

Are Traditional Health Care Practices for Children with Mental Health Problems in the Tamale Metropolis in Ghana as Effective as Psychological Interventions?

Sarah Yarney^{1*} Emmanuel Nyamekye²

1. Gorsmay Pharmacy Ltd. P. O. Box 570, Tamale, Ghana

2. Liberal Studies Department, Tamale Polytechnic, P. O. Box 3 E/R Tamale, Ghana

Abstract

This study investigates the extent to which traditional Health Care practices for children with mental health problems in the Tamale Metropolis in Ghana are as effective as psychological interventions. The study reviews existing work on traditional health care practices, psychological interventions for mental health patients and coping strategies for parents and/or family members of children with mental health problems to build a conceptual framework that is appropriate for examining health care practices for children with mental health problems in Tamale, in northern Ghana. The study details the traditional health care practices that children with mental health problems receive from especially traditional healers who believe that issues of mental health are caused by the activities of witches and wizards. The findings of this study suggest that the burden of care for children with mental health problems solely rests on parents, family members, and traditional healers and to a lesser extent the psychiatric hospital. Some coping strategies, however, have been adopted by parents of children with mental health problems, the major strategy being the ‘God motif’ by which parents are able to ‘survive’ stigmatization and stress.

Keywords: care, children, health, mental, psychological, traditional

1. Introduction

In Africa, children are highly valued and often seen as gifts from God as a result of which they are perceived to have a very special role to play in perpetuating the family and the culture as well as providing care for the elderly (Fosu, 1995). It is believed that when primary caregivers (mother and father) are not available, the community creates a system for caring for children (Agarwal, 2010).

In spite of the above perception regarding the relationship that exists between a child and the family and/or community, Asenso (1995), notes that there are factors that can negatively impact a child's relationship with members of his/her community and one of these factors has to do with the mental health status of the child. Agarwal (2010), is also of the view that providing children with an environment that demonstrates love, compassion, trust, and understanding will greatly impact a child so that s/he can build on these stepping stones to have a productive lifestyle. Many children however, according to Agarwal (2010), do not receive that type of lifestyle though because of the fact that such children have mental health problems, a situation which negatively affects the children as they have to deal with the community's resentment, distrust and constant negativity and thus making these children to have a difficult time coping with their emotions.

Africa south of the Sahara is largely prone to civil strife, and a large number of the population have low incomes, high prevalence of communicable diseases and malnutrition, low life expectancy, poorly staffed medical personnel, and inadequate services (Avotri & Walters, 2001). Mental health issues often come last on the list of priorities for policy makers, where mortality is still mostly the result of infectious diseases and malnutrition (Asenso, 1995). Asenso (1995), again indicates that health in general is still a poorly funded area of social services in most African countries and, compared to other areas of health, mental health services are poorly developed. Indeed, most African countries have no mental health policies; programs or action plans (Okasha et al., 2002). This state of health delivery services, together with the religious belief system, has forced many Africans south of the Sahara to continue seeking medical treatment from traditional healers and herbalists (Adewuya & Makanjuola, 2008). Additionally, according to Asenso (1995), the cost of services and treatment deter most people from seeking western treatment for their ailments and/or the ailments of other family members.

In Ghana, traditionally, people with mental health problems are usually not given any special attention for such persons to be able to become useful members of the society such that they can contribute their quota to the overall development of the country (Humphrey, 2012). Laugharne & Burns (1999), also state that care of children with mental health problems is shirked in most parts of Ghana and these children are often left at the mercy of traditional healers. With regards to the psychological aspect of mental ill-health, research contributions have largely confined themselves to problems of diagnostic assessment of mental ill-health (Read & Doku, 2012). For instance, a report by the Mental Health Special Interest Research Group of the International Association for the Scientific Study of Intellectual Disabilities to the World Health Organisation in 2001, among other publications, mainly stressed the prevention of mental and behaviour disorders (see Fraser, 2002). The

major area of considerable neglect has to do with studies on parents and/or families of children with mental health problems as in some instances these parents are denied, ignored, and discriminated in participation, involvement, and opportunities within communities. It is on the basis of this that this project sets out to examine the extent to which traditional health care practices for children with mental health problems in Tamale are as effective as psychological interventions. Although this study places considerable emphasis on the fact that individual women and men care givers are people who can determine the life chances of children with mental health problems, it equally strongly reflects the extent to which specific cultural contexts and/or psychological considerations can shape and define the level of care children with mental health problems receive and how this impacts on their behaviour and general outlook.

Health in general is also still a poorly funded area of social services in Ghana and, compared to other areas of health, mental health services are poorly developed (Laugharne & Burns, 1999). This state of health delivery services has forced many Ghanaians to continue seeking treatment from traditional healers.

By focusing attention on care giving practices for children with mental health problems, this study sets out to contribute to discussions on the link between traditional health care practices for children with mental health problems in Tamale (Ghana) and psychological interventions for children with mental health problems in Tamale.

1.1 Defining Care Practices

A formal definition of care was provided during the International Conference on nutrition in 1992 by the World Health Organization (WHO). Care means the “provision in the household and the community of time, attention and support to meet the physical, mental and social needs of the growing child and other household members” (WHO, 1992).

Care has also been defined as the “behaviours and practices of caregivers (mothers, siblings, fathers and child-care providers) to provide the food, health care, stimulation, and emotional support necessary for children’s healthy growth and development (Engle & Lotska, 1999:124). The definition further elaborates that ‘these practices translate food security and health care resources into a child’s well-being’ (ibid:124). Additionally, it was noted that it was not only the practices which are critical to children’s growth and development but also the way these practices are performed with affection and responsiveness to the child. Research indicates that there is a close link between the qualities of psychosocial care a child receives and the development of his mental abilities (Engle et al., 1997).

It is estimated that in every part of the world, one in every six adults and one in every eight children has a mental health problem of varying severity at any given point in time (Butters et al., 2010). The problems of mental health in Ghana range from, behaviour problems, mild depression and anxiety, through to psychosis and severe personality disorders (Sellers, 2004). Problems associated with mental health may be temporary or long term, or may fluctuate in incidence and severity during the course of a person’s lifetime (Flisher et al., 2007). The prevalence of mental ill-health is not evenly distributed across Ghana according to Lund et al., (2010). They also indicate that there are strong links between mental health conditions in southern Ghana and social exclusion, a situation that this study also discovered in Tamale (northern Ghana).

Parents of children with mental health problems, especially those with severe personal disorders for instance, according to Lund et al. (2010), tend to find it hard to get work, have lower incomes, and live in areas with higher socio-economic deprivation. Linked to this, they are also more likely to experience difficulties in accessing services and receiving a full range of support in line with their needs (ibid). This situation will naturally affect the kind of care their children will be getting.

Traditional care practices in Ghana, just like many other traditional ways of living, have been susceptible to innovation and transformations which have to do with social, cultural and economic transformations and shaped mainly through the processes of migration and urbanization (Roberts, 2001).

In urban settings especially, the increasing demand for women to work away from home for an income either to complement their families’ income or solely provide a livelihood for their families (mostly in the case of single parents), makes caring for children more challenging for the family especially so when children have mental health problems (Osei, 1993). According to Apt (1993), an increasing number of women are living alone with their children due to more frequent marital disruptions. A significant proportion of women in deprived urban communities in particular are also bearing children outside marriage and sometimes at early ages, and in some cases both mother and child are vulnerable to hunger and disease as they lack support from family and other social sources. It therefore can be said to be true Oppong’s (2001) argument that mothers who cannot afford substitute care because their children have mental health problems and so need to be cared for, will not be able to engage in work that will require them to go outside their homes. This study thus examines the kinds of care available to children with mental health problems.

1.2 Traditional Childrearing Practices

In the recent past, a common feature of traditional Ghanaian life was the strong communal and family support systems that prescribe norms for the upbringing of children and the care of fellow members of the community (Whitehead, 2006). Since child rearing was a communal effort, this provided a safety net which protected children and even adults from abject poverty, harm, hunger/malnutrition, waywardness, and supported their psychological wellbeing (ibid). With increasing modernization, urbanization, and rapid rural-urban migration, the systems are breaking down resulting in an erosion of family and community ties (Owusu, 2004). This breakdown in family and community ties will certainly have an effect on the care of children with mental health problems and this study sets to explore these effects.

According to Evans and Myers (1994), child upbringing practices are embedded in the culture of a people and determine, to a large extent, the behaviours, mental well-being, and expectations surrounding a child's birth and upbringing. Universally, child upbringing consists of practices that are grounded in cultural patterns and beliefs (ibid). For this reason, some people tend to conclude that caregivers have a set of practices or activities available to them that may influence these patterns. The practices that exist in certain traditions have been derived from cultural patterns, beliefs, and ideas of what should be done and constitute the accepted care practices or norms. This study will examine care practices from the point of view of traditional care givers.

1.3 Historical Perspective of Mental Diseases

Many cultures, both ancient and modern, have considered mental diseases to be caused by demon possession or as a punishment by God (or gods) for sin or other misbehaviour (Omonzejele, 2004). Accordingly, people with severe mental ill-health problems or other health related ailments were treated atrociously by ancient societies (ibid). In some ancient societies, infants who were thought to be epileptic for instance, were killed while others were sold to be used for entertainment (Omonzejele, 2004). Since mental illness was considered as demonic possessions or punishments, the individual was looked upon as less than human (ibid). There was thus some stigma attached to persons who were epileptic and such persons and/or their relations became objects of pity or alternatively, considered dangerous to regular society (Myron & Belfer, 2008). This issue of stigmatising people with mental health problems and/or their relations has continued to present day in most communities in Ghana (see Humphrey, 2012), a phenomenon this study proposes to explore.

1.4 Psychological Interventions in Health Care for mental health patients in Tamale

Psychological interventions are methods used to facilitate change in an individual (Fraser, 2002). Strictly speaking, psychological interventions are those activities that are used to modify an individual or a group's behaviour, emotional state, or feelings (ibid). These interventions are sometimes used for the treatment of mental illnesses. According to Fraser (2002), psychological interventions have the potential of reducing high-risk health behaviours, thus improving clinical outcomes through pain management and the management of stress, depression, and anxiety.

Patel and Kleinman (2003), have identified the following psychological interventions that may be used by mental health professionals and these are: cognitive-behaviour therapy, group therapy, psychodynamic therapy, or family therapy.

- Cognitive-Behaviour Therapy: With regards to cognitive-behaviour therapy, young people are assisted to use positive self-talk and problem solving to change behaviour and by so doing improve their mental well-being. This is the case because some children and/or youth with depression can be hard on themselves. They need therefore to be assisted to learn how to identify positive reinforcement that will help them in their environments.

- Group Therapy: Group therapy is designed to build self-esteem, enhance social skills, and thus manage anger. Group therapy may be obtained through local mental health agencies or private therapists.

- Psychodynamic Therapy: At certain times, mental health professionals, as part of their work, help young people with depression to understand and resolve their internal unconscious conflicts and treatment may include play therapy or art therapy.

- Family Therapy: With family therapy, the entire family of the sick person is involved, as they often need to change their responses to depressed children or adolescents. Issues of neglect or abuse, which often is the case, will then need to be resolved.

According to Osei (2001), psychological interventions can provide positive long lasting outcomes for children, young people, and their families. It is worthy of note, however, that there are no dedicated psychological interventions and/or facilities for child and adolescent mental health in Tamale, apart from perhaps family therapy. This is because there are no trained personnel for the aforementioned psychological interventions in Tamale according to the medical officer at the psychiatric hospital in Tamale. Similarly, and as has been indicated above, there is the belief among the people of northern Ghana that there is a spiritual dimension to mental health problems (see Berlich, 1994), and so solutions to mental health problems should also be spiritual

in nature.

1.5 A Background of Psychiatry in the Northern Region of Ghana

The services of Psychiatry in the Northern Region and in Tamale started in 1981. The service, until a few years ago, was accessible only in Tamale. However, with the collaboration of a number of Non-Governmental Organizations such as Basic Needs, access to Psychiatry is widely spreading to almost all the districts in the northern region through the use of Community Nurses who, unfortunately, have no training in psychiatry. In Ghana, the top ten mental problems often found with patients on admission at psychiatric hospitals according to Ofori-Atta et al., (2010), include schizophrenia, substance abuse, depression, hypomania, acute organic brain syndrome, manic depressive psychosis, schizo-affective psychosis, alcohol dependency syndrome, behaviour problems and dementia. In Tamale however, the top mental health problems have been identified in table 1 below:

Table 1. The top mental health problems in Tamale for 2011, 2012 and 2013

Condition	Year 2011			Year 2012			Year 2013		
	Adults		Chn	Adults		Chn	Adults		Chn
	Male	Female		Male	Female		Male	Female	
Behaviour Problems	86	61	96	51	36	50	76	49	86
Psychoses	4	9	46	44	27	8	68	70	16
Depression	0	2	14	3	4	12	22	29	16

Source: GHS (2014), Northern Regional Report.

From table 1 above, behaviour problems over the years have been the leading mental health challenge among children in Tamale. Behaviour problems (Oppositional Defiant or Conduct Disorders) have to do with children and youth with 'Oppositional Defiant Disorder' and so have difficulty following basic rules for behaviour, and they often act impulsively or put up behaviour that violates other people's rights (Davidson,1995).

1.6 African Traditional Beliefs and Mental Health

The cause(s) of mental ill-health from the Traditional African perspective is/are that mental ill-health could be caused by spell casting and evil machinations (Hewson, 1998). In this regards, according to Hewson, there is some sort of difference in western and African traditional medicine, which consequently reflects in the treatment and/or caring procedures of patients. In the words of Al-Krenawi & Graham (2006:11), 'malevolent forces such as witches, wizards, sorcerers, demons and the sorts can cause brain disorder. Curses from witches and wizards are usually aimed at punishing a parent through such evil visitations on the off-spring, perhaps because attempts to undo such a parent directly or indirectly have proved utterly abortive. In the same vein, brain disorder could result from contact with a spiritual being whose coded rules might have been transgressed by the weary and at times restless young person'. This signifies the major difference in terms of causation of neuroses between western and African traditional medicine. Mental health care in African medicine though efficacious, tends towards spiritualism and divination which in most times is difficult to provide good epistemic explanations for to the uninitiated (Adewuya & Makanjuola, 2008). These aspects of mental health care, which have to do with spiritualism and divination, form part of this study.

The feat of African traditional healers in mental health care has been acknowledged in several scientific fora. Doku & Mallett (2003:188), with reference to African medicine, wrote that: '...psychotherapy has always formed an essential and dynamic basis for effective methods of treatment. It enables us to know the relationship between the patient and the medicine. The medicine-man as a diagnostician must first of all look into the social, cultural and intellectual environment and background of the patient. He can then evaluate and interpret the cause of the disease, and give the necessary help. This attitude can be described as "medical psychology"'. In diagnosis and treatment of diseases therefore, the medicine man usually maintains "psychological homeopathy" in order to promote the well-being of his patient (ibid). To this end then oracles and divination, according to Doku & Mallet (2003), play a significant role in the treatment of neurosis in African medicine, and this assertion also formed part of the findings of this study.

Idowu (1973:14), for instance, also highlighted the feat of African traditional healers in the treatment of psychiatric and psychological problems when he stated thus: '...it does not infrequently happen that African doctors trained in the European methods advise relatives or patients in hospitals, this is not a case for this place, or this case as I see it, cannot be treated successfully in this hospital; why don't you take the patient home and try "the native way"'. It is thus not any surprise that some governments in Africa engage the services of traditional psychiatrists in the management of mental health.

2. Research Methodology

The study is phenomenological based and seeks to explore the observable facts of the relationship between traditional care practices for children with mental health problems and health seeking experiences of the people of Tamale; particularly how they feel and think and how they behave. The purpose of this descriptive study is to observe, illustrate, and discover the Dagomba traditional care practices and their health care system as part of the entire social structure.

A mainly qualitative method of research which involved a wide range of field investigation techniques was utilized to gather material for this study. The reason for employing a primarily qualitative research method stems from the fact that the project, in the main, involves an examination of how parents and/or traditional health care givers provide care for children with mental health problems within communities in Tamale, and so qualitative research methods will help unearth these care strategies. Primary data which provide empirical evidence for the project was elicited through semi-structured interviews. One-to-one in-depth interviews (or two-to-one, with research assistant) were held with parents who have children with mental health problems, traditional health care providers and also with staff of the only mental health facility in Tamale. To conduct the one-to-one interview, the researchers visited the respondents at the latter's normal place of recreational activity. The respondent's own familiar surrounding gave him/her a sense of ease and comfort. Similarly, meeting subjects informally was a purposive method of investigation by which insights into the care patterns of carers was to be gained. It was thus a useful method that enabled the researchers to ground the project through qualitative research techniques and/or methods. The researchers also relied a great deal on women (mothers) answering questions during interviews as they seem to be better placed to give information regarding their families' care giving roles. Not only do mothers carry the burden of being 'on duty' around the clock, mothers were also more accessible than fathers.

A large chunk of data was secondary data and this was collected from various publications, journals, demographic survey reports, WHO annual reports, and various papers from Non-Governmental Organisations that deal with persons with mental health problems and those who are into child care in Ghana.

In all, six (6) households from three communities in Tamale (two households from each of the three communities) were selected. The households selected were based on one or all of the following: those in which a parent/guardian of a child with mental health problems resides, those in which a parent/guardian with a child in the only mental health facility in Tamale resides and those in which a traditional mental health care giver resides. A selection of 6 households from three communities offered an opportunity of carrying out an in-depth study. This is because these are not so many that there cannot be an in-depth study and not so few as to give the study a narrowed scope.

In all, twenty (20) respondents were interviewed, and these included the parents/relatives of children with mental health problems (14 subjects, 10 female and four male), the medical officer and a nurse in charge of the only mental health facility in Tamale (2 subjects, 1 male and 1 female) and traditional health care givers (4 subjects, 1 female and 3 male). Assistance was received from the medical officer and a nurse in charge of the mental health facility in Tamale (as these health practitioners are known by parents who have children with mental health problems within the various communities) as a result of which homes in which children with mental health problems were identified. It will be realised that there were more female parents/relatives than male parents/relatives and this is as a result of the fact that one of the aims of using a qualitative approach in this study is to make the voices of women, who are perceived to be better able to care for children than men, to be heard, in their own words (see Denzin and Lincoln, 2000).

The ages of all subjects ranged between 30 years to 70 years. It must be stated also that most respondents did not have any kind of formal education.

3. Findings

Some elderly respondents attribute illnesses to some taboos that have not been adhered to. An elderly traditional healer, Musah Adam (57 years, pseudonym) indicated that 'a pregnant woman who is fond of bathing late in the night is likely to give birth to a child with mental health problems'. He explained that 'the day is for human beings to operate whiles the night is for ghosts and spirits to operate'. Another 62 years old herbalist, YahuzaAbass, stated that should a couple indulge in sexual intercourse whiles the woman is menstruating, the likelihood of the couple giving birth to a mentally sick child is very high. These are some of the perceptions of the people regarding the cause(s) of mental ill health, and to a large extent, these perceptions also influence the kind of care people (including children) with mental health problems receive. These also go to confirm the findings of Doku and Mallet (2003) who state that the causes of many ailments in Africa are influenced by the cultural environment and the belief systems of people.

Musah Adam (57 years) again outlined some more causes of mental ill-health by indicating that there is a popular tree called the 'umbrella tree' which provides a lot of shade when the sun is hot. He says 'witches sit under it in the night and so if a pregnant woman sits under it during the day time, she could have a child who

would convulse initially and subsequently develop mental health problems'. Statements such as those highlighted here also confirm what Adewuya and Makanjuola (2008), stated when they intimated that the religious belief system of Africans has forced many Africans south of the Sahara to continue seeking medical treatment from traditional healers and herbalists. These also confirm Leininger's (1991) view that cultural values have greatly influenced health seeking behaviours.

Another respondent, MmaSanatu (56 years old traditional healer) further confirms the traditional belief among Dagombas when she stated that traditional care givers had a special drum that they could beat to determine what caused an ailment. According to her 'the sound the drum produces can tell if an ailment is man-made or natural'. When the sound of the beating is 'long and flat', then it means there has been a human manipulation as far as an ailment is concerned. They will then beat the drum again to ask if that ailment can be treated. If it can be treated, the drum is beaten yet again to determine where to get the medication and what kind of medication to get. The drum 'would also direct them to the place where the medication, in the form of herbs, can be found'. These comments give an insight into some of the things people believe are linked to mental health problems.

Having discussed some of the causes that have been attributed to diseases, particularly mental ill-health, this section shall highlight ways in which traditionalist go about their treatment and/or care of mental ill-health patients. 'Traditional medicine', according to WHO, 'refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being' (WHO, 2003:4). The essential feature about traditional herbal treatment is that they use 'magico-religious' concepts, acts, and symbolism in their care practices (Doku and Mallett, 2003:188). According to Doku and Mallet (2003), this does not imply that the practitioners of traditional medicine have no concept of physical cures and treatment. They have a stash of remedies with which to treat mental illnesses and some have scientific validity.

To further confirm some of the things people believe are linked to mental health problems, respondents generally indicated that ancestor worship plays an important role in the therapeutic process of traditional care practices of the mentally ill. The ancestors would either need a fowl, some kola, an egg, or even water to be able to bless the medicine used in treating children with mental health problems. Most of the herbs are roots of trees, leaves and the barks of some trees. Some of the medicines are dried and burned to black charcoal like substances while some are boiled fresh and used. These traditional care givers do not charge their patients and/or the relations of their patients and they make virtually no financial gains and are not particularly prestigious figures in their communities. One of such a traditional care giver, Musah Adam (57 years) alluded to the fact that they provide community service and are thus unable to charge (although gifts are accepted) because the power to heal is not theirs, but from the ancestors. Herbalists are supposed to be spiritually and morally upright because of their work, otherwise their medicines would not work.

Three of the herbalists or traditional healers (YahuzaAbass, Musah Adam and MmaSanatu) identified at least five stages through which persons suffering from mental health problems had to go through. It must be pointed out, however, that not all the healers and healing processes would necessarily pass through the five stages, but the stages of diagnosis and treatment were considered paramount. Although there were some variations from one healer to another, generally the processes involved the following stages:

Stage 1: Reception. This entailed a warm welcome of the parents to the compound and greetings according to the local culture. At this session, the mother and/or father of the patient is required to explain the ailment of the child, when the ailment started and the steps taken by the parent(s)/relatives so far to address it.

Stage 2: Bathing/sponging the child. This was a necessary second step involving certain forms of homecare, including bathing the child using grounded local herbs and sponging by using tepid water.

Stage 3: Diagnosis (Divination). This stage involves several forms with the objectives of finding out the exact causes of the situation in hand. Most healers were herbalists-cum-diviners. Divination was done by the herbalist holding a stick and asking the parent to hold a part of it. The outcome of divination was to identify appropriate treatment or solution of the problem. It appeared that in some cases parent(s) needed to be treated first, so as to prepare for a smooth healing for the child, in the belief that evil spirits possessing the parent(s) are causing illness to a child. YahuzaAbass (62 years), who has 30 years of experience, expressed it this way:

I must first of all find out if either of the child's parents is bewitched by evil spirits that may cause the child illness, especially if the mother was not 'cleansed' from evil spirits she might have contracted during pregnancy. Thereafter, I treat the child. In so doing I ensure that the bad spirits will not harm the child again through the mother.

The above account indicates, therefore, that diagnosis of the problem goes beyond the current problem afflicting the child to a broader societal cause of ailment especially if there is suspicion that evil spirits may be the root cause, which is often the belief.

Stage 4: Treatment. The treatment procedure follows the divination or diagnostic process, where specific

medicine or treatment would be known. Local herbs are grounded and at times boiled then administered while using cold or boiled water. Some are given to the mother of the child to be administered at home for three to five days. Generally, the treatment ranged from two to seven hours for healers who do not hospitalise the patients, and two to five days for those who do.

Musah Adam said in treating his patients:

I abide by the guide from my ancestral spirits who direct the kind of medication to use.

Therefore, I can't use my discretion because my ancestors will ask me where I got them from!

Stage5: Prevention. This important final stage was done with the objective of preventing the child from relapsing. Two forms were identified; the first one involved slaughtering a chicken and using part of it to prepare soup which will be drunk by the mother and the child to cast out bad spirits, believed to cause misfortunes to the families. The remains of the chicken were buried a few meters from the healers' compound yard and, after the burial, all people involved were required 'to move while looking forward, no one is allowed to look backward, so as not to encounter the evil spirits'.

The last and final form is when a child is tied with amulets in a form of a black piece of cloth usually put in the left hand or in the neck as a symbol that the evil spirit was barred from bringing back mental health problems to the child. It is worth noting that most healers indicated that they had to protect their clients' children from getting further mental health problems by preparing charms or amulets for such children.

3.1 Caring for Children with Mental Health Problems

Ghana has included mental health in its Health Sector Strategic Plan II, 2005, and also there is a provision in the Health Sector Strategic Plan II, 2005 for psychological rehabilitation for mentally ill children (see Flisher et al., 2007). In spite of these provisions however, the Medical Officer in charge of the only psychiatric hospital in Tamale, Dr. A. B. Yakubu (not his real name), indicated in an interview that provision of mental health-related services for children and adolescents in the Tamale metropolis is sparse at best. He sees governmental support for people with mental health problems to be a largely neglected area within the mental health field as a result of which most parents who have patients with mental health problems prefer to care for their patients themselves with the help of traditional healers instead of seeking medical attention from a recognised health institution. This view was supported by Abass Iddi, a 46 years old trader who has a 13 years old child with mental health problems. Abass indicated, during an interview when he was asked why he had not taken his child to the hospital, thus:

What do they have in the hospital apart from mattresses to sleep on? I have a bed for him at home. At the hospital (psychiatric) they only give them paracetamol (a pain killer) and they do not even bath them. But when he is with me at home his mother will bath him with local herbs every day and that has helped a lot in stabilising his condition.

This clearly is an indication that some parents do not have confidence in the services that are provided at the psychiatric hospital. In a similar vein, one of the nurses at the psychiatric hospital in Tamale said among other things that;

We have not received any subvention from government this year (as at July 2014), and even that of last year is still outstanding. We are just lucky that some non-governmental organisations like Basic Needs and Action Aid have been supporting us occasionally; otherwise we would not be able to run this hospital (FatiImoro, 38 years old psychiatric nurse).

Although the psychiatric hospital in Tamale, like many other psychiatric hospitals, is responsible for the treatment, welfare, training and rehabilitation of patients with mental health problems, yet structures at the hospital are inefficient and ineffective. Dr A. B. Yakubu states for instance that;

There is also an overall shortage of basic psychotropic medicines and even the few drugs available are so expensive with no system for monitoring prices.

He indicates further that there is no unit in Ghana responsible for drug policy for the mentally ill and so relatives and/or parents of patients are at liberty to administer any form of medication that they deem appropriate. He also bemoaned the fact that a major problem found in Ghana is the centralization of facilities in Accra, the capital of Ghana, with limited resources in places like Tamale. Dr. A. B. Yakubu also mentioned the fact that inpatient stays, for those relatives who have decided to bring their patients to the hospital, are longer than required since families usually abandoned their patients due to the high level of stigma surrounding mental health problems.

With regards to child psychiatry, Dr. A. B. Yakubu mentioned that it is often regarded as part of general psychiatry as there are no beds available for minors due to constraints the hospital is faced with. To this end, both children and adults share the same hospital wards, a situation DrYakubu finds very odd. He indicates that:

We have just been managing a situation where both adults and children share the same wards...this should not be happening at all... minors in mental health facilities should be provided with separate living area from adults in mental health facilities.

As indicated above, mental health problems are believed to have supernatural origin (evil spirits, curse,

witchcraft). This usually encourages a high level of stigma around the mental health patient and or his/her family members and the belief is that caring for the mental health patient is the preserve of a traditional healer. A traditional healer, NuhuBawa, had this to say when he was asked why he was patronised by family members of children with mental health problems:

In the days of our fore fathers there were no hospitals yet they were able to treat people who had mental illnesses.... there can be no orthodox medicine for witchcraft and sorcery, the Whiteman has not yet been able to find any medicine for witchcraft which causes mental illnesses, but we have.

A more positive aspect of traditional care practices which emerged from the responses of most of the respondents is the motherly and/or comforting role that a traditional care giver may take during treatment. It was indicated that counselling is common, especially among traditional care givers in the sense that traditional care givers make appeals to many people as they provide psychosocial and spiritual support:

I often tell family members of my patients not to let the situation of their ward weigh them down since by so doing they will be making the evil spirit that had attacked their ward to be excited as the spirit will have perceived that it had won the day (NuhuBawa, 57 years old traditional care giver).

The above explanation, though difficult to understand, yet it will provide some consolation to family members of children with mental health problems. Traditional care givers thus acted like 'clinical psychologists', who provide 'talk therapy' and 'counselling' and they equally ask questions and at the end of the day, provide solutions. A traditional care giver's approach also takes note of how relationships within the family and community may be affecting a patient's mental health as a result of which some of these healers employ some psychological interventions. A traditional care giver, MmaSanatu (56 years old) captures this succinctly when she states that:

Sometimes I tell family members who come to see me that the evil spirits that had attacked children and given them mental health problems, also cause frustrations in homes leading to domestic violence in homes, which in the long run unsettles the sick child. As a result of this I ask parents not to quarrel and shout to the hearing of their sick child.

Traditional care givers therefore not only have a crucial role in the health of individuals but also in the functioning of the whole community, as they help establish and maintain social codes, bind people together, and propagate local culture and faith (see also Hewson, 1998).

When he was asked to explain how, in spite of the high belief of families, with mental health patients, in traditional medicine the psychiatric hospital still had some patients in the ward, Dr A. B. Yakubu had this to say:

For better efficiency, my nurses and I have found ways to combine traditional concepts and a cultural practice that is difficult to remove in the Dagomba context, with the hospital's treatment process. We do this by over-looking family member's habit of coming to bath their patients with their prepared herbs. This allows mental health workers to have a positive relationship with the family and this encourages follow-up.

It was confirmed by Dr A. B. Yakubu that only children who are considered to be 'uncontrollable and wild' by their family members are the ones who are normally brought to the psychiatric hospital. He indicated that in some communities traditional carers indulge in practices that are against human rights: restraints (chaining, nailing), alienation, confinement and beatings and thus denying patients of therapeutic help. These often result in serious health complications. In spite of these abuses, parents and/or family members still seek assistance from these traditional carers as they (parents) believe that the abuses are meant to exorcise the evil spirits that have been disturbing the patient.

3.2 Stress, Stigma and Coping Strategies

People with mental health problems in Ghana generally have often been excluded and abused by society and it has even been suggested that they do not enjoy the same rights, in terms of self-determination and protection from exploitation and discrimination, as do people who do not suffer from mental illness (Fosu, 1995). It is worth noting that the United Nation's (UN) 'Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care' was adopted by the UN General Assembly in 1991 (Lund et al., 2010). The principles stress the inherent humanity of people with mental illness. In addition, according to Lund et al (2010), the 1996 World Psychiatric Association Declaration of Madrid sought to reverse the process of segregation and discrimination of people with mental illness. In spite of these legal instruments Ghana only passed its Mental Health Bill on March 2, 2012 and in spite of this, violations of even the most basic of human rights of mentally ill people are still happening on a daily basis (Humphrey, 2012).

It was found out during this study that quite a number of children suffering from mental illness have never come in contact with a psychiatrist or mental health institution; patients are thus getting assistance in other ways as a result of which much of the official care burden falls squarely on parents, other family members and

on traditional healers. The point must be made that families assume major roles in the lives of their relative's mental illness.

This study shows that levels of conflict, stress and depression, exist when mothers (especially) of children with mental health problems are expected to cope alone, most often, with several different sets of demands, as well as child care (conjugal, occupational, domestic). This is in line with the assertion of Evans and Myers (1994) that child upbringing practices among African women, with very little male support, lead to increased stress levels for these women. It can be said that maternal role conflict, a result of too many demands on energy and time and stress and strain, exacerbated by lack of material resources and social support, have deeply affected parents with children who have mental health problems. The responses of some respondents succinctly capture this view:

I do almost all the household chores on a daily basis with very little support from either my family members or the family members of my husband. These family members do not support me in any way and so at the end of the day I get so tired and exhausted as a result of working the whole day. I am constantly worried about my sick child, I feel aches and pains all over my body, I am neither able to eat nor sleep well and I feel very isolated and lonely (Asana, 42 years old mother of a mentally ill child).

Adama, a 38 years old mother of a mentally ill boy also indicated, with so much emotion, that:

I am a very worried person. Sometimes I feel like killing myself and my sick child, but it is my belief in God that has kept me going. Just take a look at my son, what crime has he committed to be made like this by witches?

The comments of both Asana and Adama above, illustrate the fact that they may be going through stress as a result of the mental ill-health of their children. Sellers (2004), identified some signs and symptoms of stress which are either cognitive (anxiety, memory problems), physical (aches, pains, nausea), emotional (moodiness, sense of loneliness) or behavioural (eating more or less, sleeping too much or too little) in nature. Some of these symptoms were mentioned by some respondents including the two respondents above. Interestingly however, none of the respondents felt that they needed to see a doctor for a full evaluation of their condition.

When she was asked whether or not she had been to see a doctor with her condition, Asana had this to say:

What am I supposed to tell the doctor when I get to the hospital, that I am worried? Is there any medicine that can be used to treat people who are worried? My neighbours will even call me a lazy woman should I complain that the household chores are too much for me to perform. It is God who takes care of me.

There is this belief in God that most respondents often expressed, where they indicate that it is God that cares for and protects them. This would be referred to in this study as the 'God Motif', which is a coping strategy.

Respondents (especially parents of children with mental health problems) felt that wizards and/or witches had failed in their bid to cast evil spirits on parents because of the latter's strong belief in God, but had rather targeted 'innocent' children of parents the witches and/or wizards had failed to 'capture'.

The response of Ayi, a 42 years old parent of a mentally ill 14 years old boy will suffice:

I was told by a traditional healer that it was my co-wife who cast an evil spirit on my boy and that she wanted to kill me but when she failed, because I am a very strong Muslim, she turned her attention to my child who was then only seven years old. My child was a 'normal' boy until he developed a strange behavior when he was seven. ... I know however that my enemies will not succeed in destroying me because Allah (God) is in control of my affairs.

Another respondent had this to say when she was asked how she was able to cope with caring for her sick daughter, taking care of household chores and engaging in an informal economic activity such as selling fish in the market. Her response was simply that:

It is God who sees me through all of these difficulties (Ama, 44 years old).

Sometimes as part of their care giving practices some parents of children with mental health problems take these children to prayer camps and leave them there for a couple of days with the belief that through prayers all evil spirits in the patient will be cast out.

A friend advised my husband and I to take our child to a prayer camp so that a man of God will pray for him to get well (Adama, 38 years old mother of a mentally ill boy).

Dr A. B. Yakubu posits however that there are particular challenges with prayer camps or healing churches as many of these groups claiming to have spiritual powers for healing physical and mental illnesses eventually end up maltreating patients and abusing their rights. In seeking help for their children, some parents, according to Dr. A.B. Yakubu, of mentally ill children mix orthodox and traditional herbal treatment together with religious prayers. This assertion further goes to strengthen the 'God motif' coping strategy mentioned above.

As stated in this study, there is lack of access to appropriate treatment facilities in Tamale for children with mental health problems and coupled with this is a high rate of social stigmatisation which makes families of people with mental illness 'hide' their patients away from the public. As a result, families have to become the

primary carers offering basic care and protection. Families may be ashamed of their children who suffer from a mental health problem or fearful that they may be physically abused mainly because there is very little support, if any at all, coming from the larger community. Families may thus keep children with mental health problems locked up or isolated from the community. Such severe measures, according to Dr A. B. Yakubu, do have devastating effects on the physical and emotional development of these children and their family members.

Disease stigma is a 'negative social baggage associated with a disease' (Prosalendis et al., 2005). In relation to mental challenges, stigma is the social process of combining the assumed presence of mental illness in a person or group with 'a perceived notion of culpability' (Corrigan, 2004). As suggested above, mental illness stigma is also often layered on pre-existing stigma toward marginal or powerless groups (see Parker and Aggleton, 2003). With regards to the critical elements of mental illnesses, related stigma to consider are causes of stigma, experiences of stigma, consequences of stigma, and strategies to cope with stigma.

In an interview with AdzoaGunu, the mother of a mentally ill child, she indicated that relatives of children with mental challenges have complained of stigma as a de-motivating factor for sending treated children home. She cited lack of knowledge of the causes of mental challenges as a major reason why mentally ill persons are discriminated against. Typically therefore, blame is often attributed to poor parenting skills which led to a child's mental illness. She said that:

Most people in Tamale think that mental health problems come about as a punishment from the gods as a result of what the child's parents should have done or did. However, these same people forget that drug abuse is equally a major factor leading to mental health problems and so while they openly socialise with the parents of known drug addicts, those of us with mentally ill children are shun because they claim that we are the cause of our children's situation.

The case of a food vendor, Ayishetu, is also worth mentioning. She indicated that people stop patronising her food when they realise one of her children has a mental health problem. This kind of stigmatisation also affects the income levels of the respondent. In the family context, loss of income, coupled with the stress of financial difficulty can seriously erode the mental wellbeing of the whole family.

Also, language use can be stigmatizing. There is a popular saying among the people of Tamale, which translated in English is; 'When a person with mental health problems is treated, there is a little of the mental health problem that can still be used to cause harm' This popular saying in Dagbanli gives credence to the fact that the natives of Tamale as well as Dagombas do not believe that a mentally ill person can be totally cured of the ailment. As part of this belief, the people of Tamale associate mental ill-health with violence, hence part of the stigma comes as a result of fear of attacks. A treated person would therefore find it very difficult to be a useful member of the society when his/her mental abilities are not appreciated. These perceptions have come about because people have been influenced by the spiritual and controversial understanding of mental illness as 'madness' in all communities in Tamale.

YakubuAbdulai, a 36 years old father of a child with mental health problems assets that:

When people are on admission at the hospital, or are even sick at home with malaria, burns, and stomach aches, you will find community members going to visit such a sick person, but when a person is said to have mental health problems, no community member goes to visit that person.

This is an indication that while community members are comfortable with some sicknesses, they find other sicknesses to be 'disgraceful' and thereby discriminating against the parents and other family members of the person with mental health problems.

Respondents in Tamale also agreed that there is a link between poverty and mental health. Many respondents felt that apart from poverty contributing to the development of mental health problems, including stress, depression, and anxiety which in the end leads to stigmatization, poor parents of mentally ill children are almost certain not to be able to join any social groups within the community.

A 46 years old father of a mentally ill child (AbassIddi) lends some credence to this perception when he stated thus:

I know of a man who also has a child with mental health problems, but because he is wealthy he has been able to send his child to Accra (capital of Ghana) for treatment. ...People are always going in and/or coming out of his compound, but me, no one even visits me... some neighbours will even sometimes not respond when I greet them.... So you see, a healthy pocket attracts friendship.

A psychiatric nurse in Tamale indicated that family members sometimes experience shame for being blamed for a mental health problem in their family. This shame can lead to family members avoiding contact with neighbours and friends. This, according to the nurse, often leads to a situation of 'contamination' because any close association with a stigmatized person might lead to diminished worth. This family stigma process negatively impacts individuals in numerous ways in the sense that family members tend to avoid social situations,

and go all out to hide the 'secret' of a child with mental health problems in the family lest they experience discrimination within employment and/or housing situations.

These stress and stigmas notwithstanding, there are some coping strategies in place for and/or by both children with mental health problems and their families. The psychiatric hospital in Tamale, in collaboration with some Non-Governmental Organizations (NGOs) has come up with some coping strategies. Coping is the process of recognising, evaluating, and adapting to persistent and adverse stress. Williams and Lisi-McGillicuddy (2000), have identified and described three coping strategies pertaining to how a person approaches a problem. These coping strategies include; 'Active behavioural' coping strategy which has to do with external behaviours such as talking or seeking professional help. There is then the 'Active cognitive' strategy which involves such internal processes as acceptance, positive reassessment, or finding inner strength in religious beliefs. Finally, there is the 'Avoidance strategy' which has to do with trying to ignore the problem, and keeping fears or worries to oneself without discussing them with others. All of these coping strategies were identified during the study.

NGOs such as Basic Needs and Action for Disability and Development (ADD) have put in place a strategy whereby children with mental health problems who visit the psychiatric hospital are given food to eat. The children feel loved and are fed three times a day from Monday through to Friday. This strategy (active behavioural) has compelled parents with mental health children who otherwise will not have had anything to do with the psychiatric hospital, to also send their children to the hospital knowing that their children will be fed. The children are also given mats to sleep on and once in a while, they are given cloths and toys to play with. European volunteers are posted there to help in the care of the children. This treatment is a one sure way of reducing stigma, hence stress.

A parent had this to say about how she has been able to cope with stress and stigma:

It has always been a struggle to take care of my sick child, and yet I was determined to do so. I kept my faith in God and that got me away from thinking of the child's sickness. Occasionally, I send him to the social centre by the hospital for him to have some fun with other children (Ama, 44 years old mother of a child with mental health problems).

It will be realised from the expression above that Ama's determination is an active cognitive coping strategy; her faith in God is also a cognitive coping strategy, her refusal to think about her problem is an avoidance strategy, while sending the sick child out to have fun is an active behavioural strategy.

Another respondent stated that:

My Mallam (an Islamic religious leader) has consoled me a lot and my husband and other family members have also been of great help. I also sometimes talk to the nurses at the hospital to find out what is best for my child (Adiza, 34 years old).

All respondents who talked about their coping strategies, fell into at least one of the coping strategies identified above, but as indicated in this study, the 'God motif' (active cognitive strategy) has been the dominating coping strategy among both male and female respondents. Interestingly, none of the respondents who had a child with mental health problems, admitted that the child's condition is a disease, and not anyone's fault. They all believed that their children's condition was as a result of witchcraft. These parents did not therefore consider symptom control by medical staff for their children with mental health problems as one of the most helpful coping strategies. Their coping strategy lay in the services they received from traditional herbalists.

4. Conclusion

It has emerged from this study that individuals of various cultures have different perspectives about sickness and health and in Tamale ancestor worship and/or witchcraft play(s) an important role in the therapeutic process of traditional care practices of the mental health patient. This study thus shows that cultural practices and/or kinship systems are aspects that influence the kind of care that is given to children with mental health problems.

The findings of the study further suggest that traditional healers on the one hand and parents and/or family members of a child with mental health problems on the other are solely responsible for caring for children with mental health problems. The community plays an insignificant role in as far as care for children with mental health problems is concerned. The only psychiatric hospital in Tamale also plays a limited role in the care process due to lack of personnel and resources and to the extent that there is not even a single clinical psychologist in Tamale implies that traditional care practices are the only effective care practices available.

One other interesting finding of this study is the fact that parents and/or family members of children with mental health problems in Tamale, as indicated above, seem to create the scope for emerging with substantial coping strategies within their communities in spite of going through stress and being stigmatized by community members. Parents and other family members as well as friends do their part at home to show a child with mental health problems some love, understanding and the close ties of family. This is because children with mental health problems need all of the love, encouragement, and support that they can possibly get. When they get support, it goes a long way in hastening their treatment process.

It is important to add that the study revealed that in the face of all the challenges that traditional health care poses and with all the advancement in western medicine, the preferred choice when it comes to health care has always remained the traditional one. The reasons are not far-fetched as most people in the study area believe that is where the best kind of treatment can be got especially with regards to cases of mental health.

The findings of this study also show that poverty and language play significant roles in deepening the perception that a community has for both the child with mental health problems and his/her parents or family members. In all of these however, it is the 'God motif' that gives parents and family members hope for the future.

Since members of the larger community hardly play any significant roles in the lives of children with mental health problems, decreased stress and stigmatisation of parents and/or family members will not only increase quality of life for children with mental ill-health but will also help these parents and/or family members to be better prepared to manage the demands of the illness. To this end it will be appropriate for the Ghana Health authorities to fully implement the UN regulations for children with mental health problems.

It is important for parents of children with mental health problems to come out of their stressful situations and also to be able to overcome stigmatization as soon as they can. To this end, there will be the need for counseling to help them do so. Instead of only searching for a way to 'cure' their children, parents should be counseled to accept a child with mental health problems for who s/he is and find ways to help him/her realize his/her full potential to the best of his/her abilities. Professional help is equally a necessity for a child who has mental health problems in any way, whether the problem is mild, moderate, or severe. The ministry of Health and the Ghana Health Service would have to work hand in hand by providing community counselors and psychiatric nurses who will help, through education, to reduce the stress and trauma parents are currently going through and by so doing improve upon community acceptance for mental ill-health patients and their families.

This study also maintains that it is important for there to be collaboration between practitioners in modern medicine and traditional healers so as to improve upon the acceptance of both for mental health patients. Psychological therapies are an essential part of modern mental health care, but, in spite of this, psychological interventions for children with mental illnesses are almost non-existent in Tamale as there are no trained personnel (clinical psychologist) for this kind of intervention. As a result, families, traditional healers, and religious leaders often play the dominant role in dealing with mental health cases. In the main, it is families, and to a very limited extent communities, who form the basis for mental health care in Tamale.

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