

## mental health in Ghana

Mental health in Ghana is an issue that is treated with the utmost level of disregard. For years long, majority of Ghanaians have refused to acknowledge mental health as a public health issue but instead attribute it to spiritual factors such as witchcraft, curses, insanity etc. Churches and witch camps have become the primary spaces to house patients with mental health issues. In these spaces, the 'patient' are subjected to all forms of inhumane abuse such as being chained, beaten, locked in small closets, starvation, malnourishment, bullying, exorcism etc. It has reached a stage where certain architectural elements in these spaces serve secondary purposes for example, interior columns in some of these camps serve as the support from which all the chains originate from. Also there is the issue of small spaces that are accommodated by these patients to the extent that its impossible to fully stretch out one's body.

The government has also done very little to address this issue in that it was only until 2012 that the government of Ghana decided to acknowledge mental health as a public health issue but even with that policy/act in place, it still does little to provide the necessary facilities to ensure mental wellness and treatment. These churches and witch camps are still fully functional and operating at their own will. Currently, there are only 3 public psychiatric hospitals in Ghana and these 3 have a total capacity of about 1000 each. The World Health Organisation estimates that there could possibly be about 3 million Ghanaians living with mental health issues. This goes to show that there is a very serious lack of facilities or designed structures put in place to help treat the various mental issues.

My goal with this project is to:

**Explore architecture as an agency to address the existing built environment of Kumasi in the context of mental health and wellbeing.**



Fig 2.1 A view of the interior spaces for mental health patients in one of the prayer camps. Image courtesy: Human Rights Watch (HRW)



Fig 2.2. A view of the interior spaces for mental health patients in one of the prayer camps. Image Courtesy: HRW



Fig 2.3. A view of the interior spaces for mental health patients in one of the prayer camps. Image courtesy: Human Rights Watch

## religion

In Ghana and various African countries, religion matters. Majority of ghanaians are christians followed by islam and then the traditional religion. All these 3 have one thing in common which is the belief in a higher power. This belief extends beyond logical and rational thinking to the 'unbeliever' but it is very rational to the believer. Among the various things that faith can achieve, the most prominent in Ghana are prosperity and healing. This faith in healing is the reason why a good number of ghanaians prefer to leave medical issues to the men of God. There are over hundreds of churches in Ghana due to this strong belief and that power has been abused by some. In Ghana, religious leaders routinely support human rights ideas. Under the various dictatorships, Christian institutions, including the Christian Council of Ghana helped to safeguard political space for dissent. It would be very accurate to say that most people draw on their religious belief for strength and motivation.

### Prayer Camps

Prayer camps in Ghana are physical spaces that are set up as extensions of churches to serve as the space for communal prayers, fasting and fellowship. It is also the space where the sick, afflicted and broken are accommodated. As much as my research is geared towards the claim that a lot of abuse occurs in these spaces, it would be amiss to acknowledge some of the benefits of these camps. Since there are only 3 psychiatric hospitals in the country, majority of the psychologically challenged individuals have to resort to prayer camps and other similar spaces. Without these spaces most of them would probably be dead. When circumstances are tough, access to these religious spaces are crucial because they employ local symbols and language that resonate with the public. Also, the public is more likely to trust religious rather than orthodox institutions because the religious institutions have a strong and continuous presence in the ordinary communities and villages. The undeniable fact however is that there is abuse happening in most of these camps towards mentally challenged patients, inhumane practices such as shackling, confinement, involuntary fasting are just the main issues that plague these camps. According to the documented interviews, many of these prayer center operators are open to change and blame the current circumstances on the lack of infrastructure and medication.



Fig 3.1 An aerial perspective of the Abasua Prayer Camp located in the Central Region. Image Courtesy: Non-Profit Quarterly



# aggression levels

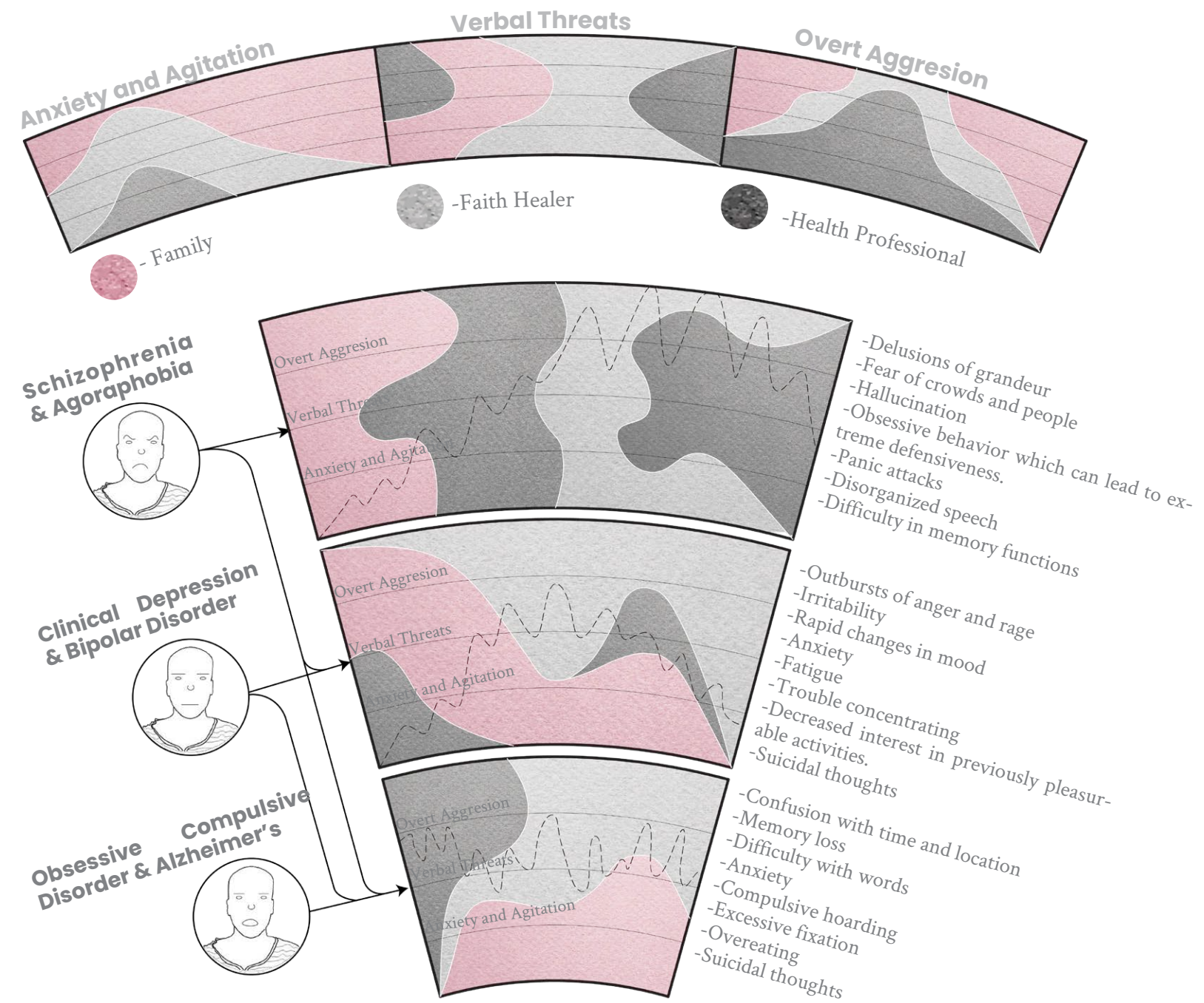


Fig 13.1 Illustration of Levels of aggression and their associated mental health disorders. Information source: The Psychiatric Times.

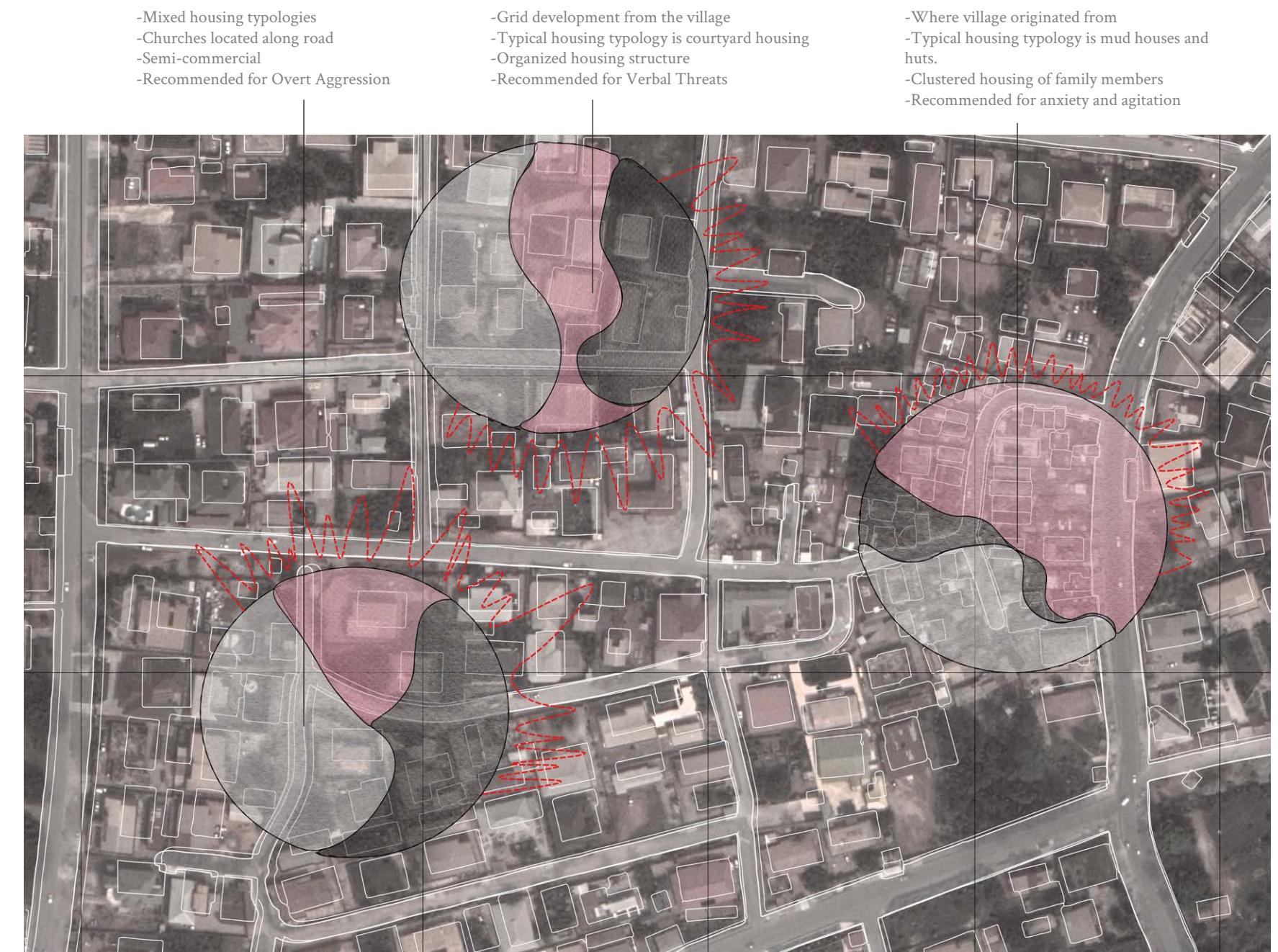
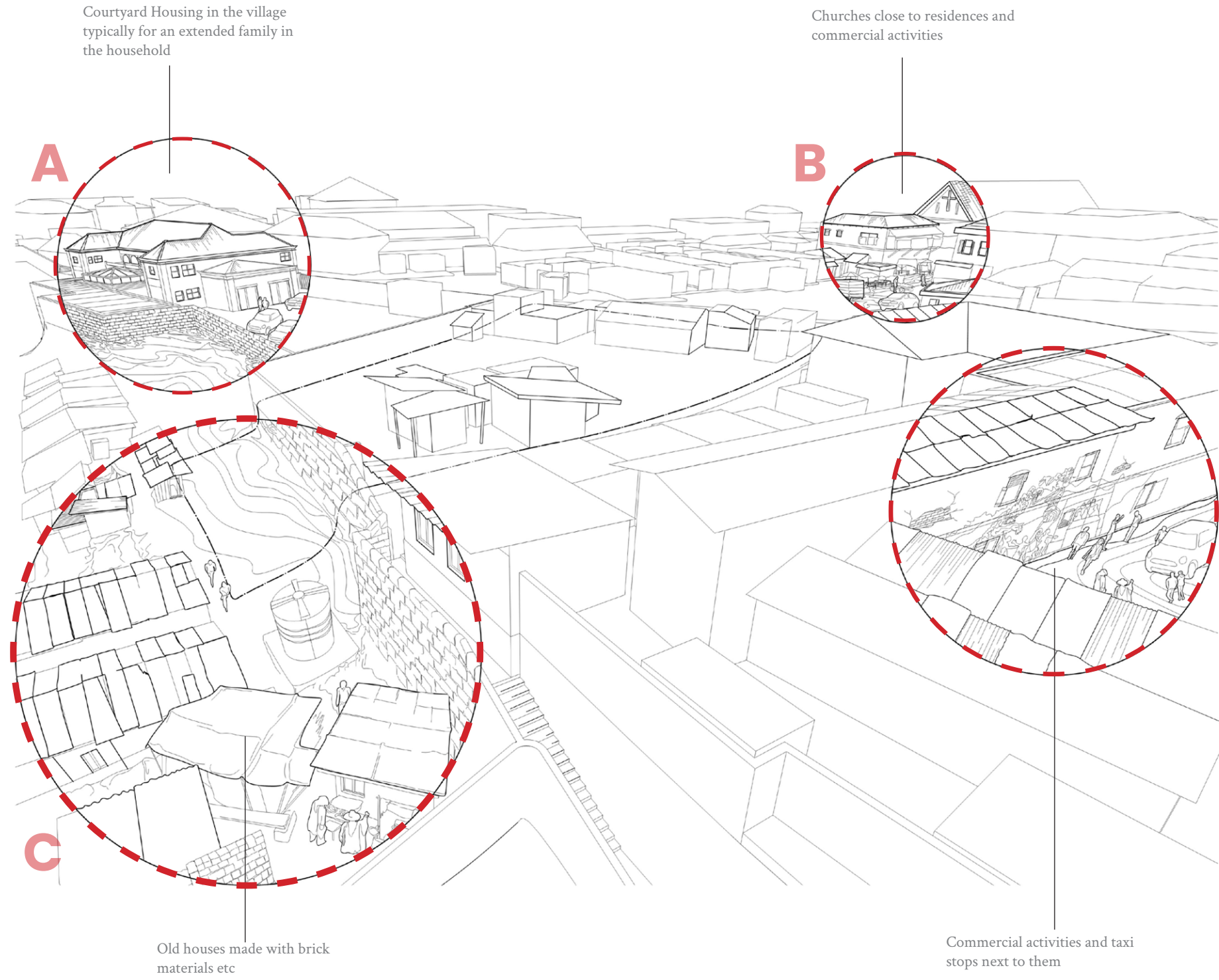


Fig 13.2 Conceptual Mapping of the different levels of aggression to the selected site of study.

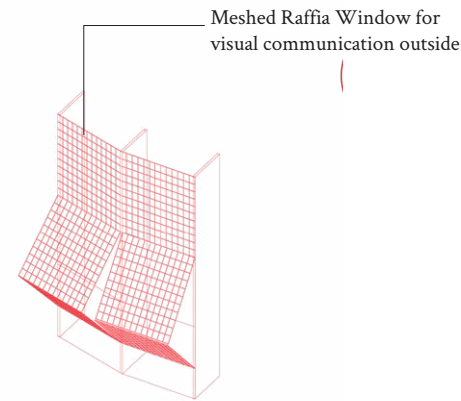
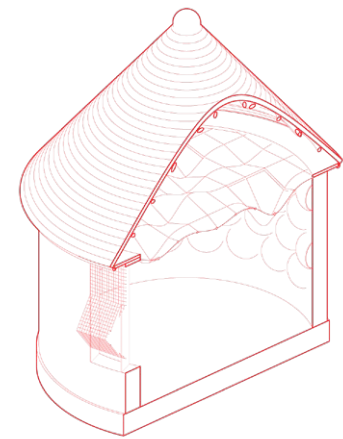
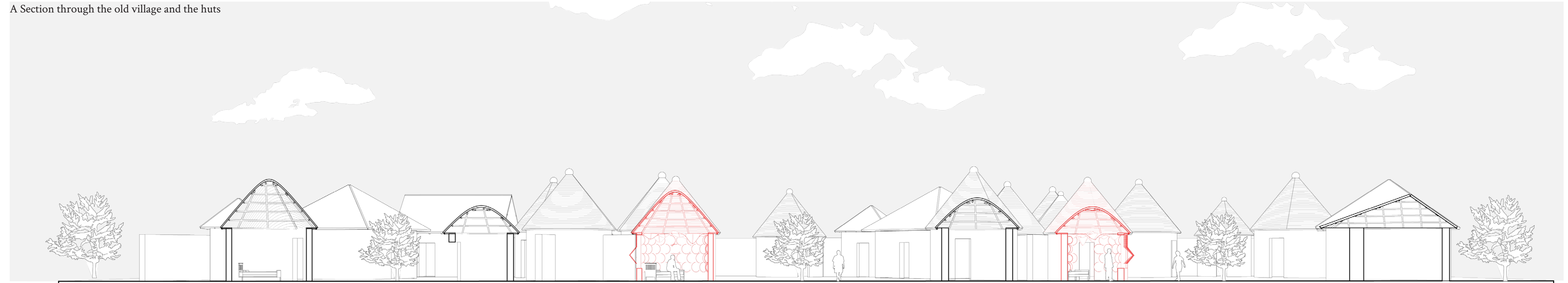
**the site**



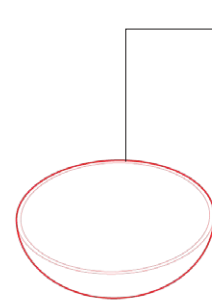
Fig 16.1 Aerial Site Plan of Adiembra. Credit: Google Earth



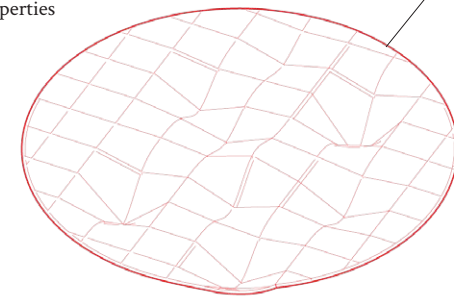
A Section through the old village and the huts



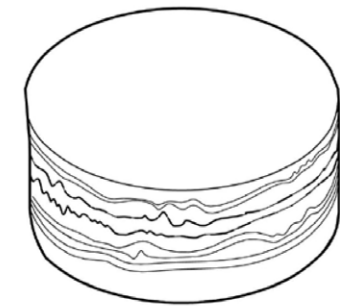
Meshed Raffia Window for visual communication outside



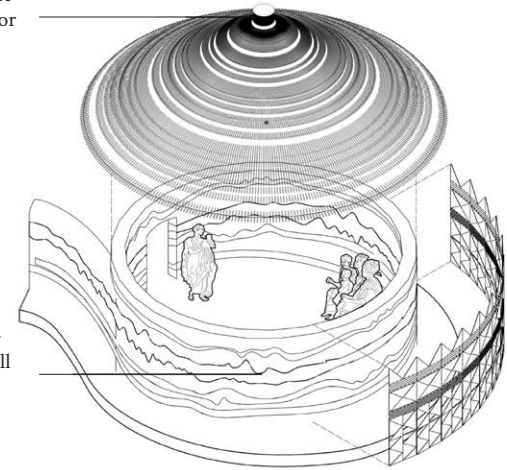
Calabash gourd attached to walls for acoustic properties



Meshed Raffia Ceiling for extra layer of insulation and acoustic performance

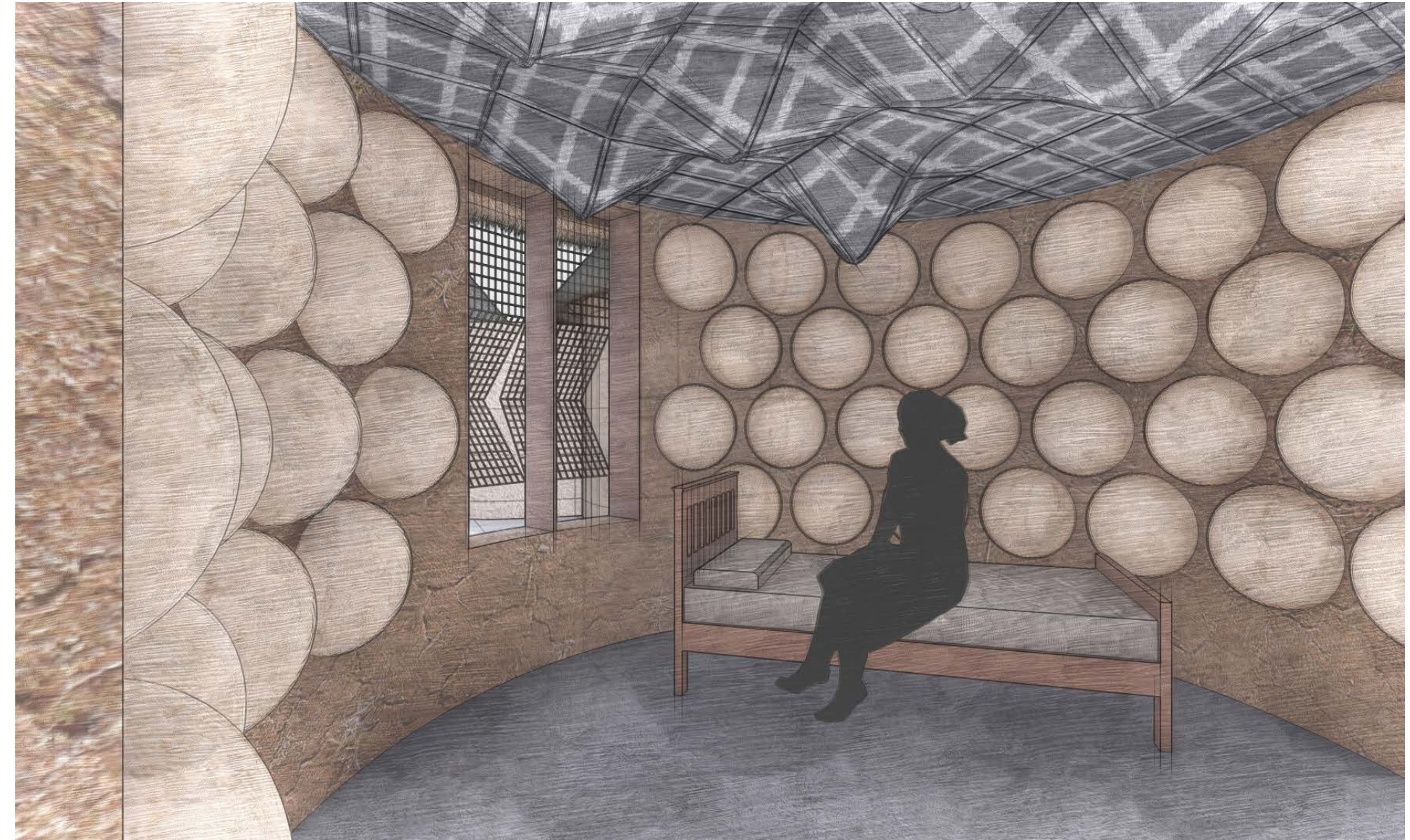
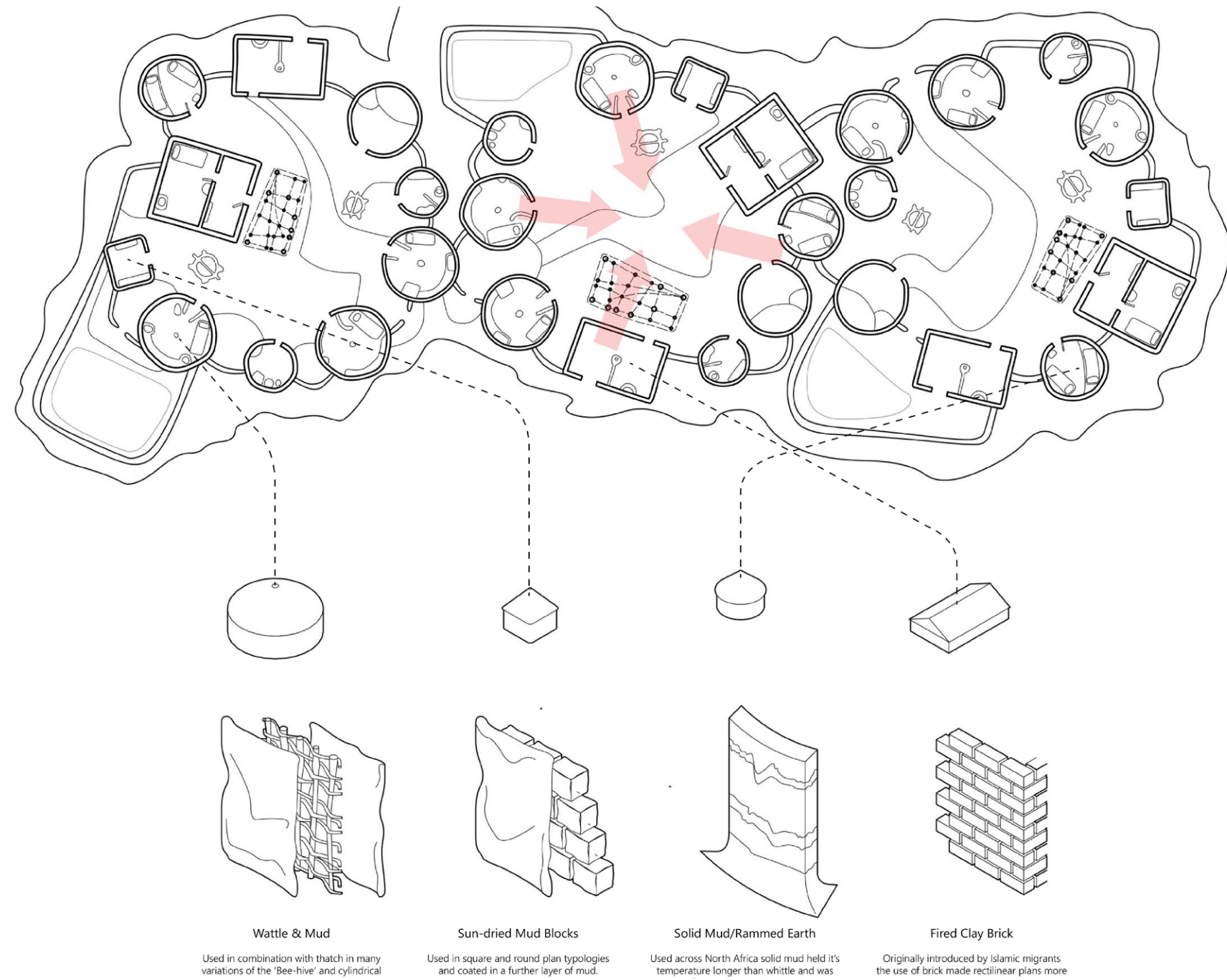


Thatch is used for the older huts and clay for the newer ones.

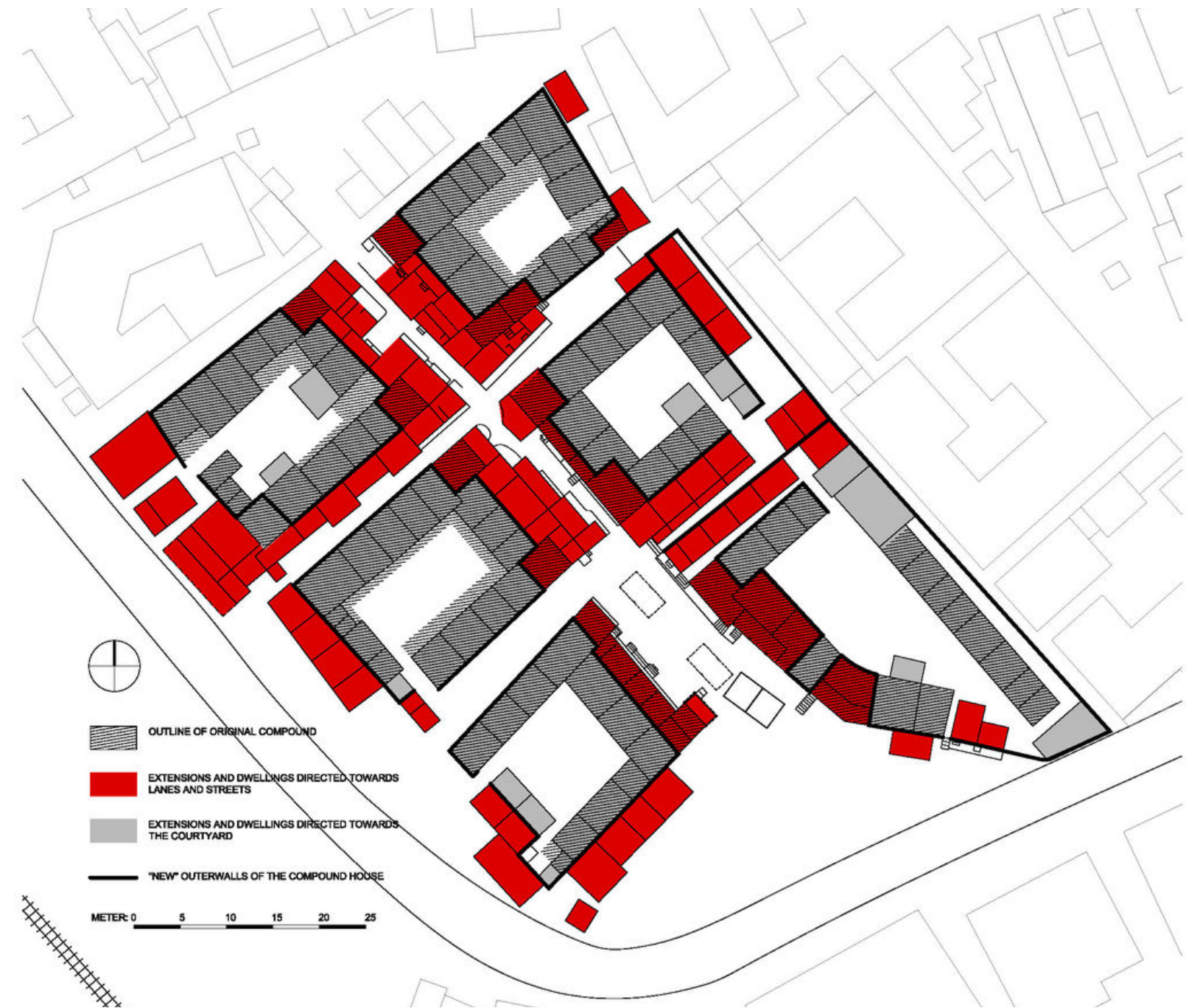


Rammed Earth typically used for the wall structure

Fig 18.1 Illustration of Modified traditional housing unit.



# the courtyard house

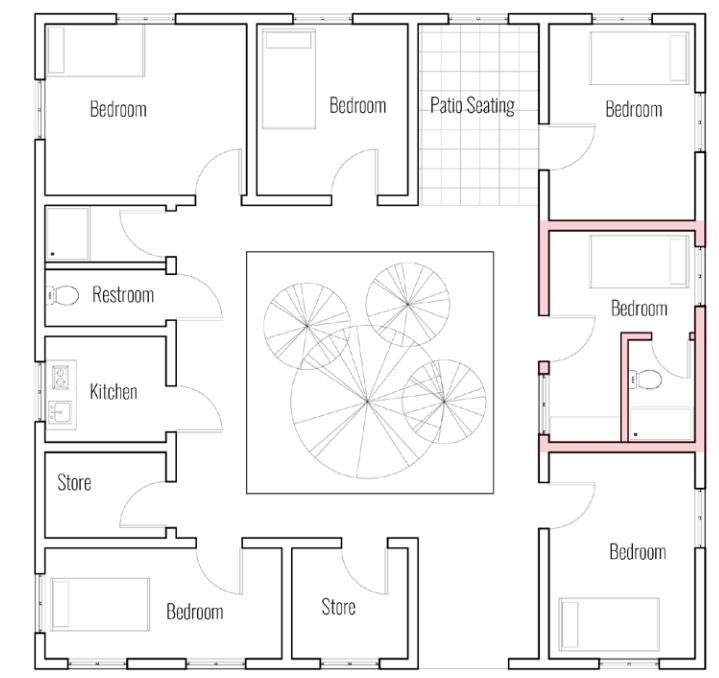
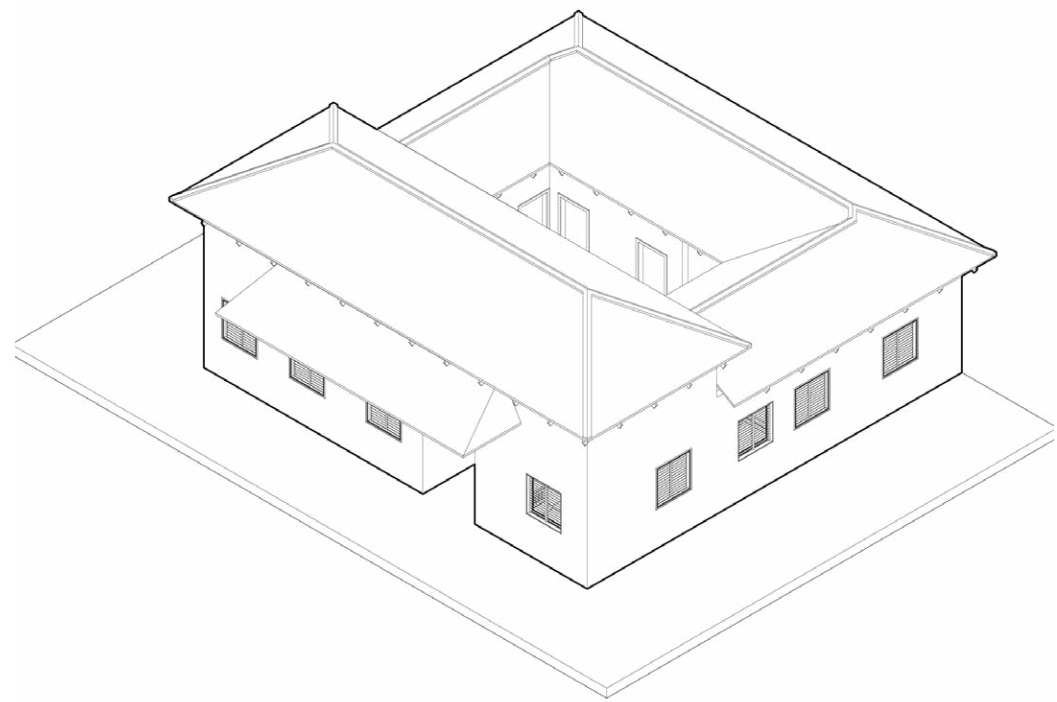


Site plan of courtyard houses in Kumasi. Credit Spektrum Arkitekter

A Section through a typical courtyard house + modifications



# the courtyard house





# the church

A Section through a typical church + modifications

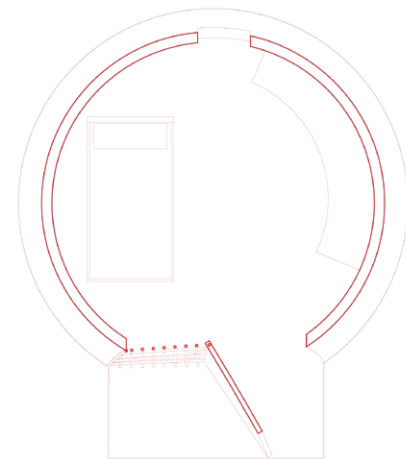
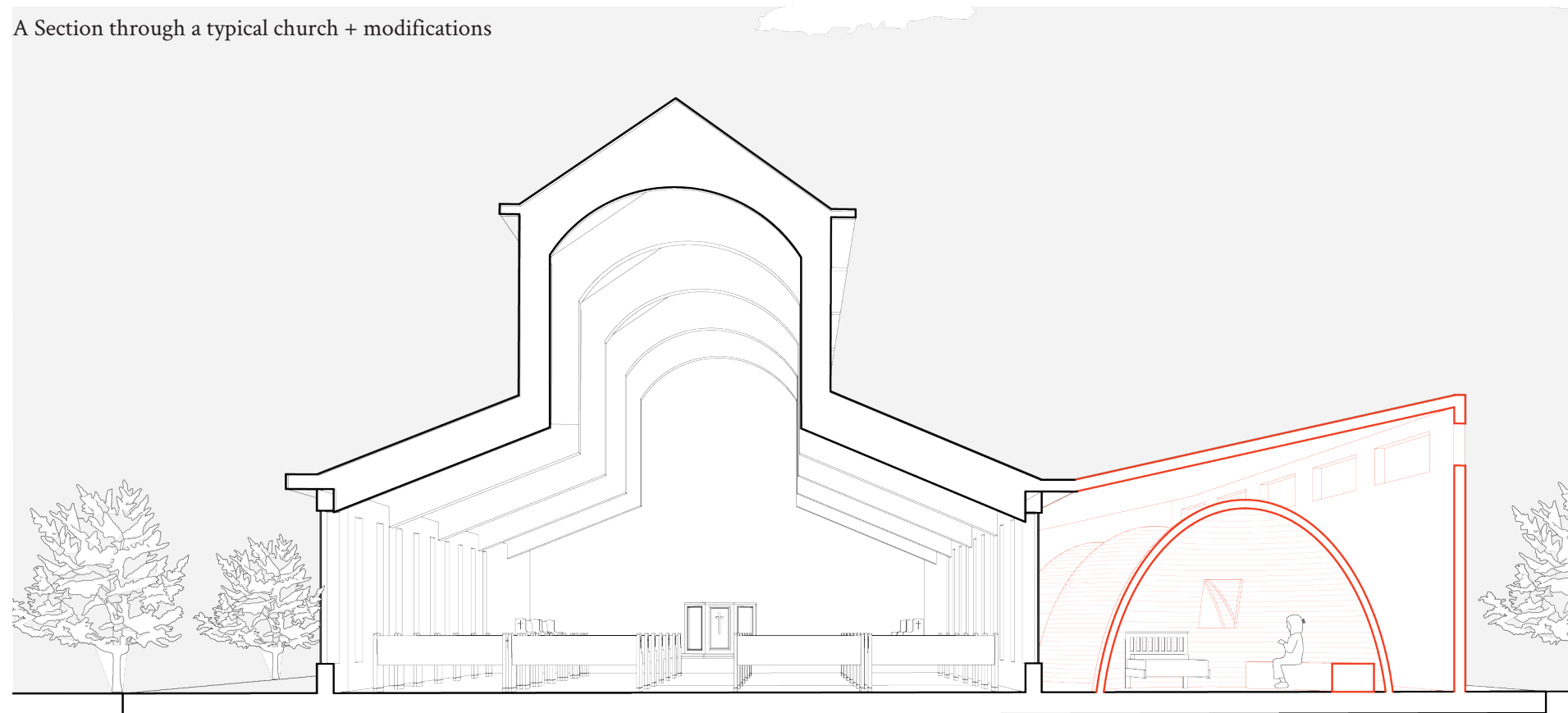


Fig 21.2 Floor Plan of a resident pod

- Addition of a brick structure adjoining the church to shelter pods for in-house patients.
- Individual pods constructed with clay to house community residents suffering from mental illness
- Connection to the church to acknowledge the importance of the church in the recovery process
- Circular structure to allow for physical safety
- Grid like Raffia window to allow for visual access to the outside

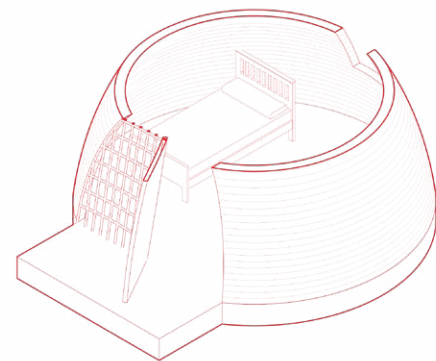
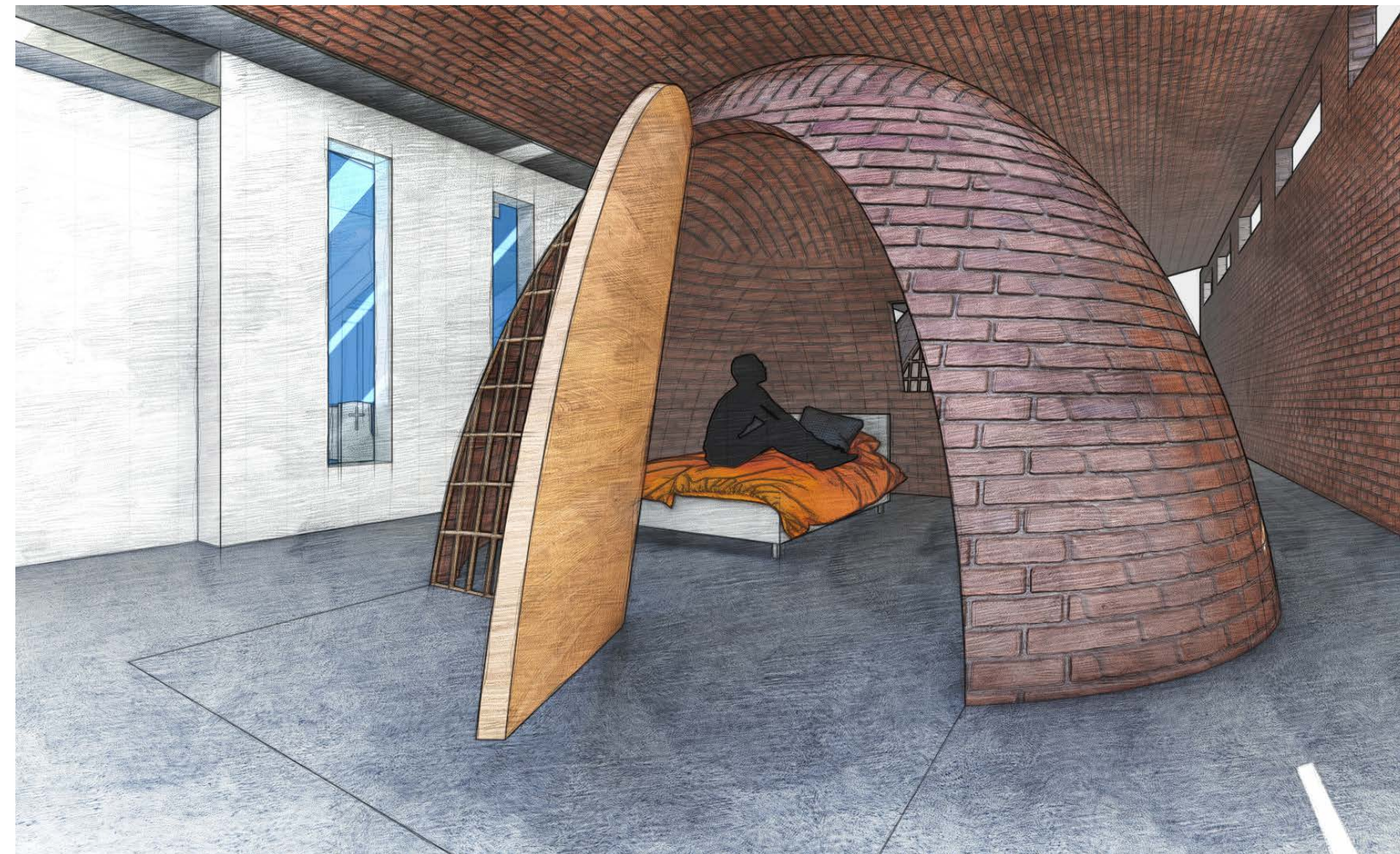


Fig 21.3 Axonometric illustration of resident pod



# the program

## the hut

- Building a new hut or using an existing hut for modification
- The use of calabash gourds as acoustic elements to moderate levels of noise in the room.
- Addition of louvred mesh windows to allow for visual access into the room by other inhabitants of the compound.
- Addition of meshed raffia ceiling fabric for higher insulation



## the courtyard

- Advantage multiple rooms to modify
- Use of adinkra symbols as artwork in the recovery process.
- Repurposing of the courtyard to include some trees and natural grass.
- Addition of meshed raffia ceiling fabric for insulation.
- Addition of glazed opening directly opposite courtyard.



## the church

- Addition of a brick structure adjoining the church to shelter pods for in-house patients.
- Individual pods to house community residents suffering from mental illness
- Connection to the church to acknowledge the importance of the church in the recovery process
- Circular structure to allow for physical safety



## the hut

- Building a new hut or using an existing hut for modification
- The use of calabash gourds as acoustic elements to moderate levels of noise in the room.
- Addition of raffia mesh windows to allow for visual access into the room by other inhabitants of the compound.
- Addition of meshed ceiling raffia fabric for insulation

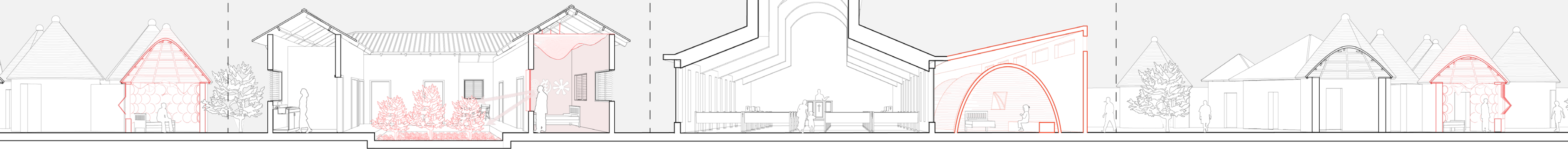
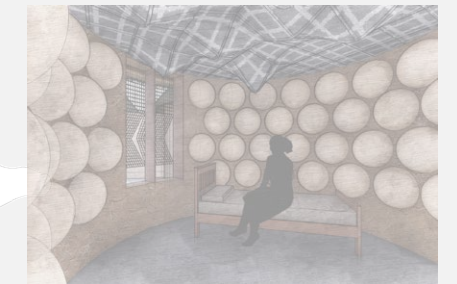


Fig 22.1 Longitudinal Conceptual Section of the site + program