

# Learning product:

## The value of community volunteers in mental health and psychosocial support services

### Introduction

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK Aid from the UK government. The programme is run by an Options-led consortium, which also consists of Basic Needs-Ghana, King's College London, Sightsavers and Tropical Health, and focuses on four key areas:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions.

### Purpose of the learning product and who it is for

This learning product describes the value of community volunteers to Self-Help Groups (SHGs). Lessons are drawn from 17 years of BasicNeeds-Ghana's work and their work with SHGs and community volunteers on Ghana Somubi Dwumadie. This includes lessons from training in Mental Health and Psychosocial Support (MHPSS), records of home visits, and visits to SHGs. These lessons serve as useful reflections in delivering work with community volunteers, and for community volunteers in their continuing engagements with SHGs, individuals and families of people with mental health conditions. We hope that the learning product will help inform future work of programme stakeholders, national and broader audiences interested in working with community volunteers to deliver community level interventions.

**Between 2020 - 2022, a total of 58 community volunteers were trained to deliver MHPSS to people with mental health conditions and their primary caregivers, Community volunteers reached a total of 16,609 people with mental health conditions through home visits and SHG meetings during the same period, while 8,229 persons with mental health conditions and their caregivers were sensitised on COVID-19.**

## Who community volunteers are

Community volunteers constitute an integral part of on-going mental health interventions outside the formal health system. They are members of the community who have passion to support people with mental health conditions and their primary caregivers. Community volunteers are usually invited by members of a SHG to work with them, or nominated by community leaders to support the activities of SHGs. Community volunteers serve as a vital link between the organisations implementing mental health interventions, SHGs and the community mental health workers of the Ghana Health Service. Community volunteers have been trained to deliver mental health and psychosocial support, as well as safeguarding and data collection. Community volunteers are often already in paid employment and volunteer on their spare time in their communities. Some may have lived experience of mental health conditions. In essence, community volunteers are voluntary community workers.

## What community mental health volunteers do

Our work with community volunteers has established that community volunteers perform several tasks that enhance the health and wellbeing of marginalised and excluded groups, including people with mental health conditions. Typically, community volunteers support community mental health workers to check in regularly on people with mental health conditions receiving treatment, and their caregivers, through home visits.

**Home visits involve having a chat with people with mental health conditions and their caregivers. This includes talking through their physical and mental health, treatment, family and community support, livelihood activities, and any issues and how they can be supported.**

For people with mental health conditions on medication, visiting community volunteers enquire about their compliance with the treatment and side effects from medications (if any). They refer people with mental health conditions who relapse, default in treatment, or are not responding to treatment to mental health service providers. People with mental health conditions are therefore provided with timely care through the activities of community volunteers. This work enhances recovery and improves wellbeing.

We have found that community volunteers are promoting mental health awareness and sensitising community members on ways of engaging with people with mental health conditions with a greater understanding and empathy. They encourage people with mental health conditions to attend planned mental health reviews or outreach clinics and assist in conveying people with mental health conditions to the clinics when they are unable to do so by themselves because they are either too ill to go by themselves, or have no means of transport. Community volunteers mobilise and organise people with mental health conditions and community members for programme activities. They promote community participation and self-help and, on many occasions, serve as interpreters and the linkage between individuals and the programme. Literate community volunteers provide secretarial support to some SHGs in their communities.

# Addressing the capacity needs of community volunteers

Our work with community volunteers recognised the need for specific support and capacity building to enhance the delivery of quality community-level interventions to people with mental conditions and their primary caregivers.

**Learning point: Community volunteers are essential in the provision of MHPSS. Enhancing the capacity of community volunteers improves delivery of MHPSS to people with mental health conditions and their primary caregivers**

## Training on Mental Health and Psychosocial Support Services

We have learnt that the knowledge and skill of community volunteers can be enhanced through training to enable them to undertake specific tasks they may be required to perform. Key capacity gaps such as data collection and reporting, supporting MHPSS, and recognising safeguarding issues that hitherto affected effective delivery of community support to people with mental conditions and their primary caregivers were addressed through training.

**MHPSS is any type of local or outside support that aims to protect or promote psychosocial well-being and or prevent or treat mental health conditions (IASC, Feb 2020).** To ensure the delivery of quality community-level interventions to people with mental health conditions and their primary caregivers, tailor-made trainings were organised to support community volunteers to provide enhanced MHPSS. This was particularly relevant during the peak of COVID-19 when people with mental health conditions had many concerns regarding their safety and wellbeing. Major concerns included limited access to mental health services, shortage of essential psychotropic medicines, collapse of income generation activities, limited family and social interactions, exclusion from government interventions, general increase in the prices of goods and services, worsening poverty due to restrictions and difficulty in accessing COVID-19 vaccines. These needed to be addressed to ensure their mental health did not diminish due fears about COVID-19 and its knock-on effects.

## Reporting on home visits

Community volunteers visit people with mental health conditions in their homes and SHGs. During these visits, community volunteers collect data on individual people with mental health conditions and SHGs and a monthly report is submitted to BasicNeeds-Ghana. The data collected is stored in a password protected database.

Interactions with several community volunteers showed that they now conduct home visits and follow ups, directing people with mental health conditions and their caregivers to healthcare providers, support systems, and other community level

interventions. Since they were trained and requested to submit monthly reports on their activities, we are able to capture key data around this.

To facilitate data collection during visits to individuals and SHGs, a reporting template was developed for community volunteers to use. The community volunteers were taken through all the fields that need to be completed on the reporting template. To enhance the understanding of community volunteers on how the data they collect is used, they were also trained on collecting quality data to ensure the information generated from the data is credible for decision-making. Some key decisions were based on the data community volunteers collect, such as identifying people with mental health conditions for follow up, planning specialist psychiatrist visits for mental health outreach clinics, on-site support visits, and livelihoods support to individuals.

## Working equipment

The programme provides a small stipend to community volunteers to support their valuable work and cover minor expenses. Community volunteers use their own bicycles and sometimes motorbikes to carry out home visits or even pass on information to members of SHGs. Ideally, these costs would be fully covered by a programme engaging the support of community volunteers.

The programme provided wellington boots, raincoats, and portable back-pack bags to carry key documents safely, to support the work of community volunteers especially during the rainy season. A community volunteer from Loungo in the Bongo District after receiving the materials said, **'with this raincoat and other items, I can visit members of SHGs at any time.'**

People with mental conditions and their primary caregivers cited the inability of community volunteers to visit them during the peak of the COVID-19 pandemic in 2020 as a matter of serious concern. They felt they were being left alone at a time they required greater support to cope with the challenges that the pandemic posed to them. Community volunteers resorted to the use of mobile phone calls to reach out people with mental health conditions instead to physically going to the homes of people with mental health conditions due to restrictions imposed on the movement of people. To address this gap, the programme retrained community volunteers on MHPSS and provided training on prevention of COVID-19 to increase their awareness about the disease. They were also encouraged to conduct socially distanced home visits where possible.

## Safeguarding

**Learning point: Safeguarding awareness among community volunteers enhances protection of people with mental health conditions from actual or potential harm and abuse and motivates community volunteers to report safeguarding concerns**

The programme recognises the potential of the actions and or inactions of staff, partners, consultants and representatives, including community volunteers, resulting in harm or abuse to people with mental health conditions. Safeguarding is a key

programme policy that guides the conduct of community volunteers to prevent the occurrence of any violations and informs them of the measures to address any safeguarding concerns when they occur.

Training community volunteers on safeguarding using the Ghana Somubi Dwumadie safeguarding framework was one way of raising awareness. The training distinguished between harm and abuse, and the types of abuse project participants may be exposed to. The procedure for reporting a safeguarding concern or incident, and what happens after reporting, were also explained. Community volunteers were encouraged to observe and report incidents of physical, emotional, sexual abuses, neglect and exploitation among others.

**‘I was chained and abused in the past at a traditional healer’s home even though I resisted being put into that situation. As a person with a mental health condition and a community volunteer, I now know how to seek redress for serious infractions like these for myself and other people with mental health conditions,’** a participant from the Talensi District of Upper East Region.

During the trainings, some community volunteers reported that they have heard of incidences of abuse of people with mental health conditions in their communities. These abuses included sexual harassment, rape, neglect, shackling, among others. The community volunteers however indicated that in the past they did not know these actions were serious offences that they needed to report. Others said they simply did not know how, and where to report such incidents. The training on safeguarding therefore provided them with the understanding of safeguarding concerns, the procedure and avenues for reporting, the motivation, knowledge and confidence to do so.

## Barriers

**Learning point: The inability of most community volunteers to read or write well in English is a challenge to be addressed in training and reporting**

Reports analysis showed that community volunteers are motivated by their desire to improve inclusion and the wellbeing of marginalised and excluded individuals and groups in their communities. This self-motivation needs to be coupled with ability to perform their assigned roles and provide feedback on what they do. Many of the community volunteers were not completely literate in English. While local language skills are essential for engagement with local communities, functional English language skills are also helpful to support engagement in training and reporting. To address this, a refresher training was conducted where participants were taken through the reporting template to ensure they understood the fields to be completed with the right data. Participants were given the opportunity to complete the reporting template in pairs to facilitate peer learning and knowledge transfer.

# Key achievements

## Community trust and reduced stigma

**Learning point: Community volunteers are key agents of change who have the trust and support of the primary stakeholders and their communities. They play an important role in reducing stigma and promoting the wellbeing of people with mental health conditions and their caregivers in their communities**

Our engagements with members of SHGs and community members, together with analysis of community volunteers' monthly reports suggest that community volunteers are known by community members and command the respect and support of their communities. Therefore, building a community support structure through a volunteer network has made a significant impact in changing attitudes of the community towards people with mental health conditions and contribute to stigma reduction. Their support for with SHGs for instance, enhanced visibility of the SHGs, and by regularly associating with them, improved acceptance, inclusion, and participation of people with mental health conditions in community life. Community volunteers are driven by the desire to see people with mental health conditions living in dignity and respect like others in their communities.

**'I am happy to serve my community and the vulnerable. My support to the SHGs has brought issues of mental health out of the shadows into the limelight. The response for support from government agencies and officials is slow but I am happy people with mental health conditions can no longer be ignored as it used to be.'**

Working with, and through community volunteers is a good practice of community level support for people with mental health conditions that needs to be promoted. Working with community volunteers encourages community involvement in the care and support of people with mental health conditions. It ensures continuous support to beneficiaries and their families and further helps healthcare professionals in their community treatment services, particularly, home visits and scheduled community treatment outreach clinics.

## Enhancing other programme activities

**Learning point: The reach and depth of programme interventions is enhanced through working with community volunteers and that gains can be reinforced by community volunteers who remain a vital link between the programme, partners, and people with mental health conditions**

Community volunteers actively supported programme activities to reorganise and facilitate resumption of operations of 272 SHGs between September 2020 and March 2021. This ensured members of SHGs continued to benefit from peer support from one another within each SHG.

In 2022, community volunteers reached 16,906 people through their support to self-help groups' meetings, and home visits undertaken, linking people with mental health conditions and their families with healthcare and social protection measures. During



these home visits, reports showed that community volunteers enquired about the wellbeing of people with mental health conditions and their primary caregivers. It is common for members of the community to people check in on one another, but they more rarely check in on people with mental health conditions. According to a community volunteer from Bunkprugu District of North East Region, a caregiver told him that **'Apart from you, nobody comes to greet us and ask about him. We are happy about your concern for his wellbeing.'**

Community volunteers reach out to people with mental health conditions and their families with vital and trusted information. For instance, they continue to sensitise SHGs and individuals during SHG meetings and home visits on COVID-19 using Easy-Read COVID-19 materials developed by the programme. They also promote COVID-19 vaccination information for people with mental health conditions and community members.

### **Case study: Promising practice in Zabzugu district**

Jibril is a caregiver and community volunteer in the Zabzugu district of the Northern Region. He visits members of the Gub-Katimali SHG at least once every month. He occasionally visits members who are reported to be skipping their medications more than once to ensure that they continue their treatment according to the doctor's instructions. Jibril is well-known in the town, and he has cordial relations with key staff of National Health Insurance Scheme (NHIS), Department of Social Welfare and Community Development, and the District Assembly. Being a member of a SHG, a volunteer and an advocate for people with mental health conditions, Jibril successfully facilitated free enrolment of all 51 members of the SHG onto the NHIS. He further supported members of the SHG to apply for support from the 3% of the District Assembly Common Fund set aside for people with disabilities. 11 members were supported with cash and or equipment, through the Fund. According to Jibril,

**'I am strategic in my work as a community volunteer. I build rapport with the officers of the departments that support people with mental health conditions. I advocate for my people, and we follow up on our requests. I lobby for the people with mental health conditions to be prioritised because resources of the District Assembly are never sufficient and there are many interest groups competing for the scarce resources of the Assembly. I 'fight' for people with mental health conditions when it is necessary. People with mental health conditions and their caregivers are now represented in most stakeholder meetings that the Assembly organises.'**

## Recommendations for the future

People with mental health conditions and their caregivers, as well as SHGs, will continue to require the support of community volunteers. A corps of nearly 60 community volunteers have been mobilised and are currently providing support. Drawing on the key learnings from this learning product, recommendations for both the programme and for other stakeholders hoping to provide MHPSS or work with community volunteers include:

Stakeholders seeking to engage the services of community volunteers must provide tailor-made capacity building specific to the areas of community level interventions planned. Building capacity in reporting and safeguarding is also key. This should consider the language needs of participants and is best run as on-going capacity building rather than as a one-off.

In addition to capacity building, community volunteers need to be facilitated to undertake their voluntary work. This can include a regular stipend, as well as key materials such as rain gear so that work can continue during the rainy season. Well-resourced programmes can consider providing support with transportation so that community volunteers can travel longer distances, as well as support with mobile phone calls.

Community volunteers can be encouraged to work closely with key government institutions such as the Department of Social Welfare and Community Development, National Health Insurance Scheme, Ghana Health Service, and District Assemblies. The support of the Zabzugu District Assembly to the community volunteers is an important promising practice that will ensure the sustainability of the work of community volunteers.



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