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REWARDING STEPS IN THE DEVELOPMENT OF MULTI-DISCIPLINARY TEAMS AND SERVICES FOR CHILD AND ADOLESCENT MENTAL HEALTH IN UGANDA

Godfrey Zari Rukundo, Joyce Nalugya, & Alyson Hall

Introduction

About 57% of Ugandans are children. Yet, mental health needs of the child population largely go unmet. Psychiatric problems have severe & often irreversible consequences. They interfere with the ability to participate in education, relationships and work. Many Ugandan children have experienced psychological trauma during wars and unrests, abductions (in Northern Uganda) as child soldiers, physical or sexual abuse, bereavement (especially from AIDS), poverty and increasing disparities. As such, there is a great need for child and adolescent mental health services. Uganda had only five psychiatrists with additional training in Child & Adolescent mental health. The child and adolescent psychiatrists have additional responsibilities - teaching, administration and adult psychiatric services. This article describes steps being taken to develop local capacity for child and adolescent mental health (CAMH) services through training of multi-disciplinary teams.

Programme description

The training programme was developed by a partnership of the Faculties of Medicine of Mbarara University of Science and Technology, Makerere University College of Health Sciences, Uganda Ministry of Health and the East London Foundation NHS Trust. The program is in accordance with the national CAMH strategy agreed with the Ministry of Health in 2008. The programme is open to professionals working with children and adolescents who would like to take on a career in Child and Adolescent Mental Health. We hope to upgrade the training to a Master of Science in Child and Adolescent Mental Health. This will admit graduates of psychology, medicine, social work and other related fields.

The training has two levels: year one and year two. The first year of training provides basic training in child and adolescent mental health for health professionals and serves as a foundation for the second year. It also provides practical skills in child and family assessments and recognition, and management of mental disorders in children. The second year focuses on psychological therapies, supervision and training skills. Admission criteria to the programme includes:

- regional representation
- Commitment
- professional mix
- ability to teach others
- Previous training/expertise and interest in child and adolescent health is key

Programme duration

The Diploma programme consists of fourteen teaching modules and sixty days of clinical training over a period of two years. Training that equips trainees with the knowledge, clinical and managerial skills to provide care and develop child mental health services and to train others.

Results

At the beginning of the programme, Twenty four mental health professionals were selected for the initial intake using the above criteria. Three of them were psychiatrists, one social worker, two psychologists, two occupational therapists, nine psychiatric clinical officers and seven nurses. Twenty three of trainees (95.8%) successfully completed the first year of the programme and were awarded certificates in December 2013. Of the 23 graduates, 15 (65%) were selected to continue for year two. The number had to reduce due to limited funding. The fifteen completed the programme and were awarded the Diploma in February 2015. A new group of up to twenty trainees is set to begin in September 2015.

According to the monitoring and evaluation report conducted after the first year (certificate) of training, the trainees have reported increased confidence, knowledge and skills in assessment and management of mental health problems in children and adolescents. They also reported how interesting and helpful it was to learn in a multidisciplinary and inter-professional environment. This enriched their knowledge and skills as colleagues shared their experiences.

In addition, more children are now having complete and focussed assessments, compared to baseline findings. For example, most assessments now include child's views and also the drawing of the genogram. This was rare before the certificate training. Furthermore, we found that less medication was being prescribed. Before the training, most children with mental health problems were mainly given psychotropic medication due to lack of adequate knowledge of psychological treatments. These recent graduates qualified as Child and Adolescent specialists in their respective professions. This has increased and will continue to increase capacity for CAMH training and service delivery in Uganda. The graduates have all started developing specialized services for children and adolescents across the country.

In February 2015, we held the first Child and Adolescent Mental health Conference in Uganda. At the same conference, we had the official the launch of a sustainable specialist CAMH training programme for Uganda at Mbarara University of Science and Technology and graduation of the pioneer trainees. This conference will be an annual event organised by the Ugandan Association of Child and Adolescent Mental Health in collaboration with Mbarara University, the School of Psychiatric Clinical Officers, Butabika National Referral Hospital, Makerere University College of Health sciences and with support from the Uganda Ministry of Health.

Conclusion

Initial steps have yielded rewarding outcomes. With more support and collaborative work, it is possible to develop multidisciplinary teams for Uganda and other developing countries.

