Mental Health in Post-war Northern Uganda: Introduction

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The two-decade war between the Lord's Resistance Army (LRA) and the Government of Uganda (1986-2006) in the northern part of the country has taken its toll on individuals, as well as society. Tens of thousands of children and youth were abducted and recruited into the ranks of the LRA. Civilians suffered extreme forms of violence, killings, rape and mutilations. Ultimately, some ninety percent of the population of northern Uganda was forced to live in camps for Internally Displaced People (IDP). Today, after ten years of peace, the people of northern Uganda still have to cope with their difficult past.

The significant rate of mental illness in post-war northern Uganda, which is among the highest worldwide (Businge 2008), can be attributed to the prolonged experience of war, internment, continuous poverty and lack of future prospects (Ssebunnya *et al.* 2009). Yet the weakened health care system does not recognise mental health as a priority (Kagolo 2012, Kigozi *et al.* 2010). Many people suffer from posttraumatic stress disorder, anxiety disorder, depression, bipolar affective disorder and schizophrenia. Substance abuse and alcoholism are widespread. The suicide rate is particularly high among young people (cf. Deleu & Porter 2011, Okudi 2014, Owich 2015, Pham *et al.* 2009, Roberts *et al.* 2008, Tumwebaze 2014, Vinck *et al.* 2007). Although reports and figures demonstrate the desolate situation of mentally ill people in northern Uganda, the state budget for health care and services is still insufficient to finance adequate programmes (Kigozi *et al.* 2010).

Society lacks knowledge and understanding of the problems of mentally ill people, who are confronted with prejudice, stereotypes and stigmatisation every day. Many mentally ill people have become victims of abuse, neglect and exploitation. Families and relatives are overwhelmed and do not know how to cope with the tremendous physical and emotional demands. They sometimes restrain their mentally ill family members for hours, days, weeks and even months so that they can carry out their everyday work such as cultivating the fields, but also to protect the mentally ill from danger. Moreover, many neighbours react in a hostile way, because they fear the 'weird and strange behaviours' of the mentally ill, and even discriminate against family members who help care for them. Persistent abuse and stigmatisation in the workplace and school force mentally ill people to leave employment and education, which in turn reinforces the already high level of poverty among them (MDAC & MHU 2014a).

Only a few people resort to biomedical psychiatric care. Mental illness is often associated with spirit possession or attributed to past offenses. For this reason, traditional healers who cast out spirits are in many cases the first and often the only ones addressed for help. Others use

services provided by Christian churches such as intense prayer sessions in search of healing. In all these settings, human rights violations have been reported (MDAC & MHU 2014a, 2014b, Ssebunnya *et al.* 2009).

The contributions to this JPSS Special Issue on Mental Health in Post-War Northern Uganda offer perspectives from psychology and social science. They are concerned with the situations of mentally ill persons and their families, the attempts at treatment, and the conditions that affect mental health in this post-conflict setting.

Kamila Krygier examines the extent to which human rights legislation is being implemented to secure the situation of people with mental health problems. Her research found that mental illness is widely recognised as a serious community concern. Yet attitudes are often unsympathetic and biomedical service provision is gravely deficient.

Sung-Joon Park addresses post-traumatic stress disorder (PTSD), a mental condition that has attracted increasing attention in the wake of war and disaster (Fassin & Rechtman 2009). Specifically, he relates the scientific language and standardised measures of PTSD to the exceptional, often traumatic, circumstances of everyday life in northern Uganda. He suggests that the simplicity conveyed by the language of PTSD creates misrepresentations that can actually prolong states of disorder.

Adrian Sutton explores the psychodynamics of forgiveness after conflict. While many in northern Uganda have extolled the virtues of forgiveness and some claim that it has positive effects on mental health, Sutton takes a more nuanced approach, questioning its therapeutic use as a mechanism for achieving well-being. Rather, he argues, it is one aspect of an emergent state of equanimity that some people gain after being victimised.

Kamilla Bjørkøe Jensen and Mia Jess present a study of one of the many forms of loss that affect mental states in northern Uganda: the ambiguous loss of abductees who have not returned. Their families live in a state of uncertainty, not knowing if they are dead or alive; they are subject to the suspicion of their neighbours that the missing people might be living in the bush as LRA rebels. Fieldwork with these families revealed the ways in which they tried to manage life in this liminal situation.

Karin van Bemmel's research on nodding syndrome deals with the quest for therapy pursued by the parents of children afflicted with a disease they associate with the war. Whether it is a form of epilepsy (and thus categorised as mental illness in the Ugandan treatment framework) or in some way the result of violence, the condition resembles other mental health problems in that treatment is so elusive.

Together these articles describe and analyse an area of health care that merits continuing and critical social science research.

References

Businge, Conan (2008). 'Mental Illness - Northern Uganda Tops Worldwide'. *New Vision*, 31st August 2008. http://www.newvision.co.ug/new_vision/news/1182120/mental-illness-northern-uganda-tops-worldwide (accessed 2 February 2015).

Deleu, Marijke & Ben Porter (2011). *Mental Health and Peacebuilding in Acholiland. To love and to work: Local understandings of post-conflict mental health needs.* Research conducted under the United Nations Peacebuilding Programme in Uganda, August 2011. Kampala: United Nations UGANDA.

Fassin, Didier & Richard Rechtman (2009). *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. Princeton: Princeton University Press.

Kagolo, Francis (2012). '32 Psychiatrics for 34 Million Ugandans'. *New Vision*, 12 May 2012. http://www.newvision.co.ug/new_vision/news/1301588/psychiatrics-34-million-ugandans (accessed 32 May 2015).

Kigozi, Fed, Joshua Ssebunnya, Dorothy Kizza, Sara Cooper & Sheila Ndyanabangi (2010). 'An Overview of Uganda's Mental Health Care System: Results from an Assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS)'. *International Journal of Mental Health Systems* 2010, 4:1. http://www.ijmhs.com/content/4/1/1 (accessed 11 January 2013).

MDAC & MHU (Mental Disability Advocacy Center & Mental Health Uganda) (2014a). *"They don't consider me as a person". Mental Health and Human Rights in Ugandan Communities.* Budapest: MDAC.

MDAC & MHU (Mental Disability Advocacy Center & Mental Health Uganda) (2014b). *Psychiatric Hospitals in Uganda. A Human Rights Investigation.* Budapest: MDAC.

Okudi, Martin (2014). 'Suicide Cases in Northern Uganda worry Experts'. *Daily Monitor*, Sunday, November 9, 2014. http://www.monitor.co.ug/News/National/Suicide-cases-in-northern-Uganda-worry-experts/-/688334/2515952/-/y82pp8z/-/%2523 (accessed 22 February 2015).

Owich, James (2015). 'New Study Links Suicide to Depression among Gulu Former IDPs'. *Acholi Times*, Monday, 09 March 2015.

Pham, Phuong N., Patrick Vinck & Eric Stover (2009). 'Returning Home: Forced Conscription, Reintegration, and Mental Health Status of Former Abductees of the Lord's Resistance Army in Northern Uganda'. *BMC Psychiatry* 2009, 9:23, doi:10.1186/1471-244X-9-23. http://www.biomedcentral.com/1471-244X/9/23 (accessed 9 January 2013).

Roberts, Bayard, Kaducu Felix Ocaka, John Browne, Thomas Oyok & Egbert Sondorp (2008). 'Factors associated with Post-traumatic Stress Disorder and Depression amongst Internally Displaced Persons in Northern Uganda'. *BMC Psychiatry* 2008, 8:38 doi:10.1186/1471-244X-8-38. http://www.biomedcentral.com/1471-244X/8/38 (accessed 26 November 2012).

Ssebunnya, Joshua, Fred Kigozi, Crick Lund, Dorothy Kizza & Elialilia Okello (2009). 'Stakeholder Perceptions of Mental Health Stigma and Poverty in Uganda'. *BMC International Health and Human Rights, 9*(5). doi:10.1186/1472-698X-9-5. http://www.biomedcentral.com/1472-698X/9/5 (accessed 22 January 2013).

Tumwebaze, Sarah (2014). 'The Mental Health Burden in Northern Uganda'. *Daily Monitor,* Thursday, October 23, 2014. http://www.monitor.co.ug/artsculture/Reviews/The-mental-health-burden-in-northern-Uganda/-/691232/2496010/-/wcdahxz/-/index.html (accessed 15 January 2015).

Vinck, P., Phuong N. Pham, Eric Stover & H.M. Weinstein (2007). 'Exposure to War Crimes and Implications for Peace Building in Northern Uganda'. *Journal of American Medical Association, 298:*5, 543-554.

WHO – World Health Organization (2014). *Mental Health: A State of Well-being.* Updated August 2014. http://www.who.int/features/factfiles/mental_health/en/ (accessed 30 June 2016).