

# Vagrant Schizophrenics In Ghana: An Investigation Into Their Loitering Conditions And Public Health Issues

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## **Abstract**

### **Background and Aims**

Ghana has few psychiatric hospitals where they treat psychiatric patients. The published works in journals do not include many patients sent for treatment in the native environments. Therefore, they do not show their data. This study aimed to characterize the living conditions and profile of vagrant schizophrenic patients by providing accurate information through prolonged contact with these schizophrenic participants and their uncontrolled milieu.

### **Method**

The study utilized the qualitative method where observation technique, naturalistic approach, and conversational type of interview were done with the newly arrived vagrant schizophrenic and one rural vagrant. The qualitative method enabled me to sift through the interviews and analyzed the underlying meaning of a typical conversation with those experiencing paranoid schizophrenia.

### **Results**

The results show that those vagrants who live in the rural areas were healthier and look better than those living in the urbanized environments and city areas. The rural schizophrenics are known well by their communities, which family they hail from, and so on. They do not see tyranny by members of their community. They know their history while some of them have their classmates alive and well-to-do, so they receive proper behavioral treatments from these community members. The city schizophrenics endure hardships until they accidentally die because of neglect or falling victims to terminal illness. People could murder them for ritual purposes. Their basic needs do not easily come to them because of these difficulties these patients depreciate sooner. They seldom return to living normally and have work and social functioning.

### **Conclusion**

The vagrant schizophrenics' conditions in Ghana should be taken seriously as a public health issue and attend to sooner or later as health problems that needed to be solved. The developed nations have made it a mandate to help their citizens who suffer in seclusion with schizophrenia disorders. The Ministry

of Health in Ghana has to come out with a blueprint solution to the mental health problems in Ghana. Government should consider several intervention approaches, which will solve the mental health problems of its citizens.

### **Keywords:**

Antipsychotic drugs; Family care; Mental institutions; NGOs role; Public Health; Quality outcome; Vagrant schizophrenics; Social functioning.

### **Introduction**

Schizophrenia is a psychiatric disorder that affects a person's ability to think, feel, and behave clearly [1]. Symptoms of this disorder are a hallucination, delusions, disorganized speech, trouble with thinking, and lack of motivation [2]. The general conditions hovering around this illness, which continues to baffle clinicians, make it impossible to conduct any meaningful research regarding this disorder unless one is a clinician or a psychotherapist. This research, which comes from someone who has worked among them for several years, and has behind him knowledge in books, will provide interesting data about those vagrant schizophrenics who roam daily in rural, urbanized, and city-dwelling places in Ghana. They not only cause problems to themselves, but also they are a public health issue that must be attended to by the authorities in charge of public safety [3].

Since schizophrenia was discovered in Ghanaian hospitals, clinicians have been interested in treating those patients who are sent to them by their families. Some boldly present themselves for treatment. There is a lack of sensitivity to the need of these abnormal individuals as some with excruciating pain still live in unhealthy parts of the city. The published work in journals does not focus on them because they are not included in their data [4]. Moreover, there is an inconsistency concerning the nature of reporters perceive their illness and how the public views their illness. The study will focus on the characteristics of the living conditions and profile of vagrant schizophrenic patients and provide accurate information through prolonged contact with schizophrenic participants and their uncontrolled milieu.

### The objective of the study

Schizophrenia is a psychiatric illness that is common in Ghana and West Africa in general. It forms part of the psychiatric illnesses that many West African men and women suffer both in obscurity and in the closed psychiatric ward. Compared to the developed nations, research concerning this illness for African students and the public is lacking [5]. The purpose of the investigation is to reveal comprehensive information about vagrant schizophrenics' illness conditions in Ghana by following them in their natural setting and their contemporary abode in Accra city. This investigation includes empirical materials from rural as well as urbanized regions in the country. In Ghana, the Accra Psychiatric Hospital and Pantang Psychiatric Hospital, [6] that possess wards with specialization where patients could visit and get treated, do not have available wards for the numerous patients who come for consultation. Once in a while, a patient in the vicinity that cannot be managed by their relatives is left loose to roam freely. The study will, therefore, follow the vagrant schizophrenic patients to observe their conditions in the areas where they have carved as "home" to themselves. In the work, I would like to operationally define Rawlings's Method as the approach where those vagrant schizophrenics who roam in the city daily are gathered to be kept temporarily in the asylum when foreign dignitaries are visiting the country.

### Review of Literature

Schizophrenia was an easy type of mental disorder that could be diagnosed by the layman as everyone could comprehend the delusion and hallucination experiences that are associated with it. People who become ill with the disorder could take off their clothes and walk naked in the streets unharmed. Those who manage to maintain their clothes on would be seen by their tattered and rugged clothes that are accompanied by a strong smell. People cannot withstand the odor because of the lack of bath or shower they experience all year-round. These disorders were the usual mental disorders people knew and could readily receive stigmatization when the hospital specialists or the native practitioners finally treat the victim. The latter practitioner will always make attribution to such disorders to be caused by spirits.

But the extensive work by Picchioni *et al.* (2007) educates us on the different types of schizophrenia that always escape the layman. They are paranoid, hebephrenic, catatonic, and simple. Paranoid schizophrenia has delusions, experience hallucinations, and these salient experiences most people can easily detect. Hebephrenic schizophrenia has sustained flattened or incongruous affect, lack of goal-directed behavior, and aside from this, has salient thought disorder. The catatonic schizophrenia has sustained evidence over at least two weeks of catatonic behavior, including stupor, excitement,

posturing, and rigidity. The simple schizophrenia person possesses considerable loss of personal drive, progressing deepening of negative symptoms, and go through a pronounced decline in social, academic, or employment performance [7].

The causes of schizophrenia consist of genetic factors, environmental factors, and drug-related factors, which one finds commonly discussed in the literature [8]. I shall not dwell on them here but instead review the treatments that they often give to them. In Ghana, most schizophrenics do not seek treatment when they have it unless it becomes serious as paranoid schizophrenia. While some of these individuals take their disorders to the main hospital, other either earn up going to the native doctors who ward them in their native shrines. These individuals usually receive prolonged treatment investigations before the native doctors successfully treat them. Those that are not immediately sent for treatment because of lack of good guardians run to the street to become vagrant schizophrenics. These are the catatonic or paranoid ones who feel compelled to roam freely and do no harm to the passerby. In Ghana, so many schizophrenic patients escape the sick role and instead find themselves in the numerous spiritual churches. They become church members of profusely growing churches scattered all over the capital city, Accra. Adherents who may be having this disorder without knowing may spend their lifetime worshipping in churches that one person owns. These practitioners exploit them by making false attributions to spiritual attacks from the patients' families. It appears the practitioners of these adaptive environments have all kinds of medicines, some in the form of tablets, powder, pomades, oil, or herbs which they sell exorbitant prizes to these patients. The practitioners treat these ignorant patients with placebos that could be dangerous for their health and personality [9].

But in Government hospitals, there are various therapeutic options. According to Patels *et al.* (2014), biomedical practitioners use different psychotherapeutic approaches. First, the schizophrenic patient could receive psychotherapy treatment. Secondly, there is also cognitive behavioral therapy, which patients could undergo if, for example, a person has committed a crime or the patient presents a danger to himself. Thirdly, individual therapies consist of supportive counseling, personal therapy, social skills therapy, and vocational sheltered employment rehabilitation therapies. In addition to this, the fourth group therapy approach can be interactive [10].

The pharmacological therapy consists of long-acting injectable antipsychotic agents. There is treatment-resistant schizophrenia, argumentation and combination therapy, and mechanism of action. The adverse effects of these drugs are typical and antipsychotics. Patients suffer firstly, weight gain and, secondly, extrapyramidal symptoms. These symptoms

affect the endocrine system, cardiovascular system, lipid changes, and central nervous system [11].

### Treatment Outcome and Summary of Review

While progress has not been made in the detection and treatment of schizophrenia patients in West Africa and Ghana, in the West they have achieved outstanding progress. The quality of life for those patients treated in the United Kingdom, for example, is much higher than in Ghana. The UK continues to have clinical trials and interventions of effectiveness to strengthen the professional treatments of their patients. A recovery model is there to advise a team of doctors and nurses to work hard and achieve enormous progress in the field. They use employment and physical activity to help patients achieve rapid recovery. Doctors see social functioning as an extreme measure of schizophrenia disorders [12a-12f].

### Methodological Considerations

The research has been conducted with extreme attention on the patients to enable data collection to become reliable. On a whole, it took me three years to make general observations of those patients who usually roam in the city without a proper abode and food nourishment. But from the time this particular research was commenced and ended, I would like to say it is about one and half years. First of all, I used the qualitative method to gather data for this investigation because the quantitative could not have been possible [13]. Vagrant schizophrenics are peculiar people to deal with. Schizophrenia is a psychiatric disorder that affects a person's capability to reflect, feel, and act distinctly. These conditions will have marred any quantitative data that would have been collected. The symptoms of schizophrenia which are a hallucination, delusions, disorganized speech, trouble with thinking, and lack of motivation could not permit the researcher to use the questionnaire method. Simply this will have distorted the investigation results and would not have yielded validity and reliability of data.

The qualitative approach allowed me to utilize the observation technique, [14] naturalistic approach, [15] and able to conduct a conversational type of interview [16] which I made with the newly arrived vagrant schizophrenic and one rural vagrant (because he knew who I was). The former came from somewhere in the remote part of the Ashanti Region, while the latter hailed from the Eastern Region of Ghana. The qualitative technique enabled me to sift through the interviews and analyzed the underlying meaning of a typical conversation such as, "Why did you travel all these miles from your hometown of Ashanti Region?" and "Could you have walked here?" "Where did you

get the money to travel to this big city?" Another question "So where is your house or where do you live in the city?" [17]

On a whole 7, (N) vagrants schizophrenics were investigated and followed. The study, therefore, followed the convenient sampling technique. Four (4) vagrants were men and three were women (3). Two among them were clinically interviewed through the use of conversational style. Their ages which cannot be accurate were between 35 years to 65 years. The oldest among them was the newly arrived whom I found in a bus terminal. The first vagrant, a man NR usually plies on the Nii Kodea Road, Adenta-Madina, Accra. The second, a woman SR walks at the Sakora Road, Adenta-Madina, Accra. The third, a man RA strolls at the Regent University Bus Stop. The fourth, a woman WK sports at Winneba-Kosoa Road. The fifth, a man AD will be walking in the mornings from Achimota Forest and toward Dzorwulu Junction. On the sixth, a woman AG strolls at Agbogba Police Station and its nearby territories. Finally, a man KD was followed in a rural setting in Begoro-Akim in the Eastern Region.

### Results

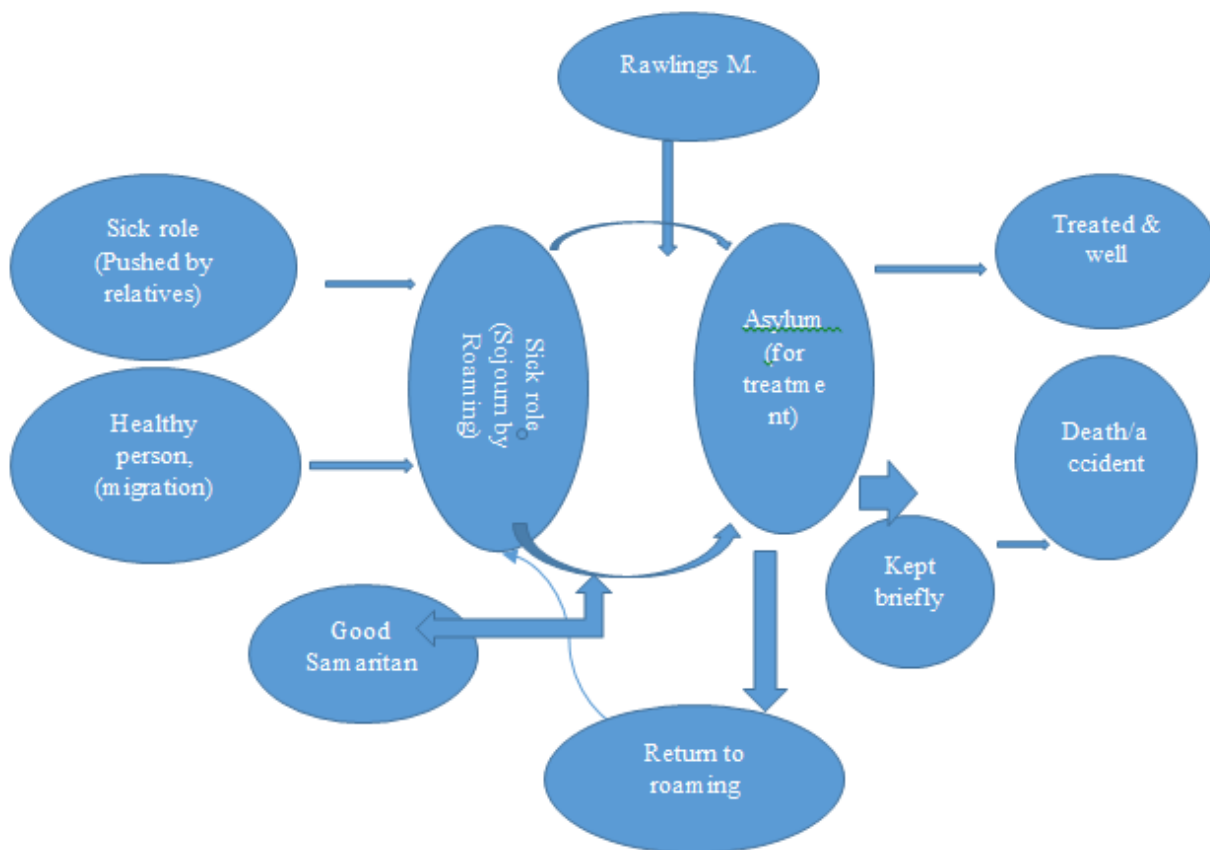
The seven patients who were investigated with the use of qualitative method make up a small percentage of the many vagrant schizophrenics who roam about daily in the rural areas, urbanized areas, and the capital city of the nation. They present no danger to the communities they are in, so it has not become a problem for the public and those families who these patients relate to becoming bordered in looking for them. But what if these patients due to some behavioral or biological needs, commence causing trouble in the vicinities where they roam?

Those conversational interviews made with the newly migrated patient into the city revealed that they are aware of the environments in which they are. That is, the cities they have their domicile can also be dangerous at night or daytime. There is also material evidence that the family members were behind the cause of their migration into the big cities. They told them to move into the big city because that is the appropriate city where there are a few hospitals where mental patients could be treated and receive medicinal help. As soon as they successfully move into the big cities, then that is where their problems intensify because apart from food for nourishment, the neat clothes to put on, they incur a lack of where to stay and sleep. Lack of these necessities become more burdens such that they could have become better if they had stayed in their native environments and respond to minor treatments from the clinics and from sympathetic community members who are familiar with them.

Table 1. Vagrant Schizophrenics: Comparing Gender Behavioral Characteristics

Women	Men
<ul style="list-style-type: none"> <li>• She can be raped by a wicked person</li> <li>• Often disappears quickly from the street [rate of disappearance high]</li> <li>• Often receives clothes and food from sympathizers</li> <li>• Public perception: kind and gentle toward them</li> </ul>	<ul style="list-style-type: none"> <li>• He can be aggressive when hungry</li> <li>• Could steal food and drinks</li> <li>• Could rape women in the villages</li> <li>• Hostile perception from people</li> <li>• They believe his illness is as a result of his own bad behavior (He has smoked marijuana, stolen, done wrong)</li> <li>• Sometimes go by nicknames</li> <li>• They outnumber the women in the streets</li> </ul>

Figure 1. Vagrant Schizophrenics Migrations to the Capital City



Results of investigations indicate that those vagrants who live in the rural areas were healthier and look better than those living in the urbanized environments and city areas. The former is known well by their communities, which family they hail from, and so on. Therefore, they receive no tyranny from members of the community. They know their history probably some of them have their classmates alive and well-to-do, so they receive proper behavioral treatments from them. These neighborly cares are a source of healing for many rural vagrant schizophrenics. Eventually, some patients return to living a normal life because of these kinds of help. They get their children and become married into society.

The city schizophrenics suffer the most and they endure hardships until they accidentally die as a result

of neglect or falling victims to terminal illness. Some cruel folks could murder them for ritual purposes. They do not receive their basic needs because they depreciate sooner or later in life. If they do not die, seldom do they return to live a normal life and have social functioning, and can work.

In Table 1 above, I have presented vagrant schizophrenics gender behavioral characteristics. The data shows that men are more likely to be maltreated in the street than women. But at the same time women receive a good perception than men in terms of how they comport themselves in the streets. The women often disappear quickly from the street after some time wandering in the street. The reason why they do vanish quickly, we cannot analyze in this paper. Figure 1 is a diagram that represents the migration experiences of the vigrants schizophrenics from the rural areas into the capital city.

## Discussion

Though there are some differences between paranoid, hebephrenic, catatonic, and simple schizophrenia, the vagrant suffers the most as they are not respected in the communities in Ghana [18]. It appears the vagrant condition, which falls somewhere between paranoid and catatonic schizophrenia, makes it impossible to have attentive conversations with them. Once in a while, the thoughts are taken away from the direction of the conversation which has nothing to do with the thing being focused on. The reason is that they cannot think properly. Moreover, the rugged and tattered nature of their clothes, and many days without a shower or bath, make it impossible to have them nearby. That is the reason why what Ghanaians would say, "the Rawlings method," is applied with them frequently on certain occasions. This is the approach where those vagrant schizophrenics who roam in the city daily are gathered to be kept temporarily in the asylum when foreign dignitaries are visiting the country [19]. Some of these schizophrenics through this process of removal could lose their habitation or die. These have been the common method of dealing with excess vagrant schizophrenics in cities, which has not been a better manner of solving the problems concerning those suffering acute mental patients in the country.

Recently, two reputable NGOs [20] in the Eastern Region of Ghana have embarked on assembling these vagrant schizophrenics into one place to help with their treatments and later reintegration with their families. The brilliant project sought to use a superb caring method, which consists of gentle caring by feeding and dressing them to appear normal individuals. Since its inception, the noble procedure has yielded success, which has brought this project to be acclaimed at home and internationally. Here their main focus was on the vagrant schizophrenics, who walked in the Koforidua city and the neighboring territories of Tafo, New Tafo, and Oseim.

This investigation has shown that these patients are mainly carried out here into the city by their relatives, who think that these patients are worrying them or getting them insulted and humiliated so that they should get rid of them from the vicinity. They fear stigmatization from their neighbors and the people of the community. Others come by themselves, thinking that they will be given help in the big cities due to the presence of Government hospitals and Private hospitals in the city. The need for the bigger society to consider this as a problem for the nation is imperative. There could be a collaboration between the Government hospitals and the family of the patients. This model functions better in other developed countries, for example, the United Kingdom [21]. Where patients have been brought to the hospitals by the public or by a kind individual, hospital workers should identify family members quickly so that the necessities such as food and clothing will be provided by these family members. Here, the purpose should be a reintegration of the patient back into the

community where he or she hails from, and they should make effort to acquire some menial works in the community for him to do. They could be trained in vocational schools and later offer them meaningful employment to enable them to function normally in the larger society.

## Concluding Remarks

The data we have ascertained from this investigation, in addition to statistics, is that the majority of the mental patients in the country could be found in the rural settings, where the native practitioners are employing the culturally provided ideology and herbal medicines in their attempt to cure these individuals. Some patients become successful and return to the society in which they originally came from. Patients could decide to stay in the treatment centers where they form a special family bond with the cult members whom they received group support. Some mental patients have been warded in Mental Institutions which Government owns. These seldom have the opportunity to come back as reintegrated because they are usually neglected by their families as soon as they leave them in the care of these mental institutions. Sizeable numbers are in the sanctuaries of the one-man-owner church organization, which harbor them. Here, the schizophrenics with well-preserved bodies (the catatonic schizophrenia: rigidity; the simple schizophrenia: loss of personal drive; the hebephrenic schizophrenia: prominent thought disorder), are made to believe that their problems are being caused by witches and other spiritual agents. Therefore, they can be shielded away by constant attachment to these churches and cults. Patients hardly receive adequate treatments, which enable them to be empowered to go back and live a free life. Through manipulation and fear-causing, these patients are compelled to patronize the herbal and oily prepared medicines of the practitioners, which are sold to them at exorbitant prices. But these are mainly placebos. Some of these practitioners are psychopaths, who thirst for blood and violence, and yet in their meek and charismatic personalities, are a source of help that entices a larger populace to follow them.

The vagrant schizophrenics' (paranoid schizophrenia: experience delusion and hallucination in a prominent manner) situation in Ghana should be taken as a serious public health issue, and attend to sooner or later as health problems that needed to be surmounted. The developed nations have made it a mandate to help patients who are suffering in seclusion and high places [22]. Currently, the Government of Ghana has come out with a blueprint solution to the mental health problems in Ghana. If the Ministry of Health becomes serious he will be able to consider several intervention approaches, which will solve the mental health problems of its citizens. The current census data will enable the government to make adequate preparation to build more psychiatric hospitals in the country.

### The Direction of Future Research

Future research should be directed to the study of schizophrenia patients with well-preserved bodies (the catatonic schizophrenia: rigidity; the simple schizophrenia: loss of personal drive; the hebephrenic schizophrenia: salient thought disorder), who make up the majority of the one-man church in the developing countries. The role of the NGO in handling the cases of deeply troubled people such as the vagrant schizophrenics, the single parent's homeless people with psychiatric problems of different kinds, those with disabilities, and women who do carry the baggage of people for their daily bread who are known as the *kayaye* should be encouraged and intensified. The work of the mental institution system should be evaluated to see how effectively it is being managed and conducted. The Ministry of Health should build an additional Open Care system, where there could be a collaboration between the Government of Ghana and the families of schizophrenia patients. The establishment and instituting of these measures could be carried out successfully only if stigmatization problems [23] of patients are successfully tackled.

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#### **Ethics Declarations**

Ethics approval and consent to participate: Since there was no formal authority to contact because of the laizer faire manner of roaming in town by the patients, no special permission was acquired. Moreover, the identities of the individuals have been hidden. Streets names replace the patients studied.

#### **Consent for Publication**

Not applicable

#### **Competing interests**

The author declares no competing interests.