

BasicNeeds Ghana promotes psychosocial rehabilitation for survivors of torture and organized violence (TOV).

Peter Yaro¹, Hannan Legend Tizaa²

¹ Executive Director BasicNeeds Ghana,
(peter.yaro@basicneedsghana.org)

² Programme Officer, BasicNeeds Ghana and Coordinator of the BasicNeeds-Ghana-Dignity Institute Against Torture Partnership Project (hannan.legend@basicneedsghana.org)

In 2018 BasicNeeds-Ghana and Mental Health Society of Ghana (MEHSOG) established a partnership with DIGNITY-Danish Institute Against

informed MHPSS in Ghana; Build the capacity of Service providers of formal and informal sectors to provide MHPSS without exposing service users to



Cruel, Inhuman and Degrading Treatment (CIDT); Create awareness among the populace on causes and treatment of Psychological Trauma. It began with a pilot phase within two districts namely Ga West in Greater Accra and Zab-zugu in the Northern Region. The pilot phase confirmed the prevalence of TOV among service users and their carers during their health-seeking. For example, it came out that the primary reason for seeking care from a Healing Centre was spiritual concerns and also that 30% of respondents indicated they experienced at least one potentially harmful treatment during one or more of their visits to a Healing Centre.

For the past four-and-half years, the project undertook the ensuing activities.

Torture, a renown human rights organization in Denmark. The partnership was to enable BasicNeeds-Ghana and MEHSOG to promote Mental Health and Psychosocial Support Services (MHPSS) in Ghana. This became necessary to deal with growing cases of TOV among service users and carers during health-seeking encountered in the course of their work. BasicNeeds and MEHSOG identified this need but was unable to adequately deal with it until the coming of DIGNITY.

The partnership was to achieve the following objectives primarily: Influence policy in favour of survivors of TOV; build the capacity of BasicNeeds and MEHSOG staff to promote the trauma

First and foremost, it has provided trainings on Psychological Trauma and trauma-informed MHPSS for Community Mental Healthcare Workers, Community Mental Health Volunteers, Traditional/Faith-based Healers, Government Human Rights Agencies and Key Influencers. These trainings have increased their understanding of the causes, symptoms, and management of psychological trauma. The beneficiaries have therefore become able to promote timely and quality rehabilitation for survivors of TOV.

In addition to the above, two rounds of Relationship Building Meetings were held between traditional/faith-based healers and Community Mental Healthcare Providers to dissolve their differences and build synergies for better service delivery. These were aimed at creating opportunities for joint service delivery to enhance recovery.

Furthermore, there were also Community Mental Health Durbars to educate the populace on the causes, symptoms, and psychological management. These durbars were also used to encourage the populace to eschew stigmatization and discrimination of survivors of TOV and embrace their acceptance. During the durbars, the traditional rulers made public declarations in support of timely rehabilitations for survivors of TOV and warned of consequences for abusing them.

Also, Media Engagements were also undertaken to amplify the reach of the awareness creation. These were in the form of Coverage of Project activi-



ties and Radio Talk shows. The engagements were in both English and Local Languages (Twi, Ga, and Dagbani).

Finally, a Research was conducted on the identification and facilitation of trauma informed MHPSS for survivors. The research revealed that most survivors are exposed to TOV in prayer camps and traditional healing centres. It also revealed interestingly that psychological trauma also happens to service users in the formal sector. On the most

prevalence stressful life event, the research revealed that assault (69.9%) of any form emerged.

From the activities the achievements chalked up by the project are as below.

One, through the project, 510 traumatized individuals were identified and provided various forms of trauma-informed Mental Health and Psychosocial Support. Of these individuals, 153 survivors representing 30% registered improved conditions.

Two, four District Referrals Networks have been established in Ga West, LEKMA, Tamale Metropolis and Zabzugu Districts for dealing with issues militating against referrals. These networks have also reduced referrals time making rehabilitation timelier and more efficacious. The Referral Networks have also developed sustainability plans to ensure the gains of the project outlive the project lifespan.

Three, the National Stakeholders Forum has been established to drive the efforts at influencing policy in favour of survivors of TOV and sharing information on best practices regarding timely rehabilitation. The institutions constituting the Forum have added advocacy efforts at ensuring that Mental Healthcare is covered by the National Health Insurance Authority.

Four, through Community Durbars, Community Awareness Events and Media Engagements about 3000 persons were directly reached by the project activities. These people, hitherto, did not know about psychological trauma from TOV and are therefore now able to deal with survivors better. This has supported the fight against stigmatization and discrimination of survivors of TOV.

The lessons learned are limited media coverage on mental health are not necessarily as a result of disinterest but as a result of lack of capacity. Another lesson is that most mental healthcare providers are motivated more by recognition that material compensation. Finally, it was also realized that Government Human Rights organizations were in dire need of capacity building in MHPSS.