Visit to Kintampo: John and Alison O'Grady

We've recently returned from a month in Kintampo – a short visit but a huge experience.

We both have career-long backgrounds in the delivery of mental health services : John has a dual training in general adult and forensic psychiatry, and Alison worked for many years a senior mental health service manager. We are now both retired from the day job, and having time and experience to contribute, had been looking round for the opportunity to work abroad as volunteers. A chance meeting with Mark Roberts after a gap of several years led us to volunteer with the Kintampo project.

We arrived in Kintampo in mid January and stayed in rooms within the Rural College of Health. From the start we found people to be most welcoming and friendly both in the college and around town where we appeared to be the only Europeans : Kintampo is a working town at the very centre of Ghana, on the main road north from Accra, an occasional stopping –off point for visitors rather than a tourist attraction in its own right.

We were involved in both teaching and clinical practice during our stay. John gave a number of lectures and seminars to both the CPO and CMHO groups, and we both undertook a review of the organisation of the clinical service delivered by the psycho social centre.

We thought that the content and organisation of the curriculum and the calibre of staff in training were both excellent: a tribute to the time, effort and energy put in by staff both in Southampton and Ghana to get the project off the ground.

In the psycho social centre we were impressed by the quality of care being delivered and the enthusiasm and commitment of staff. But we were frustrated and shocked by the low level of resource available and bemused by the range of alternatives to conventional services on offer in the community to the mentally ill. We felt that the staff did a very good job in circumstances that would sorely try the patience and ability of their western counterparts – with the lack of any adequate or reliable supply of medication, cramped clinic accommodation that afforded little privacy , intermittent electricity, very limited access to wifi , and poor transport links into rural communities.

We were given the opportunity to visit local faith camps and a fetish priest, all of whom who provided alternative interventions for those with mental illness – some of which were both frightening and troubling particularly to westerners who have practised within a system with robust mental health legislation providing checks and balances for the delivery of treatment.

We returned home feeling hugely fortunate to have had the opportunity to participate in life in Ghana rather than simply to visit as tourists, and inspired by the example of how the Kintampo project is able to make a real difference to the lives of the mentally ill across rural Ghana.

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