MH1 Proof June 2020

AQ1

1. CHANGE…

ABSTRACT

2. TO…

**Background:** Mental health disorders, which are interlinked with social issues such as poverty and stigma, present a significant burden in Uganda.

**Aim:** This article explores perceptions about and experiences of mental health disorders in western Uganda, particularly as they pertain to the socio-economic context.

**Setting:** The research was conducted in the mental health unit at the Fort Portal Regional Referral Hospital, Kabarole District, Uganda.

**Method:** This article is based on qualitative anthropological research conducted from January to March 2017, including 49 semi-structured interviews about ideas and determinants of mental health, with health workers, former mental health service users, their relatives and influential community members.

**Results:** Many interviewees felt that mental health disorders are an increasing problem in their community. Economic challenges, such as poverty, unemployment and financial stress, are seen as both a cause and a consequence of mental illness. Mental health challenges can be exacerbated by shortages in mental healthcare, which are shown to be complexly interrelated with stigma.

**Conclusion:** This article provides an insight into mental health experiences in Fort Portal based on the perspectives of various interviewees. Further funding and research are recommended to inform contextually appropriate services.

**Keywords:** mental health; mental health services; stigma; economic stress; outreach; Uganda.

AQ2 – ORCID not available.

AQ3 - Headers confirmed.

AQ4 – Edit confirmed.

AQ5 –

3. CHANGE

The hospital serves the seven surrounding districts and part of the eastern part of the Democratic Republic of the Congo, comprising 2.2 million people and an area of 11 000 km2 (Figure 1)

4. TO

The hospital serves the seven surrounding districts, including part of eastern Democratic Republic of Congo, comprising 2.2 million people over an area of 11 000 km2.

AQ6 – confirmed extension of DRC to Democratic Republic of Congo.

AQ7 – figure 1 insertion confirmed.

AQ8 – Map from Uganda Bureau of Statistics as referenced - red line author’s own.

AQ9 –

5. CHANGE

UBOS

6. TO…

Uganda Bureau of Statistics

AQ10-

7. CHANGE

Interviewees were recruited using a judgement sampling approach, selecting respondents most appropriate to the research interests,18 based on the experience and the network of the PCO in-charge and the research assistant, an occupational therapist. Chosen sample categories were additionally informed by Weiss’ framework for researching health concepts and interventions.22 This included their colleagues, service users or peer support workers, existing patient’s attendant relatives and key influential members of the community, including religious leaders.

8. TO…

Interviewees were recruited using a judgement sampling approach, selecting respondents most appropriate to the research interests,18 based on the experience and the network of the PCO in-charge and the research assistant, an occupational therapist. This included their colleagues at the hospital, service users or peer support workers, existing patient’s attendant relatives and key influential members of the community, including religious leaders. Chosen sample categories were additionally informed by Weiss’ framework for researching health concepts and interventions.22

AQ11 – Caption for table 1

Table 1 - Interviewees by population, age and gender

AQ12 –

Column head: Interviewees

AQ13 –

9. CHANGE

for example, in this experienced female occupational therapists and mental health worker’s emphatic description of economic stress in rural areas:

10. TO..

for example, in this emphatic description of economic stress in rural areas, stated by the project’s research assistant, an experienced female occupational therapist and mental health worker:

11. CHANGE…

Or from this mental health service user

12. TO…

Or from this young female former mental health service user and peer support worker

13. CHANGE..

as with the hospital administrator here, who lamented, ‘that idleness, that lack of what to do, so people have resorted to take drugs’, or a physical health worker at the hospital who remarked, ‘most of them they get so many certificates. Now you find a big number of the youth who are getting into this drug abuse, this alcoholism’.

14. TO…

as with the older female hospital administrator here, who lamented, ‘that idleness, that lack of what to do, so people have resorted to take drugs’, or a physical health worker in her 40s who remarked, ‘most of them they get so many certificates. Now you find a big number of the youth who are getting into this drug abuse, this alcoholism’.

15 CHANGE…

As a mental health nurse explained, ‘[*t*]hey say, “that one cannot, that one is mulalu....”

16 TO…

As a female mental health nurse explained, ‘[*t*]hey say, “that one cannot, that one is mulalu....”

17 CHANGE…

Another mental health nurse described this as ‘their double disability’.

18. TO…

Another older female mental health worker described this as ‘their double disability’.

19. CHANGE…

As an occupational therapist said, ‘the institution has stigma at all levels, at community levels, at national, it has stigma’.

20. TO…

As the female occupational therapist in the mental health unit said, ‘the institution has stigma at all levels, at community levels, at national, it has stigma’.

21. CHANGE…

which was reaffirmed by a private sector health worker:

22. TO…

which was reaffirmed by a private sector health worker, a man in his 40s:

23. CHANGE…

As a female physical health nurse said:

‘...[*I*]f they see a medical personnel then they say, “so you mean it is not contagious?” We need to go and see their reaction, they can say “pardon, explain further”’.

24. TO…

As a female HIV nurse explained:

‘...[*I*]f they see a medical personnel then they say, “so you mean it is not contagious?” We need to go and see their reaction, they can say “pardon, explain further”’.

AQ14 –

25. CHANGE

People decreed *mulalu*, mad and useless, can struggle to get married, and have access to employment and education, thereby preventing them from living what is deemed a progressive and productive life.

26. TO

People decreed *mulalu* can struggle to get married or gain access to employment and education, thereby preventing them from living what is deemed a progressive and productive life.

AQ15 – amendment confirmed

AQ16 –

Reference 20 publishing location – Duke University Press, Durham USA; 2012.

Reference 26 location – UNAIDS, Geneva; 2014.

Reference 30 location – Rockville MD; 2012.

AQ17 – Expansion of UCL to University College London confirmed.

Further Changes related to terminology of ‘mental illness’

27. CHANGE

Socio-economic factors and experiences associated with mental illness in Fort Portal, Western Uganda

28. TO

Socio-economic factors associated with mental health disorders in Fort Portal, western Uganda

29. CHANGE

Socio-economic factors are particularly influential in determining both mental illness and the effectiveness of mental health policies and services.

30. TO

Socio-economic factors are particularly influential in determining both mental health disorders and the effectiveness of mental health policies and services.

31. CHANGE

In the Kabarole district where this study was based, a 2002 survey of 384 households identified 130 individuals with a mental illness in the previous year, leading them to estimate that 31% of the population are afflicted with mental illness.8 Whilst the sample is limited, it suggests that mental illness is endemic in the district.

32. TO

In the Kabarole district where this study was based, a 2002 survey of 384 households identified 130 individuals with a mental health disorder in the previous year, leading them to estimate that 31% of the population experience mental health disorders.8 Whilst the sample is limited, it suggests that mental health problems are endemic in the district.

 33. CHANGE

Furthermore, theorists note that mental illness and poverty also often exist in a cyclical relationship with stigma,16 notably so in Uganda.17 This suggests that systemic issues can impact individuals’ mental health, supporting the relevance of the current study, which is an exploration of the experiences of mental illness in relation to the social and economic context in Fort Portal, from the perspective of health workers, former service users and their relatives.

34. TO

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35. CHANGE

An analysis of the diverse perspectives of respondents can inform an understanding of the socio-economic determinants of mental illness in Uganda

36. TO

An analysis of the diverse perspectives of respondents can inform an understanding of the socio-economic determinants of mental health problems in Uganda

37. CHANGE

They explored the following areas of particular relevance in this setting: mental illness stories and experiences;

38. TO

They explored the following areas of particular relevance in this setting: stories and experiences of mental health disorders;

39. CHANGE-

Many interviewees felt that their socio-economic setting was responsible for a rise in mental illness, and the experience worsened by the meanings attached to it. The views of interviewees will be grouped into (1) perspectives on socio-economic causes of mental illness, (2) economic consequences of mental illness and (3) issues relating to mental healthcare services.

**Socio-economic causes of mental illness**

Many interviewees traced mental illness to the restricted ability to personally mediate conditions of economic adversity.

40. TO -

Many interviewees felt that their socio-economic setting was responsible for a rise in mental health disorders, and the experience worsened by the meanings attached to it. The views of interviewees will be grouped into (1) perspectives on socio-economic causes of mental health disorders, (2) economic consequences of mental health disorders and (3) issues relating to mental healthcare services.

**Socio-economic causes of mental health problems**

Many interviewees traced mental health disorders to the restricted ability to personally mediate conditions of economic adversity.

41. CHANGE

Mental illness was also attributed to ‘thinking too much’ about adversity. A Congolese attendant relative described the cause of his brother’s psychiatric illness, and the reason that he had brought him to the mental health unit in Fort Portal

42. TO

Mental health disorders are also attributed to ‘thinking too much’ about adversity. A Congolese attendant relative described the cause of his brother’s psychiatric problems, and the reason that he had brought him to the mental health unit in Fort Portal

43. CHANGE

**Economic consequences of mental illness**

*Mulalu* is the word used to refer to mentally ill people in Uganda, which can literally translate as ‘mad’, ‘crazy’ or ‘insane’.i

44. TO

**Economic consequences of mental health disorders**

*Mulalu* is the word used to refer to people with mental health disorders in Uganda, which can literally translate as ‘mad’, ‘crazy’ or ‘insane’.i

45. CHANGE

In the meantime, he is financially reliant on his mother, which shows how mental illness can also have economic consequences for caregivers.

46. TO

In the meantime, he is financially reliant on his mother, which shows how mental health problems can also have economic consequences for caregivers.

47. CHANGE

Families with mentally ill patients can also be labelled and stigmatised.

48. TO

Families with a member living with a mental health disorder can also be labelled and stigmatised.

49. CHANGE

Health workers interviewed in the mental health unit at Fort Portal Hospital (*n* = 9) felt that the needs of the mentally ill people are overlooked by institutional decision-makers

50. TO

Health workers interviewed in the mental health unit at Fort Portal Hospital (*n* = 9) felt that the needs of people with mental health disorders are overlooked by institutional decision-makers

51. CHANGE

Many (*n* = 14) health workers were proponents of health outreach and sensitisation to educate communities about mental illness, to destigmatise and to introduce available services at the hospital.

52. TO

Many (*n* = 14) health workers were proponents of health outreach and sensitisation to educate communities about mental health, to destigmatise mental health disorders and to introduce available services at the hospital.

53. CHANGE

This study shows that experiences of mental illness amongst respondents in the mental health unit at Fort Portal Hospital are complexly intertwined with their socio-economic context. Poverty, unemployment and financial stress were commonly recognised as both the cause and consequence of mental illness. Stigma at institutional, community and family levels could result in further economic exclusion of mentally ill people, which, in turn, can lead to a worsening of the initial mental health problem. Mental health theorists in Uganda have described this relationship as a ‘vicious cycle’17 between mental illness, poverty and stigma. Or, in other words, poverty can cause mental illness; mental illness can elicit stigmatisation; stigma can cause poverty and prolong mental illness.

54. TO

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55. CHANGE

Many of the mental health service users, their relatives, health workers and community leaders encountered during fieldwork in Fort Portal recognised the economy as a cause of mental illness.

56. TO

Many of the mental health service users, their relatives, health workers and community leaders encountered during fieldwork in Fort Portal recognised the economy as a cause of mental health problems.

57. CHANGE

This study shows that exclusionary attitudes and behaviours towards mentally ill people decreed *mulalu* may prevent access to institutions such as employment.

58. TO

This study shows that exclusionary attitudes and behaviours towards people decreed *mulalu* may prevent access to institutions such as employment.

59. CHANGE

In labelling and excluding mentally ill people from institutions, the social meanings attached to mental illness can have greater longevity and damage than the health problem itself. The *mulalu* label is therefore potent and can inflict further damage on mentally ill people, as well as those near to them.

60. TO

In labelling and excluding people from institutions, the social meanings attached to mental health disorders can have greater longevity and damage than the health problem itself. The *mulalu* label is therefore potent and can inflict further damage on people with mental health disorders, as well as those near to them.

61. CHANGE

Similarly, poor adherence to drugs hinders recovery and prolongs mental illness. The absence of available drugs may leave mentally ill people exposed to mistreatment such as restraint, violence and incarceration.

62. TO

Similarly, poor adherence to drugs hinders recovery and prolongs mental health problems. The absence of available drugs may leave people with mental health disorders exposed to mistreatment such as restraint, violence and incarceration.

63. CHANGE

Notwithstanding the study limitations, this open-ended qualitative study provides an understanding of the socio- economic aspects of mental illness within the context of Fort Portal

64. TO

Notwithstanding the study limitations, this open-ended qualitative study provides an understanding of the socio- economic aspects of mental health within the context of Fort Portal