

REPORT

THE FIRST ANNUAL INTERNATIONAL SCIENTIFIC STUDENTS' CONFERENCE

MENTAL HEALTH CRISES IN POST-CONFLICT ERA

15-17 April 2009, Gulu, Uganda

Chairman : Mr. Sylvester Ndayasaba (5th Year Medical Student)

Vice Chairman : Mr. Bumba Ahmed (5th Year Medical Student)

GUMSA President : *Her Excellency* Mr. Aniku Dan Elly (5th Year Medical Student)

Scientific Committee: Prof. Emilio Ovuga (Dean, Faculty of Medicine, Gulu); Dr. Fred Kigozi (President, Uganda Psychiatric Association); Dr. Tom Onen (Director, Butabika Psychiatric Hospital, Kampala); Mr. Sande Ojara, Jennifer Acen, Gillian Adong, Edward Kakungulu (Medical Students, Faculty of Medicine, Gulu)

In partnership with

Faculty of Medicine, University of Gulu
Uganda Psychiatric Association

Supported by

University of Gulu, Save the Children,
Italian Development Cooperation,
Norwegian Refugee Council, GULUNAP

INTRODUCTION

Medical Students at the University of Gulu developed since 2005 a Students' Association, named GUMSA (Gulu University Medical Students' Association). They run regular election and the President is named '*Her Excellency*'. GUMSA is also organized into working groups and Committees, which share decisions and responsibilities very efficiently. GUMSA developed the *Gulu Medical Journal* since 2007, now at his 5th edition.

GUMSA expressed in September 2008 the will to organize a National Medical Congress, assuming all responsibilities for fundraising, management and dissemination. With the Dean, prof. Emilio Ovuga, the theme was identified and a special link with the Ugandan Psychiatric Society (UPA) was established. The leaders of UPA discussed with the students each detail of the Congress Theme and identified speakers and guests.

THE CONGRESS

The Chairman (5th Year Student, Mr. Sylvester Ndayisaba) explained very clearly that students' motivation to organize the Congress was not to show muscles or attract visibility. The only reason why they choose the theme was the personal experience of the very many patients they meet during their medical practice with severe mental health impairment after traumatic experience during the war. They have seen too many young lives destroyed by the violent experience, severe depression and psychosis very difficult to recover.

The reason why students embarked into this Congress was the will to raise awareness about the Mental Health problem in North Uganda, increase knowledge sharing and development of treatment strategies. The Congress is the platform where all stakeholders could develop strategies, identify problems and pitfalls, establish and tailor services at village and district level. The aim is then to improve the care offered to sufferers of stress induced mental disease.

The students took all managerial responsibilities of the Congress. Examples follow:

- Effective registration system and *in situ* secretarial assistance;
- Fully informative ABSTRACT BOOK;
- Full Video Registration of the Conference;
- On Line presentation of the conference on GUMSA Web Site;
- Cocktails, Buffet, Lunch and Dinner.

THE STUDENTS' SYMPOSIUM

The first day was dedicated to a *Students' Symposium*, chaired by GUMSA officials. An expert 'facilitator' introduced the theme and a group of students put relevant questions, which were answered by the expert. The Ugandan Psychiatric Association, President Dr. G. Nakasi, discussed with the students the pharmacological basis for treatment of Mental Health Diseases, pointing to the large prevalence of Post Traumatic Stress Disorders. More than 14.000 such patients were identified in health centers in North Uganda, showing a variety of mental problems. The kind of damaging stress was generally very severe, generally experience of murder, torture, relative assassination, burning of houses and live people, mutilations, rape. No minor trauma. The 21years of war exposed hundred thousand people, together with children and adolescents, to major trauma: not all of them could internally deal with such experience. A sizeable amount (of the order of tenth of thousands) developed from transient to permanent mental impairments.

The most common symptoms were sleep disturbances, permanent anxiety, panic disorders, depression of various degrees down to severe psychosis and attempt suicide. Many of the children and adolescent involved

into violence and war activities were left with severe revenge and/or guilty feelings and inability to be reintegrated into their original community.

Pharmacological treatment appear to be simple within the frame of the difficulties of distribution of drugs in the areas. A Psychologist discussed with the students the basic principles of psychological treatment of stress and trauma.

MAIN CONFERENCE 16TH AND 17TH APRIL: *Mental Health Treatment Models*

Challenges of delivering mental health services in conflict and post-conflict situations: Dr Sheilla Ndyabangi, Director of Mental Health, Ministry of Health, showed the challenges of delivering mental health services in Northern Uganda. No service is present at any level in the area. The 2002-2005 Priority Program recommended the presence of at least two Mental Health Nurses at each Village Health Services, but the program has not been met. Mental Health did not received any attention.

Now they are progressing through development of basic mental health service to identify patients in need of help. They are involving District Health Manager to push for the program. The conference went on special sessions dedicated to different topics.

<i>Sub-theme: Mental health Treatment Models. Chair: dr. T. Onen</i>
Current Initiatives to improve Management of mental disorders in rural communities in sub-Saharan Africa through integrated health service provision under PHC. <i>Fred Kigozi</i>
Community based mental health services in post conflict communities. <i>Juliet Nakku</i>
Mental health in Uganda the influence of conflict in the context of HIV. <i>Aniku Dan Elly</i>
Psychosocial interventional study among Kenyan Refugees at the Mulanda Transit Centre Tororo District. <i>Magoba Kassim</i>
<i>Sub-theme: Challenges of delivering mental health services in conflict and Post-conflict situations. Chair: prof. Emilio Ovuga</i>
Mental health services in war affected Northern Uganda. <i>Sheila Ndyabangi</i>
Challenges in Mental Health Treatment and Management in Northern Uganda: A Case Study of Gulu and Amuru districts. <i>Mshilla Maghanga</i>
Challenges of providing mental health care in Northern Uganda. <i>Okot Benard Kasozi</i>
<i>Sub-theme: Psychosocial health of health workers. Chair: dr. Thomas Oyok</i>
Psychotrauma among health workers of war affected Northern Uganda. <i>Oboke Henry</i>
Stress and psychological morbidity among health workers in public and private health facilities in Uganda: who is worse off? <i>Maling Samuel</i>
Excursion to Unyama IDP Camp & Laro Children's Reception Centre. <i>GUMSA</i>
<i>Sub-theme: The mental health of special groups I. Chair: dr, S. Maling</i>
Suicide in rural war affected Northern Uganda: A study from 4 sub-counties. <i>T. Oyok</i>
Psychological distress and associated factors among the attendees of traditional healing practices in Jinja and Iganga districts, Eastern Uganda. <i>Cathy Abbo & Musisi Seggane</i>
The Relationship Between War-related Traumatic Stress and Suicide Ideation among residents of Internally Displaced Persons' Camps in Gulu District. <i>Olema David Kani</i>
Correlates of attempted suicide in rural war affected Northern Ugand. <i>Kinyanda E & Oboke H.</i>
<i>Sub-theme: The mental health of special groups II. Chair: dr. D. Basangwa</i>
Risk factors for Intimate Partner Violence among women. <i>Mungherera Margaret</i>
Dynamics of PTSD and its spectrum Disorders among families living in Internally Displaced Persons' (IDP) Camps in Gulu District. <i>Olema David Kani</i>

Psychosocial functioning in Bipolar patients in remission. <i>Schola Ashaba & Maling S.</i>
<i>Sub-theme: Social Issues of mental health. Chair: dr. G. Nakasi</i> Stigma for mental illness in Soroti town. <i>Onen Tom</i>
Community knowledge, attitudes and practices towards mental health problems in Bwaise I Parish, Kawempe Division, Kampala District. <i>Luwedde Mary</i>
Social Stigma: The link between poverty and mental illness. <i>Ssebunnya Joshua</i>
<i>Sub-theme: Mental health and Other sectors. Chair: prof. S. Musisi</i> Does the current legal procedure on involuntary admission of mentally ill persons protect their rights? <i>Mungherera Margaret</i>
Media and mental health in Uganda. <i>Kigozi Fred</i>
Use of WHO-AIMS to assess the mental health system in Uganda. <i>Ssebunnya Joshua</i>
Lessons for Uganda from the East African regional Alcohol Policy Conference, January 2009 Arusha, <i>Kasirye Rogers</i>
Closing Ceremony : The Italian Ambassador Dr. Pietro Ballero and the Associate Dean prof. Luigi Greco

FIELD VISITS

During the conference the participants were transported to the Unyama Internally Displaced Camp (IDP) and to the Laro Children's Reception Centre by GUMSA. They had so direct experience of the quality of life in the IDP camp and meet several children and adults affected by post-traumatic severe stress disorders.

The students organized also a Social Dinner with 600 participants around the swimming pool of the Acholi Inn Hotel in Gulu.

CLOSING CEREMONY

The Italian Ambassador Dr. Pietro Ballero was the guest of honor at the closing conference: he remarked that the progress of the GULUNAP collaboration project were lively shown by the students' conference. He expressed his wishes to continue the fruitful partnership between Italy and Uganda in the field of higher education and capacity building. He remarked that the best cooperation is the one which come to a safe end: when the people themselves are independent in running the initiative.

Prof. Luigi Greco, Associate Dean at the Faculty of Medicine of the University of Gulu, Director of the GULUNAP cooperation project, expressed his deep feeling of gratitude to Gulu Medical Faculty Students for the exceptional show of understanding, dedication and power in the management of the Congress. He mentioned that, at his knowledge, it is very rare, around all the Faculty of Medicine of the world, to find Medical Students organizing and driving with exceptional success a Scientific Congress dedicated to the health of the people.

If the GULUNAP project helped these students to reach these achievements, we may consider that all the human and financial resources employed over 6 years produced really a significant multiplicative effect. Ugandan Government, the University of Gulu and the Medical Students have to be recognized for the unexpected success of this initiative and the good progress of the Faculty of Medicine of the University of Gulu.

FROM THE REPORT OF THE ITALIAN AMBASSADOR IN UGANDA TO THE MINISTRY OF FOREIGN AFFAIRS, HON. F. FRATTINI

“... in the occasion of the closing of the I Psychiatric Conference organized by the students of the Faculty of Medicine, I’ve been travelling to Gulu, northern Uganda, to visit the so important Italian fulfillments there, which follow.

The Lacor Hospital, founded by Piero Corti is now a reality in the north and the entire Uganda, being one of the excellent medical truths in Sub-Saharan Africa, in terms of assistance and management. It needs to be strongly underlined how Italian brilliance has made it possible to create a class of doctors and local administrators now able to conduct the hospital activities without any external support.

The agreement between the University of Gulu and the University of Naples Federico II has allowed the training of 308 medical students of which 56 will end their studies in this coming July. It needs to be highlighted that the academic quality of the students is better than the one at Makerere University of the capital Kampala, according to the Imperial College of London. The rehabilitation of the crumbling city hospital – with innovative architectonic ideas of prof. Luigi Greco (Associate Dean of the Faculty of Medicine), has now established a valid alternative to Lacor Hospital. Even the other Faculties - Agriculture, for examples, has benefited from the collaboration with the Neapolitan University.

Summarizing, the Italian development cooperation (*lato sensu*, because it needs to incorporate not only the contribution of the Directorate General for Development Cooperation, but also the decentralized cooperation of Regions, Italian Dioceses, Universities and private individuals), produced an exceptional visibility result (the Lacor Hospital has been evaluated as one of the best among 18 examinee cases – Uganda, Rwanda, Ethiopia, Tanzania, South Africa, Brazil, Caribbean, Jamaica, Russia, Indonesia, Papua New Guinea, Philippines, South Asia – from the European Center for Development Policy Management under the aegis of OECD) together with a socio-politic impact (I don’t want to stress, once again, the role of the Italian Aid during the “dark” periods of Uganda, especially while the long war with LRA in the north of the country)

The Italian Cooperation has succeeded to lead an entire region from subsistence level to the actual threshold of reconstruction and to the concrete hope of a better future, achieving the best dreams of each development cooperation policy - and rarely achieved – such as making the recipients self-sufficient; they are even thinking of putting in place a “conservation” project that will allow them to retrieve all the results achieved.

The excellent results of the students are an important aspect of the action of the Italian Cooperation: every stakeholder, from the local to the religious authorities, from the academic establishment to the simple men in the streets, really know what “has been done by Italy”.

It would be convenient continue in supporting the efforts of the Faculty, even in this time of financial constraints in order to value the visibility impact. I’m thinking at a visit of the President of the Italian Republic or of the Minister of Foreign Affairs for the 50th year of the foundation of the Lacor Hospital in the month of November of this year....”