MENTAL HEALTH SERVICE DELIVERY AND THE WELLBEING OF THE REFUGEES :A CASE STUDY OF NYUMANZI REFUGEE SETTLEMENT ADJUMANI DISTRICT

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UGANDA CHRISTIAN UNIVERSITY
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DECLARATION

I **ATIM TEDDY,** declares that this research is my original work and has not been presented in any other university/institution for consideration of any certificate.

Sign.....

Date.....07/09/2024.....

APROVAL

This certifies that the undersigned supervisor has read this thesis in the process of guiding the author and thereby recommend it for submission to the Faculty of Social work and Social Administration (SWASA) of Uganda Christian University Mukono in partial fulfilment for the award of bachelor's degree of social work and social administration.

Signed: ..... Date: 07/09/2024

MR. TABALANGA JONATHAN

DEDICATION

I dedicate this work to my dad Mr. Komakech Charles Too-Odera for his endless and unwavering support towards my education journey and holding my hands through every step of the way to ensure that I achieve my dreams. The sacrifices you have made has enabled me to come this far and without your support it would not have been possible

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In a special way I dedicate this work to my Siblings and my Aunt for their endless support in the different areas of my life that has brought me this far.

Special appreciation goes to my friends Mavis and Witness for being available each time I needed them throughout this program and research and most importantly I am grateful to UCU for offering me a place to pursue my dreams in the field of social work and social administration.

I would sincerely like to acknowledge the efforts of my university supervisor Mr. Jonathan Tabalanga for continuously guiding me through every step of this research work.

I also want to extend my sincere gratitude to the office of the prime minister Adjumani refugee desk and every respondent who participated in making this research successful.

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ABSTRUCT

The study examined Mental health service delivery and the wellbeing of the refugees a case study of Nyumanzi refugee settlement, Egge village, Dzaipi sub county, Adjumani district. Specifically, the study identified specific aspects that may determine the availability, accessibility and reliability of mental health services to the refugees. The study used a sample size of 50 people and descriptive survey research design was used. Questionnaires were employed to draw information from both the refugees and the local leaders while interview guide was used to gather data from mental health service providers. The data collected was analysed using a descriptive statistics like frequencies, means and standard deviation. The qualitative data was summarized using themes and categories derived from the responses.

The analysis of the result indicated that there are available mental health services however it is not able to meet the mental health needs of the refugees due to poor quality of mental health services offered, socio cultural and stigma associated to accessing mental health services, language barriers and organization's policies, funding and culture differs across mental health service providers including inconsistency in the screening and assessment of mental health across the various zones within the settlement.

Basing on the findings, the study recommended that there is need to address stigma and socio-cultural barriers to accessing mental health services, more ample training should be provided to community-based leaders such as para counsellors to bridge the mental health gap like language barrier and ensure continuity of services even in the absence of external service providers. The government should also work hand in hand with other organizations to ensure uniform methods and culture in the management of mental health and quality service delivery.

CHAPTER ONE

1.1 Introduction

This study is aimed at examining mental health service delivery and the wellbeing of the refugees in Nyumanzi refugee settlement, Adjumani district. The independent variable of the study is mental health service delivery and the dependent variable is the wellbeing of the refugees. This chapter discusses the background of study, the problem statement, purpose of the research, the research objectives, hypothesis, scope of study, Significance of the study, conceptual framework, and conclusion.

1.2 Background of study

Mental health, as defined by the World health Organization refers to a condition of mental well-being that allows people to realize their abilities, study,cope with life stressors, and work effectively, contributing to the community. Mental health issues can be categorized as mental disorders and psychosocial disabilities, as well as other mental states that cause considerable distress, difficulty in functioning, or an increased risk of self-harm. People with mental health disorders are known to likely have poorlevels of mental wellbeingwhich however, may not always be the case.

The Centre for Disease Control and Prevention report states that, 3.9% of persons aged 18 and above suffer from serious psychological distress within a givenperiod of 30 days. 7.6% of people aged 12 and up experience depression in any given two-week period, 8.4% of children aged 6 to 17 are reported to suffer from depression and anxiety. Suicide is reported to be the second biggest cause of death among those aged 10 to 34.

Refugees, as defined by the 1951 United Nations Convention and its 1967 Protocol on the Status of Refugees, are individuals living out of their country and require international protection because they fear persecution or face a serious threat to their life.

This research aims at identify gaps in the current areas of mental health service delivery, improve understanding and enhance service delivery through development of culturally sensitive and effective mental health service. This is because I did my internship with the refugees and most service providers tend to focus only on the physical needs at the expense of the mental health needs which is paramount to the wellbeing of refugees and I would also want to be a mental health specialist in the future.

1.2.1 Historical background

Themne'r&Wallensteen (2012) asserts that there was a rise in intense armed conflicts in 1990's. As a result, conflict related specialists and research fields emerged. In the view of Agier (2012), the conflicts posed unbearable challenges to international institutions; hence, they responded with mire coordination, collaboration, production of guidelines and criteria for charitable work. These points out the five categories which included protection, water, sanitation, food and nutrition, shelter and health. Sphere (2011) argues that these international institutions emphasized mental health and psychosocial support of refugees.

In regards to mental health services, Mental health historical patterns have shown that every culture has defined mental health issues for its citizens in a way that reflects broader social and logical concerns. These include ancient Greeks and Egyptians, the mediaeval English people, and the modern states. Similarly, African societies have also reported individuals with psychiatric problems in their own terms that were strongly linked to their surroundings and way of life (Kaczorowski, J. A. 2011). With other factors such as economic, political and social, mental health service delivery to refugees is generally affected.

1.2.2 Theoretical background

The atrocities relating to war, persecution, conflict, violence, extremepovertythat make refugees at the peripheries of society as service delivery is generally poor. These conditions of less dignified lives are coupled by the fact that refugees find themselves with strangers in a strange land, their interactions other people are greatly affected. Therefore, the acculturation theoretical perspective will serve as the study's guiding theoretical framework.Berry J.W. (2005) points out that this theory focusses on the cultural and psychological aspects of people's interactions.

Berry J.W. (2005) points out that this theory focusses on the cultural and psychological aspects of people's interactions.When people interact, their behaviours are impacted on by their counterparts yet in the context of a group, there is change in cultural practices, social structures, and institutions. The individual differences in how stress is experienced inevitably affect integration, assimilation, and separation and marginalization. Mental health service delivery therefore becomes key in the wellbeing of refugees.

According to an Alliance Forum for Development (AFOD-Uganda) 2021 study, 84% of refugee households experienced mental health issuesdue to illness, lack of access to basic necessities like food, and loss of personal belongings. Other factors contributing to mental health problems included physical harm (34%), gender-based violence (10%), particularly rape cases among refugees, and forms of torture (20%), such as work overload, kidnapping, and feelings of worthlessness and guilt. Sr. Alice Bunia, the officer in charge of mental health at Adjumani General Hospital reported that over the past two years, the district has documented 5,000 caseso[0- mf mental health illnesses and roughly 10 cases of suicide annually, according to Sr. Alice Bunia, the officer in charge of mental health at Adjumani General Hospital.

1.2.3 Contextual background

The 2021 World Population Review, shows that Uganda hosts the greatest number of refugees in Africa, ranking5th in the world. As of 31st October 2021, Uganda was estimated to be hosting 1,549,181 refugees and asylum seekers. This is a result of both its geography and the instability in its neighbouring countries, as well as its generally favourable refugee protection mechanisms.

Savin et al., (2005) argue that there is an abundant documentation which emphasizes that Western mental health treatment is underutilized among the refugees. One of the most commonly reported barriers and causes of this underutilisation is the availability of mental health care in refugee communities.

Ugandans' social-cultural view of the spiritual world, supernatural possession and the role of the living dead, witchcraft, divination, and traditional medicine have influenced their perceptions of aetiology and mental health treatment delivery. This is coupled with many other social political and economic challenges that Uganda faces while hosting refugees. This exposes refugees to challenges of mental health service delivery.

1.2.4 Conceptual background.

Mental Health services:

Mental health as defined by the World Health Organization (2001) is an individual's ability to feel, think, and behave in ways that increase their ability to enjoy life and cope with obstacles. It includes positive emotional and spiritual well-being that acknowledges the significance of culture, fairness, social justice, connections, and personal respect. Refugee populations often experience higher levels of mental health issues compared to the general public. These rates can be linked to the trauma endured during forced displacement, the time spent in refugee camps, and the stress associated with acculturation and adaptation after resettlement (Savin et al., 2005).

Wellbeing of Refugees:

Though there is less agreement about the definition of wellbeing among scholars, a traditional understanding of linked wellbeing to mental health where it was examined in relation to past experienced trauma (Correa-Velez, Gifford, and Barnett, 2010: 6). However, it has gradually changed to encompass aspects of social and cultural dimensions. In the view of (Berry and Hou, 2016: 254), it also includes 'psychological adaptation' where it entails an individual's perception of one's life including cognitive and affective aspects of life. According to Ahearn (2000) and Correa-Velez, Gifford, and Barnett (2010:6), wellbeing means having the freedom and ability to act independently, as well as having the necessary goods and services to feel psychologically content. Wellbeing of refugees therefore includes their physical, psychological, emotional, and social life.

1.3 Statement of the problem

Vvarious national and international reports attest to the fact that there is unbearable underutilization of mental health services accruing from service delivery in refugee settlements. According to a 2019 WHO study, one in every five people in (post-)conflict situations suffers from depression, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar illness, or schizophrenia.

. REACH (2018) quotes a 2018 analysis by Save the Children which found that a meagre proportion of only 0.14% out of the overall Overseas Development Assistance was spent on mental health and psychosocial support programming between 2015-2017. The challenge of mental health services delivery and the wellbeing of refugees becomes necessary.

Dutton (2012) claims that refugees who are applying for asylum have endured traumatic experiences in their home countries during times of conflict, while fleeing and in the countries where they are applying for asylum. These experiences include being sexually harassed, tortured, stigmatised, discriminated against, and subjected to physical and/or sexual abuse at the hands of family members and close friends. Numerous stress-related problems are triggered by the very fact that we are strangers in a foreign nation and that basic necessities like food, shelter, and clean water are not always reliably available. As a result, the most pressing issue confronting refugees in general, and those in the Nyumanzi refugee settlement in particular, is the provision of mental health services, which are critical to their well-being.

1.4Purpose of the study.

The study's purpose is to look at mental health care delivery and its impact on refugees' well-being, using Nyumanzi refugee camp in Adjumani district as a case study. This was guided by in-depth interviews and intensive group discussions with medical professionals.

1.5Objectives of the study

To examine the availability of mental health services at Nyumanzi refugee settlement

To examine the challenges of accessibility of mental health at Nyumanzi refugee settlement

To examine the reliability of mental health services at Nyumanzi refugee settlement.

1.6Research question

Are there mental health services at Nyumanzi refugee settlement?

What challenges do refugees face in accessing of mental health services at Nyumanzi refugee settlement?

How reliable are the mental health services at Nyumanzi refugee settlement?

1.7Significance of the study

It is hoped that the finding from this study may be of help to policy makers,practioners and fellow scholars, (ministry of health, ministry of youth and children affairs) to advocate for and promote improved resource allocation for mental health services as well as ensuring monitoring of mental health service providers such as social workers, health officers, counsellors, village health team among others.

It is hoped that welfare agencies would be able to use the research findings to close gaps in the delivery of mental health care. Social workers, daycare providers, and counsellors will acquire insight into the mental health service delivery issue, promoting and strengthening refugees' well-being.It is hoped that the finding from this study may be of help to fellow scholars who will take up my study especially those who will be interested in the same field of study.

1.8Scope of the study

1.8.1Geographical scope

This study was conducted at Nyumanzi refugee settlement because it has the highest number of refugees out of all the settlements in Adjumani that is a total of 43,724 in 5,005 households as of UGANDA-REFUGEE STATISTICS APRIL 2023 and also because it has a reception center where asylum seekers are first hosted before being grantedrefugee status by the government of Uganda. Nyumanzi refugee settlement is located in northwestern Uganda in Dzaipi subcounty, Egge village, Adjumani district.

The refugees are somewhat divided from their host community, although they have freedom of movement and access to shared services. The region can be classified as semi-rural because it combines rural and urban activity, such as farming and industry.

1.8.2 Time scope

The researcher considered a time frame of 2018 up to 2023, in this period, there was an increased influx of refugees in Nyumanzi refugee settlement coupled with COVID 19 pandemic which had countless mental and psychosocial disorders.

1.8.3 Content scope

The study will basically look at the mental health services delivery and how it impacts on the wellbeing of refugees in Nyumanzi refugee settlement, in Adjumani District. The researcher focused on the availability, accessibility, and dependability of mental health services at the Nyumanzi refugee camp.

1.9Justification of the study

UNHCR (2019) report states that there is a high frequency of mental health symptoms in Ugandan refugee groups. n comparison, the Multi Sector Needs Assessment (MSNA) reported that 22% of refugee families had at least one member who was fearful or in psychological distress.

On the contrary, in refugee health care, there is a tendency for organizations and humanitarian aid projects to focus on physical needs of the individuals which include; the provision of food, water, shelter, etc. (Bigot, Blok, Boelaert, et al., 1997). Despite being fully aware of the traumatic experiences amongst refugees, there are rarely attempts to address the substantial psychosocial disorders within the population. There are many examples where aid relief programs have completely neglected this aspect of refugee's wellbeing. With the underutilization of mental health services among refugees, it's important that this study examines the delivery of mental health services and its impact on the wellbeing of refugees in Nyumanzi refugee settlement.

1.10 Limitations of the study

Language barrier this is because a few of the study population understands or speak English therefore the researcher is most likely to rely on translator that are sometimes not reliable in passing undiluted information

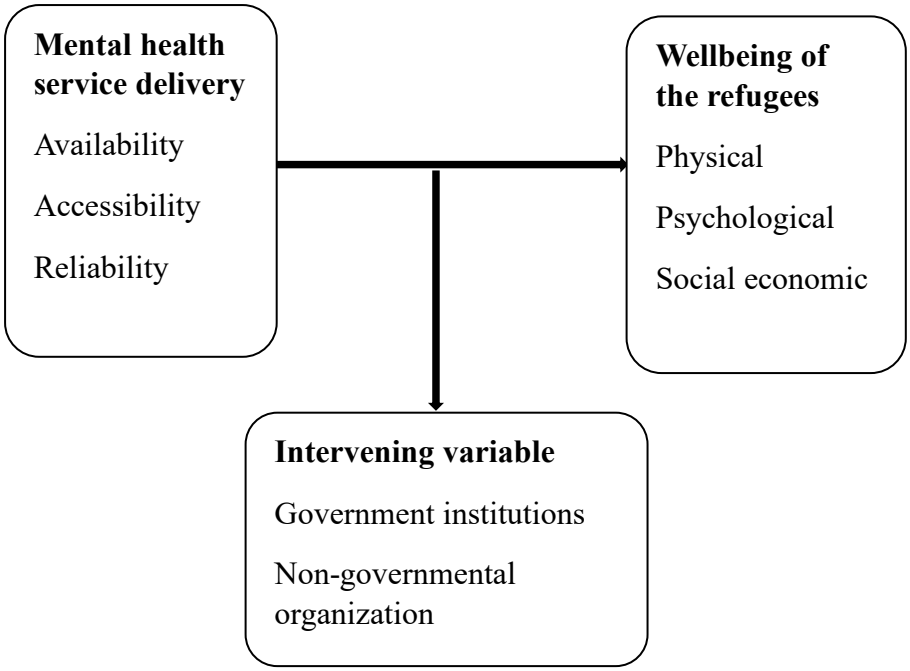
Limited cooperation from the respondent due to fear of being reprimanded by their superiorand other stakeholders from whom a lot of information relevant for this study would be got.

Limited accessibility to records and reports from concerned authorities which is relevant to the success of the study.

1.11Conceptual framework

Figure 1: conceptual frame work

Independent variable **Dependent variable**



As illustrated in Figure 1, mental health treatment delivery is an independent variable, whereas wellbeing is the dependent variable. Hence mental health service delivery directly impacts on the wellbeing of the refugees. From the conceptual framework, this study shall evaluate the availability, accessibility and reliability of mental health service delivery and how it impacts on the mental, physical and social wellbeing of refugees in Nyumanzi refugee settlement Adjumani district. On the other hand, the mediating variables also point towards the possible stakeholders such as government institutions, nongovernmental organizations and religious institutions that can intervene in the mental health service delivery to refugees at Nyumanzi refugee settlement.

CHAPTER TWO:

LITERATURE REVIEW

2.0 Introduction

This chapter discusses the literature review, which incorporates the perspectives of researchers who have spoken about the topic under study. These views are presented under subheadings derived from specific objectives that include: the availability, accessibility and reliability of mental health services. It therefore contrasts the delivery of mental health services and its impact on the wellbeing of refugees at Nyumanzi refugee settlement in Adjumani District.

2.1 Mental Health

There are diverse contrasts within the definition of mental well-being; in any case, there are similarities among all definitions. Above all, Cattan M, Tilford S. (2006) defines mental wellbeing as the nonappearance of mental malady. It is as well an existential state that includes the organic, psychological or social factors that form the basis for the mental conditions and the functional capacity of the person within the environment. Carter JW, Hidreth HM, Knutson AL, et al. 1959). The WHO Fact sheet further outline the ability to work as efficiently as possible, the ability to cope with the conventional demands of life and the commitment to his/her community as requisite features of mental health. It promotes interests in mental, emotional, and spiritual development; a positive self-image; feelings of self-esteem, and physical well-being; and intrapersonal harmony as the core elements in mental health.

Consequently, mental well-being goes past a simple need for mental disorders. This is generally reaffirmed by the WHO's definition of well-being, which expresses that: "Health could be a state of total physical, mental and social well-being and not simply the nonappearance of illness or infirmity" (WHO, 1986).

Concepts of mental well-being incorporate subjective well-being, self-efficacy, independence, competence, intergenerational reliance, and acknowledgment of the capacity to realize one's mental and passionate potential. Similarly, as to the WHO (2003), mental well-being is characterised by positive self-esteem, the ability to manage daily obstacles, productivity, and community involvement. It follows that the goal of mental health care is to improve thecompetencies of people and communities by enabling them to accomplish their self-determined objectives.

2.2 Mental health needs of refugees

Refugees often suffer unbearable losses, giving up everything familiar and facing severe difficulties both in their home countries and their host countries. Refugees seeking asylum have had painful experiences in their countries during conflict, during flight (transition) and in countries they have sought asylum (hosting countries). Such experiences include being targets of or witnessing physical and sexual violence done to their family members and close associates, torture, stigma, discrimination, political and social persecution as well as sexual harassment. Even the fact of being strangers in a strange land as well as unreliable supply of basic needs such as food, shelter and clean water, gives rise to countless stress related disorders (Dutton, C. 2012).

A WHO (2019) study estimates that one in five people in (post)-conflict settings has depression, anxiety disorder, post-traumatic stress disorders (PTSD), bipolar disorder or schizophrenia. Previously, estimates of mental health disorders were that one in 14 people had mental disorders which was far lower than the 2019 findings. In the same manner, the 12-month prevalence of both severe and mild to moderate mental disorders of the same report appear to be higher than previous estimates.

A study by WHO in 2019 showed that around 20% of people in (post) conflict settings, have been depressed or having anxiety disorder PTSD bipolar depressive disorders. estimates of mental health disorders were that one in 14 people had mental disorders which was far lower

than the 2019 findings with estimates suggesting that just 1 in 14 people suffered from mental health disorders. In the same report, we also observed that estimates of 12-month prevalence of all types of severe and mild to moderate mental disorders are higher than previous anticipated.

UNHCR (2019) states that daily stressors, violence, disruption, pain, loss, and grief can significantly impact psychosocial well-being and mental health, potentially increasing vulnerability to mental health issues. These issues are diverse and can include social problems, emotional distress, and common mental disorders such as anxiety disorders, PTSD, and depression, as well as severe mental disorders such as psychosis, alcohol and substance use disorders, and intellectual disabilities.

Goodkind et al, (2014) points out that cultural and language barriers; differences in cultural expressions of illness and coping; familial processes that facilitate or complicate interpersonal interactions; levels of social acceptance; lack of social support networks; experiences of poverty; and discrimination and loss of valued roles and identities adversely affect the wellbeing of refugees. Furthermore, he highlights that refugee men and women often have different wellbeing needs and resources. Along with daily stresses and problems in the camps and on their way, refugees could have physical protection concerns, access to basic amenities, livelihood possibilities, and uncertainty about the future.

In refugee settlements, women have been found to be primary caregivers; hence, their wellbeing is important not just for them but their families. Unfortunately, they often face the greatest resettlement challenges such as human capital resources, employment discrimination, family caring commitments, health and psychological wellbeing. Consequently, these resettlement challenges impact on them a long chain of mental health needs which have a spiraling effect on their overall wellbeing (Goodkind et al, 2014).

2.3 Mental health Service delivery

UNHCR differentiates between mental health service models and solutions. A mental health services strategy specifies how any humanitarian response should be handled in order to assist the psychosocial welfare and mental health of persons in need. Mental health service interventions, on the other hand, are one or more actions aimed at improving psychosocial wellness and overall mental health.As stated by UNHCR (2019), mental health interventions

are mainly carried out by health, community-based protection, and education entities. Nevertheless, it is imperative for all parties and sectors involved in the response process to utilize mental health care strategies.

In emergency and forced displacement settings, mental illnesses and other psychosocial problems are very common. This mainly involves individuals experiencing psychological distress, mental illnesses, substance misuse problems, mysterious health issues, and epilepsy. Regrettably, individuals impacted often seek help from primary care doctors, however, their issues are usually not fully recognized or treated appropriately (UNHCR 2019).

Consequently, a notable deficiency in treatment exists for refugees experiencing mental health issues, leading to considerable distress for the individual, as well as their loved ones and communities. Mental health problems can impact a person's daily functioning in various ways, such as affecting their ability to carry out daily tasks (Richters A, Rutayisire T, Sewimfura T, Ngendahayo E 2010).

According to UNHCR's 2019 report, the limited availability of mental health professionals in humanitarian contexts means that the best approach to addressing the treatment gap in mental health is by incorporating mental health services into public healthcare. This can be done by making use of tools like the Mental Health Gap Action Programme (mhGAP) Intervention guide provided by the World Health Organization (WHO) and the mhGAP Humanitarian Intervention Guide from WHO and UNHCR.
These guides suggest incorporating mental health into public healthcare by training general healthcare workers in delivering mental health services to diagnose and manage mental health conditions.

It is important to stress that healthcare providers giving mental health services need to have consistent clinical supervision and ongoing education. According to UNHCR (2019), it is crucial to establish sustainable local capacities in order to provide comprehensive integrated mental health services in communities. Creating strong community frameworks to quickly recognize and assist vulnerable individuals is crucial for improving their resilience and overall welfare.

Also, treatments offered by clinical psychologists or psychotherapists are often not accessible, or there are not enough staff to meet the need. UNHCR (2019) suggests exploring scalable options to provide short-term psychological services to a larger number of individuals. In this way, it encourages task-shifting methods that can be performed by non-specialists who are trained and supervised, and who might also be refugees.

2.4 Wellbeing of Refugees

The mental, physical and social health of every individual are closely interwoven into a web of interconnectedness. As a result, interdependent relationship shows that mental health is crucial to the overall well-being of individuals, societies and countries. Consequently, mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. The poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly have been found to be at a higher risk of mental health problems (Manwell L.A, et al. 2015).

2.4.1 Forms of refugee wellbeing

There are different forms of wellbeing and often times, different terms are used to denote wellbeing. These forms therefore relate to mental/psychological, physical and social wellbeing (WHO 2001).

Manwell L.A, et al. (2015) suggests that these areas of influence work together to impact the overall quality of life. The merging of mental and physical health results in a state of independence in which people can regulate themselves. Similarly, combining mental and social health can create a feeling of unity. This is related to their ability to connect with others. Ultimately, the fusion of mental and physical health is characterized by skillful movements through social environments. Reaching the peak of combining physical, mental, and social wellness is the capacity to decide one's degree of involvement in social activities. In this scenario, a person can choose to embrace, refuse, or alter societal, legal, or religious customs.

Physical

Manwell L.A, et al. (2015) argues that for every domain, there must be the legal standard of functioning and adaptation. As it regards physical wellbeing, a person ought to meet the biological standard of functioning and adaptation. This mostly refers to homeostatic maintenance in reaction to stress.

Mental/Psychological

Similarly, the mental health of an individual who experiences a normal level of cognitive and emotional performance and adjustment involves a feeling of coherence. This involves personally experiencing and dealing with stressors through understanding (Huber et al 2015)

Social

Ultimately, interdependence is the baseline for social health, reflecting the typical level of interpersonal behavior and adjustment. This requires society members to depend on and be responsible for each other (Huber et al., 15).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter highlights the methodology to be employed in the research. It covers the following sections: research design, area of the study, population of the study sample size, sampling techniques, data collection methods and instrument, quality control, research ethical consideration, data analysis and the conclusion.

3.2 Research Approach

3.3 Research Design

According Kothari's (2006) a research design is a setup of conditions meant for gathering and analyzing data efficiently and effectively to align with the research goals while being cost-effective. The research will use a descriptive research design. Descriptive research is a type of design in which the researcher examines the population by choosing samples for analysis to uncover occurrences (Oso & Onen, 2005).

Furthermore, Mangal & Shubhra (2013) emphasizes that descriptive survey is implemented when collecting information about people's attitudes, opinions, traits or any of the variety of social issues. Hence, it shall be important for the researcher to use descriptive research design since the study aim at collecting opinions and attitudes of people about mental health services delivery.

Data collection and analysis for this study will involve the combined use of qualitative and quantitative methods, known as mixed research approach. Sarantakos (2009) characterized qualitative research as a type of research that examines and interprets human behavior from

the perspective of the investigation. The researchers determined that the qualitative approach was suitable for this research. This is due to the numerous benefits of this approach when considering the environment and individuals under investigation. In qualitative methodology, researchers take a holistic approach by considering settings and individuals as complete entities rather than breaking them down into variables. This approach will also allow the researcher to personally get to know the individuals being studied and understand their daily experiences in the refugee camp. The participants aren't just treated as variables and given numbers; their perspectives are incorporated into the study.

On the other hand, the researcher shall employ the use of a quantitative approach, for measurement and classification of requirements of the information that will be gathered. According to Vanderstoep & Johnson (2008), quantitative research is one, which specifies numerical assignment to the phenomena understudy. Furthermore, quantitative study design shall help to show more clarity and distinction between designs and methods of the collected data.

Quantitative analysis employs mathematical operations to examine the characteristics of data. This entails gathering numerical data that can be used to calculate statistics like averages and variability (Kombo and Tromp, 2006).

3.4 Research Area

This study was conducted at Nyumanzi refugee settlement because it has the highest number of refugees that is a total of 43,724 in 5,005 households as of UGANDA-REFUGEE STATISTICS APRIL 2023 and also because it has a reception center where asylum seekers are first hosted before being granted refugee status by the government of Uganda. Nyumanzi refugee settlement is located in Northwestern Uganda in Dzaipi sub county, Egge village, Adjumani district.

The refugees live partly segregated from their host community with freedom of movement and shared services. The area is a blend of rural and urban activities, including farming and industrial activities, making it semi-rural.

3.5 Study population/ Sampling

3.5.1 Study population

According to Kombo & Tromp (2006), study population is a large group of individuals that have at least one thing in common from which samples are taken for research. The study shall be carried out in Nyumanzi refugee settlement among refugees and mental health practitioners. The study shall consider an accessible population of 50 respondents. These included 35 refugees, 10 mental health practitioners and 5 leaders including local leaders and those from humanitarian organizations.

3.5.2 Sample size and sample distribution

A sample size is a subgroup of the population the researcher is interested in (Kumar, 2011). Hence, the researcher will utilize a sample size of 50 participants selected from a pool of 80 individuals. According to the sample size selection table created by Krejcie& Morgan (1970), a sample of 50 from a population of 80 is deemed adequate (refer to the appendix).

The groups shall be broken down as follows; 35 refugees, 10 mental health practitioners, 5 leaders including local leaders and those from humanitarian organizations

3.6 Data collection methods/tools/instruments

According to Oso & Onen (2008). instrumentation refers to the tools used for collecting data and how those tools will be developed. These tools can be primary or secondary. The researcher shall collect data using both primary and secondary sources of information. In the primary sources, the researcher shall use questionnaires, interviews, and observation to compare data with existing information to obtain accurate information about the topic of study. In secondary sources of data collection, the researcher shall use journals, newspapers and reports

3.6.1 Data collection methods

3.6.1 Questionnaire survey

A questionnaire is a set of printed or written questions in a definite order sent to persons concerned with a request to answer them (Kothari, 2004).

In questionnaires, respondents shall be asked to read the questions, interpret what was asked and write down their answers. The questionnaires shall help the researcher to collect a lot of information over a short period of time.

The researcher shall design the questionnaires for the collection of data. Questionnaires shall comprise of both open-ended and closed-ended questions. Kumar (2010) asserts that open-ended questions in a questionnaire provide good information and respondents feel comfortable in while expressing their views. On the other hand, close-ended questions in a questionnaire provide 'ready-made' answers in which respondents easily reply. This shall make the work of the researcher easy, as the response rate will be high. The researcher shall design two sets of questionnaires and gave the first set refugees and second set to mental health practitioners.

The researcher shall employ unstructured and structured interviews. In unstructured interviews, the questions are informal and conversational whereby there are neither specific questions to be asked nor the range of possible pre-defined answers (Kombo & Tromp, 2006). Unstructured interviews will be used because they are open which will help the researcher to obtain broad information, not restricting on objectives of the study. Furthermore, interviews will be used because they probe more information, clarification and capture facial expressions of the interviewees (Maxine, 2010). Correspondingly, the use of interviews will help the researcher to re-examine some of the issues that were an oversight in other instruments and yet considered imperative to the study.

The interview guide constructed by the researcher will be used as an instrument to collect data through interviews. The researcher will carry out interviews with 15 local leaders and leaders from humanitarian organizations in Nyumanzi refugee settlement.

3.6.2 Observations

Oso & Onen (2008) defined observation as use of all senses to perceive and understand the experience of interest to the researcher. Under this method the researcher shall use passive participation where he will watch and noted information for himself. He will be able to observe the attitudes and reactions of refugees if they reflect traits of post-traumatic stress disorders (PTSD) and other mental and psychosocial disorders.

3.6.3 Library work

In order to obtain sufficient and necessary information mental health services, the researcher consulted numerous external sources such as journals, newspapers, report publications and internet (website articles). These helped the researcher to deepen the understanding of mental health services delivery and how it impacts of refugees in Nyumanzi refugee settlement.

3.7 Quality control

According to Kombo & Tromp (2006), quality control methods are concerned with the validity and reliability of the research.

3.7.1 Validity

Validity is a assessment that evaluates the accuracy of measuring what is meant to be measured (Kombo & Tromp, 2006). In order to assess validity, the tools or surveys must be developed in advance and ready for use in the research. To guarantee the accuracy of the instruments, experts will assess their alignment with the objectives and rate each one using a scale: highly relevant (4), fairly relevant (3), moderately relevant (2), and irrelevant (1). Content Validity Index (C.V.I) will be used to establish validity.

$$\text{CVI} = \frac{\text{Number of items judged relevant by all the raters}}{\text{Total number of items.}}$$

3.7.2 Reliability

Sarantakos (2005) states that reliability refers to the capacity of measuring instruments to produce consistent results. Likewise, (Kumar, 2011) asserts that reliability refers to the ability of a research instrument to provide similar results when used repeatedly under similar conditions. In this research, the researcher shall ensure reliability through the formulated questions, which provide accurate and consistent answers from the respondents. This shall be reflected in both the methods of data collection. In addition, before the actual study shall be conducted, questionnaires and interview guides shall be taken to selected mental health practitioners and community service officers in Adjumani refugee settlement for their

verification. They shall therefore be confirmed reliable, error free and actual. Furthermore, triangulation method shall be employed to ensure reliability of the study. The researcher shall us the reliability modal to be accurate, stable and predictable.

3.8 Data management and Analysis Techniques

Data management involves arranging, recording, storing, and safeguarding research data, including images, audio, and video. This data, which can be qualitative or quantitative, is the result of experiments or observations that support research conclusions and is analyzed using various methods.

3.8.1 Qualitative Technique

With qualitative approach, both thematic and content analysis techniques shall be employed. Kombo & Tromp, (2006) defines the qualitative technique as a thematic analysis method, which refers to grouping topics or major subjects that regularly come up during interviews, or in questionnaires, this shall be done by putting together transcripts that have similar information for easy interpretation. These two complement each other. For the thematic approach, the researcher shall use broken themes from respondents concerning the study. For the content approach, content concerning the study shall be reviewed using individual's responses.

3.8.2 Quantitative Technique

Quantitative data shall be entered in the Statistical Package of Social Sciences (SPSS). SPSS processed data and the summary of the responses shall be shown using descriptive statistics and tables. The researcher shall use frequencies and percentages.

3.9 Ethical Considerations

The researcher shall consider some of the ethical issues when conducting this study to ensure Confidentiality, privacy and anonymity of the respondents. Before beginning to collect data, the researcher shall visit the district headquarters of Adjumani district for clearance with the letter of recognition from Uganda Christian University. Upon receiving that clearance, the researcher shall also present it to local authorities and heads of humanitarian organizations in Nyumanzi refugee settlement. Informed consent shall also be considered by explaining the reason behind conducting the research (Wegner et al, 2012). The researcher shall emphasize

voluntary participation of the respondents by allowing them to freely decide whether to participate in the data collection exercise or not.

Additionally, privacy and confidentiality shall be ensured as participants shall keep their right of keeping some information that they feel is not worth sharing and confidentiality on the other hand, shall concern the collected data rather than the respondents. This shall help the researcher to keep anonymity and all the participants shall exercise their rights of remaining anonymous.

3.10 Limitations of the Study

The time allocated for this study may not be enough because the researcher has a lot to cover. However, to overcome this, the researcher will have to draw a time schedule that will be followed and every aspect of this research will be carried out according to the time schedule.
Financial resources may also hinder the research process in terms of carrying out photocopying, printing and internet expenses. To overcome this, the researcher will draw research budget of the finances required and then borrow from his relatives so as to cover the research process.

CHAPTER FOUR.

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction.

This chapter details the findings of the study and discussions with respect to the objective of the study. The study was designed with the aim of achieving the objective of the study, examine the mental health service delivery and its impact on the refugees, Nyumanzi refugee settlement Adjumani district northern Uganda.

4.1 Demographic characteristics of participants

The demographic data sought in the study includes gender, age group, marital status and highest level of education. This demographic data will help to determines the characteristics of the participants.

4.1.1 Age of the participants

Table 1: Distribution of respondents by age

Age category	Frequency (n=50)	Percentage (%)
21-30	23	46
31-40	14	28
41-50	8	16
Above 50 years.	5	10
Total	50	100

Source of data: primary data

Based on the results shown in table 4.1.1 above, most of the participants, 46%, belonged to the age group of 21-30 years, while 28% were between 31-40 years old and 16% were in the 41-50 age range. This discovery shows that 10% of the respondents were over 50 years old

4.1.2 Respondents gender

The respondents were asked to indicate their gender and the findings were as shown below.

Table 2: Showing Gender of Respondents

Gender	Frequency (n=50)	Percentage (%)
Males	22	44
Female	28	56
Total	50	100

Source of data: primary data

According to the findings represented on the table above, the respondents were fairly distributed in terms of gender with 44% being males and 56% being female. This gender disparity is a likely indication of females being more informed of mental health service delivery and the wellbeing of the refugees than males.

4.1.3 Marital status

The participants were requested to specify their marital status and the results were as presented.

Table 3: Showing Marital status of Respondents

Marital status	**Frequency (n=50)**	**Percentage (%)**
Married	25	50
Single	12	24
Separated/divorced	5	10
Others	8	16
Total	**50**	**100**

Source of data: primary data

The results displayed in the table indicate that 50% of the participants were married, while 24% were single, 10% were separated/divorced, and the remaining 16% fell into other categories.

4.1.4 Highest level of education.

The participants were questioned about their highest educational attainment. The aim of this query was to determine if their level of education matched their knowledge of mental health service delivery and the welfare of the refugees

The findings were recorded as in table 4.1.4 below established that 46% had been to the university and other institutions, 28%have been to secondary, 16% had attended primary and 10% had never been to school or attained any formal education.

Table 4:Respondent's highest level of education

Highest level of education	Frequency (n=50)	Percentage (%)
Primary	8	16
Secondary	14	28
University/ institutions	23	46
None	5	10
Total	**50**	**100**

Source of data: primary data

4.2 KEY STUDY FINDINGS

The study findings were presented objectives by objectives.

4.2.1 examining the availability of mental health services at Nyumanzi refugee settlement.

Table 5: Availability of mental Health services

Statements	**Strongly agree**		**Agree**		**Not sure**		**Disagree**		**Strongly disagree**	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
There are available mental health services to cover the mental health needs of the refugees	4	8	15	30	8	16	17	34	6	12
The mental health services available to the refugees are of high quality	5	10	15	30	7	14	7	14	16	32
The available mental health services have positively impacted the overall well-being of the refugees	10	20	24	48	8	16	5	10	3	6
The refugees are satisfied with the available mental health services	3	6	10	20	15	30	20	40	2	4
The refugees are informed about the availability of mental health services	7	14	15	30	8	16	12	24	8	16

Source of data: primary data 2024

Objective one was examining the availability of mental health services at Nyumanzi refugee settlement.

In regards to availability of mental health services to cover the mental health needs of the refugees, 38% of the respondents agreed as opposed to 46% who disagreed with the statement. This implies that there are available mental health services at Nyumanzi refugee settlement. Most of the respondents disagreed that theavailable mental health services however it is not enough to meet the mental health needs of the refugees.

In regards to if the available mental health services are of high quality, 40% 0f the respondents agreed while 46% of the respondents disagreed. This implies that there are available mental health services but the quality of services provided are not of high quality.

On regards to weather the available mental health services have positively impacted the overall wellbeing of the refugees, 68% of the respondents agreed and 16% disagreed. One of the respondents said "*I have been able to receive counselling and this has helped me to cope up with challenges and trauma that I experienced back in Sudan*"

In response to weather the refugees are satisfied with the available mental health services, 26% of the respondents agreed with the statement and 44% of the respondents disagreed with the statement. One of the respondents said "it is very hard for one to tell whether the refugees are satisfied with the services provided because due to fear of criticism and law self-esteem, most of them tend to keep silent even when they are not satisfied however, they later tend to portray the different signs of mental health problems that had been diagnosed with earlier and that is how they get to realize that the mental health service provided earlier on was not satisfactory"

In regards to weather the refugees are informed about the availability of mental health services, 44% of the respondents agreed to the statement while 36% of the respondents disagreed to the statement. This implies that the refugees are informed about the available mental health services however from my own conclusion, there is still gap in the level at which the refugees are informed because the percentage of responses of respondent who are not sure and disagreeing indicates a lot of gaps on the way they are aware of the services.

4.2.2 Examining the challenges of accessibility of mental health services at Nyumanzi refugee settlement.

The study's second objective results were displayed in table 4.2.2 located below.

Table 6: challenges of accessibility of mental health services

Are mental health services located in areas that are convenient and accessible for refugees?

Responses	Frequency (n=50)	Percentage (%)
Yes	28	56
No	22	44
Total	**50**	**100**

Source of data: primary data 2024.

The findings indicated that 56% of the respondent majority are in agreement that mental health services are located in areas within the range of the settlement and this makes it accessible and this positive finding indicates that the available mental health services are accessible while 44% of the respondents which is considerably a big number says that the available mental health services within the settlement is hard to access because the settlement is quite big and due to lack of means of transport, it sometimes makes it hard to access mental health services based on foot.

One of the respondents said "we have access to mental health services however some zones are far from the community centre where mental health services are provided which makes it hard for people to access especially when cases of emergency comeup"

Do mental health service providers employ interpreters or have bilingual staffs to overcome language barrier? Are mental health services available in language spoken by the refugee populations?

Table 7 Health services available in Spoken language

Response	**Frequency (n=50)**	**Percentage (%)**
Yes	35	70
No	15	30
Total	**50**	**100**

Source of data: primary data

The study found out that majority of the respondents 70% agrees that the staffs mainly rely on interpreters which helps to overcome the mental health challenge of language barriers in service delivery however 30% of the respondents disagree that mental health specialist do not majorly rely on interpreters since some of them are bilingual and a few cases with trained para counsellors who are among the refugee community and are able to understand the language spoken by the refugees.

One of the respondents said "there are cases where we fail to receive mental health services when the interpreters are absent because most of us do not speak English and sometimes, we do not feel comfortable expressing ourselves in the presence of interpreters especially when the interpreter is a person, we are familiar with" and this finding signifies language barriers as one of the challenges in delivering of mental health services.

Are the refugees facing any stigma/ discrimination or socio-cultural barriers preventing them from accessing mental health services?

Table 8 stigma/ discrimination or socio-cultural barriers preventing access of mental health services?

Responses	**Frequency (n=50)**	**Percentage (%)**
Yes	40	80
No	10	20
Total	**50**	**100**

Source of data: primary data

The study found out that majority of respondents which was up to 80% agrees that there is a lot of stigmas and socio-cultural barriers that limits the refugees from accessing mental health services. The most common reasons given were that labelling was a common challenge which made it hard to access mental health services, the society associate mental illness to witchcraft and mentally ill people with their families were subjected to discrimination. However, 20% of the respondents says there are no discrimination and socio-cultural barriers that prevent the refugees from accessing mental health services.

One of the respondents said "seeking for mental health services are looked as a sign of weakness and most times people with background of madness are the ones that mainly seek mental health services. Beside people tend to avoid associations and exclude mentally ill people and their families from social activities"

Are the available mental health services integrated within healthcare and social services or they are in separate locations?

Responses	Frequency (n=50)	Percentage (%)
Yes	26	54
No	24	48
Total	**50**	**100**

Source of data: primary data

The finding indicates that 54% of the respondents agreed that mental health services are integrated within healthcare and this comes mostly inform of counselling but 44% of the respondents disagree that social services are not integrated within social services.

One of the respondents said "mental health services are not integrated within social services because most of the partners comes and focuses on the program or activities, they are implementing particularly however there is a mental health space at the community centre where mental health services are provided however its quite far from other zones within the settlement".

This research findings indicates a lack of mental health services integrated with social services, but if integrated, it could help a broad range of people facing mental health issues.

Is there prioritization of pathways for urgent cases and are the mental health services provides a free cost?

Responses	Frequency (n=50)	Percentage (%)
Yes	**33**	**66**
No	**17**	**34**
Total	**50**	**100**

Source of data: primary data

According to the data on the above table, the finding from this study indicates that 66% which is the majority of the respondents agrees that there is prioritization of urgent cases and 34% of the respondents disagree that there is no prioritization of mental health cases for urgent cases and there is cost incurred in accessing mental health services.

One of the respondents said" there is prioritization of urgent cases and sometimes such cases are referred to Butabika mental hospital but it is at a cost because the family of the mental health patient has to meet the cost of medication, feeding and other services that may be needed for the general well-being of the patient"

4.2.3 examining the reliability of mental health services at Nyumanzi refugee settlement.

This was the third objective of my study.

Statement	Strongly agree		Agree		Not sure		Disagree		Strongly disagree	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Training and supervision of mental health service providers are in place to ensure they deliver evidenced based interventions with fidelity	6	12	21	42	4	8	9	18	10	20
There is a mechanism in place to monitor client's satisfaction, treatment adherence and outcomes for refugees receiving mental health service	5	10	24	48	7	14	12	24	2	4
The refugees often report receiving the same quality and continuity of mental health services from mental health service providers	2	4	5	10	10	20	14	28	19	38
Policies, fundings and organizations' culture differs across mental health service providers and affect its reliability	22	44	15	30	7	14	5	10	1	2
Mental health screening and assessment are consistently implemented across different zone	3	6	5	10	10	20	24	44	8	16

Source of data: primary data 2024

In regards to weather training and supervision of mental health service providers are in place to ensure they deliver evidenced based intervention with fidelity, 54% of the respondents agree with the statement however, 38% of the respondents disagreed with the statement. This finding indicates that there istraining in place which helps in ensuring reliability of mental health service delivery.

One of the respondents said "there are training and supervision of mental health specialist in place however it depends on the organization offering the service and the most common training done is cognitive behavioural therapy"

In regards to if there are mechanism in place to monitor client's satisfaction, treatment, adherence and outcomes for refugees receiving mental health service, 58% of the respondents agreed and 28% of the respondents disagree to the statement. This finding indicates that there are mechanisms in place to monitor client's outcomes after receiving services.

One of the respondents who is a mental health specialist said "there are follow up forms which helps in monitoring clients and we carryout 8 Sessions especially for clients with complicated mental health needs, continuous monitoring is in place and we also make referral for clients *with no positive change after therapy"*

In response to weather the refugees often report receiving the same quality and continuity of mental health services from mental health service providers, 15% of the respondents agreed to the statement while66% of the respondents disagreed to the statement. This finding reveals that the quality of service depends on the person providing the service.

One respondent said "the refugees always say they have not received services when a new organization comes up however, a few of them depending on the client's self-esteem or the way they are comfortable with the service provider says that the mental health services they have received was satisfactory or not satisfactory"

On the aspect of weather policies, funding and organization's culture differs across mental health service providers and affect its reliability, 74% of the respondents agreed to the statement while 12% of the respondents disagreed. This shows that mental health service delivery is greatly influenced and reliant on the policy of the organization, funding and culture which determines its reliance.

One of the mental health service providers said "We deliver mental health services based on the project design, period, funding and policy. My organization focuses on counselling and family therapy only and we cannot offer any form of counselling beyond our project design". This implies that even when there are mental health concerns outside a project design, one cannot offer service but ends up referring to another organization handling that field of mental health.

In regards to weather mental health screening and assessment are consistently implemented across the different zones in Nyumanzi refugee settlement, 16% of the respondents agrees to the statement while 60% of the respondents disagreed and this implies that mental health screening or assessment are done occasionally.

One of the respondents said "screening and assessment are done depending on the number of outreaches the organization have. She added that Nyumanzi is a very big settlement and the few mental health service providers have to cover the entire settlements in Adjumani so sometime it takes months or weeks for screening to be done in the different zones in the settlement"

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

This study investigated mental health service delivery and the wellbeing of the refugees a case study of Nyumanzi refugee settlement, Northwestern Uganda, Dzaipisubcounty, Egge village, Adjumani district. The study found out that the major

The study found out that the available mental health services are not able to meet the mental health needs of the refugees, the mental health services provided to the refugees are of poor quality and the refugees are not satisfied with the available mental health services.

In regards to accessibility of mental health services, the study found out that there is a lot of stigma, discrimination and socio cultural barriers that prevent the refugees from accessing mental health services, the available mental health services are not integrated within the social services and however there is prioritization of pathways for urgent cases, it becomes inaccessible due to the cost that one has to incur for medications and welfare of the patient and lastly, the mental health specialist are mostly dependent on interpreters and this implies that in the absence of interpreters, mental health services becomes inaccessible.

In regards to reliability of mental health services provided to the refugees, the study found out that the refugees often report receiving different quality and continuity of mental health services from the different mental health service providers, the mental health services provided are totally dependent on the policies, fundings and organization's culture which differs across mental health service providers across different organizations and lastly, mental health screening and assessment are inconsistently done across different zones within Nyumanzi refugee settlement.

5.2 CONCLUSION

The findings from this study indicated that there is still an existing gap on mental health service delivery and the wellbeing of the refugees in Nyumanzi refugee settlement Adjumani district. In overall the most frequently reported challenge in mental health service delivery were in the quality of mental health services offered to the refugees, socio cultural barrier and stigma associated with accessing mental health services, language barriers which makes it hard for refugees to access services and policies, fundings and culture of the organization that differs across mental health service providers including inconsistency in assessment and screening across the different zones in the settlement.

5.3 RECOMMENDATIONS

Basing on the research findings, the study recommends that:

Stigma and socio-cultural barriers related to seeking mental health services should be addressed. This can be done through education and awareness creation, encouraging open discussions about mental health, providing training for mental health professionals to provide culturally sensitive mental health services and encouraging help-seeking behaviours among the refugees.

Ample training should be provided to community-based leaders in other words, para-counsellors should be trained from among the refugee community to equip them with knowledge and skills of identifying and managing early signs of mental health problems within the community. This will help in bridging even the gap of language barriers and ensure continuity of mental health service delivery even in the absence of funding from external sources.

The government of Uganda should partner with the different organizations providing mental health services to enable them come up with uniform methods and culture in management of mental health problems and this will help in providing quality mental health services to the refugees.

5.4 AREAS OF FURTHER RESEARCH.

Future studies could involve the avenues of research listed below.

1. Stigma and socio-cultural barriers to access of mental health services among the refugee communities
2. Refugee mental health and parenting practices
3. An intervention study on how to bridge the gap between mental health service delivery and language diversity in the refugee community.

APENDICIES

APPENDIX 1: QUESTIONAIRE

INTRODUCTION AND BACKGROUND:

Dear respondent,

My name is Atim Teddy a student of social work and social Administration at Uganda Christian University Mukono and I am conducting my research titled "Mental Health Service Delivery and the Wellbeing of the Refugees" a case study of Nyumanzi refugee settlement Adjumani district. I assure confidentiality of the information given to me during this research and this research will contribute to the award of my Bbachelor's degree in Social Work and Social Administration. I would gladly appreciate your maximum cooperation and participation.

SECTION A: PERSONAL BACKGROUND INFORMATION:

Tick where applicable

1. What is your gender?

a) Male ☐ b) Female ☐

2**. What is your age group?**

a) 21-30 years ☐ b) 31-40 years ☐

c) 41-50 years ☐ d) above 50 years ☐

3. What is your highest level of education?

a) Primary ☐ b) Secondary ☐

c) Tertiary ☐ e) others specify: ☐

4. Marital status

a) Married ☐ b) single ☐

c) Separated ☐ d) Others specify ☐

SECTION B. AVAILABILITY OF MENTAL HEALTH SERVICES:

In this section, kindly indicate whether you strongly agree, agree, disagree, strongly disagree or not sure about the statement below. Examining the availability of mental health services.

NO	Question	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
01	There available mental health services to cover the mental health needs of the refugees					
02	The mental health services available to the refugees are of high quality					
03	The available mental health services have positively impacted the overall well-being of the refugees					
04	The refugees are satisfied with the available mental health services					
05	The refugees are informed about the availability of mental health services					

SECTION C:ACCESSIBILITY TO MENTAL HEALTH SERVEICE:

On this part, kindly answer with a yes or no question and give reasons to justify your response. Examining accessibility of mental health services at Nyumanzi refugee settlement

qn	Question	yes	No	Reason for yes/no
01	Are mental health services located in areas that are convenient and accessible for refugees?			
02	Do mental health service providers employ interpreters or have bilingual staff to overcome language barrier? Are the mental health services available in languages spoken by refugee populations?			
03	Are the refugees facing any stigma/discrimination or sociocultural barriers preventing them from accessing mental health services?			
04	Are the available mental health services integrated within health care and social services or they are in separate locations			
05	Are there prioritization of pathways for urgent cases and are the mental health services provided at a free cost?			

SECTION D. EXAMINING RELIABILITY OF MENTAL HEALTH SERVICES.

1. What training and supervision do mental health service providers receive to ensure they are delivering evidenced based interventions with fidelity?

2. What mechanisms are in place to monitor client's satisfaction, treatment adherence and outcomes for refugees receiving mental health services?

3. To what extent do the refugees report receiving the same quality and continuity of mental health service providers and how does it impact service reliability?

4. How do policies, funding sources and organization's culture differs across mental health service providers and how does it affect does it affect reliability of services?

5. How consistent are mental health screening and assessment implemented across the different **zones?**

THANK YOU FOR YOUR COOPERATION

APPENDIX 2: LETTER FROM THE UNIVERSITY

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

June 26th 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **ATIM Teddy** Registration number **J22B15/019**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: **"Mental Health Service Delivery and the Wellbeing of the Refugees: A Case Study of Nyumanzi Refugee Settlement Adjumani District."**

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

Yours faithfully,

26 JUN 2024

PP Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email:dkukugiza@ucu.ac.ug

Teddy Atim

Mental Health Service Delivery and the well-being of the refugees...

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