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A Historical Study of Mental Health Practices in Colonial Asante

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Abstract: This study examines the historical evolution of mental health practices and policies in Asante, Ghana, with a focus on the impact of colonialism on the field of mental health. The study reveals that traditional Asante society had a holistic approach to mental health, which included both scientific and traditional practices. The traditional Asante people believed that the social and physical conditions of an individual have an effect on his mental health and that a well-balanced social environment was crucial for preventing mental illness. The study also examines the mystical connotations and explanations that the traditional Asante society linked to mental illnesses. However, over the colonial era, the definition and explanation for the causation of mental illness changed. There was a gradual change from the supernatural causation of illness to a more scientific explanation of illness within this period. We argue that the colonial government was unprepared for the growing number of mental health cases and care of mental health during this time. This was a result of the difficulties faced by the colonial administration which included inadequate personnel and facilities, and poor cooperation from the indigenous Asante population due to cultural barriers among others. The paper argues further that these challenges experienced by the colonial government are still present today. This study employs a qualitative approach to investigate the diverse mental health policies, actions, and practices from traditional Asante society to the colonial era, as well as the effects of these policies and practices on modern Asante mental health care.

Keywords: Mental Health, Lunatics, Asante, Colonial Administration

1. Introduction

Mental disorders account for 14% of the global burden of disease [25]. Prince et al have argued that the biggest barrier to global and particularly Africa's mental health care is the lack of an evidence-based set of primary prevention intervention methods [25]. This indicates that mental health is one of the most under-resourced areas of public health in Africa, even though mental health problems are on the rise. In many countries in Africa, mental health requires more attention than it currently receives. Mental health care has received little recognition in most countries of sub-Saharan Africa. Similar to the above, Newhouse notes that mental illness accounts for 14% of the worldwide disease burden, with 75% of people affected living in low-income countries. It encompasses a wide range of diagnoses, from common mental diseases like anxiety and substance misuse to severe illnesses like psychosis [28]. Most developing countries dedicate less than two (2) percent of government health budgets to mental health care [28]. Despite the rise in depression and acute psychotic illnesses in children, adults, and the elderly, a lack of early detection and treatment makes these disorders chronic. Unfortunately, the African region lacks the financial and personnel resources necessary to appropriately treat the burden of mental health illnesses. Compared to other WHO areas, Africa has fewer mental health specialists. For instance, there are just 0.04 psychiatrists per 100,000 persons on average in most parts of

Africa. Again, the availability of psychiatric beds, with a median number per 10,000 persons of 0.34, exhibits a similar trend [9]. Meyer and Ndetei have argued that although there has been an improvement in mental healthcare in some parts of Africa including Kenya, the country is still faced with inadequate personnel with 47 psychiatrists as of 2013 and the majority of these practitioners were concentrated in the major cities of the country [13].

The scenario appears to be similar in Ghana. According to Canavan et al., as of 2013, about 21% of Ghana's population suffered from a serious or moderate mental condition. In Ghana, mental health diseases are on the rise, but there has been a relatively poor uptake of mental health services [5]. According to Samuel Adu-Gyamfi, policies, practitioners, and facilities are not properly implemented or regulated thereby worsening the mental health care development in Ghana [1]. Similarly, Roberts et al have argued that the mental health facilities and staff are concentrated only in the Southern parts of the country [29]. This condition was not different from the colonial period. It is important to argue that the colonial era paid little attention to developing mental health care in the country including places like Asante. This work attempts to examine the historical evolution of mental healthcare practices in Asante and examines the continuity and changes that have occurred over time.

2. Method of Study

The work was based on a purely qualitative approach. Information from both primary and secondary sources were used to supplement the research. Information from Primary sources were gathered from the Public Records and Archive Administration Department both at the Regional (Kumase) as well the Manhyia Palace Archives in Kumase. The data gathered supported the discussion concerning mental health practice in colonial Asante and its associated policies. Moreover, oral interviews were also conducted to supplement the study. Interviews on traditional mental health practices were conducted in the Ashanti region of Ghana, especially in places like Manhyia (the traditional seat of the Asante empire), Kotei, Onwe, Dohina, and Antoa. The persons interviewed were traditional medical practitioners, herbalists, and family heads among others who were well vested in the culture and tradition, especially in the areas of health and medicine in Traditional Asante. However, data was also gleaned from internet sources. Secondary information from books and articles provided useful information for the study. The data from the primary and secondary sources were analyzed and presented thematically to reflect the history of mental health in Asante within the colonial period and how the same is relevant for the twenty-first century.

3. Traditional Mental Health Practices in Asante

Historically, mental illness has been intricately linked to the Asante society's culture and history. According to Opare-Henaku, traditional explanations for ailments, including mental illness, were linked to the imbalance between an individual and the spiritual world [14]. Similarly, Peter White has suggested that diseases were linked to spiritual and supernatural causes in traditional Ghanaian contexts [33]. This suggests that in most cases, the explanations for the source of ailments were unscientific, particularly in traditional Asante. Adu-Gyamfi; Margaret Joyce Field; Helga Fink, and others have argued that mental illness was assigned to a supernatural origin, generally in the form of a curse as retribution for wrongdoing [1, 7, 8]. In most cases, these penalties were irrevocable, and they became a generational curse within the victimized family. In the case of traditional Asante, the situation remained similar. In an interview with Opanyin Kwadwo Obeng (traditional linguist) argued that

> *"Mental ailments were seen as both a curse from a family deity, town deity, ancestral spirits, dwarfs, witchcrafts for major offenses against these spirits. At the same time, this can happen when a person with an evil eye envies the success and prospect of one family, property, or status within the society. It is for this reason that we have this popular Akan phrase, 'Yenku wu oo na ya sei wo,' meaning we won't kill you but rather we will destroy you."*[1]

This indicates that mental ailments were seen within the society as a form of punishment or a form of destruction. Although the majority of the literature has argued on similar lines that mental ailment under African traditional settings including Asante was attributed to spiritual or religious belief systems and practices, however, there were some psychosocial scientific practices and explanations to mental ailments specifically within the Asante traditional setting. According to the World Health Organization (WHO), mental health is the foundation for the well-being and effective functioning of society. The ability to think, learn and comprehend one's feelings and other people's reactions, goes beyond the simple absence of mental disease [34]. The traditional Asante people within this time period performed scientific health treatments that could be attributed current WHO definition of mental health.

Within this period the traditional family heads and the numerous native doctors were in charge of providing healthcare before the colonial era. Amuyunzu-Nyamongo has importantly argued that traditional healers (including diviners and witch doctors) and religious leaders (such as priests) provide a significant proposition of the care received by mentally ill people especially in sub-Saharan Africa since time immemorial [2]. It is obvious to argue that psychosocial health services and other social issues related to mental health care were performed by these various family heads, religious heads, and native physicians within the traditional Asante society [1]. Abenaa Ankomaah a native physician at Onwe in the Ashanti region of Ghana argued that,

> *"The traditional native physicians did not only resort to the use of spiritual therapeutics in diagnosing ailments.*

[1] Interview with Opanyin Kwadwo Obeng, January 2022 at Kotei.

Some of these diseases from the narrative of the affected person were seen to be attributed to the social environment the person finds himself in (marital issues, workplace issues, debts, and other social conditions) which results in the individual developing placebo effects. In this situation, the individual is sometimes counseled by the native physician on social matters affecting the mental health of the individual."[2]

This indicates that traditional mental health care was not only seen from the spiritual point of view within the traditional Asante culture. Counseling services were part of the assigned responsibilities of the traditional medical practitioners, and religious heads including the priest and priestess as well the various family heads in Asante. Mr. Kwadwo-Obeng argued that in most instances these traditional medical practitioners paid annual and weekly visits to their respective clients to examine the progress of their conditions and further give counseling services. [3] Konadu has made the following claim in support of it: "The herbalists and diviners are commonly considered as cultural experts, and hence have components of folk knowledge, cultural norms, and societal expectations of conduct in their work [12]." This clearly shows that the traditional native physicians incorporated environmental and societal variables in their treatment of illnesses, including mental disorders.

Significantly, it can be deduced from the above that, traditional Asante culture valued the need for counseling as one of the main strategies in combating certain forms of mental disorders within the Asante society. In addition to providing psychological counseling to the people, it is important to point out that the traditional Asante society also believed in the use of motivational words to promote the recovery of the ill. This is in contrast with Kpobi and Swartz who argued that traditional native physicians did not know that psychosocial factors that affect the normal functioning of the individual were a type of mental health disorder, in the traditional society including Asante [11].

In line with this Opanyin Yaw Asomaning[4] has postulated that, the whole idea of *Fa wa no ka asempa* which means *speak well for yourself* was at the center of the Asante healing practices (Interview with Opanyin Yaw Asomaning at Kotei, 2022). This meant that the traditional Asante society believed that once a person is sick, he becomes mentally unstable which affects his thinking as well as his recovery rate. Therefore, there is the need to give an encouraging message to psych one's mind and put one on the path of steadfast recovery. These practices exist in modern-day biomedical healthcare known as *hospice care* where patients are given palliative care. In place of this, Mr. Asare Bediako argued that,

"When a person comes to me the first thing I do is to give a motivational or encouraging message to the sick that no matter his situation he will be fine. I first did this to motivate and encourage him to have a positive mindset that he will be fine. This is because we native physicians have been taught that, healing begins first in the mind and hence giving such an encouraging and motivational message to the sick was the first stage in healing process."[5]

From our standpoint, this practice is a mental health practice that has modern significance in contemporary health care. The above notwithstanding, it can be argued that mental health practices existed among the traditional Asante societies over centuries and were not always focused on spiritual explanations as has been always portrayed by some literature. These tasks were carried out by a variety of native doctors, herbalists, and diviners in the Asante traditional society. Kojo Senah has stated that those having the legal authority to identify social illnesses included the head of the family, local medical professionals, and members of the community [30]. These people who legitimately have the right to determine the sick also performed certain mental health roles. These roles were mostly performed by these individuals especially when a person is ill. These people were the first point of contact that determines whether a person is sick or not according to the sick role theory. Given this, Yaw Kwarteng[6] has lamented that, both the "abusua panin" which means the family head, and any individual (elderly) who has the right to determine the sick also in a way provide mental health services to the sick. According to him, during this period, the sick become mentally unstable and due to that, he is exempted from his normal duties within the society. Just like the native physicians these individuals also provide an encouraging message to the sick especially when he is receiving medication. These individuals were seen as experts who at the expense of the native physicians are the next to provide such services. Kwame Mintah [7] has argued that, "within the Asante traditional society the king and his elders, the family heads, aged and individuals possessing certain supernatural powers and strengths were the ones seen as persons having a certain level of wisdom who can give solid advice and counsel to people."[8] Such situations were done by individuals trained as expected in these fields.

Significantly, there were some exceptions to mental health practices, especially in Asante. Individuals believed to be lunatics were treated as criminals within the Asante society. Lunatics, especially individuals who were dangerous to society, were seen as cursed individuals through their wrongdoings or in most instances were seen as a generational curse. These lunatics were believed to be individuals that were not needed in society and therefore in most cases were isolated from the family. Yaw Anim, a Fetish Priest at Asante Mampong lamented that,

"Prior to Gold Coast[9] *lunatics were seen as people cursed*

[2] Interview with Abenaa Ankomaa, January 2022 at Onwe.

[3] Interview with Mr. Kwadwo-Obeng, January 2022 at Onwe.

[4] Opanyin Yaw Asomaning is a traditional Herbalist at Kotei.

[5] Interview with Asare Bediako, January 2022 at Ayeduase.

[6] Yaw Kwarteng is a Herbalist and a spiritualist. His occupation was inherited from his father who was initiated by his grandfather.

[7] He is a family head of the Aduana clan at Dohina.

[8] Interview with Kwame Mintah, January 2022 at Dohina.

[9] Gold Coast was also a term used to refer to the colonial period, especially in

by the gods or by witchcraft. During this period, lunatics were viewed as undesirable members of society who needed to be secluded. In this regard, special camps for these lunatics were established. The majority of these lunatics were thought to have bad spirits (in other words, were believed to be witches or wizards) who may bring spiritual harm to members of society."[10]

Yaw Anim's comments make it very clear that the Asante culture was closely linked to the notion of witchcraft regarding lunatics. In support of this, Parker argues that the construction of numerous witchcraft deities, particularly in the early decades of the twentieth century, led to the emergence of the notion of lunatics and witches, particularly in the forest zone including Asante. Deities such as Abrewa, Tigare, and Hwemesomame were prevalent in Asante [15]. Yaw Anim continues by saying that the majority of these lunatics were discovered in the camps of these deities. In this way, those who were thought to be suffering from severe mental illnesses were seen as criminals in Asante culture. This was explained by the idea that mental illness did not just occur (*Edam mba kwa, efiri de3 efirie*).[11] It is interesting to argue that majority of the victims in this situation were the aged. Opanyin Yaw Kwarteng, when consulted on this matter, lamented that the majority of the victims in these camps who were perceived to be suffering from mental illness were the aged (Abrewa and Akokora- Female Old woman and Old man respectively).[12] There was a general perception that the aged experiencing menopause and andropause which manifest in the form of mental disorders in some instances were seen as witches and wizards found in these camps. However, the advent of the British in Asante in the 19th century and the colonization of Asante in the 1900s marked an important change in the medical history and practices of the people.

4. Mental Health Care in Colonial Asante

In Asante, mental health saw gradual improvement throughout the colonial era. Senah has argued that the Gold Coast, including Asante, was renowned for having a poor health system before the colonial era. The Gold Coast's health system, comprising all aspects of health, improved during the colonial era [30]. Adu Gyamfi has argued that the earliest attempt by the colonial administration to provide mental health services was in 1888 when there was the implementation or initiation of the Lunatic Asylum Act of 1888. Adu-Gyamfi among other notable scholars have argued that the ordinance treated lunatics as criminals, creating special prisons for them instead of treating them. According to Adu-Gyamfi, victims lost their freedom upon the suspicion of mental illness. However, this is disputable. The rationale behind the implementation of this ordinance was to protect the individuals who were faced with a serious physical threat from these lunatics [22]. However, what was lacking in the arguments of Adu-Gyamfi and other scholars who argued on a similar line was to consider first the political condition as well as available healthcare facilities at the time before building up their argument. This is because the colonial administration lacked the logistics and healthcare professionals to deal with situations like this. Also the era also marked the beginning of mental health development worldwide and what was expected in the 21st mental health care was unrealistic at the time. The above notwithstanding, the provincial commissioner of Asante when confronted with lunatics being housed in prisons made an important clarification on the issue arguing, "I can only answer your question in the negative as our local staff is already insufficient for its essential need and is not adequately trained for this venture [23]." Mental health was not the main priority of the colonial administration in Gold Coast and Asante in particular. Again, a strong objection to Adu-Gyamfi and other notable scholars' assertion came from a letter from the medical department to the provincial commissioner in Asante, stating that "…. Persons (Lunatics) waiting to be certified are not prisoners… accordingly, the Director of prisons strongly objected to such people being placed in his prison. However, due to shortage of resources, we have no option but to detain them [23].". This demonstrates that the colonial government did not object to the idea of putting lunatics in prisons, particularly in Asante, but the reality at the time required the administration to do so. In this regard, the chief commissioner in Asante in 1936 ensured strong scrutiny concerning the treatment of lunatics in the prisons. The commissioner stated that" all that I am concerned about is for the better treatment of persons awaiting to be certified in the prison…. I know of no law whereby cells must be registered for the detention of uncertified lunatics." This also condemns the assertion of Adu-Gyamfi and other scholars who argue that the colonial administration treated lunatics as criminals.

In Asante, the earliest attempt to promote mental health care by the colonial administration was in 1926 when there was an attempt to construct a mental health facility in "*Owabi"* a Town in the Asante Province. The site discovered was 50 acres of land that was to be expanded over time [33]. Even though the power supply (electricity) was quite low at the time; the proposed plan included a consistent power supply for the facility. The idea for the construction of a mental hospital was proposed by the Kumase Health Board with the approval of the Central Board [24]. Consequently, the Senior Medical Officer later boycotted the proposed plan for the construction of this hospital. The justification for such a boycott was attributed to insufficient resources and the need to save resources, and it was further advocated that such a facility should be built in Accra. The colonial administration did not place a strong emphasis on mental health. The colonial administration's focus on mental health was on individuals (victims) who were deemed a menace to the

Ghana.

[10] Interview with Komfo Yaw Anim, January 2022 at Asante Mampong.

[11] Personal Conservation with Emmanuel Aboagye at Asante Mampong.

[12] Interview with Yaw Kwarteng, January 2022 at Asante Manpong.

public or Asante society instead of looking at it from a broader spectrum. Aside from the colonial administration's unclear focus on mental health care, another justifiable reason why the administration was ill-prepared for effective mental health care was that mental health scrutiny and health care were under the control of the District medical officers (D. M. O), the prison medical officers, and the Senior medical officers, who in most cases did not have any specialty in mental health [1]. This backs up Ayinam's claim that health care was first restricted to colonial administrators, mining company executives, merchants, and other Europeans at the expense of the African population during the colonial period in the Gold Coast [3]. Following the increased number of Lunatics in the various prisons, Dr. Von was made in charge of the various Lunatics that were brought to the prisons for checks and certification.

From the early beginning of the colonial era (1910-the 40s), the Kumase prisons became the house of these lunatics awaiting certification. The constructed cell was not able to accommodate these lunatics. According to the medical officer's report on these cells, they weren't big enough to house these lunatics. It is imperative to argue that this cell acted as observational facilities where medical professionals, not even a psychiatrist, assessed the state of the accused lunatics for fourteen (14) days rather than treatment centers where physicians could provide accurate diagnosis and therapy. People who have been verified by a doctor were certified and taken to Accra for treatment. According to a report from the senior medical officer, the nature, layout, and places of the cell can deteriorate the state of the accused person if he is truly a lunatic. However, irrespective of this situation on February 1936, the colonial administration in Asante made initial preparation to construct lunatic cells inside the Kumase police station rather than constructing a psychiatric hospital in Kumasi for the care of individuals with mental defects. The Assistant Director of Medical Services stated the rationale for the colonial administration beginning this exercise in Kumasi, stating that building such a hospital would necessitate a rise in medical staff and transportation costs, among other things. As a result, this asylum cell will perform the same function as the Kumasi prison, where lunatics were kept for verification and confirmation by a medical officer before being sent to Accra. It can be argued that the state of mental health treatment in the Gold Coast and Asante, in particular, fits with Adu-Gyamfi's claim that mental health care facilities (hospitals) in modern Ghana are mostly located in the southern parts of Ghana [1]. The colonial administration's unsatisfactory legacy of mental health care where all attention was centered on Accra, can be seen in present times. Regardless of the foregoing, the colonial government's actions and efforts on mental health demonstrate that the colonial administration was unprepared for the development of mental health in Asante.

In the 1940s lunatic transfer was under the authorization and approval of the court. Reference to this was in 1942 when Abudu Moshie (an alleged lunatic) was sent to the prison cell with the approval of the District magistrate. Constant transportation of lunatics from Kumase, as well as other territories in the Gold Coast, put pressure on the facility in Accra leading to poor delivery of service. Despite the administration's attempt to improve accommodation for lunatics in Kumase the situation remained standstill. The Assistant Director of Medical Services reported on December 5th, 1938 that, "the conditions under which suspected lunatics were detained in Kumasi prison have not improved [23]. The constant increase in the number of these lunatics resulted in transferring them into the various punishment cells in Kumase. However, the result of this action led to several lunatics committing suicide in these cells. An accused madman named Alidu Sissale committed suicide on October 3rd, 1938. According to the medical officer's assessment, Aliedu Siedu committed suicide as a result of the bad conditions in the punishment cell after being held in custody for seven weeks and unable to be transported to Accra because of the massive backlog in the Accra prisons [23].

It is debatable if the colonial administration's efforts to advance mental health treatment in Asante were successful, but poor planning and a shaky administrative structure certainly contributed to the worsening of these lunatics' conditions. Despite numerous reports from the superintendent of prisons, the Senior Medical officer, and the district commissioner of Asante on the poor mental health state in Asante, the colonial administration remained ideal to the situation. A report from the chief commissioner to the colonial secretary explicitly explains that mental health care in Gold Coast in general and Asante, in particular, was not part of the Gold Coast administration's expenditure. The report stated, "…I realized that there is no time to recommend any proposals which would involve considerable expenditure [21]." On 10th December 1941, he reported about the state of the Kumase prison. He stated that,

> *"His Majesty's prison, Kumasi, is unsuited for the accommodation of suspected lunatics. There are no trained day and night staff to care for observing and report on the unfortunate suspects. There is no laboratory facility. This is very important as temporary states are usually more dangerous to the suspect than he is to the community that requires investigation. At present warders have to detach from ordinary prison duties to guard these suspects whilst they are being investigated at the colonial hospital. The cells at present used to confine suspected lunatics are the solid confinement cell [16].*

From several angles, it may be claimed that the colonial administration's opposition to the advancement of mental health was motivated by the growth of public health at the time. According to Mandell, the development of mental health came to the attention of the world in 1908 with the publication of the book "A Mind That Found Itself," which contained a call to action for groups promoting mental hygiene and was sponsored by William James and Adolph Meyer [32]. This advocated for the establishment of a permanent volunteer health organization, the main purpose of which would be to educate the public about the sickness of

insanity in the early 20th century to avoid it Mandell [32]. It is conceivable for the colonial administration to pay little attention to mental health in colonial Africa, and in Asante in particular, because it was not given much recognition during this period even in Europe. Again, another reason for the colonial administration's reluctance towards mental health development in Kumase can be attributed to the overestimation and planning by the colonial administration. The colonial administration did not plan systematically about mental health care and policy in Asante. Reference to this was in the 1934 annual meeting held by the Kumasi Health Board which recommended the construction of a mental hospital including the provision of accommodation, and ambulatory services, huge salary expenses among others. This from a personal standpoint was too much for the start. The construction of the asylum hospital should have begun with the erection of a mental clinic. In the nutshell, most of the colonial actions toward mental health development in the Gold Coast and in Asante, in particular, were unrealistic [18].

To put adequate pressure on the colonial authority, the medical officer of Kumase prisons declared that there is no longer enough capacity to accept lunatics in the jails [20]. On July 15th, 1941, there was a slight change in the Lunatic Asylum ordinance. The changes gave power to the district magistrate to remand lunatics on a warrant signed by him for medical observation by the medical officer of prisons. This remand was for a period not exceeding 7 days instead of the initial 4 days observation period. Congestion in the Kumase prison resulted in the proposition [18].

5. Strategies by the Colonial Administration in Promoting Mental Health in Asante

Irrespective of the challenges experienced by the colonial administration in delivering mental health services to the people of Asante, the colonial administration developed strategies to help improve mental health in Asante.

5.1. Relocation Strategy

To ensure the effective delivery of mental health services in Asante, the colonial administration developed a strategy to deal with the issue of overcrowding of lunatics in the Gold Coast and Asante in particular. Bed spaces were created for harmless lunatics at Kintampo and Agogo which were all part of the Asante province at the time [30]. In Kintampo for instance, the condition that led to the colonial administration making such a decision was different. The hospital and prison in Kintampo were closed for quite some time and therefore overcrowding in Accra and the Kumasi Asylum prisons compelled the colonial administration to take such decisions. This was based on the recommendation given by the asylum visiting committee. This committee was created by the colonial administration to provide a solution to the congestion of lunatics in the various prisons and the Asylum hospital in Accra. In the case of Agogo, the increased number of Lunatics led to the recommendation by the medical officer to establish camps for harmless lunatics in jails [20].

In this regard, it can be seen that to help improve mental health care delivery which was crumbled over congestion of lunatics in the various prisons and the lunatic hospitals in Accra, the colonial administration improved the quality of mental health care through their relocation program. This technique is still relevant in Ghana's mental health care delivery and practices. As stated earlier by Roberts et al., Adu-Gyamfi, and others, mental health institutions have been concentrated in the southern portion of the country, causing congestion, a large workload, and other issues that would impact the delivery of mental health services from these facilities [1, 29]. Therefore, the first step in addressing Ghana's mental health care delivery would be to start relocating patients with minor mental disorders to medical facilities in less congested areas to make room for patients with major mental health issues to receive the finest care possible at the various government mental health hospitals. This may be accomplished more effectively by establishing an effective decentralized system in which the various districts designate specific locations for minor lunatics to get treatments from trained professionals in standardized facilities as in the case of colonial Asante where there was the relocation of patients with minor mental illness to Agogo and Kintampo for treatment to create spaces and reduce pressure on the facility in Accra during the colonial period.

5.2. Public Education

The main strategy for ensuring that a population has access to quality healthcare has been public education. According to the research from the Rural Health Information Hub, public education is intended to increase knowledge of issues that are not regularly discussed or are generally unknown to the general public [4]. During that period, the Asante society had a small number of elite members who could read and write. Drawing an inference from the above, the prevalence of the high illiteracy rate during the colonial era in Asante suggests that there was little public knowledge about mental health. This prompted the colonial administration to organize mass educational campaign programs that were simplified to the understanding of the masses [20]. Chiefs, elders, and the inhabitants of Asante, and for that matter Kumase, were advised by the Medical Officers on the need to take mental health as a priority health concern, and the need to take suspected lunatics to the various prisons for examination instead of attributing the cause to a spiritual or supernatural cause that characterized the Asante health culture during this time. Public education is important in modern Ghanaian mental health care, although public education on mental health has increased, particularly in the twenty-first century, there is a need to strengthen public education on supernatural explanations to mental disorders and stigmatization in Asante and Ghana at large still persists today. According to Dako-Gyeke and Asumang, stigmatization of all kinds of people with mental impairments is on the rise, generating a lot of social and psychological pain for these patients in Ghana [6].

Due to this public education is very necessary for Ghana's mental health care to help curb certain challenges confronted by the various mental patients.

5.3. Creation of Asylum Visiting Committee

The colonial authority established the asylum visiting committee to ensure that mental health care development was effectively monitored and developed in Asante. Participants in this committee were Asante Health Board members. The daily investigation of Asante's mental health advancements was ideally the responsibility of the asylum visiting committee. To decide where mental health care facilities may be built, this committee explored the length and breadth of the country. The Board also made policy recommendations to ensure mental health development in the Gold Coast in general and in Asante particularly. The board of this committee nonetheless was made up of non-mental health experts, which was a weakness rendering their activities ineffective [17].

6. Mental Health in Contemporary Asante

There has been a progressive change in the cause and explanation of mental illness in recent years. According to Quinn, explanations for mental illness in modern Asante's society, particularly in big cities and towns like Kumase and Mampong, have been linked to natural causes [26]. This suggests that increased urbanization and education have contributed to the shaping and understanding of the cause of mental illness in recent times, particularly in Asante. According to Read and Doku, Quin, and others, the causes of mental illness in Asante, and Ghana at large have been attributed to natural and scientific causes [27]. However, both rural areas and big cities in the Asante region continue to hold onto the traditional views regarding the origin and explanation of mental illness. Benice Awiakyewaa [13] has stated that, in Kumasi and other parts of the Asante region, many victims' relatives send their loved ones to the different prayer camps in the Asante region. This demonstrates that the old notion of mental illness which was attributed to spiritual cause still exist in a different form in contemporary Asante and Ghana at large. In modern times, the various religious bodies (Christian and Muslim denominations) have been the spiritual centers for mental health consortiums, unlike the colonial time where the shrines played a crucial role in spiritual matters associated with mental health disorders. In an interview, Prophet Thomson Awuah stated that the bulk of victims sought assistance from the numerous prayer camps.[14] Similarly, Dako-Gyeke and Asumang have suggested that traditional beliefs and perceptions about mental health exist in large African cities such as Kumasi [6]. According to Amuyunzu-Nyamongo and others, the majority of people in Africa, particularly in Ghana, believe that supernatural retribution is the cause of some types of mental illnesses, despite the advancement of science and technology health care in recent times [2]. Recent data on mental health from "My Joy Online" indicate that there has been a steady growth in mental disorders in the Ashanti region [10]. About 3000 cases of various mental diseases had been documented as of 2017. The majority, according to the reports, was due to circumstances including marital problems, stress, drug misuse, and poverty, among others [10]. The report indicates that recent factors as a cause of the mental ailments and disorders have helped bridge the traditional conception of mental ailments which was attributed to spiritual causes in the region. The above notwithstanding, social stigmatization and human rights abuse against persons with mental disorders persist in 21st century Asante. Patience Asantewaa a 25-year-old lady with bipolar disorders argued that "individuals with the mental ailment are being challenged with social stigmatization. [15] According to Yeboah, widespread belief in supernatural causes is likely to be a barrier to developing successful anti-stigma teaching initiatives in the region. This suggests that mental health concerns and issues that existed in the past continue to exist in contemporary times, particularly in Asante. Social stigmatization and supernatural vengeance as causes of mental illnesses continue to have a considerable influence on the current Asante society. It is arguable to state that lessons have not been drawn from the colonial challenges which made mental health care unattractive in Asante. In recent times, there has been an attempt by the government of Ghana to make amendments to Ghana's mental health policies. However, the policies have not achieved their objectives. Adu-Gyamfi has argued that the earliest effort to promote mental health in 21st-century Ghana and Asante in particular, was between 2004 and 2006 when there was an initial preparation for the implementation of the mental health Act. To further the development of mental health care throughout Ghana in general and in Asante in particular, the mental health Act was introduced in 2012 [31]. According to Adu-Gyamfi, the new Mental Health Act emphasizes expanding access to care for those with mental illnesses, including epilepsy, while also addressing the needs of the poor and vulnerable, preserving human rights, and encouraging participation in the restoration and recovery of those with mental illnesses [1]. The implementation of the mental health Act and the efforts by the various governments in promoting mental health. According to the World Health Organization's (WHO) Mental Health Atlas 2017, Ghana had a mental health budget of 1.1% of its total health budget, which was below the WHO's recommended minimum of 5%. Additionally, there were only 14 mental health hospitals and 4 psychiatric units in the entire country, with a total of 9 psychiatrists, 23 psychiatric nurses, and 1 clinical psychologist. This translates to a ratio of one psychiatrist for

[13] Bernice Awiakyewaa is a mental health practitioner at the Komfo Anokye Teaching Hospital at Kumasi.

[14] Personal Conservation with Prophet Thomson Awuah at Asante Mampong.

[15] Interview with Patience Asantewaa, January 2022 at Kumasi.

every 1.2 million people, which is far below the WHO's recommended ratio of at least one psychiatrist for every 100,000 people. Furthermore, in Ghana, there is a significant treatment gap for mental disorders, with an estimated 98% of people with severe mental disorders not receiving the necessary treatment. The most common mental disorders in Ghana are depression and anxiety, with prevalence rates of 7.9% and 2.2%, respectively. Substance use disorders are also prevalent, with an estimated 21.6% of the population engaging in alcohol use and 3.7% using illicit drugs [35].

It can be argued from the above that, the poor legacy left by the colonial administration in the area of mental health continues to reverberate in modern-day Asante and Ghana, compelling the study to conclude that the lessons of the past have not been learned when it comes to mental healthcare in the country. This troubling reality highlights the urgent need for systemic change and the implementation of evidence-based interventions to improve mental health outcomes for Ghanaians.

7. Conclusion

In conclusion, this study has provided a robust historical analysis of mental health care in Asante, highlighting the traditional practices and belief systems that existed among the Asante people. While the colonial period brought some refinements to mental health care in Ghana, it ultimately failed to have a positive impact on the people of Asante, as policies and methods were not properly implemented. The legacy of colonialism can still be seen today in the poor planning for mental health facilities and the rights and freedoms of those with mental illness. This underscores the need for policymakers and stakeholders to draw lessons from both traditional and colonial mental health care practices in Ghana and to address the current challenges facing mental health institutions in the country. By doing so, we can work towards improving mental health outcomes for Ghanaians and creating a more just and equitable society for all.

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