



Mindfreedom Ghana



PARALLEL REPORT

BY

MINDFREEDOM GHANA

MINDFREEDOM INTERNATIONAL

THE OPEN SOCIETY FOUNDATIONS

TO

THE COMMITTEE AGAINST TORTURE

ON GHANA

**FOR THE COMMITTEE'S CONSIDERATION AT THE 46TH SESSION
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INTRODUCTION

MindFreedom Ghana,¹ MindFreedom International² and the Open Society Foundations³ (submitting organizations) submit this parallel report to the United Nations Committee against Torture, commenting on the initial report submitted by Ghana under Article 19 of the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

This report focuses on the situation of persons with disabilities in the Accra psychiatric hospital, one of the largest in Ghana.

PROTECTING PERSONS WITH DISABILITIES FROM TORTURE

“The recent entry into force of the Convention on the Rights of Persons with Disabilities...provides a timely opportunity to review the anti-torture framework in relation to persons with disabilities. By reframing violence and abuse perpetrated against persons with disabilities as torture or a form of ill treatment, victims and advocates can be afforded stronger legal protection and redress for violations of human rights.”

(Report of the Special Rapporteur on torture, 28 July 2008, A/63/175, summary)

In his report, “Protecting persons with disabilities from torture” (2008),⁴ the Special Rapporteur on Torture expanded on the exposure of persons with disabilities segregated

¹ **MindFreedom Ghana** is directed towards improving the mental health and lives of users and survivors of psychiatry in Ghana as well as promoting their human rights. MindFreedom Ghana supports and assist persons with psychosocial disorders in their treatment regimen and further advocates for conditions that would not infringe on their human rights and dignity anywhere; seeks to improve upon the social, moral and economic conditions of those with psychosocial disabilities and survivors and deal with the stigma they suffer; promotes activities that make persons with mental disabilities have a sense of belonging and acceptance in their communities; engage in activities to sensitize and educate the public on matters of mental disabilities and human rights (<http://www.mindfreedom.org/as/act/inter/mfghana/mfghana2005>).

² **MindFreedom International** unites a coalition to win human rights campaigns in mental health. While open to the concerned public, a majority of MFI members, board and staff identify themselves as individuals who have experienced human rights violations in mental health care. For 25 years, MFI's grassroots activism has supported the self-determination of psychiatric survivors and mental health consumers, and promoted safe, humane and effective options in mental health care. MFI is a Non-Governmental Organization with Consultative Roster Status in the United Nations Economics and Social Council (ECOSOC) (<http://www.mindfreedom.org>).

³ **The Open Society Foundations** work to build vibrant and tolerant democracies whose governments are accountable to their citizens. To achieve this mission, the Foundations seek to shape public policies that assure greater fairness in political, legal, and economic systems and safeguard fundamental rights. The Disability Rights Initiative of the Open Society Foundations seeks to address discrimination against people with disabilities and promote their inclusion in society by supporting a rights-based approach to disability (<http://www.soros.org/initiatives/rights-initiatives/focus/disability>).

⁴ Report of the Special Rapporteur on torture, 28 July 2008, A/63/175

from society in institutions, including psychiatric institutions, to torture and other cruel, inhuman or degrading treatment or punishment, through:

- deprivation of liberty either against their will or without their free and informed consent;
- their subjection to unspeakable indignities, neglect, severe forms of restraint and seclusion, and physical, mental and sexual violence;
- lack of reasonable accommodation in the facilities where they are detained;
- intrusive and irreversible medical treatment without consent, including interventions aiming to correct or alleviate a disability, such as electroshock treatment and neuroleptics;

Rather than being recognized as torture or other cruel, inhuman or degrading treatment or punishment, these are compounded by remaining invisible or being justified.

As the following report demonstrates, many of these components are manifest in Accra's psychiatric hospital. At the same time, any mention of psychiatric institutions is absent in the initial report submitted by Ghana under Article 19 of the United Nations Convention Against Torture.

The following is a report of a recent visit by representatives of the submitting organizations to Accra's psychiatric hospital.

REPORT ON VISIT TO ACCRA PSYCHIATRIC HOSPITAL, GHANA

On April 12, 2011, between 1030GMT and 1330GMT, representatives of the submitting organizations visited the Accra Psychiatric Hospital, Adabraka, Accra. The visit was arranged in advance by MindFreedom Ghana.

Participating in the visit were:

- Dan Taylor, Nii Lartey Addico, *MindFreedom Ghana*
 - David Oaks, Celia Brown, *MindFreedom International*
 - Professor Robert Dinerstein, *American University*
 - Tirza Leibowitz, *The Open Society Foundations*
- Accompanied by Amanorbea Dodoo, *National Council on Persons with Disability*

Basic details

Individuals are hospitalized in one of three ways: 1) Families who bring their family members. This most common form of hospitalization is considered voluntary, regardless of whether or not the family member resists confinement, even physically. 2) Individuals who look like they are not taking care of themselves or constitute a public nuisance (such as homeless people) that are taken from the streets by policemen, under the category of "vagrants." 3) Individuals confined by court order – whether to be assessed for the case at hand or in lieu of standing trial or a sentence.

The hospital was originally built in 1906 as an asylum to accommodate 200 persons. People admitted were essentially warehoused there – looked after by warders, initially with no medical or other treatment provided.

Currently there are 880 people hospitalized, many of whom have been living in the hospital for years and some for over two decades. According to the nurse and other accounts in previous meetings, this number reflects a decrease of 300 patients, who were sent home recently because of the acute congestion in the facility. According to official versions, the families of the 300 previously hospitalized individuals have all been located and community nurses conduct home visits in the community (to be verified by MindFreedom and others).

The outpatient clinic serves approximately 220 patients.

About five psychiatrists and 125 nurses serve the entire hospital.

Much of the hospital life happens outside, in courtyards and under awnings.

Families

A recurring theme in our conversation with staff and patients in all of the wards is the role of family in hospitalization: Families bring their members to be hospitalized. Staff says that some families intentionally provide wrong addresses so their family members cannot be returned to them. Individuals remain for months and years in the hospital without any purpose because they have nowhere to return in the community. Children grow up in the hospital after being abandoned by families on account of an intellectual or physical (such as epilepsy) disability. Discharge of hundreds of patients is taking place by hospital staff (allegedly) contacting families and reconnecting them with their family members in hospitals. To complete the picture it should be noted that neither the individuals themselves nor their families are provided with any type of services to support their inclusion within their families and communities.

The visit

A nurse from the children's ward, who has been working in the hospital for 36 years, met us and led us through the hospital.

We were shown the following wards:

- outpatient clinic
- chronic wards
- acute wards
- convalescents' wards
- children's ward
- children's school
- ECT (Electro-Convulsive Therapy) ward.

We were not shown all of the wards and do not know what other categories exist and what takes place in these wards.

Outpatient clinic

Treatment consists of medication and is provided free of charge. Patients are received in one of five or six small rooms that make up the small outpatient clinic. When we came by, about 100 people sat in rows of benches in an outside courtyard underneath an awning, waiting to be called in for treatment. Treatment consists of the dispensing of psychiatric medication, and in some cases, ECT treatment (see below).

Chronic wards

Men's ward

The men's chronic ward houses 217 individuals. The ward is made up of cells surrounding a large square courtyard. Most of the patients live in the courtyard. Only a few dozen at most sleep on beds (which are outside); most sleep on thin mats on the ground. The place is crowded. Each person has very little space beyond the area on the ground where he is. Beyond a mat and an occasional sheet or blanket, we do not see any personal belongings, or any objects at all. When we walked there at about 11.00am, the sun is beating down and the temperature is around 30 C.

Supervising the ward are a few attendants (male), some of which may be nurses, who sit around a table in the courtyard with paper files and medicine vials on the table.

A nurse (the ward's head-nurse he was at that moment) led us through the ward. He explains that little treatment is being offered and that the majority of the patients have been there for years and some even for decades, because there is no place for them to go. The ward is congested and hence the recent massive discharge of 300 patients as described above. But the place remains congested and more discharge is planned. Some of the people we see are there by court order – by now for years – and have not been charged or even recalled by the justice system after having been sent to the hospital for assessment. In a later meeting, a human rights lawyer tells about a case she is currently filing that challenges the seven-year and still ongoing psychiatric confinement of a man caught in a brawl, who has been awaiting psychiatric assessment after police found a note in his pocket from which they learned he had a psychiatric diagnosis.

The cells surrounding the courtyard house about eight people (on mats or beds). Windows have bars. Some cells serve as a locked receptacle for those who have expressed dangerous or disruptive behavior. We see some people behind bars in these cells. Seclusion cannot be hermetic in the ward: even when locked in a cell, the individual can talk through the barred-windows which otherwise let in sound and air. We speak to a number of the men behind the bars. One explains that he is locked in the cell because he is trying to run away.

Men are lying in the courtyard listlessly. There is no organized activity going on. (We did not ask about how the meals are served.) We ask about bathrooms and are referred to a number of door-less stalls in the built part of the courtyard. Some stalls have a hole in the ground. Others have a water tap at about waist height. The stench is strong. Judging from the number of people in the ward and the foul sanitary conditions, it is reasonable to assume that other means are used besides bathrooms.

As we walk, some men ask us who we are and what is the purpose of our visit. We talk with a few. Some speak coherently and others less so. One says he is a mechanic who has been hospitalized – a second time – for the last eight months. He wants to get out and knows he will have a hard time going back to work.

Women's ward

The women's chronic ward houses 105 women. The nurses seem to be congregated around the entrance to the ward. We manage to see only a part of the ward itself, which like the men's ward, is a surrounded courtyard. The courtyard is crowded with women lying or moving around. The women's heads are shaved or closely cropped. Some women are naked or pulling off their clothes. We do not see any activity by the nurses within the courtyard.

We stand by the gate to the ward and walk in a few steps, at which point a number of women circle us: some take us excitedly by the hand, talk to us, draw us in. One woman in particular calls to us; she speaks in agitation about danger and killing (the nurse explains she is recounting a trauma she had undergone). Our entrance is causing commotion – the women are talking and responding excitedly to our presence, and we are ushered out of the courtyard.

Acute wards

Women's ward

This ward is also a closed-off courtyard. But in contrast to the crowded chronic ward, only nine women reside in the acute ward, which is intended – so we are told by the ward's head-nurse – for acute intervention only. Here women live inside dark rooms surrounding the courtyard. The place seems cleaner and tended-to; there are even a tree and a number of plants in the courtyard. In one room we see a row of hospital beds. Some women are lying in bed (it is mid-day). One wall has cubbyholes which are empty. We do not see any personal belongings. The nurses sit together around a file and vial-laden table in the empty, clean shaded courtyard.

Outside we meet only one patient, a young woman who is the daughter of Amanorbea Dodoo's friend. Ms. Dodoo, from the National Disability Council, accompanying us in the visit, had told us in a preceding meeting about her friend who has left Ghana for Canada, whose daughter was diagnosed with a psychiatric condition (schizophrenia?).

She did not fare well in Canada, and was returned to Ghana to live with the grandmother. Recently she was violent towards her grandmother and was taken to the hospital, where she has been for the last few weeks. Ms. Doodoo follows up on her condition. The young woman was alert and reserved (quite appropriately towards uncalled visitors). Her prospects do not bode well: The young woman will be discharged at some point, only to return to her grandmother, where she had earlier been violent. No program awaits her outside of the hospital.

Men's ward

The men's acute ward is inside – in a separate structure made up of a wide corridor and big rooms. The nurse accompanying us throughout the visit explains that this used to be the children's ward, which was later shifted to another courtyard, because the men's acute ward became the one to “showcase” to outsiders.

There are 21 men in the ward – about six or eight beds to a room. Men are lying in some of the beds. We see only a handful of men walking through the corridor. We do not see any personal belongings. The attendants/nurses congregate around a table in the corridor. A number of rooms were designated for occupational therapy with machinery (e.g. computers, carpentry) but none are operational.

Children's ward

The nurse accompanying us throughout the visit shows us her ward – the children's ward, home to about 30 children, ranging from toddlers to adolescents. The children, she tells us, have been abandoned by their families, some very near to birth, because of a disability, intellectual or physical. There is no psychiatric disability to speak of at these ages – they are in the psychiatric ward as the only place that accepts them. Most if not all are medicated with psychiatric medication.

The scene is difficult to witness. Very young children in rags are milling around. Their hair is closely cropped and some have the remains of an orange spray on their heads. The children come up to us, take our hands. Some nestle close. Others are sprawled on the ground, engaged in their own movement, and do not make any contact with people around.

Here as elsewhere the ward is a courtyard – a small one – with surrounding rooms. The rooms where the children sleep are utterly bare. The mats are rolled up in a corner in the courtyard (the nurse says she had to seek a donation from previous volunteers for the new thicker mattresses). The bathroom is a door-less continuation of the room; there is no sign of a shower – it looks like if at all, a hose is brought in to wash the children. The nurse tells us about the struggle to get diapers. A fuzzy TV in the corner of the courtyard seems to be the only type of stimulus provided in the ward. The nurse explains that the older individuals sitting in the courtyard are brought in from other wards to occupy the children. A side room has a blackboard and some placards but does not seem to be

operational (see below about the school). The only activity we see in the few minutes we are there are nurses giving out plastic-wrapped sweets to some of the children. Some of the children are given fruits like bananas to eat

Children's school

School, situated separately from the children's ward, takes place in a little hut of a few rooms. The day is a holiday with no school, but the older children from the children's ward attending the school are brought to the classroom because of visitors (another group – not on our account). Small desks cramped in rows, a blackboard, placards of simple sentences. The teacher describes how this school constitutes a model of special education, learned from and replicated elsewhere in Ghana. Indeed there is a Special Education Division of the Ghana Education Service sees to the needs of children needing special education. Most of the students are boys. A teacher's assistant (male) helps an adolescent girl change from one shirt to another. The disabilities seem varied. One child is in a wheelchair. We meet two women from the Netherlands who volunteer in the school.

Convalescents' ward

About 60 individuals reside in the convalescents' wards. 'Convalescents' refers to those that have been assessed by the medical staff to have recovered but have nowhere to go and therefore continue to live in the hospital. We visited the women's convalescents' ward, which is a hut made up of a few rooms and a narrow deck close to the hospital's parking lot and entrance. About 20 women live here. One nurse overlooks the ward, administering medication in the morning and evening. All of the women remain on the hospital grounds except for one woman, who works outside and comes back every day to sleep there. In the rooms we saw women lying in some of the beds.

ECT ward

A separate hut houses the ECT (Electro-Convulsive Therapy) ward, where both outpatients and inpatients undergo ECT. Those undergoing ECT remain in the ward for a few hours before going home or back to their wards. Anesthesia is applied.

There are about 20 beds. The head-nurse tells us that on average about five people undergo ECT every week. One person who had undergone treatment that day had just left as we came in (the ward is now empty).

Outpatients are mostly brought in by family members. In response to our question about consent for the procedure, the nurse insisted that they do not apply the procedure against an individual's express refusal even if the family member agrees or asks for it. She explains that they will take time to talk to the individual until he or she agrees. Otherwise they will send them home, but they usually manage to persuade the individual to go through with the treatment. When asked whether they explain the risks of the procedure, the nurse says they tell the patients that side effects such as pain or memory loss are minor and passing.

Meeting with head-psychiatrist

At the end of the visit we were welcomed into the office of one of the psychiatrists, Dr. Sammy Ohene, in one of the small rooms in the outpatient clinic. He is also the Head of Psychiatry Department of the University of Ghana Medical School.

At that time about 20 medical students were congregated in the room with him to review their rounds. We joined for a few minutes. Dr. Ohene confirmed the acute short-handedness they experience in terms of staff, treatment and rehabilitation and the ineffectiveness of the situation. He said that the only treatment offered is psychiatric medication.

Summary of visit

In the past year the psychiatric hospital had been in the headlines a number of times. A visit was actually documented and the findings presented on television, instigating a public outcry. The massive discharging efforts mentioned above were probably at least partially due to this exposure and public response. However, the submitting organizations have not been able to identify any move towards a process, or even a recognition of the need, for developing rehabilitative services in the community, beyond designating psychiatric nurses to follow up through home visits with the discharged patients. Considering the severe dearth of any type of mental health services, the extent to which even this service is administered has yet to be verified.

A day after our visit to the hospital, the Ghanaian Chronicle published a report of a visit to the same hospital: “Inside the Accra Psychiatric Hospital” (Helena Selby, April 13, 2011, <http://ghanaian-chronicle.com/features/inside-the-accra-psychiatric-hospital/>, see attached Annex). The report corroborates many of the impressions of the submitting organizations, and adds data and facts about parts of the hospital that they did not see and that together paint a picture of gross human rights violations. Its conclusion, however, focuses on improving hospital conditions, developing more psychiatric services and promoting the mental health bill. The omission of any reference to what has to be developed to enable recovery, rehabilitation and inclusion in the community is yet another lost opportunity.

CONCLUSIONS AND RECOMMENDATIONS

The deplorable conditions in the hospital are apparent. As stated by hospital staff, the consent of family members to hospitalization substitutes consent by the individuals themselves. Persons are thus detained in the hospital against their will or without their informed consent. The critical lack of community support services forces many individuals inside the hospital, and undermines the discharge of many back to the community, as made plain by the acute congestion within the hospital. Staff attested to the fact that many have been held for years, some for decades, solely on the basis of lack of support in the community. These include children abandoned by their families because

of their disability – usually physical or intellectual (or the combination), growing up in a psychiatric institution and administered psychiatric drugs.

Amending the rampant human rights violations necessitates taking steps on parallel levels:

In the community: Develop models of support services and rehabilitation in the community, including services for living in the community; develop support services to enable the immediate discharge of those unnecessarily hospitalized. **In the institutions:** Assess each individual currently hospitalized in terms of their medical and psychosocial condition, treatment and needs and his or her own wishes, with a view to immediate discharge of those hospitalized solely on the basis of lack of support services in the community; end practices of abuse, neglect and treatment without informed consent. **Policy and legislation:** Amend the Persons with Disabilities Act and Mental Health Act to conform to the standards of the Convention on the Rights of Persons with Disabilities, including on the right to receive support services in the community, informed consent, legal capacity, and protection from forced treatment. **Monitoring:** Establish an independent body to monitor hospitals and other places where persons with disabilities are detained.

Annex

Inside the Accra Psychiatric Hospital

<http://ghanaian-chronicle.com/features/inside-the-accra-psychiatric-hospital/>

April 13, 2011

By *Helena Selby*

Mental health in Ghana is one thing the government does not really give priority to. It seems to be content with the situation in the psychiatric hospitals in the country, despite the insurmountable problems they face.

Even though the state of mind of every country's citizens has a reflection on its economic productivity, there still seems to be no attention for them on the side of the government. If the research of the World Health Organisation's (WHO) official figures indicates that about 10% of Ghanaians suffer from mental disorder, then mental health is an issue worth looking into by the government.

As the poor people with mental illness in the developing countries have a higher risk of being deprived of life's chances, then Ghana, being a developing country, must give priority to its psychiatric hospitals to have a safe future, and if any step needs to be taken, then the Accra Psychiatric Hospital should be their first and foremost step toward the upgrading of mental health hospitals.

Psychiatric hospitals in Ghana

The Accra Psychiatric Hospital is about 100 years old and obviously, one of the oldest mental hospitals in Ghana. Its long years of existence has however, not caught the attention of the various government who come and go out of power since the regime of the first President, Osagyefo Dr. Kwame Nkrumah. The lack of innovation and attention has resulted in this hospital being rated as one of the worst in the country. The Director, Dr. Akwasi Osei, might be doing his best to turn things around however, the reluctance of the government, even to pass the mental health bill, makes it evident that the government, in every way, is not very much bothered about the wellbeing of the inmates, making the Director's efforts invisible.

According to research, more than two million of Ghana's population fall within the category of mental illness and need urgent attention. The number might be a disbelief for many people, however, it must be put into consideration that these mentally ill people are spread throughout the regions of the country, as some are left on the streets, other find themselves in prayer camps, shrines, herbalists, and the rest in psychiatric hospitals. A

psychiatric hospital, for many Ghanaians, is one of the trusted ways of treating mental illness, apart from the medication being free. In Ghana, research indicates that there used to be about 11 psychiatric hospitals, but unfortunately, the number has gradually reduced to three, which can be found in the Greater Accra, Eastern and Central regions. Among these three hospitals, the Accra Psychiatric Hospital is in the worst state, and ironically has the most number of patients.

Inside the wards

A visit by this reporter into the ward indeed, proved how dearly the hospital needs help. It was a hospital though, with beds, nurses, a few doctors to attend to the inmates, and cleaners to clean the place. Some sections looked like a hospital, and others looked so different, way below the likeness of a hospital. The hospital has about 22 wards, but only a few looked like wards in a hospital. The outlook of the rest, indeed, proved that the inmates were being taken advantage of by the government; it shows how extremely they are exempted from the sharing of the national cake. Surely, the medication is free, but the atmosphere and most parts of the environment don't look free enough, considering the situation of these inmates, the environment and atmosphere create a kind of cage, coupled with the lack of freedom for these inmates.

Most of these wards, despite the fact that the hospital is a clinic, look almost exactly like the normal situations of the mentally ill people on the streets, the difference being that in the clinic they are fed, given medication and sometimes, given a bath. Their place of abode is very unfavorable, in the sense that it might even hinder the progress of their recovery. They sleep in wards which look like a wide open public bath house, which according to the nurse, during the night, takes about 100 inmates per room when they are using their mats. According to him, the lack of wards has compelled the hospital's administration to convert some of the bathrooms into wards. The wards have canals into which the inmates urinate into during the night. The number of inmates in the wards, and the number who urinate into the canal, makes the place really stinky, even after being scrubbed with antiseptics or disinfectant. All the inmates are told to sit outside during the day, with no enough recreation or sheds to sit under. Some choose to have a nap, sometimes on the bare floor; those whose cases are fresh, and find it difficult to do the right thing, choose to sit in the scorching sun in the ward, until a nurse comes to tells them to leave.

During the visit of this reporter, the female rehabilitation ward, which has 17 beds, had 15 patients at that time, and according to the nurses in that ward, the high level of congestion has made the hospital to receive all stages of mental health patients in that ward. In admission Ward 1, there are 17 beds but 130 patients, in Ward E, there are 14 beds 106 patients, in Ward C, 25 beds 100 patients. According to the nurses, those without beds or mats sleep on the bare floor, exposing them to the risk of getting pneumonia. The situation become worse during the rainy season, apart from them getting a conducive place to stay, when it rains during the day, they also have to face the trauma of sleeping in wards with broken windows through which mosquitoes invade the place.

The Occupational Therapy Department

After thorough treatment and therapy by the hospital, patients who seem to be getting better are referred to the Occupational Therapy Department (OT Department). In this department, patients learn all sorts of craft and vocations to enable them take care of themselves and not become a burden to the family or the society, when discharged. Patients, who already have an idea of craft and other vocations, are helped to better them, in order not to forget their skills. The existing craft and vocations in the hospital at the moment include carpentry, tailoring, ceramics and cane weaving. One of the main ideas behind the creation of this department is to help patients stay focused and not misbehave.

As good as this project sounds, during the visit of this reporter to the hospital, this department seemed to be non-functional, as the only part which seemed functional was the carpentry section, which at that moment, had only 12 patients. The cane weaving section had almost collapsed due to the lack of raw material, the tailoring department was so pathetic, in the sense that not only was the room extremely congested, but also the section had only two tailoring machines to teach patients who are referred there. As for the ceramics section, thanks to Mr. Jojo Peter Abdullah, a product of the University of Ghana, Legon and an inmate who has almost recovered, is making use of his talent. It is his creative skills and talent which has beautified the ceramic section.

According to the nurse, who took this reporter around the arts of Mr. Abdullah, his works are sometimes sold and he is given 10% of the amount for his efforts. He said the OT Department has about 50 patients, however, since there is not enough material to use to teach them, most of the inmates resort to the playing of games to occupy their minds. Apart from the playing of games, some of the patients sometimes go to the library to read, however, it is a shame that the library does not exist anymore, and there seems to be no trace of it coming back to life again. At certain points too, patients occupy themselves in group therapy or therapeutic community, that is they gather themselves in groups to share their problems, give advice to each other, and sometimes, they even have discussions about their medication.

The OT Department helps patients recover quickly to face life once again, but due to the lack of enough material the teachers find it difficult to teach, resulting in the department deteriorating daily.

Challenges of the hospital

Disclosing one reason for the congestion in the male ward, the nurse noted that inmates brought by the police with a court order, are abandoned in the hospital. He said inmates brought by court order are supposed to stay in the clinic between two weeks to six months at most, but the refusal of the police to go for feedback about the condition of the inmates, and the inefficiency of the country's system, makes the inmates stay in the hospital for between 7 to 20 years, hence making the place overcrowded, since the number increases almost every day. The hospital does not have the facilities to separate the wild inmates from the calm ones, so they end up mixing them up, and one is only

locked alone in a room when he becomes too aggressive and violent. The hospital has the problem of insufficient water supply, and not enough food to feed the inmates. Most of the nurses complained that they always have to write a memo to the authorities before they get water.

Apart from this problem they face, they as well have problems locating the families of patients once their treatment is over. It is unfortunate that some relatives, due to reasons known to themselves, do not come to visit their wards once they are put on admission, or even come for them when they have been discharged. The hospital, therefore, refers them to the Department of Social Welfare to find their families, as most families who do not want to be stigmatised by society give wrong addresses to the hospital, making it difficult locating them when the patient is fine, however, if the patient is able to remember the whereabouts of his family, then the hospital allows him to go home by himself.

Conclusion

It has always been the dream of many stakeholders on the mental health bill that once the bill is passed into a law, situations in the mental health will change for the better, however, looking at how severe the situation is in the Accra Psychiatric Hospital, one can hardly tell how things will change for the better when the bill is enacted into law.