# MENTAL HEALTH SERVICE DELIVERY AND THE WELL-BEING OF ADOLESCENTS IN KIMOMBASA ZONE, BWAISE DIVISION

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UGANDA CHRISTIAN UNIVERSITY

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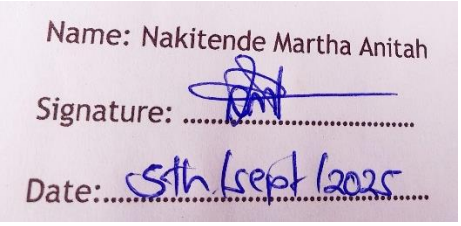
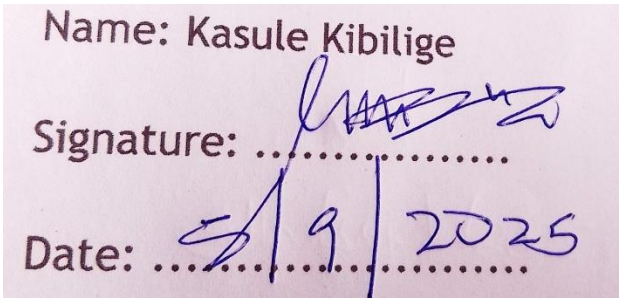
**Declaration**

I hereby declare that the work presented is my original work, not plagiarized and has not been submitted to any other institution for any award



## Approval

This is to certify that this dissertation was developed under my supervision



## Dedication

This dissertation is dedicated to my father Mr. Ssimwogerere Samuel and my siblings

## Acknowledgment

First and foremost, I extend my thankful appreciation to God for enabling me reach this far. Am also humbled by the support provided by my father Mr. Ssimwogerere Samuel and my siblings for the moral, financial and parental support rendered to me for this period of time I stayed at Uganda Christian University

Heartfelt appreciation goes to my supervisor Mr. Kasule Kibilige for the guidance and professional assistance rendered to me in this period of time

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## Abstract

The study examined mental health service delivery and the wellbeing of adolescents in Ki-Mombasa zone Bwaise division; the study identified specific aspects that may determine the availability, accessibility and the social work interventions towards mental health services to the adolescents. This study was guided by objectives which included, to assess the availability of mental health services, to examine the extent of mental health service accessibility and to explore the social work strategies aimed at improving provision of needed mental health services in Ki-Mombasa zone, Bwaise division. The findings indicate that mental health services in Ki-Mombasa zone are inadequate, withlimited access to specialized care, lack of trained health care providers, and insufficient funding. The study also reveals that adolescents in the area experience high levels of mental health problems, including depression, anxiety and substance abuse.

The study concludes that there is need for urgent attention to address the mental health needs of adolescents in Ki-Mombasa zone. Recommendations include addressing social cultural barriers, ample training of community-based leaders and call for social workers at Uganda Christian University to conduct more research and also educate others about adolescent mental health thus promoting community-based initiatives to support adolescent wellbeing.

# CHAPTER ONE

## Introduction

This chapter is aimed at examining mental health service delivery and the wellbeing of adolescents in ki-Mombasa zone, Bwaise Division. It covers the background of mental health generally and at national level of Uganda, statement of the problem, objectives and research questions.

The following is the background of mental health generally and at the national level of Uganda.

## Background

Mental health is the well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (Nsereko, 2017). Mental health involves psychological, emotional and social well-being which affects how people think, feel, and act (Nalugya, 2021). The mental health determines how people can handle stress, relate to others, and make healthy choices meaning that mental health is important at every stage of life from childhood and adolescence through adulthood (Lemuel, 2021). According to Tumwine's research of (2015) on the status of national and decentralised health status, Mental illnesses are caused due to various factors such as adverse childhood experiences which include traumatic experiences, sexual abuse and being exposed to witnessing violence.

Mental health status in Uganda shows that 4.6% and 2.9% suffer with depression disorders and anxiety disorders respectively and more of 5.1% are females and only 3.6% are the males who are affected with the mental health challenges (Tumwine, 2015). The status of Mental health in Uganda is that more than one person in five among the adults live with a mental illness, and also one person in fives among the youth aged thirteen to eighteen currently at any point of their life have serious debilitating mental illnesses (Tumwine, 2015). Mental health social workers engage mostly with clients struggling to overcome addictive behaviours, such as drug or alcohol abuse, or mental health conditions, such as eating disorders, clinical depression, and post –traumatic stress disorders among others.

The organization of Tusitukirewamu group have to first acquire and identify the trained professionals to provide treatment and help the organization to access mental health services and carrying out research about the existing mental health services and opportunities to access mental health services for the organization hence diversifying their knowledge on the treatment needs. However, this is not the same case in Butabika National Referral Mental Hospital as adolescents receive the necessary treatment required for their specific mental illnesses. Adolescents are placed in different units as of their progress, during internship I assessed adolescents in Kirinya Ward for female patients who are about to be released back to their family and the community, Pretty (not real name) was diagnosed with anxiety which is characterised by excessive fear said feared everything including her own clothes but due to the treatment she received at Butabika, she over her mental illness unlike other adolescents in Ki-Mombasa zone who barely receive the mental health services.

## Statement of the Problem

The mental health of the adolescents in Ki Mombasa zone Bwaise division continues to be a public health challenge and very critical when it comes to their social functioning since close to 14 million people in Uganda have mental illnesses (WHO, 2022). The access to the mental health services by the Adolescents in Ki Mombasa remains a challenge which often leads to mental health disorders such as anxiety, stress, depression, which are attributed to alcohol consumption, cultural expectations and poverty, post traumatic disorders among Adolescents. As of 2022, close to around 22.9% of Uganda Youth showed signs of mental health related illnesses, this state impact on the well-being of Adolescents in the area hence the reality of the matter. A number of social problems have been attributed to adolescent mental health in Ki- Mombasa zone but the outstanding include stigma and discrimination, social isolation and loneliness, family conflicts. Ki-Mombasa zone is located in Bwaise Division, a slum area neighboring Kampala, Uganda’s capital and largest city.

It has an expected population of 30,000 people with 30% being Adolescents. The area is mostly affected by water due to poor drainage with many water passages filled with domestic waste coupled with poor infrastructure. Prostitution is the major activity in

the area and it has been attributed to adolescent mental health as many Adolescents have decided to practice the activity. Many organizations like Tusitukirewamu Group have come up to help Adolescents with mental health issues through peer support groups led by mental health professionals, adolescent empowerment programs to enhance their confidence and self-expression, the organization also collaborates with mental health professionals to establish community mental health committees to help Adolescents with mental health. As a social worker conducting research about mental health among Adolescents, due to psychological services that remained unachieved by the people in Ki-Mombasa zone, Bwaise Division, this serves as a reason for this research in assessing the access to mental health services and the wellbeing of Adolescents in Ki-Mombasa zone, Bwaise division

## Objectives

i. To assess the availability of mental health services in Ki-Mombasa zone, Bwaise Division.
ii. To examine the extent of mental health service accessibility in Ki-Mombasa zone, Bwaise Division.
iii. To explore social work strategies aimed at improving provision of needed mental health services in Ki-Mombasa zone, Bwaise Division.

## Research Questions

i. What types of mental health services are currently available in ki Mombasa zone, Bwaise Division?
ii. What are the barriers to accessing mental health services in Ki-Mombasa zone, Bwaise Division?
iii. What social work interventions have been effective in improving mental health service access and utilization in Ki- Mombasa zone, Bwaise Division?

# CHAPTER TWO: LITERATURE REVIEW

## Introduction

This section represents a review of related literature on mental health service delivery and the well-being of adolescents, focusing on the global perspective and narrowing it down to Uganda and to the case. This review will be presented under the identified variables in relation to the study objectives. The literature review will include text books, journals and other articles with information related to the study.

## To assess the availability of mental health services

The global mental health situation for adolescents presents a pressing challenge, with approximately 10-20% of adolescents experiencing mental health disorders, yet 70-80% of those in need do not receive adequate care (World Health Organization, 2024). This gap is more pronounced in low- and middle-income countries, where mental health services are often limited. O'Reilly et al. (2018) reported that only 15% of schools worldwide have implemented any form of mental health promotion, leaving a large portion of adolescents without structured support systems. For marginalized youth, who are disproportionately affected by factors like poverty and discrimination, the risk of developing mental health issues is 30-40% higher compared to their peers (Sapiro& Ward, 2020). Liegghio et al. (2019) also highlight that while evidence-based practices in mental health have shown success in many populations, they often fail to address the cultural and socioeconomic nuances required to reach marginalized youth effectively. These statistics indicate an urgent need for more accessible, context-sensitive mental health services worldwide.

In Uganda, adolescent mental health challenges are increasingly recognized, with recent statistics revealing that 21% of adolescents suffer from mental health disorders, while only 10% of those affected receive adequate mental health services (Iversen et al., 2021). This situation is exacerbated by a scarcity of mental health professionals; Uganda has about 1.5 mental health workers per 100,000 people, a ratio significantly below the World Health Organization's recommendation (Opio, 2021). In urban areas, particularly among adolescents from low-income backgrounds, the prevalence of mental health disorders reaches nearly 25%, with depression and anxiety being the most

common conditions (Sapiro& Ward, 2020). Despite some school-based initiatives to address adolescent mental health, stigma and lack of funding continue to limit the effectiveness of these programs (O'Reilly et al., 2018). The limited reach of these services underscores the necessity for targeted, resource-intensive interventions to meet the needs of Uganda's adolescent population more effectively.

In Ki-Mombasa Zone, Bwaise Division, mental health challenges are even more pronounced, with studies showing that up to 30% of adolescents in this densely populated slum area experience symptoms of depression, anxiety, or trauma-related disorders (Opio, 2021). The infrastructural constraints and high poverty rates in Bwaise contribute significantly to the limited access to mental health services (Iversen et al., 2021). Additionally, the area has a high crime rate and substance abuse prevalence, with 40% of adolescents reported to have engaged in or been exposed to substance use, a factor strongly associated with mental health challenges (Liegghio et al., 2019). This situation demonstrates a critical need for localized mental health services that address both the clinical and socioeconomic barriers impacting adolescents in Ki-Mombasa. These statistics point to a significant gap in support systems tailored to the unique circumstances in this urban slum area, underscoring the need for a structured, community-based mental health initiative.

Community mental health services available for adolescents' wellbeing

Globally, there is wide variation in adolescent mental health services available, with considerable challenges in the provision of services, particularly in low-resourced settings. While mental health services for adolescents have received increasing attention in the USA, access remains uneven and disproportionately poor for marginalized communities (Bryant et al., 2018). According to Sapiro and Ward (2020), significant barriers exist in access to mental health care for marginalized youth, including stigma and lack of culturally relevant services. In Europe, although O'Reilly et al. (2018) identifies a growing focus on school-based mental health interventions, widespread inequalities exist in service provision. In this respect, Roy et al. (2019) indicated that such adolescent mental health services are usually underdeveloped in

the Asian countries, including India, though their policies are intact, but there is poor implementation.

In Uganda, adolescent mental health services remain limited, particularly within marginalized communities, where access and support are notably sparse. Studies have highlighted the necessity for community-based mental health services, which have the potential to reach more adolescents in need. Iversen et al. (2021) found that only 10% of Ugandan adolescents who require mental health services receive adequate support, largely due to a shortage of facilities and professionals within slum areas. Community services, such as those provided by local health centres, are minimally equipped to address the full scope of adolescent mental health needs, with a particular deficit in counselling and psycho-social support programs (Opio, 2021). Additionally, stigma around mental health often discourages adolescents from seeking the limited available services, exacerbating their vulnerability and limiting the effectiveness of these community resources (Sapiro& Ward, 2020).

In Uganda's urban slums, such as Bwaise, mental health challenges among adolescents are closely tied to socio-economic factors like poverty, crime, and substance abuse, which intensify the need for accessible community mental health interventions. According to Opio (2021), over 20% of adolescents in these areas report symptoms of depression or anxiety, while structured mental health interventions are scarce. School-based mental health programs, though promising, are still not fully integrated in Uganda's education system and, in slum areas, often lack the necessary resources and trained staff to be effective (O'Reilly et al., 2018). Community organizations and NGOs occasionally attempt to fill these gaps, but their efforts are often short-term due to limited funding and high demands, leaving the majority of adolescents without sustained support (Iversen et al., 2021). This highlights a substantial need for well-resourced, community-anchored mental health initiatives that can offer consistent, holistic support for adolescents.

Specific interventions within slum areas like Bwaise remain insufficient, as existing community services rarely include specialized mental health care designed for adolescents (Sapiro& Ward, 2020). While some initiatives focus on addressing substance

abuse or trauma, these are frequently adult-oriented, excluding adolescents who face unique developmental and socio-psychological challenges (Liegghio et al., 2019). Moreover, according to Iversen et al. (2021), the infrastructure in these densely populated areas does not support regular outreach, and adolescents often face logistical barriers in accessing even the limited services available. Given the high prevalence of mental health issues, including trauma-related disorders resulting from exposure to violence and substance abuse, it is crucial for community services to be both accessible and adolescent-focused, which remains a considerable gap in slum areas of Uganda (Opio, 2021). This gap emphasizes the need for targeted, sustainable interventions specifically geared toward the well-being of adolescents in underserved urban slums.

### To examine the extent of mental health service accessibility

The accessibility of mental health services for adolescents in Uganda, especially in slum areas, faces numerous challenges that limit effective care. According to Iversen et al. (2021), one major barrier is the lack of specialized mental health facilities and trained professionals in low-income regions, which disproportionately affects adolescents in urban slums who already face elevated stressors. The limited mental health workforce in Uganda means adolescents in slum areas often go without support, leading to a gap in timely and culturally appropriate services for mental health needs (Iversen et al., 2021). Additionally, this challenge is exacerbated by socio-economic factors that prevent families in impoverished areas from seeking mental health services due to associated costs (Sapiro& Ward, 2020). Consequently, despite the rising awareness, adolescents in Ugandan slums still encounter significant obstacles in accessing necessary mental health resources.

Stigma around mental health remains a critical barrier for adolescents seeking support, particularly in densely populated, impoverished communities. Liegghio et al. (2019) argue that adolescents often face societal judgment when attempting to access mental health services, a phenomenon especially pronounced in slum areas where mental health is misunderstood. In Uganda, stigmatization is compounded by limited mental health education, which reduces service accessibility for adolescents struggling with

mental health conditions (Liegghio et al., 2019). Opio (2021) further emphasizes that the prevailing misconceptions about mental health, particularly in slum communities, discourage adolescents from seeking help, leading to untreated mental health conditions that can adversely impact well-being and future potential. Thus, the cultural stigma surrounding mental health in Uganda's slum areas greatly hinders adolescents from accessing available services.

Another significant barrier to mental health accessibility is the lack of school-based mental health initiatives, which limits early intervention opportunities for adolescents in Uganda's slum regions. As O'Reilly et al. (2018) highlight, school-based programs are effective in promoting mental health, yet are largely absent in Ugandan slum schools, denying adolescents' access to preventive resources. Similarly, Sapiro and Ward (2020) assert that mental health support within educational settings is critical for adolescent development, but this support remains underfunded and under-prioritized in slum regions. As a result, adolescents in Ugandan slums miss out on the structured support that schools could offer, creating a need for policies to enhance the presence and quality of mental health resources in these underserved areas.

### To explore social work strategies aimed at improving provision of needed mental health services

The reliability of mental health services available to adolescents in Uganda, particularly in slum areas, has been questioned due to gaps in accessibility, funding, and sustainability of care. Iversen et al. (2021) point out that while there have been efforts to provide mental health support in Uganda; these services are often inconsistent and difficult to sustain, particularly in low-income regions. This inconsistency is further complicated by a lack of resources and trained mental health professionals, making it challenging to provide consistent, reliable care to adolescents in need (Iversen et al., 2021). As a result, adolescents in slum areas often experience interruptions in service delivery, limiting the effectiveness of these interventions in improving their well-being over time (Sapiro& Ward, 2020).

Reliability issues are further compounded by the lack of integration between mental health services and other community support systems, particularly in under-resourced

settings. Liegghio et al. (2019) emphasize that adolescents who rely on mental health services in these areas often face barriers due to the fragmented nature of support structures, which fail to holistically address their needs. Additionally, many mental health services designed for adolescents in Uganda rely on sporadic funding, leading to gaps in service continuity (Liegghio et al., 2019). This financial instability affects the availability of essential resources such as counselling and therapy, further reducing the reliability of mental health services and the ability of these services to provide consistent support for adolescents' well-being in Uganda's slum areas (Opio, 2021).

Furthermore, the reliability of mental health services in Ugandan slums is hindered by socio-cultural challenges and the lack of community-based models tailored to address adolescents' needs. O'Reilly et al. (2018) argues that without culturally sensitive and community-centred models, mental health interventions may lack effectiveness, especially in slum communities where stigmatization and socio-economic hardships are prominent. In these contexts, adolescent mental health services often fail to deliver consistent results due to their limited adaptability to the community's unique challenges (O'Reilly et al., 2018). This lack of reliability in mental health service provision underscores the need for sustainable and culturally responsive models that ensure continuous support for adolescents in Uganda's marginalized areas (Opio, 2021).

Social work roles in improving mental health of adolescents

Social workers play a crucial role in supporting the mental health of adolescents, especially in underserved areas like slums, where barriers to care are significant. In Uganda, where the prevalence of mental health challenges among adolescents is high, social workers are essential in delivering holistic, accessible support (Iversen et al., 2021). They provide essential services such as counselling, advocacy, and community outreach to address the mental health needs of young people facing social and economic hardships (Opio, 2021). This involvement is particularly beneficial in slum areas, where adolescents are more likely to encounter poverty, violence, and limited access to mental health services (Sapiro& Ward, 2020).

In addition to individual and group counselling, social workers in Uganda contribute to mental health by implementing community-based interventions. Liegghio et al. (2019) highlight the importance of community-centred approaches, where social workers organize workshops and educational programs to reduce stigma and raise awareness about mental health. These activities help adolescents and their families understand mental health issues and promote early intervention, which is critical in preventing the escalation of mental health challenges (Liegghio et al., 2019). In slum settings, social workers also work closely with schools and other community organizations to create supportive environments for adolescents, which enhance the impact of mental health interventions in such marginalized areas (O'Reilly et al., 2018).

Furthermore, social workers play a key role in advocating for policy changes that address mental health needs in slum communities. They work with local governments and non-governmental organizations to secure resources and establish mental health services within these communities (Iversen et al., 2021). By bridging the gap between policymakers and communities, social workers help ensure that mental health programs are culturally relevant and accessible to adolescents in slums (Sapiro& Ward, 2020). This advocacy is vital for sustainable mental health care, as it encourages the establishment of long-term resources and support systems to meet the mental health needs of Uganda's adolescent population (Opio, 2021).

# CHAPTER THREE: METHODOLOGY

## Introduction

This chapter is a detailed description of the methodology that will be employed in this study to analyse the delivery of mental health services and the well-being of adolescents in Ki-Mombasa Zone, Bwaise Division. The study describes the plan of the research design, instruments of data collection, procedures of collecting the data, techniques of content analysis, and incorporation of ethical considerations during the time of gathering data.

## Research design

Evaluation research, also known as program evaluation, uses research methods and instruments for a specific goal, to look into social programs like drug rehab, mental health treatment, welfare, and treatment programs. Programs for training and employment or health (Rafael J Engel, Russell K. Schutt, 2014). This study will adopt an evaluative design in reviewing available mental health services within the Ki-Mombasa Zone in terms of their accessibility, quality, and ultimate contribution they make towards improving the well-being of adolescents. The collection and analysis of data should be done to obtain at the time of the research an overview of the status of mental health services, achievements, gaps, and additional actions that can be carried out. This would be important to determine if mental health services in the region meet the specific needs of adolescents to improve their well-being.

## Research area

The study was conducted at the ki-Mombasa zone since it has the highest number of adolescents with mental illnesses and those who have ever suffered from mental illnesses. It is a slum area in Bwaise with over 3000 households, most of the adolescents receive mental health services and others end up not receiving any since mental illnesses are attributed to witchcraft. Most of the people in ki-Mombasa are illiterate and prostitution is the main activity in the area.

## Data collection instruments

**Documentary review checklist:** A documentary review checklist will be developed to assist in gathering documents useful for assessing the delivery of mental health services to adolescents in the Ki-Mombasa Zone. These documents include utilization of services reports, assessment records at different levels of local health organizations, and strategies for delivering mental health care (Islam, M. R 2024). Other documents to be reviewed will emanate from authorities from the Bwaise Division heading programs concerned with the mental health of its adolescent residents. This checklist will ensure a systematic collection of data related to service accessibility and effectiveness.

**Published literature:**There will be a desk review of the existing research on adolescent mental health care, with an emphasis on studies carried out in Uganda and, if feasible, in slum regions. This will include scholarly journals, official documents, and policy briefs that will help identify gaps unique to slum communities and compare the state of mental health care today to best practices (Islam, M. R 2024). The literature review will also allow the researcher to contextualize the findings and further support the conclusion on how mental health services influence adolescents in Ki-Mombasa Zone.

## Data collection procedure

The data collection procedure will follow a series of procedures, starting with the ethics approval and permissions from the relevant authorities in Bwaise Division. Following approval, the researcher will conduct a documentary review guided by the checklists that will aid in the integration of information on the availability, implementation, and utilization of mental health services in the Ki-Mombasa Zone. At the same time, a desk review of the published literature on delivery issues of mental health services and adolescent well-being will also be done to gain correlative insights. Following this, the information from these sources will be organized, coded, and systematically analysed to establish the level of accessibility and effects of mental health services among adolescents within the area.

## Content analysis

In the field of social work, content analysis stands out as a methodical and impartial way to glean valuable information from many communication formats. The significance and use of content analysis as a data collection method are explained in this paragraph. To find patterns, themes, and underlying meanings in visual or aural content, social workers use content analysis.(Islam, M. R, 2024). This in turnwill enable the identification of recurring themes concerning access, service quality, and adolescent outcomes. Data from the documentary reviews and published literature will be categorized, coded, and analysed to make meaningful conclusions on the reliability and effectiveness of mental health services for adolescents in slum settings.

## Ethical considerations

**Voluntary involvement/participation.** Focus groups and detailed interviews frequently make it easy to confirm that study participants are giving their consent. Participants should always have the option to remove content when conducting qualitative interviews over several sessions (King & Horrocks, 2010). In participant observation research, upholding the voluntary participation standard can be more difficult. Complete engagement is rarely approved by researchers or institutional review boards since it provides no means of confirming that participants' involvement is voluntary. (Rafael et al., 2014).

**Confidentiality.** Although field researchers typically give their characters false names in their reports, this does not necessarily ensure that their research participants will remain anonymous. People in the environment under study could be able to recognize the people whose behavior is being described, which could give them access to information about their neighbors or coworkers that they had previously been denied. Therefore, to prevent identity revelation, researchers should try their best to remove any potentially identifying information from published information and, if needed, change irrelevant parts of a description. (Smithson 2008)

**Respect boundaries.** This is a major problem to professional social work practice guidelines. Because it frequently entails reducing the distance between the researcher

and the research subject, this is a unique problem in qualitative research. Qualitative investigators by showing interest in their worries and empathy for their situation could try to establish a connection with the people they intend to interview. Because participant observation studies can foster long-term relationships, it may seem natural for researchers to provide participants with practical assistance. (Rafael et al., 2014).

# CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRENTATION

## Introduction

This chapter presents the results of the secondary qualitative data analysis. The study was designed with the aim of achieving the objective of the study; assess mental health service delivery and its impact on adolescents, Ki-Mombasa zone, and Bwaise division.

It contains the findings, data presentation and analysis of the data collected from the identified social work literature on assessing the availability of mental health services, how do social workers collaborate with mental health professionals to provide services and how can social workers facilitate access to mental health services for adolescents in Ki Mombasa zone Bwaise division.

Despite the efforts to obtain comprehensive data, this study encountered several challenges specifically request for local documents related to mental health services for adolescents were declined by Kampala Capital City Authority Bwaise branch, they wanted me to first pay in order to give me information of adolescent mental health in the area, since their documents are not free for researchers. Tusitukirewamu group an organization where I did my internship from advised me to use the information that I saw them doing during community outreaches in the area.

The document provided are a collection of reviewed journal articles and academic publications focused on mental health service delivery, accessibility, social work strategies for adolescents in Ki-Mombasa zone, Bwaise division. The documents to use per question are described below.

### The articles used are outlined below

Integrated behavioral health and primary care: a common language. In integrated behavioral health in primary care: evaluating the evidence, identifying the essentials (pp.9-31). New York springer.

Tusitkirewamu Group: Mental health awareness among adolescents

Potential strategies for sustainably financing mental health care in Uganda. International journal of mental health systems, 12, 1-9.

Does mental health Gap training of primary health care providers improve the identification of child and adolescent mental, neurological or substance use disorders? Results from a randomized controlled trail in Uganda. Global Mental Health, 5, e29

Barriers and facilitators for access to mental health services by traumatized youth. *Children and youth services review*, *85*, 273-278.

What are the barriers to access to mental healthcare and the primary needs of asylum seekers? A survey of mental health caregivers and primary care workers. *BMC psychiatry*, *16*, 1-8.

The place of social work in improving access to health services among adolescents: A case study of Nakivale settlement, Uganda. *International Social Work*, *65*(5), 883-897.

Child and adolescent mental health services in Uganda. International journal of mental health systems, 15, 1-12.

“Helping myself empowered me to help young people better”: A stepped care model, with non-specialist workers (NSWs) addressing mental health of young people in urban vulnerable communities across the Mumbai metropolitan region in India. *Cambridge Prisms: Global Mental Health*, *11*, e95.

Implementation of an integrated behavioral health specialization serving children and youth: Processes and outcomes. *Journal of Social Work Education*, *56*(4), 793-808.

Improving collaboration between primary care and mental health services. *The World Journal of Biological Psychiatry* Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: A systematized review. *Health & social care in the community*, *30*(6), e6240-e6254.

A collaborative agenda for health and wellbeing in Uganda: medical social workers working with a community church. The Rout ledge international handbook of social development. Social work and the sustainable development Goals (Pp327-343). Rout ledge.

The place of social work in improving access to health services among adolescents: A case study of Nakivale settlement, Uganda. *International Social Work*, *65*(5), 883-897.

Interpersonal collaboration between social workers and community health workers to address mental health in the United States. A systematized review. Health and social care in the community, 30(6), e6240-e6254.

Access to child and adolescent mental health services in Uganda: investigating the role of primary health care and traditional healers. The University of Bergen, 2018

Improving collaboration between primary care and mental health services. The World Journal of Biological Psychiatry.

## Content Review

### The following research questions guided this research

1. What types of mental health services are currently available in ki Mombasa Bwaise division?
2. Are there any community-based mental health services in the Ki Mombasa zone Bwaise division?
3. Are there any collaborative efforts between mental health providers and community organizations in Ki Mombasa zone Bwaise division?
4. What are the most common barriers to accessing mental health services in Ki Mombasa zone Bwaise division?
5. Are the mental health services equitable to the adolescents?
6. Are there any initiatives to improve mental health service accessibility in Ki Mombasa zone Bwaise division?
7. What social work interventions have been effective in improving mental health service access and utilization in Ki Mombasa zone Bwaise division?
8. How do social workers collaborate with mental health professionals to provide services in Ki Mombasa zone Bwaise division?
9. How can social workers facilitate access to mental health services for adolescents in Ki Mombasa zone Bwaise division?

These published social work articles were selected because of the following reasons;

Some literature was written in the Ugandan context that is why they are produced by the social workers in Uganda and research was carried out in Uganda, while other articles were not produced in Uganda but they have information which can help me answer the designed questions. They are current in a way that they do not exceed ten years publishing.

## RESULTS

### To assess the availability of mental health services in Ki Mombasa zone, Bwaise division

on regards to the types of mental health available for adolescents, behavioral mental health professionals provide screening, assessments and interventions designed to prevent, detect and address mental health conditions, addiction and health conditions which are mostly exacerbated by trauma, stress and unhealthy behaviors among adolescents (Peek, C.J. 2013).Tusitukirewamu Group in Bwaise offers a range of mental health services which include counseling services like individual counseling, group counseling, family and psychological services like assessment and diagnosis with the help of mental health professionals, support groups like substance abuse, mental health support groups like depression and anxiety, community and home-based counseling, community outreach programs, sensitization and awareness campaigns. Adolescent counseling is one of the major since Ki-Mombasa has quite a number of Adolescents having mental health issues, this at the end enhances community resilience hence helping adolescents start coping mechanisms and also improve access to mental health and awareness.

### How do social workers collaborate with mental health professionals to provide services in Ki Mombasa zone Bwaise division?

Uganda has many Adolescents in different communities suffering from mental health conditions, how different community based organizations have come up to provide community based mental health services for examples Tusitukirewamu Group in Bwaise offers home based counseling where the organization visits people to their homes and

offers counseling especially to those who have trouble moving to the organization premises , this us followed by community outreach programs about mental health especially to different schools in the communities so that adolescents are helped. The organization also carries out sanitization and awareness campaigns about mental health especially for Adolescents who are discriminated and those facing challenges in the area. (Tusitukirewamu Group). Strategies for sustainable financing mental health care in Uganda, community mental health services are crucial for increasing access to care especially in rural areas, Uganda's mental health system relies heavily on our patient services with 70% of patients receiving care at community level facilities. He added on that community health care workers play a vital role in delivering mental health services. Community based interventions such as group therapy and peer support groups are effective in promoting mental health and wellbeing of Adolescents.

Collaboration between social workers and community organizations is very important, since it helps to provide a comprehensive, culturally sensitive and accessible service for children and adolescents. Mental health workers and community organizations work together to provide comprehensive services, community-based organizations can provide vulnerable resources, expertise and education, while mental health professionals provide diagnosis and treatment plans for Adolescents (Mancini et al.,2020). Akol et al 2018, Evaluated the effectiveness of mental health Gaps training for primary health care providers in identifying child and adolescent mental neurological or substance use disorders. Regarding collaboration between mental health workers and community organizations, Akol noted that training enhanced collaboration, leading to improved referral systems, shared care plans and community-based interventions specifically, Akol stated that trained primary health care providers reported increased collaboration with community health workers and school counselors, leading to better detection and management if mental health issues.Additionally,Akol highlighted the importance of community organizations involvement in mental health care, citing examples such as community-based support groups, family therapy and peer education. To manage child and adolescent mental health issues, collaboration with

community organizations is essential for effective mental health service delivery. (Akol et al., 2018)

Several barriers have been identified to affect Adolescent access to mental health services, including stigma and social norms, lack of awareness, cultural and religious beliefs, financial constraints, accessibility issues, dependence on parents or guardians and provider related limitations. Many Adolescents end up not receiving mental health services due to these barriers. (Mwenyango, 2022) Tusitukirewamu Group an organization in Bwaise which offers mental health services to adolescents in the area identified some of the barriers which included limited education and overcrowding since it is a the area, social obstacles like stigma, traditional healing practices, gender based violence, environmental factors including exposure to violence, poor sanitation and stress also take a tool on mental well-being and limits adolescents to access the mental health services allocated in the community. (Tusitukirewamu Group). However, that's not the case for Damian and other researchers he proposed that lack of awareness, limited-service availability, trauma related shame and guilt. Additionally traumatized youth faced unique challenges such as trust issues, fear of disclosure and difficulty in articulating emotions. (Damian et al., 2018). To improve access, he emphasized the importance of addressing these barriers and leveraging facilitates through trauma specific interventions; provide training and collaborative service delivery models.

In Uganda mental health services are quite not equitable to adolescents, however different researchers emphasized the need for equitable access to mental health services for Adolescents in Uganda, citing disparities in availability, accessibility and affordability in urban- rural disparities, socio-economic inequalities and cultural barriers hinder access, particularly for vulnerable groups. (Mwenyango, 2022). She recommended strategies to address these inequalities, including decentralizing mental health service training community health workers and integrating mental health into primary care. Mwenyago added on that involving Adolescent in mental health advocacy, levering technology for remote services and addressing stigma through community sanitization were proposed (Mwenyango, 2022). Equitable mental health services for

Adolescent's cause disparities in access and utilization, low income, racial or ethnic minority face significant barriers to accessing equitable mental health care. Recommendations like integrated, community based and culturally response services that priotize adolescent centered care. Additionally mental health services can better meet the unique needs of diverse Adolescents, reducing disparities and promoting optimal outcomes. (Mancini et al., 2020)

To improve adolescent mental health service accessibility, several initiatives have been proposed to enhance adolescent access to mental health services in Uganda. These initiatives have been proposed to enhance adolescents' access to mental health services in Uganda. These initiatives include school based mental health programs, integrating counseling services into educational settings, community based on outreaches, training village health teams and community health workers, tele- mental health services, collaborating with NGOs and faith-based organizations, to add on that, policy advocacy, pushing for increased funding and national mental health guidelines. (Mwenyango,2022).However, researchers like Iversen and others , highlighted several initiatives aimed at strengthening child and adolescent mental health services in Uganda which include training and capacity building for health care workers and teachers, integration if health into primary health care, sensitization and collaboration with traditional and faith healers, development of National Mental health guild lines and policies, plus establishment of child and adolescent Mental health units in referral hospitals. Additionally, he emphasized the importance of involving families and communities in mental health care and addressing socio-economic determinants of health (Iversen et al., 2021). The multi-faceted approach can also be used as an initiative to improve adolescent mental health services, Mancini mentioned integrated care models combining physical and mental health services, teletherapy, family centered and peer centered approach treatments. This at the end improves evidence-based treatments on adolescent mental health thus improving their overall well-being. (Mancini et al., 2020)

## How can social workers facilitate access to mental health services for adolescents in Ki Mombasa zone Bwaise division?

Social work interventions for improving mental health among Adolescents have been very effective for their well-being. The interventions include cognitive behavioral therapy (CBT) to address anxiety, stress and depression among Adolescents, family therapy to enhance communication and support, group therapy to foster social skills and peer connections, school-based interventions such as counseling and stress management programs for Adolescents, community-based initiatives including outreaches and peer mentoring and Trauma focused interventions for Adolescents experiencing trauma. Mitra emphasized the importance of culturally sensitive youth centered and evidence-based based approaches as well as collaborative partnerships between social workers, healthcare providers, educators and community stakeholders. (Shyam et al., 2024). he ministry of health in Uganda emphasizes effective social work interventions like integrating mental health services into primary health care and education coupled with community volunteers, promoting community awareness and collaborating with NGOs and private sector partners. The ministry stresses the importance evidence-based youth centered and adaptable interventions to address the unique needs of Ugandan adolescents (Ministry of Health, Uganda,2018).

Social workers collaborate effectively with mental health professionals in order to provide comprehensive mental health services to adolescents. Social workers play a vital role in connecting families with community resources, providing emotional support and addressing socio-economic determinants. To facilitate collaboration, regular interdisciplinary team meetings, shared electronic health records and clear communication protocols. Social workers can work closely with mental health professionals to develop treatment plans, provide counseling and offer services to improve on adolescent well-being. (Kates et al., 2019). A research carried out by Noel L, and others 2022 showed a systematic review of interprofessional collaboration between social workers and community health workers which in the end improved health and mental outcomes, particularly in disease prevention, chronic care and mental health interventions, while the review did not focus exclusively on Adolescents,

it highlights the potential benefits of social workers and community health workers collaboration in addressing mental health inequalities, effective collaboration can increase access to preventive care, mental health services and address health benefiting vulnerable populations including Adolescents. (Noel et al., 2022)

Social workers play a vital role in improving access to mental health services for Adolescents in Uganda. To address the unique needs of Adolescents, social workers can conduct outreach and community sanitization to reduce stigma around mental health, provide psychological first aid and trauma informed care, facilitate access to education and recreational activities to promote copying mechanisms. Additionally social workers can strengthen family and community support networks, advocate for culturally sensitive mental health services and collaborate with health care providers to integrate mental health into primary care. Social workers can help Adolescents overcome barriers to mental health services, address trauma and stress and promote resilience and well-being (Mwenyango, 2022). Akol 2018 highlights the vital role of social workers in improving access to mental health services for Adolescents in Uganda. Social workers can bridge cultural and linguistic barriers, provide counselors and psychological support and address social economic determinants through community based on interventions. They can also collaborate with traditional healers and community leaders to increase access. Akol recommends integrating mental health into primary health care and education, building social workers capacity and strengthening community-based initiatives. By addressing stigma, poverty and violence, social workers can significantly improve mental health outcomes for Ugandan adolescents, effective social work interventions can enhance awareness, reduce stigma and promote resilience intimately ensuring adolescent mental health (Akol et al., 2018)

## CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

This chapter contains the conclusion on the findings on mental health service delivery and the wellbeing of Adolescents at Ki-Mombasa zone, Bwaise Division, available mental health services, barriers to accessing mental health services, as well as the social work interventions that have been effective in improving mental health services access and utilization in Ki-Mombasa zone, Bwaise Division.

### Conclusion

The findings from the study indicated that there is still an existing gap on mental health service delivery and the wellbeing of Adolescents in Ki-Mombasa zone, Bwaise zone. In overall the most frequently reported challenges in mental health service delivery were stigma and social norms, lack of awareness, cultural and religious beliefs plus financial constraints.

### Recommendations

Basing on the research findings, the research 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 encourage help seeking behaviors among the Adolescents.

Ample training should be provided to the community-based leaders in others words; community organizations should train their counselors and social workers from among the community to equip them with knowledge and skills of identifying and managing early signs of mental health problems within a community. This will help in bridging the gap of language barriers and ensure service delivery even in the absence of funding from external sources.

This also calls for the social workers at Uganda Christian University to conduct more research on educating adolescents with mental health and family support, with these strategies, adolescents are empowered hence fulfilling the social work roles and practice at Ki-Mombasa zone, Bwaise Division. This helps generations of more and essential strategies of enabling the Adolescents with mental health to attain education thus fulfilling the social work roles of solving problems in human relations and empowerment of Adolescents with mental health at Ki-Mombasa zone, Bwaise Division.

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