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SOCIAL INNOVATION AND SOCIAL ENTERPRISE: INTEGRATING MENTAL HEALTH INTERVENTIONS

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OVERVIEW

An estimated 450 million people suffer from a mental or behavioural disorder. According to WHO's Global Burden of Disease 2001, 3% of the years lived with disability (YLD) are due to neuropsychiatric disorders, a further 2.1% to intentional injuries (WHO, 2013). Only 1% of the medical doctors and 4% of the nurses were specialized in psychiatry. The last revision of the mental health legislation was in 1964. The legislation basically focused on the custodial care of the mentally ill persons and is an antiquated kind of law that has been overtaken by events. One percent (1%) of health care expenditures by the government health department was specifically directed towards mental health in primary care. Despite developing Uganda's mental health policy in 2000, it was still at draft level. The policy included the following components: (1) developing community mental health services, (2) downsizing large mental hospitals, (3) developing a mental health component in primary healthcare, (4) human resources, (5) involvement of users and their families, (6) advocacy and promotion, (7) human rights protection of users, (8) equity of access to mental health services across different groups, (9) Monitoring system. Of the overall expenditure on mental health, 55% was directed towards the National Mental Hospital. The whole population (100%) had free access (of at least 80%) to essential psychotropic medicines. This is based on the fact that medication is provided at no cost in all public health facilities. For those who pay out of pocket, 37% of the daily minimum wage was needed to pay for one day antipsychotic medication, while 7% of daily wage was needed to pay for one day dose of antidepressant medication. Mental disorders were not covered in the current social insurance schemes (WHO, 2013). Moreover, goal three (3) of the Sustainable Development Goals was good health and wellness.

IMI Background Information

Mental health was everyone's business –individuals, families, employers, educators, and all communities who all had to play their part. The idea of forming a multi-disciplinary, multi-ideological and interactive in union, using vital mental exercises and communicative human behavior to create healthy relationships that turn out to be sources of mental wellness emerged in 2005, was documented in 2006 and was registered in 2015 as a community-based organisation. Around this time, Integrated Mental-Health Initiative (IMI) focused on social and environmental advocacies. Eight (8) years later, IMI accelerated its work towards the realisation of its vision, mission and goal to most concrete levels with the "action now" drive amidst steadily rising cases of mental illness, breakdown of social fibre, ecological breakdown, and humanly induced elimination of life systems. It aimed at identifying and pooling together underutilized mental health professionals, allied practitioners, and stakeholders to foster the wellbeing of communities through the mindful use of ecological resources of every nature. It targeted graduating from a local initiative to a national and international non-government organisation in 3 to 6 years. In all

its operations, IMI followed system's perspective, in which multiplicity of ideals interact without bias for the benefit of each other and everything (or everybody) connected to it. It linked human-problem areas, communities, and their leadership through information gathering, evaluation and re-evaluation, diagnoses, and therapy design and administration using its established network of healthy corps, volunteers, interns and experiences from collaborating institutions. The initiative was and is still based in Jinja, Plot 15, Narambhai Road and it has had partnership arrangements with Makerere University, Restless Development, Uganda Buddhist Center, John Paul II Justice and Peace Center, National Association of Professional Environmentalists and individual consultants. IMI joined sister agencies and affected communities in realizing local beneits from their local environment that in many ways cause mental healing, beginning with its own staff who are our primary agents of change.

IMI GEOGRAPHY

Jinja District has an area of 767.7 sq km of which 701.9 sq km is land and the rest (65.8 Sq km) is covered by water bodies. The district is subdivided into 3 counties namely, Butembe, Kagoma and Jinja Municipality. There are 11 sub-counties, 46 parishes and 381 villages. Jinja Municipality has three sub-counties and 55 villages. It is the tourist capital of East Africa and the second largest city in Uganda, located in the East of the country, 80 Kilometers from Kampala, and with a population of 491,000. Its major hospital is the Jinja referral hospital. The IMI is located on Narambhai Road, Plot No. 15.

NEEDS STATEMENT

The predominantly clinical and institutional management of mental health problems addressed fully-grown symptoms that were comorbid in nature yet needed diagnosis. Rapid assessments were inadequate to arrive at the rightful case for management, which, like an onion, several layers had to be peeled off to arrive at the foundational concern for all others that are physically and behaviorally seen. There was a question of who informed who in the diagnosis of our professional biases and pre-professional beliefs, which interfered with the administration of psychotherapy. While many mental health practitioners suffered the temptations to regard their religions as the model element in therapy administration, healing too suffered along the course of trying to support recovery. Much of the professional-patient relationships were based on hypotheses development as the interactions with patient went on, which in instutionalised settings such as clinics, were not given time and attention. Some practices linked and harmonised well, the conscious and subconscious mind such as mindfulness are easier to engage patients with - collectively and individually. Even for respective traditions, experiences showed that over time, disconnections from one's background values and traditions explained later confusion while reconnecting to same traditions caused unity with the individual. Traditional healing was fundamentally concerned with interpersonal interaction extending beyond the dyadic patient-healer relationship to necessary inclusion of particular rather than human interactions e.g., drummers, dancers, music, family. It was an important characteristic of mediation between vulnerable individuals who suffered at the hands of powerful human beings. Traditional healing depended on the interpersonal rather than the mechanistic, on relation rather than technical, and typically reinforced cosmologies, in which instrumental manipulation of naturalistic mechanisms - interacting with all things - was largely unknown. Also, the strong link between poor governance and mental health was never an issue for discussion, and therefore, undermined efforts in comprehensive interventions for

sustainable mental well-being. Such dimensions were found interesting and eased psychotherapy administration and patient recovery away from self-defeating professional biases that gave limited singular approaches to interventions. And if approaches were integrated into healing as part of the professional service package, it would predict good sustainable mental well-being, where vulnerability is eradicated, recovery eased and mental well-being maintained. However, an increasingly evidence-based practice was promoted. Scientific evaluations in relation to expected outcomes were important for the sustainability of any integration effort.

IMI AIM

IMI aimed at establishing a pool of human and ecological resources to tackle emerging mental health complications, holistically, and specifically designed to meet mental health needs of individuals and communities so as to transform mental health challenges, reduce vulnerability, accelerate recovery and achieve sustainable mental well-being. Key objectives were: to reduce economic stress and depression and revitalize good functioning of the body and mind; to encourage human and ecological-based health diagnosis and administration of IMI approved medicinal herbs and alternative medicine(s); to lead formulation and application of humanly dignifying policies adoptable by leaders in life-threatening environments; and to inculcate rational understanding of spirituality, science, and philosophy – integrated studies to provide a better understanding of the world we live in by everyone.

In view of the above, the Integrated Mental Health Initiative (IMI) carried out research on current and persisting human life stressors or general health problems. Through making information found available to the studied communities (concerning human and ecological safety), IMI generates awareness around major factors for the development and persistence of mental disorders. IMI maintains a brainstorming and consensus-building forum that helps provide answers to the ever-emerging human problems related to mental health. By gaining input from local communities, government officials, and local and international health experts, the project finds appropriate solutions for the common good of the community. In that respect, the Integrated Mental Health Initiative (IMI) set out to undertake the following activities:

Current and on-going activities

- Regular studies and analyses on mental health related subjects.
- Home visits and home-based care.
- Psychotherapy sessions.
- Inculcating the discipline of mindfulness for mental development and peaceful states of the mind and the environment
- Caregiver training.
- Community sensitisation for mental health empowerment.
- Partnerships and collaborations for conducting interventions and resources mobilisation.
- Formation of community mental health clubs for self-help and self-suficiency .
- Capacity building for organisations, community leaders, teachers and parents.
- Strengthen development linkages and form affiliations for clients, supported communities and auxiliary mental health services reinforcers.
- Streamlining mental health practices among development agencies and grass root organisations.
- Monitoring and learning.

- Integration of best practices in programing.
- Competency and professional development for staff and updates on newly developed psychotherapeutic programmes.
- Advocacies and campaigns to promote public mental health.
- Concepts development and partnership for development.
- Outreaches, profiling, research and advocacy.
- Fund-raising activities – individual and institutional.
- Home-based care for clients.
- Participation in stakeholder fora.
- Organising professional seminars for knowledge and experience sharing.
- Speaking against injustices that are detrimental to well-being and peace.
- Offer consultancies for organisation development and collaboration platform.
- Support clientèle activities and businesses by buying off their products and recruiting other clients to sell them for a livelihood, and offer free psychotherapy sessions to the aggrieved and bereaved as a charity.
- Periodically offer representative as guest speaker at international conferences.
- Forming networks for future engagement within development work.

IMI Experience (Lessons)

The mind was the vehicle for achieving the highest of goals, including public health goals. However, mental illness from across the globe was increasingly evident and highly contagious. The sick and neglected environment set the stage for the trials and tribulations. Healing needed integration. The macro-level conditions provided trying moments for individuals to either be subdued or to subdue and prevail. It was those who failed to overcome the conditions that suffered and both preventive and healing medicines were rendered ineffective. Life after the chronic stage was not catered for, yet clinical conditions were insufficient without aspects of environment and spiritual diagnosis of mental illnesses. Without dealing with macro-level conditions, mental healthcare was no care at all. Stronger attention ought to focus on institutional networking and cooperation with related institutions and persons combining forces to realise the project's goal through carrying out annual nationwide conferences on conflict resolution, international relations and nurturing peace as gateways to human and ecological security as well as initiating community-led infrastructure development to reduce vulnerability to mental dysfunction and create prosperity for all. Such conferences formulate adoptable guidelines, legislative or legal structural designs and policies for local and international managers for use in decision-making processes. The project membership and affiliations were unlimited (consisting of its staff, hired experts, researchers, volunteers, interns, guest speakers, collaborating institutions, etc) in nature, since we all needed one another in the struggle for human and ecological rights and are entitled to them. In its intervention programmes, the project has interests and undertakings in spirituality (faiths, beliefs or religious sects); mental and general health, including socio-cultural, socio-environmental, ecological, socio-economical, and socio-political spheres for general well-being and functioning of the communities in their day-to-day lives. IMI project had a macro-vision of becoming a self-sustaining organisation in a period of ten (10) years, fully equipped to sustainably manage resources under its supervision and monitor settings supported by its central fund that funds and manages projects relevant to the aims and objectives of IMI. There was currently no mental health infrastructure to address the macro - psychosocial, economic, governmental, environmental and globalisation issues that trigger vulnerabilities or accelerate mental health

problems. Interventions were still on clinical or institutional basis that offered services in unreal life situations that caused vulnerabilities and mental cases.

GOVERNANCE AND MENTAL HEALTH

We have actively been involved in faith building among voters despite their distrust for government institutions like the electoral commission. We knew those who never voted affect any little change we would have. I pointed this through the opposition leadership and directly to the masses using social media, leadership and peace platforms in Uganda and around Africa, in light of local communities served. We have reached out to individuals and affected areas to develop reports I can share with colleagues around the country and world. We have subsequently held sessions to develop right development journeys for bright future. We have demystified fear for impending crisis and focused on building hope for development and peace. We have liaised with friends from Asia and Africa to form a pro-African platform for good governance, development and peace in Africa, which we are currently working on.

Through IMI, we demystified non-participation in governance, to ill the service gap in the mental health sector and support sufferers and their families to sustainable well-being, which was an abandoned and neglected sector. We reconstruct potentially victimising statements given by leaders and influential people to be shunned and justify struggles for good governance as reciprocal to community well-being; help the youth to rediscover their potential, to cope and exercise resilience in the face of adversity until a time when maladministrations and poor governance systems collapse unsupported. In other words, the youths recover and are able to exercise resilience by adopting private business ventures that detach them from the ill effects of poor governance as they denounce corrupt regime, rather than give in to subsistence abuse and hopelessness. This keeps the youth in endless struggles for better livelihoods and good governance, which constantly reflects their well-being. In the last general elections, we managed to encourage and model activities that promote participation in national elections as either voter or candidate. But even with the injustices and fraudulent elections that characterised the elections, we are helping to sustain the hope through actions that disassociate the people with anti-people ventures of government, recognise legitimacy, and keep the spirit of the struggle for legitimate leadership and better governance high. It is from here that Ugandans can be assured of peace, rather than employ repressive actions and oppression as the means to achieve it and consider the absence of counter physical violence as peace- as many believe. We continue to make it clear to the public that, there can be no peace under state repression, corruption, illegitimate rule, unjust justice systems, unemployment, famine, poor health of Ugandans, poor infrastructure, poor livelihoods, and alienation of the population. People are not peaceful in these states, whether there are bullet sounds and bullet deaths or not. That too, is a matter of time.

SUSTAINABILITY STRATEGY AND LESSONS

- Community ownership and mainstreaming mental health services in the main vessel of health care delivery.
- Representation of mental health concerns in key areas of health administration and policy formulation.
- Formation of mental health clubs and associations- with which to build capacity and help reduce pressure on existing manpower while helping to reduce adverse impact caused

by mental poor health - characterising violence, abuse and neglect of family and social responsibilities.

- Integrate major predisposing factors to mental illnesses such as human rights abuses, environmental degradation, ignorance and poor socio-economic environment, to lessen vulnerability and promote economic and general mental well-being.
- Beneficiaries will be grouped in viable economic forces to gain economic, social and participation power so as to recover fully from economic and psychological depression - in addition to strengthening mental abilities to adjust towards and forth from any degree of depression (Mental health empowerment).
- After working for the parent organisation, they are graduated to manage their own businesses with minimal supervision.
- The IMI continues to thrive from the shared resources to run organisations projects further ahead with remits from its internal investments built from the tapping of mighty talents and skills of its clients.
- We align them with the organisation report and share with stakeholders, design new projects based on the insights got, and conduct research or write papers to gain wider understanding and conclusions on those insights so that they can be used to help others or ill development gaps.

REPLICABILITY

- After three years of clients working with IMI, they are prepared to enter a one-year transition into gaining administrative independence so that they can run and thrive on their own using the proceeds gained from working for the parent organisation (IMI) plus a booster grant of 500USD - given to them.

- First by widening resource base through renewable resource strategy, direct engagement with potential funding, utilization of local engagement to raise resources for self-help, and investment in its accumulated assets for sustainable revenue and self-funding as well as maximize private consultations. In line with increased resource base, the organisation, which now operates at a district level, will initialize country-wide, regional, inter-regional, and global mental health facilities for it service and products utilization.

Best practices:

- Improve office infrastructure,
- Support sessions so that we do not have to charge fees to needy clients,
- Reach out to communities who cannot make it to our offices,
- Provide free food and clothing to beneficiaries,
- Support self-sustenance of our beneficiaries,
- Provide basic literacy training to children and youth,
- Support mental empowerment programme for our beneficiaries - including youths, parents and local leaders.

WAY FORWARD

Future IMI will provide the entrance for sustained healing and also empower affected individuals to cope with the wider worldly challenges, brave the test, ind mechanisms for problem solving

and overcoming them so that they emerge victorious, happy and mentally well. IMI in its response relishes multi-systemic and multi-ideological strategies to transform afflictions of individuals, groups, communities, nationals, and regions into drivers of mental and general well-being. Without such amount of leadership that rallies forces and professional responses towards social, economic, governmental and individual afflictions, communities like any other organism will endlessly be threatened by misery and extermination from life while adding more pressure to already vulnerable sections of society that are unable to cope with macro development pressures and overcome them in order to be mentally well. This is with established comprehensive mental healing infrastructure under IMI that, after chronic stages of mental illness, caregivers are supported, the community is prepared on how best to relate with vulnerable members, leadership is lobbied to allocate resources, vulnerable communities are supported with physical and spiritual needs with ties to mental illness as well as mental and skills training for vulnerable sections of the community.

A $200,000 USD budget will be needed as basic fund for IMI infrastructure. However, specific programmes and activities attract funding of between $1500.00 USD and $50000.00 USD from direct and indirect funding arrangements – to address current and priority community needs. Generally, the project is a multi-stake type that integrates the different societal forces capable of helping to create a change in people's lives. Account Number 6004667822 Barclay's Bank, Jinja Branch, Uganda.

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FURTHER READING

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