

Feature: War is conquered, but mental illness remains

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Government expenditure on mental health is 1% of the health budget and 55% of this goes to Butabika hospital

It is at least eight years since the Lord's Resistance Army (LRA) last staged an attack within Uganda's borders, but Grace Acaa is yet to shake off the memories of the times the rebels terrorised her community.

A resident of Labongogali village near Gulu municipality, whenever Acaa recalls what her village went through at the hands of the LRA – from abduction, rape, defilement to indiscriminate killings – she develops mood disorders.

Dr Canaan Kateregga, the head of psychiatry at Gulu hospital, where Acaa receives daily treatment for her condition, says the mood disorders are symptoms of a mental illness known in medical circles as bipolar affective disorder.

“A patient with a bipolar affective disorder has periods of depression and of being extremely happy or being angry or short-tempered. In the morning they can be happy and in the evening very angry,” says Dr Kateregga.

The mental illness, known locally as lapoya in Acholi, or akazoole in Luganda, affects many women in northern Uganda owing to the effects of the nearly two-decade-long war. Its symptoms include irritability, excessive excitement, talking fast, undressing, increased energy levels and increased sexual urge.

“The victims are more talkative than usual, change quickly from one idea to another, are full of new ideas and plans, and are easily irritated by people who do not seem to understand them,” said Dr Kateregga.

“Sometimes this can make them aggressive towards people. Losing interest in all things and weight loss are also other symptoms.” Mental health patients may also want to do lots of pleasurable things such as spending money recklessly, giving away properties, taking part in risky adventures, excessive consumption of alcohol and taking illicit drugs.

Stressful events

At Gulu hospital, according to available records, 28-year-old Acaa is one of the 80 patients currently receiving treatment.

“On average we admit about three patients of mental illness daily,” reveals Dr Kateregga.

“Some of the patients are from South Sudan because they don't have mental hospitals there.”

South Sudan was carved out of the Sudan in 2011, following decades of war between the largely African south and Arab north. Dr Kateregga says bipolar affective disorder is largely caused by an imbalance of chemical transmitters in the brain that is caused by stressful events such as war, poverty, domestic violence, HIV/Aids and excessive consumption of alcohol.

Other factors leading to bipolar affective disorder include loneliness, lack of family, lack of drugs and not taking drugs as prescribed. Dr Kateregga says when people are isolated, they end up over-thinking, which affects their moods and that can result in them acquiring the disease. The executive director of Gulu hospital, Dr Nathan Onyachi, says the risk of any person developing bipolar disorder is one in 100. The risk is higher in children who have one parent with bipolar disorder.

Rising cases

The bipolar affective disorder is one of many mental illnesses that the post-war northern Uganda continues to grapple with. According to a report released on April 30 by the John Paul II Justice and Peace Centre, if nothing is done to check the spike in the problem, mental illness will surpass HIV as the most common condition in northern Uganda by 2030.

The report, launched at the Peace Centre's headquarters at Nsambya, is titled, '**Mental health in post-conflict Northern Uganda in the context of modernisation and traditional beliefs**'. It was written by Krygier Kamila, assisted by a research team of Alfred Avuni, Gloria Atwine and Joshua Mutebe.

According to the report, the UN peace-building programme study pointed out five major mental health problems as described by the communities in Acholi sub-region. These are, madness, neurological disorders and over-thinking.

The report says most donors in the region, who are active in the health sector, seem to concentrate on HIV/Aids or malaria, where successes might be more visible and tangible, than in an area such as mental health. The civil war in northern Uganda was one of the longest and most brutal, characterised by killings and mutilations of the civilian population. At one point, 1.6m people were internally displaced.

"All NGO staff interviewed were of the opinion that mental health is a serious issue and all mentioned PTSD (Post-Traumatic Stress Disorder) as the most common diagnosis, followed by depression. The high occurrence of PTSD was mostly associated with the war," says the report, whose data was collected in the districts of Gulu, Amuru, Lira and Oyam.

On a positive note, however, Dr Kateregga says mental patients can be healed, especially if they can receive timely medical attention.

"Those who come for treatment in early stages get better treatment and improve on their lives," the doctor said.

Unfortunately, for most of the patients, that is often the exception and not the rule. Due to limited education, poverty and other post-conflict social problems, many of them only go to hospital as a last resort.

"By the time they come to hospital, the patient is already mentally ill and others commit suicide because they see themselves [as] useless [after] being extremely depressed," adds Dr Kateregga.

The report says most mentally-ill people in northern Uganda are abandoned to roam the streets and villages as outcasts. This, it adds, is largely because the government does not provide sufficient funding for addressing mental health issues, especially in the countryside.

"The expenditure on mental health in Uganda is less than one-percent of the health expenditure and 55 per cent of this total amount is dedicated to Butabika National Referral Mental Health hospital in Kampala," the report states.

Lacking sufficient facilities and essential drugs, Gulu hospital faces a lot of internal challenges in its effort to manage mental illnesses.

“The medicine to treat mental health patients in Gulu hospital is not available and yet it is so expensive that patients can’t manage to buy it,” says Dr Kateregga.

Other problems, according to Dr Onyachi, are outside the reach of the hospital, such as when patients seek medication from witch-doctors or even resort to committing suicide. Yet given the right attention, according to medical experts, many of the mental problems can become a thing of the past, just like the war itself.

“A patient can get cured and resume to normal work,” says Dr Onyachi. “They can be treated well once they follow the doctor’s advice and also take the prescribed drugs.”

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