Ghana: End Chaining for Mental Health Conditions

Support Monitoring, Housing, Independent Living, Job Training

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A woman with a real or perceived mental health condition with a chain around her ankle at a prayer camp in Easter region, Ghana, October 2023. She said, "I sleep with the chain on my leg. I am not feeling comfortable." © 2023 Elizabeth Kamundia/Human Rights Watch

(Accra) – Ghana's 2017 ban on shackling people with psychosocial disabilities – or mental health conditions – has not halted the practice, Human Rights Watch said today. The government has not

adequately resourced the enforcement mechanisms to monitor compliance by faith-based centers where people are being held in chains and assist those currently being unlawfully detained.

Human Rights Watch visited two spiritual healing centers – known as "prayer camps" – from October 19 to 23, 2023, in Ghana's Eastern region and interviewed more than 30 people. They included people with psychosocial disabilities, prayer camp staff, mental health advocates, a mental health professional, and a senior government official. Human Rights Watch found ten people in the two camps held in chains against their will in what amounts to indefinite detention and other ill-treatment.

"The Ghanaian government's 2017 ban on shackling and promises to address this abuse have not put an end to people with psychosocial disabilities being shackled," said Elizabeth Kamundia, deputy disability rights director at Human Rights Watch. "The government needs to enforce the ban so that the chains come off and help people to improve their lives. One person chained is one too many."

A Human Rights Watch researcher arriving at the Mt. Horeb Prayer Centre in Mamfi overheard a staff member tell his colleagues to "clean things up." When Human Rights Watch was later given access to the facility, they found chains lying on the ground, but only one person was still shackled, a 19-year-old woman who had been chained for two weeks in a run-down and poorly ventilated room. Another person at the facility said that the woman was chained because the staff did not want her to eat. Staff members told Human Rights Watch that fasting was the prescribed treatment for her condition and was necessary for her "deliverance."

One man at the facility who was chained for two months after he arrived said, "This environment is not conducive to healing."

Another man said: "I want to go to back to work and I want to marry. I want to live my life."

People detained in the camp spoke of constant, gnawing hunger from inadequate food; some appeared emaciated. Several were held in cramped stalls, while others had some freedom of movement within what was referred to as the "VIP" room. Others deemed to be in a more acute state were especially gaunt and were confined in a small, windowless room called the "condemned" room. Prophet Paul Kweku Nii Okai, the leader of the camp, told Human Rights Watch that prayer and fasting are his interventions for mental health conditions.

At Pure Power Prayer Camp in Adeso, Human Rights Watch found nine people, including one woman, restrained with chains no longer than half a meter around their ankles. They were forced to urinate and defecate in a shared small bucket. One man was chained under a tree.

The United Nations Special Rapporteur on torture explicitly noted following his 2015 visit to Ghana that shackling "unequivocally amount[s] to torture even if committed by non-State actors under conditions in which the State knows or ought to know about them."

Dr. Pinaman Appau, chief executive of the governmental Mental Health Authority, said, "We have trained the leaders of the prayer camps, but we also need to strengthen the mental healthcare system at the community level." She said that the government's main challenge in addressing prayer camp abuses is a lack of funding.

Under Ghana's 2012 Mental Health Act, people with psychosocial disabilities "shall not be subjected to torture, cruelty, forced labour and any other inhuman treatment," including shackling. The act requires the establishment of Visiting Committees in all 16 regions to conduct inspections and ensure that the rights of people with mental health conditions are protected, and of a Mental Health Tribunal to offer recourse.

Ten years later, only five regions have committees; two of which have only each made a single monitoring visit. The government claims that it has taken so long because of lack of funds, even

though the act requires the Finance Minister to prescribe the appropriate levy or taxation for mental health care funding through Parliament. Such a levy should urgently be established.

Human Rights Watch witnessed a range of serious human rights abuses in both camps, including denial of adequate food, unsanitary conditions and lack of hygiene, lack of access to health care, deprivation of liberty, and denial of freedom of movement.

Families in Ghana often take people with real or perceived mental health conditions to faith-based or traditional healers because of widely held beliefs that a curse or witchcraft causes such disabilities and because their communities have limited, if any, mental health services.

Kweku Nii Okai of the Mt. Horeb camp said he believed people have psychosocial disabilities for several reasons, including ancestral curses, evil spirits, or having a family member who is or was a fetish priest or priestess, people who serve as mediators between the spirits and humans.

One man who has been in and out of Mt. Horeb for over a decade said, “You can be brought here for many reasons. Smoking weed, having illicit sex with other men.”

Local nongovernmental organizations, especially those led by people with psychosocial disabilities, have actively advocated for improved rights-based mental health services and monitoring of facilities in Ghana. The Mental Health Society of Ghana has been providing training for the Ghana Federation of Traditional Medicine Practitioners Association on a rights-based approach to mental health at the national level so that the association can disseminate this information to its members.

MindFreedom Ghana led a coalition of mental health groups in writing a report submitted to countries participating in Ghana’s Universal Periodic Review of its human rights conditions by the UN Human Rights Council, which yielded recommendations on the need to provide mental health services in Ghana.

The government should take immediate steps to end shackling and other abuses in prayer camps, Human Rights Watch said. This includes providing adequate resources to the Visiting Committees and the Mental Health Tribunal to carry out their responsibilities and investing in rights-respecting community mental health services.

The government should also ensure that people with psychosocial disabilities get adequate support for housing, independent living, and job training. The government should provide training to traditional and faith-based healers and the general public to combat stigma and ensure that people can live in dignity in the community. Finally, the government should establish the levy required under the 2012 Mental Health Act.

“Ghana’s government lets these camps run with minimal regulation and no repercussions for violating the rights of people with psychosocial disabilities,” Kamundia said. “The Visiting Committees and Tribunal should be fully operational and adequately funded to ensure that people are unchained and can live free.”