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Deconstructing Counselling: The Complexity of Psychosocial Support Services in Nakivale Refugee Settlement

Emily Luba
SIT Study Abroad

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Emily Luba

Advisor: Lydia Asiimwe, Refugee Law Project
Academic Director: Martha Nalubega Wandera
SIT Study Abroad, Uganda Post-Conflict Transformation
Colgate University

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Abbreviations

OPM: Office of the Prime Minister
UNHCR: United Nations High Commissioner for Refugees
NGO: Non-governmental Organization
IP: Implementing Partner
OP: Operating Partner
ARC: American Refugee Committee
MTI: Medical Teams International
VHT: Village Health Team
RLP: Refugee Law Project
EVI: Extremely Vulnerable Individual
PSN: Person with Specific Needs
PTSD: Post-traumatic Stress Disorder
DSM-V: Diagnostic and Statistical Manual of Mental Disorders
IASC: Inter-Agency Standing Committee
MHPSS: Mental Health and Psychosocial Support
PSS: Psychosocial Support
MH: Mental Health
RWC: Refugee Welfare Committee
NFI: Non-Food Item
GBV: Gender-based Violence
SGBV: Sexual Gender-based Violence
FGM: Female Genital Mutilation
NET: Narrative Exposure Therapy

Abstract

This research analyzes the psychosocial social support component of Mental Health and Psychosocial Support (MHPSS) services in Nakivale Refugee Settlement. The objectives are (1) to define psychosocial support (2) to contextualize what services are being provided in Nakivale (3) to analyze what challenges exist for providing adequate support and (4) to discuss some strategies being employed by refugees and service-providers to combat these difficult circumstances.

56 semi-structured individual and group interviews and 2 focus group discussions were conducted to reach 96 respondents. This total includes Congolese, Rwandan, Burundian, Somali, and Ethiopian male and female refugees and organization representatives from the United Nations High Commissioner for Refugees (UNHCR), Office of the Prime Minister (OPM), American Refugee Committee (ARC), Medical Teams International (MTI), Tutapona, the Refugee Law Project (RLP) and Mental Health Uganda.

The research highlights the interconnectedness of one's surroundings and one's mental-well being and importance of recognizing the overlap in service-provision. Psychosocial support services in Nakivale go beyond individual counselling, group therapy and psychiatric care to include livelihood assistance, material support (including food, non-food items and shelter) and protection. Hence, deconstructing a Westernized outlook on psychotherapy solely as counselling and medication is necessary for an analysis of psychosocial support in a refugee settlement.

The research notes challenges to adequate service-provision to include logistical barriers, material barriers and cultural barriers.The analysis also recognizes strategies for combatting these challenging surroundings: employing a holistic approach, adopting community-based mechanisms for awareness, capitalizing on refugee leadership and using other culturally-based and contextually-appropriate techniques during sessions and programs.

Overall, psychosocial support services in Nakivale are operating in a a culturally-based framework, but one that is severely limited by lack of personnel and funding in a high-need area. The overlying recommendation is that if this material gap were to be addressed, the effective ethno-central counselling and de-centralized programs which exist could expand to reach and follow-up with more individuals.

Introduction

Uganda is host to 422 435 registered refugees and asylum-seekers (January 2015, UNHCR 2015a). Nakivale Refugee Settlement is located in Insingiro district in the Southwestern region and as of January of 2015 included 72 290 of these individuals, 17% of the total refugee and asylum-seeker population (UNHCR 2015a). As last reported, the settlement contains 37 175 Congolese, 12 000 Somalis, 11 151 Burundians, 10 556 Rwandans, 1374 Ethiopians and Eritreans and 24 South Sudanese (UNHCR 2015a). In Nakivale, 32% of Rwandans and 48.1% of the Somalis were found to suffer from Post-traumatic Stress Disorder (PTSD) in an epidemiological study conducted in 2003 with a sample size of 14 400 (Onyut et al., 2009). Additionally, Ssenyonga et al. (2013) have found that 67.1% of Congolese residents suffer from PTSD (2013) in Nakivale.

The UNHCR defines Mental Health as a state when one is able to recognize his or her own capabilities (UNHCR 2015c: 15). The UNHCR defines Psychosocial as the recognition of the relationship between the psychological and social human experience (UNHCR 2015c: 15). Mental Health and Psychosocial Support (MHPSS) services address both of these areas, as defined by the Inter-Agency Standing Committee (ISAC) Guidelines and UNHCR: “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/ or prevent or treat mental disorders” (UNHCR 2013c: 19). Acknowledgement of the difference of MHPSS intervention and a MHPSS approach is key, as this examination looks at mostly at services where the primary goal is to improve the psychosocial capabilities of refugees (UNHCRa: 12). It is important to note that all areas of psychosocial support services, including material item provision, impact a refugee's psychological and social well-being and should be implemented accordingly. This research is focused on the psychosocial support intervention component of MHPSS although it takes the mental health aspect into consideration. The scope is to enhance the quality of findings through adapting a narrower focus on the social, non-medical component to MHPSS services provision.

The research specifically evaluates psychosocial support services in Nakivale Refugee Settlement in Southwestern Uganda through a qualitative analysis of observations and interviews with various refugees, non-governmental organization (NGO) staff members and government employees.

The aim of the research is to adequately contextualize how refugees can best be both psychologically and socially assisted by looking at the definition of psychosocial support, what services exist in the settlement, challenges to providing this support and strategies to combat these difficulties.

Chapter 1: Background

1.1 An Overview: Refugees in Uganda

1.1.1 Demographics and History

Uganda's history of hosting refugees and asylum-seekers began with European refugees in the aftermath of World War Two (UNHCR 2015b ; Hovil et al. 2001 ; OPM n.d.). As of January of 2015, Uganda is host to 422 435 registered refugees and asylum-seekers (UNHCR 2015a). 82% of this population is composed of Congolese (44%) and South Sudanese (38%), with Somalians (7%), Rwandans (4%), Burundians (3%) and select others (4%) making up the remaining minority (UNHCR 2015a). The high rate of flight to Uganda is caused by its location in a region plagued by ethnic-based violence, political strife, human rights violations, fear of reprisal of mass-killings and genocide and politically repressive and violent regimes (OPM n.d.).

1.1.2 Nakivale Refugee Settlement

Nakivale Refugee Settlement hosts 72 290 refugees and asylum-seekers, 17% of the total population of refugees in Uganda, and is located in Insingiro District in Southwestern Uganda (UNHCR 2015a). This number has notably increased from 60 992 in March of the previous year, with the largest influx being Congolese (UNHCR 2014). There are nine nationalities make up the settlement: Congolese, Rwandans, Burundians, Sudanese (south), Eritrean, Ethiopian, Somali, Kenyans, Liberians (UNHCR 2014).

There are 3 sub-camps with OPM, UNHCR and ARC offices (Base Camp, Juru and Rubondo), and 76 villages spanning over 115 square kilometres (UNHCR 2014). The OPM partners with the UNHCR to coordinate, oversee and manage the settlement. The UNHCR's role is to support the Government of Uganda's mandate to protect refugees.

There are a number of Implementing Partners (IPs) who receive funding from the UNHCR and provide services on behalf of the OPM and UNHCR (respondent 4, April 9th 2015: personal communication). American Refugee Council (ARC) implements community services, protection (for example, sexual-gender-based violence and gender-based violence prevention and response), water and sanitation, African Initiative for Relief Development (AIRD) organizes logistics and storage, Medical

Teams International (MTI) is in charge of health and nutrition and runs 5 health centres across the 3 zones, Nsamizi provides livelihood support, Windle Trust implements education (the settlement includes over 5 primary schools, 1 secondary school and 1 vocational school) and the WFP through Samaritan's Purse distributes food. There are also a series of Operating Partners (OPs), organizations which offer services but with funding from an outside source. For example, Finnish Refugee Council (FRC) provides adult literacy and livelihood support, Tutapona provides psychosocial support, the Red Cross Uganda traces family members and the Refugee Law Project deals with legal affairs and counselling (UNHCR 2014).

1.1.3 Legislation on Refugees in Uganda

Uganda has signed the 1951 Convention relating to the status of Refugees and the 1977 Protocol. The nation is also a signatory to the 1969 OAU Convention Governing the Specific Aspects of the Refugee Problem in Africa. Refugees are guaranteed rights, such as freedom of movement, under these international laws, but these rights were not upheld in Uganda's legal system until the 2006 Refugees Act. Although there have been critiques of this Act, it is an improvement from the Control of Alien Refugee Act of 1960 (CARA) which offered no protection for refugees (Refugee Law Project Legal Aid Clinic 2006). In 2010, Uganda's Refugee Regulations were passed (UNHCR 2015b). The government has plans to implement a refugee policy, with guidance from the UNHCR, as a next step (UNHCR 2015b). The protection of refugees falls under the Government of Uganda's mandate, as is demonstrated in Article 189, schedule 6 of the 1995 Constitution of Uganda and implemented by the Department of Refugees (OPM, n.d.).

1.2 Trauma and the Refugee Experience in Uganda

1.2.1 Studies on Psychological Trauma of Refugees in East Africa

Refugees in Ugandan settlements and urban areas like Kampala experience much hardship (Neuner et al. 2004A ; Onyut et al. 2009 ; Refugee Law Project 2014 ; Refugee Law Project 2005). Multiple research relevant to the geographical context of Uganda confirms that the experience of being a refugee impacts one's psychological well-being (Neuner et al. 2004A ; Onyut et al. 2009 ; Refugee Law Project 2014 ; de Jong et al. 2000).

Many refugees in Uganda have definable psychological disorders (Neuner et al. 2004A ; Onyut

et al. 2009 ; Ssenyonga 2013). It is a fair link to make that all have some degree of psychosocial difficulties, due to their past and current situations (Eisenbruch et al. 2004: 123). For example, De Jong et al. (2000) note a high prevalence (50%) of PTSD among Rwandan and Burundian refugees in a Tanzanian Refugee camp (175). Neuner et al. (2004a) examine PTSD rates in the West Nile region and determine rates aligning with DSM-V criteria: among Sudanese nationals (44.6%), among Sudanese refugees (50.5%) and among Uganda nationals (23.6%). Onyut et al. (2009) find 42% of Rwandan refugees and 48.1% of Somali refugees match the DSM-V criteria in Nakivale Refugee Settlement. The Refugee Law Project's qualitative study of refugee women and girls in Kampala also notes many signs of trauma and social distress (2014).

1.2.2 Contextually Evaluating Assessment Tools for Mental Health

As it is important to analyze studies of psychological trauma in refugees, it also vital to examine how these rates were determined and consider culturally-based factors. This is particularly relevant as few studies have tested the adaptability of mental health and psychosocial measurement tools for low-resource environments (Betancourt et al. 2009: 691). In their study of PTSD among refugees, De Jong et al. (2000) use the General Health Questionnaire, a Self Report Questionnaire (SRQ) that they have translated into Kinyarwanda and Kirundi languages and believe is adequate because its questions are politically neutral and presumably won't increase paranoia among the Rwandan and Burundian refugees (172). In their study of PTSD in West Nile Refugees, Neuner et al. (2004a) have trained lay interviewers adapt the Post-Traumatic Stress Diagnostic Scale (PDS), based on DSM-IV Criteria (3). They also use a checklist of varying traumatic events, complied after interviews with the population (Neuner et al. 2004A: 3). But regardless of cultural-adaptions, it's important to recognize that Western-based quantitative assessment tools, such as those used to measure PTSD, do often miss local nuances and culturally-based understandings of psychological symptoms (Finnstrom 2008: 159 ; Eisenbruch 2004: 128 ; Peltzer 2002: 338 ; UNHCR 2013a: 24).

Betancourt et al. (2009) examine the need for culturally-appropriate assessment tools for measuring the need for psychosocial support services. They developed the Acholi psychosocial assessment instrument (APAI) which identifies depression-like (*two tam, par* and *kumu)*, anxiety-like

(*ma lwor)* and misconduct (*kwo maraco)* symptoms among youth in post-conflict Northern Uganda and conclude that it is an appropriate tool for the circumstance. The UNHCR Operational Guidance for Mental Health and Psychosocial Support Programming for Refugees also notes that relying on common Western-developed tools to determine the prevalence of mental health disorders, such as the Hopkins Symptoms Checklist, SRQ, and the Harvard Trauma Questionnaire for PTSD may be inappropriate because they do not clearly differentiate between natural and unnatural reactions to challenging conditions (UNHCR 2013a: 24). Peltzer (2002) diplomatically summarizes to explain that while some symptom-based surveys may be able to be culturally adapted (see Mollicia et al. 2002 and the Harvard Trauma Questionnaire), he prefers and suggests focusing on "naming the problem/illness rather than questioning" (338) according to criteria.

1.3 Psychosocial Support and Refugees

1.3.1 Incorporating Culture and Community: Decolonizing Western-based psychotherapy

The culture and capability of the community must be recognized for psychosocial support programs (Bojuwoye and Sodi 2010 ; Drozdek 2014 ; Finnstrom 2008 ; Peltzer 2002 ; UNHCR 2013a ; UNHCR 2013c). Bojuwoye and Sodi (2010) stress the need to implement traditional healing practices into psychotherapy and counselling practices. Drozdek (2014) concludes that it is vital to recognize a patient's individual preferences and cultural contexts when treating PTSD among refugee populations. The UNHCR Operational Guidance for Mental Health and Psychosocial Support Programming for Refugees and UNHCR Mental health and Psychosocial Support for Persons of Concern Global Review promote adopting a community-based approach to Mental health and Psychosocial Support (MHPSS) services (UNHCR 2013a: 19 ; UNHCR 2013c: 52). A community-based approach takes into account refugees' "resilience, capacities, skills and resources" (UNHCR 2013a: 19), and consequentially highlights the importance of not-enforcing culturally inappropriate standards and services. De Jong et al. (2000) also note the need for a "community-based and culturally-adequate public health approach" (176) to mental health. A representative of Mental Health Uganda stressed the need for community-based approach to mental health support and the importance of having traditional healers and religious figures "on board" (respondent 45, April 23rd 2015: personal communication).

Bojuwoye and Sodi (2010) argue that colonization has resulted in a Western-orientated

healthcare system, including conventional counselling and psychotherapeutic practices, being upheld to the “standard” model world wide, despite its limitations in non-Western cultures (284). Each culture has its own way of explaining mental illness and treating it and the scientifically-based, disease-orientated Western framework often doesn't account for spiritual and religious dimensions that are vital for other cultures provision of psychological support (Bojuwoye and Sodi 2010: 287). In his anthropologic analysis of post-conflict Uganda, Finnstrom (2008) echoes these problems and explains how Western-based PTSD diagnostic techniques are largely un-applicable for the Acholi people who view mental well-being largely involving spiritual and cultural factors (160). For example, as a healer Finnstrom communicated with explains, the Acholi define *cen* as bad spirits who plague those who have killed or witnessed killing (2008: 159).*Cen* frequently would play no role in Western psychotherapy. Looking at the context of refugees, Neuner et al. 2004b explain how Western-based psychotherapy techniques to treat PTSD may be inappropriate in the context of the conditions of a refugee settlement, where much of the population has experienced violence and is now living in poverty (579).

As quoted in Bojuwoye and Sodi's analysis, Hawkey (2002) explains how traditional counselling would “be considered a taboo” (287) in many parts of Africa as it is traditionally frowned upon to discuss one's personal and family problems with a stranger, such as a psychologist. This barrier was also noted by a representative of Mental Health Uganda (respondent 45, April 23rd 2015: personal communication), an OPM Community Services Department representative in Nakivale (respondent 8, April 9th and 21st 2015: personal communications) and Refugee Law Project Staff (respondent 3, April 13th 2015: personal communication).

1.3.2 Programs and Counselling Techniques and Studies: A Uganda Framework

An integrated approach which incorporates traditional and local healing practices with Western-based psychotherapy treatment is encouraged by many studies and scholars (Eisenbruch et al. 2004 ; Betancourt et al. 2009 ; Bojuwoye and Sodi: 2010 ; Peltzer: 2002). The importance of focusing on the community's needs and the context is also noted for programs. De Jong et al. (2000) conclude that the focus for psychosocial support be on community-strengthening and implementing support groups and

structures and the UNHCR calls attention to the importance of prioritizing community participation (UNHCR 2013a and 2013c).

For example, the Transcultural Psychosocial Organization (TPO) "integrates, as far as possible, traditional, local, and Western healing methods" (Eisenbruch et al. 2004: 124) to provide cross-cultural diagnosis, treatment and management of mental health problems in various projects spanning 15 countries. A 1994 TPO project based on Sudanese refugees in Northern Uganda used focus groups and anthropological research with healers to develop training which combined the WHO/UNHCR Mental Health for Refugees guide (1996) with traditional and culturally-sound healing practices for Ugandan and refugee counsellor candidates. Neuner et al. (2004a) also conclude that locally-managed mental health care centres are essential for providing care in post-conflict settings, as demonstrated by their study of nationals and refugees from South Sudan in the West Nile Region. Peltzer (2002) has developed a 7 step ethno-central counselling approach which combines African indigenous counselling techniques and coping strategies with a WHO-UNHCR approach and forms of narrative therapy. The following 7 steps in his de-centralized approach are demonstrated through a case-study of counselling sessions with refugees in Uganda with the assistance of the Uganda International Psycho-social and Socio-Ecological Research Institute (Uganda-IPSER) (Peltzer 2002: 339). The findings note the importance of building a relationship (for example, by praying, if client is Christian, or initiating a 'cool down' relaxation moment before a counselling session), trust and motivation to change, identifying the problem and finding means for intervention, looking for metaphors and comparisons, sharing the story of trauma, ritualistic, cognitive and supportive approaches, sharing education and advice and evaluations and revisions to treatment (Peltzer 2002:339-357). Neuner et al. (2004b) compare Narrative Exposure Therapy (involving explaining trauma), Supportive Counselling (discussions not centred around the past) and Psycho-education (information about problems) for treating PTSD among diagnosed Sudanese refugees in Invempi Settlement in Northwestern Uganda. They find that Narrative Exposure Therapy decreased PTSD the most during post-treatment and a 4 month and 1 year follow-up (see *Table 4.*: Neuner et al. 2004b: 584). Narrative Exposure Therapy (NET) is a trauma therapy specifically designed for supporting the mental health of individuals in refugee camps by psychologists

from vivo (acronym for Victim's Voice), a Ugandan NGO which works with psychosocial support and survivors of mass violence (Onyut et al. 2004: 93).

Chapter 2: Objectives and Justification

2.1 Objectives

1. Examine how psychosocial support is defined by organization staff and refugees in Nakivale
2. Understand what psychosocial support services are available and how refugees perceive these services
3. Analyze what challenges exist to providing adequate psychosocial support in Nakivale
4. Analyze some strategies organizations and refugees have to combat these difficulties.

2.1 Justification

There are 422 435 registered refugees and asylum-seekers in Uganda (January 2015, UNHCR 2015a), 17% of these comprised in the 72 290 population of Nakivale Refugee Settlement. In Nakivale, 32% of Rwandans, 48.1% of the Somalis and 67.1% of the Congolese have been found to have PTSD (Onyut et al. 2009 ; Ssenyonga et al. 2013). Neuner et al. (2004a) find that Sudanese refugees in the West Nile region to have a 50.5% rate of PTSD, compared to a 23.2% rate amongst Ugandan nationals. De Jong et al. (2001) find a 50% of serious mental health problems among Rwandans and Burundians in a Tanzanian refugee camp (175). However, it is important to recognize the difference between countries in East Africa and regions of Uganda. Onyut et al. (2009) note that while there have been many studies on psychological trauma and refugees in high-income countries after resettlement, and some on transfer to other low-income environments (see *table 1* de Jong 2000: 172), few studies have taken place on diagnosed mental health disorders amongst post-conflict populations in Africa, and even less specifically in Uganda (de Jong 2000 ; Neuner et al. 2004A ; Onyut et al. 2009 ; Ssenyonga et al. 2013).

In essence, the field of MHPSS of refugees in Uganda is one which merits further examination due to lacking current analysis. As noted by the UNHCR (2013c), MHPSS programs for refugees were immensely overshadowed by basic-need provision until the 1980s. Additionally, most research is focused on the MH component of MHPSS (Neuner et al. 2004A ; Onyut et al. 2009 ; Refugee Law Project 2014 ; De Jong et al. 2000). This research is focused on the psychosocial support and non-medical side of MHPSS services to discuss the full extent of one's social surroundings for MHPSS

service-provision and work to fill an existing gap.

Although literature exists on the importance of incorporating culture and community in psychosocial support and on various methods and mechanisms of services for culturally-based approaches to mental health in Uganda (Eisenbruch et al. 2004 ; Peltzer 2002 ; Neuner et al. 2004B ; Bojuwoye and Sodi 2010 ; Drozdek 2014 ; Finnstrom 2008 ; Peltzer 2002 ; UNHCR 2013a ; UNHCR 2013c), there is a gap surrounding a refugee-settlement specific PSS review in Uganda. Most research focuses on mental health disorders and trauma and not psychosocial services in themselves. Overall, literature is lacking specifically on the applicability of cross-cultural counselling methods in a Ugandan refugee settlement context.

This study is based in Nakivale Refugee Settlement in Southwestern Uganda because of its proximity to a region of conflict and instability (Hovil 2007: 599), large population (UNHCR 2014), and various implementing and operating partners on the ground providing support (for example, ARC, MTI, Tutapona and RLP). Overall, psychosocial support of refugees in a settlement is a priority to study because of the need refugees have for services, as demonstrated by the mass trauma, and lack of findings on the applicability of particular methods and services.

Chapter 3: Methodology

3.1 Interviews

This research includes a total of 56 interviews (including individual interviews, group interviews, and 2 focus group discussions) and reached 98 respondents (61 from individual and group interviews, 35 from focus groups and 2 from informal communication with staff members). All interviews were semi-structured and conducted by the researcher in the preferred language of the respondent (with an interpreter if needed).

3.1.1 Individual interviews

Individual semi-structured interviews were conducted with Congolese (8), Rwandan (4), Burundian (2), Ethiopian (5) and Somali (2) refugees in Base Camp and Juru Zone. Respondents were either met at the Nakivale Youth Centre or in the following villages in Base Camp: New Congo/Base Camp 2, Isangano, Somalia/Base Camp 3, Ethiopia/Base Camp 4 and Juru Zone: Kankingi A. These respondents included Refugee Welfare Council Chairman and Community Worker for New Congo (respondent 15, April 12th 2015) and Community Leader of Isangano (respondent 10, April 11th 2015). All refugees were connected to the researcher through the interpreter (in all cases except for Kankingi A, a member of the village she was visiting) she was using or by a staff member of the RLP. Organization representatives from the UNHCR (3), OPM (3), ARC (5), MTI (2), Tutapona (4) and the Refugee Law Project (3) were interviewed individually in their offices in Nakivale, offices in Mbarara, or in the field. Informal communication was ongoing (April 10th -May 6th 2015) with OPM, ARC, Tutapona and Refugee Law Project counsellors and staff as the researcher observed their operations in the field in Nakivale. These individuals were introduced to her through the Assistant Camp Commandment for Base Camp, and then as the fieldwork progressed through other staff members (see 8.3.2).

In Mbarara, a Refugee Law Project social worker and counsellor (respondent 3, April 9th 2015 and April 13th 2015) and a UNHCR representative (respondent 44, April 22nd 2015) were interviewed. In Kampala, a representative of Mental Health Uganda (respondent 45, April 23rd 2015), a representative of the Refugee Law Project (respondent 1, April 7th 2015) and a lecturer from Makerere

University (respondent 2, April 7th 2015) were interviewed.

Individual interviews were selected as a data collection method because they allowed for each individual respondent to express his or her views without the influence of others on sensitive topics such as psychological support. The interviews were semi-structured to allow for free-flowing conversation where the respondent felt comfortable and new topics could develop if presented. Some concepts which were discussed with respondents were brought up by other respondents and hence it was important that questions remained flexible. Additionally and particularly in the case of organization representatives, it was essential that the researcher have background knowledge of the organization's role in Nakivale and specific programs through background preparation so she could ask the most relevant and significant questions.

3.1.2 Group Interviews

Group semi-structured interviews were conducted with Tutapona counsellors (respondents 5,6,7 and 43, April 9th and 21st), Refugee Law Project staff (respondents 46 and 47, April 23rd 2015), two men and one woman Somali refugees (respondents 52,53 and 54, April 28th 2015), two Congolese youth sisters (respondents 31 and 32, April 18th 2015) and two Congolese females (respondents 28 and 29, April 16th 2015). All refugee interviews took place in Base Camp (in Base Camp2/New Congo, Base Camp 3/Somalia or Nakivale Youth Centre). Tutapona Staff were interviewed in their office in Base Camp or during observation of a group empowerment program in New Congo. The Refugee Law Project staff group interview occurred in the office in Kampala (respondents 46 and 47, April 23rd 2015).

Group interviews were not specifically sought out for and occurred as a result of convenience, as some groups of people were interested in speaking with the researcher as a collective when she visited their residence (respondents 52,53 and 54, April 28th 2015), office (RLP staff, April 23rd 2015) or was in the field with them (Tutapona staff, respondents 6 and 43, April 23rd 2015). They do hold many benefits though and are a valuable addition to her analysis. For example, they allowed the researcher to gain multiple opinions for questions. Such is when Tutapona staff collaboratively described trauma symptoms (respondents 6 and 43, April 23rd 2015: personal communication) or when a Somali family

group discussed difficulties of life with a family member who has a psychological disorder (respondents 52,53 and 54, April 28th 2015). They also allowed the researcher to reach more respondents in a limited period fieldwork.

3.1.3 Focus Group Discussions (FGDs)

Two focus groups were conducted, the first consisting of members of International Women's Refugee Network in Uganda (FGD 1, April 16th 2015) and the second of ARC Community Workers (FGD 2 April 17th 2015) (refugee volunteers who work with ARC). The researcher was introduced to these groups by Refugee Law Project (FGD 1) or ARC (FGD 2) representatives. Ethnicities were mixed for both, with only Congolese and Somali women present in the first group.

FGDs were a selected research method because they allowed for collective perspectives to be gained on specific areas of psychosocial support provision and were particularly sought out for these benefit. The FGD of members of the International Women's Refugee Network in Uganda (FGD1) beneficial because it allowed the researcher to hear varying perspectives on psychosocial support from those participating in a service. The FGD of ARC Community Workers was key because the researcher was able to gain an understanding of how ARC implements psychosocial support with refugee leadership through the collective perspective of those implementing the services.

3.2 Observation

Pure observation is the preferred research method for this analysis due to skills and training needed for implementing psychosocial support services.

3.2.1 Counselling sessions and support groups

A complete case assessment by a Refugee Law Project counsellor (respondent 26, April 16th 2015) where he took the testimony of a daughter and father was observed. Other informal observations of RLP work were also undertaken through interactions in the field (respondents 31 and 32, April 18th 2015 ; respondents 28 and 29, April 16th 2015). A peer counselling session by RLP trained Peer Counsellors (respondents 36 and 37, April 18th 2015) and a counselling session by an ARC counsellor (respondent 56, April 28th 2015) were also observed. A session of the Tutapona EMPOWER program was observed (respondents April 21st 2015). Observation of group therapy and individual counselling

sessions is key to an analysis of psychosocial support in Nakivale Refugee Settlement because gaining a comprehensive understanding of the challenges to and strategies for providing services is impossible through only description of the practice. This method is effective because it allowed for analysis of the effectiveness of counselling techniques and programs.

3.2.2 Refugee Outreaching and Community Meetings

An ARC Community Workers' Meeting (April 17 2015), a Zonal Meeting (which took place in Kankingi Village) (April 22nd 2015), an ARC-led FGM community discussion (April 27th 2015) and a community meeting in Juru Zone (taking place in Insanja D on May 6th 2015) were observed. All these circumstances shaped an understanding of how organizations interact with refugees on-the-ground. They confirmed various practices mentioned during interviews.

3.2.3 Informal Observations

A key part of fieldwork was observing daily life in Nakivale. For example, confirming the overwhelming the amount of demand for service-providers by observing the crowd of refugees outside of organizations' offices in Base Camp or at the Nakivale Health Centre. Another example, observing idle young adults at the Youth Centre, confirming circumstances of unemployment.

3.3 Sampling

Respondents were obtained through a combination of purposive, convenience and snowball sampling.

3.3.1 Purposive

Staff members of ARC, OPM, UNHCR, MTI, Tutapona, and the Refugee Law Project were selected specifically for their role in providing psychosocial support and/or coordinating settlement activities. Experts from Kampala from the Refugee Law Project and Mental Health Uganda were also chosen for their knowledge on psychosocial support and refugees.

3.3.2 Snowball

In some cases, respondents were recommended by other respondents. For example, Refugee Law Project Counsellors (Respondent 3 and 27, informal communication, April 8th- May 2nd 2015) suggested individuals she wished to speak with, such as members of RLP support groups: Men of Peace (respondents 22, 24 and 25, April 15th 2015), members of the International Women's Refugee

Network (FGD 1, April 16th 2015) and RLP counselling youth clients (respondents 31 and 32, April 18th 215). An ARC counsellor (respondent 56, April 28th 2015) also introduced the researcher to youth clients at Nakivale Youth Centre during a counselling session (respondents 49 and 50, April 28th 2015). The researcher was also networked through various staff members of ARC and OPM (ongoing communication, April 9th – May 6th 2015) by various staff members.

3.3.3 Convenience

Many refugee participants were selected based on the knowledge of the interpreter used, who in all cases except for Kankingi A Village in Juru Zone, was a member of the village which the researcher was interviewing in. The Chairman of each village was accordingly made aware of the researcher's presence in the village and in some cases interviewed (respondent 15, April 12th 2015: personal communication). The Researcher interviewed refugees from New Congo/Base Camp 2, Isangano, Kankingi, Ethiopia/Base Camp 4, Somalia/Base Camp 3 and Sudan/Base Camp 1. Because refugees from all countries of origin are able to have experience with psychosocial support, no particular ethnicities were favoured and Congolese, Rwandans, Burundians, Somalis and Ethiopians were interviewed. Adults were selected for ethical purposes, with the exception of circumstances when the researcher had been introduced by ARC or RLP staff to youth (respondents 31, 32, 45 and 45: April 18th and 28th 2015).

3.4 Limitations

Nakivale is 73 square miles (UNHCR official, April 30th 2015: personal communication) and host to nearly 73 000. It would be impossible for four weeks of fieldwork to cover the entire scope of the settlement so it is not plausible for any firm conclusions to be drawn from this research about psychosocial support in Nakivale. Alternatively, areas for further research and future questions are proposed.

The researcher used a variety of interpreters (see) from various villages or those who volunteered at Nakivale Youth Centre which could create inconsistencies in interpretation. The researcher tried to combat this by clearly outlining her study and the consent form to each interpreter. Additionally, any time when an interview isn't conducted in both of the participants' primary language, some messages may be at risk of getting lost.

3.5 Ethical Considerations

3.5.1 Clarification of Role

Clear communication about the role of the student researcher was needed due to her nationality and an assumption that she could be of assistance for services such as resettlement. For example, while in Kankingi A village in Juru Zone (respondents 33,34 and 35, April 18th 15), a crowd of women gathered to wait for interviews, only to leave after it was clarified research was being conducted and not screening for resettlement. This circumstance also demonstrates how desired resettlement is. When the researcher informally attended a Non-Food Item (NFI) distribution, it was incorrectly assumed that she worked for the UNHCR and was employing the ARC staff she was attending with. The researcher did her best to mitigate these problems by explaining her position as a student with no affiliation to any organization.

3.5.2 Consent

The researcher either obtained a signed consent form or verbal consent for participation in the study and use of the information in her paper. Consent forms were prioritized, but circumstances such as different languages and resulting communication barriers resulted in the need for the interpreter to verbally communicate the consent form. In interviews conducted with youth (between 15 and 17), all participants were introduced to the researcher by ARC or RLP staff (respondents 49 and 50, April 28th 2015 ; respondents 31 and 32, April 18th 2015). Respondents 49 is an orphan without a permanent home and no guardian so seeking her guardian's permission was not a possibility. Respondent 50 is also an orphan and staying with a home he is not happy in, which he expressed to the researcher, so gaining permission from his guardians had potential problems. Respondent 31 and 32 are also orphans, but the interview was conducted at their home and their other family members who they stay with were hence made aware of the study.

3.5.3 Confidentiality

Names are not used unless written permission was indicated specifically. One respondent (respondent 36, April 19th 2015) wished his information to be kept confidential and his information is not included. No respondents chose not to participate. Some members of the International Women's Refugee Network in Uganda (FGD 1, April 16th 2015) stated they did not want to share all of their

information in the group setting.

3.5.4 Research Fatigue and Sensitive Material

The idea of many researchers coming yet bringing no benefit to the community was expressed by some refugee respondents (respondent 12, April 11th 2015 ; FGD 1 participants, April 16th 2015 ; respondent 16, April 12th 2015: personal communication). The researcher had to explain her role very clearly and respect respondents' wishes to the utmost degree.

Sensitive material was discussed during interviews due to the nature of the topic.

3.5.5 Access and Vulnerable Population

Permission was obtained to be conducting in research in Nakivale Refugee Settlement by the OPM and was communicated to all respondents.

Refugees are a vulnerable population and necessary precautions were taken. All refugees were accessed by introduction from either an interpreter when in a village, or by an RLP or ARC representative when conducting interviews at Nakivale Youth Centre. All interpreters were selected through the Refugee Law Project, were youth centre volunteers or in one circumstance had been met informally. Each village where interviews were conducted, the interpreter belonged to that village and was familiar with the community with the exception of Kankingi A in Juru Zone when the interpreter was a youth centre volunteer. This precaution allowed for ethical access to refugees.

Chapter 4: Findings and Analysis

4.1 Defining Psychosocial Support

Mental health and psychosocial support (MHPSS) is defined as “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders” by the IASC guidelines and the UNHCR (UNHCR 2013c:15). Psychosocial and mental health support are broad terms which encompass lots of different aspects and are frequently defined in many different ways. There is also much overlap between the two areas. This research focuses on the non-medical, psychosocial support component of MHPSS services, but necessarily does incorporate psychiatric care and medical counselling due to their relationship. In essence, an analysis of psychosocial support services must recognize the role these play in one's mental health. Also, without recognition of how refugees, organization staff and settlement officials define psychosocial support, analyzing specific services, challenges and strategies is impossible.

Although it is helpful to break the word into its 'psych' (referring to mental processes) and 'social' (referring to outside surroundings) components (RLP counsellor, April 13th 2015: personal communication), one must recognize that these areas are usually always interrelated, as psychosocial support deals with “the whole person” (OPM Community Services representative, April 15th 2015: personal communication). A RLP counsellor elaborated that psychosocial means how the mind is impacted by the environment (respondent 27, April 16th 2015: personal communication). In a RLP framing, psychosocial support can be defined as one's psychological issues (mental health) and social surroundings (social welfare and socioeconomic status) and the interrelatedness between the two (respondents 46 and 47, April 23rd 2015: personal communication). Tutapona staff described psychosocial support as getting in touch with people who are traumatized and uplifting them through participation and being involved with others (respondent 6, April 21st 2015:t personal communication). A UNHCR representative noted the importance of the community's role in providing psychosocial support (UNHCR representative, April 22nd 2015: personal communication). An ARC Community Services representative defined psychosocial support as “restoring hope through rehabilitation from trauma and improvements to one's social life” (April 10th 2015: personal communication). A

Community Leader in Isangano pointed out that when one's mind is at rest, one can bring in a social life (respondent 10, April 11th: 2015). One aspect all these definitions have in common is their recognition of the interrelatedness of one's mental and social well-being. Furthermore, in Cooper et al. (2010)'s analysis of human rights violations against those with mental health disorders in Uganda, they frequently refer to the negative impact stigma from the community can have on one's psychological well-being and recovery, re-enforcing the point that one's mental and social well-being are intrinsically linked.

Many refugees connected psychosocial support with receiving a solution to their problems from people who know how to help (respondent 16, April 12th 2015 ; respondent 17, April 12th 2015 ; respondent 18, April 12th 2015 ; respondent 49, April 28th 2015: personal communication). One Congolese female refugee explained that solutions make the heart feel better, but also connected these solutions to tangible results (respondent 17, April 12th 2015). Although the idea of psychosocial support providing assistance could arguably be stated as universal, what type of assistance this is must be analyzed and the role that culture and context play in how it is defined taken into account. The solutions which refugees expressed desire for demonstrate the importance of recognizing the role of legal assistance, material item provision, protection services, basic need fulfillment and medical aid in psychosocial support. Additionally, the role of traditional healers and medicine men should be recognized for their role in bringing solutions to mental health problems (Boyjuwoye and Sodi 2010).

A Community Worker defined psychosocial support as the meeting of emotional and physical support (FGD 2, April 17th 2015), and physical support necessarily includes adequate food, water, shelter and other basic needs. One Rwandan female refugee specifically described psychosocial support as material needs being fulfilled, as she was saddened by lack of food and poor shelter (respondent 11, April 11th 2015: personal communication). A counsellor with the Refugee Law Project stated how a major concern for clients is not being able to provide for their families and how many people think “if I'm just able to get food for kids and a place to sleep, I'll be happy (respondent 3, April 13th 2015: personal communication, *see also* respondents 35, April 18th 2015). This concept of psychosocial support through the meeting of basic needs much contrasts with a Western-based definition of

psychosocial support as conventional counselling to provide coping strategies for psychological distress.

Also, although here is a difference between medical and psychosocial counselling (respondent 19, April 13th 2015: personal communication), they often overlap as is demonstrated by referrals between MTI (deals with medical counselling and psychiatric care) and ARC (deals with psychosocial counselling). Psychiatric treatment and medication are factors in psychosocial support and important to recognize. Although it is essential to acknowledge the role psychiatric care through a disease-orientated framework has in assisting clients (for example, diagnosing a client with depression and perscribing anti-depressants), as Boyjuwoye and Sodi (2010) elaborate, in many non-Western environments, solely approaching mental illness in this framework isn't effective. For example, many non-Western cultures don't explain psychological trauma in a disease-orientated way (Boyjuwoye and Sodi 2010: 287). Hence, someone suffering from trauma in Nakivale may likely be more comfortable attributing the cause of their suffering to, for example, spiritual factors rather than PTSD. Particularly looking at Betancourt et al. (2010) who discuss how Western-based modes of diagnosing mental health illness are often un-applicable in non-Western environments, one should acknowledge that the same applies to modes of treatment. Such is the importance of prioritizing both psychiatric drugs and herbal remedies (Boyjuwoye and Sodi 2010: 290). Instead of one system replacing the other, both should be incorporated for mental health and psychosocial support services (Boyjuwoye and Sodi 2010).

Additionally, the discrimination that those operating within a Western system sometimes impose on traditional non-Western practitioners and practices, such as healers and herbs, as “mumbo-jumbo” (Boyjuwoye and Sodi 2010: 288) must be recognized and denounced. Western supremacy is dangerous and manifests through the imposition of a disease-orientated health care system in all environments, including mental health treatment (Boyjuwoye and Sodi 2010).

The role of legal assistance in psychosocial support in a refugee settlement is also important to note. In a Western framework, lawyers and counsellors are widely seen to provide very different services, but this isn't the case in Nakivale. As was evident from conversations with refugees (*see* respondent 17, April 12th 2015 ; participants FGD 1, April 16th 2015) and both ARC and RLP staff (*see*

respondent 20, April 14th 2015) the terms “lawyer” and “counsellor” are often used interchangeably (researcher's observation, April 15th 2014). A Congolese male refugee stated that this may be because many problems refugees have require the services of both (respondent 14, April 12th 2015: personal communication). He also referred to counselling as providing assistance, something that can often be done through legal support. Additionally, when questioned about ARC, some refugees stated having told their problems to ARC lawyers (respondent 16, April 12th 2015 ; respondent 17, April 12th 2015: personal communication) and not ARC counsellors. This connection between legal and psychosocial support was also noted by Refugee Law project staff (respondent 20, April 14th 2015) and one counsellor spoke of how the RLP capitalizes on the connection between the two by consolidating services (respondent 3, April 13th 2014). For example, a rape case will probably need access to both services. As RLP staff described, it should be noted that RLP began as just providing legal support, and added in a psychosocial component to their services when they saw the need (respondents 46 and 47, April 23rd 2015: personal communication). Additionally, RLP frequently provides psychosocial support to clients who will be appearing before court.

Overall, although a Western definition of psychosocial support would lean towards a disease-oriented framework and coping strategies from speaking with a psychologist, one can not analyze psychosocial in Nakivale through these means. It would be culturally-inappropriate and detrimentally incomplete to exclude all the factors of a refugee's psychosocial well-being, such as material needs and legal support, as is demonstrated throughout the this analysis. In essence, the definition of psychosocial support includes much more than just conventional counselling and medication in Nakivale, but these components aren't to be rejected completed.

4.2 Contextualizing: Forms of Psychosocial Support in Nakivale

The holistic definition of psychosocial support needed for a refugee settlement is demonstrated by the services available in Nakivale. It's important to recognize that all organizations play a role in maintaining the psychological and social well-being of refugees in the settlement. The UNHCR (and IASC guidelines) outline the difference between MHPSS interventions and an MHPSS approach (UNHCR 2013a ; UNHCR 2013c). A MHPSS approach is defined as a way to engage in a situation

which takes into account social and psychological factors and the interrelatedness of the two areas (UNHCR 2013c: 19). A MHPSS intervention is a specific action aimed at increasing coping capacity of the individual(s) and integration in society (UNHCR 2013c: 19). Although this research is focused predominately on PSS services, a framing of approach versus intervention services remains applicable.

4.2.1 Intervention through Psychosocial Support Services

To a degree anyone who listens to and advises refugees on problems could be considered to offer counselling. For example a Congolese male youth refugee stated that he had received counselling from a neighbour (respondent 50, April 28th 2015: personal communication) who had provided him comfort and support. Additionally, a UNHCR representative stated that (respondent 44, April 22nd 2015: personal communication) the interviews for the process of resettlement act as a form of counselling, for refugees are telling their stories. In its entirety, this analysis of psychosocial extends beyond conventional counselling and embraces this complexity but it is important to recognize that the settlement IPs and OPs do employ counsellors and psychologists who are specifically trained to provide psychosocial support intervention services and programs and that these are beneficial. The counsellors who work in Nakivale are found across multiple organizations and perform a variety of roles and their impact is not to be forgotten in the adaption of an interconnected approach to analyzing psychosocial support.

4.2.1.1 American Refugee Committee

The American Refugee Committee (ARC) operates across four sectors: WASH (water and sanitation), protection, community services and assistance with resettlement (ARC Area Coordinator, April 16th 2015: informal communication). ARC has 4 counsellors in the protection department (10 staff total) and 1 in the Community Services department (6 staff total), but program officials and program assistants are also very much involved in providing psychosocial support, particularly within these departments (ARC area coordinator, April 16th: informal communication). ARC counsellors and staff have clients frequently approach them in office and they also make home visits. For example, one counsellor described her familiarity with the Somali community because of her common visits to residences of female survivors of abuse and abandonment (respondent 56, April 27th 2015: informal

communication). Although it would be impossible to apply a formula to or describe a typical counselling session due to the uniqueness of cases, the form ARC counsellors use for guiding questions includes space to record case history, symptoms and next steps to take for treatment. It also includes space for observed coping mechanisms, demonstrating a community-based approach that recognizes the resilience of individuals who are suffering to help themselves. All the follow up visits are recorded in the ARC client's case file (researcher's observation, April 28th 2015). For example, two adolescent Ethiopian female orphans and their care-giver came in during separate sessions to an ARC counsellor's office to discuss feelings of insecurity and tension within the (adopted) family (researcher's informal observations, April 28th – May 5th 2015). It was decided that the girls would be moved to a new home and the assistance of the Community Worker would be sought to determine a location. A home visit was included in the plan. This session demonstrates the interrelated aspect of ARC's counselling services: the girls needed shelter (NFIs were also inquired about), protection (neighbours had been abusing them and the mother was attempting to move one girl to Kampala as a maid) and psychological support through psychiatric drugs (one was suffering from depression and on medication), in addition to pointing out the importance of volunteer refugee leaders, such as Community Workers.

Most issues from people regarding ARC fell into line with communication barriers, as although refugees commonly were aware of the organization and when visited they felt they were received warmly in the office (respondent 16, April 12th 2015 ; respondent 18, April 12th 2015: personal communication), they stressed about not being followed up accordingly. But looking at the complexity of each case and how one individual can have multiple problems needing a variety of solutions and networking, the answer could be that each case just takes time (respondent 56, April 28th 2015: personal communication). And with so many traumatized people, few staff and lengthy cases, the process isn't quick. ARC does prioritize follow-up visits, as evidenced by extensive records in case files (researcher's observation, April 28th 2015).

ARC is generally a well-known psychosocial support provider, due to its longer duration in the settlement (respondent 14, April 12th 2015: personal communication) and demonstrated by the crowd of refugees who wait around the office daily.

4.2.1.2 Medical Teams International

Medical Teams International has a psychiatric nurse and an HIV/AIDs counsellor (UNHCR officer, April 29th 2015: personal communication) who provide medical counselling. The MTI psychiatric nurse's role is to meet and assist patients who have mental disorders, such as seizures (epilepsy), PTSD, anxiety, bipolar affective disorder, schizophrenia, mental retardation, somatic pains. The staff member frequently administers mediation and also provides medical counselling (respondent 19, April 13th 2015: personal communication). The HIV/AIDs counsellor provides services and support during and after diagnosis (respondent 60, April 30th 2015: informal communication). MTI also operates support groups for those with psychological disorders out of its health centres (respondent 33, April 18th 2015: personal communication). Although the Village Health Team (VHT) system makes outreaches to homes, the fact still exists that there are only so many health centres (5) and so many people specifically involved with medical counselling for such a large population.

4.2.1.3 Office of the Prime Minister Community Services Department

The Community Services Department of the OPM has 1 counsellor (respondent 21, April 15th 2015: personal communication), but other members provide psychosocial assistance as well. The biggest issue observed about this service provider is that few people know about it. But as the Community Leader in Isangano explained, many refugees don't differentiate between departments of the OPM (respondent 10, April 11th 2015: personal communication). A general lack of awareness is logical because there is only one counsellor in the small community services department and the OPM's main role is coordination, management and protection. All refugees interact with the OPM for their status determination interview (respondent 9 and 21, April 9th and April 15th 2015: personal communication), so it is understandable that refugees impression of OPM wouldn't be in terms of providing counselling. A female Congolese refugee did state that talking to someone in this department was helpful and gave her hope for the future (respondent 18, April 12th 2015: personal communication) and a male Congolese refugee described getting assistance for starting a youth advocacy organization (respondent 36, May 7th 2015: personal communication). Refugees understandably tended to have problems and communication barriers with management positions, such as camp commandment and settlement commandment (*see* respondent 38, April 19th 2015: personal communication).

4.2.1.4 Tutapona

As elaborated upon by staff, Tutapona provides trauma counselling through group sessions and individual meetings (respondents 5,6 and 7, April 9th 2015: personal communication). They offer an Empower program which uses interactive activities and games to encourage people to “use their hands to support themselves” (respondents 6 and 43, April 21st 2015: personal communication). They also offer a follow-up program, Introduction to Christianity, which uses the bible's messages for healing (respondents 5,6 and 7, April 9th 2015: personal communication).

A Congolese male refugee and a participant in a Tutapona training, explained that many people do not know about the organization because it is new (respondent 14, April 12th 2015: personal communication) a sentiment which was demonstrated by the majority of refugees who weren't familiar. In general, refugees who had demonstrated strong faith tended to be positive towards Tutapona (respondent 13, April 11th 2015: personal communication). One Burundian male refugee described it as “helpful and good”, as the support group he attended a session with had been told to believe in God and the situation will cool down (respondent 25, April 15th 2015: personal communication). Alternatively, the Isangano community leader and male refugee critiqued the faith-based element (respondent 10, April 11th 2015: personal communication) because he believes it cuts off the Muslim community. On the other hand, a Tutapona staff member communicated that their counselling sessions are faith-based and don't centre around a particular religion (respondent 6, April 21st 2015: personal communication), with the exception of the Introduction to Christianity program which only comes as a follow-up to their main service, trauma counselling. A Congolese female refugee observed that Tutapona counsellors hadn't been proud and consequently had made her feel at ease (respondent 18, April 12th 2015: personal communication). Not portraying themselves as above clients is a goal of Tutapona, as was observed during the Empower session, when a staff member described placing the chairs in a circle, so “no one is the boss” (respondent 6, April 22nd 2015: personal communication and author's observation).

4.2.1.5 Refugee Law Project

The Refugee Law Project has 2 counsellors operating out of its Mbarara field office. The Refugee Law Project's work in settlements involves profiling the challenges of life and assessing the

needs of refugees through research (RLP representative, April 7 2015: personal communication). They also provide case assessments (including legal and psychosocial support) and support groups (RLP representative, April 7 2015 ; RLP counsellor, April 8 2015 ; respondent 26, April 16 2015 ; FGD 1, April 16th 2015: personal communication). Support groups include livelihood assistance, such as co-goat ownership (respondent 20, April 16th 2015 ; respondent 27, April 18th 2015: personal communication). Counselling provided includes individual, group and family (RLP staff member, April 20th 2015: personal communication). In a case assessment, questions are asked through a form which point the client in the direction of various psychological problems (RLP counsellor, April 13th 2015: personal communication ; researcher's observation of RLP Case Assessment, April 15th 2015). For example, during a case assessment of a 15 year old rape survivor and her father, after the family attestation document was taken and identifying information recorded, specific symptoms were noted. A synopsis of the case was then given and the rape, and following tension with the rapist's older brother resulting in insecurity for the family were described. The RLP counsellor said he would follow-up with the ARC lawyer who had been dealing with the case.

Refugees expressed some concerns about a lack of presence and communication challenges from the RLP, which could be attributed to some outside barriers they are woking with in terms of visibility. The RLP has faced a particular challenge during its operations in Nakivale. The organization was banned from operating in the settlement from March of 2014 to January of 2015 due to controversy with the government of Uganda and the NGO's proposed “promotion of homosexuality” due to its opposition to the anti-homosexuality bill (RLP counsellor and respondent 27, April 16th 2015 ; see *www.advocate.com***)**. A RLP counsellor lamented that during this period support groups were scattered (respondent 24, April 15th 2015: personal communication), counsellors couldn't see clients and overall staff morale was low (respondent 27, April 16th 2015: personal communication). Also, the RLP's main focus is on refugee support outside of settlements (RLP representative, April 7th 2015: personal communication) and they do not have an office in the settlement.

4.2.2 A Psychosocial Support-based Approach

Outside of the scope of counselling, one's psychological and social well-being can be supported

in a variety of ways, both formal and informally **(see below)**. For example, in its March 2015 assessment of psychosocial support in Nakivale, the RLP came across many extremely vulnerable individuals (EVIs) lacking livelihood support, which was impacting their mental well-being (respondent 3, April 8th 2015: personal communication). It is relevant to note that referrals are common within psychosocial intervention partners (such as ARC, RLP and Tutapona) and with those whose work falls more into the approach category (FRC, Windle Trust, WFP and others). The OPM crosses both categories, has it has counsellors in its community services department, but also mainly works with coordination of services and not implementing them. As was recognized by a Refugee Law Project counsellor, the accessibility of food, water, shelter and medication all impact one's psychological and social well-being, and these services must operate with an awareness of their role (respondent 27, April 16th 2015: personal communication). It was suggested by organization staff (MTI nurse, April 19th 2015 ; UNHCR official, April 30th 2015) that all service providers would benefit from training in MHPSS, which demonstrates the necessity for an MHPSS approach to continue to be be adopted in the settlement.

4.3 Challenges to Providing Psychosocial Support

If this analysis of psychosocial support in Nakivale stopped at a conclusion as to whether there are or there aren't enough MHPSS services being provided in Nakivale it would be wildly incomplete. It is vital to examine the environment of Nakivale, and note logistical, material and cultural barriers to providing what may be defined and/or perceived as adequate MHPSS services by refugees in the settlement. Overall, and as was noted by many respondents, the number of people who have experienced trauma in Nakivale overwhelms the amount of services. Also in many cases, refugees are specifically seeking concrete solutions, such as material support and resettlement, which often are unable to be given for logistical reasons and outside barriers. It is particularly important to analyze why these barriers exist in the context of Nakivale. Also it is important to note that this analysis isn't to assert that refugees shouldn't want resettlement or material items to be psychologically and socially well. It simply acknowledges that there are limitations to material support and resettlement and explores if there are other mechanisms for improving the well-being of refugees. But it also recognizes

the limitations on other mechanisms of psychosocial such as conventional counselling, due to staffing and budget limits. Finally, it concludes that there are cultural challenges to providing psychosocial support in Nakivale, most predominately due to stigma surrounding mental health problems and a lack of awareness about counselling mechanisms for getting psychological help. As Boyjuwoye and Sodi, T. (2010) state, it is important to reject the idea that Western-based conventional counselling is the only way to assist traumatized populations. Instead this research recognizes that psychotherapy and counselling can be helpful to contribute to other mechanisms of support, such as traditional or religious healing (RLP counsellor, April 13th 2015: personal communication ; a representative of Mental Health Uganda, April 23rd 2015: personal communication).

Perhaps one female Congolese refugee summarized the general feel of the communities towards going to counselling when she stated that, “if counselling brings solutions, it makes sense, but if not it doesn't” (respondent 17, April 12th 2015: personal communication). The desire for measurable solutions was visible in many refugees (respondent 18, April 12th 2015 ; FGD 1, April 16th 2015 ; respondents 31 and 32, April 18th 2015 ; respondent 34, April 18th 2015 ; respondent 38, April 19th 2015 ; respondent 39, April 19th 2015 ; respondent 41, April 19th 2015). Even informal communication about one's problems, such as to one's neighbour, can be motivated by the prospect of receiving help (respondent 50, April 28th 2015: personal communication). In a conventional primarily Western sense, counselling involves talking to someone about your problems and learning how to cope with them as a solution. But in Nakivale, although refugees associated psychosocial support with getting solutions (respondent 34, April 18th 2015: personal communication) coping strategies weren't the solutions most refugees were looking for, as many either wanted material support and/or resettlement. An ARC representative described the problem as people not getting what they expect (respondent 30, April 16th 2015: personal communication). An OPM counsellor elaborated by noting that since refugees have had much taken from them, they expect much given to them (respondent 8, April 9th 2015: personal communication). Tutapona counsellors added that a challenge to providing trauma counselling is that “everyone expects a lot and everyone's goal is resettlement” (respondents 6 and 43, April 21st 2015: personal communication). Material support and resettlement obviously have a positive impact on one's

psychological and social well-being, but the question is if due to limitations in the amount of refugees who get resettled to a third country (UNHCR official, April 22nd: personal communication) and budgetary concerns (OPM Counsellor, April 9th 2015 ; RLP representatives April 23rd 2015: personal communication ; ARC Community Services Counsellor, April 28th 2015: informal communication) if there are ways in which refugees can cope with their trauma outside of these pre-selected solutions.

Challenges to providing psychosocial support in Nakivale can be broken down into logistical (3.1), material (3.2) and cultural (3.3) barriers. Logistically this analysis first recognizes the large degree of trauma within the massive population, and provides evidence for how Nakivale is a high-need and hence challenging area to provide adequate support for (3.1.i). It also notes that all those who want resettlement as a solution are not able to receive it (3.1.ii). Material challenges include how a refugee's low socioeconomic level impacts one's psychosocial well-being because basic needs are not being met, bringing many consequences (3.2.i). Of course, one can not generalize that all refugees are struggling financially (researcher's observation, April 13th 2015: personal communication). But overall, there aren't enough staff or a large enough budget to provide enough psychosocial support (3.2.ii). Due to the interrelatedness of psychosocial support, it is needed to analyze limitations of material assistance, resettlement options and counselling in a conventional sense, as all are factors in a refugee's psychosocial well-being. This analysis concludes that all are working within constrains dictated by large numbers of traumatized refugees and overwhelmed service-providers. Finally, challenges to providing MHPSS can include working within a culture that isn't conducive to seeking out support particularly for psychological problems due to stigma for those with mental health problems and lack of widespread awareness about counselling.

4.3.1 Logistical Barriers

It is relevant to re-visit the fact that Nakivale's population is over 72 000 and still increasing (UNHCR official, April 30th 2015: personal communication). As a Community Worker stressed, Nakivale is quite literally a city of refugees with a multitude of problems (FGD 2, April 17th 2015: personal communication) and it logistically currently isn't possible to serve all their psychosocial needs. This section will explain these logistical barriers through examining the impact of past and

current trauma/insecurity on refugee well-being, and the widespread prioritized desire for resettlement when opportunities are limited.

4.3.1.1 Amount of Past Trauma and Current Insecurity

As the researcher is neither a counsellor nor psychologist, it was outside of the scope of this qualitative study to determine the level of or forms of trauma in Nakivale refugee respondents. However, it is plausible to assume that flight history and their current situation have had and continue to have an impact on the psychological and social well-being of these individuals. As a RLP counsellor described, all refugees come with wounds both psychological and medical (respondent 3, April 8th 2015: personal communication).

Refugee respondents expressed a variety of reasons for leaving their home countries including rape, murder, violence, and general insecurity. Many Congolese respondents cited tribalism and attacks from rebels (respondent 21, April 15th 2015 ; participants, FGD 1, April 16th 2015) as the reason for their flights. Most Ethiopians and Rwandans discussed political problems and persecution (respondent 38, April 19th 2015 ; respondent 39, April 19th 2015 ; respondent 41, April 19th 2015 ; respondent 42, April 19th 2015, respondent 35, April 18th 2015), with these circumstances also commonly involving violence. A RLP counsellor described how rape and other forms of violence are also frequent as refugees move from their home countries to Uganda (respondent 3, April 8th 2015: personal communication), which was also noted by many respondents (respondent 19, April 13th 2015 ; respondent 20, April 14th 2015: participant, FGD 1, April 16th 2015 ; respondent 35, April 18th 2015 personal communication). As a Refugee Law Project staff member explained, there are disadvantages and advantages to life in a settlements because being surrounded by those who are also suffering as refugees can be comforting for the unity yet isolating for the lack of different experiences (respondent 3, April 8th 2015: personal communication), but the majority of refugees and organization staff cited negative aspects. For example, an OPM Community Services Department representative who frequently works with new arrivals cited cramped and conditions of the Reception Centre and the peril of having to adjust to a new environment (for example, those refugees who are not used to rural life) as negatively impacting mental health of refugees when in the settlement (respondent 8, April 9th 2015:

personal communication). Overall, a drastic change in living environment was pointed out by many as being potentially traumatic (ARC Community Services Representative, April 10th 2015 ; respondent 16, April 12th 2015 ; respondent 19, April 13th 2015, RLP Staff member, April 14th 2015).

As one male Ethiopian refugee summarized, although in Nakivale there are no political problems, life is hard (respondent 35, April 19th 2015: personal communication) financially, socially and in many cases continues to include insecurity. A representative of the RLP drew links between settlement life, being surrounded by bad conditions and resulting negativity (respondent 1, April 7th 2015: personal communication), which was confirmed by many refugee respondents (for examples note Rwandan female refugee, April 11th 2015 ; a Congolese female refugee, April 18th 2015 ; Burundian male refugee, April 15th 2015 ; an Ethiopian female refugee, April 19th and a group of Somali refugees, April 28th 2015: personal communication). A lecturer at Makerere University stated potential consequences of not feeling at home (respondent 2, April 7th 2015: personal communication). RLP staff noted that insecurity (resulting from everyone being contained in one place near boarders in the case of Nakivale), lack of quality services in some cases, little access to trade and limited education opportunities (respondents 46 and 47, April 23rd 2015: personal communication) as aspects of settlement life which impact mental health negatively. One Congolese female refugee added to the summary: we can not be happy when we are not in our home countries (respondent 16, April 12th 2015: personal communication), which was echoed by other refugees (respondent 38, April 19th 2015: personal communication).

Many refugees feel much insecurity living in Nakivale for a variety of personal and social reasons relating to rape, violence and harassment (respondent 25, April 16th 2015 ; Somali female and Congolese females, FGD 1, April 16th 2015 ; respondent 33, April 18th 2015 ; respondent 38, April 19th 2015 ; respondent 42, April 19th 2015). For example, most Congolese refugees described feeling unsafe living in villages with people from the same tribe as the tribe which had harmed or killed their families and in some cases tried to harm or kill them as well (respondent 25, April 16th 2015 ; respondents 31 and 32, April 18th 2015: personal communication). The same problem was noted in the Ethiopian community for refugees of varying political parties (respondent 39, April 19th 2015: personal

communication). A Rwandan female refugee described how the people who had been harassing her and her husband had "followed them here [to Nakivale]" (respondent 33, April 18th 2015: personal communication).

Sometimes insecurity resulted from personal problems. For example, one Ethiopian female refugee described how her abusive husband had followed her to a refugee camp in Kenya and then to Nakivale and had turned much of the community against her (respondent 41, April 19th 2015: personal communication). She has converted to Christianity from Islam because this man had also mobilized the church to abuse and isolate her (respondent 41, April 19th 2015: personal communication). Another Ethiopian woman (respondent 42, April 19th 2015: personal communication) had a similar concern (respondent 42, April 19th 2015: personal communication). After frequent beatings and threats (including death) led her to separate from her husband, she continues to feel at risk because although he has gone away, she doesn't know where he currently is (respondent 42, April 19th 2015: personal communication). Some female Ethiopian youth expressed fear resulting from living near male neighbours who were abusing them (ARC Counselling session, informal observation: April 28th 2015).

It's important to recognize that insecurity poses a particular risk for females in Nakivale. For example, rape in the settlement is common (Congolese and Somali females, FGD 1, April 16th 2015: personal communication ; client, RLP peer counselling session, April 18th 2015 ; client, RLP case assessment, April 18th 2015: researcher's observations). Some women discussed being raped multiple times (FGD 1, April 16th 2015) and one rape survivor observed during a counselling session was only 7 years old (RLP peer counselling session, April 18th 2015). One female youth of 15 had became pregnant with a child from her rapist and is now suffering abuse and threats from his family after going to the police (RLP case assessment, April 15th 2015: researcher's observation).Women with children of rape commonly face discrimination (respondent 29, April 16th 2015: personal communication). The same isolation can result if mothers have children with disabilities (respondent 51, April 28th 2015).

There are many socially and mentally traumatizing circumstances in Nakivale. For example, refugees with disabilities, often times resulting from past violence, face particular psychosocial challenges caused by discrimination from the community (respondent 23, April 15th 2015 ; respondent

28, April 16th 2015: personal communication). One Ethiopian male refugee described a family problem in which his adolescent children were quarrelling with his second wife (who was married after their mother has passed away) and had attempted to run away form home (respondent 38, April 19th 2015: personal communication). Problems specific to parenting adolescents were also noted by an ARC representative (respondent 57, April 29th 2015: personal communication). A Congolese male refugee observed a connection between limited educational opportunities and poor psychological state (respondent 61, May 5th 2015: personal communication).

Unlike previous studies (Neuner et al 2004b ; de Jong 2000) which have striven to measure levels of trauma (such as PTSD) among refugees, the researcher's analysis is of current services and the challenges surrounding provision of these services. Even so, during interviews and observation many signs of trauma were noted by and explained to the researcher. An ARC Community Services representative described nightmares as a common symptom, but also pointed to medical professionals as being better equipped to pin point signs (respondent 9, April 9th 2015: personal communication). A MTI representative elaborated on symptoms of trauma and described nightmares and flashbacks, such as birthing a child of rape and consequently remembering your rapist when you see the child (respondent 19, April 13th 2015: personal communication). This was echoed by a female Congolese refugee youth who described thinking that the whistle from a football match is the rebels (respondent 32, April 18th 2015: personal communication). One female Congolese refugee described having problems in the mind as amnesia and forgetting, trouble sleeping and a lost voice (respondent 28, April 16th 2015: personal communication). Her cousin also lamented amnesia, trouble sleeping and much fear (respondent 29, April 16th 2015) . Two Congolese female youth described feeling “no peace” and getting no sleep because of trauma and sickness in the head (respondents 31 and 32, April 18th 2015: personal communication). Other refugees also expressed trouble sleeping (respondent 35, April 18th 2015: personal communication). One Rwandan female refugee described being “sick in the heart” (respondent 33, April 18th 2015). Tutapona staff (respondents 6 and 43, April 21st 2015: personal communication) described many symptoms of trauma which they have observed in refugees: headaches, stomach problems (also noted by participant in FGD 1, April 16th 2015 ; daughter during

RLP peer counselling session, April 18th 2015: personal communication), low sex drives, isolation, loss of mind (also noted by respondent 24, April 15th 2015 ; respondent 28, April 16th 2015 ; participants FGD 1, April 16th 2015 for examples), trouble sleeping (also noted by respondent 27, April 16th 2015 ; respondent 49, April 28th 2015: personal communication), nightmares, inability to feel love, blaming themselves (which was also described by RLP staff, April 23rd 2015 as a victim mentality), repeating of tasks (i.e. washing clothes), self-harm, confusion and not understanding themselves, (also noted by respondent 33, April 18th 2015: personal communication) fear of the opposite sex, high heart beat, high blood pressure, low self-esteem, fear, talking/walking alone, lose trust in others, non-stop crying, a plan to seek revenge and the desire to hurt others.

4.3.1.1 A Fixation on Resettlement

As a UNHCR representative stated, out of the almost 73 000 individuals in Nakivale, approximately 1000 get resettlement every year (respondent 44, April 22nd 2015: personal communication). Many refugees are seeking resettlement (family during RLP peer counselling session, April 18th 2015: researcher's observation ; UNHCR representative, April 22nd 2015: personal communication). An OPM Community Services department representative explained how it is so in demand that “people will do anything for it” (respondent 8, April 21st 2015: personal communication). A Rwandan male refugee defined his need to be secure as needing to be in a third country, as he didn't feel safe to return to Rwanda or in Nakivale (respondent 13, April 11th 2015: personal communication). This attitude was expressed by many refugees (respondents 31 and 32, April 18th 2015 ; family, RLP Peer Counselling observation, April 18th 2015: personal communication**).** For example, one Burundian male refugee described seeking a “durable solution” (respondent 25, April 15th 2015: personal communication) and wished to go somewhere where he is safe and comfortable, conditions he hasn't found in Uganda or back home. But it's important to recognize that resettlement is a “long term investment in one's children”, as there are many difficulties for refugees even in third countries (UNHCR representative, April 22nd 2015: personal communication). It's not to say that refugees shouldn't wish for resettlement, but a fixation on a goal which is unlikely to be met and even if it is comes with many challenges is a barrier to achieving happiness with one's current position. That being

said, as the UNHCR representative described, the idea isn't to stop people from having aspirations for the future (respondent 44, April 22nd 2015: personal communication). Longing for resettlement could very well have a positive, as it may give needed hope, or negative, as it may cause people to not try to improve their lives in Nakivale (Refugee Desk Officer, May 4th 2015: personal communication), impact on a refugee's well-being. Most likely the idea of resettlement leads to a combination of good and bad implications. Overall it is an area for further study.

Refugees expressed views that counsellors would tell them that they were lying to get resettlement when they tried to access psychosocial support services (Isangano Community Leader, April 11th 2015 ; respondent 25, April 15th 2015: personal communication). These false accusations were also noted by a staff member of the Refugee Law Project (respondent 20, April 14th 2015: personal communication) and the Chairman of New Congo who described how people go to IPs looking for support, but are told all they want is resettlement which isn't their intentions (respondent 15, April 12th 2015: personal communication). Alternatively, organization staff (ARC Area Coordinator, April 16th 2015: informal communication ; OPM Community Services Counsellor, April 21st 2015: personal communication) and refugees (Isangano Community Leader, April 11th 2015) alike explained that individuals will sometimes fabricate stories to increase their chances at resettlement. Additionally, the ARC Area Coordinator described general disgruntlement from refugees towards ARC as they expect it is ARC that determines who gets resettlement and are frustrated with why ARC isn't giving it to them (April 16th 2015: informal communication). She stated that a sensitization is being planned on the resettlement process to try and combat some of the negativity and confusion. The OPM counsellor also expressed concerns about the mystery surrounding the selection process, describing how people will come to her 3 or 4 times asking for resettlement and many spend their entire days around the office waiting to ask (respondent 8, April 21st 2015: personal communication) not understanding that it isn't her decision. She continued to explain how at the end of counselling sessions, refugees will be expecting resettlement (respondent 8, April 21st 2015: personal communication). A UNHCR representative noted that the length and irregularity of the interviewing process may cause stress for refugees (respondent 44, April 22nd 2015: personal communication), as each refugee's case is unique

and each host country has a different schedule and time frame.

Resettlement is a complicated process that determines which refugees are most in need and most suited according to extensive interviews by a team in Nakivale, then a comprehensive case review by UNHCR officials in the field office, and then an additional interview and case assessment by a team from the host country that takes into account the country's own criteria for accepting refugees (UNHCR representative, April 22nd 2015: personal communication ; also see, UNHCR 2012 ; Chapter 7, *UNHCR Resettlement Handbook,* UNHCR 2013b). As a UNHCR representative communicated, it is not by any means a random process and strives for fairness (April 22nd 2015: personal communication). The decision is impacted by the following categories: legal and physical protection, women at risk, medical needs, lack of alternative durable solutions (**find publication)**.

What impact the idea of resettlement has on one's psychological and social well-being is an area for further examination. Although the process is complicated and not that likely, ultimately, as a UNHCR representative explained, you can't stop people from dreaming and this dream commonly and understandably includes a third country (respondent 44, April 22nd 2015: personal communication).

4.3.2 Material Barriers

4.3.2.1 Socioeconomic Considerations for Refugees

A change in living environment was noted to sometimes include a socioeconomic status change (RLP staff member, April 14th 2015: personal communication) which has particular implications on a refugee's psychosocial well-being. For example, there are refugees who had been “living good lives” before and now are struggling financially with little opportunity for employment and economic ventures (RLP counsellor, April 8th 2015: respondent 16, April 12th 2015 ; respondent 25, April 16th 2015 ; participants, FGD 1, April 16th 2015 ; respondent 39, April 19th 2015: personal communication). One Congolese female refugee used to be a business woman in DRC, but now cultivates for little money (respondent 17, April 12th 2015: personal communication). Many non-agriculturally-based refugees tend to suffer psychological consequences (RLP staff, April 23rd 2015: personal communication). Unemployment is also a problem. Such is the situation of a Burundian male refugee who described being unemployed and consequentially unable to support himself adequately financially (respondent 24, April 15th 2015: personal communication). A Congolese refugee and the Youth

Chairman discussed how his position is just volunteer and he has struggled to find a paid job because there are few jobs in Nakivale and they only go to those who have connections (respondent 48, April 28th 2015: personal communication). Another Congolese male refugee added that the biggest problem of life in Nakivale is that people are unable to find work and money and are subsequently "down and out" (respondent 14, April 12th 2015: personal communication).

Lacking material support negatively impacts a refugee's psychological and social state. Many refugees expressed unhappiness because of being unable to meet their basic needs. Frequently respondents cited not enough food (Congolese females, FGD 1, April 16th 2015 ; respondent 11, April 11th 2015 ; respondent 16, April 12th 2015 ; respondent 17, April 12th 2015 ; respondent 12, April 12th 2015 respondents 31 and 32, April 18th 2015 ; respondent 33, April 18th 2015: personal communication). The connection of having enough food to one's emotional state is clear as one Congolese female refugee simply stated "if I can get money to get food, I will be happy" (April 12th 2015: personal communication). Poor shelter (respondent 11, April 11th 2015) was also seen as distressing and contributing to negativity. The case of one male youth orphan refugee who doesn't feel welcome in the home he's staying in (respondent 50, April 28th 2015: personal communication) demonstrates that adequate shelter goes beyond just having a roof over one's head. Protection is important as well. Some refugees stressed about having no access to medication (Congolese females, FGD 1, April 16th 2015 ; respondent 16, April 12th 2015 ; respondent 17, April 12th 2015: personal communication). Another concern among refugees was not being able to financially provide for their kids (Somali female FGD 1, April 16th 2015 ; respondent 35, April 18th 2015 ; respondent 42, April 19th 2015: personal communication).

When one's basic needs aren't being met, one understandably most likely has less desire to surrender time to seek out other services, such as counselling and mental health support. Time is a resource that is readily available only to the wealthy who don't have to worry, for example, about being able to put food on the table. The generosity of refugees isn't to be undermined with this statement though, as the researcher herself was invited to and enjoyed dinner in the village of one of her interpreters (April 18th 2015, researcher's observation). But, it is important to note that many refugees'

days are busy spent trying to support themselves. An ARC Community Services representative echoed this claim, by describing how many people wish to go to the offices for support, but understandably don't have time as they prioritize working and fulfilling socioeconomic needs (respondent 9, April 10th: informal communication). For example, one Rwandan male refugee expressed a desire to access Tutapona's services, but hasn't tried because he is too busy with farming (respondent 13, April 11th 2015). Tutapona staff described low attendance during sessions in rainy seasons, when most refugees would prefer to dig instead (respondents 6 and 43, April 21st 2015: personal communication). RLP staff stated that refugees may not access services if they would prefer to access food or aren't able to get transport to the office (respondent 46 and 47, April 23rd 2015: personal communication). Alternatively, an Isangano Community Leader described that refugees have lots of time on their hands and are bored which leads them to think about past trauma (respondent 10, April 11th 2015: personal communication). It is important to recognize the individuality of each refugee's priorities, as there is not one collective "refugee stance". Some refugees might seek counselling services despite a lack of basic needs and some might not seek counselling even when meeting these needs. Some refugees might spend their days trying to find work, others may not. The individuality of each refugee makes any firm conclusions about how refugees perceive psychosocial support difficult to make, including what impact socioeconomic status has.

Additionally, sometimes refugees aren't familiar with the procedures of accessing counselling. For example, a Rwandan refugee female expressed desire to speak with a concerned person, but lacked knowledge of procedure how to (respondent 11, April 11th 2015: personal communication). A Rwandan male refugee had similar concerns with wanting to access Tutapona's services (respondent 13, April 11th 2015: personal communication) but knowing how to do so.

Material need can sometimes be the biggest problem to address for psychosocial support. As a staff member of the Refugee Law Project lamented, it is impossible to address someone's psychological needs when they are going to bed hungry (respondent 47, April 23rd 2015: personal communication). As cited in Neuner et al. (2004b), Maslow's Hierarchy of needs states that one's psychological needs can only be addressed once the basic needs have been fulfilled, such as food, water and shelter. They hence

question how refugees with PTSD may perceive or seek out aid that is solely psychotherapy-based, such as Western approaches to treating PTSD (Neuner et al. 2004B: 579) when material support is lacking. The connection between material support and psychosocial well-being was also observed in Nakivale. A Congolese female youth refugee noted that when conditions are bad, she remembers about her dead parents (respondent 49, April 15th 2015: personal communication), making a valid point about the connection between psychological well-being and basic needs. A Rwandan female described that although her medication for her depression helped her go to sleep, she was still going to bed hungry and consequentially suffering (respondent 33, April 18th 2015: personal communication).

Recognizing that refugees are very valid in their desire for material support, some of their expectance for support services to be centred around material items (OPM Community Services Counsellor, April 9th 2015: personal communication) can pose barriers to the provision of other forms of psychosocial support. Tutapona staff discussed a challenge to providing trauma counselling is that refugees expect material support which they don't provide (respondent 6 and 43, April 21st 2015: personal communication). One representative elaborated by saying that “when people find out we only provide psychosocial support, they run away” (respondent 6, April 21st 2015: personal communication). An OPM Community Services department representative added how after sessions refugees often expect a material item (respondent 8, April 9th 2015). The wish for material and financial support can sometimes lead to confusion, as one Congolese female refugee was unsatisfied with Tutapona's services because after her appointment in February of 2015 she hadn't been given some small funds to start a business (respondent 18, April 12th 2015: personal communication), but this is outside the scope of Tutapona's services. This confusion could be traced back to how counselling isn't very common or known in much of African culture (Peltzer 2002 ; Bojuwoye and Sodi 2010) or simply the fact that when one's basic needs aren't met, one understandably does't think of much else. In essence, psychosocial support in intrinsically linked to material needs being met (respondent 27, April 16th 2015: personal communication), but in some circumstances the desire for material support overshadows other services which also may be helpful, such as trauma counselling.

It also important to note that refugee respondents in Juru Zone (located approximately 20 km

from Base Camp, the administrative centre of Nakivale) in general were less aware of psychosocial support services than residents of Base Camp (respondents 33, 34 and 35, April 18th: personal communication) were. It was pointed out by a male Congolese refugee that not everyone has access to a bike to travel long distances to the offices for services (respondent 14, April 15th 2015: personal communication). It is important to note that the camp is 186 square kilometres (UNHCR 2014). One Rwandan female refugee living in Juru Zone stated that, "me, I don't go anywhere, so I don't know"when asked about accessing services (respondent 33, April 18th 2015: personal communication). She described not having been to base camp in a while (respondent 33, April 18th 2015: personal communication). However, some individuals in villages near Base Camp also weren't familiar with organizations (for example, respondent 11, April 11th 2015), and due to the small percent of refugees reached overall (in relation to the entire population), the researcher can not draw any set conclusions. Additionally, as the UNHCR manager of field management explained, although Base Camp is the administrative centre of Nakivale, each sub-camp (Rubondo and Juru) has a focal point which oversees all service provision to ensure accessibility (respondent 58, April 30th 2015: personal communication) despite where one lives.

Overall, an analysis of psychosocial support must take into account the impact that not having adequate food, water shelter and other material items can have on a refugee's psychological state and social capabilities. In essence, the amount of resources a refugee has has is intrinsically linked to his or her well-being, and how he or she one defines this state and wishes to see it improved.

4.3.2.2 Limited staff and budget

The Chairman of New Congo was largely disappointed in the psychosocial services provided (respondent 15, April 12th 2015: personal communication) and does not believe that enough counselling support is being offered, a sentiment which was shared by many refugees (respondent 17, April 12th 2015 ; respondent 24, April 16th 2015 ; respondent 34, April 18th 2015). A MTI representative stated that there isn't enough support in Nakivale for people with psychological problems (respondent 19, April 13th 2015: personal communication). A Congolese female refugee was frustrated specifically with challenges communicating adequately with organizations (respondent 18, April 12th 2015:

personal communication). She complained that she hadn't been given any follow-up and had been told to wait instead (respondent 18, April 12th 2015: personal communication). This lack of accountability was echoed by many refugees. Many refugees also felt this frustration as they described forwarding letters from the Police to where they are supposed to go, but not getting any assistance (respondent 25, April 16th 2015 ; participants, FGD 1, April 16th 2015). One Ethiopian female refugee explained that the offices and the police all know that her husband is harassing and abusing her, but nothing has been done (respondent 41, April 19th 2015: personal communication). A Rwandan female refugee described telling her problems to who she could, but receiving no assistance (respondent 33, April 18th 2015: personal communication). One female Congolese refugee described giving up on hope on organizations in 2014 after receiving no assistance (respondent 49, April 28th 2015: personal communication). It is important to analyze and contextualize these complaints, as the following examination strives to do. It must be recognized that the size of the population, the amount, severity and frequency of problems and limited financial and material resources can lead to delays in services and follow-ups.

As an ARC Counsellor described, a feeling of powerless-ness often encompasses the work of providing psychosocial support in Nakivale (respondent 56, April 29th 2015: informal communication) because all that is being done is being done and still problems remain. A RLP assessment of psychosocial support in the settlement (March 2015) found overwhelming numbers and few partners on the ground (respondent 3, April 8th 2015: personal communication). This was also confirmed by RLP staff members in Kampala, who had visited Nakivale for the first time during the process and described being alarmed by the conditions and lack of resources (respondents 46 and 47, April 23rd 2015: personal communication). An ARC Community Services Representative stated that psychosocial services are being maximized (respondent 9, April 10th 2015: personal communication), again stressing the limits which staff have to work within. An ARC Community Services staff member noted that empathy and caring are large parts of the job and stated that “you wouldn't do this work if you didn't care about your clients” (ARC Community Services Counsellor, April 28th 2015: informal communication). The ARC Area Coordinator also stressed the problem of overwhelming numbers for counsellors and psychosocial support in general (respondent 25, April 16th 2015: informal

communication). A UNHCR representative also noted a challenge of her job as there being too many people she wants to help (respondent 44, April 22nd 2015: personal communication), an attitude observed in many service providers.

Additionally, sometimes problems do not appear to have feasible answers. In some cases, refugees have received assistance and multiple solutions have been tried but circumstances have continued regardless. For example, one Ethiopian female refugee explained that despite a meeting with her abusive ex-husband and representatives from Tutapona and ARC and the OPM commandment, he has continued to harass her (respondent 42, April 19th 2015: personal communication). She explained how he breaks the contract signed which states he shouldn't contact her but send monetary support for the children. He instead doesn't contribute financially and repeatedly abuses her on the phone (April 19th 2015: personal communication). A Burundian male refugee has been experiencing a series of insecurity-inducing incidents, such as his home being burnt and destroyed since he arrived, and although OPM moved him to a different village early in 2015, he was attacked and beaten in February of the same year (respondent 24, April 16th 2015: personal communication).

Refugee Law Project staff expressed budgetary concerns as a major barrier to the provision of adequate psychosocial support (respondent 3, April 8th 2015 ; respondents 46 and 47, April 23rd : personal communication). The OPM Counsellor described a lack of funding for vehicles and fuel for transporting patients (respondent 8, April 9th 2015: personal communication). She also lamented a shortage of staff in the psychiatric department [of MTI] (respondent 8, April 9th 2015: personal communication). There currently exists one psychiatric nurse for the entire population of nearly 73 000 traumatized people, who although divides his time among sub-camps, can only be in so many places at once (respondent 19, April 13th 2015 ; UNHCR Official, April 30th 2015: personal communication). An OPM Community Services staff member explained how the biggest challenges to providing psychosocial support is a lack of budget and staff (respondent 21, April 15th 2015: personal communication). She stated that you “can't blame anyone, as it's a funding problem” (respondent 21, April 15th 2015: personal communication). An ARC counsellor elaborated upon this stress, as she described trying to support a baby of rape and having to ask the community for clothes as there was no

budget available (respondent 56, April 28th 2015: informal communication). The ARC Child Protections Officer also echoed this issue, in terms of being able to provide NFIs and the importance NFIs can have on one's psychosocial well-being (respondent 57, April 30th 2015: personal communication). Although outside the scope of Nakivale, it should be noted that Uganda only has 33 psychiatrists in the entire country, speaking to the level of priority being given to mental health across the nation (a representative of Mental Health Uganda, April 23rd 2015: personal communication).

4.3.3 Cultural barriers

A link can be drawn that many refugees are prioritizing resettlement or material support and hence are less likely to access a service that doesn't offer these options, such as conventional counselling practices. This section explores other reasons people may not want to speak with a counsellor. Overall, the question remains to be asked if counselling can be beneficial, and if so, how and why is this connection drawn despite people's sometimes unwillingness for the services. For example, a Rwandan female refugee stated she doesn't want counselling because she doesn't visit the offices, despite living near Base Camp. For this elderly woman, she simply “isn't interested” (respondent 11, April 11th 2015: personal communication). A Congolese male refugee described a general ignorance surrounding accessing psychosocial support and that many may not believe they will get assistance from counselling, so don't try (respondent 14, April 12th 2015: personal communication). One Rwandan female refugee had heard of the Community Services Department of OPM, but felt she had “no need to go” (respondent 12, April 11th 2015: personal communication). In addition a RLP staff member added that “deep deep in the villages” people may not be aware of the services of lawyers or counsellors can provide (respondent 20 April 14th 2015: personal communication). This next sections explores some possible cultural reasons why people may not want to access and/or are not accessing psychosocial support specifically through individual and/or group counselling intervention services. This section focuses on MHPSS intervention although still recognizes that psychosocial support can be provided in various means outside of counselling programs (see section 2.2).

4.3.3.1 Mental Health in Uganda: stigma and violations in the system

A link can be made that refugees may not be gravitating towards counselling in a conventional sense because of a stigma surrounding accessing mental health services in Uganda (RLP staff member,

April 14th 2015 ; a representative, Mental Health Uganda) and the culture of mental health support in Africa (*see* Bojuwoye and Sodi 2010 ; respondent 8, April 9th 2015 ; respondent 3, April 13th 2015: personal communication). Mental Health Uganda is an NGO which began as community-based forum for psychiatric users and caregivers to advocate for better services and human rights and now operates to include policy reform, psychosocial support, community sensitization, livelihood support, membership mobilization, human rights advocacy and network building (respondent 45, April 23rd 2015: personal communication). Although Uganda has seen successes due to Mental Health Uganda's presence, such as being the first African country to host the International Network of Psychiatric Users and Survivors in 2008, much self-inflicted, family-inflicted and community-inflicted stigma till exists for accessing mental health support (representative, Mental Health Uganda, April 23rd 2015: personal communication).

This stigma was also noted by the OPM Community Services department representative who described how “in Uganda, we don't believe in counselling” (respondent 8, April 9th 2015: personal communication), and explained that even [for nationals] the government doesn't think mental health needs to be addressed. Additionally, a RLP representative stated that getting help for mental health used to mean you were 'sick' and had to go to the hospital (respondent 20, April 14th 2015: personal communication). A representative of Mental Health Uganda elaborated that the culture and community instill shame on those with mental illnesses, categorizing them as outcasts who are useless to society (respondent 45, April 23rd 2015: personal communication). The OPM Community Services department representative continued to express that in African culture (respondent 8, April 21st 2015: personal communication) counselling and psychiatric help are seen as jokes and people are incredulous why anyone would go to someone to explain their personal problems (also see Boyjuwoye and Sodi: 2010). An ARC Community Services representative pointed out that although a stigma for accessing mental health services does exist in Uganda, it may be different for refugee communities as they have “many problems”, such as PTSD (respondent 9, April 10th 2015: personal communication). But the question remains that if the government doesn't appear to want to implement effective mental health support services for nationals (Mental Health Uganda representative, April 23rd 2015: personal

communication), how willing would it be to address mental health problems amongst the refugees?

Additionally, Uganda's mental health system is characterized by gross human rights violations (Mental Health Uganda representative, April 23rd 2015: personal communication). He gave an example of conditions of the national mental institute, Butabika, which was similarly frowned upon by the OPM Community Service Counsellor (respondent 8, April 21st 2015: personal communication). Cooper et al. (2010) caution how a human rights-based framework propagated by international organizations upholds largely Euro-centric idea of individualism, which could be found drastically out-of-context in areas of African society where the collective is prioritized (579). But they also note that international human rights standards should not be rejected, particularly when they take into account the social, cultural and economic applicability of the circumstance and hence avoid enforcing ideas of individual entitlements. In fact, as is demonstrated by Cooper et al. (2010)'s analysis of the mental health system in Uganda, a human rights-focused lens can often highlight gross inequalities and poor living conditions (586), as are visible amongst those with mental disorders in Uganda (Mental Health Uganda representative April 23rd 2015: personal communication).

4.3.3.2 Decolonizing Westernized psychotherapy

A Refugee Law Project Counsellor explained how in African culture you don't go to a professional for assistance like counselling (respondent 3, April 13th 2015: personal communication), a sentiment which was also acknowledged in Bojuwoye and Sodi (2010: 289) and spoken about by a representative of Mental Health Uganda (respondent 45, April 23rd 2015: personal communication). The RLP counsellor continued to say that it is hard for people to know they need a counsellor, as if they are feeling sad they might just, for example, speak with a friend or go to church. These types of solutions she stressed are not invalid for coping with trauma, but she thought that a professional could bring benefits as well (respondent 3, April 13th 2015: personal communication). Also, sometimes refugees may speak with a counsellor but not associate the service with counselling in a conventional sense. For example, one Ethiopian male refugee had described visiting ARC offices, but didn't describe these services as counselling (respondent 39, April 19th 2015: personal communication). It is important to note that many refugees did recognize that they were not psychologically well, describing feelings

such as “sick in the head” (respondents 28 and 29, April 16th 2015 ; FGD 1 participant, April 16th 2015: personal communication). One Rwandan female refugee described her symptoms as depression and had began receiving help after hearing about services for those with mental problems at the local health centre in Juru zone (respondent 33, April 16th 2015: personal communication).

As this paper has examined, there are multiple factors to psychological and social well-being which may fall inside and outside of psychotherapy. For example, a Rwandan female refugee stated that talking about her problems, such as trouble sleeping, bad dreams and remembering her trauma, doesn't help as the “remembering remains” (respondent 34, April 18th 2015: personal communication). Alternatively, many trained counsellors did believe that their services could provide benefit (respondent 8, April 9th 2015 ; respondent 3, April 8th 2015: personal communication), a belief which is backed up by research (Neuner et al. 2004b ; Neuner et al. 2008). For example, the OPM Community Services department representative described how it painful at the time for an individual to explain their trauma but helpful in the long term (respondent 8, April 21st 2015: personal communication). It was noted by another RLP staff member, that refugees commonly won't say they need a counsellor (respondent 20, April 14th 2015: personal communication) and often don't take services seriously. That being said, this individual believes that everyone could benefit from counselling, they just may not know it (respondent 20, April 14th 2015: personal communication). Tutapona staff elaborated by explaining how people sometimes view counsellors as enemies (particularly those who have been targeted for political reasons and are suspicious of strangers asking questions), or don't feel they will get anything from a session (respondents 6 and 43, April 21st 2015: personal communication). Tutapona prioritizes building strong trust during each session to combat this barrier and make people feel comfortable sharing their problems (respondent 6 and 43, April 21st 2105: personal communication). A RLP counsellor added that counsellors sometimes have to dig for cases as they can be hidden (respondent 27, April 16th 2015). He elaborated by explaining how in Somali culture bringing up sexual violence is very taboo, so survivors may not disclose their circumstances (respondent 27, April 16th 2015: personal communication). This was also noted by the researcher during her observation of an ARC-moderated community discussion on FGM in Base Camp 3 (Somalia) on April 27th. One ARC counsellor

expressed her surprise and pleasure that the women had spoken up about being mutilated in a public setting (respondent 56, Aril 27th 2015: informal communication). The OPM Community Services department representative perhaps summarized the situation by noting a general lack of awareness surrounding counselling and what its benefits may be (respondent 9, April 9th: April 2015).

Tutapona staff state that it is difficult to see the benefits of trauma counselling because it the individual who determines when he or she is free and this is defined in many ways (respondents 5,6,7, April 9th 2015: personal communication). It is also important to note that trauma recovery is an ongoing process and doesn't necessarily have one stopping point. The Community Services OPM Counsellor acknowledged this lack of tangible benefits from counselling, as it isn't a services which provides a concrete result (respondent 9, April 9th 2015: personal communication). As a RLP staff member noted, counselling is like going to a doctor: one doesn't come back to announce that they are healed (respondent 20, April 14th 2015: personal communication). However, there are many potential benefits to counselling which are important to recognize. One Congolese female refugee stated that counselling is needed because it makes the heart better (respondent 17, April 12th 2015: personal communication). Hope for the future and a free mind are commonly desired results from counselling in Nakivale (Tutapona staff, April 9th 2015 ; RLP staff, April 23rd 2015: personal communication). RLP staff also described the way in which counselling can build self-esteem through empowerment (respondent 46 and 47, April 23rd 2015: personal communication).

4.4 Strategies for Providing Psychosocial Support

As has been noted, there are many challenges to providing adequate psychosocial support in its complex entirety to a population as traumatized and large in an environment as resource-lacking as Nakivale Refugee Settlement. However, organizations and refugees have adopted various strategies to work within these boundaries and provide as beneficial services as possible to as many people as possible. Firstly this analysis notes how organizations approach psychosocial support by recognizing all its elements (including material needs, psychiatric care and protection-based elements) through referrals and close communication between IPs, OPs and refugees leaders (4.1.i, 4.1.ii) to make it as effective as possible. Following is a description of how organizations take on a community based-

approach (UNHCR 2013a) to make services as accessible as possible through outreaching to refugees (4.2.1), hosting information sessions about services (4.2.ii), and prioritizing psycho-education (4.2.iii). Then refugee leadership in itself is analyzed by noting ARC Community Leaders (4.3.i), the OPM Refugee Welfare Committee governing structure (4.3.ii), the RLP Peer Counsellor program, coping mechanisms initiated by refugees and groups of refugees (4.3.iv), and finally refugees who have created platforms for advocating for larger issues (4.3.v). Lastly, other strategies are noted such as RLP support groups and livelihood assistance (4.4.i), MTI group therapy (4.4.ii), and techniques employed by Tutapona (4.4.iii), the OPM Community Services Department (4.4.iv) and ARC (4.4.v) during counselling sessions.

4.4.1 Adopting an Interconnected Approach

A Refugee Law Project counsellor noted that there are a range of factors which impact psychosocial support, including access to food, water, medical facilities and shelter (respondent 27, April 16th 2015: personal communication). Other RLP staff commented on the necessity of a holistic approach to psychosocial support which considers issues such as GBV/SGBV protection and livelihood assistance (respondents 46 and 47, April 23rd 2015: personal communication). The connection between protection and psychosocial support is also demonstrated by the presence of trained counsellors (4) in the ARC protection department. As many refugees expressed a desire for material items and security (see 3.1.i) to improve their well-being, it's clear that the connection is valid and important to analyze further.

4.4.1.1 Medical and Psychosocial Counselling

To look at the connection between medical and psychosocial counselling, it is helpful to refer back to the ISAC-given and UNHCR-adopted definition of MHPSS (UNHCR 2013c:15). Mental health (MH) services tend to focus more on psychological problems and disorders, while psychosocial support (PSS) services incorporate the social components of well-being. Both are very interrelated, but if a separation is to be made it is that medical counselling applies more to MH services and psychosocial counselling to PSS.

An MTI representative noted the need for a combined approach to make someone psychologically well (respondent 19, April 13th 2015: personal communication), involving both medical

support and psychosocial counselling. The interconnected element goes both ways: the provision of medical care and drugs for psychological treatment is supplemented by psychosocial support, and psychosocial support can include health services. As a representative of Mental Health Uganda explained, even when looking specifically at treating mental disorders, considering one's environment is essential and a community-based intervention strategy is suggested (respondent 45, April 23rd 2015: personal communication).

Medical service providers incorporate psychosocial elements into their role. For example, although a large part of MTI's role is providing psychiatric medication, a representative highlighted that counselling is a long term process and must go beyond drugs. Additionally, the organization provides some medical counselling. A representative of Mental Health Uganda echoed this perspective and stressed that psychiatric care must extend beyond drugs and include the community (respondent 45, April 23rd 2015: personal communication).

Additionally, psychosocial counsellors are also helped by knowledge of the medical side of psychosocial care. A MTI representative recommended that anyone implementing psychosocial support services be trained in some base line medical issues, such as signs of PTSD (respondent 19, April 13th 2015: personal communication). An ARC counsellor pointed out that people who counsel refugees have to have varied backgrounds and are helped by incorporating education-based and medical knowledge in their job (respondent 56, April 28th 2015: informal communication). She herself has experience as an HIV/AIDs counsellor (respondent 56, April 28th 2015: informal communication). The importance of baseline medical training when working with traumatized people was observed during an ARC counselling session when an ARC counsellor asked questions referring to a drug diagnosis of a depressed Ethiopian youth girl (April 28th 2015, author's notes). Many times this knowledge manifests in the form of a referral to MTI for treatment.

4.4.1.2 Other Referrals

Referrals are a large part of how psychosocial support in Nakivale is provided and occur both between IPs/OPs or community-based (through Community Workers, RWCs and other community leaders) (OPM Community Services Representative, April 15th 2015: personal communication).

Formally, all OPs and IPs are scheduled to meet with the OPM and UNHCR on a monthly basis (respondent 4, April 9th 2015: personal communication). As they don't have an office in the settlement, the Refugee Law Project prioritizes meeting with various IPs and tells about services to spread awareness about their services (respondent 3, April 8th 2015: personal communication). Referrals are also frequent between organizations specifically providing psychosocial intervention, as was noted by staff from the Refugee Law Project (respondent 3, April 8th 2015 ; respondent 20, April 14th: personal communication). For example, if one of their clients has HIV/AIDs, they would refer to MTI for medical support (respondent 20, April 14th 2015: personal communication). The Uganda Police also play a role in spreading awareness about services to refugees (assistant camp commandment, April 9th 2015: personal communication) and writing evidence-based reports for refugees to send to various organizations, demonstrating proof of what happened to them. The OPM Community Services counsellor's role commonly involves providing guidance to new arrivals and this particularly involves referring to IPs, such as MTI for psychiatric care or ARC for protection services, as these new arrivals may have multiple un-addressed issues. The OPM Community Services department as a whole provides counselling and material support through non-food items (NFIs), again demonstrating the connection between the two (respondent 9, April 9th 2015 and respondent 21, April 15th 2015: personal communication), as the counsellor recommended an area of improvement to be providing more material support. ARC's Community Services department operates similarly, through providing NFIs and mobilizing community participation (ARC Area Coordinator, April 16th 2015: informal communication).As the OPM's primary role is one of overseeing and not implementing (Base Camp Commandment, April 9th 2015: personal communication), referrals are a major part of their role to IPs (OPM Community Services representative, April 21st 2015: personal communication). These referrals frequently occur from the initial status determination interview with OPM. A Refugee Law Project Counsellor echoed the importance of referrals by describing how if the problem's solution is outside the mandate of the RLP, she will refer to other OPs or IPs. the strong connection of adequate material support (respondent 3, April 9th 2015: personal communication). Overall, if a refugee has a psychological or social problem, it is rare that they will be getting support from one organization alone,

as trauma is complex and different offices specialize in different areas.

4.4.1.3 Examples of a Holistic Approach

Beyond referrals, organizations look towards making their services as holistic as possible through other means. For example, a counsellor at the Refugee Law Project stated a current goal of the organization to be to train school teachers with basic counselling skills for traumatized children (respondent 3, April 8th 2015: personal communication). ARC is also in the process of hiring a child counsellor (ARC representative, April 30th 2015: personal communication). The RLP also provides livelihood assistance for its support groups, such as a women's group who co-owns goats (respondent 20, April 14th 2015: personal communication). As was pointed out by an organization representative, the RLP case-assessment forms and testimony gathering combine legal, psychosocial and GBV/SGBV assistance (respondent 20, April 14th 2015: personal communication). ARC's case assessment forms also operate holistically and have room for referrals and areas to follow up on with different IPs and OPs. ARC also operates protection houses for survivors of violence and assault where people are able to stay until their security is ensured. These survivors are provided with counselling, protection from their abuser and NFIs (ARC Area Coordinator, April 16th 2015: informal communication), demonstrating the interrelatedness of these areas for psychosocial support.

4.4.2 Accessibility and a Community-based Approach

As RLP staff described, but is demonstrated by ARC, OPM, MTI, and Tutapona as well, it's clear that if you just “sit in office”, then you will never know what the communities' issues are and by default be unable to provide appropriate services (respondent 46 and 47, April 23rd 2015: personal communication). A community-based approach is key (UNHCR 2013a: 19), as is demonstrated by outreaching and network (4.2.i), information sessions in villages (4.2.ii), psycho-education (4.2.iii) and other mediums of letting people know what the services available are and how they can reach them.

4.4.2.1 Outreaching and networking

Networking is a key strategy for spreading awareness about services and providing those services. As a Refugee Law Project counsellor described, refugees reach out to them for services (through Refugee Welfare Committees and leaders) and they reach out to refugees (through mobile clinics and referrals) (respondent 3, April 8th 2015: personal communication). Another example, as both

a UNHCR officer and a MTI representative described, is Village Health Teams (VHTs) (respondent 59, April 30th 2015 and respondent 19, April 13th 2015: personal communication). Each VHT has a particular amount of households which it monitors in a village, and its daily work is to talk to community members and find medical problems, including psychological disorders (respondent 19, April 13th 2015: personal communication). ARC reaches the community by networking with community leaders and then making subsequent home-visits (ARC Community Services representative, April 10th 2015: personal communication). A large component of ARC's Community Service department is mobilizing the community for special events, service projects and meetings. The department works through refugees to reach other refugees to spread awareness about services and locate clients. Tutapona staff also described getting the participants for their Empower program through community leaders (respondents 6 and 43, April 21st 2015: personal communication). Working with community leaders (see 4.C.ii for an explanation of all the forms of refugee leadership ; informal communication with ARC Community Services representative, May 3rd 2015) allows organizations such as ARC, OPM and RLP to know what is going on in the villages from the people's perspectives. When asked how they mobilize people (spread awareness of services, events or engage in projects), ARC Community Workers described using other leaders, using the church, by going themselves to where people stay or simply with a microphone (FGD 2, April 17th 2015). For a full explanation of refugee leaders, see section 3.1.

4.4.2.2 Information Sessions

As noted by staff, the Refugee Law Project conducts information sessions in various villages throughout Nakivale where they describe the services they offer (respondent 1, respondent 3, respondent 27, respondent 46 and 47, April 7th – 23rd: informal communication). RLP counsellors elaborated that at each of these information sessions there are client case identification forms which identify in-need individuals for assessments and follow-ups (respondent 3, April 8th 2015 ; respondent 27, April 16th 2015: personal communication), along with time for professionals to answer questions. Additionally, Congolese female refugee youth who had had their case assessed by a RLP counsellor (respondents 31 and 32, April 18th: Personal Communication) had found out about the organization

through observing people filling forms by the Catholic Church in their village and approached staff during this session. The client and father who were having their cased assessed and testimonies taken on April 15th 2015 (observation a) had been present at an information session, as was noted by the RLP counsellor (respondent 27, April 15th 2015: informal communication and observation). The Chairman of New Congo also confirmed mobilizing his community (respondent 15, April 12th: 2015: personal communication) for an information session by the Refugee Law Project in March of 2015.

Once a week, a team of representatives from various IPs, the OPM and UNHCR go to a different zone for a zonal meeting (assistant camp commandment, April 9th 2015 ; OPM Community Services representative, April 15th 2015: personal communication ; researcher's observation, April 22nd 2015). At these zonal meetings, the representatives describe their services and listen to the community's concerns. Sometimes villages and communities host meetings which they invite organization representatives to attend that act as a platform for members to present concerns and for organizations to respond. For example, on May 7th the researcher attended a meeting hosted by Insanja D in Juru which ARC, WFP, Nsamzi, MTI and OPM staff were attending. The Camp Commandment for Juru and the Nakivale Settlement Commandment were also present and addressed the community (researcher's observations, May 7th 2015).

But the Chairman of New Congo was very dissatisfied with how the IPs and OPs interact with the communities (April 18th 2015: personal communication). He cited a lack of listening, and provided the analogy of “us asking for water, but they [the offices] bring food” to illustrate the disconnect. Some of his criticism fell on a lack of engagement with the communities by the UNHCR team leader and camp commandments. He urged for more interaction with the community and lamented that you “can't solve problems from offices” (April 18th 2015: personal communication). But it must be noted that services providers don't stay in offices and do make an effort to visit communities. For example, ARC hosted a community meeting in the Base Camp 3 statehouse on child labour and FGM where they asked for opinions from the community and created an action plan that included a team of activist refuges who would design a campaign to “say no to FGM” (researcher's observation, April 27th 2015). The Somali community worker mobilized people to attend and both moderated and interpreted this

session.

Home visits are also a common strategy for psychosocial support service providers to reach and assess clients, and are readily used by organizations. An ARC representative described that the organization does many home-visits, and noted benefits such as how they show the client that you care enough to come and see them (respondent 56, April 30th 2015: personal communication). For example, an ARC counsellor is very familiar with the Somalia village, as she frequently spends time doing home-visits, especially with abused wives (respondent 56, April 28th 2015: informal communication). The RLP also commonly does home-visits, as was noted by respondent 27 (April 16th 2015: personal communication).

4.4.2.3 Psycho-education

RLP staff described how psycho-education is incorporated in all of their sessions to explain and normalize the problem, break the victim mentality and let the client know that their response to trauma is normal (respondent 46 and 47, April 23rd 2015: personal communication). Living in awareness of what you're going through can be very beneficial (respondents 46 and 47, April 23rd 2015: personal communication).

Bojuwoye and Sodi (2010) note how many non-Western societies do not have the equivalent of counsellors and psychologists in their healthcare systems (287). Hence many non-Westerners would be unlikely to seek the services of something they do not understand, have not been exposed to or is at variance with traditional practices or overall culture (Bojuwoye and Sodi 2010: 287) which is another reason for psycho-education.

A representative of the Community Services department of the OPM described how many patients come to her for material support, but when they learn of her counselling services often come back (respondent 8, April 9th 2015: personal communication). A Refugee Law Project counsellor echoed that people usually don't access her services on their own because in African culture, counselling isn't prevalent (respondent 3, April 13th 2015: personal communication). She stated that the need is there for professional services, but people many times don't know about these services or recognize the need themselves and hence the need for prioritizing (respondent 3, April 13th 2015:

personal communication) telling people that their mental trauma is normal and that services do exist to treat it. For example, the RLP counsellor continued that a person may be having sleep disturbances but not associating them with mental trauma. A MTI representative expressed the benefits of psycho-education, as if people are not aware of what the services are, they will not seek them out (respondent 19, April 13th 2015: personal communication). He added that when he first began working in Nakivale he had few patients, but now that people know what he has to offer, there are more (April 13th 2015: personal communication). A RLP staff member described the value of psycho-education as helping many refugees who "want but don't know they want" services (respondent 20, April 14th 2015: personal communication) due to a lack of counselling in African culture (see section 3C) and/or isolated locations from offices (see also respondent 14, April 12th 2015 ; respondent 33, April 18th 2015).

RLP staff gave an example of a family counselling case where the wife had been raped and was having flashbacks while having sex with her husband and he wasn't understanding why (respondents 46 and 47, April 23rd 2015: personal communication). Both communication between the couple and psycho-education (for trauma and effects from rape) are valuable in this case.

But it is important to not label refugees in Nakivale as passive victims of mental problems with no recognition of how they are suffering or how to help themselves. Some recognized symptoms (respondents 28 and 29, April 16th 2015 ; participants, FGD 1, April 16th ; respondents 31 and 32, April 16th 2015 ; respondent 33, April 18th 2015: personal communication**),** others had developed coping strategies (cite), and most wished to speak with someone about their problems. Peltzer (2002) also elaborates on the importance of incorporating education about a client's condition in counselling sessions, to assure the individual that their response doesn't make them abnormal and he or she shouldn't feel ashamed (345).

4.4.2.4 Informal mechanisms for Awareness

As Tutapona staff explained, refugees often find out about their services from testimonies and other refugees in the community (respondents 5, 6 and 7, April 9th 2015: personal communication). Additionally, participants in the Empower session are given a book in Swahili which contains information and can spread awareness. Staff also speak many languages and interact directly with these

participants (Tutapona staff, April 9th 2015: personal communication). The Refugee Law Project also has brochures which they give out at celebration days and a website that refugees access (respondent 20, April 14th 2015: personal communication). ARC and Tutapona also have websites (personal access, ongoing). One female refugee described learning about MTI's support for psychological problems by hearing an announcement at the health centre about those who are not mentally well (respondent 33, April 18th 2015: personal communication). ARC runs counselling sessions from the Youth Centre to reach youth (researcher's observations, April 28th 2015 ; respondent 49 and 50, April 28th 2015: personal communication). One youth had found out about these services simply by being present at the centre (respondent 50, April 28th 2015: personal communication).

4.4.3 Refugee Leadership

The term community leader can refer to ARC volunteers (community workers, protection workers/community activists and hygiene workers), Refugee Welfare Committee members and chairpeople, religious figures, and other prominent leaders (ARC Community Services representative, May 3rd 2015: informal communication). There can be overlap between these areas, for example, the chairman of New Congo was also present at the ARC community workers meeting (researcher's observation, April 17th 2015). Also, attendees of this meeting described the overlap between protection and community services workers, as all are serving one cause: servicing people of concern (researcher's observation, April 17th 2015). The newly implemented RLP Peer Counselling program also has important role in psychosocial support and refugee leadership (4.3.iii). The roles of ARC-managed Community Workers, Hygiene Promoters (WASH), and Protection Community Activists (4.3.i), and the OPM's coordinated leadership structure, the Refugee Welfare Committee members and chairpeople (4.3.ii) (OPM Community Services representative, April 21st 2015: personal communication) also must be analyzed. It is also important to recognize what community members are doing to cope with trauma and problems through self-initiated actions (4.3.v and 4.3.vi).

4.4.3.1 American Refugee Committee: Community Leaders

ARC has a variety of mechanisms to capitalize on refugee leadership and agency. A key part of the Community Services department is to mobilize and engage with refugees (ARC Area Coordinator, April 16th 2015: personal communication). Community workers play an important part in this

engagement (observation B, April 17th 2015). In the Protection department, Community Activists are refugees whose job is to sensitize the community on GBV/SGBV and sub-sequentially have been trained on how to respond to various types (ARC Area coordinator, April 16th 2015: informal communication). In the WASH department, there are Water User Committees which consist of volunteers who assist with sanitation and borehole maintenance, maintain water systems and manage distribution and Sanitation clubs in the schools of youth hygiene promoters (ARC Area Coordinator, April 16th 2015: personal communication). Overall, as a volunteer described, Community workers answer people's problems, understand the problems, provide a solution and moral support, referring person to an office if needed (FGD 2, April 17th 2015). Their goal is to empower the people to help themselves (FGD 2, April 17th 2015: personal communication). The ARC Area coordinator also communicated how ARC works with community workers and other volunteers to mobilize people for events, mobilize people for labor (such as building own roads) and mobilize for other forms of participation (April 16th 2015: informal communication). As was described by an Isangano Community Leader, community leaders work with ARC to do referrals to the health centres(s) and police for needed cases (respondent 10, April 11th 2015: personal communication). A representative of the OPM Community Services department explained that community workers are volunteers from the community who provide counselling, follow-ups, case-management services and do referrals to other departments (respondent 21, April 15th 2015: personal communication). A key part of a Community Worker's job is looking out for and providing services to Persons with Specific Needs (PSNs), as was demonstrated by a topic of the meeting Community Workers meet with ARC staff weekly to discuss problems and solutions in their communities (observation B, April 17th 2015).

4.4.3.2 Office of the Prime Minister Refugee Welfare Committees

As the Assistant Camp Commandment for Base Camp described, there are governing structures in place at the village level (Refugee Welfare Committee 1s), the zonal level (Refugee Welfare Committee 2s), and the sub-camp level (Refugee Welfare Committee 3s) (respondent 4, April 9th 2015: personal communication). As RWC 1 chairman of New Congo elaborated, each RWC is made up of 10 elected representatives of the community and hold his or her position for 2 years (respondent 15, April

15th 2015: personal communication). The New Congo chairman also described how he refers counselling cases he can't handle to the OPM or ARC (respondent 15, April 12th 2015: personal communication) counsellors and lawyers. The RWC members also mobilize the community for support of people in need, as one Burundian male refugee explained, the Chairman and community members had mobilized to re-build his house after arson (respondent 22, April 15th 2015: personal communication). Comparatively, one female refugee form DRC described dissatisfaction with her Chairman because she had told him her problems in 2013 but had received no support (respondent 49, April 28th 2015: personal communication). But it is important to recognize the limitations these refugee leaders are working within. For example, New Congo is a village of 4000 people, with only 10 making up the governing body. With a traumatized and insecure community and only a certain limit of RWC members to ask for assistance, it's clear where service gaps could arise. Many refugees did express going to their Chairman with their problem (respondent 22, April 15th 2015; RLP case assessment, April 15th 2015 ; participants, FGD 1, April 16th 2015 ; RLP Peer Counselling session, April 16th 2015 ; respondent 49, April 15th 2015) and in general the RWC committees are an important resource because they live in the communities, interact with the people and know what the situation is like on the ground.

4.4.3.3 Refugee Law Project Peer Counselling Program

A Refugee Law Project counsellor described the need to work with communities through their own leaders (respondent 27, April 16th 2015: personal communication), and this is demonstrated by its peer counselling program, a capacity-building initiative which was initiated in January of 2015 in Nakivale. As a RLP counsellor explained, a group of refugees (specifically those who have overcame lots) have been trained as counsellors to provide services to other refugees (respondent 3, April 8th 2015: personal communication). Sometimes the candidates were selected already having particular counselling and empowerment-based skills (RLP counsellor, April 27th 2015: personal communication). One Peer Counsellor had been recruited because she was known as a prominent female leader in the community and the RLP had came to New Congo seeking females for the training (respondent 37, April 18th 2015: informal communication). Another Peer Counsellor had been a client of the Refugee Law Project after experiencing violence and rape through a presumed employment opportunity in

Tanzania (respondent 36, April 18th 2015: personal communication). The Peer Counsellors can also refer cases out of their capabilities to RLP staff (respondent 27, April 16th 2015). The benefits to this program are many, as refugees sometimes feel more comfortable talking to those who have gone through what they have (respondent 10, April 9th 2015: personal communication) and the counselling services offered through organization staff are understaffed (ARC area coordinator, April 16th 2015: informal communication ; OPM Community Services representative, April 15th 2015 ; UNHCR Official, April 28th 2015: personal communication ; researcher's observations). As it is currently a new program, a RLP counsellor expressed desire to see it grow and include more counsellors (respondent 27, April 16th 2015: personal communication).

Peer Counsellors can be reached by phone and are accessible whenever their schedules permit. They receive calls and visit clients at their residences where they debrief the case and refer where needed for medical and other issues, while providing moral support and advice on coping strategies (Observation C, April 18th 2015). For example, one family called a female Peer Counsellor (respondent 37) because of their young daughter's rape and resulting psychological trauma and insecurity (researcher's observation, April 18th 2015). Both her and a male youth peer counsellor (respondent 36) visited the home, together asking for a case summary and history of the problem (asking questions such as, when did the problem start), information on what has been going on for improvement (the rape happened in February of 2013) and treatment and then gave counselling advice (Observation C, April 18th 2015).

4.4.3.4 Refugee Coping Mechanisms

Many refugees have personal mechanisms for coping with trauma outside of MHPSS provided by organizations. For example, a Community Leader from Isangano described going to video shows and games as way of “refreshing the mind” (respondent 10, April 11th 2015: personal communication). A Congolese youth male refugee expressed a similar coping strategy, as he finds it helpful to visit the youth centre to relax or to play football (respondent 50, April 28th 2015: personal communication). The Chairman of New Congo explained how he doesn't go to any services for counselling because they can't help him since he is more than capable to “empower himself” and is well-trained in trauma

healing (April 12th 2015: personal communication). A female congolese refugee described improving her mood by looking at her kids or speaking with family (respondent 16, April 12th 2015: personal communication). A Refugee Law Project counsellor had observed and defined the following as coping strategies among refugees: starting small businesses, buying boda bodas and transporting people, visiting religious spaces and associating with God (respondent 27, April 16th 2015: personal communication), drawing important links that both livelihood support and faith can have to being psychosocially well.

Such is the case of an Ethiopian pastor and refugee who described finding comfort from praying to God (respondent 38, April 19th 2015: personal communication), a sentiment which was also expressed by a female Ethiopian (respondent 42, April 19th 2015), a female Congolese youth refugee (respondent 49, April 28th 2015: personal communication) and a male Congolese youth (respondent 50, April 28th 2015: personal communication).

One Rwandan female refugee from Kankingi A commented that being helped by her neighbours, such as when she's given food or money and allowed to cultivate a small part of a man's land (respondent 33, April 18th 2015: personal communication) brings her happiness. Alternatively, one Ethiopian male refugee described that because he is not in his home country he isn't confident to try and do anything to make himself feel better (respondent 39, April 19th 2015: personal communication). Similarly, an Ethiopian female refugee explained that she is “surviving only for her kids” (respondent 42, April 19th 2015: personal communication). A Community Leader from Isangano stated that staying with friends and family, even if they too have problems, can improve his mood by developing a sense of unity (respondent 10, April 11th 2015: personal communication). One community worker described the value of social networks, as new arrivals meet community leaders and if they don't have family, are introduced to religious leaders (FGD 2, April 17th 2015: personal communication).

Organizations support these coping mechanisms where possible. For example, ARC's counselling forms include a space to list observed coping mechanisms during sessions and home visits (respondent 56, April 28th 2015: personal communication). In its focus groups with Sudanese refugees in Northern Uganda, the TPO researched coping mechanisms among participants and found

circumstances including praying, hearing stories, drinking and brewing, fishing, building and selling huts and making musical instruments (Eisenbruch et al. 2004: 126).

4.4.3.5 Refugee advocacy

There are cases where refugees don't just advocate for their personal plights and problems, but for larger issues, such as human rights, gender equity and multiculturalism (respondent 36, April 18th 2015 ; respondent 58, May 5th 2015 ; FGD 1, April 16th 2015). For example French Club for Refugees was founded in 2010 in Nakivale and is a group of intellectuals in the settlement whose global objective is to protect and guard the French language (respondent 62, May 6th 2015: personal communication). The Chairman explained how French Club for Refugees has partnered and received funding from the French Embassy in Uganda and Human Rights Watch (respondent 62, May 6th 2015: personal communication) and works closely with the Refugee Law Project. The group undertakes initiatives such as teaching french to national youth in Mbarara schools and also works to promote the importance of human rights, peaceful resolution to conflict, education, anti-drug abuse and the protection of youth (respondent 62, May 7th 2015: personal communication). The International Network for Women Refugees in Uganda is a grassroots organization of women, who after meeting through French Club, created a female-based platform for fighting to protect the rights of women and children, supporting children and the equal rights of girls, stopping the spread of HIV/AIDs, ending against discrimination due to gender and/or nationality, spreading awareness of the dangers of FGM and promoting multiculturalism (Chairwoman, FGD 2, April 16th 2015: personal communication). A male youth Congolese refugee Peer Counsellor has founded his own organization, the League for Peace and Joy for Young Generations, which aims to help people live peaceful lives by empowering them to find their own solutions through counselling and promoting multiculturalism (respondent 36, April 18th 2015: personal communication). The founder expressed having been given support from the RLP, ARC and Tutapona and approval to operate in Nakivale by the OPM (respondent 36, April 18th 2015: personal communication). He was also of part of the refugees who founded Nakival-arts, a group which works to promote the use of art and culture as healing in the settlement (respondent 36, May 7th 2015: personal communication). As Finnstrom (2008) notes in his analysis of the Acholi during war, in times

of insecurity, people often seek ways of controlling their surroundings. These organizations and actions demonstrate the resilience of refugees in Nakivale, as despite their hardships, they are taking steps towards tackling larger systemic issues, such as FGM or drug addiction among youth.

4.4.4 Other strategies

4.4.4.1 Refugee Law Project Support Groups and Livelihood Assistance

Group therapy and support groups can bring beneficial feelings of cohesion, unity and harmony (RLP staff, April 23rd 2015 ; respondent 22, April 15th 2015). The Refugee Law Project operates a variety of support groups both in Kampala and Nakivale for refugees with particular problems, such as people with disabilities or survivors of sexual assault (RLP representatives, respondent 1, 3,20, 27, 46 and 47, April 7th – 28th 2015: informal communication and observation). As a Nakivale RLP staff member explained, the groups provide support according to what the people in the group determine (respondent 20, April 14th 2015: personal communication) and this frequently includes livelihood support, such as co-goat ownership. It should be noted that these groups are refugee-managed and led and that the RLP has a minor role, mostly through material or financial support and connecting new members to groups.

There are multiple examples of these support groups in Nakivale. A group of amputees in Nakivale co-owns tailoring equipment and has their own business (respondent 20, April 14th 2015: personal communication). Men of Peace is a group of men survivors of sexual assault who support each other through self-sustaining activities (for example, group cultivation, building houses for members in need, visiting those who are sick, teaching each other a little English) and advising each other on problems (Men of Peace members, respondents 24 and 25, April 15th 2015: personal communication). They also write an annual report explaining their mission and operating structure which they have presented to OPM, ARC, UNHCR and Tutapona (respondent 25, April 15th 2015: personal communication). As the Secretary explained, the group was founded as an informal secret organization by members of a choir who discovered they had gone through the same trauma (SGBV) and by chance came across RLP and John Hopkins University doing research and who offered them support (respondent 24, April 15th 2015: personal communication). Although the group works on internal solutions and ways in which members can help themselves, as one man pointed out there are

areas which they need outside assistance in, such as legal support, livelihood, medical and psychosocial support (respondent 25, April 16th 2015: personal communication). Also, it is important to note that men frequently face extra stigma as survivors of sexual assault (respondent 3, April 13th 2015 ; respondent 25, April 16th 2015: personal communication). One member stated that "we break a silence and create a bond" (respondent 25, April 16th 2015), summarizing some benefits of having a self-sufficient support system and place to communicate freely.

The International Women's Refugee Network in Uganda (FGD 1, April 16th 2015) was formed by members of French Club for Refugees (see 4.3.5). It acts as both a support group for the Congolese, Somali, Rwandan and Burundian members and an advocacy platform to fight for the rights of women and girls, fight against FGM, HIV/AIDs and discrimination and to promote multiculturalism (participant, FGD 1, April 16th 2015). Members expressed positive feelings of "humanity" and "unity" from coming together and sharing advice on how to handle problems, from leading themselves and from organizing visits to the community (FGD 1, April 16th 2015: personal communication).

As, Men of Peace was a group that existed before the support and funding of the Refugee Law Project and John Hopkins University (respondents 24 and 25, April 15th 2015: personal communication) and it is valid to recognize that the feeling of unity from discussing with those who have the same problems as you can take many forms outside of formal, organization-assisted support groups. An Isangano community leader discussed the bond which can form from sharing stories of the past with others in the community (respondent 10, April 11th 2015: personal communication). A Congolese female refugee discussed of a support group which had been started by a refugee woman in New Congo that used the word of God to counsel (respondent 17, April 12th 2015: personal communication). Although the initial founder has now been resettled, the group is being maintained by local pastors.

The degree to which sharing one's problems to a group with similar problems can benefit one psychologically and socially remains to be further examined. For example, every woman who attended the International Women Refugee Network meeting (FGD 1, April 16th 2015: researcher's observation) wanted to explain his or her trauma to the researcher. As the researcher clearly defined her role as a

student doing research to bring no benefits, the reason for the eagerness of respondents to discuss their problems remains to be speculated. One hypothesis is as NET would suggest, a RLP counsellor stated (respondent 3, April 8th 2015: personal communication) and a MTI representative elaborated upon (respondent 19, April 13th 2015: personal communication), people gain some relief from discussing their trauma with others. Another hypothesis is that refugees believed that the awareness from the research may benefit them. Or respondents could have wanted to assist the researcher. It's likely that a combination of all of these reasons are factors to people's informed yet usually enthusiastic participation. Other benefits were expressed throughout the researcher's fieldwork about the benefits of sharing one's problems. The Chairwoman of the International Women's Refugee Network in Uganda expressed that members wouldn't be going home stressed, because their problems are being heard (FGD 1, April 16th 2015: personal communication). One Rwandan female refugee from Kankingi described how speaking with the Refugee Law project had cooled her down as they promised her that she will be okay and her children remembered (respondent 35, April 18th 2015: personal communication). Overall, RLP staff described how multiple different therapies are typically used for a counselling session, such as cognitive behavioural therapy (CBT), some narrative exposure, solution-focused therapy, psychosocial therapy, family/group psychotherapy and couple counselling with a social aspect coming across support groups and awareness (respondents 46 and 47, April 23rd 2015: personal communication). Their therapies involve varying degrees of sharing of one's past and learning coping mechanisms.

4.4.4.2 Medical Teams International Psychotherapy Support Groups

MTI also operates support groups out of the health centres, as was noted by a female Rwandan refugee in Kankingi in Juru Zone, for those with psychological problems (respondent 33, April 18th 2015: personal communication). This woman, who described herself as depressed, noted the mix of disorders people who go have and explained that she attends when she is feeling up to it (respondent 33, April 18th 2015: personal communication). She explained being taught that mental illness is caused by a snake going into the head, further corroborated by her expression that it is a disease which can affect anyone, even the wealthy (respondent 33, April 18th 2015: personal communication). From this

conversation, it is clear that psycho-education is a key part of MTI's support groups.

4.4.4.3 Tutapona techniques

Tutapona offers the Empower Program which equips participants with skills for how to cope with trauma (Tutapona representatives, April 10th 2015: personal communication ; observation, April 22nd 2015). The program focuses on two parts: building emotional strength and forgiveness (researcher's web access: www.tutapona.com). As Tutapona staff elaborated 10 topics are covered in 10 days with participants, for example, trust. They also offer a follow-up program called Introduction to Christianity which uses the messages of the bible (many participants are Christian) to heal (Tutapona representatives, April 10th 2015: personal communication). The Tutapona Empower program also uses the metaphor of a snake to describe trauma: the snake itself is the cause of the problem, the consequence is the bite and the poison is the resulting symptoms (respondent 6, April 21st 2015: personal communication). They ask, which is worse: the snake, the bite or the poison? Peltzer (2002) also describe benefits of using metaphor for traumatized survivors of war (339). Their empower session includes interactive activities, role plays and games and builds a collaborative environment. For example, during the session on trust, an exercise involved participants directing partners who were blind folded (researcher's observation, April 21st 2015).

The role of faith in trauma healing is one to be examined further. A Community Leader in Isangano had a very negative opinion on its role and defined it as a mode of conversion (respondent 10, April 11th 2015: personal communication). But alternatively, a Rwandan male from Isangano stated that he liked to read the bible and prayer to make himself feel better (respondent 13, April 11th 2015: personal communication), demonstrating the importance of acknowledging religion as a personal coping mechanism, and also expressed great interest in attending a Tutapona session. A member of the International Refugee Women's Network stated that going to church and finding God was a helpful coping strategy (FGD 1, April 16th 2015: personal communication). An Ethiopian female refugee also found prayer helpful (respondent 42, April 19th 2015). One community worker described how religious leaders can assist new arrivals get acquainted with the community (FGD 2, April 17th 2015: personal communication). An Ethiopian pastor and refugee explained how people share their struggles with him

because he is a man of God and can pray for them, as the word of God makes people happy (respondent 38, April 19th 2015: personal communication). A representative of Mental Health Uganda explained that those suffering from mental illness often turn to prayer for support (respondent 45, April 23rd 2015: personal communication) and that places of worship and religious leaders can act as a form of psychosocial support and "medication" for the soul and mind.

Tutapona staff prioritizes building good relationships with their patients. The first day of their Empower program focuses solely on building rapport and getting to know one another (respondent 6 and Tutapona staff member, April 21st 2015: personal communication). They use participants' ideas and input through role plays, questions, energizing activities and games to make people feel confident, build group unity, create a vision, give hope and facilitate an environment based upon working together (researcher's observation, April 21st 2015 ; respondents 6 and 43, April 21st 2015: personal communication) . The staff also greatly respect participants' wishes and ensure confidentiality (respondents 6 and 43, April 21st 2015: personal communication). Recognizing the agency of counselling clients is important, as counsellors can't decide what "to do for you, [as] you [the client] decide for you" (Tutapona staff, April 21st 2015: personal communication), an attitude which Tutapona maintains throughout its programs.

4.4.4.4 Office of the Prime Minister Community Services Department techniques

The OPM Community Services department representative supports a variety of strategies as being needed to provide the most effective support possible for clients. She described benefits to group therapy such as seeing that you're not alone in your problems and that some people may have worse problems than you have (respondent 9, April 21st 2015: personal communication). This is noted by Peltzer (2002) in his ethnocentral counselling model through social comparison (339), which is presenting the idea that someone is worse off than he or she is to a client. She also described making clients realize positive aspects amongst tough circumstances and creating a comfortable environment.

The OPM counsellor explained sometimes she has to challenge clients, and noted that while the process of telling someone about your trauma is painful at the time, it has benefits in the long term (respondent 9, April 21st 2015: personal communication). Further confirming that people can find some

benefit from sharing their problems, an Ethiopian male pastor and refugee described how many people tell him their problems (respondent 38, April 19th 2015: personal communication). The OPM Community Services department representative tries to really make clients feel the drive to take advantage of what they do have in Nakivale, rather than focusing on the negative (respondent 9, April 21st 2015: personal communication). For example, there was a case of a pregnant girl who had been thrown out of her home by her parents which is traumatizing, but now was living near Base Camp in a nice spacious residency. In other words, there can always be good aspects to focus on among bad circumstances. This counselling technique also helps with the always-present question of resettlement, as reminding refugees of the good they do have helps them not develop a fixation on resettling (respondent 9, April 21st 2015: personal communication). As the Refugee Desk Officer of the Department of Refugees (OPM) explained, refugees sometimes neglect improving their own lives in Nakivale because they are so fixated on leaving to a third country (respondent 60, May 4th 2015: personal communication).

As Peltzer (2002) describes, building a comfortable environment with individuals who have experienced organized violence is a key component of ethnocentral counselling (337). An OPM counsellor echoed this sentiment as she described how her first two sessions with a client are about getting to know the person (respondent 9, April 21st 2015: personal communication).

4.4.4. 5 American Refugee Committee techniques

ARC employs and prioritizes a highly community-based approach for its counselling. For example, staff interact frequently with the community-members during and outside of counselling services which establishes relationships and builds trust (Peltzer 2002). For example, organization staff members hosted a discussion and community meeting on FGM which acted as both platform for refugees to express their opinions on the topic and for sensitization on its risks (Observation E, April 27th 2015: researcher's observation). Additionally, home-visits are common and as ARC also has a role in NFI distribution coordination and community mobilization through the Community Services department (ARC Area Coordinator, April 16th 2015: personal communication). All of these areas impact how they approach counselling: in a holistic sense, incorporating and directly providing various

elements. Outside of this interconnectedness, an ARC counsellor explained how important compassion is for the job (respondent 56, April 28th 2015: personal communication).

ARC also addresses the specific needs of counselling for people at particular risk through its Protection department (which particularly deals with PSNs such as survivors of SGBV and GBV, individuals with disabilities and at-risk women) and services such as a Child Protection Officer. Counselling intrinsically linked to protection (UNHCR 2013a), so it is important to recognize the role that ARC's protection services place in providing MHPSS.

Chapter 5: Conclusion

5.1: Synthesis

The settlement is host to over 72 000 individuals and fieldwork lasted four weeks, so any firm conclusions about MHPSS in Nakivale are impossible. Given the fact that the researcher is a Western visitor to Nakivale, it would be problematic (and to some degree enforcing Teju Cole's White Saviour Industrial Complex) for her to make any overt criticisms of MHPSS services as she does not have the understanding or experience of providing the services. This is particularly relevant when looking at Western researchers frequently and extractively drawing conclusions about populations through anthropologic fieldwork that doesn't account for the importance of lived experience and the understanding which can be gained from such. The researcher doesn't know what it is like to be a staff member, settlement official or refugee in Nakivale and doesn't strive to gain or represent this perspective in its entirety.

It is important to recognize that there were negative opinions shared with her by refugees about the services and that the context of these complaints must be taken into account. When one has experienced trauma and continual poor life conditions, one necessarily wishes for a better life and is completely justified in having a negative attitude. Additionally, refugees may believe that complaints can lead to change and as much as the researcher explained her role and lack of influence, this is still a possibility. Biases on both accounts (of refugees and of organization representatives) must be recognized. Additionally, the researcher was met with much honesty about the state of MHPSS services in Nakivale by staff members and settlement officials (including areas for improvement) which provides for an accurate examination well beyond a glossy and rose-coloured glasses overview of Nakivale. The researcher thanks her respondents for their support, patience and honesty. Overall, it is clear that the amount of need for services greatly surpasses the provision, but the reasons and blame for this regrettable circumstance can not be pinpointed on service providers for not doing enough or refugees for wanting too much. Instead, it must be analyzed in a nuanced manner and all complexities recognized, which is what the following sections strive to do. It is also to be noted that one must not demote the refugees to passive victims of their surroundings and always recognize their agency.

5.2 Recommendations

To Camp Officials and Management (OPM and UNHCR):

1. Enhance and improve MHPSS strategy which recognizes the need for overlap between areas and being culturally-sensitive and community-based (*see* UNHCR 2013c for comprehensive recommendations).

2. Trainings for staff across all sectors on adapting a psychosocial-friendly approach and recognizing signs of psychological trauma (respondent 19, April 13th 2015 ; UNHCR official, April 30th 2015: personal communication)

3. Further implement and expand upon applicable and manageable evaluation strategies for on-the-ground MHPSS intervention programs (UNHCR 2013c)

4. Better maximize and increase if possible the budget for and staffing of MHPSS services

To the Government of Uganda

1. Prioritize mental health support services, for example increase number of psychiatrists for government institutions and improve the conditions of Butabika (Mental Health Uganda representative, April 23rd 2015: personal communication)

2. Work to de-stigmitize seeking mental health support in Uganda

3. Allow refugees to gain citizenship in practice and see that naturalization is happening on the ground

To IPs and OPs:

1. Works towards a sensitization in communities on the procedure of resettlement to clear up resentment and confusion(ARC Area Coordinator, April 16th 2014: personal communication)

2. Look towards incorporation of traditional healers and religious elements in MHPSS (Bojuwoye and Sodi 2010 ; Drozdek 2014 ; Finnstrom 2008 ; Peltzer 2002)

3. Continue to capitalize on the skills, resources and resilience (community-based approach) of refugees for psychosocial service provision (UNHCR 2013a)

4. Support refugee-initiated coping mechanisms and the development of more organizations (see 4.3.5)

To the International Community

1. Reject the narrative of refugees as passive victims who suffer from trauma and recognize their

agency

2. Recognize the value and efforts of local staff to provide services in such an insecure environment

To future researchers

1. Examine the relationship between desiring resettlement and desiring to maintain a quality life in Nakivale to see how these wishes can co-exist

2. Examine the connection between basic needs and psychological well-being, perhaps basing an analysis off of Maslow's Hierarchy of Needs.

3. Further research community-initiated organizations for advocacy and support started by refugees in Nakivale

5.3 Appendix 1

Interview	**Respondent(s)**	**Affiliation**	**Location**	**Date**
1	1	Representative, Refugee Law Project	Kampala	April 7th 2015
2	2	Lecturer, Ethics Department	Makerere University	April 7th 2015
3	3	Counsellor and Social Worker, Refugee Law Project	Mbarara	April 8th 2015
4	4	Assistant Camp Commandment (Base Camp), OPM	OPM office, Base Camp	April 9th 2015
5	5, 6 & 7	Tutapona staff	Tutapona office, Base Camp	April 9th 2015
6	8	Counsellor, OPM Community Services	OPM office, Base Camp	April 9th 2015
7	9	Representative, ARC Community Services	ARC office, Base Camp	April 10th 2015
8	10	Isangano Community Leader (male)	Isangano Village, Base Camp	April 11th 2015
9	11	Rwandan female refugee	Isangano Village, Base Camp	April 11th 2015
10	12	Rwandan female refugee	Isangano Village, Base Camp	April 11th 2015
11	13	Rwandan male refugee	Isangano Village, Base Camp	April 11th 2015
12	14	Congolese male refugee and interpreter	Canteen, Base Camp	April 12th 2015
13	15	New Congo Community Leader (male)	New Congo, Base Camp	April 12th 2015
14	16	Congolese female refugee	New Congo, Base Camp	April 12th 2015
15	17	Congolese female refugee	New Congo, Base Camp	April 12th 2015
16	18	Congolese female refugee	New Congo, Base Camp	April 12th 2015
17	3	Counsellor and Social Worker, Refugee Law Project	Mbarara	April 13th 2015
18	19	Psychiatric nurse, MTI	Nakivale Health Centre	April 13th 2015
19	20	Staff member, Refugee Law Project	Nakivale Youth Centre	April 14th 2015
20	21	Community Service Assistant, OPM	OPM Office, Base Camp	April 15th 2015

21	22	Congolese male refugee and Men of Peace secretary	Nakivale Youth Centre	April 15th 2015
22	23	Congolese male refugee	Nakivale Youth Centre	April 15th 2015
23	24	Burundian male refugee and Men of Peace member	Nakivale Youth Centre	April 15th 2015
24	25	Burundian male refugee and Men of Peace member	Nakivale Youth Centre	April 15th 2015
25	26	ARC Area Coordinator	ARC Office	April 16th 2015
26	27	Counsellor, Refugee Law Project	Nakivale Youth Centre	April 16th 2015
27	28 and 29	Congolese female refugees and RLP clients	Nakivale Youth Centre	April 16th 2015
28	30	ARC logistics assistant	Canteen, Base Camp	April 16th 2015
29	31 and 32	Congolese female youth refugees and RLP clients	New Congo, Base Camp	April 18th 2015
30	33	Rwandan female refugee	Kankingi Village, Juru Zone	April 18th 2015
31	34	Congolese female refugee	Kankingi Village, Juru Zone	April 18th 2015
32	35	Congolese female refugee	Kankingi Village, Juru Zone	April 18th 2015
33	36	RLP Peer Counsellor, Congolese male refugee	New Congo, Base Camp	April 18th 2015
34	38	Ethiopian male refugee	Ethiopia Village/Base Camp 4	April 19th 2015
35	39	Ethiopian male refugee	Ethiopia Village/Base Camp 4	April 19th 2015
36	40	Ethiopian male refugee	Ethiopia Village/Base Camp 4	April 19th 2015
37	41	Ethiopian female refugee and interpreter	Ethiopia Village/Base Camp 4	April 19th 2015
38	42	Ethiopian female refugee	Ethiopia Village/Base Camp 4	April 19th 2015
39	8	OPM Community Services	OPM Office, Base Camp	April 21st 2015
40	6 and 43	Tutapona Staff	New Congo, Base Camp	April 21st 2015
41	44	UNHCR representative	Mbarara	April 22nd 2015
42	45	Executive Director, Mental Health Uganda	Kampala	April 23rd 2015
43	46 and 47	RLP Staff (psychosocial and gender and sexuality representatives)	Kampala	April 23rd 2015
44	48	Youth Chairman and male Congolese refugee	Nakivale Youth Centre	April 28th 2015
45	49	Congolese female youth refugee	Nakivale Youth Centre	April 28th 2015
46	50	Congolese male youth refugee	Nakivale Youth Centre	April 28th 2015
47	51	Somali female refugee	Somalia Village/Base Camp 3	April 28th 2015
48	52, 53 and 54	Somali males (2) and female refugees	Somalia Village/Base Camp 3	April 28th 2015
49	55	Somali female refugee	Somalia Village/Base Camp 3	April 28th 2015
50	56	Counsellor, ARC	ARC Office, Base Camp	April 28th 2015
51	57	ARC Child Protection Officer	ARC Office, Base Camp	April 29th 2015
52	58	UNHCR representative	UNCHR Office, Base Camp	April 30th 2015

53	59	UNHCR officer	UNCHR Office, Base Camp	April 30th 2015
54	60	HIV/AIDs Counsellor, MTI	Nakivale Health Centre	April 30th 2015
55	61	Refugee Desk Officer, Department of Refugees	Mbarara	May 4th 2015
56	62	French Club for Refugees Chairman	Nakivale Youth Centre	May 5th 2015
FGD				
1		Members, International Women's Refugee Network in Uganda	Nakivale Youth Centre	April 16th 2015
2		Community and Protection Workers	Nakivale Youth Centre	April 17th 2015

5.4 Appendix 2

	Event	**Location**	**Date**
A	Refugee Law Project Counselling Session/Testimony Gathering	Nakivale Youth Centre	April 15th 2015
B	ARC Community and Protection Workers Meeting	Nakivale Youth Centre	April 17th 2015
C	Refugee Law Project Peer Counselling Session	Kashojwa Village, Base Camp	April 18th 2015
D	Tutapona Empower session	New Congo	April 21th 2015
E	ARC Community discussion on FGM	Ethiopia Village/Base Camp 3	April 27th 2015
F	ARC Community Services Counselling Session	ARC Office, Base Camp	April 28th 2015
G	Community Meeting	Insanja D, Juru Zone	May 5th 2015

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