Addressing the state of mental health in South Sudanese refugees across Uganda

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Abstract The civil unrest in South Sudan has displaced masses of people, making it the world's third largest refugee population. Close to 40% of these refugees have fled to Uganda, where many occupy United Nations refugee settlements and attempt to build new lives for themselves. The traumatic and stressful experiences of living through war, violence, and human rights violations, escaping their home country, settling in a new environment, and a lack of specialized support services severely heighten the risk for these refugees to suffer from mental health problems and even develop mental disorders. Mental health problems and disorders amidst South Sudanese refugees in Uganda are indeed prevalent and a cause for concern, as suicide rates in refugee settlements continue to increase annually, and as poor mental health leads to increased domestic violence, substance use, and high student attrition rates that lower the quality of life for these refugees. This narrative review seeks to summarize the existing knowledge on the current state of mental health amidst South Sudanese refugees in Uganda by exploring the factors influencing mental health problems and disorders, in addition to the infrastructure and support available for mental health in refugee settlements. The review has found key causes of mental health problems to fall under the themes of financial and economic issues, war-related stressors, hardship and social instability within the refugee settlement, domestic problems, stressors specific to female refugees, as well as the vulnerability of young refugee populations. The available support for mental health is largely provided by international humanitarian organizations, which tend to focus on certain vulnerable groups, revealing a lack of mental health support and resources for the general refugee population. Using these findings, directions for future interventions and research are proposed.

INTRODUCTION

The 2013 civil war in South Sudan triggered one of the worst refugee emergencies seen in all of Africa and is the third largest in the world as of 2021, wherein over 2.2 million people were displaced (UNHCR, 2017b). South Sudanese citizens reported fleeing to neighbouring countries for a myriad of reasons, primarily the fear of physical and sexual violence, persecution, and forced recruitment of children for war (UNHCR, 2017b). Uganda, in particular, has experienced a rapid influx of South Sudanese refugees, and was projected to receive 20,000 more arrivals in 2020 (Adaku et al., 2016; UNHCR, 2017b; UNHCR, 2018a). There are a total of 1.5 million refugees in Uganda alone as of August 2021, with 61.6% of the population originating from South Sudan (UNHCR, 2021).

Brutal conflicts in South Sudan have claimed thousands of lives, while survivors live to have witnessed and undergone repeated human rights violations including rape, burning of villages, and torture (UNHCR, 2017b; UNHCR, 2018a). Even as they flee the country, they continue to experience stressful and traumatic encounters – the journey across the border subjects them to counts of violence, sexual assault, and exploitation by smugglers and armed groups who have detained escapees for ransom and even torture (UNHCR, 2018a). As a result of repeated abuse and mistreatment, many groups arrive in Uganda with malnourishment and deep psychological distress (UNHCR, 2018b). Their stress is often compounded as they settle into refugee camps, having to adjust to poor sanitation, overcrowding, and sexual violence (Finn Church Aid, 2019; Plan International, 2018; UNHCR, 2018b). The multitude of distressing events that South Sudanese refugees are typically exposed to, as well as having to battle the aftermath of trauma in a continually stressful environment void of robust services, severely increase their vulnerability to the development of mental health challenges.

Indeed, according to Adaku et al. (2016), there was a widespread mental health crisis amidst

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South Sudanese refugees in Uganda in dire need of mitigative action and support. The United Nations Children's Fund (UNICEF) has declared that most refugee children from South Sudan have experienced psychosocial distress (UNICEF, 2021). An assessment by the United Nations Refugee Agency (UNHCR) and partner organizations found that 19% of refugee households in northern Uganda reported at least one family member who suffered psychological distress (UNHCR, 2018b). Moreover, UNHCR found that the number of suicides and suicide attempts among South Sudanese refugees living in settlements in Uganda doubled in 2019 compared to the previous year (Nuri, 2020).

A high proportion of South Sudanese refugees in Uganda present severe signs of emotional distress and acute stress reactions (Mogga, 2017). Depression, anxiety, and post-traumatic stress disorder are among the most common mental disorders present amongst these people seeking refuge (Adaku et al., 2016; Finn Church Aid, 2019; Humanity & Inclusion Canada). A study conducted in Uganda found that 46% of South Sudanese refugees met the criteria for post-traumatic stress disorder while another South Sudanese study found that 50% of the sampled population met the criteria for depression (Karunakara et al., 2004; Roberts et al., 2009). Other common mental disorders among refugees in Uganda include bipolar disorders, alcohol and drug use disorders, and schizophrenia (Patel, 2007).

Individuals can, of course, experience symptoms that might be indicative of poor mental health at hugely varying degrees; while some may experience little to no mental health challenges, others can experience symptoms severely. Indeed, reports have shown that upon arrival at refugee settlements, some groups, especially children (who are vulnerable at their developmental age), can face psychological and somatic manifestations of trauma responses including insomnia, regressive behaviours, social withdrawal, and self-destructive outbursts (World Vision, 2020). When symptoms are left untreated or unsupported for long periods of time — especially when aggravated by the existing challenges that South Sudanese refugees face, such as poor working conditions, poverty, and documented hostility from host communities (Adaku et al., 2016; UNHCR, 2018b) — detrimental impact to the individual's wellbeing becomes increasingly likely. Indeed, studies have shown proof of decline in cognitive functions such as attention, processing speed, and executive function in individuals with psychiatric symptoms (Lam et al., 2014; Hasselbalch et al., 2015; Trivedi, 2006). This may be a contributory factor to the high rate of absenteeism and dropouts commonly seen from schools in Uganda's refugee camps (Finn Church Aid, 2019; Ministry of Education and Sports, 2018). Furthermore, individuals may turn to negative coping mechanisms such as alcohol use, substance use, and self-injury, which, if left unsupported, could result in exacerbation of mental health issues through manifestations like substance use disorders and suicidal behaviours (Center for Substance Abuse Treatment, 2014; Finn Church Aid, 2019; Woodward et al., 2020).

We recognize that stressful or traumatic events affect individuals to hugely varying degrees, wherein individuals can present an array of psychological responses subjective to myriad factors such as their psychological traits, developmental processes, and severity of trauma. However, it is crucial to address possible dire outcomes in which mental health problems in some individuals can significantly impact wellbeing as a result of maladaptive behaviour, suicidal thoughts, physiological dysfunction, and more (Adaku et al., 2016; Gross et al., 2019). We must acknowledge the urgency of the situation in order to tackle it before such possible outcomes become a reality for many more South Sudanese refugees. To do so, we must address the above reports which highlight the mental health challenges experienced by South Sudanese children, the impact this may have on the completion of their primary or secondary education (Lam et al., 2014; Hasselbalch et al., 2015; Trivedi, 2006), the knock-on effect this may have on access to further education and training, the labour market, and increased economic stability (Ganasen et al., 2007; Onyut et al., 2009). Indeed, at least 80% of refugees in Uganda already live below the international poverty line of US $1.90 per day, a financial strain that only further impacts the mental health of individuals, their peers, and family members, all while perpetuating vicious cycles of poverty and poor health (Ganasen et al., 2007; UNHCR, 2019). For example, violent tendencies can present themselves in certain individuals struggling with psychological symptoms and disorders (Link et al., 2015; Webermann & Brand, 2017), causing severe anxiety and fear in the peers who interact with them and ultimately leading to the development of anxiety and panic disorders in some (UNHCR, 2019). Moreover, reports have shown that the domestic and financial responsibilities of young children significantly increase when family members are experiencing challenges due to their mental health problems (Plan International, 2018). The burden that these children have to handle at such a young age can present itself as a major stressor leading to serious stress-related mental disorders (MSF, 2019; Plan International, 2018).

In an attempt to raise awareness about the gaps in mental health support and interventions across refugee settlements in Uganda, this review summarizes and evaluates the existing knowledge of the factors influencing mental health issues amidst South Sudanese refugees, as well as the existing infrastructure and resources available to support mental health in refugee settlements. Finally, the review discusses future directions for mental health interventions in refugee settlements based on the obtained findings. This article is presented as a narrative review because there is insufficient research in this field to complete a systematic review or meta-analysis.

METHODS

The literature search was completed in multiple phases across various databases. Google Scholar, Pubmed, Web of Science and MEDLine were first searched using various combinations of keywords such as "South Sudanese refugees", "Uganda", "mental health", "psychosocial support", and "mental disorder". Relevant articles that focused on any combination of these keywords were included. Articles dated before the year 2000 were excluded from the search.

From these initial results, more specific searches were conducted using keywords including the names of the refugee settlements, such as "Bidi Bidi", "Imvepi", and "Palorinya", as well as the names of humanitarian organizations, such as "UNHCR", "Transcultural Psychosocial Organization", "Médecins Sans Frontières" and "Finn Church Aid". Due to the lack of published research in journals specifying the work of these organizations, searches were conducted on Google to identify strategic plans,

situation reports, and evaluation reports issued from these humanitarian organizations.

We present this article as a narrative review because little research exists in this field and there is insufficient research content to complete a systematic review or meta-analysis.

LITERATURE REVIEW

Table 1 Factors influencing mental health problems amidst South Sudanese refugees in Uganda

Factor	Specific stressor
Financial and Economic	Affordability of sanitation and menstrual supplies Child labour Lack of access to education Poverty Unemployment
Within the Refugee Settlement	Hostility from some members of the host community Insufficient health services Lack of sanitation facilities Poor living conditions Stigmatization (constant identification as refugees)
War-Related	Trauma from escaping war zones Trauma from living in war zones Trauma from sexual and physical violence
Domestic	Alcoholic or drug-addicted parents and/or spouses Child labour Domestic violence Hostile home environment Lack of male head in family (fighting or targeted in war, death) Parents preventing children from attending school Sexual violence and assault
Girls and Women	Early marriage Household expectations and domestic workload Menstrual management – stigma of menstruation, lack of access to information and sanitation facilities Premature pregnancy Sexual violence by family and/or community members
Children and Youth	Alcoholism and drug abuse Group and peer influence Premature pregnancy School dropouts Unaccompanied minors living alone

Factors Influencing Mental Health Problems

The causes of mental health problems amidst South Sudanese refugees in Uganda are widespread and multifaceted. Stressors that contribute to poor mental health have been categorized and summarized in Table 1.

According to Nuri (2020), key factors contributing to a greater rate of mental illnesses and suicide include incidents of sexual and gender-based violence (SGBV), poverty, and traumatic events pre- and post-escape from home countries.

The Bidi Bidi refugee settlement, which is the largest refugee settlement in Uganda and home to more than 99% of South Sudanese refugees, had 570 documented cases of SGBV in 2017 alone (UNHCR, 2017a). Girls and women are assaulted not only within the community, in the streets, or on their way to school, but also within their families in the form of early and forced marriage (Finn Church Aid, 2019; Plan International 2018; UNHCR, 2017a). Forced marriage is a way to sustain basic needs for shelter, food, and security (Finn Church Aid, 2019), but it puts the health, education, and sexual protection of many girls at risk (Finn Church Aid, 2019; Mogga, 2017; Plan International, 2018). In a report by Plan International, young female refugees in Uganda identified access to education as a crucial aspect of their lives, as they believed education would protect their future by granting them independence through job security and financial stability as well as by preventing forced marriages (2018). However, female refugees report having excessive domestic workload such as caring for younger siblings, performing general household chores, and attempting to earn money, which result in an inability to focus on their education (Plan International, 2018). As a result, many young female refugees are unable to reap the protective benefits of education, as can be observed in a disproportionate ratio of male to female refugees (2:1) accessing secondary education in Uganda (Ministry of Education and Sports, 2018), and instead become increasingly prone to forced marriage and dependence on male figures. This can increase the prevalence of young females staying in exploitative and abusive relationships, which can be detrimental to their mental wellbeing (Finn Church Aid 2019; UNHCR, 2017a).

Meanwhile, poverty has been shown to have a statistically significant positive relationship with the prevalence of mental disorders, as economic inequity not only influences the provision of mental health services but also negatively impacts mental health (Ganasen et al., 2007). The extreme poverty in which refugees live contributes to the rise of stressors that can aggravate mental health conditions, such as food insecurity, inadequate healthcare services, and poor living conditions within the settlements (Adaku et al., 2016; Finn Church Aid, 2019). Moreover, this leads to adverse consequences for children and youth who are expected to generate income for the family, forcing them into child labour, which is mentally, physically, and socially harmful to them (Mogga, 2017; Plan International, 2018).

Research has shown that most mental disorders can begin between age 12 and 24, and more than 75% of mental health problems occur before age 25 (Kessler et al., 2005; Kessler et al., 2007; Okello et al., 2014). The diathesis-stress model as a framework in psychopathology has established that mental health burdens in childhood — in this case, traumatic experiences from living in and escaping war zones — can manifest themselves as both diatheses (underlying vulnerability) and stressors that lead to the development of negative coping behaviours and mental health issues (Broerman, 2018; Colodro-Conde et al., 2018; McKeever et al., 2003). The negative coping behaviours individually may also exacerbate mental health issues and contribute to the etiology of mental disorders in adulthood (Adaku et al., 2016; Finn Church Aid, 2019; Woodward et al., 2020).

Existing Infrastructure and Support for Mental Health

The Ugandan government has implemented progressive policies to support refugees in settlements, such as allowing them to live, farm, and work (UNDP, 2017). However, measures to improve psychological support and mental health within refugee populations have not been taken into account. The foundation of the existing infrastructure and support for mental health is largely made up of resources from international organizations and

agencies.

UNHCR formed a mental health working group in the Bidi Bidi refugee settlement in 2017, where 196 cases were registered and assessed (UNHCR, 2017a). Their mental health support has primarily been focused on unaccompanied refugee children and has been realized by working with partner non-profit organizations to provide community-based child protection. To do this, committees have been established to monitor abuse and conduct training sessions on positive parenting, child abuse, children's rights, and recognizing symptoms of trauma for foster families (UNHCR, 2019; UNHCR, 2020). The United Nations Entity for Gender Equality and the Empowerment of Women, also known as UN Women, has provided psychosocial support to female refugees across northern Uganda since 2013 (UNHCR, 2017a). The focus of UN Women is to offer support to victims of sexual and gender-based violence (SGBV) and sexual abuse through medical aid and education. Finn Church Aid (FCA) work to provide humanitarian assistance in the Bidi Bidi and Parolinya settlements; while they typically focus on education by creating permanent classroom structures and leading the education curriculum in the settlements, FCA have developed counselling services within the schools to support the mental health of the students (Finn Church Aid, 2018; Finn Church Aid, 2019). The Transcultural Psychosocial Organization (TPO) has provided an impressive amount of psychosocial support to the refugees at the Bidi Bidi refugee settlement; they have established psychological support and therapeutic interventions such as cognitive behavioural therapy for survivors of SGBV, which include comprehensive pre- and post-program assessments and sessions (Mogga, 2017). They have additionally provided education to survivors about mental health and illnesses, increasing their mental health literacy (Mogga, 2017). Through collaboration with UN Women, they have implemented advanced psychosocial support interventions for SGBV survivors (Nuri, 2020). TPO is one of the few organizations that have established programs educating the refugee population on suicide prevention, coping behaviours, and eliminating stigma associated with mental health (Nuri, 2020). They have also trained community healthcare providers on mental health care and deployed counsellors within the communities (Mogga, 2017; Nuri, 2020). TPO has additionally focused on providing services to refugee children centered around trauma healing and has worked with World Vision to implement specialized interventions for children struggling with high levels of trauma (Mogga, 2017; World Vision, 2020). According to Mogga (2017), in order to promote positive mental wellbeing, they have also established life skills development programs for youth and structured activities for children in child-friendly spaces. Médecins Sans Frontières (MSF) has taken into account mental health care when establishing their humanitarian healthcare programs, having started a SGBV and mental health clinic in the Bidi Bidi settlement with a trained team of psychologists, psychiatric nurses, psychiatric clinical officers, social workers, community health educators, midwives, and interpreters that largely provide support for post-traumatic stress disorder and depression (Ohanesian, 2019). MSF also opened a SGBV clinic in the Imvepi settlement in 2017 that continues to provide extensive psychological care services to SGBV survivors (MSF, 2019). Overall, MSF has provided 8600 individual mental health consultations across Uganda in 2017 alone (MSF, 2019). The Humanity & Inclusion (HI) organization works in the Omugo settlement, providing psychological first aid training to frontline aid workers and integrating psychiatric services in the local hospital (Humanity & Inclusion Canada). They have deployed teams of psychologists and social workers who provide comprehensive, long-term psychological care to patients (Humanity & Inclusion Canada). The Center for Victims of Torture (CVT) works to support victims of trauma and torture in the Bidi Bidi settlement, providing rehabilitative care through long-term mental health care programs led by local counselling professionals as well as psychological first aid to refugees in need of immediate care (The Center for Victims of Torture).

The UNHCR has estimated that US$927 million is required to address the basic needs (e.g., water, sanitation, food, health care, shelter) of the refugees in Uganda (Nuri, 2020). Unfortunately, the UNHCR and partners working on the refugee response have only amassed 40% of this amount, most of which has been contributed by donors in the international community (Nuri, 2020; UNHCR, 2019). These funds have reached just 29% of the South Sudanese refugees in need of these mental health services, and the organizations supporting mental health interventions continue to appeal to the generosity of donors to obtain funding (Nuri, 2020).

DISCUSSION

Reviewing the existing mental health infrastructure and support in place for South Sudanese refugees in Uganda, there is evidently limited mental health and psychosocial support available at an institutionalized level, and response efforts largely stem from international humanitarian organization and agency initiatives. Moreover, most interventions concentrate on providing support to victims of SGBV, with a minority focusing on other vulnerable groups such as unaccompanied children or young refugees suffering from high trauma levels. While the literature clearly indicates that SGBV and trauma are key contributors to mental health problems that disproportionately affect women and children—necessitating the delivery of specialized mental health services for these groups—this review has identified several other factors that are influencing mental health problems. Significantly, these factors are not exclusive to vulnerable groups in the community, but instead are more broadly applicable to most if not all individuals in Uganda's refugee settlements. Examples include financial stressors such as poverty and lack of access to employment opportunities, trauma from displacement (fleeing war and human rights violations in South Sudan), as well as stressors from living in a settlement, such as hostility from members of the host community and lack of access to basic provisions (Table 1). These stressors are relevant to the refugee community at large, making the general refugee population (and not only the addressed vulnerable groups) highly susceptible to mental health issues. Encountering adversity regularly debilitates their mental state, causing them to become increasingly vulnerable to events that may trigger mental disorders and problems. Despite the widespread presence of the general stressors in the refugee settlements, most current mental health interventions do not endeavor to address them, hence overlooking a significant proportion of individuals who may need support, but do not fall under a specialized group (e.g., victims of SGBV, unaccompanied minor, victims of torture). This necessitates the implementation of mental health interventions that are targeted at the general refugee population. One could argue that these stressors are social determinants of mental health issues that should be tackled by the

government and institutional policies to improve societal outcomes, yet the impact of these stressors on the mental health of the refugee community can be alleviated through interventions that center on empowering individuals to manage their mental state amidst generally stressful events and hardship.

A recommendation for such a form of mental health intervention is one that focuses on mental health literacy. Mental health literacy is defined as the knowledge and beliefs about mental disorders which aid their recognition, management, or prevention (Jorm et al., 1997). By introducing mental health literacy programs to educate refugees about mental health problems and address mental health stigma, they can be better equipped to cope with the aforementioned stressors (that would otherwise compromise their mental wellbeing) through generalized methods. For example, programs can teach individuals strategies to moderate the impact of stress on mental wellbeing, or ways to alter their behavior and thoughts when facing negative events, which would empower them to manage their mental state when dealing with stressors. Additionally, mental health literacy can help refugees struggling with poor mental health to make informed decisions about seeking help and treatment. This is especially beneficial as refugees would be able to undergo early intervention to prevent the exacerbation of their mental health problems and even impede the onset of psychiatric disorders from potentially triggering events in the future. Existing literature suggests that mental health literacy is associated with increased use of positive coping methods, more positive attitudes toward help-seeking, and fewer stigmatizing beliefs and attitudes toward mental health issues, which eradicate barriers to tackling mental health problems (Cheng et al., 2018; Jung et al., 2016; Svensson & Hansson, 2016; Venkataraman et al., 2019). Implementing such a generalized intervention that serves the refugee community as a whole counteracts the caveat of existing resources (wherein they are only tailored to specific groups in the community), hence meeting the need for mental health support for a substantial number of individuals who would otherwise be neglected.

We recognize that there is a paucity of literature and information about the topics that have been covered in this review. Not enough comprehensive needs and resource assessments have been conducted across all refugee settlements in Uganda to provide a thorough representation of the causes of mental health problems amidst the refugee populations. Furthermore, most reported mental health interventions by non-profit and humanitarian organizations have been located in the Bidi Bidi refugee settlement, since it is the largest settlement in Uganda. Local efforts to improve mental health outcomes in the communities, and concerted efforts to understand local conceptions of mental health, may have been neglected in the existing literature and must be centered in future interventions. Nevertheless, this review summarizes important information to contribute to the understanding of the state of mental health and available support for South Sudanese refugees in Uganda.

Our review will inspire further research in South Sudanese refugee settlements in order to better understand the level of need as well as existing gaps with regards to mental health challenges and available resources. Additionally, such research can inform the effectiveness and validation of mental health interventions developed to improve overall mental health outcomes in refugee populations.

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