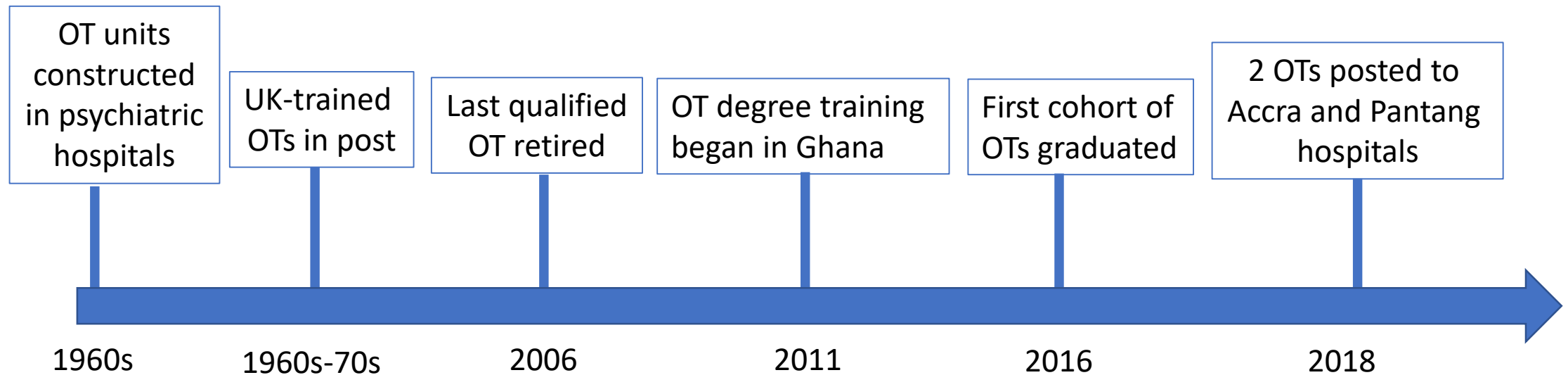# Resources for occupational therapy in mental health in Ghana:
a community-mapping exercise

Ursula M Read, PGDip OT, PhD, Kings College London

Sarah Gyau, BSc OT, University of Ghana, Accra Psychiatric Hospital

Ann Sena Fordie, BSc OT, University of Ghana, Pantang Hospital

Brief history of Occupational Therapy in mental health in Ghana

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

Acknowledgement

- UCT NRF WFOT CONGRESS 2018 GRANT PROGRAM
- WFOT CONGRESS GRANT PROGRAM

Thank you

More information:

ursula.read@kcl.ac.uk

sarahgyau1@gmail.com