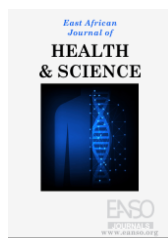

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Original Article

Establishment of the Community Mental Health Centres in Uganda Communities: Challenges and Prospects

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ABSTRACT

The establishment of Community Mental Health Centres has been a vital prospect in the area of mental health care. Community mental health centres attempt to shift emphasis away from hospitalization and introduce new remedies to mental health problems. The flow chart method was used in this opinion paper for clarity. Usually, community mental health centres provide short-term treatments, outpatient care, and special crisis intervention or emergency services. There are challenges and prospects the Ministry of Health and other health care providers need to address to find a lasting solution for the establishment and continued existence of these centres in Uganda. The employment of healthcare professionals that will guarantee quality assurance and effective healthcare delivery in these centres is very necessary. The challenges of professional discrimination also need to be effectively addressed in order to have an enduring therapeutic milieu for mentally challenged patients. Recommendations were made that the Ugandan government through her Ministry of Health should establish and provide community health centres and halfway homes for the emergency and effective treatments of mentally challenged individuals.

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INTRODUCTION

Research has shown that the creation of community mental health centres has been a bright prospect in the area of mental health care. Community mental health aim to shift emphasis away from hospitalization and seek new remedy for mental health problems. In most cases, they provide short-term treatment, outpatient care, or special crisis or emergency services [1]. The primary objective of mental health centres in our communities is to directly assist troubled citizens to regain normalcy in their various places of abode. The second goal of mental health centres is prevention. Consultation, education, and crisis intervention are used to prevent problems before they become serious. Also, some centres attempt to raise general awareness of mental health in deprived areas with high levels of unemployment, delinquency, and drug abuse among community residents [2].

In general, community mental health centres have succeeded in making mental health services more reachable than ever before. Many of their programs are made possible by paraprofessionals, individuals who work under the supervision of more highly trained staff. Some paraprofessionals are usually ex-addicts, ex-alcoholics, or ex-patients who have been inmates in mental health facilities. Many more are persons (paid or volunteers) who have skills in tutoring, crafts, or counselling or who are simply warm, understanding, and skilled at communication. There is a severe scarcity of people working in mental health care. The contributions of paraprofessionals will indubitably continue to grow in the area of mental health [3].

Historically**,** Uganda is a landlocked and poor country lying astride the equator with 136 districts as of November 2020. These districts are further divided into county, sub-county, parish, communities, or villages. It is bordered (clockwise from north) by Sudan, Kenya, the United Republic of Tanzania, Rwanda, and the Democratic Republic of Congo. Uganda is one of the countries in East Africa that has a high number of mentally challenged individuals. A systematic review and meta-analysis by Opio, Mun & Aromataris [4] revealed that a total of 632 records were obtained, of which 26 articles from 24 studies conducted in Uganda were included in their review. Overall and with a moderate level of objectivity, the prevalence of any mental disorder in Uganda was 22.9% (95% C. I 11.0% - 34.9%) in children and 24.9% (95% C. I 19.8% - 28.6%) in adults. The prevalence of current depressive disorders was 22.2% (95% C. I 9.2% - 35.2%) in children and 21.2% (95% C. I 16.8% - 25.6%) in adults. Eating disorders and psychotic syndrome were also reported. Their findings suggest that depression and anxiety disorders are the common mental disorders in Uganda, affecting approximately a ratio of 1 to 4 persons. The findings provide essential insights for health service planning such as suggestions to provide community mental health centres.

Among other compounding factors, such as a disparity in investment priorities contributing to the

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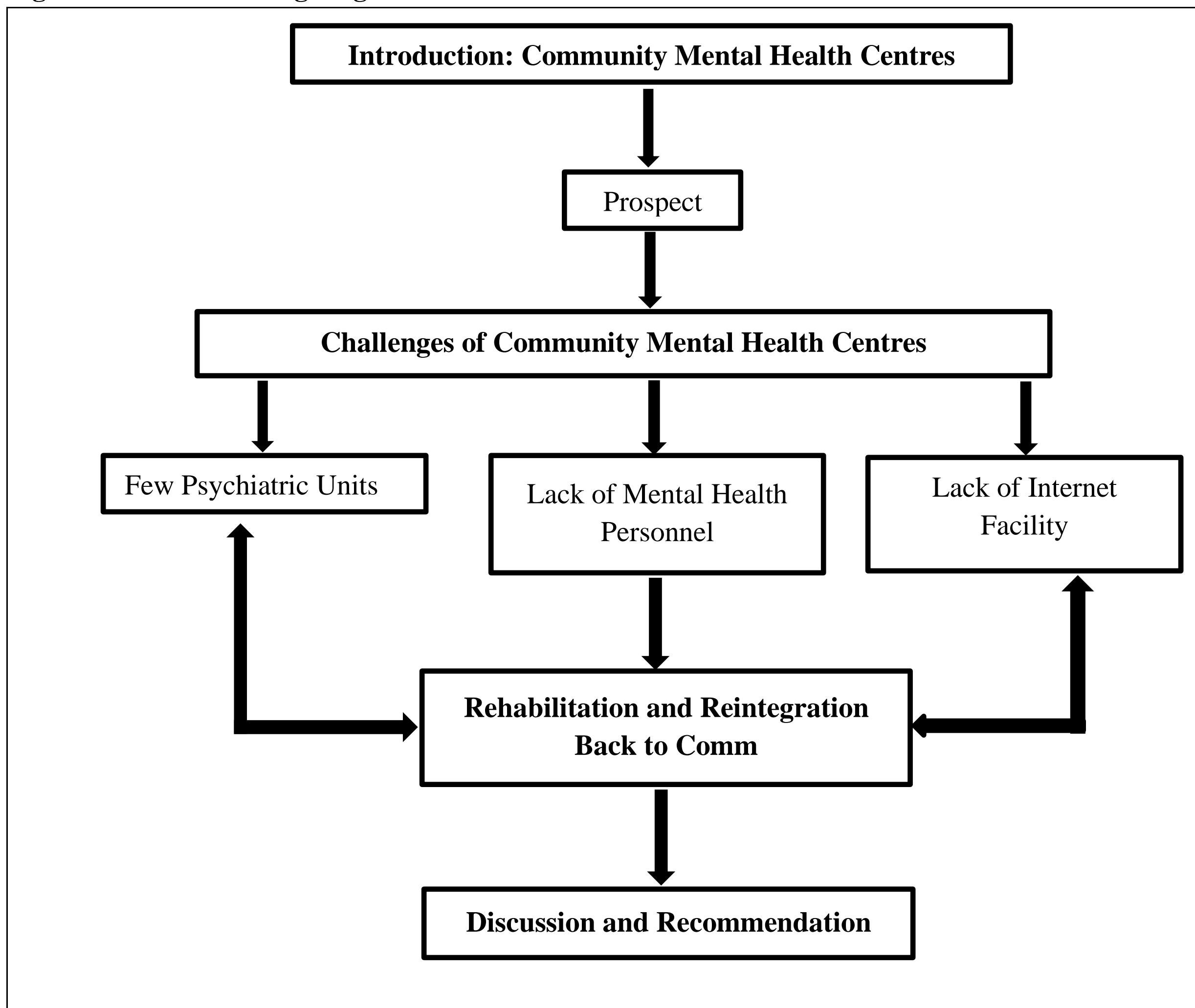
differences in available treatment between high-income countries and Low-middle-income countries (LMIC). It is observed that 87% of the population in Uganda lives in rural areas and there are 28 inpatient psychiatric units throughout Uganda – and only one mental hospital. Over 60% of these beds are in close proximity to Kampala, the capital of Uganda. Thus, those living in much of the country have little access to mental healthcare, and the burden of mental illness has impacted negatively on individuals, communities, and the state [5].

The move to community mental health services started in 2020 when mental health Uganda (MHU) came up with yet another lifesaving partnership with Kampala Capital City Authority (KCCA) to affect the above cause by establishing two mental health drop-in centres, i.e., KISWA and Komamboga Health centres III in Nakawa and Kawempe Division respectively. This was envisaged shortly after mapping out and identifying different gaps in existing structures. These two centres operate from 9 am – 4 pm every Monday to Friday [6]. However, this opinion paper advocates that these community mental health centres should be established in various communities in Uganda.

METHODS

The paper was discussed in accordance with the flowchart below

Figure 1: Flowchart Organogram



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Definitions of Key Concepts

Community Mental Health Centres: These are facilities that provide essential mental health care to people or individuals who would not be able to access the services any other way. These centres also help people coordinate their spectrum of social services and other health services within their mental treatment programme.

Challenges: Refers to problems confronting the establishment of community mental health centres in Uganda communities.

Prospects: Refers to the outlook, anticipation, or advanced realization of the establishment of community mental health centres.

CHALLENGES

There were 27 community-based psychiatric inpatient units available in Uganda with a total of 382 beds (1.4 per 100,000 population). These facilities are mere psychiatric units in all hospitals other than the National Mental Referral at Butabika and a few other complimentary referral hospitals in the country. The available psychiatric facilities are relatively small for the country's population, which is over 45 million people [7]. However, community mental health centres should not be seen as usual asylums as it was in the fifteenth to nineteenth centuries. It should be seen as a rehabilitation centre for mentally challenged individuals, a place of evaluation, treatment, and probation before the final resettlement of the individuals to their various environments. People who are having challenges with early signs of psychological or psychiatric disorders will be psycho-educated to make maximum use of these proposed centres in seeking professional help through the process of early diagnosis for effective prophylactic measures of the combination of chemotherapy and Psychotherapy. There are few psychiatric and psychological personnel working in the existing community mental health centres and the numbers of psychiatric personnel are grossly inadequate to deliver the necessary mental health programmes needed in these centres [7]. Most recently, people have started to turn to the internet as another avenue for self-help groups [8]. Generally, internet self-help groups engage the same range of issues as their physical equivalents [9]. Nevertheless, the internet provides a particularly important meeting point for individuals who suffer from conditions that curtails mobility, such as chronic fatigue syndrome and multiple sclerosis: An incapability to attend meetings physically no longer denies people the benefit of self-help, but the fact still remains that most people in these Ugandan communities do have access to internet facilities, therefore complementing the community mental centres with internet help becomes a huge challenge.

PROSPECTS

Community mental health centres could be called halfway houses or homes. A halfway house can be described as a facility that provides aftercare following the institutionalization of patients seeking to ease a person's adjustment to the community or to his or her environment. The halfway homes are for those mentally ill patients who are discharged as inpatients from a mental hospital but are not fully ready to live independently on their own or with their families. The centre is usually a less restrictive living facility for such patients [7]. Even where hospitalization has successfully modified maladaptive behaviour, and a patient that is about to be discharged has learned needed psycho-education, occupational and interpersonal skills, readjustment in the community following relapse may still be a difficult task. Statistics have shown that in the recent past, about 40% of people living with mental disorders in Uganda have been readmitted within the first year after their discharge as a result of relapse [7]. A community-based treatment program that is now referred to as an "aftercare programme live-in facilities serve as rehabilitation home base for former patients as they make the transition back to adequate functioning in their various communities. Typically, community-

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based facilities are not run exclusively by professional mental health personnel but partly by residents themselves. Aftercare program can be of great help to smoothen the transition from mental-health institutionalization of patients to community life and reduces the number of lapses that the patient might have.

Most times, aftercare includes a "halfway" period in which discharged patients make a gradual return to the outside world in what were formerly termed "halfway houses". Efforts to treat and manage mentally severed patients in the community are often very successful, its success practically depends on educational and other psychosocial measures directed toward increasing community understanding, insight, acceptance, and tolerance of troubled people who may differ somewhat from community norms and values. It is a fact that not all mental health problems can be managed with medication. In addition, changing treatment paradigm and the desire to establish halfway homes or houses could afford to provide further community-based care for chronic patients outside a normal psychiatric hospital [7]. Many patients had not been carefully selected for discharge and were not ready for community living, and many of those who were discharged were not followed up sufficiently or monitored enough to ensure their successful integration and adoption into their various communities. The discharged psychiatric patients need to be systematically integrated back into their various societies other than the hospital environment. However, some data suggest that deinstitutionalization appears not to be associated with an increased risk of suicidal and homicidal ideation by individuals who are mentally ill. Therefore, the establishment of community mental health centres or halfway homes will serve as rehabilitation centres for discharged psychological and psychiatric patients treated or rehabilitated from mental illnesses, drug misuse, drug abuse, and individuals with substance use disorders about to be reintegrated back into their various communities. This can be achieved through psychotherapeutic techniques, the behaviour modification method of systematic desensitization, and other range of behaviour modification strategies [7].

DISCUSSION

The establishment of community mental health centres and their services is the right step in the right direction for holistic mental health care delivery. A community-based treatment programme at community mental health now referred to as Aftercare programmes are inmates' facilities that serve as rehabilitation home bases for former mentally challenged individuals as they make the transition back to adequate functioning in their respective environments. Such facilities should be encouraged for effective rehabilitation of patients discharged from mental health facilities within the state. It is evident that not all mental health conditions can be managed with chemotherapy. Additionally, changing treatment paradigms and the desire to establish halfway houses could afford to provide further community-based care for mentally challenged individuals outside a normal psychiatric hospital. In order to provide a conducive therapeutic environment, the services of qualified clinical psychologists are highly needed in community mental health centres. Clinical psychologists can organize self-help groups within the community mental health centres that will assist the inmates in gaining proper insights into their problems. The self-help group appears to give out a number of functions for its members. For instance, they provide people with awareness of hope and control over their problems. In the community mental health centres, the clinicians engage a range of social support for people suffering from mental illness, and they provide a forum for dispensing and acquiring details about disorders and treatments [10; 11].

If the relations of mentally challenged individuals are considering enrolling themselves in self-help groups of the community mental health centres, it is

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essential to understand that these groups have the most constructive impact on people's feelings of well-being when they are pleased with the group activities [11]. To support the above, one study found that individuals who attached most strongly to the Alcoholics Anonymous (AA) group after treatment for alcoholism manifested the lowest ebb of continuing substance misuse. Strong association with AA evidently allowed these individuals to consolidate their behavioural self-efficacy with regard to the control of their alcoholism [12]. In the study by Keynejad, Spagnolo and Thornicroft [15], they confirmed that the findings of the mental health gap action programme intervention guide evidence-based to support the need for research and policy addressing obstacles to the successful combination of mental health into primary health care (PHC) and community-based health settings (CBH), and the need to prioritize neglected disorders, including severe mental illness. An important development in self-help in community mental health centres is the application of group therapy techniques to the situations of mentally challenged individuals. The aim of the therapeutic alliance is to help patients and their relatives live fulfilling lives as plausible during their illnesses, to cope realistically and adjust favourably to their current situations [14; 15]. The essence of group therapy is that it is a type of therapy that is based purely on psychological interventions.

The establishment of community mental health centres that will harbour homes halfway is very important because studies have shown that almost half of the patients discharged from psychiatric hospitals in Uganda usually relapse when they go back to their respective homes [7]. We, therefore, advocate that there is a need to establish community mental health centres across the districts of the country so that when mentally challenged individuals are discharged, they will be referred to these community mental health centres for proper rehabilitation before their gradual resettlement to their respective environments. We found out in the course of our clinical practice that most patients discharged and sent back home without proper rehabilitation usually go back to the same behaviour that caused their illnesses [7]. For instance, most patients treated for drug or substance addiction discharged and sent back home straight usually relapse and are readmitted. The essence of these community mental health services is basically to rehabilitate these discharged mentally challenged patients through enduring psychotherapeutic techniques so that they will unlearn the maladjusted behaviours for the proper remission of the presenting symptoms. These can be achieved successfully in the patients' natural environment. Furthermore, in the process of rehabilitation, the discharged patients will be properly trained in the artisan trades in which they have comparative advantages so that when they are integrated back into their various societies, they will be able to make a living in the trade they have learned in the halfway homes of the community mental health centres. To be admitted to a psychiatric facility is another form of incarceration, and when discharged patients are not properly rehabilitated, it might lead to incessant readmission of such individuals [7].

We, therefore, recommend that the Uganda government through her Ministry of Health, should establish Community Mental Health Centres with halfway homes for the emergency, effective treatments, and rehabilitation of mentally challenged individuals in the country's various communities.

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Conflict of Interest

The authors hereby declare that there is no conflict of interest concerning this manuscript.

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