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Yaro, Badimak Peter (Executive, BasicNeeds Ghana)

Ayisha Ali, recovered from psychosis

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People with mental illness or epilepsy and carers in a group discussion during an advocacy training session in Kumbungu near Tamale

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BasicNeeds-Ghana?

BasicNeeds-Ghana is a mental health and development advocacy organisation that implements and promotes initiatives to transform the lives of people with mental illness or epilepsy by providing access to integrated mental health care, social and economic services in the communities of Ghana. In the process, we empower these individuals and their families, while involving communities, other organisations and the government at large in a bid to influence public opinion and shape policy which would enable people with mental illness or epilepsy live and work successfully in their respective communities.

BasicNeeds-Ghana is a registered Non-Government Organisation in Ghana. Operations of BasicNeeds in Ghana began in 2002, with the establishment of the Northern Ghana Programme to implement and adapt the model for mental health and development in an African context. The project ‘New initiatives in mental health and development’ was successfully implemented leading to the establishment of another programme in the Accra metropolitan area in 2002 as part of replicating the mental health and development model within an urban context. The experiences of the northern Ghana programme necessitated that the Accra programme pursue the development of a national community mental health service through working with existing mental health institutions.

In response to increasing demands and demonstration of impact of our approach to addressing mental health within general social development, BasicNeeds-Ghana established its third large programme in the mid-regions of the country, known as the Mid-Ghana Programme, covering the Ashanti and Brong-Ahafo regions.

BasicNeeds-Ghana is a member of the BasicNeeds international federation, which is headquartered in the United Kingdom, run by the BasicNeeds UK Trust, and has partners and franchisee in India, Sri Lanka, Lao PDR, Vietnam, Uganda, Tanzania, Pakistan, Kenya, Colombia and Gloucestershire-UK

Our vision

The vision of BasicNeeds-Ghana is that “People with mental illness or epilepsy live in dignity and satisfy their basic needs and exercise their basic rights”.

Our mission

BasicNeeds-Ghana’s mission is “to develop and implement initiatives that directly involve people with mental illness or epilepsy, and their families and communities and other organisations to enhance self-determination and influence public opinion and decision-making on mental health and development”.

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How we work

BasicNeeds-Ghana implements the model for Mental Health and Development (MHD), an innovative, user and community centered development model developed by BasicNeeds UK Trust to meet the mental health treatment needs of people with mental illness or epilepsy, increase awareness and influence public opinion, policies and practices, and assure a means to a secure livelihoods for people with mental illness or epilepsy, their carers and families. The model is a five-modular innovative approach to making mental health as much a rights and development issue as it is medical in nature. The model is based on the philosophy of building inclusive communities where mentally ill people, through development, realize their rights. We do this by addressing not only the illness through improved treatment and reintegration, but also the poverty in order to enable an individual to achieve sustainable recovery.

The model also acknowledges the right of people with mental illness or epilepsy to be consulted about how our programmes and projects are managed. It equally emphasises the importance of building of capacity (knowledge and skills) within individuals, communities and organisations to address health and livelihoods needs of persons with mental illness or epilepsy and their carers and families. In addition, BasicNeeds-Ghana works to influence mental health policy at local, national and international levels.

Programme Management and Administration

This module emphasises well-coordinated and planned activities that actively involve persons with mental illness or epilepsy and their carers and families, and partners and other stakeholders to ensure maximum benefits are accrued from initiatives being implemented for persons with mental illness or epilepsy and their families and communities. It equally focuses on effective management and accountability, including timely reporting and adhering to statutory requirements.
Community Mental Health
This module seeks to improve access to community based integrated mental health care services that ensure quality medical and psychological treatment is provided to a majority of persons needing the services. Collaboration is built with the government national health service and together with service users and their carers and families facilitate access to existing treatment facilities. In this regard, BasicNeeds Ghana has formed a partnership with the mental health unit of the Ghana Health Service, organising outreach clinics in Accra, Ashanti, Brong Ahafo, Northern, Upper East and Upper West Regions of Ghana.

Sustainable Livelihoods
The sustainable livelihood module works to improve individual and family income in a way that directly incorporates the participation and contribution of people with mental illness or epilepsy in livelihoods activities. BasicNeeds-Ghana has supported beneficiaries with livelihoods skills training, tools and equipment, and in several cases financial credit to undertake various sustainable income activities. This is facilitating the steady integration of stabilised mentally ill people into the working environment in their communities. Our experience has shown that most people with mental illness or epilepsy, after stabilising desire to and do return to the work that they were doing before they became ill. Others change and learn a new skill to (re-) establish new ventures.

Capacity Building
Capacity building takes place at various levels and includes people with mental illness or epilepsy, caregivers, and the staff of community based organisations, resource partners, government agencies and local authorities. Capacity inputs include awareness of mental illness, possible causes and its treatment by persons living with mental illness or epilepsy and their families, information on existing services, facilities and policies, and the formation and management of self-help user and care-giver groups. We use the development practice of animation for capacity building in the field.
Policy and Research

BasicNeeds research has two basic dimensions:

1. Action research which is participatory in nature and seeks to enhance the inherent capacities of persons with mental illness or epilepsy and their carers and families in addressing their challenges and ambitions. This begins with consultation meetings involving people with mental illness or epilepsy, their carers, and stakeholders to enable them understand their world and resolve to change as they desire it.

2. Policy Research builds upon our on-going action research so as to strengthen our advocacy engagements. Key areas of research include the numbers of people with mental illness or epilepsy accessing services and benefitting from social protection programmes, as well as gaps in development and implementation of existing legislations. Policy research also serves as a tool to understand the mechanisms of policy-making and implementation at different levels.

Policy engagements take several forms and in various for a ensuring policy makers and authorities are reached and well informed about issues affecting mental health, rights of persons with mental illness or epilepsy and the primary carers and families, influencing them to make pronouncements and act to address them.

Where we work

BasicNeeds-Ghana operates in three large programme areas covering six of the ten regions and active in 68 districts (including municipal, sub-metropolitan and metropolitan areas) of these regions. The programme areas include the Northern Ghana Programme, which is the oldest and largest of the programmes, cover the Northern Region, Upper East Region and Upper West Region; the Accra Programme Area, covering four sub-metropolitan areas of the Accra metropolis (Ablekuma sub-metro, Ashiedu-Keteke sub-metro, Ayawaso sub-metro and Okaikoi sub-metro); and the Mid-Ghana Programme, the newest of the programme areas, and covering 15 districts of the Brong-Ahafo and Ashanti Regions.
Projects implemented

The organisation has over the years implemented over 18 projects of duration ranging from a minimum of a year to five years. All the projects have been designed to implement the model and make it possible for people to meet their mental health treatment needs, improve livelihoods, as well as influence opinions and policies, attitudes and practices.

In addition to the geographical programmes, BasicNeeds-Ghana also undertakes several one-off short-term projects, particularly in relation to research studies and advisory support services to guide some interested organisations to develop mental health policies in favour of people with mental illness.

Donors and supporters

BasicNeeds-Ghana, over the decade that it has been operating, has been variously funded by Comic Relief, the United Kingdom (UK) Department for International Development (DFID), the European Union (EU), and several UK based charity trusts and foundations, notably the Jersey Overseas Aid Commission (JOAC), the Trusthouse Charity Trust, Clothworkers Trust and Ryklow Trust, as well as a number of in-country funding sources including the Ghana Research and Advocacy Programme (G-rap), Strengthening Transparency and Accountability Responsiveness in Ghana (STAR-Ghana), the Africa Women’s Development Fund (AWDF), the Canada High Commission’s Canada Fund for Local Initiatives (CFLI), GHACEM Foundation.

Current projects under implementation are funded by DFID, the EU, and STAR-Ghana. BasicNeeds-Ghana draws from and enjoys substantial support from many individuals and organisations, who provide advisory support and endorsement to the organisation and its activities.

Partners and collaborators

BasicNeeds-Ghana partners and collaborates with many government health and development Ministries, Departments and Agencies, as well as NGOs and community-based organisations to enhance project delivery and maximise synergies for the desired impact and results of the interventions of the organisation. The key outfits BasicNeeds-Ghana actively partner and collaborate with are as below:

**Ghana Health Service (GHS)** - As the national health service outfit of Ghana, BasicNeeds-Ghana extensively collaborates with the Ghana Health Services in mental health treatment service provision, including enhancing training/orientation to health workers, and provision of logistics to improve health services and improving public knowledge of mental health.

The Commission for Human Rights and Administrative Justice, Department of Social Welfare, Department for Community Development and the Departments for Women and Children. All these have brought their expertise to bear on trainings provided to support groups of service users, community volunteers and other relevant stakeholders.
Mental Health Society of Ghana (MEHSOG) - Represents and leads self-help user groups’ policy engagements and meetings at the national level. It also partners with BasicNeeds-Ghana in advocating for needs and rights of persons with mental illness or epilepsy;

Gub-Katimali Society (GKS) - A local advocacy partner of BasicNeeds Ghana in the Northern Region; Zuuri Organic Vegetable Farmers Association (ZOVFA) and its sister organisation Community Self-Reliance Centre (CSRC) - partners with BasicNeeds-Ghana to implement project activities in the Upper East Region, particularly around the districts of Garu-Tempane, Bawku Municipal, Bawku West, and Talensi-Nabdam; Programme for Integrated Rural Development (PRIDE) - An implementing partner of BasicNeeds Ghana in the Upper East Region, especially around the Bolgatanga Municipal area, Bongo District, and parts of Kassena-Nankana East District;

Centre for People’s Empowerment and Rights Initiative (CPRI) - is the implementation partner of BasicNeeds-Ghana is the Upper West Region (UWR);

MIHOSO Foundation (MIHOSO) - is the NGO partner of BasicNeeds-Ghana in the Brong-Ahafo Region in the Mid-Ghana Programme. They are being supported to implement the entire Mental Health and Development (MHD) model in the Region.

Centre for the Development of People (CEDEP) - is the project implementation partner of BasicNeeds-Ghana in the Ashanti Region in the Mid-Ghana Programme. Both organisations are being supported and strengthened to implement to entire Mental Health and Development (MHD) model.

**Current projects being implemented**

BasicNeeds-Ghana effectively develops projects to respond to mental health, livelihoods, and general rights of persons with mental illness or epilepsy and their primary carers, families and communities. There are Projects currently going on include

‘Enabling People with Mental Illness or Epilepsy to Access their Rights in Mid-Ghana’. This is a three years and nine months project funded by the Civil Society Challenge Fund (CSCF) UKAID to the tune of GBP£485,287, which is 97% of the total cost of the project, which is being implemented in 16 districts in the Brong-Ahafo and Ashanti Regions of Ghana. The project aims to enable people with mental illness or epilepsy and their carers in Ashanti and Brong-Ahafo Regions of Ghana satisfy their basic needs and their basic rights recognised and respected. It works to ensure persons with mental illness or epilepsy (i) have access to the best available mental health care and support (ii) are treated with respect and dignity, including reduction of physical abuse and stigma and increased inclusion in social activities (iii) able to live and work in the community (iv) exercise all civil, political, economic, social and cultural rights, and that (v) policies and practice reflect the needs of persons with mental illness or epilepsy, with increased resource allocation for mental health and development services.

‘Promoting an Inclusive and Empowered Civil Society to Advance Socio-Economic and Political Development in Ghana’. This project is financed by a grant from the European Commission, under the None State Actor and Local Authorities in Development Actions in Partner Countries (Ghana) to the tune of 90% of the total cost of the project (EURO€473,000). This 36-month project commenced in October 2011 and expected to run till October 2014. It will support increased participation of networks of mental health service users and carer Self-Help Groups, Disability People’s Organisations, women and youth groups as well as community based trade associations and famer groups to increase participation in local level development processes and collectively demand accountability and responsiveness from duty bearers at the local government level and among Members of Parliament.
This project attempts to build the collective voice of different excluded and vulnerable citizen groups to engage with and demand accountability in such areas as health, particularly mental health and other key social protection schemes (national health insurance scheme, youth skills development and employment) especially ensuring they are catered for in the medium-term development plans and District Assembly Common Fund (DACF) of district assemblies.

‘Ghana - A Picture of Mental Health (Phase III)’ is a 6-month project with a total cost of GHS¢41,917, of which UK ODI is financing GHS¢35,000 under the Mwananchi Project managed by the Participatory Development Associates (PDA), Ghana. This project is building on previous phases that produced a photo-book to highlight inhuman conditions and human rights abuses that people with mental illness or epilepsy by strengthening a CSO platform to advocate the implementation of the Mental Health Act, 846.

*Mental Health for All in Ghana* is funded by STAR-Ghana to the tune of USD$250,000 for two years. The anticipated outcome of this project is that poor people with mental illness or epilepsy benefit from improved access and quality community based mental health services. Key results are that the Mental Health Law is effectively implemented through the development the implementation that the mental health law is effectively implemented and that there is enhanced access to community mental health services in deprived areas.

**Achievements**

BasicNeeds-Ghana has demystified mental health and continue break the barriers that constrain addressing the issue beyond medical relm. The organisation has played a very key role in bringing mental health to be accorded the attention it currently enjoys in public development discourse. As at December 2012, a total of 20906 persons with mental illness (9306) or epilepsy (11100), of which (10228 female and 10578 male), are actively receiving treatment services within proximity of their communities. A total of 6289 are earning income and 10169 are in none income earning productive activities.

1. BasicNeeds Ghana has been a key advocate for the review of Ghana’s mental health legislations, which contributed to the promulgation of the Mental Health Law of 2012, Act 846.

2. Worked with persons with mental illness or epilepsy and their primary carers to establish a viable national mental health service users and carers association which is actively and independently advocating for their needs and rights.

3. Successfully established a new Programme Area in the middle zone of Ghana covering the Brong Ahafo and Ashanti regions where a three-years nine months project is currently being implemented.

![Users association engaging a government official through the presentation of a photo-book](image-url)
4. Built very cordial relations with government and non-government agencies, including viable civil society networks, which have increased interest in and inclusion of mental health issues in projects and public discourse.

5. Collaborated with a range of international organisations, academic institutions and researchers and journalists, to promote mental health, as well as the needs and rights of persons with mental illness or epilepsy and their carers and families. Examples of such collaborations are with the World Health Organisation, the International League Against Epilepsy and CBM International.

6. Built and diversified fundraising and resource mobilisation, within and outside of Ghana, by demonstrating with the work of BasicNeeds, and impressing on donors and relevant experts the need to improve funding for mental health.

7. Used the community work of BasicNeeds-Ghana to contribute to knowledge and good practices in mental health and development interventions through peer-reviewed journals, conference and academic seminars.
BasicNeeds Ghana welcomes your comments, suggestions and donations.

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