



Community Based Field Research in Ghana: Perceptions of Mental Health



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Introduction

The population of Ghana is currently close to 21.5 million people, with the World Health Organization (WHO) estimating that 650,000 of the population is suffering from severe mental illness disorders, and 2,166,000 having some form of moderate to mild mental disorder (WHO, 2008). The government has structured their mental health care system to include formal community mental health services, district mental health services, specially trained nurses and doctors, and three dedicated mental health hospitals. However, only 18 psychiatrists and five clinical psychologists make their primary practice in Ghana, so research into how the people view mental health and illness, and how their perceptions influence their treatment seeking behavior, is limited. Only 1% of the National Health Care budget goes towards the funding of mental health; with 80% of that going towards the maintenance of existing facilities.

Methods

The research team started by gaining an understanding of the mental health care system in Ghana by meeting with mental health professionals in Accra, Ghana, including Dr. Akwasi Osei, the Chief Psychiatrist and Mental Health Authority of Ghana. Dr. Osei informed the research group that policy makers had invested public funds and resources in training and regulating traditional healers; using the reasoning that suggested people were unaware of the causes of mental illness, and that they attributed mental illness to spiritual causes. The researchers also toured hospitals in Ghana, meeting with specially trained psychiatric nurses; and also touring one of the three dedicated mental hospitals in Ghana. In Larteh, the research team conducted a focus group that consisted of five men and three women that were recruited with the help of a community liaison. Themes were drawn out from the focus group, and were used to construct semi structured interviews that were then utilized with participants in Larteh, Ghana using convenient sampling.



Participant Demographics

The total number of participants in the study was 13 (7 male, 6 female). The participants' age range was 19 to 72 years (M = 43.7). Thirty-three percent of participants were Muslim and 67% were Christian. Majority of participants (46%) were single, 31% were married, 15% were widowed, and 8% were divorced. Majority of the participants (77%) were working, 15% were unemployed, and 8% were students.

Results

Indicators & Descriptions of Mental Health

Majority of participants (11/13) described mental health as someone with abnormal behavior. Others described it as madness (1/13) or disability in the brain, body, and mind (2/13). Abnormal behaviors were the predominant indicators of mental health (11/13), but mental health was also indicated by mental well-being (1/13). Abnormal behaviors were indicated by violence and aggression, self-injurious behaviors, drug abuse, abnormal appearance, deficits in interpersonal communication and relationships, and deficits in decision-making and goal setting. 4/11 participants categorized all abnormal behaviors as mental illness or madness.

Figure 1: Abnormal Behaviors Ethnography

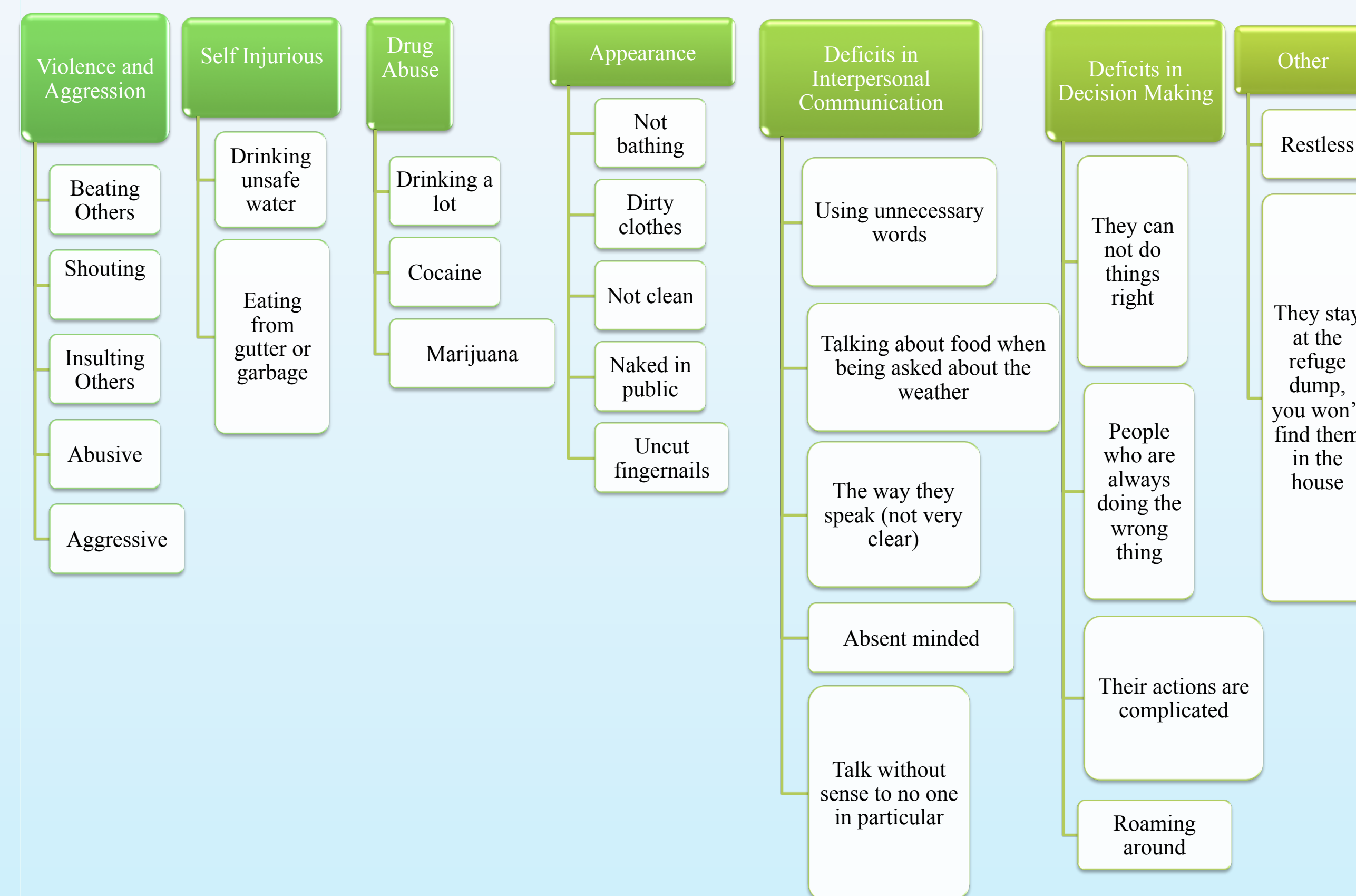
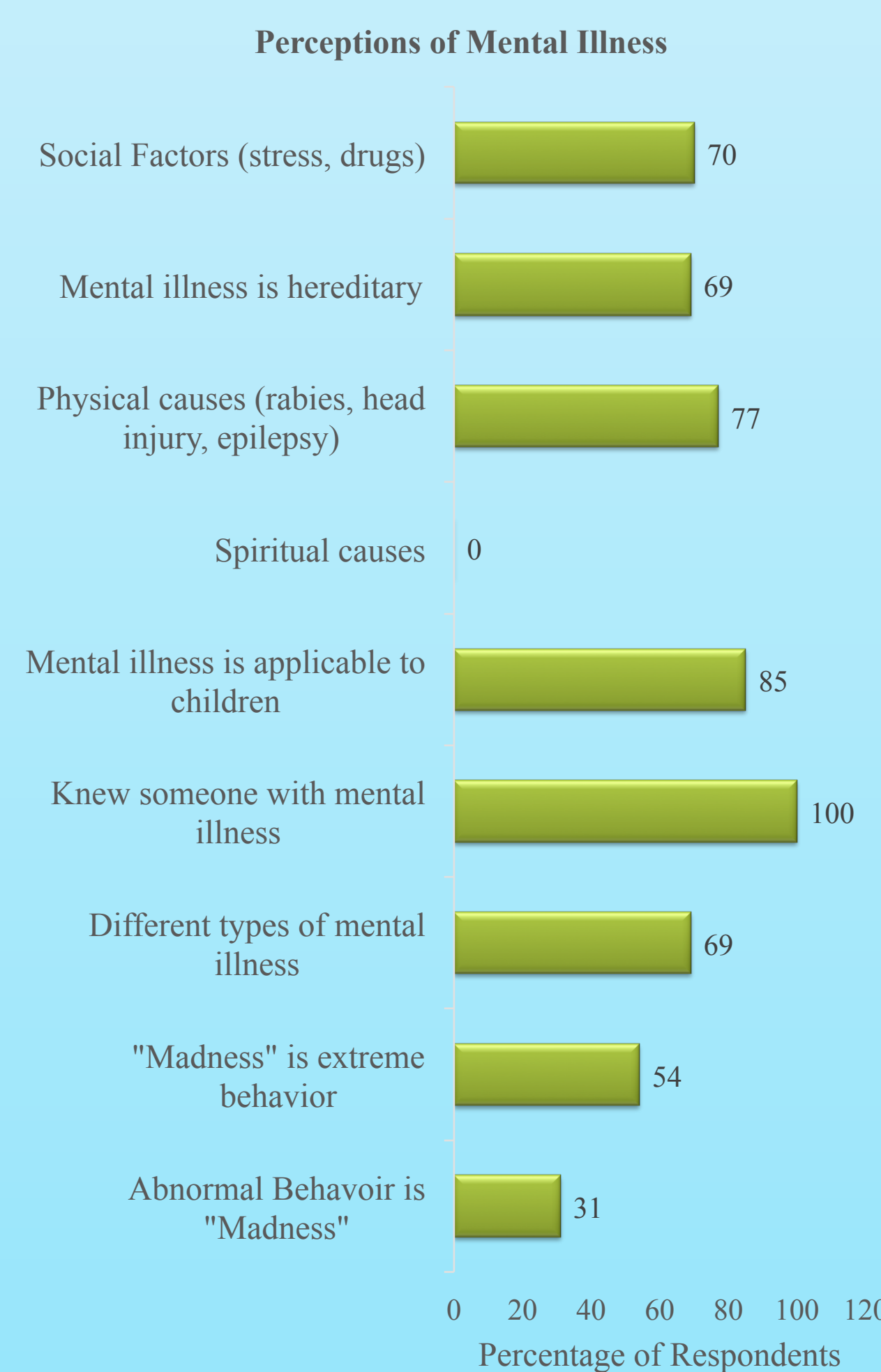


Figure 2: Frequency Table



Children & Mental Health

Majority of participants (11/13) believed that mental illness is applicable to children. The causal factors attributed to children's mental illness included physical (10/13) and social (1/13). Interestingly, none of participants in this study attributed children's mental illness to spiritual causes. Social factors were described as learned behavior:

"Some children adapt the behavior they grow up with the behavior around them because the father or mother is mad"

"Every mad man is a mad man"

Participants (7/13) additionally categorized mental illness on a spectrum of abnormality:

"Madness is an extreme form of mental illness"

"Maybe stress can make people act abnormally, but they are really normal"

"If you tell me this person has disability of brain, this person is not mad but has a disability"

Majority of participants (9/13) believed that there are different types of mental illness depending on severity and range of abnormal behaviors. Some types were described as:

"Some people are quiet and reserved"

"Some are sad" "Some are very excited"

"Madness from stress is different than madness from smoking Indian herb"

Physical Factors

Epilepsy, head injury (due to discipline practices – epileptic seizures causes falling on hitting head), prenatal brain damage (due to abortive attempts), prenatal brain damage (due to maternal malnutrition), prenatal brain damage (due to maternal drug use), brain damage with unspecified causes, and heredity.

Causal Representations

Results revealed that only 4/13 participants attributed mental illness to spiritual causes and 3 out of these 4 also attributed mental illness to stress and drug abuse indicating that spiritual causes are not perceived to be the predominant cause of mental illness. Majority of the participants (9/13) attributed mental illness to social and physical factors including drugs, financial stress (e.g., poverty), emotional stress (e.g., loss of a family member/loved one), and single parenting.

Treatment Seeking

All participants indicated that medical doctors and psychiatric hospitals are a form of treatment sought by mentally ill people. Out of those 13, only 5 reported fetish priest as form of treatment only if the causal factors were perceived to be spiritual. Majority of the participants (8/13) said treatment is chosen based on causal factors (spiritual vs. non spiritual):

"I don't know what happens at fetish priest, I don't believe in that"

"Do you think that someone with madness can heal another mad person?"

"People prefer native doctors if illness is caused by violation of rules or has spiritual aspect. You will go for protection from the gods."

4/13 believed that treatment is chosen based on financial resources and access to treatment:

"If people do not have money they do not go to the hospital. If there is no insurance they do not go to the hospital"

"The fetish believe will help them heal faster, and it is closer than hospital"

Discussion

The researchers relied on convenient sampling, and were hindered by time constraints both in assembling the semi-structured interviews and while conducting interviews. As a result, the researchers had a relatively low sample size that may not be a representative sample of the population of Larteh. However, the data is clear that the population that was interviewed attributed mental illness to stress, disorders, lack of prenatal care, drug use and other physical factors; and didn't attribute mental illness towards spiritual causes as the professionals that were interviewed indicated they would. The results also indicated that if people had access to health care, as well as the means of paying for it, they would be likely to utilize those services. Furthermore, with the few psychologists and psychiatrists that are available in Ghana having been trained using Westernized methods, research should be conducted to test the reliability of tools used in the assessment and treatment of the Ghanaian population to understand whether these methods are valid.

Acknowledgements

Thank you to Connie Currier, Linda Gordon, and Michigan State University's School of Public Health for constructing a study abroad program that focused on community based research methods; to Kendall James and Neda Senehi for being such talented individuals; and lastly, to the Gilman Foundation and Michigan State University Credit Union for funding my study abroad in Ghana.