COMMUNITY MENTAL HEALTH PROGRAM

A REPORT OF COMMUNITY MENTAL HEALTH PROGRAM ACTIVITIES, JINJA UGANDA

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FEBRUARY, 2012

Acknowledgements

My sincere appreciation goes to Action for Mental Health, Switzerland through Prof. Norman Satorius for the financial support they gave us to make this work successful.

I also want to thank the Hospital Director, Jinja Regional Referral Hospital for allowing us carry out the activities; the District health Officer for allowing the trained Health Workers to participate in the Mental Health training program and operate the mental health out-reach activities in the selected health centers.

I cannot forget my colleagues and all those who actively participated in the programs.

1. BACKGROUND

Jinja region was blessed with a grant from Action for Mental Health, Switzerland to help run some community mental health programs below:

- Training of general health workers on mental health,
- Follow-up support supervision of the trained professionals,
- Opening up a drug bank at Jinja regional referral hospital (mental health unit),
- Starting In-come generating activities,
- Home visiting of some vulnerable patients with mental health problems, and
- Starting up mental health out-reach clinics in 5 identified rural health centers (H/Cs).

The implementation of the programs started in Feb. 2011 with training of the general health workers, mostly clinical officers working in rural health centers within Jinja district (report submitted). The remaining activities' implementation followed shortly after; beginning with following up of the trained professionals.

2. ACTIVITIES

2.1. FOLLOW- UP SUPPORT SUPERVISION OF THE TRAINED HEALTH WORKERS:

The 20 general health workers were trained in recognition, management and offerring appropriate referrals of people with mental health problems. The training was done by the psychiatric team of Jinja Regional Referral Hospital. Follow-up of the trained general workers was done in two ways due to the changes in budget: Phone calls were made two months after the training (i.e. in April, 2011) to find out how they were fairing with mental health services and to inform them of our proposed visits, and on-the-ground visits to their respective places of work which was two weeks later. Support supervision was done by Mufumba Emmanuel, Mukyala Damalie and Akullo J. Martha and the findings were as summarized in table 1 below.

Table 1. Findings of support supervision of the trained health workers

Name of Health Unit.	**Name of supervisee(s).**	**Is there room(space) where mental patients are seen from?**	**Are patients with mental illness seen here?**	**If yes, what`s the average number seen in a month?**	**Are there medicines for the treatment of patients with mental illness?**	**Are other staff knowledgeable about Mental Health, e.g. through C.M.E, staff meetings, health talks, etc**	**Data management: does the unit have a record of patients with mental illness.**	**Are mental patients reported on in the monthly report?**	**Others/comments.**
Wakitaka	Sr. Nabirye Annet Eunice	No	Yes	11	No	Yes	Yes	Yes	Patients seen here are epileptics and the physically disabled; some are referred to

									Bugembe H/C 4 for better management as the unit usually has only phenobarbitone, Diazepam and chlorpromazine 25mg. Clinic days are every 2nd Thurs. of the month.
Buwenge	Kangawo Fred	Yes	Yes	16	Yes	Yes	Yes	Yes	Clinic days are 3rd Thurs. of the month, but patients are seen every day and referred to the clinic days. Drugs are available though only a few types. In-case of challenges, he calls Damali or refers to Jinja Hosp. efforts are being made to have more psychiatric drugs.
Magamaga	Nabeeta Juliet	No	Yes	03	No	Yes	Yes	Yes	There are no specific clinic days; patients are seen any day they come and usually referred since the unit has only phenobarbitone. The trained personnel was not around and there was no clear reason given for his absence.
Kakaire	Nakalembe Mary	Yes	Yes	10	No	Yes	Yes	Yes	Clinic days here are every 1st wed. of the month. Staff knowledgeable though very few

									so mental patients are seen by a senior client-father to a patient and there are some medicines available at a cost (flat rate of ug.shs 3.000) except expensive ones like haloperidol. The officer who was trained in mental health was transferred to another unit.
Lukolo	Bogere Ruth	No	Yes	01	No	No	Yes	No	The staff that was trained in mental health was transferred so there were no M.H services being done; other staffs were not knowledgeable about mental health. Few patients with epilepsy come and are referred to Budondo H/C 4.
Budondo	Kilabira Oliver	Yes	Yes	14	Yes	No	Yes	Yes	Clinic days are every 4th Thursday of the month and mental patients are seen from under a tree. Two staff were trained from here in mental health and there's a trained PCO but all are reportedly not actively carrying out mental health services as patients are seen

									by a volunteer. Few drugs are available, but also some on a private arrangement.
Butagaya	Isabirye Christopher	No	Yes	02	Yes	No	Yes	Yes	Trained staffs willing to carry out mental health activities but drugs available are limited. Wanted to invite a mental health worker to talk to his staff, and to stock psychiatric drugs.
Budiima	Bataama James	Yes	Yes	13	No	Yes	Yes	Yes	The staff trained was on sick-leave but other staffs were knowledgeable and carrying out activities though they reported lack of drugs.
Mpambwe	Were Edward	No	No	00	No	No	No	No	The trained staff was not around and the other staffs were not knowledgeable about M.H. Edward was contacted on phone and he said he had seen some patients and they were recorded on the general register but we failed to find the names. He admitted having not done much since he's away on official duties most of the time. The few are even referred to Jinja Hosp.

									NB: This unit is very far away from Jinja and probably many patients end up not getting treatment because they cannot afford transport to Jinja.
Kakira	Tereka Susan	No	Yes	2	Yes	No	No	Yes	Trained personnel always away on official duties but other staff are able to handle M.H problems as they have some knowledge on M.H. Only phenobarbitone available so patients are referred to either Bugembe H/C4 or Jinja hosp.
Bugembe	Sr. Annette Asiimwe	Yes	Yes	45	Yes	Yes	Yes	Yes	Unit has well established M.H services run by a PCO every Tuesday and Thursday, patients who come on other days are seen by other staff and referred to the clinic days. Basic drugs are available.
Walukuba	Kyamwene Grace	Yes	Yes	19	Yes	Yes	Yes	Yes	Trained staff was not available but mental health services are carried out and the unit has some few drugs available. Staff there expressed need for training in mental health

									so they can handle their patients better in the absence of Jennifer.
Jinja Central	Agbuku Salome	No	Yes	06	No	Yes	Yes	Yes	Patients are seen here but referred to Jinja hospital especially when the trained personnel is not around and the patient is new. The staff found stated the need to give them more knowledge in managing the mentally ill. Cases seen were epilepsy and anxiety disorders.
Mpumudde	Menya Proscovia	Yes	Yes	11	Yes	Yes	Yes	Yes	The officer trained here was actively carrying out mental health services and had taught other staff about mental health. Her challenge was limited medicines and sometimes refers patients to Jinja Hospital.
Jinja hospital (OPD)	Arim Jane Wakabi	Yes	Yes	-----	Yes	No	No	No	The officer trained in mental health has been actively referring patients to us after getting a probable diagnosis though some psychiatric drugs are sometimes available at the general pharmacy. The other staff trained

									works in the children's unit and when contacted on phone he said he was too busy to do much and the cases he gets are usually referred to us.
Busede	No	No	No	No	No	No	No	No	Very few patients with mental illness come to this unit and are referred to Buwenge H/C4 since there are completely no medicines to treat them and the trained staff seemed not interested as her phone was never found on and so we had come without informing her.

The other two community mental health (MH) workers (Robinah and Annet) were not visited but were contacted on phone and they reported increased awareness as a result of the training that they had. They have always consulted us on phones, physically at the mental health unit and referred patients to us or to other nearby mental health units for treatment.

On subsequent visits (2 months later), they reported better skills as they were regularly interacting with mental patients and many had changed the negative attitudes that they had towards the mentally ill. They were generally interested in mental health and requesting for additional knowledge. Those who had remarkable positive changes included those in Budondo H/C4, Buwenge H/C4, Budiima H/C3, Walukuba H/C4 and Mpumudde H/C4. This followed on-the-ground training that we did with them when they requested us to. Staffs of Butagaya H/C were also given the same training but there was no remarkable change registered. They still lacked medicines to use. The increases in the number of patients were as follows: Budondo-30, Buwenge-26, Budiima-24, Walukuba-42 and Mpumudde-18.

The other units still had very little improvement with an average of 5 patients in the two month's period.

When we went to these units, we first found out the knowledge of the other staff about mental illness before they were talked to. Most unit staff reported very little knowledge that they had acquired during their training and since they were not practicing it. A few reported some knowledge as they were seeing some patients with mental health problems, and some had been given the little knowledge that they had by the staff whom we had trained. In our subsequent visits of the health units, there was remarkable change though some had only very little change as mentioned above.

2.2. THE DRUG BANK PROJECT

We first contacted the Hospital Director about the drug bank proposal and he asked us to put it down in writing which we did and he then endorsed it. It was then started with few essential medicines that were not being supplied by the government. Patients were informed about it to avoid suspicion that their medicines were being sold to them. This was welcomed even by the staff and all participated actively to help make it a success. It was officially opened on the 25th May, 2011 by Hospital Director Dr Osinde Michael. Since then we have registered improvement in the stocks and everyone involved (patients, their relatives and friends, staff and well-wishers) really appreciate the initiative. Currently our stocks have doubled and this has made work easier and more interesting as patients get helped tremendously. Our main challenge is now with some drugs over staying and getting expired as initially some were over estimated.

Figure 1: A mother of one of the patients getting medicines for her patient.

2.3. INCOME-GENERATING ACTIVITIES' PROJECT

This was started with vegetable growing and poultry keeping at a small scale in Bugembe Town Council where we had some very active patients and their care-takers. Also land was easier to get compared to other places.

Vegetable growing started in April 2011 with a group of 12 improved, desperate and active patients. It was decided that they worked jointly on the project other than individually. We hired a plot of land (1 acre) and decided to grow maize which initially did very well but unfortunately drought came at a flowering stage and affected it badly and the harvest was very low. However, this didn't stop us from continuing with the project. In the following season, we replanted maize again and we had a good harvest and are planning to sell it now and see what next to do with our project as we wait for the next rainy season which begins around March.

On the other hand, another group of 10 patients and their relatives were introduced to poultry keeping starting August, 2011. We started by taking them to visit one of the poultry farms around and to get knowledge and skills necessary for the project. This was done with the

guidance of a qualified agricultural officer. We then set up a broiler chicken project (300 in number). Their management was by two of the patients at a cost, overseen by all others, and with the support of the area extension agricultural officer. This first batch of the chicken did very well and was sold off at Christmas time. We are now planning on bringing in another batch, possibly layers this time since they are less demanding compared to the broilers, and also to give the farmers and other interested patients, their relatives and friends a broad spectrum of knowledge. We want to make this a demonstration farm so that they get trained and later on start their own individual small farms.

Figure 2: Maize farm and the poultry unit with its care-taker

2.4. HOME VISITING

We selected a few vulnerable patients and followed them up in their communities. Two to four health professionals including a PCO, psychologist, psychiatric nurse and a social worker, where need be would visit a selected patient in their home or school at a time; and we would make one visit in a week starting from June, 2011. These patients were:

- Kiiza Regina, a 16 year old female from Nalufenya Jinja Municipality being treated for Epilepsy with psychotic features on phenytoin, folic acid, haloperidol and artane. She's being cared for by a single mother as her father got another woman on learning that Regina had a mental illness, saying that for him he doesn't produce children who have "madness". Regina dropped out of school due to epileptic fits that were so strong and frequent which even made her disabled, now using a wheelchair. Her mother is a casual laborer with Jinja municipal council.
- Kiiza Rachael, a 23 year old female who dropped out of university due to mental illness (schizoaffective disorder). She's an elder sister of Kiiza Regina. Rachael had a challenge with adherence to medication.
- Sanyu Florence, a 16 year old female in primary six was defiled by two of her adult cousins on several occasions promising to kill her if she ever revealed it. She ended up with PTSD and has had frequent relapses because of poor social support and a continued traumatic home environment. Her father denounced her following the incidence and it's only her mother behind her and she is a cook in one of the nearby primary schools.
  Sanyu had problems sustaining treatment.
- Odongo Samuel, a 22 year-old male from Lira district studying in Jinja Progressive Secondary school being treated for epilepsy with PTSD. He was a student in Jinja Progressive Secondary School in s.6; just did his U.A.C.E examinations.

Samuel had a long story of being abducted together with all his family members (father, mother, 2 sisters and a brother) by Kony rebels (in northern Uganda) in the late 90's, was rescued in 2006, only one of his sisters also came back later, the rest were killed. When he resumed school, he started presenting with abnormal behaviors and prominent psychotic features where he was brought to us and the above diagnosis made. He refused to get convinced that he had a treatable mental illness and to take medicines. His only wish was to go back to the bush and continue being a rebel; he hated women and had impulsive behavior. His sponsor/guardian feared and was almost giving up on his care as she thought Samuel was only being stubborn. We had to do everything possible to get him on board. We continued visiting him at school through his exam period till he completed successfully. He's now managing his guardian's farm and takes his medicines willingly as he waits for his S.6 results.

- Dhamuzungu Joshua, a 15 year old male student in S.2 at Lord's Meade secondary and vocational school in Njeru, Buikwe district being treated for epilepsy had problems adhering to medication and disclosing his condition. For these reasons, he'd had frequent fits that severely affected his education until we started following him up very closely. Joshua's father died when he was still young and he's being looked after by his elder brother, and mother who is "not working" (a peasant farmer).
- Owori Gideon, 24 year old student from Walukuba East in S.3 being treated for epilepsy has also had problems with adherence to medication because of poor social support. His parents separated and he remained with his father who is a pastor and had always insisted on praying for his healing from God without medicines. He had several fits that severely affected his cognitive abilities and therefore studies. When we intervened and medicine use was accepted, another challenge was still who to monitor the medication as his father was always on pastoral work leaving the boy alone in the house, except with neighbors. He finally brought his brother who now stays with the boy when he (father) is away.
- Ocaya Rebecca, a 37 year-old married lady from Magwa Zone, Jinja Municipality with 4 children being treated for schizophrenia with depression had a shaken marital relationship due to the features that her husband could not understand and had threatened to divorce her. She always worried and lamented about her children and husband saying they were all infected with HIV from her; there were plots against their family, etc. After our intervention, the husband accepted her back, supports her with medication, and they are happy again.

Figure3: A psychologist addressing a group of people around Ms Sanyu Florence and Martha with some relatives and friends of Mrs. Ocaya Rebecca respectively.

2.5. MENTAL HEALTH OUT-REACH CLINICS:

Mental health out-reaches were set-up at Budondo, Mpumudde, Buwenge, Walukuba and Budiima Health Centers. These units were chosen considering the number of patients that they have and the positive attitudes and commitments of the staff there. The PCOs of Jinja Hospital visit these health centers on their clinic days as stated above and work together with the staff of these units.

Figure 4. Support supervision at Budondo Health Centre

Figure 5: Group photo with some of the projects' participants, staff and student nurses.

3. ACTIVITIES' EVALUATION

Generally speaking, there has been remarkable positive change in the lives of patients within Jinja region and a reduction in the work-related stress on the side of the health workers.

- Many patients get assisted in their locality and don't have to worry so much about transport to the hospital. Some are even blessed to be taken medicines home. Their care takers also have some relief.
- There is also remarkable reduction in stigma attached to mental illness and use of abusive words towards people with mental illness due to the awareness created.
- Some of the projects (e.g., Income-generating activities and Drug Bank) are self sustaining and they call for hard work from the participants. This help keep them occupied and committed, encouraging others also to be productive.

4. CHALLENGES

- Sustainability of these projects, especially support supervision, home visiting and outreaches may be a challenge since we shall have to rely on government funding which can sometimes be unreliable.
- Drugs stocked sometimes are over estimated and they end up expiring.
- Some drugs like Ritalin, Donepezil and the new antipsychotics e.g. Olanzepine are extremely difficult to get.
- Difficulties with photo-taking as we didn't have a camera and this made us miss very good scenes/scenarios.

5. CONCLUSIONS

This program has been the first of its kind in Jinja District and the Eastern part of Uganda as a whole; and as such there were short-folds in the implementation though I can say we tried our best and our objectives were met. It has helped change the life, attitude, knowledge and skills of all who participated.

Much as the above benefits have been realized, only very few people were involved and this still leaves a lot to be admired.

We realized that poverty and ignorance are the major drivers of increased morbidity among people with mental illness and if these are addressed, people with mental illness and their families can live a happy and productive life.

6. RECOMMENDATIONS

The government of Uganda should help remedy the situation through raising public and professional awareness, improving mental health services as well as increasing social acceptance of mental illness. This can be done through the following:

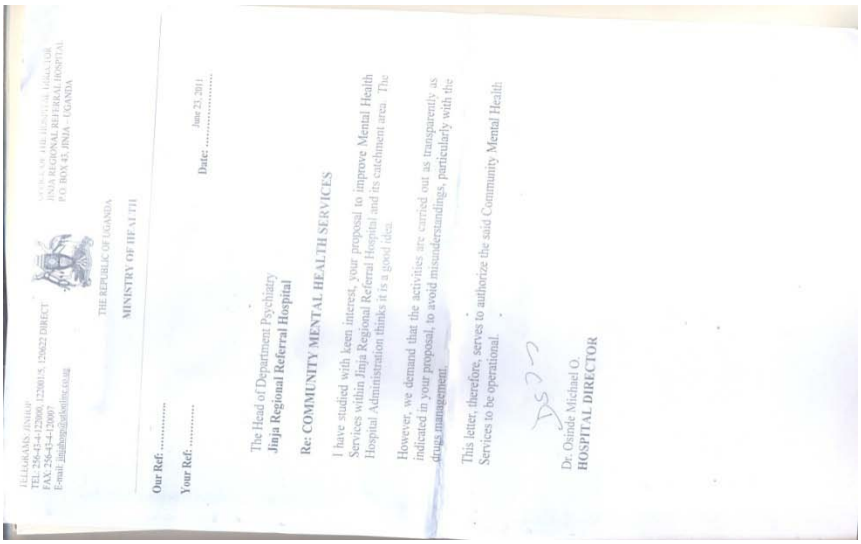
- Re-orientation of the general health workers and other relevant professionals on mental health through Continuing Medical Education (CME) and seminars/workshops.
- Community health talks through radios and other media.
- Mental health out-reach clinics/services.
- Ensuring and strengthening liaison psychiatry services in all general health facilities.
- Provision of regular and adequate drugs used in psychiatry.
- Undertaking of a more comprehensive program on mental health to other districts.

We continue to need support from other international bodies to help us help our patients with mental illness and their families. So Action for Mental Health, do not close us out when there are some opportunities. You can also help connect us to other funders.

Annexes

- Copy of authority letter
- List of facilitators

A copy of authority letter by the Hospital Director-Jinja Reg. Ref. Hosp.



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

JINJA REGIONAL REFERRAL HOSPITAL
P.O. BOX 43, JINJA - UGANDA

TELEGRAMS: JINJAH
TEL: 256-43-120060, 120035, 120023 DIRECT
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Our Ref: .....

Your Ref: .....

Date: June 23, 2011

The Head of Department Psychiatry
Jinja Regional Referral Hospital

Re: COMMUNITY MENTAL HEALTH SERVICES

I have studied with keen interest, your proposal to improve Mental Health Services within Jinja Regional Referral Hospital and its catchment area. The Hospital Administration thinks it is a good idea.

However, we demand that the activities are carried out as transparently as indicated in your proposal, to avoid misunderstandings, particularly with the drugs management.

This letter, therefore, serves to authorize the said Community Mental Health Services to be operational.

Dr. Obinde Michael O.
HOSPITAL DIRECTOR

List of facilitators

- Dr. Nalugya Joyce-Consultant Psychiatrist-Tel. 0772629862
- Mr. Noso Paul-Principal Psychiatric Clinical Officer-Tel. 0772970755
- Ms. Mukyala Damali-Senior Psychiatric Clinical Officer- Tel. 0772620723
- Mr. Mufumba Emmanuel- Psychiatric Clinical Officer-Tel. 0772675788
- Mr. Isabirye Jude- Psychiatric Clinical Officer-Tel. 0774333830
- Ms. Nampijja Robinah- Psychiatric Clinical Officer-Tel. 0772442223
- Mr. Lasuba Gideon- Psychologist- Tel. 0752626346
- Ms. Kayesera Rose- Enrolled Psychiatric Nurse- Tel. 0711129720.