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Beyond borders

Insights from Ghana's chieftaincy system and prayer camps for addressing coercion in Norwegian child and adolescent mental health care

Marius Storvik[1] and Michael Kwadwo Ntiamoah[2]

1 Faculty of Law, UiT The Arctic University of Norway

2 Faculty of Social Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

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Introduction

Unchartered terrain: the use of coercion in child and adolescent mental health care

Coercion in child and adolescent mental health care is a critical and complex issue in Norway. Despite the strong professional and political emphasis on the treatment of children and adolescents with mental disorders, this realm remains largely uncharted. The use of coercion, specifically, is a largely unexplored area of concern. Existing research indicates that a small subset of youthful inpatients experiences a significant proportion of the coercion employed in mental health care wards.

In light of growing attention to patient involvement, human rights, and an increasing body of research underscoring the negative consequences of coercion in mental health care, it is vital to establish a nuanced understanding of this issue. This necessity becomes paramount in the context of children and adolescents, who may not have the same capacity to safeguard their autonomy and integrity as adults.

Addressing this silence was a pressing need, prompting the launch of the research project. The project, funded by the Norwegian Research Council, explored the complexity of coercion in Child and Adolescent Psychiatry (CAP) using a mixed-method design. This included secondary data, surveys, interviews, and fieldwork, aiming to quantify compulsory admissions and understand the lived experiences of coercion.

Coercion in Norwegian child and adolescent mental health care: a complex issue

However, it is crucial to note that the landscape of coercion in CAP remains shadowy. While a vast expanse of research exists on adult mental health care, adolescent mental health care remains relatively untouched. Although the project is ongoing and many of its findings are yet to be published, the insights into the topic have primarily been shaped by numerous extensive

interviews conducted throughout Norway over the span of several years.[1] These in-depth conversations, though not formal research in the traditional sense, have offered invaluable understanding, shedding light on areas that have been in the dark for too long.

Coercion in this setting typically encompasses involuntary admission, force-feeding, and restraint, primarily used to protect the patient or others. Its application, particularly to youth, is a matter of contention, often viewed as a balancing act between patients' rights and safety concerns. Norwegian legislation strives to ensure the judicious use of such measures, but varied interpretation leads to inconsistencies in practice, giving rise to ethical ambiguities. Mental health professionals grapple with this balancing act, attempting to harmonize patients' autonomy and safety with professional and legal standards.

A part of this is the question of what shapes the practices in the institutions. The idea that medical science, political steering, and a legal framework are the only factors shaping practices seems naïve. Customs and traditions also play a profound role in Norwegian adolescent mental health care. For practitioners, it might be difficult to discern whether the reasons for practices are customs, law, medical science, or political steering. Therefore, we believe that customs, together with other factors, must be a part of the explanation for coercive measures.

The repercussions of such coercive measures extend beyond immediate safety. They can traumatize patients, intensifying their distress, diminishing their trust in the healthcare system, and exacerbating their mental health symptoms. Families, too, bear the brunt, often grappling with feelings of guilt, helplessness, and skepticism towards the professionals.

Facing challenges related to coercion, the focus shifts to alternative, less intrusive methods, such as individualized crisis plans and patient-centric care, aiming to refine care quality while respecting patient autonomy.

1 Only one of the authors of this chapter, Marius Storvik, has profound knowledge of Norwegian adolescent mental health care.

A collaborative exploration of coercion in adolescent mental health care

This paper explores insights from Ghana's chieftaincy system and prayer camps to enhance Norwegian child and adolescent mental health care. This cross-cultural comparison has the potential to deliver innovative, contextually relevant, and culturally sensitive interventions that could challenge existing approaches to mental health care. Despite the research and work conducted in Norway, the nature and necessity of coercion in adolescent mental health care remain subjects of intense debate.

In the chapters that follow, we delve into the historical and cultural significance of Ghana's chieftaincy system and prayer camps. We aim to elucidate their roles in mental health care and healing, offering readers a comprehensive understanding that will facilitate a comparison with the state of coercion in Norwegian child and adolescent mental health care.

In our concluding chapters, we will synthesise the lessons from Ghana, reflecting on their potential application within the Norwegian context. We will discuss the challenges and opportunities this cross-cultural exploration presents and propose recommendations for future research and practice.

The chieftaincy system in Ghana

Historical background and cultural significance

To gain insights from the chieftaincy system relevant for adolescent mental health care, we must first understand the chieftaincy institution. The chieftaincy system, traced back to pre-colonial times, is central to Ghana's socio-cultural fabric (Brobbey, 2008). A "chief" is defined as the head or leader of a tribe or clan in a town or village, and sometimes across multiple towns or villages. The chief is both in charge of, and represents, the people in the town or village. As part of the chieftaincy system, the chief is also answerable to other chieftains within the hierarchical structure.

Odotei and Awedoba (2006), in their introductory notes to *Chieftaincy in Ghana*, highlight that chieftaincy remains an essential institution of traditional governance even today. The institution serves as a channel for the expression

of social, religious, political, and economic authority among chiefs, queens, priests, and other indigenous functionaries in Ghanaian communities.

This hierarchical structure begins with the family head at the base and the paramount chief at the apex. The structure also includes queen mothers, the female counterparts of the chieftains. Both chiefs and queen mothers are chosen, endorsed, and installed based on customary laws (see Dankwa, 2004; Brempong, 2007; Ababio, 2015; Abotchie, 2006, for further details).

These positions in the Ghanaian chieftaincy system represent a unique fusion of heredity and meritocracy. While the potential for leadership is passed down either matrilineally or patrilineally depending on the ethnic group, it is not a simple inheritance. Unlike Western monarchies, where succession often follows the principle of primogeniture, Ghana's system emphasises qualifications. Only individuals embodying the quintessence of manners, tradition, and law-abidance, as well as possessing an "unblemished character," are chosen for the role (Brobbey, 2008).

Chieftains in Ghana are seen as custodians of traditional values and norms. Their responsibilities extend from conflict resolution–where their decisions reflect ancestral wisdom–to land administration, community development, and spiritual leadership (Kyerematеng, 2004/2010). The chieftaincy system has continually evolved, adapting to changing social, religious, political, and economic contexts. Today, chieftains and queen mothers remain integral to community life, especially in areas such as dispute resolution, community development, and the safeguarding of cultural heritage.

The role of chieftains and queen mothers in community building

We do not believe that mental health can be detached from the community. Therefore, the role of the chieftaincy in community building is directly relevant to adolescents' mental health. Traditionally, the chieftains' role involved leading their members into war to defend, protect, and extend territorial boundaries (Odotei & Awedoba, 2006). However, the challenges of the modern era have compelled chiefs and queen mothers to address issues such as poverty, environmental concerns, illiteracy, conflict resolution, and the mobilisation of resources for local development. Chiefs and queens in contemporary times focus on achieving good governance and integrating tradition with modernity.

Chieftains in Ghana function as political, judicial, and religious figures in their respective traditional areas. Chieftains and queen mothers play crucial roles in maintaining social harmony and promoting community cohesion. They are key custodians of ancestral heritage. For instance, the queen exercises a principal role in ensuring that only royals with acceptable values become heirs. They are also responsible for resolving disputes and conflicts within their jurisdictions, drawing on their wisdom, authority, and knowledge of customary laws and traditions. In this capacity, they act as mediators, negotiators, and arbitrators, helping to restore peace and maintain order within their communities.

Chieftains and queen mothers also spearhead community development initiatives, mobilising resources and rallying their subjects to undertake projects that enhance the well-being of their people. They collaborate with government agencies, non-governmental organisations, and other development partners to implement projects in areas such as education, health, sanitation, and infrastructure. For example, upon ascending the throne in 1999, the King of Asante established the Otumfuo Foundation, which operates in five thematic areas: education, health, cultural heritage, water and sanitation, and special projects. The Education Foundation, in particular, targets giving girls and boys equal learning opportunities to build a better future for themselves and their families, thereby alleviating illiteracy and poverty.

As custodians of their communities' cultural heritage, chieftains and queen mothers work to preserve and promote traditional customs, values, and practices that define and unite their people. A clear example of the role of queen mothers in promoting the well-being of their communities can be seen in the supervisory role they play in the nobility rites of adolescent girls. During these rites, queen mothers ensure that the girls have not defiled themselves by engaging in sexual relations before puberty, as such behaviour is considered an infraction against the community and is believed to attract the wrath of the gods and ancestors (Odotei, 2006). Queen mothers spend confinement periods with young girls during puberty rites, providing education on matters such as marriage, hygiene, childcare, and relationships with in-laws (Opuni-Frimpong, 2022).

The contemporary roles of queen mothers have expanded to include pursuing developmental projects and advocating for the health and education of women and children.

Chieftaincy and conflict resolution

In seeking to understand the chieftaincy in Ghana and its role in wider society, including how it influences mental health practices for adolescents, it is valuable to explore the role of chiefs as arbiters of justice. This dimension of their function reveals essential cultural aspects and societal values, contrasting with the Western legal principles that underpin European legal systems.

Traditional African law, of which the arbitration practices of Ghanaian chieftains are examples, is distinct from Norwegian law in several ways. The practices of chieftains are largely unwritten, focus on procedural matters, and emphasise local customs and values (Quansah, 2021). Chiefs, as local leaders, play a central role in the legal system and often focus on restoring harmony and social balance rather than punishment.

Norwegian law, on the other hand, emphasises predictability and concrete reasonableness. Predictability in material questions limits the judge's ability to take into account specific situations and to give a sentence that is reasonable in relation to the unique circumstances of the case.

In the Ghanaian context, understanding this distinction is crucial, especially when considering its implications for mental health. Addressing the root causes of conflict can lead to community healing. When resolving disputes, chiefs prioritise reconciliation between conflicting parties and the restoration of peace within the community. Their objective is not merely to determine facts, apply rules, and pronounce a verdict. Instead, they seek a resolution that is agreeable to all involved and reinforces communal bonds.

The connection between chieftaincy and mental health in Ghanaian society

The chieftaincy system shapes societal attitudes towards mental health, despite not being directly involved in care provision. As respected and influential figures, chieftains and queen mothers play significant roles in reducing stigma and discrimination associated with mental health issues by promoting understanding, acceptance, and support for affected individuals and their families through various advocacy roles.

Through their roles in dispute resolution and community building, chieftains and queen mothers can also foster a supportive environment that promotes mental well-being. By addressing sources of conflict and stress and

promoting social cohesion, they help create communities where individuals feel connected, valued, and supported, which can have positive impacts on mental health. Chieftains and queen mothers can also play a role in bridging the gap between traditional and formal mental health care systems. They can facilitate collaboration and dialogue between mental health care providers and community members, helping to ensure that mental health care interventions are culturally sensitive, relevant, and effective.

This chieftaincy system, deeply rooted in both tribal and urban Ghanaian settings, offers a distinctive approach to mental health care. Unlike places like Norway, where psychiatric interventions might address conditions such as anxiety and depression, Ghana leans towards a communal approach. Mental health is perceived as a collective responsibility, emphasising the interconnectedness of individuals within their community. This perspective not only enriches our understanding of mental health care but also underscores the importance of community in addressing such concerns.

Chieftains, given their revered positions, have the power to shape societal perceptions about mental health. Their roles bridge the gap between traditional and contemporary care systems, ensuring that interventions are culturally sensitive and effective.

However, Ghana's community-centric approach to mental health, while offering invaluable insights, is not without its challenges. Despite the emphasis on community, societal taboos can sometimes push mental health discussions into the background, handled in silence or within private circles. This underscores the complexities of mental health care and the necessity for an approach that is both culturally rooted and adaptable to evolving societal needs and advancements in mental health understanding, irrespective of the geographical context.

Prayer camps in Ghana

Overview and background of prayer camps

To gain insights from prayer camps, we must first understand the concept and how it features in Ghanaian life and thought. Prayer camps in Ghanaian

societies are religious organisations or institutions that address a variety of concerns faced by Ghanaians, ranging from issues such as marital problems, infertility, employment, securing travel documents, sustaining businesses, and seeking healing or deliverance from ancestral curses and bondages. On an average level, these camps serve as alternative healing centres (healthcare centres) for a range of ailments, including mental health issues believed to have spiritual or supernatural roots.

Historically, these centres are believed to have arisen in the 1920s and gained prominence in the 1980s. They are mostly founded by individuals or groups and, to some extent, by well-established Christian denominations with charismatic and Pentecostal traditions playing significant roles in the nation's religious space (Omenyo, 2006; Onyinah, 2002; Quayesi-Amakye, 2011). Traditional shrines, which have overlapping functions, are instead based on traditional religion rather than neo-Pentecostalism. Prayer camps vary widely in their facilities, ranging from simple structures to more developed compounds with prayer chambers, accommodation for clients, and other amenities.

These camps are places where individuals either choose to go or are brought, usually by family members, to seek relief from various ailments. These ailments may range from physical to mental health conditions, which are often interpreted as having spiritual dimensions (Ofori-Atta et al., 2018).

The primary activities within these camps involve prayer, fasting, and Bible study. Participants often stay for extended periods, with the length of stay determined by the severity of their condition as evaluated by the spiritual leader (Gyimah et al., 2023). However, some practices, such as the use of restraints on individuals considered a risk to themselves or others, have sparked controversy and criticisms related to human rights concerns.

Prayer camps' role in mental health care and healing practices

So why do prayer camps exist? Ghana is considered one of the most religious countries in the world. Cultural and spiritual beliefs in Ghana often interpret mental health issues as spiritual afflictions (Gifford, 2004). Furthermore, prayer camps can offer valuable psychosocial support through activities such as church services and Bible study, giving individuals a faith-based alternative to conventional psychiatric treatment (Ofori-Atta et al., 2018).

Benya (2023) encapsulates that people visit prayer camps to seek solutions to their mental illnesses by consulting prophets to diagnose the cause of their illness and then perform the appropriate rituals aimed at salvaging their situation. Prayer camps in the Ghanaian religious space play a major role in providing healing services for individuals with diverse problems, including mental health care. Primarily, prayer camps provide a place for individuals seeking spiritual solace, healing, and deliverance from various afflictions, including physical, emotional, and spiritual ailments. As part of their modus operandi, prayer camps in the Ghanaian religious milieu facilitate holistic healing and nurture personal transformation, invoking the power of the Holy Spirit (Atiemo, 2017).

In most prayer camps, it is believed that to fully heal individuals perceived to have mental illnesses, the underlying spiritual causes of such illness must first be addressed; until that is accomplished, patients are not expected to be relieved of the physical signs and symptoms of mental illness (Arias et al., 2016). These camps serve as therapeutic centres and provide relevant alternative networks of care and support for the sick (Benyah, 2021).

On an infrastructural level, economic challenges have restricted the expansion of adequate psychiatric services to meet the country's needs. Their accessibility is further impeded by societal stigma associated with mental illness and mental health facilities (Ofori-Atta et al., 2018). Consequently, in the absence of a robust psychiatric infrastructure and the stigmatisation of these services, many Ghanaians are compelled to seek alternative support systems, such as prayer camps. These religious and traditional services have thus become essential pillars, shouldering a significant portion of the country's mental health needs (Taylor, 2016).

Spiritual interventions and mental health care

Prayer camps see themselves more as spiritual centres than mental health institutions. In Ghanaian communities, mental illness is often seen by individuals as a spiritual affliction rather than a medical condition. This perspective drives many to seek healing from religious institutions, such as prayer camps, instead of turning to traditional professional mental health services. Due to these beliefs, and the ubiquitous religious nature of Ghanaians, most practices of prayer camps are centred on prayers and fasting, exorcism, *akwankyere*

(spiritual direction or guidance), and other rituals believed to have been received by the prophets or prophetesses from the divine world.

When people harbour such sentiments as spiritual forces being behind mental illness, the only way to overcome it is through divine intervention, and that is where prayer camps become an alternative to professional mental healthcare providers.

Several surveys and research have proven that mental illnesses brought to these camps are shrouded in beliefs about witchcraft, curses, and supernatural evil forces. This leads sufferers of mental illness, their family members, and sometimes health practitioners, to adopt not only a biomedical approach but also spiritual approaches to remedy the mental illness (Benyah, 2021).

Given this worldview, many Ghanaians associate mental illness with spiritual machinations such as witchcraft and curses, although there are numerous physiological, psychological, as well as medical factors that can trigger mental disorders. The inability of state-owned institutions, such as hospitals, to manage such ailments leaves the prayer camps as a trusted option for those who seek their services. It is perceived that spiritual interventions have served people well and therefore remain an important factor when managing severe and persistent mental health conditions (Benyah, 2021).

Respecting narratives

Studies show a strong correlation between faith and healing, suggesting that spiritual energy aids in recovery from illnesses (Levin, 2009; Kahissay et al., 2020). Benyah (2023) argues that people's reliance on prayer camps is borne out of the belief that these camps provide a ritual context in which individuals suffering from mental health disorders undergo a period of faith exercises, such as fasting and prayer, with the help of prophets to ward off any malevolent spirit associated with the illness. This belief stems from the people's hope that the prophets of these camps, endowed with the Holy Spirit, can communicate with the spiritual world and offer solutions to remedy such situations.

The prayer camps serve as a community and a support system that aids in patients' healing (Benyah, 2023). Faith and spirituality often help individuals endure certain ailments, and prayer camps offer that hope to individuals and families. That said, several ailments and their healing are understood to be dependent upon the faith level of a person's relationship with their God

and/or supernatural entities, which propel them towards achieving spiritual wholeness.

In the realm of holistic healing, the influence of spirituality often collides with the methodical approaches of Western medicine. While scientific paradigms seek empirical evidence and quantifiable results, the spiritual journey of many transcends these tangible boundaries. Yet, the absence of empirical evidence does not equate to the absence of genuine spiritual relief and healing for those who place their faith in these practices.

In a world that increasingly demands measurable outcomes, the narratives of individuals must not be overshadowed. The efficacy of prayer camps is not solely rooted in what can be scientifically proven but also in the profound personal testimonies and experiences of their adherents. From an African perspective, where the lines between the spiritual and the physical are often deeply intertwined, the therapeutic effects of these camps are very real, even if they defy conventional Western metrics.

For societies like Norway, which lean towards secularism, the challenge is not to dismiss these beliefs but to comprehend and respect them. While it might be tempting to view prayer camps through a purely biomedical lens, it is essential to recognise the multi-faceted nature of healing. If a significant number of individuals attest to finding relief and healing through spiritual means, then these testimonies hold weight and deserve respect. Embracing such narratives can offer insights into alternative forms of therapy and understanding, possibly paving the way for a more inclusive and holistic approach to mental well-being.

Prayer camps in Ghana: a double-edged sword in healthcare

Even though prayer camps can provide important support and offer comfort in certain contexts, it is crucial to acknowledge the significant challenges they pose. Their use extends beyond mental health concerns. For example, a study of breast cancer patients shows that the use of prayer camps was one of the main reasons for absconding or delayed presentation for hospital treatment (Clegg-Lamptey et al., 2009). Furthermore, in the realm of mental health, there are documented cases of unacceptable coercive practices, including involuntary restraints and forced fasting (Benyah, 2022; Edwards, 2014).

While these practices require critique, similar issues exist in Western psychiatric institutions. As observed by Storvik (2017), there is a significant

gap between legal rights and actual practices within Norwegian psychiatric institutions. Similarly, practices in Western mental health care warrant attention and critique. The people utilising these services often have a perspective of healing and are not concerned about human rights issues–so it becomes a matter of perspective and contextualisation.

A commentator at the *Social Inequity and Social Justice – Creating New Perspectives* conference suggested viewing prayer camps metaphorically as community fireplaces. Much like a fireplace provides warmth and a gathering point, prayer camps can offer emotional and spiritual support. This metaphor aligns intriguingly with Émile Durkheim's concept of *piacular rites*–religious practices that serve to unite a community through shared beliefs and norms. However, just as getting too close to a fireplace can result in burns, Durkheim's (1912) *piacular rites* remind us that religious and social practices can have a "burning" aspect. These rites can involve emotionally and physically taxing practices, such as forced fasting or involuntary restraints.

In this sense, becoming "too close" to the "fireplace" of prayer camps can result in individuals being "burned" by harmful practices. On the flip side, being "too far away" from these rites or the collective emotional states they represent could leave one feeling "cold" or disconnected from the community. This metaphor captures the dual nature of prayer camps, which can both nurture and potentially harm, demanding a careful and balanced approach in engagement and critique. Therefore, engaging with prayer camps necessitates a balanced view that recognises both their shortcomings and potential advantages.

Coercion in mental health care: insights from Ghana and Norway

Introduction

In our previous discussions, we explored mental health care for youth in Norway and Ghana's cultural practices. We have noted the challenges of coercion in Norway's system, emphasising the need for respecting autonomy. Ghana's community-based approach, valuing cultural beliefs and collective

responsibility, offers lessons for Norway. Embracing cultural sensitivity in treatment can build trust, reduce stigma, and improve outcomes.

This chapter advocates for less coercion and more collaborative care, inspired by Ghana's practices, aiming for a compassionate, effective mental health care system that values patient and community engagement.

Community involvement: a pillar of holistic care

One key lesson from Ghana's chieftaincy system and prayer camps is the importance of community involvement and support in mental health care. In Ghana, the chieftains and queen mothers system points towards a communal approach. Mental health is perceived as a collective responsibility, emphasising the interconnectedness of individuals within their community.

Prayer camp leaders also play pivotal roles in this communal approach to mental health. Their influence extends to the spiritual realm, where they foster a sense of collective responsibility and solidarity, ensuring that interventions are culturally sensitive and effective. This leads sufferers of mental illness, their family members, and sometimes health practitioners to adopt not only a biomedical approach but also spiritual approaches to remedy mental illness.

In Norwegian mental health care, incorporating community support and engagement could help create a more inclusive and holistic approach to mental health care. Inspiration from Ghana's emphasis on community involvement could promote a shared understanding of mental health challenges and encourage cooperation among patients, families, and mental health professionals.

Cultural sensitivity and faith

Ghana's chieftaincy system and prayer camps highlight the significance of respecting and acknowledging the cultural beliefs and practices that shape individuals' understanding of mental health and healing. These systems underscore the importance of community involvement, where mental health is perceived as a collective responsibility, emphasising the interconnectedness of individuals within their community.

For Norwegian mental health care, this implies the need to consider patients' cultural backgrounds, values, and perspectives when developing treatment plans and interventions. A culturally sensitive approach can help

build trust, reduce stigma, and enhance the therapeutic relationship, ultimately improving treatment outcomes and patient satisfaction.

This approach aligns with the modern understanding of the placebo effect, a phenomenon where improvement occurs due to belief in a treatment, regardless of its direct physiological impact. Faith and spirituality can be viewed as potent facilitators of the placebo effect. They tap into the individual's belief system, expectations, and perceptions, potentially enhancing the effectiveness of treatment through a stronger belief in its success.

However, it is crucial to remember that the incorporation of faith and spirituality should not aim to replace scientifically validated treatments. The aim should be to complement them in a manner that acknowledges the whole person – their mind, body, and spirit.

Empowerment through community participation

Ghana's approach to mental health care intricately integrates community and family involvement, fostering a collective endeavour in the healing process. By involving families and the community, the patient is surrounded by a supportive network that understands their challenges and actively participates in their healing journey. This not only reduces the stigma associated with mental health but also fosters a sense of belonging and acceptance for the patient.

While the potential benefits of involving families and communities in treatment are substantial, it is worth noting that the existing mechanisms in Norwegian child and adolescent mental health care often fail to fully consider the child's perspective. For instance, Storvik (2023) showed that the formal complaint system regarding forced hospitalisations and treatments neglects the child's right to participate and have their best interests considered.

In Norwegian child and adolescent mental health care, adopting participatory approaches that involve patients and their families in decision-making processes can promote a sense of ownership and agency. This empowerment may lead to better engagement with treatment, improved mental health outcomes, and reduced reliance on coercive measures.

Encouraging open communication and collaboration between patients, families, and mental health professionals can further enhance the therapeutic relationship and foster a supportive environment for healing. Bridging the gap

between professionals and the community opens the way for a more holistic, inclusive, and effective mental health care system.

Conclusion and recommendations for future research and practice

Drawing from the rich tapestry of Ghana's chieftaincy system and prayer camps, several conclusions emerge that can inform Norwegian child and adolescent mental health care. Ghana's emphasis on community involvement in mental health care underscores the potential benefits of a collective approach. Mental health is perceived not as an individual's challenge but as a shared responsibility, fostering a sense of interconnectedness and mutual support. The chieftaincy system and prayer camps highlight the importance of acknowledging and respecting cultural beliefs and practices. Such an approach can enhance trust, reduce stigma, and improve the therapeutic relationship, leading to better patient outcomes.

Ghana's approach to mental health care integrates both biomedical and spiritual interventions. This holistic approach recognises the multifaceted nature of mental health, addressing not just the physiological but also the psychological and spiritual dimensions of well-being. To harness the potential of cross-cultural learning, future research and practice should focus on the following recommendations. A comprehensive understanding of mental health care can be achieved by bringing together experts from diverse fields. This collaboration can lead to the development of innovative and contextually relevant interventions. Context-specific adaptations ensure that interventions are culturally appropriate and effective. By integrating insights from Ghana, Norwegian mental health care can develop interventions that address coercion while respecting cultural nuances.

By embracing these recommendations, Norwegian child and adolescent mental health care can move towards a more compassionate, patient-centred approach that minimises coercion and promotes the well-being of patients and their families.

Reflection questions

1. How does the chieftaincy system in Ghana influence social equity, and what parallels can be drawn with the use of coercion in child and adolescent psychiatry in Norway?
2. In what ways do traditional governance systems and modern state policies intersect to either mitigate or exacerbate social inequalities?
3. Reflecting on the chapter, how do cultural contexts shape our understanding of justice and equity, and what lessons can be learned for addressing social inequities globally?

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