Amplifying Impact!
The TPO Uganda Newsletter
ISSUE II FOCUS: Mental health and psychosocial support

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About Amplifying Impact! ISSUE II

This second Issue of the Amplifying Impact! Quarterly Newsletter showcases the impact of TPO Uganda’s mental health and psychosocial support interventions. As highlighted in our First Issue, a different thematic area of TPO Uganda’s strategic focus will be published every quarter. For this focus period October-December 2017, Amplifying Impact! presents implementation stories, achievements and lessons in our psychosocial support and mental health responses across close to fifteen districts in Northern, Karamoja, West Nile, and Eastern Uganda.

One key achievement herein is steps made towards consolidating and standardizing psychosocial support and mental health interventions through compilation of a psycho-educative Manual. This is also our visible effort towards adapting the World Health Organization’s Inter-Agency Standing Committee Guidelines on mental health and psychosocial support in humanitarian settings. The Editor’s pick of visualized data, impact stories and testimonies from our work will further provide you with insight on the magnitude of change created by our interventions, how we reach and serve most vulnerable populations such as women, youth, girls and children in fragile and emerging settings.

October – December 2017 Key statistics

- 15 No. of districts with ongoing mental health and psychosocial support activities
- 5,449 Individuals reached with mental health and psychosocial support through community awareness
- 2,805 Women and girls (survivors of sexual and gender-based violence) supported to access psychosocial support services like counseling and therapeutic treatment
- 24,000+ Total number of individuals that had been reached with psychosocial support and mental health responses by TPO Uganda by December 2017
- 63 % of mental illness responses through self-referrals which is a sign of increasing awareness of manifestations and availability of services
- 456 Beneficiaries of psychotropic treatment between October and December 2017
According to Murray (2015), over one-third of Uganda’s population is affected by mental health needs. Only less than half of these access intervention due to inadequate personnel, psychotropic medicines; psychosocial interventions; and psychotherapies. A high burden of these statistics lies with populations in fragile and emerging settings like post conflict North and North-Eastern Uganda and refugee areas West Nile, Northern and South-Western Uganda. While most of the emergency populations suffer some form of psychological distress, the 2015 Global Burden of Disease study presents evidence showing that 15-20% of crisis-affected populations develop mild-to moderate mental disorders such as depression, anxiety, and post-traumatic stress disorders (PTSD) while 3-4% of these develop severe mental disorders, such as psychosis or debilitating depression and anxiety, which affect their ability to function and survive.

TPO Uganda is using the Cognitive Behavioral Therapy, adapted from the World Health Organization (WHO) Inter-Agency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in humanitarian settings to complement the efforts of the government of Uganda to deliver quality mental health and psychosocial support services. Our targeted beneficiaries include children, refugees, war returnees and survivors of sexual and gender-based violence among others. Our services also include deployment of highly skilled personnel, tools and other resources like medication as well as capacity building trainings for government and partners. Through these, we have built community-based capacities for self-help to identify and refer those in need of psychosocial and mental health services in the different areas of our work. Ultimately, our responses build resilience and prepare vulnerable populations to effectively participate in a wide range of services offered by other humanitarian agencies, the government and private sector for full recovery.

**Delivering psychosocial support for refugee women and girl survivors of Sexual and Gender Based Violence (SGBV)**

Women and girls constitute 86% of all South Sudanese refugees in Uganda. TPO Uganda has adopted the Cognitive Behavior Therapy for Trauma (CBTT) to address the needs of refugee women and girls’ SGBV. An additional SGBV screening tool is administered for survivors alongside targeted psycho-education activities that create community awareness for psychosocial support issues and SGBV for holistic outcomes.

Esther Pita (not real names) is a 37-year-old mother of six who fled South Sudan in 2014. Esther was met by a TPO Uganda Social Worker in Ayilo 2 settlement in August 2016 during the psychosocial support screening exercise. She shared that she had witnessed mass killings in South Sudan which left her scared for her own safety hence her decision to leave the country.

During her interaction with the TPO Uganda Social Worker, Esther spoke with a low tone and often broke down in tears reminiscing through her experiences in the war-torn country. The Social Worker also learnt from Esther that she was abandoned by her husband and efforts for her to locate his way-about were fruitless. This, Esther had added, made her situation worse as she single-handedly had to support their children. She shared that most of the times she felt very tense and also had very scary dreams which made it difficult for her to sleep comfortably.

Following the Social Worker’s assessment, Esther was enrolled to Cognitive Behavioral Treatment Therapy (CBTT) group where she and other members were taken through sessions to help them overcome their traumatizing experiences through guided reflections, experience sharing, relaxation exercises and peer counseling. At level four of the program, Esther reported an improved sleep pattern which she attributed to the progressive muscle relaxation exercises. Due to her committed participation, she became one of the co-facilitators for her CBTT group. She felt very happy that she was recovering steadily but most especially that she was able to support other women that joined the group.

"A lot of the pain I was experiencing could not be seen physically. So, I understand what most of these women who come to our Cognitive Behavior Treatment Therapy group are going through. Since I became a co-facilitator of the group, I am very happy to be helping these women to overcome the effects of violent experiences.”

Esther believes that mental health and psychosocial support is a central component that needs to be integrated in the lifesaving packages for refugees.

**Standardizing the Cognitive Behavioral Therapy Process through compilation of a Psycho-educative Treatment Manual.**

TPO Uganda has tailored specialized trauma focused therapies like the Cognitive Behavioral Therapy (CBT) to community level needs. In order to harmonize and standardize the process of conducting trauma focused sessions, our Clinical team innovated a psychoeducation manual to guide social workers in engaging clients to share their past and work through their traumatic experiences as a process of healing. The manual was designed as a treatment method for adults screened and identified with depression and trauma symptoms.

The first draft of the manual was formulated basing on the experiences of war victims of the Lord’s Resistance Army (LRA) in Gulu, Omoro and Kitgum districts. However, in order for the manual to be adapted in the other areas of TPO Uganda’s operation, a roll out orientation was planned. A research comparing pre-and post-assessment scores for trauma and depression symptoms was also co-currently initiated to test the validity and reliability of the manual.

 Orientations trainings were conducted in Adjumani, Yumbe, Kiyandongo and Gulu districts. During the trainings, Social Workers were also introduced to various documentation tools to help them capture the potential modifications deemed necessary in making the manual more relevant and user-friendly. The trainings were also an opportunity to refresh the knowledge and skills of social workers and clinical psychologists. They were able to identify some of the components that need to be harmonized such as screening tools which the team of clinical psychologists is jointly addressing.

**Advancing investment in mental health and psychosocial support for South Sudanese refugees**

TPO Uganda joined community based, national, regional and international actors in coordinating the United Nations led International Refugee Solidarity Summit held in Uganda in June 2017. As part of the UNWOMEN led side event for women and girls, TPO Uganda worked with United Nations High Commission for Refugees (UNHCR), United Nations Population Fund (UNFPA) and their implementing partners namely, CARE International, War Child Canada and the Agency for Cooperation and Research in Development (ACORD) to coordinate a panel for refugee women and girls to share experiences at the Summit. It was chaired by Uganda’s Minister for Gender and attended by senior representatives of UN Agencies, Diplomats and development partners. In additional to producing brochures and banners with messages calling for investment in mental health and psychosocial support, TPO Uganda facilitated the participation of two women beneficiaries to share experiences on the side event panel. This provided a unique opportunity for policy makers and development actors to directly hear and interact with the representatives of the refugee women from South Sudan on the various manifestations of psychosocial support needs and opportunities for recovery through sustained investment. Read the full article here for more insights.

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I was privileged to lead TPO Uganda’s Clinical Psychologists in compiling the psychoeducation manual. One of the benefits of developing this manual was the extensive experience TPO had with the target group. Therefore, it was relatively simple to assemble the needs of the people, discover how to communicate with them and engage them in reflecting through the highest prevalence’s of psychologic disorders. The process allowed staff teams to bring their individual aid to the people. Social workers also got more ideas on how to form a therapy. And, the highlight was the final product of a manual that is not static, is easy to understand and applicable to different cultural communities within Uganda. Orientation trainings are ongoing to adapt it in the different locations and to provide an opportunity for review and modifications deemed necessary to make it user-friendly and relevant.

Meet Norah Brinkerhof, the Innovative Clinical Psychologist

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We welcome you from the festive holidays. Thank you for sharing in the stories, innovations and lessons from our mental health and psychosocial support work across Uganda. Through Amplifying Impact! TPO Uganda will continue to offer you inspiring insights from our wide range of interventions in over 30 districts in Uganda.

We encourage you to contact dnabwire@tpoug.org and rkajungu@tpoug.org to share any stories about TPO Uganda’s work or feedback on this publication. Please look out for our Amplifying Impact! Issue III in April for highlights of another thematic area of focus for TPO Uganda.

Thank you.

Alex 8years, (not real name) was referred to TPO Uganda by a community-based partner named “I am Peace”. Upon referral, the social workers learnt from his mother that he suffered severe epilepsy with 4-6 fits a day and an average of 3 per night. TPO Uganda procured 2weeks trial medication for Alex and ensured he was monitored by the Clinical Psychologist. His mother was sensitized to support him adhere to medication and nutrition. During one of the monitoring visits after three months, Alex’s mother informed TPO staff that her son had not had a fit in three weeks! “...now he can play with other children without falling and being laughed at. I plan on sending him to school when he fully recovers,” explained Alex’s mother.