# PADER: A COMMUNITY IN CRISIS

## A PRELIMINARY ANALYSIS OF MSF-HOLLAND'S BASELINE MENTAL HEALTH ASSESSMENT IN PADER, UGANDA

*Médecins Sans Frontières-Holland*

## *Introduction*

***NOTE:*** ***THIS IS A PRELIMINARY ANALYSIS.***
***FINAL ANALYSIS WILL BE COMPLETED BY 30th NOVEMBER 2004.***

This report describes the methodology and outcomes for Médecins Sans Frontières-Holland's baseline community mental health assessment of Internally Displaced Persons in Pader Town Council, in Pader District, northern Uganda. The assessment and analysis was conducted by the expatriate Mental Health Officer, Anne Schley, in collaboration with 4 national counsellors, from mid-September until early October 2004.

The study area for this assessment was all of Pader Town Council, an Internally Displaced Persons (IDP) camp of approximately 24,000 people organized into 22 village blocks. The area is largely rural and most residents are extremely impoverished. The major language is Acholi.

The primary objectives of the assessment were:

1. To increase understanding of the local community's level of current functioning and coping behaviours;
2. To (informally) assess prevalence and part of the mental health burden of trauma/depression for the adult civilian population of Pader Town Council;
3. To determine the psychological and social vulnerability of women in the community;
4. To use the resulting data to assess the need for interventions, form the baseline for an intervention process, and (at a future date) to help plan and test the impact of such as intervention.

## *Methods*

Overview

Our overall assessment methodology had 4 stages:

1. Meetings with local authorities, such as the Camp Commander, Block Leaders, Community Volunteer Coordinators, District Health officials, and Local Council leaders, in order to convey information about MSF's programs and to inform them about our proposed mental health assessment.
2. Collecting ethnographic data on local perceptions of mental health and local characteristics of mental health problems via Group discussions.
3. Analyzing these data to determine if western concepts of mental health problems (in this case, PTSD and depression) are locally appropriate.
4. Using an individual questionnaire in a community-based survey of a random sample of the population to assess the prevalence specific symptomology of trauma and depression for men versus women in order to better target our psychosocial interventions.

Group discussions

A total of 18 group discussions were conducted in 10 of the camp blocks—9 with male participants and 9 with female participants. A total of 484 people attended the discussions. In order to maximize level of participation in this cultural context, 2 male counsellors were used to facilitate the groups with all male constituents and 2 female counsellors coordinated the discussions with the female constituents.

Although the counsellors and the Mental Health Officer intended to maintain a small group size of 10-12 participants, the average group size was 27 participants.

In order to determine a local, culturally relevant understanding of mental health in the community, a participatory approach was employed in the design of the discussion group questions. A list of frequently-experienced traumatic events and a series of open-ended questions was collaboratively developed by the Expatriate Mental Health Officer and the MSF counsellors (Appendix I). The counsellors then agreed on a standardized Acholi version of the questionnaire. The Counsellors were trained for a total of 2 days on qualitative interviewing techniques, data collection, and qualitative data analysis. The Expatriate Mental Health Officer supervised a majority of the group discussions.

The names and block number of respondents who presented with apparent acute trauma/depression symptomology were recorded for the purposes of re-visitation. Crisis/supportive counselling was conducted when necessary.

Individual Survey

The assessment instrument used to determine "Par"/depression symptomology and general functionality of males versus females was a questionnaire previously used by World Vision (in collaboration with Johns Hopkins University) in Rwanda and the Masaka district of Southwest Uganda.

In order to (informally) assess prevalence of trauma symptomology in the general population, fifteen questions were chosen from the Impact of Events Scale-Revised (5 questions were chosen from each of the 3 subscales of intrusion, avoidance, and hyper-arousal) and subsequently translated into Acholi by the counselling staff. The entire IES-R could not be used, as the counsellors found some of the questions too difficult or too abstract to accurately translate into Acholi. However, we acknowledged that our assessment was only an informal study of the area and that our goal was merely to better target our psychosocial interventions—not to reliably diagnose individuals with Post Traumatic Stress Disorder. (A copy of the individual survey is contained within Appendix II.)

Before asking questions from the IES-R, respondents were asked to think about the most "frightening" event that had occurred since 2002. In order to mitigate the impact of any inadvertent re-traumatization, the Expatriate Mental Health Officer was made available for crisis/supportive counselling. Again, names and block numbers of individuals who presented as "highly vulnerable"

during the survey were recorded for the purposes of re-visitation at a later date.

The overall sample size for the individual questionnaire was 248 respondents (152 females and 96 males). There were significantly fewer men than women in the sample. Many were reported to be socializing outside the home and others were said to be farming, tending to livestock or looking for work.

The 22 camp blocks were used as clusters and a random systematic sampling method was employed. A central point was identified in each block and, at the beginning of each workday; the designated counsellor spun a pen from that position and subsequently walked in the direction of the pen. The counsellor would repeat the process every time s/he reached the demarcated boundary of the block. The sampling interval used during the entire assessment was 4.

The counsellors were trained for a total of 4 days on qualitative and quantitative interviewing techniques, data collection, and qualitative data analysis.
Approximately 5% of interviews were chosen at random and repeated by the Expatriate Mental Health Officer approximately 4 days after the initial interviews. It was evidenced that one of the counsellors falsified her data and, consequently, her 94 surveys were removed from the analysis.

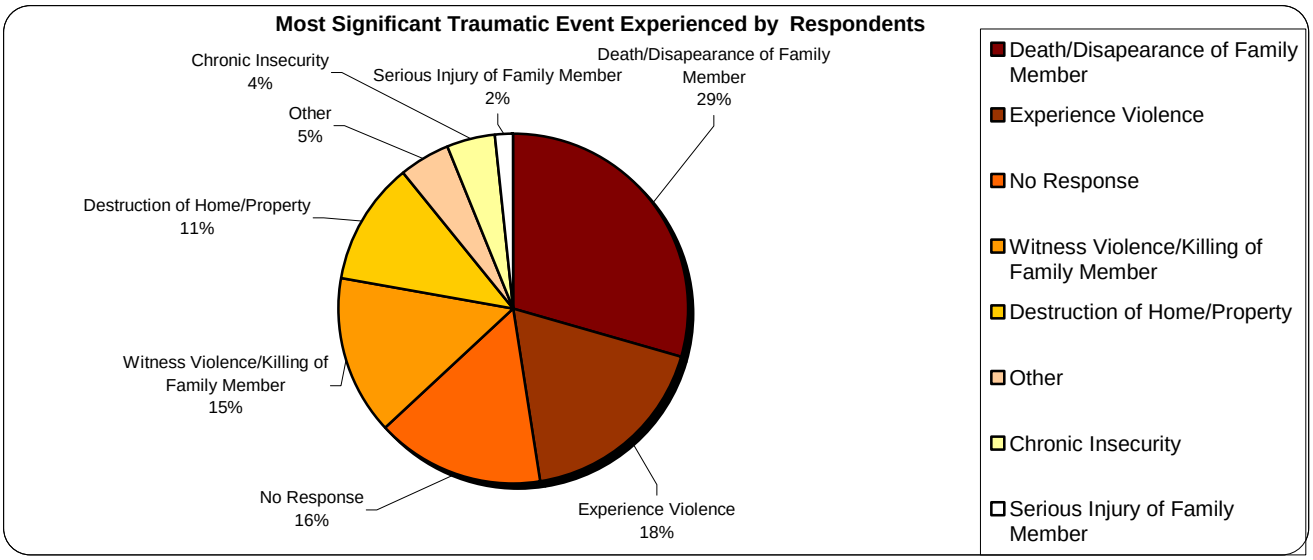
### ***Results-Group Discussion***

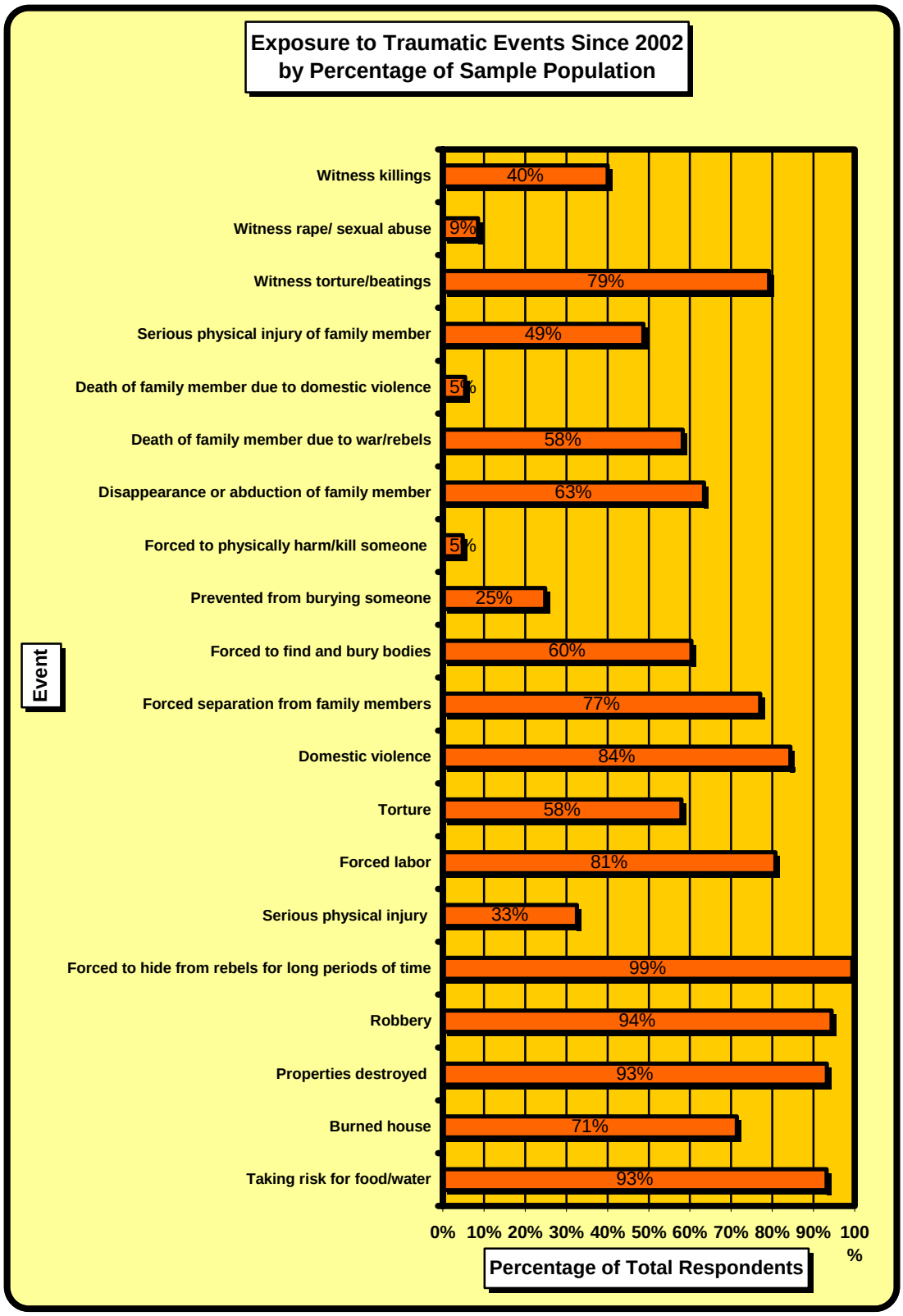
- Almost all participants in the group discussions were exposed to severe traumatic events since 2002, most commonly abduction and killing of family members by the Lord's Resistance Army, personal experiences of violence, such as severe beatings and torture, and forced to witness or participate in killings, usually of family members (an LRA tactic which instills fear and discourages escape).

- Another important (although not unexpected) finding is that *serious* gender-based violence is prevalent in Pader Town Council.

- 5% of total group discussion respondents reported having a family member die due to domestic violence.

- Male and female participants reported that most traditional rituals and family structures have been eroded by the displacement, including "fireside" education of the children, traditional song and dance, fertility/birth ceremonies, and use of the abila (family/clan shrine). With few viable opportunities for livelihood, men's historical role as "provider" has been drastically undermined, and perhaps due to feelings of demoralization and frustration, drinking alcohol is now a common coping mechanism and a frequent response to depression among males.

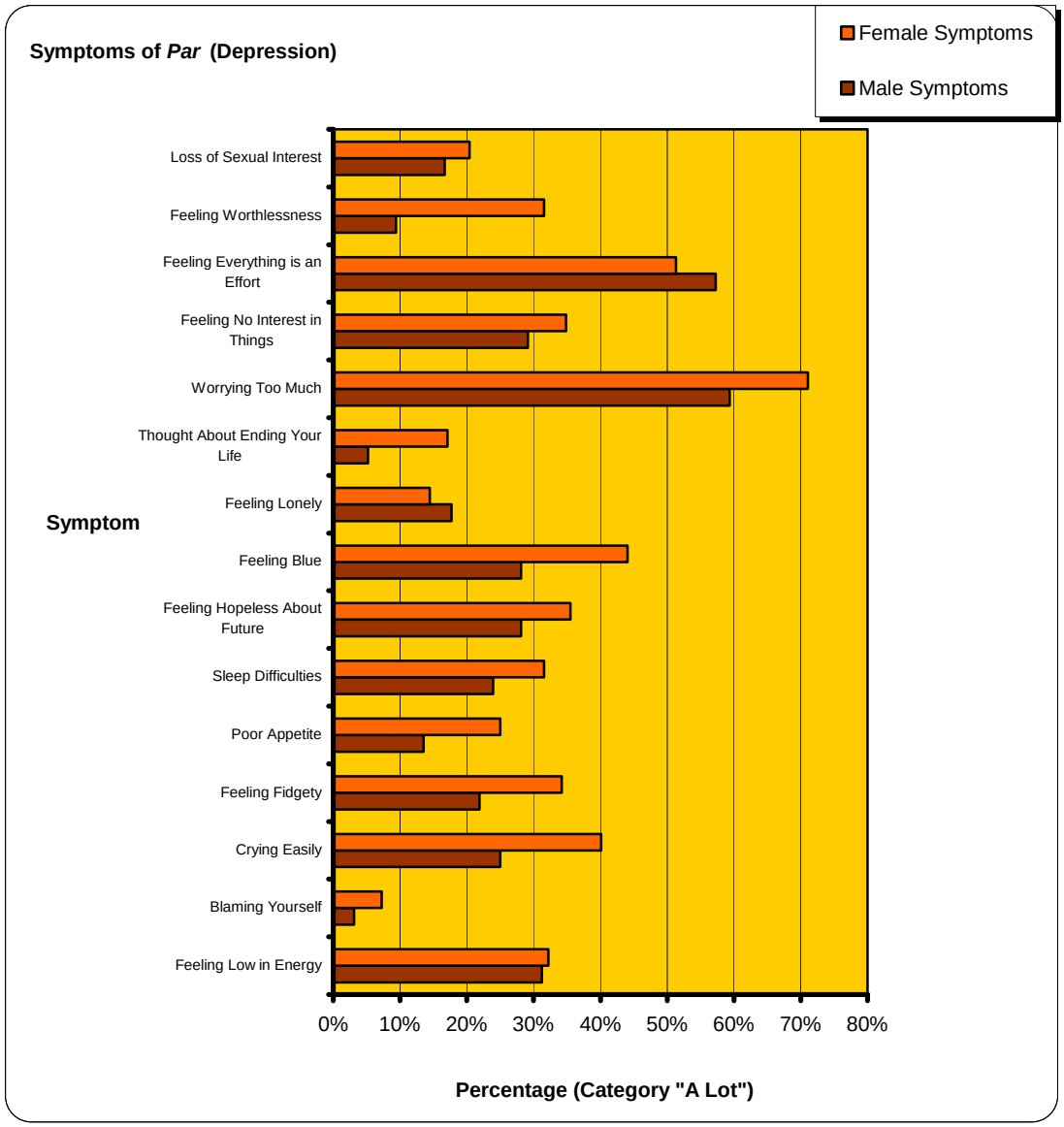

Most Significant Traumatic Event Experienced by Respondents
Chronic Insecurity 4%
Serious Injury of Family Member 2%
Death/Disapearance of Family Member 29%
Other 5%
Destruction of Home/Property 11%
Witness Violence/Killing of Family Member 15%
No Response 16%
Experience Violence 18%
Death/Disapearance of Family Member
Experience Violence
No Response
Witness Violence/Killing of Family Member
Destruction of Home/Property
Other
Chronic Insecurity
Serious Injury of Family Member


Exposure to Traumatic Events Since 2002
by Percentage of Sample Population
Event
Witness killings
Witness rape/ sexual abuse
Witness torture/beatings
Serious physical injury of family member
Death of family member due to domestic violence
Death of family member due to war/rebels
Disappearance or abduction of family member
Forced to physically harm/kill someone
Prevented from burying someone
Forced to find and bury bodies
Forced separation from family members
Domestic violence
Torture
Forced labor
Serious physical injury
Forced to hide from rebels for long periods of time
Robbery
Properties destroyed
Burned house
Taking risk for food/water
40%
9%
79%
49%
5%
58%
63%
5%
25%
60%
77%
84%
58%
81%
33%
99%
94%
93%
71%
93%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100 %
Percentage of Total Respondents

- All participants reported concerns about the well-being of their children—namely, the lack of access to education. Mothers are worried about a perceived rampant increase in sexualized behaviour among very young children in addition to the rise of prostitution and early marriage.

### *Results-Individual Survey*

- Both male and female respondents exhibited symptomology of a local syndrome called “Par,” which is characteristic of Major Depressive Disorder. It features all of the physical and mental manifestations of depression, as delineated by DSM-IV criteria, such as persistent low mood and sadness, poor appetite, sleep difficulties, social withdrawal and suicide ideation. Female respondents reported experiencing a much higher frequency of symptomology of “Par” than men, within 7 days of the survey.




- Suicide is a salient mental health issue for women in Pader Town Council. Three women have presented at the MSF health clinic since early September 2004, due to failed suicide attempts. One of the patients had reportedly attempted suicide at least twice this year. Approximately 17% of female respondents in the individual survey reported that they had “a lot” of suicidal thoughts within 7 days of the interview. Furthermore, when asked about coping behaviours in response to “Par,” the most frequent response for female group discussion participants was “to commit suicide.” Respondents in all of the group discussions (male and female) could identify at least one person who has attempted or committed suicide in the past three

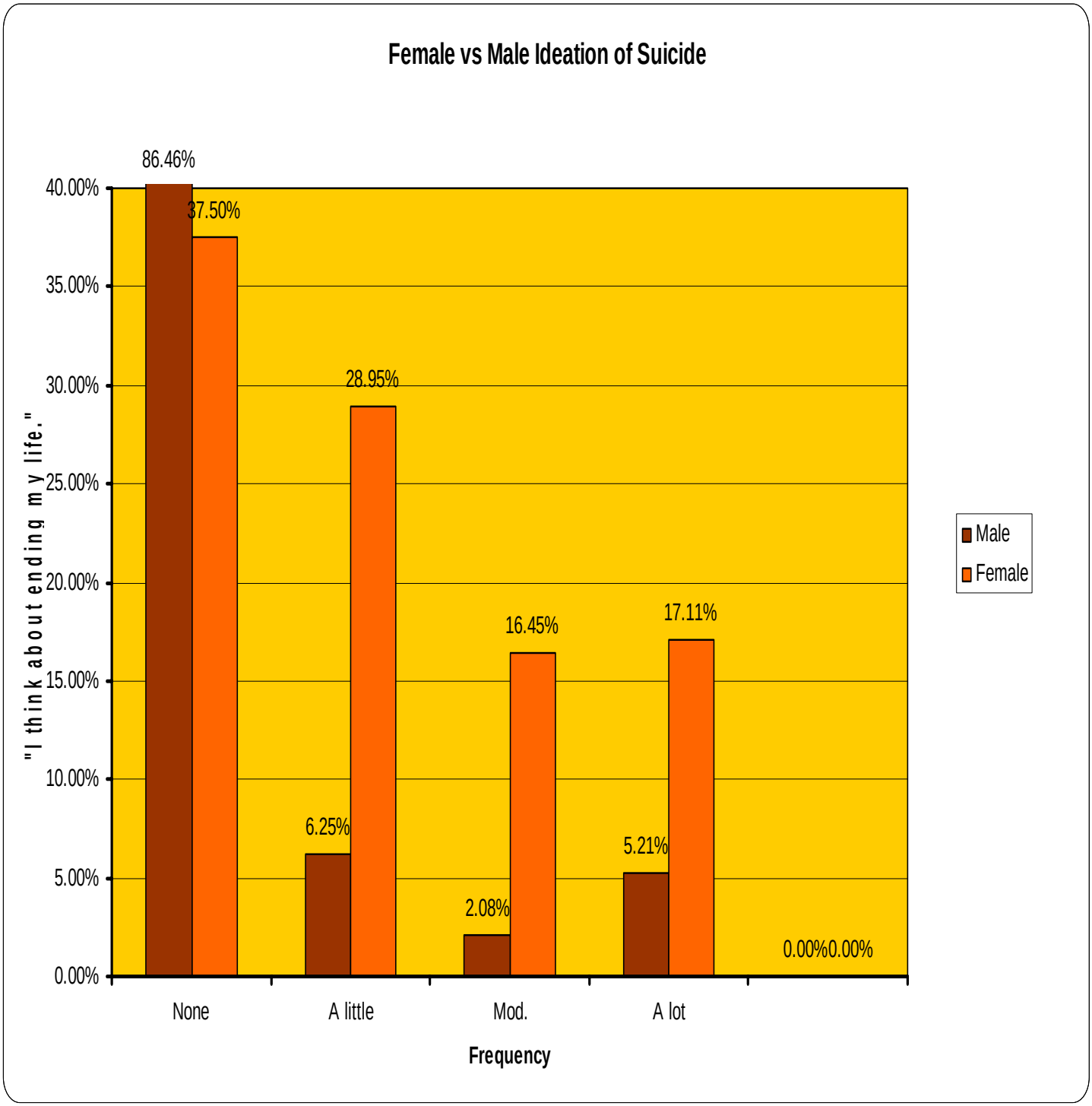
months. The main methods cited were overdose, drinking poisons, such as fertilizers, and hanging. Clearly, this is a prominent indicator of female vulnerability and one that warrants psycho-social intervention (Table IV).

- Although trauma and depression are known to have significant effects on functioning, the majority of men and women reported "no difficulty" at present time with *most* tasks and activities related to self, family and community. Only 38% of males reported "a lot" of difficulty with planning for the family, mainly due to lack of basic necessities, and with manual labour, primarily due to physical problems, such as sickness or old age. Women reported "a lot" of difficulty with growing food (52%) and caring for the children (38%) due to lack of basic necessities, including land, and due to family problems, such as alcoholism and domestic violence. Men and women reported the *least* difficulty with participation in communal and community-based activities. Hygiene was a problem for some women (24%), mainly due to inner problems, such as "Par."

- Both men and women reported some current symptoms of trauma. When asked to think of "the most frightening event that has happened to them since 2002," women reported feeling the following symptoms "a lot" of the time within 7 days of the survey: irritability/anger (59% of females), experiencing reminders of the traumatic event (47%), waves of strong feeling (36%), dreaming about the event (34%), and physical reactions, like shaking/sweating (33%). Men reported feeling the following symptoms "a lot" of the time within 7 days of the survey: experiencing reminders of the traumatic event (56% of males), irritability/anger (53%), and reported feeling the following symptoms "moderately": trouble concentrating (39%), trouble falling asleep (39%), intrusive thoughts (38%), and recurring mental images (32%). *All other symptoms were reported at lower percentage.*

- It is recognized that no baseline data regarding depression, trauma, or general functioning exists for this population. Given the harsh living conditions in northern Uganda and the enduring tribal conflict with the Karamojong, adults may have exhibited similar rates of "Par" and trauma symptomology before the war began.

- Data revealing group discussion participants' exposure to a variety of traumatic events is found in Appendix IIIa. Total responses to the Group discussion questionnaire are listed, with frequency, in Appendix IIIb. Results from the individual mental health survey are listed in Appendicies IV a (female), b (male), & c (joint).




### *Discussion*

A combination of war, displacement, and chronic poverty has created an incredibly hostile and insecure living environment for people in Pader Town Council. It is evident through observation that traditional roles, family and social networks, and choices regarding food and livelihood are gone or severely diminished. Throughout the assessment, all respondents repeatedly

cited the spread of disease, especially STI's, lack of education for their children, lack of access to their ancestral lands, and a lack of basic amenities, such as water, as their main problems besides general insecurity. Adult and adolescent females are especially at risk in Pader, as they have become principal targets for abduction and sexual enslavement by the LRA and victims of domestic violence in their community.

A salient (but not surprising) psychosocial response of adults in the community is the occurrence of "Par," a local syndrome with characteristics analogous to the DSM-IV criteria for depression. Women are reportedly much more susceptible to "Par" than men, which is expected, given their lack of protection from sexual violence, the enormous responsibilities they shoulder within the family system, and the little support they receive from their partners (as observed in the assessment). In Pader, "Par" is characterized by remarkably high levels of suicidal ideation, especially among females. In total, 13% of all men and 62% of all women interviewed reported thinking about suicide within 7 days of the survey. This is notable, given the cultural aversion to suicide and the Acholi norms and attitudes that prohibit open discussion of the topic.

Women in the group discussions and those interviewed for the survey report feeling overwhelmed by "too many thoughts," excessive worry, and fear most of the time. They describe feeling frightened of being abducted or raped by rebels and/or UPDF; they are under pressure to help produce a livelihood for their families; they feel inadequately supported by their partners and traditional social structures (i.e. clans, elders). They believe that the erosion of culture and family structures, the increase in alcohol consumption, and the inaccessibility of their land have undermined their traditional modes of social and community supports. Young women are particularly vulnerable, due to lack of education and an increase in prostitution and early marriage, as means of security and economic survival. An increasing number of young girls have been orphaned or impregnated by LRA Commanders and have been left to care for children as single mothers.

Despite 18 years of protracted conflict, people in Pader, especially women, are active and effective at maintaining their worlds as best they can. Even with the extreme experience of war, where children are used as soldiers and women are raped, risk of death is constant, men and women in Pader report a high level of functionality with relation to themselves, their families, and, in particular, their community. Yet, despite this resiliency, the majority of men and women are responding to their situation with collective depression. The current levels of alcohol consumption, domestic violence and suicide ideation in the population, as determined by the assessment, paint an alarming picture of the social health and functioning of this community.

MSFH's psychosocial program is highlighting the effect the war has had on the population. Trauma has been induced by direct exposure to violence. Fear persists by virtue of the ripple effects these horror stories have created. For people to endure the types of conditions seen in the camps, the consistent exposure to risk to personal safety and the continual loss of family

and friends, for such a long duration the consequences reach far beyond the immediate issues of survival but have long-term repercussions in terms of population traumatization, the ability to normalize and individual mental health. Exposure to such extreme conditions without the benefit of assistance to cope will have a lasting impact on all those affected. There is an evident need to address the issues of personal trauma and improve community based coping mechanisms if the population are ever to achieve normalization and improved quality of life.