Health and Allied Sciences, School of Nursing and Midwifery, Ho, Ghana

This research explores the experiences of caregivers of individuals living with schizophrenia in the Accra metropolis. A review of the literature surrounding the experiences of caregivers of individuals with schizophrenia illustrated that this topic is widely researched globally except in Ghana. Nevertheless, there is paucity of literature involving caregivers of individuals living with schizophrenia in Ghana, making this area for psychiatric research largely neglected in the country. A qualitative exploratory design was used in the study. The study employed a purposive sampling technique using in-depth interviews and obtained saturation with twelve participants. The interviews were audio-tapped and transcribed verbatim in addition to field notes on the behaviour, mannerism and some of the reactions of the participants. The Miles and Huberman's (1994) framework of content analysis was used. Ethical approval for the study was sought from the institutional review board of the Noguchi Memorial Institute for Medical Research at the University of Ghana, Legon for ethical clearance and approval. The following were some of the findings: Caregiver burden; Great impact of care giving on the social life of the caregiver; patronage of prayer camps, herbalist and shines by caregivers and their patients, Caregiver needs, etc. Conclusion: The issue of informal care giving for schizophrenic patients comes with a wide variety of implications for nursing. Psychiatric nurses caring for psychiatric patients, should not only concentrate on the psycho biomedical aspect of the patient, and neglect the caregivers who are responsible for the patient in the home. However needs assessment of both client and family, health education to caregivers caring for the mentally sick, follow up visits, individual and family therapy sections and counselling for patient and families, should spearhead the nurses' role in Psychiatric patients care.

P10. Experiences of Community Psychiatric Nurses in the Discharge of their Duty: A Study in the Accra metropolis

Frederick Yaw Opare Sid

This study sought to explore the experiences of Community Psychiatric Nurses (CPNs) in the discharge of their duty. An exploratory descriptive qualitative design was used in this study. The study was conducted in the Accra Metropolis. Thirteen participants working in the six metro- districts of the Community Psychiatric Units of Ayawaso, Osu-Klottey, Ablekuma, Okai-koi, LEKMA, and Ashiedu-Keteke in the Accra Metropolis were used. Purposive sampling method was used to select participants with more than 3 years working experience from each Community Psychiatric Unit. A semi-structured interview guide was the tool for data collection. The major findings included difficulty locating the homes of patients due to poor home addresses and transportation, limited logistical support and irregular supply of medications. Also, there were stigmatization of the CPN, assaults from patients and the negative attitudes of relatives of patients, which led to relapses. Participants had the expectation that risk allowances should be given in the event of any injury sustained while working. They also emphasized the need for recognition from their employers, support from stakeholders as well as Training and certification of CPNs.

Various coping strategies such as reducing stigma, religion, self-motivation and reduction in home visits were employed to deal with the challenges. Based on these findings, recommendations were made to help address the challenges of the Community Psychiatric Nurses in the Accra Metropolis. Among them were: the employer and management of the various health care facilities should provide the CPNs with transport to facilitate access to their clients in the community. There should be media involvement in educating the general public on mental health issues to reduce the stigma of mental health and mental illness. The Ministry of Health in collaboration with stakeholders should embark on the training and certification of CPNs for their recognition.

P11. Bridging the Gap between the Disability Movement and Mental Healthcare in Ghana

Dan Taylor, Executive Secretary, MindFreedom Ghana Accra, Ghana

MindFreedom Ghana was founded in 2004 to assist persons with mental disorders in their treatment, and in their social, moral and economic conditions. Since 2009 the myriad of Disability organizations in Ghana joined under the umbrella of the Disability Network of Ghana to coordinate activities and advocacy and to address knowledge and access gaps in mental health care and advocacy. This presentation covers the role of the MindFreedom Ghana in bridging those gaps while recommending that the Disability Movement in Ghana should more fully engage the Mental Health Authority in improving mental health services; be conversant with the Mental Health Law through workshops and training; widen advocacy and increase publicity on human rights violations against persons with mental disabilities and encourage other duty bearers in the MH Law such as the Police and Local Government MMDAs (metropolitan, municipal, district assemblies) to more effectively perform their mental health management roles under the MH law

P12. Understanding Psychotropic Medication

Enyonam Ganyaglo, Courage Danku, Grace OWUSU-ABOAGYE, Chief Coker, Pharmacists Ghana; Dr Ernest Wilson, Neurologist, Psychiatrist and Psychotherapist, Germany

Non-adherence to psychotropic medications in people with a mental illness can be associated with factors including a lack of knowledge about their medications and side effects as well as a limited acceptance of having a mental illness. Factors such as patient's attitude and experience about taking medication and provision of appropriate psycho-education can play an important influence in shaping medication adherence in mental health patients. Pharmacists, as medication 'experts', can play an integral role in maintaining and improving the health of patients by providing education and information. This workshop will provide the pharmacists with a better understanding of how patients experience taking medications on a daily basis; how they feel, react and think about medications; and why they make the decisions and take the actions they do. The workshop will also show how to improve patient education in the field of psychiatric care by placing value on the patient's own 'medication experience' and 'self-management' strategies.

P13. Research Protocol Training Workshop for Field Project on Mentally Disabled Persons in Public Places in Ghana

Associate Professor Chris Kewley, Dr George Kweifio-Okai, Dr Victor Doku and Bright Akpalu

In order to gather useful preliminary data for further studies and professional and community intervention, the Mental Health Foundation of Ghana, in collaboration with Australia's University of Newcastle and Ghana's University of Health and Allied Sciences, would undertake a field survey of behavioural and social interactions of mentally ill people in public places in select urban, peri-urban, rural and semi-rural settings in Southern Ghana. This workshop, as part of 2nd Mental Health and Well-being conference of Ghana 12-14 October 2015 in Accra, focuses on techniques of distant observation of mentally ill persons in public places to provide information on extent of idling in public places, categories of mental illnesses among observed cohort, potential for self harm or harm to public and extent of public- and self-stigma.

P14. Identification and Management of Perinatal Psychiatric Disorders

Professor Anne Buist, Professor of Women's Health, University of Melbourne, Austin Health and Northpark Private Hospital

3-hour workshop suitable for health workers working with pregnant women and women with babies (from both psychiatric and obstetric point of view). Maternal depression is common in both pregnancy and the postpartum period (16% and 20% of women giving birth in developing countries on latest data). This can have ongoing consequences for the mental and physical health of the child, and affect the whole family. Early identification and treatment can help improve outcomes for these families. This workshop will focus on what risk factors can alert workers to those women at risk, and what factors mitigate against women seeking and accepting care. We will then focus on what treatments can make a difference and how these might be adapted for the Ghanaian context.

P15. The role of Social Workers in the Delivery of Mental Health Care in Ghana

Mr Kwame Asante, Assistant Professor Magnus Mfofo-M'Carthy, Wilfrid Laurier University, Ontario, Canada and staff of Dept. of Social Welfare, Ministry of Gender, Children and Social Protection

This session explores social work practice and how it has evolved over the years. The presenters will discuss the practice of social work as a profession in Ghana and how it could be well developed to contribute to all sectors of society. The discourse will focus on the challenges faced by the profession in modern Ghana and what could be done to ensure that practitioners are well equipped to provide adequate services.

P16. Mental Health First Aid Standard 12 hour Course

Francis Acquah, President Mental Health Foundation of Ghana, Melbourne Australia and Noah Boakye-Yiadom, Health Promotion Coordinator, Alberta, Canada

Mental Health First Aid is the help provided to a person who is developing a mental health problem, or who is experiencing a mental health crisis, until appropriate professional treatment is received or the crisis resolves. Mental Health First Aid strategies are taught in evidence-based training programs authorised by Mental Health First Aid (MHFA) Australia. The course content is derived from a number of consensus studies incorporating the expertise of hundreds of researchers, clinicians, mental health consumer advocates and carers' advocates across the English speaking Western world. The 12-hour Mental Health First Aid course teaches adults (18 years and over) about the signs and symptoms of the most common and disabling mental health problems, how to provide initial help, where and how to get professional help, what sort of help has been shown by research to be effective and how to provide first aid in a crisis situation. Developing mental health problems covered are: depression, anxiety, psychosis and substance use.

P17. Development of a Ghanaian Non-Government Mental Health and Anti-Stigma 'Watch Dog' Organisation and Strategy

Associate Professor Chris Kewley, Faculty of Health and Medicine, University of Newcastle, Australia, Bright Akpalu, Lecturer and Divine Kporha et al; University of Health and Allied Science, Ho, Ghana

Stigma against mental illness and suicide is a global phenomenon. Stigma is a mark separating individuals from one another based on a socially conferred judgment that some persons or groups are less worthy than others. Stigma commonly leads to negative beliefs endorsing stereotypes leading to prejudice, social distancing and a desire to exclude those who hold the stigmatised status. The impact of stereotyping, prejudicial behaviour and exclusion can affect the individual and their ability to recover as much as the actual symptoms. The way mental illness is portrayed and reported in the media is powerful both positively and negatively in influencing the public attitude. This workshop will explore the feasibility of developing a consumer driven Ghanaian sensitive stigma watch program drawing on the award-winning work of SANE Australia's StigmaWatch initiative

P18. Intervening in Maternal Mental Illness with Baby in Mind

Professor Anne Buist, Professor of Women's Health, University of Melbourne, Austin Health and Northpark Private Hospital and International Advisor MHFGH

3-hour workshop suitable for health workers working with women and babies (from psychiatric and paediatric psychiatry point of view). For many women with a mental illness, their first severe episode is after the birth of their children—and their illness may relapse or become chronic while they remain the primary carer. This workshop will focus on the potential impact of the mother's illness on her children and address the following with respect to identification and intervention: Acute safety concerns associated with delusions:

Chronic issues related to negative symptoms of schizophrenia, and chronic depression; Neglect and emotional abuse; Attachment related concerns that may then persist through the generations

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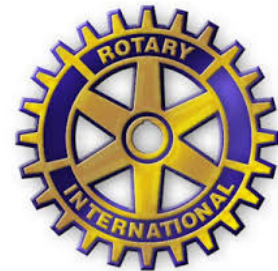
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Positive Mental Health Program Australia



Mental Health Educators in the Diaspora
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Preparation for Life



CALL FOR ABSTRACTS

Abstract submission is now open for the
3rd Mental Health and Well-being Conference of Ghana
17/10/16 to 19/10/16 with the theme

‘Dignity in Mental Health – Psychological and Mental Health First Aid’

Guidelines for submission

All presenters whether oral, poster or workshop presentations, would submit an abstract of their presentation

Abstracts would have a title, author(s) first name followed by second name and affiliation

The presenter must be listed as the first author on the paper at the time of submission

The abstract body text can be a maximum of 500 words

All abstracts should be submitted to the Chair of the scientific committee of the Mental Health Foundation of Ghana by the deadline of 12 midnight 15/07/2016

The email address for submission is: info@mhfgh.org

The presenting author would be the one to make the submission and the one who must register for the conference on acceptance of the submission by the scientific committee.

Notes for Oral Presentations

All PowerPoint's, audio or video for oral sessions should be submitted no later 2 hours before presentation at the conference or preferably emailed before the conference to the designated scientific committee member.

Notes for Poster Presentations

Posters must fit into a 110cm by 110 cm area

Posters should be handed over to the registration desk preferably the day preceding the conference

Posters would be displayed throughout the conference duration, however one hour each day is set aside for poster presentations and authors should be present at their poster during an allotted day and hour

Posters should have contents bold enough to be legible at least 1 meter away and should be adequately illustrated (graphs, photographs including photos of presenters if possible, figures, and tables)

In preparing a poster, authors should be mindful that the poster display area is as much a social meeting point for conferees and posters should inform as much as stimulate discussion.