Resources for occupational therapy in mental health in Ghana: 
a community-mapping exercise

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Brief history of Occupational Therapy in mental health in Ghana

- **OT units constructed in psychiatric hospitals**: 1960s
- **UK-trained OTs in post**: 1960s-70s
- **Last qualified OT retired**: 2006
- **OT degree training began in Ghana**: 2011
- **First cohort of OTs graduated**: 2016
- **2 OTs posted to Accra and Pantang hospitals**: 2018

UK-trained OTs in post - 1960s-70s
Challenges

• Buildings in poor state of repair
• Pressures on hospital budget
• Limited understanding of OT role
• Little engagement with local community
Opportunities

• Support from nursing and social welfare
• Established culture of philanthropy
• Network of community resources
• Opportunities for artisan work as livelihood
• UN CRPD – policy commitment to social inclusion
• Enthusiastic and creative OTs in post!
Research aims and objectives

Aim: To identify community resources support the social inclusion and participation of people recovering from mental illness

Objectives:

• To investigate community awareness of mental health and the needs of people recovering from mental illness

• To identify existing collaborations with mental health services and potential for future collaboration

• To develop a directory of community-based resources
Methods: Community resource mapping

**Phase 1**
- Visits to community resources
- Questionnaires with managers/directors
- Stakeholder interviews

**Phase 2**
- Participatory research groups
- Walking tours with persons with experience of mental illness
- Ethnography with persons with experience of mental illness & families
Community resources

NGOs

Civil society organisations
Community arts

Churches
Small businesses

Artisans
Questionnaire findings 1: Perceptions of mental illness

• Mental illness associated with:
  - violence/chaotic behaviour
  - ‘stress’ arising from relationships problems, work, poverty etc.
  - immoral behaviour e.g. using alcohol/drugs

• Perception that people do not recover

• Some awareness of support needs, stigma, social exclusion

• Personal knowledge of someone with mental illness and media coverage seemed to increase awareness of support needs
Questionnaire findings 2: Attitudes towards working with people with mental illness

• Reluctance to work with people who have used drugs or look ‘mad’
• Concerns about risks working with machinery, tools etc.
• Concerns that person may not be able to follow instructions
• Fear that the person will always show some symptoms
• Concerns about accommodation, food, time commitment
• Focus on financial rather than other forms of support
• Perception that is about what they can do for the person, rather than what the person may have to offer
Questionnaire findings 3: Community engagement

- Donations/charitable support - often linked to religious faith
- Some support arising from corporate social responsibility agenda
- Small business/artisans offer apprenticeships (but costs involved)
- Some casual work available (but insecure)

Assistance largely based on philanthropy rather than social justice – risks maintaining inequalities and social exclusion
Future plans

• Continue questionnaires and stakeholder interviews
• Set up participatory research groups
• Ethnographic observation/interviews with persons with experience of mental illness and family members
• Collaboration with arts-based groups to engage communities with research
• Develop on-line and paper directory of community resources
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