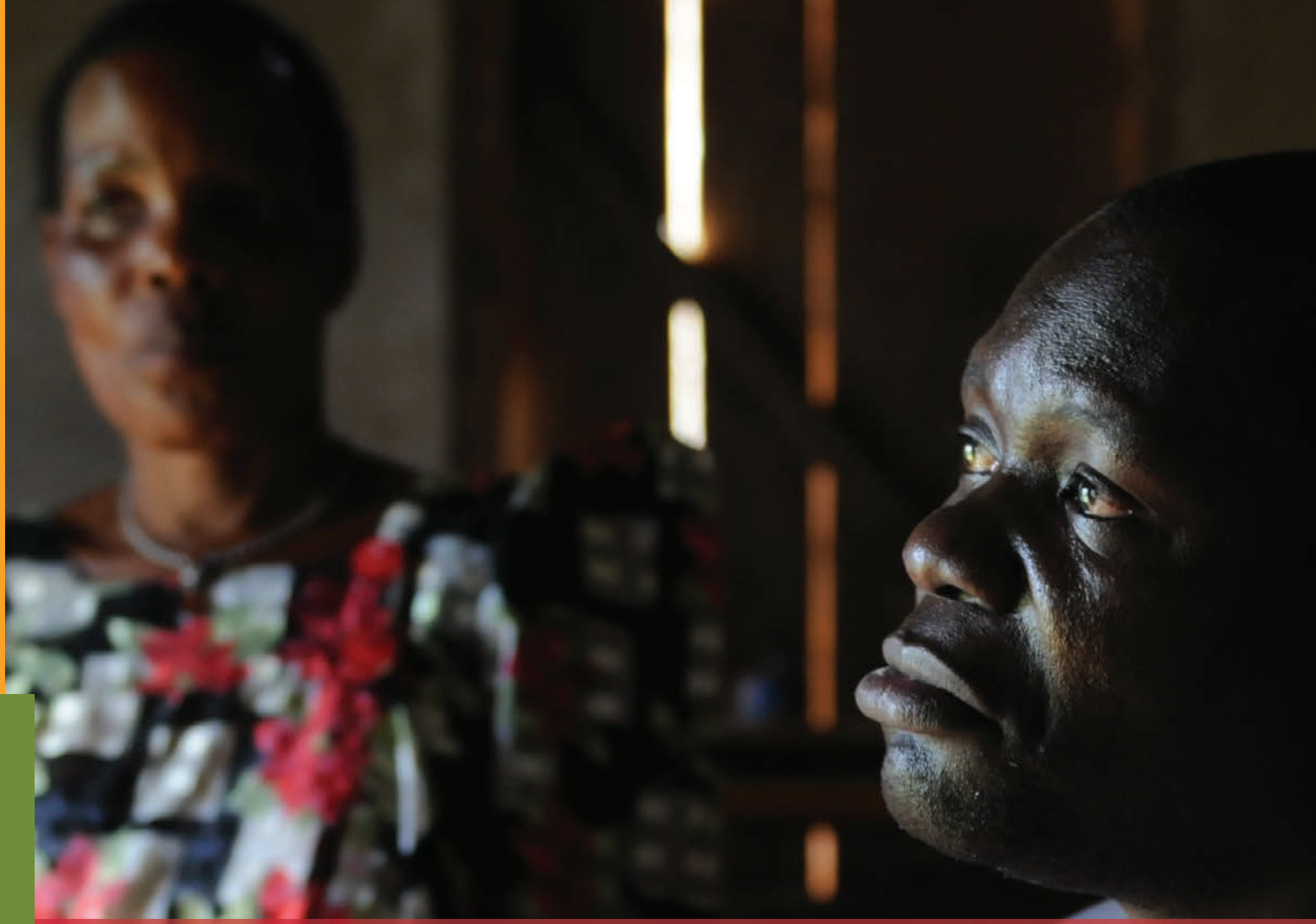


The Psychiatric Clinical Officer Psychological Training and Projects (PCO PTP) Uganda 2009-2012

be
BUTABIKA ✕ EAST LONDON LINK

FOR GOD AND MY COUNTRY

THET
PARTNERSHIPS FOR GLOBAL HEALTH

UKaid
from the British people

Contents

MESSAGE FROM
The Butabika-East London Link

The Butabika-East London Link has had a working relationship with the Ugandan Psychiatric Clinical Officers (PCOs) since 2004, when we were first invited to participate in the Annual PCO workshops. Since then, representatives from the Link have been involved in all of the annual week long workshops. In feedback from subsequent workshops and needs assessments, PCOs identified a need to develop their psychological and counselling skills, as well as getting skills in project development, planning and management. This project evolved out of an attempt to address these learning needs.

Psychological skills cannot be learnt simply by attending a workshop but require attempts to put this learning into clinical practice, in combination with reflective supervision. For this reason, teaching about supervision and peer led approaches to this were key parts of the project. It cannot be assumed that psychological approaches with an evidence base in a high income setting can be extrapolated to Uganda. Therefore pre-workshop planning visits to understand existing PCO practice and consider how trainings could be made culturally appropriate and orientated towards the working environment were planned.

Similarly, the principals of project management are best learned through practice, therefore funds were allocated to allow PCOs to develop their own project ideas. The PCOs were responsible for designing, undertaking and evaluating their projects and some were able to use their project funding to support the delivery of learned psychological skills and show meaningful clinical changes in their service users.

This booklet represents the culmination of more than three years of hard work from the PCOs, as well as their project partners.

I would like to thank Dr Sheila Ndyanabangi, at the Ugandan Minsitry of Health and Dr David Basangwa, Director of Butabika Hospital, for their support of the PCOs work. I would like to thank all the PCOs for their hard work and commitment in carrying out this project, particularly Mathias Nampogo for his tireless effort in co-ordinating the Ugandan side of the project. I would like to thank all of those visitors, who participated in pre-workshop planning, the workshops themselves or the post-conference monitoring, and particularly Shona French and Cerdic Hall, who were so central in co-ordinating the project. Finally, I would like to acknowledge the huge debt that we all owe to the late Dr Tom Onen, a champion of PCOs, of the Link and of psychological therapies: the fruits that you will see today were sown by seeds that he planted over the past ten years.

DR. DAVE BAILLIE,
Chair, Butabika-East London Link, 2014
dave.baillie@eastlondon.nhs.uk

1.0 INTRODUCTION




The Butabika-East London Link is a multi-disciplinary, institution to institution collaboration between East London NHS Foundation Trust (ELFT) and Butabika National Referral Hospital, Uganda. The Link has been formally operating since 2004. The ethos of the Link is one that gives primacy to Ugandan priorities and to mutual learning. One priority of Ugandan mental health policy over the past 10 years has been a move towards decentralisation of mental services from the capital, Kampala, to the regions and districts around Uganda. This decentralisation has been made possible by the increasing numbers of Psychiatric Clinical Officers (PCOs) being trained and deployed around the country. The Link has been involved in the post-graduate training of PCOs since its inception and given that the PCOs form 'the backbone of mental health care in Uganda', this has allowed the Link to have a broader impact upon mental health. The Psychiatric Clinical Officer Psychological Training and Projects (PCO PTP) initiative was funded by the International Health Linking Funding Scheme which was part of the first tranche of UK government funding to support the NHS in international linking work.

This three year project to train PCOs in psychological, project and supervision skills was devised and implemented in partnership with Ugandan health leaders and the National PCO Association. The PCO PTP focussed on a the development of a skill set that could begin to meet the massive challenges of substance abuse and trauma, whilst also promoting the ability of PCOs to foster local interest and commitment to mental health care.

The initiative successfully trained PCOs in psychological and project skills whilst paying heed to the realities of their day to day work and existing barriers to implementation. PCO leaders also led the development of regional peer supervision. These aspects infused the project with a realism and regard for PCO wellbeing that has increased its ability to generate sustainable activity. The PCO PTP has generated evidence that, not only are psychological skills directly beneficial in a low resource setting, but also suggests reasons to be confident that Ugandan health workers will mould and extend these approaches for the future given further opportunities to do so.

The programme was designed to enhance the relevance of psychological approaches to the Ugandan context by including pre-training activity to better understand the realities of PCO work. Furthermore, after each year of training, post-training activity sought out PCO experiences of applying learnt psychological skills so that successes, barriers and challenges could be tackled within the following year's training and administration of the project.
The project also emphasised the teaching of project development, management and evaluation by offering both training in these areas but opportunities to carry out activity locally.

2.0 BACKGROUND

Uganda is a low income country with an estimated population of 32 million. It spends only 0.7% of the total health budget on mental health compared to 10% of the health budget in the UK (WHO Mental Health Atlas, 2005). Mental health problems are increasing, with depression at 12-68%, anxiety disorders at 20-62% and alcohol dependency at 14% in the general population (Ugandan Ministry of Health, 2007).

Mental Health is recognised in the Ugandan Government's health strategy (National Minimum Health Care Package Ugandan Health Sector Strategic Plan 2005), which sets out expected performance standards, from national through regional to district and village level. Guiding principles of the Mental Health Policy (Ugandan Ministry of Health, 2007) include decentralisation of services from the national hospital into the community, integration of mental health services into the primary health care system and community participation.

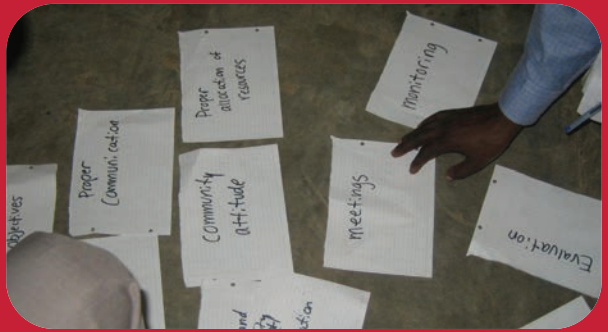
At the time of this training, there were fewer than 40 psychiatrists in Uganda, mainly based in the capital, Kampala (Kigozi, 2005): most community treatment in rural Uganda is provided by the Psychiatric Clinical Officers. PCOs are psychiatric nurses, with two further years training in assessment, diagnosis, and management. At the time this project launched there was approximately 90 PCOs working within public services, with four in each of the thirteen regional areas, the remainder at Butabika hospital, in the army and in prison. They received little post-graduate training after their deployment to the rural areas. From 2004 until the launch of the PCO PTP, the Butabika-East London Link collaborated with Butabika Hospital and the Ministry of Health to offer annual training workshops. These workshops encouraged continuing professional development, networking and support and nurtured the development of the PCO PTP.

Psychotherapeutic skills are essential for all mental health workers, particularly to treat conditions such as depression, which Ugandan based research has shown to be amenable to psychological intervention (Bolton et al, 2004). While PCOs were ideally positioned to deliver psychological interventions, they had not been fully trained in these areas. Surveys of PCOs, their training curriculum and needs assessments conducted at workshops (2005, 2006 and 2009) identified that training in psychological interventions was a priority along with interventions to deal with substance misuse and psychological trauma.

Competencies in psychological interventions cannot be successfully taught at a single workshop, so the project formulated a different approach involving skills based training, combined with longer term supervision and support.

PCOs had previously implemented community projects to improve access of mentally ill to psychiatric care but several barriers were identified, including difficulties with preparing proposals, monitoring and evaluation, supervision and difficulties in advocating for mental health training and funding for services at a local level. Therefore, supervision and project management elements were built into the PCO PTP.

It is worth noting that epilepsy is treated within mental health service in the Ugandan health system. Hence a number of patients will suffer only from epilepsy but be treated alongside those with mental health issues.



The structure of health facilities and staffing within Uganda

Health Centre One- Village level – untrained health workers known as the village health team

Health Centre Two – Parish Level – qualified physical health nurse and support staff

Health Centre Three - Sub county – Clinical officer, nurse, midwife and other support staff

Health Centre Four – Health sub district – county level, (constituency); medical doctor, clinical officers, nurses, midwives, laboratory assistants, PCOs, psychiatric nurse, anaesthetic assistance, minor operating theatre (e.g. caesarean sections), health assistants, other support staff

In addition to health centres, district general hospitals have mental health units attached to them.

3.0 PROJECT OVERVIEW

The primary aim of the project was to contribute to improving the mental health of Ugandans through enhancing the skills and competencies of the PCOs, in rural and urban areas in Uganda. The project, which ran for three years, combined training, leadership development and local project creation to achieve this goal.

The training workshops provided initial theoretical and experiential exposure to psychological approaches. Workshops included:

- The clinical element to develop psychotherapeutic skills, particularly in the treatment of alcohol and substance misuse, anxiety, depression and post-traumatic stress disorder.
- Supervision aimed at ensuring PCOs establish appropriate supervision networks required for psychological interventions and receive regular, documented supervision focused on clinical experiences.
- Project planning skills development included training PCOs to plan and write project proposals, and then implement them and evaluate their success.

The workshops were held annually over the three year project.

The project culminated with a national conference to present the work of the PCOs, detailing their learning in psychological interventions and their experience of putting these into clinical practice in rural Uganda. PCOs also presented their project work at this conference

Each year of the project was designed with a specific clinical focus that was then modified to suit the perspective of PCOs and their priorities. The first year focussed on substance misuse and motivational interviewing; the second year on solution focused approaches and the third year on trauma and narrative and cognitive approaches.




Pre and post workshop visits

Different needs and challenges were recognised by the UK team visiting different regional areas before and after each workshop. Pre workshop visits by UK clinicians assisted the training plans to be contextualised to Ugandan realities. Post-workshop visits then assisted PCOs to evaluate their efforts to apply psychological skills and identified barriers to these efforts.

Sensitisation workshops

Each pre workshop visit included a sensitisation workshops for local stakeholders such as Health District Commissioners, Hospital Administrators, community and spiritual leaders and carers with a remit to:-

- raise awareness of needs to be addressed by PCOs and the project
- educate about the value of talking therapies in the treatment of common mental health problems, rather than relying simply on pharmacological treatments
- enlist support from their community to maximise project's impact
- support the PCOs in advocating for mental health and in influencing planners to agree local mental health priorities

Projects

PCO PTP also promoted the implementation of small scale PCO designed and run projects. This encouraged clinical learning to be put into practice to improve local services. Seeding money was available in gradually increasing amounts over the three years with the quality criteria increasing during that time. Therefore, in year one a small grant of £100 was available to each PCO, followed by twenty £200 grants in the second year and five grants of £1000 in year 3.

PCO exchange to UK

Six PCOs were identified to act as leads for promoting supervision of psychological interventions. Each year, two visited the UK on a two week exchange to gain training and experience of different types of supervision.

National Conference

The project ended with a national conference to present:

- the work of PCOs, detailing their learning in psychological interventions
- their experience of putting these into clinical practice in rural Uganda
- their projects that they planned, implemented and evaluated

Evaluation Outcomes

PCO PTP was evaluated in a number of ways including questionnaires, interviews, and focus groups as well as through quantitative data, such as the number of patients treated in the community and the number of new treatments offered. The project utilised Ugandan psychologists and service users to lead elements of the evaluation.

Outputs	Pre and post visits	Workshop theme	Project seeding	UK Uganda exchange
Year 1	Eastern and Central region Jinja, Mbale, Soroti and Kampala	Motivational interviewing skills with its particular effectiveness in substance misuse	Small sized projects £100 x 40	2 PCOs to UK
Year 2	Western Region including Kitagata, Itojo, Kabale, Mbarara.	Solution focused approaches with relevance to general counselling	Medium sized projects £200 x 20	2 PCOs to UK
Year 3	Northern Region including Arua, Gulu and Lira	Cognitive and narrative approaches to psychotrauma	Large sized projects £1000 x 5	2 PCOs to UK

4.0 IMPACT

- 162 PCO attendance at workshops
- 3 sensitisation workshops regionally with between 30 and 60 attendees
- More than 1300 patients received care informed by the training given with many more since the training ended. Given the size of families in Uganda nearly 8000 carers would also have benefited from this care.
- 492 registered attendances at supervision sessions, held regionally and utilising peer support during the three years
- Supervision was widely valued by PCOs for reasons of support, wellbeing, learning and increasing teamwork.
- An increased national profile through the showing of the PCO film on UBC TV in Uganda.
- Many successful projects that achieved, for example, reduced alcohol use among prison officers; improved symptoms of depression; increased adherence to antiepileptic medication; training of primary health care workers; education about alcohol use to senior school children; collaboration with Traditional Healers
- A national conference, held in Kampala to highlight and celebrate the work of the PCOs.

5.0 DESCRIPTION OF PROJECT

5.1 Year 1 –

PCO priority: Motivational Interviewing (MI) with particular emphasis on substance misuse

Pre-workshop

Location: Jinja, Mbale and Soroti
Date: September 2010

Attended by:
Emmanuel Dzernjo, Senior Dual Diagnosis Specialist Practitioner, ELFT
Shona French, Butabika Link Officer, ELFT

Case vignettes were generated for use in the Year 1 training. Understanding and use of MI was discussed with PCOs as well as more general expectations, hopes and challenges for participation in the overall project. The scoping team also sought information on local use of drugs and alcohol and staff approaches to their care.

For example:
The most commonly used substances were alcohol, which is especially common among those brewing it. Cannabis is more common in towns like Jinja and Kamuli and is mainly smoked or drank in tea or powder form. Cannabis is easily accessible and people can grow it locally. Khat was also common in town and Kuba is a new drug which is common amongst the Asian community.

The team also tried to ascertain which psychological therapies and skills were already being applied by PCOs and how such interventions were being or could be recorded. With a hugely challenging resource context, the scoping team found a massive throughput of patients yet little evidence of planned therapeutic interventions. Evidence was gained about the challenges of recording any gains of the training to come e.g missing files of patients and sporadic patient contact due to economic hardship.

A sensitisation event was held with good attendance of key participants including political, health and police representatives and local radio and newspaper reporters. Discussion on mental health and the opportunity of psychological approaches happened and there was commitment for further support of the PCOs and mental health care in general.

Training Workshop

Date: November 2010

Facilitators:
Motivational Interviewing -
Ade Afilaka, Counselling Psychologist, ELFT
& John Martin, MI Trainer, USA
Evaluation - Dr Patricia d'Ardenne,Clinical Psychologist, Institute of Psychotrauma, ELFT
Project skills - Cerdic Hall, Former Chair, Butabika-East London Link

The training for Motivational Interviewing involved two cohorts and ran for three days for a total of 63 participants. Training involved an organically developed test of pre-training MI skills involving the 2 trainers and other members of the UK Butabika team observing PCO role plays of clinical interviews to assess interviewing styles. Training involved PowerPoint presentations of key MI principles, and role plays of PCO practicing the use of taught skills. At the end of the training students were again observed in role play clinical scenarios and assessment regarding the acquisition of key MI skills.

Mr Afilaka says:
I learned about a general cultural difference between the more didactic approaches more typical of my Ugandan colleagues in contrast to the more socratic dialogue adopted by colleagues in the UK. I was also able to see that without privilege of resources we have here, the more didactic approach was understandable. Despite this I found PCOs to have a quest for knowledge, and respect for the attempts we were making to deliver information.

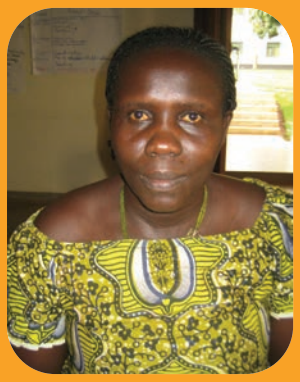
I learned of the struggles PCOs had struggling to compete with the work of traditional healers, and some of the creative ways in which the explored these issues such as the use of theatre. I was particularly struck when visiting an outreach project at the lack of distinction between service user and provider, demonstrating a real progressiveness of thought as these are issues we very much struggle with here. There also seemed to be a realistic appraisal of the challenges but also no lack of optimism evidenced by the keenness to learn.

I also learned of the difficulties associated with supervision. This did not seem to occur regularly, and it seemed that clinicians struggled to use the space to discuss difficulties possibly feeling that exposing vulnerability would be punished.

There was also a one day evaluation training and a further day on project development. These two days tended to teach using style consistent with Motivational Interviewing.

A small proportion of students were in attendance over the two week training period. Attendance of students was supported by PCOs and the PCO Association.

In addition to recording PCO attendance, the training team devised 8 measures of communication style according to MI principles to measure the impact of the training. They then observed participant pairs before and after workshops interviewing each other. Interactions were rated on the presence or absence of the communication style within a five minute period, recorded manually and totalled. Participants rated their own knowledge of, confidence in and importance of MI using numbers placed on the floor space for scaling.



Outputs

- 63 participants divided over two cohorts with a 95% attendance overall.
- Real time development of 42 small projects

Outcomes

- Across the two cohorts, the MI training resulted in a measureable increase in positive affirmations, reflective statements and open questions and a decrease in the giving of directions and instructions.
- Significant increases were found in knowledge in MI and confidence in using the approach.
- At the following year's workshop PCOs were asked about their use of MI. 35 PCOs said they had carried out MI, treating between 2 and 30 patients each (14 patients on average). Each patient was seen between 2 and 20 times each, with 6 PCOs able to see patients monthly and 1 able to see them weekly.
- Further evidence from the pre-workshop visit in Year 2 to the Western Region of Uganda showed the use of psychological therapies with clients misusing alcohol.

Case example:

Paul is a 56 year old man who has been drinking for 20 years. Having been forced to come to the PCO by his wife, he initially claimed that drinking was beneficial "a man should drink" to avoid problems at home and to avoid boredom. MI was used over several sessions and his stage of change noted. Over four sessions he gradually acknowledged alcohol may be harmful and began to talk through his options for change with his PCO.

Participants said:

"We loved the course and now the challenge is to apply the skills"

"I liked the way it was brought to us and has involved our input throughout"

"MI has reduced my stress level and helped me to get more information from my clients"

"This training has given me a sense of direction"

The PCOs gained significant skills and knowledge of Motivational Interviewing. This was most marked in communication styles of open questioning, positive affirmation and reflectiveness, and in the reduction of directedness and giving instructions to clients who are resistant to change.

PCOs evaluated their own skills and knowledge which significantly increased with training, as did their confidence in carrying out MI. Their views of the importance of MI remained unchanged as being high.

The qualitative feedback revealed PCOs wanted to apply the learning and share it with their colleagues, with students and through curricular development. They continued to have concerns about resources, but already demonstrated their capacity to generate change through joint working, through better networking, and through the continued development of the PCO Association.

Participants submitted 22 Mental Health projects for seed funding in Year 1. An unexpected development from running the MI training alongside the project development sessions was that many of the projects developed included an element of MI use. The submissions involved an unexpected degree of collaboration between PCO colleagues who chose to work together to allow each other the additional time and resource needed for psychological practice.

Post workshop visit

Dates of visit: 10th July – 22 July 2011

Attended by:
Dr Nikki Wood – Principal Clinical Psychologist, Head of the Forensic Substance Use Support Service, John Howard Centre, ELFT.

Mariam Aligawesa – Clinical Charge Nurse, South London and Maudsley NHS Foundation Trust, Co-Chair, Ugandan Diaspora Health Foundation.

Post Workshop visit to Mbale, Soroti, Jinja and Kampala with Mathias Nampogo, the presiding PCO Chair.

The scoping team had a particular brief to observe how learning from the MI workshop was being put into practice, to better understand the implementation of PCO peer meetings, to provide reflection on implementation of projects and challenges, to look at the collation of data related to the previous 12 months and finally discuss how learning from the MI workshop was being disseminated.

PCOs who had attended the original MI training were met at different locations and it was clear from discussions that whilst the MI model was both understood and being used with individual patients, PCOs wanted more time being trained in the approach. The availability and quality of patient records detailing the use of MI was also variable. Whilst there had been, as planned as part of the project, discussions at the monthly peer meetings about its use, there was an ongoing thirst for further training material and again a variety of degree of confidence and dissemination. Peer support meetings, originally designed as a type of peer supervision tool had tended, in some areas, to be held as more of a business meeting.

As a result of the MI workshops, there appears to be an increase in the awareness of psychological processes of change and how the approach of the therapist as well as the model they use, has a huge impact upon the level of engagement of service users. This is clearly one part of a more general move away from a paternalistic system, towards one with an emphasis more on therapeutic engagement and patient empowerment
Scoping visit report

5.2 Year 2 – Solution Focused Approach Training Pre-workshop visit

Dates: 23rd July – 7th August 2011

Attended by:
Mr Moses Mulimira, Co-Chair Ugandan Diaspora Health Foundation

Ms Christine Kakai, Clinical Tutor, Kings College London.

The group visited inpatient, outreach and prison settings.

Like other parts of Uganda, despite increased investment in mental health care at Mbarara Referral Hospital, many challenges remain including:

- A lack of formal PCO input into local outreach work
- High turnover of patients
- Often the hospital cannot sustain patients without family support (families will provide food and support for clients whilst inpatients)
- Few staff managing many acutely unwell clients. Ratios of 1 staff to 20 clients on a late or night shift.
- Increase in substance abuse especially amongst young people using locally grown cannabis
- The over-valuing of technology and medication by patients and families with a related undervaluing of psychological therapies when offered.

Despite these challenges, psychological skills learnt at the previous training were seen to be in use and outcomes reported.

Within community outreach settings, PCOs were seen fulfilling many roles including reviewing people directly as well as providing educational settings about illness, medication side effects and monitoring.

Further challenges of rural outreach work included:

- Clients unable to afford medication with prices rising more quickly than income
- Clients will spend many hours travelling from as far away as 60kms
- There is an increased demand for community mental health services that far outweighs the demand for the already overburdened inpatient services, despite the lack of government financial support to facilitate.

Within the prison setting, the scoping team noted the need for increased awareness about mental health. Many inmates reported mental distress including depression, anxiety and suicidality whilst detained and a large proportion were thought to have histories of substance misuse.

The team also highlighted good practice. For example:

Peer support and the entrepreneurial ability of communities was demonstrated within a health centre serving rural populations. Rubidi Outreach Clinic worked together with PCOs to develop a self help initiative where mental health clients pooled the money they would have used to purchase transport and buy medication in bulk. With breaks in supply in government clinics, the cost to patients is the same but the supply is assured.

Training Workshop

Date: 5th – 16th September 2011

Trainers:
Vicky Rodriques, Clinical Nurse Specialist/Team Manager, ELFT

Karen Daniel, Systemic Psychotherapist, ELFT

The training for Solution Focused Approach was delivered to two groups of PCOs with a total of 52 participants attending.

The training content included:-

- A brief overview of Solution Focused Brief Therapy
- SFBT techniques
- Practical application and discussion of issues related to using these skills in professional practice

Learning objectives

- To recognise the difference between problem-solving and solution building interviewing questions
- To become familiar with the interviewing techniques in all stages of the solution-building process
- To understand how clients can be helped to make the transition from 'problem talk' to exploring what they want different in their lives
- To understand how to manage a solution focused brief therapy session

Method

- Presentations, discussions, group exercises, facilitator demonstrations, role plays, practice sessions, self-evaluation and reflection.

The participation level was high and PCOs also explored the differences with Motivational Interviewing. A diverse range of cases were discussed including clients with depression, sexual dysfunction, financial difficulties and alcohol addiction.

Outcomes

Immediate evaluation using self-ranking of skill sets revealed that participants felt more confident in exploring what clients found helpful, listening to who and what is important to a client, paraphrasing and summarising and offering feedback.

At a later assessment of 37 PCOs who had attended the SFT training workshop, all 37 had been able to introduce this psychological approach into their work, seeing on average 10.4 patients each, for 2-15 sessions each.

Of the 33 reporting outcomes:

- 20 reported improvements in social functioning and behaviour
- 2 reported improved medication compliance
- 3 reported reduced alcohol consumption

Post workshop visit

Dates of visit: January/February 2012

Attended by:
Frances St John - Family Therapist, ELFT

Jim Taylor - Psychological Intervention Practitioner, ELFT in the company of Elias Byaruhanga, Senior PCO.

Post Workshop visit to Itojo, Kitagata and Kabale Hospitals, Kakika Prison, Mbarara Regional Referral Hospital, Outreach clinic, Mbarara Central Prison.

The scoping team noted several structural changes for local PCOs in the form of a new mental health Unit and the reduction of outreach clinics.

PCOs demonstrated the use of Solution Focused Therapy skills through live demonstrations with existing clients. Local PCOs identified the desire of clients to be prescribed medication and not wanting to disclose personal issues as a barrier to the use of these skills. The difficulty for PCOs to gather together was also seen as a reason why skills were not being applied. On a more senior level, a local District Health Officer suggested that a lack of adequate funding for staffing and outreaches from the Government was a key issue.

A one day introduction to Family Therapy training was also offered to 10 staff during the visit. UK Trainer Frances StJohn said that she realised “how much more difficult it was for our colleagues from Uganda to work in this way (using Family Therapy) because of politeness and privacy issues”. Again the enormous pressure on PCOs to meet the need of families and patients when attending outreach clinics was witnessed.

Case Presentation:

Woman in her early thirties from Kabale. She had been suffering from depression and had attempted suicide in the past. She had not wanted to talk about her issues to anyone and had kept things very private. Her PCO encouraged her to consider her resilience through skilled questions and used a scaling question with a pen as the scaling demonstration tool to demonstrate the two ends of the spectrum.

She has moved from ranking very lowly to a 9 more recently and considers the continuous counselling of her PCO as a key element in her feeling improved.

5.3 Year 3 – Cognitive Approach to Trauma Training Pre-workshop

Dates: March 2012

Attended by:
Christine Tacey, Head of Specialist Community Teams, ELFT and Dr Elaine Hunter, Principal Clinical Psychologist, South London and Maudsley NHS Foundation Trust

Pre and post training activity in Northern Region including Arua, Gulu, Lira and surrounding areas.

The aims of the visit were to investigate the current knowledge base and approaches used by the PCOs to identify and treat post traumatic stress syndrome (PTSD) as well as their knowledge and skills in the use of Cognitive Behavioural Therapy (CBT).

All three districts visited have suffered severe and enduring conflict. Most of the local population in Arua experienced trauma that dates back to the earlier periods of conflict and instability such as the Amin and Obote regimes. More recently, there had also been Lord's Resistance Army (LRA) attacks. The region also has to cope with refugees from Sudan and DRC who have often suffered extreme violence. The districts of Gulu and Lira have suffered from the guerrilla attacks of the LRA. The LRA were a highly effective terrorist group who carried out extreme atrocities against citizens including massacres, mutilations, rapes, and the abduction of children then forced to become soldiers. There was a long-running conflict between the government forces and the LRA; the LRA were eventually driven out of Northern Uganda in 2007 and have so far managed to evade capture.

To avoid abduction by the LRA, as many as 40,000 children fled their homes in the countryside every night to sleep in the relative safety of temporary shelters in towns, such as Gulu, before returning home again each morning. A 2006 report, published by The World Bank, estimated that 66,000 children and youth had been abducted in the course of the 20 year conflict.

Many of the children who were abducted have now returned to their communities, but many present a major challenge to the mental health services. A school dedicated to educating abducted children (Laroo) was established in Gulu, and this continues to offer education to those whose schooling was disrupted.

In an attempt to create safe communities, many thousands of people moved into 'Internally Displaced Person' (IDP) camps, that would be protected by the army to afford some level of safety and security from the rebels. In the camps, the living conditions were extremely difficult and as there was no land for people to farm, those in the camps were dependent on aid relief for food. Many people have lived in these camps for nearly 20 years. A small number of studies have examined psychosocial functioning amongst war-affected persons in Uganda with high levels of post-traumatic stress disorder (PTSD) and depression. In the last 2-3 years, with no further LRA attacks (as they have moved away from Uganda) the majority of people have left the IDP camps and returned to their villages

The visit team noted the sheer scale of mental health need via the attendance at clinical sessions held at the District Hospitals in these three areas. At the time

of writing, Arua was seeing increased presentations from Sudan and the Democratic Republic of Congo. Psychotrauma Units within District Hospitals are found in Arua and Gulu. These are funded by the Peter C Alderman Foundation.

In relation to pathways to care, it is common practice for people with a mental health problem to seek help from traditional healers and/or spiritual healers before considering western medicine. As a consequence people who present at clinics may have had their mental health issue for a long period of time. Treatments prescribed by the traditional healers are varied but can range from making small incisions on a person's body and placing 'medicines' within the incision to requesting that someone should bite a goat until it bleeds. Traditional healers and spiritual healers also offer 'talking therapies' that are believed to be helpful.

Issues around the continuity of supply of medication were noted, as was the tendency for PTSD to be picked up after an initial other diagnosis.

As in other parts of Uganda, all inpatients are expected to have an 'attendant' with them to provide care when they are admitted to hospital. These 'attendants' are generally family members and provide food, personal care for the patient, and administer any prescribed medications. Problems can arise if the attendants do not have enough money to buy food. This usually results in the patient having to leave hospital and return to their village without receiving the planned treatment.

At the time of this report, there were no separate child and adolescent facilities in the areas visited thereby creating problems in assuring the children's safety.

'Nodding disease', a relatively new phenomenon which effects children was also seen. The illness consists of a child developing a 'nodding' of their heads usually when in the presence of food rendering them incapable of eating. Research on treatment options continues but this illness has been found in areas where there has been war and it is currently thought to have a strong link to trauma.

The team also considered the PCOs experience of supervision. It appeared that professional, clinical and management supervision was not offered regularly to PCOs at the three sites however, the peer support activity developed as part of the PCOPTP was happening. The PCOs also had the option of also contacting a psychiatrist for more complex cases.

As in other visits as part of the PCOPTP, PCOs highlighted the importance of outreach work yet the emphasis of resources appears to be with inpatient services.

Other issues faced by PCOs included the lack of IT equipment, the poor upkeep of equipment they had and insufficient paper supplies. This undermined the cohesive recording and storage of information.

The visiting team noted the need for an increase in educational/sensitisation activity for families, carers, allied health professionals, prison officers, police and health staff at the different levels.

In relation to existing responses to trauma/PTSD, the team held focus groups to explore PCO experiences of working with clients who had been traumatised. A range of horrific traumas were experienced by the clients of PCOs with LRA related abuses featuring heavily alongside domestic violence and road traffic accidents. PCOs talked about the challenge of working with the complexity of PTSD, the impact of vicarious traumatisation, and the importance of peer networks.

Recommendations from the visit:-

1. More systematic identification and assessment of PTSD in ward rounds, given the high prevalence of trauma in the north of Uganda. It might be useful for all patients to be asked routinely about experiences of trauma in a way that is culturally sensitive
2. For those who have been identified with PTSD, to use a standardised trauma checklist and symptom severity measure (that can also measure change) might be useful for all clinicians
3. As in the planned workshop, CBT training to help PCOs become better grounded in theory and empirically validated treatments
4. Finding ways for the skills of PCOs working with trauma to be shared more widely available across the teams
5. An increased exposure to CBT training for other disorders to counter: limited understanding of the approach, consequent overemphasis on behavioural change, and less clarity about cognitive strategies
6. Consideration of an electronic network for social workers, especially those employed in mental health, to possibly include mentorship, peer supervision and professional development
7. Consideration by the PCOs as to how the ward rounds can be improved to offer a greater level of confidentiality for patients and their families
8. Consideration by the PCOs to offer further sensitisation/ awareness raising/ psycho-educational training to families, other allied professional and external organisations such as police and prison staff

Training Workshop

Facilitated by Dr Patricia d'Ardenne & Dr Katy Robjant, Clinical Psychologists, Institute of Psychotrauma, ELFT

Trainee Participants: 58 PCOs

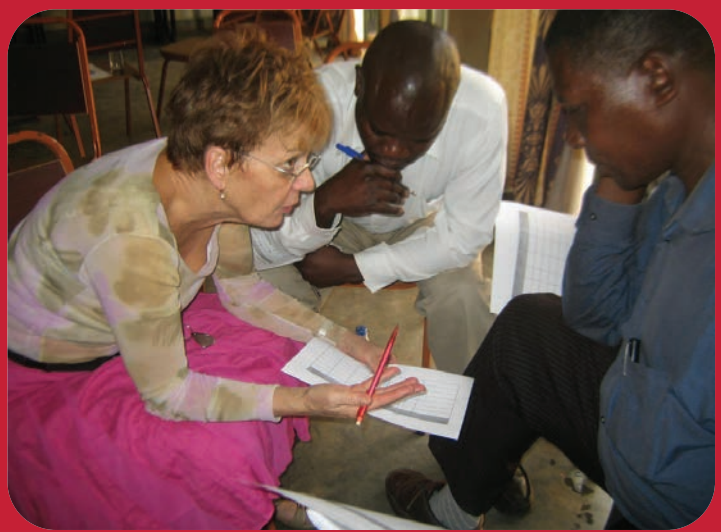
Training Dates: April 30th to May10th 2012 inclusive

Format: 2 x 4 day programmes

Objectives

To identify changes in PCOs' knowledge, perceived importance of, and confidence in Trauma Focused Cognitive Behavioural Therapy (TFCBT) as a result of the training.

To provide a series of 8 workshops strongly focussed on practical management and treatment of PTSD through re-living techniques. The workshops would seek and use culturally appropriate metaphors, messages and stories to enable Ugandan mental health clinicians to engage clients and trial this approach with a selection of their more seriously traumatised clients.



To identify changes in PCOs' management of trauma case studies brought to the workshops through reflective practice with supervisors from the Butabika CBT specialist group, and to deploy these changes on return to their clinics across health Districts in rural Uganda.

To trial other CBT approaches with PTSD clients including engagement and psycho-education about traumatic memory, the identification of emotional 'hotspots', grounding exercises & CBT formulation.

Evaluation of symptom changes and rehabilitation

The workshops covered four days with 29 participants in each, led by two trainers. All participants were given a training pack with the slides, source material, psychometrics and further reading about trauma, including studies carried out in Uganda.

There were eight workshops incorporating teaching, role plays, small and large group work, paper exercises, observation, and evaluations.

A learning point:- Local metaphors

During the introduction to PTSD workshop, participants were asked for local metaphors that would be understandable to Ugandans, which explains the need to revisit traumatic memories and reprocessing.

A memory is like a snake that has got into the house. The temptation is to flee, but it is better to go back into the house, catch it and identify it and keep it safe in a cage. The snake, like the memory can't be killed but it can be made safe.

An unprocessed memory is like an infected wound or boil and hurts all the time. It must be lanced and this will cause acute pain that will pass before healing and a clean scar.

Stuffed wardrobe; unprocessed memory is like an overfilled closet, that cannot be closed.

Workshop Themes

1. Introduction: assessment, formulation and preliminary therapeutic work
2. Theoretical models of traumatic memory
3. Re-living
4. Obstacles, risks, and alternatives to trauma focussed approaches
5. Reflective practice on current trauma cases with CBT supervisors
6. Evaluation of outcomes
7. Prevention of PTSD and community approaches
8. An introduction to Narrative Exposure Therapy

Outcomes

The PCOs were seeing and diagnosing clients with PTSD, and requested training in an evidence based approach that uses psychological skills. Prior to training, many were offering some form of supportive counselling; a very small minority offered CBT, and only one used trauma focussed technique.

Training showed that the concept of traumatic memory, the genesis of PTSD symptoms, and their management through TF-CBT can be taught in a Ugandan setting, and has relevance to experienced mental health professionals in the field (d'Ardenne et al 2009). Many have criticised the application of so called Western therapies to mental distress in non-Western cultures. Results from this workshop suggest that TF-CBT has meaning, relevance and applicability, but needs to be culturally mediated in a number of ways.

The barriers to implementation include the severe workloads of the PCOs, the fact that there is not a universal language in Uganda, and the expectations of clients who do not feel they have been treated unless the PCO prescribes medicine. Despite this, a significant proportion of the participants indicated their willingness to re-visit their trauma cases, to reduce or suspend anti-psychotic medication where the primary diagnosis and symptoms were PTSD, to engage and educate patients and carers, and to even attempt re-living, or at least prepare patients for re-living with pre-therapeutic interventions.

The role of health education was explored through the provision of health messages for local communities and the deployment of primary health workers, religious leaders and community leaders in responding to local traumatic events. PCOs also suggested the use of traditional healers, and existing rituals and rites (e.g. for the traumatically bereaved) as a way forward, which will also need to be tested. There is, for example, evidence that Ugandan practitioners have had success in deploying local healers with traumatised communities (Ovuga et al 1999). Narrative Exposure Therapy has been shown to be an effective treatment for PTSD in this part of Africa and worldwide (Neuner et al 2002; Robjant & Fazel, 2010).

Conclusions and Recommendations

- Early engagement of stakeholders with issues around work load, supervision and communication was essential.
- Evaluation of mental health work is difficult where health records are minimal, and where there are severe time restraints on the existing clinical work of the PCOs.
- Notwithstanding, the PCOs gained significant skills and knowledge of TF-CBT both objectively and subjectively. This was observed in the role plays, in reflective practice of existing case-load, and in the feedback forms on future planned interventions, together with subjective ratings of increased knowledge and confidence in TF-CBT.

Post workshop visit

Attended by:
Dr Dave Baillie, Consultant Psychiatrist, ELFT
Dr Ken Carswell, Clinical Psychologist
Dr Jennifer Hall, Clinical Psychologist

The post workshop visit report

Dr Dave Baillie and Dr Ken Carswell provided post visit activity in Northern Region.

The visit identified evidence that PTSD training had had some effect in terms of knowledge, with PCOs able to talk through the theory of assessment, diagnosis and the principles of managing PTSD, including some of the main therapeutic ingredients of TFCBT. Some of these skills were identified as being put into practice in treating patients with PTSD. PCOs rated themselves as more confident to identify and treat PTSD and were able to identify some changes in their practice, which were corroborated by some supervisors. PCOs showed good understanding of the principles of psychological interventions and a reduced emphasis on medications.

The TFCBT training was well prepared, with one of the pre-planning visit staff (EH) having six months experience of teaching and supervising CBT in Uganda and one of the workshop trainers (PD) having previously taught the assessment and management of PTSD to PCOs in Uganda: this resulted in a change in knowledge of the theory of PTSD treatment. However well prepared the training, it was always going to be a significant challenge to get this to translate into a sustained change in practice, without ongoing support and training, and observation and supervision of clinical cases. Although the monitoring and evaluation visit provided limited opportunity to observe detailed psychological interventions in practice, there was evidence of the use of relaxation exercises, explanations of different grounding exercises and good basic counselling skills in discussion with carers.

Given the paucity of psychologists available to provide supervision and ongoing support, the project incorporated an element of peer supervision so that PCOs could consolidate their learning from each other. Peer supervision has begun to sow the seeds of the value of a peer led reflective learning in thinking about patients and in supporting each other in doing emotionally challenging work. Good knowledge of the principles of supervision and observation of supervision groups showed a supportive and reflective learning environment.

The ability of PCOs to bring a more psychologically minded approach to their work is severely limited by lack of funds and there is a need to find creative ways to overcome this. In two of the assessment sites (Arua and Gulu), PTSD treatments were generally being carried out by an NGO closely allied to the government mental health services that meant PCOs had clear referral pathways for identified PTSD, but did not have exposure to many cases that would have given opportunity to put their newly acquired knowledge into practice. However, this approach of having PCOs specialised in psychological skills, may be a useful model.

Although there is a component of psychological theory and practice taught at the PCO school, the PCO school head identified a need for further support in developing this training. A focus on general psychological principles combined with more manualised approaches for different problems will be useful, but it is clear that the whole mental health environment in Uganda must become more psychologically minded to allow specific psychological approaches to take root and flourish. That task was beyond the scope of this project but the need identified could form the focus of future collaboration within the Butabika-East London Link.

Post workshop report also reported on peer supervision in real time:

The supervision session in Gulu took place in one of the offices on the ward. The PCOs started by establishing a Chairman and a Secretary, and then an agenda. One of the PCOs then presented a possible PTSD case and the associated difficulties. The other PCOs listened carefully, some taking notes. Once the case had been presented, a discussion commenced about the case, where the PCOs asked questions and then concluded by suggesting two points for the way forward. The observers were impressed at the structure and warmth of the session. The feedback from the PCOs was that the supervision sessions are extremely useful.

5.4 Project Work Outcomes Year 1

Despite initially anticipating 40 project proposals in the first year, the level of knowledge and skill on project work was much less than expected. Only 24 proposals were submitted, and 17 were successful and awarded funding. However this allowed for more collaboration on projects between PCOs than expected and 40 PCOs participated in the bids awarded.

Projects included

- Reducing alcohol consumption in teachers and other clients using MI
- Sensitising students about dangers of drug and alcohol use
- Sensitising others about sensitive care of those with mental health problems and using MI as a teaching tool
- Promoting a positive and constructive response to suicidality
- Preventing relapse from depression and bipolar using psychological and psychosocial approaches (such as income generating activity)
- Promoting medication concordance using MI

Project example 1

Motivational Interviewing influenced sensitisation of Senior One students of St Leo's College, Fort Portal on drug abuse.

PCOs Martin Ibanda and Anna Kirungi established the need for awareness raising using a simple pre-intervention knowledge test. They followed this up with sensitisation outreaches of students and teachers using motivational interviewing type questioning.

From the project, they learnt that it may be better to work with the teachers as they have an ongoing ability to influence the students. They also confirmed that whilst many students had poor knowledge on drug abuse, there were also instances of use currently happening.

Year 2

22 submitted and 11 successful

20 PCOs had 1:1 sessions (or one to team) on project management (surgeries). They were selected if receiving project funding for year 1 or 2 and were invited to take up the meetings (generally two sessions during the workshop week per group) to help refine their project proposals.

Projects included:-

- Promoting better responses from generalist workers when faced with clients with mental health issues
- Promoting a greater awareness amongst professional staff of mental health issues amongst HIV patients
- Teaching generalist staff to screen for drug and alcohol problems
- Promoting medication concordance amongst people with epilepsy
- Training Village Health Workers how to respond to people with alcohol and drug issues
- Sensitisation of school students on alcohol and drug misues

Project example 2

In Kabale, PCOs Levi Musingzi, Apollo Twinebaaha, Feclicia Nshemereirwe and Justus Buhisya trained 8 health care workers in assessment of substance abuse issues using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) whilst also imparting some Solution Focused skills to general health workers at Kabale Hospital.

They carried out pre and post intervention knowledge tests and monitored the referral rate to the mental health clinic. Participants demonstrated an increase in knowledge and made an increased amount of referrals to the mental health unit. An unexpected outcome was that staff of the unit decided to establish a regular group for patients with similar substance misuse issues.

Project example 3

PCOs Elias Byaruhanga, Josephine Katushabe, and Martin Maate used Motivational Interview and Solution Focused Therapy to reduce problem alcohol use amongst prison officers in Mbarara Prison. Alcohol drinking was identified by PCOs as a common problem among prison officers. Regular and heavy alcohol drinking for long periods was seen to lead to social and occupational impairment.

The team interviewed two prison leaders (administrators) on alcohol problems among prison officers and information on alcohol related incidents involving prison officers was collected. Four prison officers of Mbarara Central Prison who had a drinking problem in the last 6 months were identified using the CAGE screening tool. Pre and post intervention knowledge was measured using scales of importance and confidence for change.

The intervention involved the sensitisation of the four prison officers on the dangers of alcohol misuse using MI and SFT to explore beliefs and perceptions. A further 12 individual therapeutic sessions using the SFT approach was also provided.

At the culmination of the project, all four participants showed greater rating of confidence and importance of change. Prison administrators reported reduced absenteeism, reduced hostility and improved discipline among the participants.

Year 3

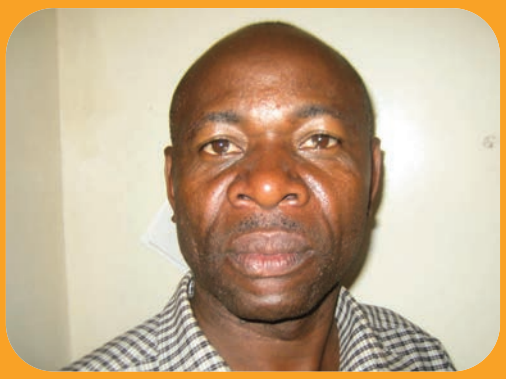
15 submitted & 11 successful

The projects included:-

- Extension of the sensitisation of school children through the use of drama and student clubs
- Extension of the sensitisation of school children through increasing reach to other senior years
- Working directly to reduce alcohol misuse amongst clients of a hospital unit
- To increase mental health awareness amongst HIV providers
- Sensitising communities and health workers on mental health issues

PCO Ronny Aketoko applied trauma focused cognitive behaviour therapy to help the clients with unhelpful negative thoughts.

A total of 58 traumatised refugees from the Rhino Camp in West Nile (38 male, 20 female, 22 children) were treated using trauma focused CBT. They were initially assessed using the Traumatic Life Event Checklist, Self Reporting Questionnaire, Harvard Trauma Questionnaire, as well as the CAGE for alcohol misuse.



Mr Aketo says

Some patients showed a reduction in their symptoms following the application of the psychological intervention. Most had changed their attitudes towards their own negative thoughts. Treated patients appreciated the treatment and showed improved social and occupational functioning. I feel this is an effective form of treatment for traumatised patients

Supervision

Peer supervision was funded as part of the PCOPTP. Participants and identified regional leaders amongst PCOs were tasked with bringing together peers to discuss their attempts to bring a psychological focus to their work. At the same time, each year two PCO representatives travelled to the UK to see and learn about different approaches to supervision. These leading PCOs were hosted by East London NHS Foundation Trust and observed individual and group supervision sessions and trainings.

Year 1: 44 peer group meetings
(around 305 attendees)

Year 2: 26 peer group meetings
(around 160 attendees)

Year 3: 4 peer meetings
(around 27 attendees)

Evaluation highlight:-

Service users from advocacy and peer support organisation Heartsounds Uganda (http://heartsounds.ning.com) were trained up by Butabika-East London Link staff from the UK to facilitate focus groups.

They travelled to four regional centres to carry out focus groups with PCOs plus interview service users and their carers. They proved to be skilled workers who captured key learnings and challenges about PCO efforts to use psychological skills. Their experience as service users also helped other service users speak frankly about their experiences.

This innovation was welcomed by PCOs in each region and the respect offered to the Heartsounds Uganda facilitators was an important boost to their confidence in this new role.

6.0 LESSONS LEARNED/ RECOMMENDATIONS

The training workshops were very well received: the training was appropriate and the psychological interventions that were taught were relevant and applicable to the PCOs clinical caseload and their working environment. The trainers were described by the PCOs as easily understood and well prepared which is likely, in part, to be due to the pre-workshop planning visits.

Each pre and post visiting team had at least one person who had considerable experience of Uganda, with long term volunteers in both the pre-workshop planning visits and post-workshop monitoring and evaluation visits and one of the trainers having previously taught PTSD in Uganda on several occasions. Members of the Ugandan Diaspora were key members of several of the visiting teams and added strongly to the team's ability to create relevant training opportunities and administrative systems.

Although PCOs had previously had theoretical knowledge of psychological interventions, they had never used them. PCOs report that their training of psychological interventions at the PCO school tends to be quite theoretical rather than practical, but the training workshops in this project were very practical in their focus, with lots of role play offered. Interventions were broken down into component parts and each part role played and observed by the trainers: if the PCOs had not grasped the point, there was flexibility for the trainers to stop and explain further. Their method of training was easy to grasp and provided a useful model of training, that PCOs report made it easy for them to pass the training onto colleagues when they returned to their regional workplaces.

The psychological interventions that were chosen for the first two years were flexible enough to be applicable to a wide range of clinical scenarios, not just limited to one condition/disorder only. For example, one PCO reported that MI, created and devised for substance misuse, was also used with patients with poor adherence on medication, general behaviour and bad habits, coping with stress, communication difficulties and relationships problems.

The training supported PCOs to develop psychological skills, the evaluation methods to show that the psychological interventions were effective, and the IT skills and opportunities to present their work to a wider audience. PCOs describe themselves as being able to "rest with medicines". Previously, the only option was medicine but now they can be flexible, with some PCOs seeing psychological interventions as being of primary importance.

Challenges faced and how we dealt with them

One of the main challenges was being able to organise the Peer Supervision meetings, as the budget did not cover transport from some of the more remote districts to the regional centres for supervision. The PCOs responded to this by reducing the number of meetings from 12 to 9 in a year.

There were ongoing problems with financial accountability, with some PCOs struggling to get appropriate documentation to the Uganda project co-ordinator. The PCOs responded to this releasing transport refunds only to those PCOs who were able to give appropriate documentation, with some success.

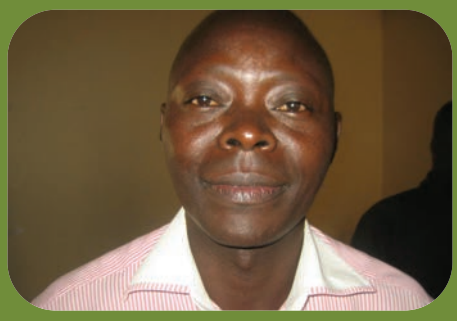
Another major challenge for the Ugandan co-ordinator was trying to co-ordinate up to 70 PCOs, who are located all around the country, have limited internet access and variable IT skills. The project responded to this by supporting the development of IT competency in a variety of ways, including formally in the PCO workshops, as a training component of the service-user led evaluation visits and opportunistically during M&E visits and in preparation for the conference.

Another challenge was the lack of Ugandan based government employed psychologists to get involved in the training and supervision. This project ran alongside another area of link activity to train Ugandan based psychologists in CBT and give them experience of supervision: this allowed them to get increasingly involved in training, supervision and evaluation towards the end of the project.

What we would do differently, if we did this project again

We would try to get Ugandan based psychologists invested and involved in the project earlier. In hindsight, it would have made sense to either have partnered UK based psychologists with Ugandan based psychologists for the planning visits and for the M&E visits. This would have begun to get Ugandan psychologists involved earlier and helped them to think about how they could contribute to the supervision needs of the PCOs.

Interestingly, the PCOs suggested that it would have been helpful to share financial accountability with Butabika Hospital rather than hold the responsibility for this all within the PCO Association. Because the Hospital Administration represent the Ministry of Health, it could exert more authority and a real sense of potential consequences for those PCOs who were not very compliant in providing financial statements and documentation.



7.0 CONCLUSIONS

The PCO PTP was an ambitious project with significant aspirations, to develop the psychological competency and project management skills of busy, working PCOs deployed all over rural Uganda. Despite the scope and extent of the aspirations and the significant challenges faced, the project was able to achieve a number of modest successes.

PCOs described a shift in their understanding of psychological approaches, and developed the capacity to move from a paternalistic relationship with their patients that relied on medication to a more collaborative and patient centred relationship.

PCOs learned about three psychological approaches in detail and were able to practise how they could apply these in a Ugandan setting.

PCOs were able to evidence that they could use their newly acquired psychological skills to improve the mental health of their patients.

PCOs learned the principles of supervision that are necessary for the safe and effective practice of psychological interventions and showed that they found them useful and supportive.

PCOs learned about project planning, implementation and evaluation and developed a number of successful and effective bids. We hope this will increase their capacity to advocate for resources in their local health systems in the future.

PCOs were able to disseminate their findings at a National Conference and were able to learn skills to advocate for their patients and services.

PCOs have improved their capacity to bring a psychological approach to their work. They have learned new skills and knowledge and they have put these into clinical practice resulting in some improvements in their patients. They have used supervision to introduce reflective learning to their practice and to provide the support that is necessary for this emotionally challenging work.

8.0 BIBLIOGRAPHY

1. Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G., Clougherty, K. F., Neugebauer, R., Murray, L. and Verdeli, H. (2007). Interventions for depression symptoms among adolescent survivors of war and displacement in northern Uganda: a randomized controlled trial. *Journal of American Medical Association*, 298 (5), 519-527.

2. D'Ardenne, P., Dorner, H., Walugembe, J., Nakibuuka, A., Nsereko, J., Onen, T. and Hall, C. (2009). Training in the management of post-traumatic stress disorder in Uganda. *International Psychiatry*, 6 (3), 67-68.

3. Kigozi, F. (2005). Mental Health Services in Uganda. *International Psychiatry*, (7), 15-18.

4. Neuner, F., Schauer, M., Roth, W. T. and Elbert, T. (2002). A narrative exposure treatment as intervention in a refugee camp: a case report. *Behavioural and Cognitive Psychotherapy*, 30 (02), 205-209.

5. Ovuga, E., Boardman, J. and Oluka, E. G. (1999). Traditional healers and mental illness in Uganda. *Psychiatric Bulletin*, 23 (5), 276-279.

6. Robjant, K. and Fazel, M. (2010). The emerging evidence for narrative exposure therapy: A review. *Clinical Psychology Review*, 30 (8), 1030-1039.

7. The World Bank. (2006). *World Development Report 2007: Development and the Next Generation*. Washington: The World Bank.

8. Ugandan Ministry of Health. (2005). *National Minimum Health Care Package, Health Sector Strategic Plan, 2005*. Kampala, Uganda.

9. Ugandan Ministry of Health. (2007). *Mental Health Policy 2007*. Kampala, Uganda.

10. World Health Organization. (2005). *Mental Health Atlas: 2005.* Geneva: WHO Press.

9.0 ACKNOWLEDGMENTS

The report was compiled by Mr Cerdic Hall with assistance from Dr Dave Baillie, Ms Olivia Carmichael and Dr Patricia d'Ardenne.

Ugandan project leads

Mr Mathias Nampogo – Chair, PCO Association, Principal PCO, nampogomathias@yahoo.com
Mr Thomas Walunguba – Advisor, PCO Association, Principal PCO
Mr Elias Byaruhanga – Secretary PCO Association
Dr Harriet Birabwa – Oketcho, Consultant Psychiatrist, Ugandan Lead, Butabika-East London Link

UK project leads

Mr Cerdic Hall – Former Chair, Butabika-East London Link cerdichall@hotmail.com
Dr Dave Baillie – Consultant Psychiatrist, Chair of the Butabika-East London Link, ELFT, dave.baillie@eastlondon.nhs.uk
Ms Shona French – Project Manager, CNWL-Mirembe Link
Dr Patricia d'Ardenne, Clinical Psychologist, Institute of Psychotrauma, ELFT

Further thanks are extended to the Ministry of Health and in particular the support of Dr Sheila Ndyanabangi, Principal Medical Officer, Mental health, and Dr Hafsa Lukwata, Deputy Principal Medical Officer, Mental Health. The leadership of Butabika Hospital as exemplified by Dr Basangwa and the many courageous health professionals who have worked towards the development of this extraordinary cadre of workers cannot be overstated. This includes the many years of effort by the late Dr Onen and retired Director Dr Fred Kigozi.

The contribution of the many staff of the NHS, Ugandan Diaspora and East London Foundation Trust has been key to the project's success.

The involvement of Heartsounds Uganda in the evaluation of the work is representative of the central role of service users in improving psychiatric services.

The project was funded through the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) and managed by the Tropical Health & Education Trust (THET).


Cerdic Hall

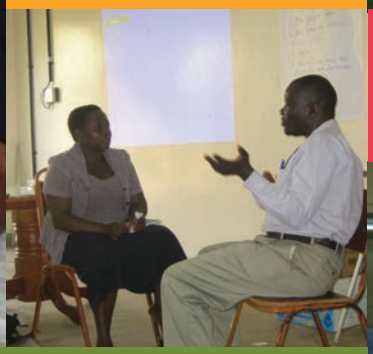
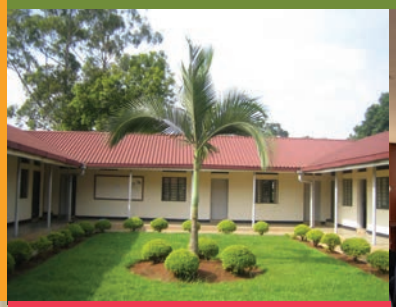

Dr Harriet Birabwa-Oketcho

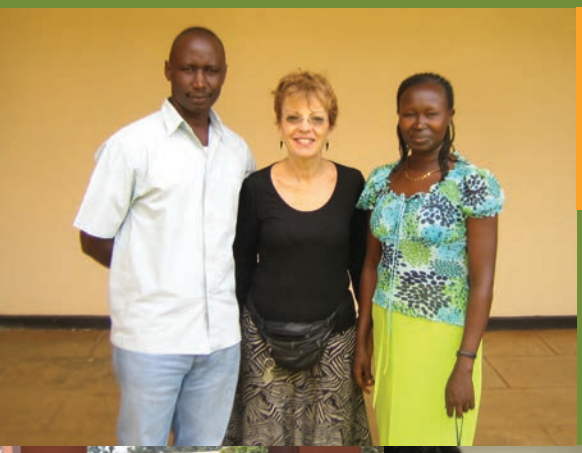

Mathias Nampogo

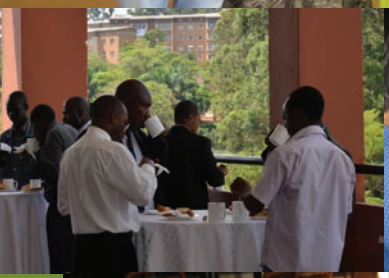

Thomas Walunguba


Elias Byaruhanga

Published by the Butabika-East London Link 2014
Designed by coredesignlondon • Cover photo Hannah Maule-Ffinch




THET
PARTNERSHIPS FOR GLOBAL HEALTH
Partnerships For Global Health Workers
PCO Conference, Kampala
25 October, 2012