

4. Ghana

Ms. Stella Cofie

COUNTRY REPORT ON MENTAL RETARDATION

1. NAME: Stella Cofie
2. COUNTRY: Republic of Ghana.
3. NAME OF THE ORGANIZATION: Special School of Mentally Handicapped, Dzowulu, Accra.
4. ORGANIZATIONA CHART: Please find attached below the report.
5. OUTLINE OF THE FUNCTIONS OF THE ORGANIZATION:
 - 5.1. Admits mentally retarded children between the ages of 6-10 years for custodial care.
 - 5.2. Educates these mentally handicapped children to acquire cognitive and social skills.
 - 5.3. Renders medical services to the mentally retarded with physical illnesses, and psychiatric care to those with antisocial and debilitating behavioural problems.
 - 5.4. Programmes community-based rehabilitation services to the mentally retarded children thereby assisting in intergrating them into the society.

6. THE CURRENT SITUATION AND TRENDS IN REHABILITATION SERVICES:

6.1. INTRODUCTION:

Mental retardation could be defined as a childhood disorder which involves significantly sub-average intellectual fuctioning existing concurrently with deficits in adaptive behaviour. It is manifested during the developmental period before the ages of 18 years.

The major problems associated with mental retardation are impaired cognitive abilities and similar deficits in social and adaptive skills.

The causative factors of this disorder can be said to be physical, environmental, genetic, and traumatic in nature. Mental retardation could be grouped or classified according to the degree or severity of behavioural problems associated with it. It could be mild, moderate, severe, or profound.

Although the above groups are equivalent to the types of problems they present, they are, nevertheless, not all brought to my organization. In fact, those who present critical problems like high prevalence of psychiatric disturbances, for example, over-destructiveness are kept in psychiatric hospitals for observation and treatment. Those with mild or moderate type of retardation which manifest fewer problems are brought to the home for the mentally retarded. Here, they receive behavioural, social, and academic interventions.

The Dzowulu Special school for the Mentally Handicapped is the largest specialist institution for the mentally handicapped in Ghana. It is situated at Dzowulu, a suburb of Accra. There is a private institution for the mentally handicapped called New Horizon also in Accra. There are smaller such institutions in three other regions of the country.

The Dzowulu special school is a government sponsored organization run by the Ministry of Education. The Ministry of Health provides supporting staff likewise the Ministry of Social Welfare.

The school was founded in the early 1970s and provides boarding facilities for the mentally retarded except for a few of the inmates whose parents prefer to send their wards to the school daily. The main aim of the institution is to give functional training to the mentally handicapped; in effect, to rehabilitate them. The institution caters for all the physical, social, and psychological needs of the mentally handicapped.

The school currently has 90 to 100 children. The age limit for enrolment into the school is between six to ten years. This is based on the assumption that early intervention programmes, when practised, enhance cognitive skills and alleviate environmental influences that contribute to low intelligent quotient.

Structure of the School:

The school has a big compound, with adequate recreational facilities. It has a big hall where the children are entertained. There are four dormitories where the children are grouped according to age and behaviour presented. The school has four classrooms, a reception for visitors and rooms for non-resident staff, teachers, medical staff, auxiliary workers like labourers, drivers, cooks, and laundrymen.

The headmaster of the school who is the head of the institution is resident. He is responsible for the day to day administration and management of the school. Behind the school building is a garden where the children are assisted to cultivate crops of various kinds. There is also a place for the rearing of animals and birds. These activities form part of their rehabilitation programme.

The whole school is fenced to provide adequate security for the children. It also prevents the children from sneaking away especially during recreational periods.

The teachers of the school are professionally trained teachers who have insight into several behavioural approaches and interventions options required to help

the mentally child acquire academic skills.

Their activities include:

1. Programming an environment to meet the retarded children's difficulty with processing information and perceptual efficiency.
2. Eliminating inappropriate behaviours that compete with learning in the classroom.
3. Using direct training strategies to enhance attention, problem solving, and remembering.
4. The teachers also take the mentally retarded children through gardening, poultry, and other rehabilitative programmes adopted by the school.

CARE MOTHERS OR DOMESTIC HOUSEKEEPERS:

These are domestic auxiliary staff who have received adequate training in intervening skills to handle the mentally retarded children in adaptive or self-help abilities like maintenance of personal hygiene, feeding, dressing, toileting, and skills generally associated with independent functioning for life.

MEDICAL CARE SYSTEM:

Surveys have indicated that about 40% to 50% of institutionalized mentally retarded children receive treatment for their antisocial behaviours. It is also observed that older children tend to have more severe and debilitating behavioural problems than those who remain in the nuclear family. Because of the high risk for behavioural and physical health problems, medical and nursing staff have been included in the care of these children. A visiting medical and dental doctor visit the home to cater for the health needs of the children. Also, nurses are seconded to the institution through the ministry of health to provide regular nursing intervention for those with destructiveness, aggression, epileptic seizures, and other antisocial behaviours.

The main type of drugs used include:

1. Antipsychotic drugs like chlorpromazine, thioridazine, and haloperidol for the management of aggression, destructiveness, and hyperactivity.
2. Anticonvulsants drugs like phenobarbitone, Tegretol, to control seizures.
3. Antidepressants. These drugs are given to those who present with depressive mood.

These drugs need to be monitored to ensure that they are not administered to the extent of inducing sluggishness or interfering with the optimal cognitive functioning required to perform the new behavioural skills that are taught in the school. Although psychopharmacological and behavioural interventions provided good response for the mentally retarded child,

it is important to note the child's age, dosage, time of medication, untowards reactions, and behaviour while on treatment and behaviours while off treatment.

Apart from medications, occasional minor physical problems like fevers, gastrointestinal upsets, as well as minor injuries sustained as a result of overactivity are managed by the medical and nursing staff.

HOSPITAL-BASED CARE.

About 20% of the severe and profound types of mental retardation have considerable degree of intellectual dysfunctioning and psychiatric disorders. Major behavioural problems include:

1. Thought disorders like delusions, and perceptual disorders like hallucinations.
2. Affective disorders like physical aggression, property destruction, self-mutilation behaviours, and coercive sexual behaviours.
3. Others include minor behavioural problems like hyperactivity, temper tantrums, stereotypies, verbal abusiveness, and substance abuse.

Such children are mostly admitted to the Children's ward of the psychiatric hospitals for observation and treatment. In the hospitals, behaviour methodologies are applied as well as psychological treatments.

FINANCIAL AIDS

The organization receives assistance from individuals, voluntary organizations, financial houses, religious groups and international organizations or donors. Occasionally, these groups visit the school and present various items like clothing, food items, toilet items, teaching aids, or some donate cash. Others entertain the children with various forms of musical activities. Some of the voluntary organizations or associations carry out clean-up exercises in the children's domiciles and clear the compounds of weeds. Most notable of these organizations is the United Nations Women's Guild (in Vienna) which has constantly provided the institution with video camera, cassettes, video decks, and other necessary teaching aids. Some pharmaceutical groups in the country have also been providing the institution with drugs and first aid materials free of charge.

PHYLOSOPHY OF REHABILITATION SERVICE.

The phylosophy of rehabilitation services in Ghana is to operate within our extended family system and therefore strengthen our community-based programme. Its aim is to help the mentally handicapped to live a productive life and to reduce dependency on their families and the society at large. This could be achieved by up-grading their social skills and attending to their health needs.

Rehabilitative programmes provided enable the mentally handicapped in the form of gardening, animal rearing, and making tye-and-dye materials acquire social skills for living.

Some problems to solve in order to actualize the phylosophy of rehabilitation services include: mainly to get the public or private sector employers to take on the mentally handicapped person after he or she has acquired adequate social and technical skills to earn a living and lead independent life.

COMMUNITY-BASED REHABILITATION PROGRAMMES: provided for the mentally handicapped:

Whilst in school, the retarded children are exposed to such activities and they are usually supervised by their teachers to acquire skills necessary for living. The services provided in the form of gardening, rearing of animals, and making tye-and-dye materials.

Gardening:

This involves growing vegetable, like pepper, garden eggs, carrots, and tomatoes. The also inter-crop these vegetables with maize and beans when in season. Much supervision is exercised by the teachers and others to train the children how to handle tools and to prevent injuries. This is particularly important since some of the children suffer from epileptic seizures and others have antisocial tendencies.

Animal Rearing and Poultry:

The school has about 40 to 50 sheep at any given time. It is the older children who look after the sheep with supervision from attendants. Rabbits and birds rearing is another area of interest of the children. Most of the children aged between ten and fourteen partake in this services. The schools started awith a few number of birds but and expansion has been made as the number of birds increased.

Tye-and-dye Making:

Children at the home with relatively higher intelligent quotient are those allowed to learn the tye-and-dye business. Most of the materials used are donated by manufacturing companies to support the children's upkeep.

The rehabilitation services has come out to help most older retarded children to acquire some technical skills and a fair number of them have been employed by private institutions where their services are needed. Some of them are being assisted by their own parents to start small scale poultry farms and rearing of small ruminants in their own home environment to help them live independent life.

ORGANIZATIONAL CHART

SERVICE DELIVERY SYSTEM

