



**Human Rights Watch Submission
to the United Nations Committee on the Rights of Persons with Disabilities
Review of Ghana
31st Session
July 2024**

We write in advance of the 31st session of the Committee on the Rights of Persons with Disabilities (“the Committee”) and its review of Ghana.¹ This submission highlights areas of concern that Human Rights Watch hopes will inform the Committee’s consideration of Ghana’s compliance with the Convention on the Rights of Persons with Disabilities (CRPD). It focuses on the shackling of persons with psychosocial disabilities and relates to Ghana’s overall obligations towards the CRPD, including articles 4, 5, 6, 7, 8, 9, 14, 15, 16, 19, 25, and 28.

Human Rights Watch has documented abuses against persons with psychosocial disabilities in prayer camps and psychiatric hospitals in Ghana since 2012 and continues to monitor the situation.² We have found that, despite the ban on shackling and a positive shift in the attitudes and practices of some mental health professionals, persons with psychosocial disabilities in Ghana continue to experience a range of human rights abuses in prayer camps and psychiatric hospitals, including stigmatization and discrimination, shackling, involuntary admission and arbitrary detention, overcrowding and poor hygiene, solitary confinement and restraints, and denial of food. Men, women, and children with psychosocial disabilities have been shackled for periods ranging from days and weeks, to months, and even years.³

Background

In Ghana, families often take people with real or perceived mental health conditions, or psychosocial disabilities, to faith-based or traditional healers because of widely held beliefs that such disabilities are caused by a curse or evil spirits, and because their communities have limited, if any, mental health services. By December 2023, there were more than 5,000 “prayer camps” and traditional healing centers across the country, according to the Ghana Mental

¹ In accordance with the Guidelines on the participation of organizations of persons with disabilities and civil society organizations in the work of the Committee, the Committee invites civil society organizations to engage in the review process of the reports of States parties. See “Report of the Committee on the Rights of Persons with Disabilities on its eleventh session (31 March–11 April 2014),” CRPD/C/11/2*, May 14, 2014, <https://documents.un.org/doc/undoc/gen/g14/080/56/pdf/g1408056.pdf?token=tNe2Lld4OXdW2jT7j2&fe=true> (accessed June 27, 2024); and “Informative note on the participation of organizations of persons with disabilities, civil society organizations, independent monitoring mechanisms and national human rights institutions,” May 6, 2024, https://tinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCRPD%2FINF%2F31st%2F36819&lang=en (accessed June 27, 2024).

² See, for example, Human Rights Watch, *“Like a Death Sentence”: Abuses against Persons with Mental Disabilities in Ghana* (New York: Human Rights Watch, 2012), <https://www.hrw.org/report/2012/10/02/death-sentence/abuses-against-persons-mental-disabilities-ghana>.

³ See, for example, Human Rights Watch, “Ghana: Submission to the UN Committee on the Rights of Persons with Disabilities,” March 2, 2022, <https://www.hrw.org/news/2022/03/02/ghana-submission-un-committee-rights-persons-disabilities>.

Health Authority.⁴ Psychiatric facilities are also understaffed and in poor condition and continue to resort to forced treatment.⁵

Over the past decade, Human Rights Watch visited more than a dozen prayer camps and documented cases of people with psychosocial disabilities who were chained for long periods, some for years.⁶

Prayer camps are privately owned Christian institutions with roots in the evangelical or pentecostal denominations, run by prophets, many of them self-proclaimed. In addition to conducting normal church activities including prayer and counseling, and supporting charitable activities, such as homes for orphans and older persons, some prayer camps also have special sections for persons with psychosocial disabilities, who are treated through prayer and other non-medical techniques.

Human rights abuses in prayer camps

Beyond deprivation of liberty, people with psychosocial disabilities endured horrific abuses, unsanitary conditions and lack of hygiene, and lack of access to health care in the prayer camps.

For example, Human Rights Watch visited two prayer camps from October 19 to 23, 2023, in Ghana's Eastern region and interviewed more than 30 people.⁷ They included people with psychosocial disabilities, prayer camp staff, mental health advocates, a mental health professional, and a senior government official. We found ten people in the two camps held in chains against their will, an inhumane practice that the UN Special Rapporteur on Torture has characterized as torture. We also observed indefinite detention, restrictions on freedom of movement, limited access to healthcare, forced fasting, forced treatment, and substandard living conditions.

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. The leader of the camp told Human Rights Watch that prayer and fasting are his interventions for mental health conditions.

⁴ "Ghana: Invest More in Mental Health Services," Human Rights Watch news release, December 4, 2023, <https://www.hrw.org/news/2023/12/04/ghana-invest-more-mental-health-services>.

⁵ For example, one woman described being physically restrained in a psychiatric facility by as many as five men holding her down to forcibly inject her with medication. Ibid.

⁶ See, for example, Human Rights Watch, *"Like a Death Sentence"*; "Ghana: People with Disabilities Freed from Chains," Human Rights Watch news release, July 7, 2017, <https://www.hrw.org/news/2017/07/07/ghana-people-disabilities-freed-chains>; "Ghana: Chaining People with Mental Health Conditions Persists," Human Rights Watch news release, December 1, 2022, <https://www.hrw.org/news/2022/12/01/ghana-chaining-people-mental-health-conditions-persists>; and "Ghana: End Chaining for Mental Health Conditions," Human Rights Watch news release, October 30, 2023, <https://www.hrw.org/news/2023/10/30/ghana-end-chaining-mental-health-conditions>.

⁷ "Ghana: End Chaining for Mental Health Conditions," Human Rights Watch news release.

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.”⁸ And during Ghana’s most recent Universal Periodic Review, UN member countries urged the Ghanaian government to address the shackling and inhumane treatment of people with mental health conditions.⁹

Legal Framework and Governmental Response

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.¹⁰ 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.

But by 2022, only five regions had committees; two of which had only each made a single monitoring visit. The government claimed that it had 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.¹¹

And despite the head of Ghana’s Mental Health Authority announcing in October 2017 that the government would enforce the 2012 Mental Health Act provision and stating that it was “illegal to put anyone in chains,” faith-based and traditional healing centers in Ghana continue to hold people with psychosocial disabilities in chains in inhumane conditions.¹² The head of the Mental Health Authority has repeatedly called for the prosecution of those who violate these provisions, but to date, there has been no accountability.¹³

In June 2017, in an effort to enforce the law, the Mental Health Authority freed 16 people, including two girls, at Nyankumasi Prayer Camp in central Ghana.¹⁴ Those freed, some of whom had psychosocial disabilities, were taken to nearby Ankaful Psychiatric Hospital. But in 2022

⁸ UN Human Rights Council (UNHRC), “Follow up report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment on his follow-up visit to the Republic of Ghana,” UN Doc. A/HRC/31/57/Add.2, February 25, 2015, <https://undocs.org/en/A/HRC/31/57/Add.2> (accessed February 10, 2022), para. 72.

⁹ See “UN Message to Ghana on Mental Health Care,” Human Rights Watch dispatch, February 6, 2023, <https://www.hrw.org/news/2023/02/06/un-message-ghana-mental-health-care>.

¹⁰ Ghana: Act No. 846 of 2012, Mental Health Act, May 31, 2012, <https://www.refworld.org/legal/legislation/natlegbod/2012/en/97417> (accessed June 12, 2024).

¹¹ “Ghana: End Chaining for Mental Health Conditions,” Human Rights Watch news release.

¹² Shantha Rau Barriga, “Ghana Breaks The Chains On Mental Health,” Human Rights Watch dispatch, October 16, 2017, <https://www.hrw.org/news/2017/10/16/ghana-breaks-chains-mental-health>; “Ghana: Oversight Needed to Enforce Shackling Ban,” Human Rights Watch news release, October 9, 2018, <https://www.hrw.org/news/2018/10/09/ghana-oversight-needed-enforce-shackling-ban>; and “Ghana: Faith Healers Defy Ban on Chaining,” Human Rights Watch news release, November 27, 2019, <https://www.hrw.org/news/2019/11/27/ghana-faith-healers-defy-ban-chaining>.

¹³ “Mental Health Authority to prosecute entities abusing patients,” *Modern Ghana*, August 30, 2017, <https://www.modernghana.com/news/799092/mental-health-authority-to-prosecute-entities-abus.html>; Shantha Rau Barriga, “Ghana Breaks The Chains On Mental Health.”

¹⁴ “Ghana: Oversight Needed to Enforce Shackling Ban,” Human Rights Watch news release.

Human Rights Watch found a reversal of the practice, documenting the chaining of several people with psychosocial disabilities in Jesus Divine Temple Prayer Camp in Nyankumasi.¹⁵

The QualityRights Initiative

In February 2019, the World Health Organization (WHO) launched its QualityRights initiative in Ghana, a training program for mental health professionals aimed at promoting attitudes and practices that respect the dignity and rights of people with psychosocial and intellectual disabilities.¹⁶ As of December 2021, 17,401 people had completed the QualityRights e-training and received a WHO certificate.¹⁷

Interviews carried out by Human Rights Watch with seven mental health professionals and advocates in November 2019, most of whom had completed the training, suggest that there has been a marked positive shift in the attitudes and practices of staff in Accra Psychiatric Hospital and among mental health professionals who administer medication to people in some prayer camps.¹⁸

While some of the health care workers interviewed by Human Rights Watch in November 2019 acknowledged the importance of respecting the rights of people with psychosocial disabilities and noted a reduction in restraints, isolation and forced medication, staff nurses told us that these practices were still used in Accra Psychiatric Hospital as of that time.

Human Rights Watch recommends that the Committee ask the government of Ghana:

- What steps has the government taken to establish Visiting Committees in all regions of Ghana, as per the 2012 Mental Health Act?
- What steps has the government taken to adopt a levy, as per the 2012 Mental Health Act, to fund mental health services across the country?
- What steps has the government taken to regulate mental health service providers including prayer camps? In particular, has the government formulated and implemented a national policy that ensures that people in prayer camps are not involuntarily admitted or detained, are not abused, and are not given treatment without their consent?
- What steps has the government taken to develop adequate, quality, and voluntary community-based support and mental health services?
- What steps has the government taken to ensure meaningful consultation with people with psychosocial disabilities?

Human Rights Watch recommends that the Committee call on the government of Ghana to:

- Implement and enforce the existing ban on shackling, and ensure that those subject to shackling are freed and provided with appropriate support in the community.
- Prosecute those responsible for torture, cruelty and other inhumane treatment, including shackling, against persons with psychosocial disabilities.

¹⁵ "Ghana: Chaining People with Mental Health Conditions Persists," Human Rights Watch news release.

¹⁶ World Health Organization (WHO), "QualityRights in Mental Health – Ghana," WHO QualityRights (webpage), 2022, <https://qualityrights.org/in-countries/ghana/> (accessed February 7, 2022).

¹⁷ Ibid.

¹⁸ "Ghana: Faith Healers Defy Ban on Chaining," Human Rights Watch news release.

- Comprehensively investigate state and private institutions in which persons with psychosocial disabilities live, including prayer camps, with the goal of stopping chaining and ending other abuses.
- Adopt a levy, envisioned in the 2012 Mental Health Act, that would fund mental health services across the country, and invest in public education campaigns to fight the entrenched stigma and misinformation about mental health.
- Adequately resource the Visiting Committees and Mental Health Tribunal, mandated to monitor implementation of the law and investigate complaints. The findings of these visits, redacted to protect privacy rights, should be publicly reported.
- Progressively develop voluntary and accessible community-based mental health and support services, in consultation with persons with psychosocial disabilities and with the support of international donors and partners. This should include development of psychosocial support services and integration of mental health services in the primary healthcare system.
- Provide training and awareness programs to educate government health workers, mental health professionals, personnel in faith-based and traditional healing institutions, as well as families, about the rights of individuals with psychosocial disabilities, with a particular emphasis on de-escalation techniques.
- Create and carry out a deinstitutionalization policy and a time-bound action plan, based on the values of equality, independence, and inclusion of persons with disabilities.
- Work in close partnership with persons with psychosocial disabilities and their representative organizations while implementing the aforementioned recommendations.