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PSYCHOSOCIAL FACTORS, INNOVATIVE MENTAL HEALTH SERVICES PROMOTION AND MENTAL HEALTH AMONG THE URBAN POOR YOUTHS IN KAMPALA; CASE STUDY OF MULAGO AND BUTABIKA HOSPITALS.

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Abstract

This study is an investigation of psychosocial factors, innovative mental health services promotion and mental health among the urban poor youths in Kampala looking at a case study of Mulago and Butabika Hospitals. The sample was 400 respondents for the quantitative tool and 10 respondents for the interviews. The study recruit participants using simple random sampling from two out of the five divisions of Kampala. Interviews targeted 10 health workers serving in the mental health or related departments in Mulago (5) and Butabika Hospital (5). Results reveal that youths were looked after by caretakers of mostly 26 years to 41 years. Youth with mental health challenges were mainly from the age brackets of 20-24 (64, 30.2%) and 25-30 years (78, 36.8%). The male patients were three times the female patients. Getting mental health problems was possible regardless of the level of education. Many of the patients had fresh mental health problems ranging between less than one year and one to five years. The key psychological factors associated with poor mental health include; childhood abuse, trauma, experiencing discrimination and stigma, social disadvantage, poverty or debt, bereavement, severe or long-term stress, long-term physical health condition. The key innovative approaches to delivery of mental health services include; decentralization of mental health services, integration of mental health into PHC, mental health inpatient unit, general health workers training in mental health, diet and nutrition, telemedicine. The conclusion is that there is reasonable evidence to confirm that psychological factors are linked to mental health among the youths. There are several interventions which can be used innovatively to improve on the mental health services. The study

recommends the need for social workers to link up with communities and health centres with budget support from the local government to work towards rehabilitating.

1.1 Introduction

According to the WHO peak mental health is more than just the absence of mental health problems. It is the ability to manage existing conditions and stressors while maintaining ongoing wellness and happiness (Keller, 2017). The psychosocial determinants of mental health may include stress, education, poverty, social exclusion, discrimination and violence (Huppert & Ruggieri,2018). Such factors can act as protective or, on the contrary, increase the risk of physical and mental illness and affect the quality of life of individuals (Marney, Adam & Rachel,2022). Min et al. (2022) show that factors associated with mild to severe depression were younger age, chronic health conditions, past stressful events, lack of communication gadgets and lack of assets or commercial property. An estimated 13%–15% of adolescents (10–19 year olds) in low- and middle-income countries (LMIC) live with a mental disorder (The Institute for Health Metrics and Evaluation (IHME) (2019). Generally, urbanicity increases risk for psychosis (Newbury et al., 2016) anxiety disorders and depression (Peen et al., 2010). Social isolation, neighborhood poverty, and discrimination also contribute to poor mental health (Gruebner et al., 2017). Despite the morbidity associated with mental disorders, neither treatment nor mental health promotion for adolescents has achieved global public health priority (WHO, 2019). Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group (WHO, 2020). Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (WHO, 2020). With good health care interventions, the associated factors can be mitigated and good health outcomes can be realized by the patients and the health care workers (Muwanguzi, 2019; Mugisha et al., 2020; Ogbonna et al., 2020). Uganda has only 32 psychiatrics yet the number of mental health cases seem to be increasing due to alcohol and drug abuse (Muwanguzi, 2019). Many mental health services across the country are not youth friendly and struggle to provide quality care and helpful support for young people with mental health conditions and psychosocial concerns.

1.2 Statement of the problem

An understanding of the psychosocial factors associated with mental health is important in ensuring that there are appropriate innovative mental health services promotion among the urban poor youths in Kampala. This however is not the case as many youths continue to fall victims of mental health challenges with limited appropriate innovative mental health interventions, yet one in three Ugandans is suffering from mental poor mental health challenges according to the ministry of health (Abet, 2024). Uganda has several youths suffering from mental health disorders, yet the exact associated factors are not well documented (Mugisha et al., 2019; Miller et al., 2020). This has impaired critical care and the current interventions seem not to be addressing the need (WHO, 2019). As such, mental health care is still bad, with many youths in Kampala continuing to develop mental health problems with limited quality care interventions. The high rates of mental health disorders reported by Muwanguzi (2019) are worrisome, yet the interventions in place seem not to be appropriate enough to generate positive results.

Whereas Hossain et al. (2020) recommend evidence-based policymaking and practices to guide how mental health challenges, these seem not to be adopted. Marney et al. (2022) and Min et al. (2022) have linked mental health to psychosocial determinants, but the Ugandan context is not well covered with current documentation. There are interventions like sending out positive messages to clients aiming to boost mental health using various methods such as phone-in calls, radio programmes and tele-counselling seem not to be effective and also ignoring the urban poor (Abet, 2024). There is thus need to establish the Ugandan context of mental health and linkages with psychosocial factors as well as getting innovative approaches to addressing the mental health challenges among the urban poor youths.

1.3 General objective

To examine the psychosocial factors, innovative mental health services promotion and mental health among the urban poor youths in Kampala.

1.4 Research questions

i. To establish the psychosocial factors associated with mental health among the urban poor youths in Kampala.

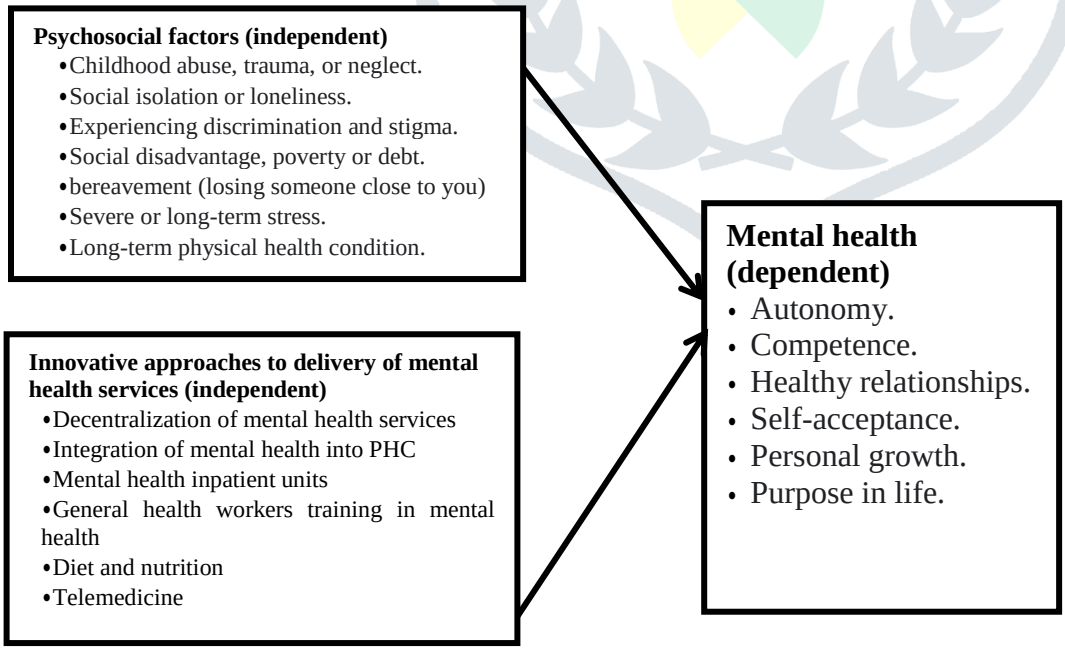
ii. To establish the innovative approaches to enhance mental health services promotion among the urban poor youths in Kampala.

1.5 Specific questions

i. What are the psychosocial factors associated with mental health among the urban poor youths in Kampala?

ii. What innovative approaches can enhance mental health services promotion among the urban poor youths in Kampala?

1.6 Conceptual framework



Source: (Muwanguzi, 2019; Mugisha et al., 2020; Ogbonna et al., 2020; Marney, Adam & Rachel, 2022; WHO, 2020; UNICEF, 2021; Coetzer et al., 2022)

Figure 1: Conceptual framework

1.7 Significance of the study

This study will guide policy level interventions ; provide insights to health workers in the mental health services provision to identify innovations ;improving mental health is still ongoing and the current study will be an addition to the body of research existing in this regard.

2.0 Literature Review

Theoretical Review

The study was guided by the social-ecological model of mental health and well-being which reflects the multidirectional intricacy and dynamic ongoing interplay among factors operating within and across respective levels from macro (societal) through micro (individual) (Bookchin, 1990a). Social ecology rests on the awareness of the interdependence of the biophysical and socio-cultural domains (Guha Ramachandra, 1994). It justifies that to understand the individual and his problem his/her social context, environment, family factor and socio-ecological perspective must be taken in consideration.

Psychosocial factors associated with mental health among the urban poor youths

Childhood trauma has been associated with multiple mental health problems (Kidman et al., 2018); living with HIV (ALHIV) (Lewis et al., 2015); lack of support (Ashaba et al., 2018; Bankole et al., 2017; Ashaba et al. (2021) note that childhood trauma; Dedryver and Knai (2021) show that lockdowns impacted social capital and mental health. Social connectivity (Bourdieu & Wacquant,1992); Social capital has a protective effect on wellbeing (Chen et al., 2018), strong friendships (Currie et al., 2012). Nalukengea et al. (2019) attributed mental health gaps to improper upbringing, violence, poverty and bereavement.

Innovative approaches to enhance mental health services promotion among the urban poor youths

Decentralizing mental health care (Caldas de Almeida& Killaspy,2011; Ministry of Health, 2011).

Both creative approaches and peer support (Barr et al., 2022). Lakhan and Ekúndayò (2013) commented that socio-ecological model can contribute significantly in the treatment and prevention of depression. The healthcare environment impacts patient outcomes and satisfaction levels (Sarıköse & Göktepe, 2022). Mental health hospital inpatient environments should be safe, secure, and therapeutic environments, where care can be provided using the least restrictive means (Seppänen et al., 2018). Holistic and ecological approaches to mental health support have been identified by many as best-practice approaches for creating and sustaining well-being (Chanen, 2015). The creative ecologies model focuses on policies, processes, products, people or partnerships, and places (or physical environments) (Harris, 2016).

3.0 Methodology

The researcher adopted a cross sectional study design, using mixed methods. This design was implemented to allow for collecting data as it is at the point in time (Maryam, 2015; Creswell, 2014). Also, the quantitative research approach is selected for ease and clearness (Tavakol & Sandars, 2014). The population was care takers of the urban youths with mental health issues and the mental health care centres staff in Kampala. Kampala's 2023

population is now estimated at 3,846,102. From the population derived, sloven's formula, given as follows: $n = N/(1+Ne^2)$, where n is the sample size, N is the population size and e is the margin of error to be decided by the researcher, was used to determine the population and the sample was 399.7765 respondents.

The study recruited participants using simple random sampling from two out of the five divisions of Kampala (West, 2016). Interviews targeted 10 health workers serving in the mental health or related departments in Mulago (5) and Butabika Hospital (5). The study collected data using both the questionnaires and interviews (Saunders, Philip & Thornhill, 2019). The validity of the study is concerned with the extent to which the data collection instruments accurately measure what they intend to (Taherdoost, 2016). In this study, expert judgment and content validity index (CVI) was used (Creswell, 2014). Saidi and Siew (2019) indicate that the instrument is regarded as reliable when the Cronbach alpha coefficient obtained under each construct and variable is at least 0.7. Results confirm that there was both reliability and validity as the scores for both for all variables were above 0.7, the minimum acceptable (Taherdoost, 2016).

The data was processed using the statistical package for social sciences version 28. The mean, frequency, standard deviation, percentages were computed. Qualitative data was analysed using thematic analysis where themes were developed after reading and summarizing the recordings.

Regarding ethics, permission was sought for from the respondents before collecting data. Participants were provided basic information, voluntary participation, Compensation, Anonymity, Respondents protection were all observed.

4.0 Findings

For quantitative samples, the response was 53%. For qualitative samples, the response was 60%. This shows that the study was fairly responded to and the results obtained are quite representative. The response obtained was fair enough as per Mugenda and Mugenda (2003).

4.3 Descriptive statistics

4.3.1 Psychosocial Factors Associated with Mental Health Among the Urban Poor Youths in Kampala

This section contains descriptive results on psychosocial factors associated with mental health among the urban poor youths in Kampala.

Table 1: Psychosocial Factors Associated with Mental Health Among the Urban Poor Youths in Kampala

Descriptive Statistics			SD		D		NS		A		SA	
Psychosocial Factors Associated with Mental Health	Mean	Std. Deviation	F	%	F	%	F	%	F	%	F	%
Childhood abuse, trauma, or neglect												
Abused youths tend to develop mental health problems.	3.9057	.80317	0	0	9	4.2	52	24.5	101	47.6	50	23.6
Traumatic events in the past are responsible for the mentally ill youths in this community	3.7642	.77950	0	0	9	4.2	68	32.1	99	46.7	36	17.0
Social isolation or loneliness												
Isolated youths tend to developmental health problems.	4.1132	.72623	0	0	0	0	45	21.2	98	46.2	69	32.5
Not having close associates especially in challenging times can easily lead to mental health problems.	3.7736	.59672	0	0	0	0	67	31.6	126	59.4	19	9.0
Experiencing discrimination and stigma												
Youth discrimination has increased cases of mental health problems among the youths.	3.7406	.70453	0	0	0	0	87	41.0	93	43.9	32	15.1
Being stigmatized increases chances of youths developing mental health problems.	3.8821	.61595	0	0	0	0	54	25.5	129	60.8	29	13.7
Social disadvantage, poverty or debt												
Poverty has increased cases of mental illnesses in this community.	4.0943	.62383	0	0	0	0	32	15.1	128	60.4	52	24.5
Youths with accumulated debts they can't pay tend to develop mental health challenges.	4.2075	.68452	0	0	0	0	32	15.1	104	49.1	76	35.8
Bereavement (losing someone close to you)												
Loss of close relatives has increased mental health cases in this community.	3.8538	.79234	0	0	17	8.0	33	15.6	126	59.4	36	17.0
Many of the orphan youths go through situations that increase mental health problems.	4.2123	.96244	0	0	16	7.5	32	15.1	55	25.9	109	51.4
Severe or long-term stress												
Stress has been responsible for the increased mental health cases.	3.9198	.81931	0	0	13	6.1	41	19.3	108	50.9	50	23.6
Lack of counseling for stressed people tends to make them develop mental health problems.	3.7358	.78253	0	0	17	8.0	49	23.1	119	56.1	27	12.7
Long-term physical health condition												
Chronic diseases tend to increase mental health problems among the youth	4.1038	.76573	0	0	10	4.7	22	10.4	116	54.7	64	30.2
HIV among the youths tends to increase mental health problems	3.9340	.64974	0	0	8	3.8	28	13.2	146	68.9	30	14.2

Source: Primary data (2024)

Psychosocial Factors Associated with Mental Health

Childhood abuse, trauma, or neglect were seen to be key factors in determining mental health of the youths. This was confirmed from the responses where it was noted that abused youths tend to develop mental health problems (Mean =3.9057, SD=0.80317,71.2% agree and strongly agree). It was also confirmed that traumatic events in the past were responsible for the mentally ill youths in the community (Mean =3.7642, SD=0.7795,63.7% agree and strongly agree). In both cases however, there was a sharp division in the opinions as evidenced by the high standard deviation.

Social isolation or loneliness as a predictor of poor mental health was assessed and proved to be a key associated factor with poor mental health. This was confirmed from the responses that isolated youths tend to developmental health problems (Mean=4.1132, SD= 0.72623,78.7% agree and strongly agree). Further evidence proved that not having close associates especially in challenging times could easily lead to mental health problems (Mean

=3.7736, SD=0.59672,68.4% agree and strongly agree). Again, standard deviations were quite high thus signifying large discrepancy in opinions among the respondents.

Experiencing discrimination and stigma as a cause of poor mental health was assessed and confirmed. For instance, it was reported that youth discrimination increased cases of mental health problems among the youths (Mean= 3.7406, SD=0.70453,59% agree and strongly agree). It was further revealed that being stigmatized increases chances of youths developing mental health problems (Mean =3.8821, SD=0.61595,74.5% agree and strongly agree). The high standard deviation on the other hand shows divergent opinions.

Social disadvantage, poverty or debt was assessed and proved to be one of the factors behind the poor mental health among the youths. It was reported that poverty had increased cases of mental illnesses in this community (Mean =4.0943, SD=0.62383,84.9% agree and strongly agree). It was also noted that the youths who accumulated debts they couldn't pay tend to develop mental health challenges (Mean=4.2075, SD= 0.68452,84.9% agree and strongly agree). These results confirm that poor youths are at a higher disadvantage when it comes to matter of mental health. The high standard deviation however speaks otherwise and thus exceptions to this notion.

Loosing relatives, children, husband, parent or close relatives was linked to poor mental health. This was proved in the response to the question that loss of close relatives had increased mental health cases in this community (Mean =3.8538, SD=0.79234,76.4% agree and strongly agree). It was further note that many of the orphan youths go through situations that increased mental health problems (Mean=4.2123, SD= 0.96244,77.3% agree and strongly agree). As such, loosing relatives can easily cause poor mental health, however, the large standard deviation implies there are exceptions.

Severe or long-term stress as a cause of poor mental health was assessed and proved. This was confirmed in the response to the question that stress has been responsible for the increased mental health cases (Mean =3.9198, SD=0.81931,74.5% agree and strongly agree). It was further reported that lack of counseling for stressed people tends to make them develop mental health problems (Mean =3.7358, SD=0.78253,68.8% agree and strongly agree). The standard deviation being high means that there are exceptions that even when counselling is available, still poor mental health can exist.

Long-term physical health condition as a contributor to poor mental health was investigated and confirmed by the results. It was reported that chronic diseases tend to increase mental health problems among the youth (Mean =4.1038, SD=0.76573,84.9% agree and strongly agree). It was also reported that HIV among the youths tends to increase mental health problems (Mean=3.934, SD=0.64974,83.1% agree and strongly agree). The fairly high stand deviation in the results shows that there are exceptions.

4.3.2 Innovative Approaches to Enhance Mental Health Services Promotion Among the Urban Poor Youths in Kampala.

Table 4.5: Innovative Approaches to Delivery of Mental Health Services

Descriptive Statistics			SD		D		NS		A		SA	
Innovative Approaches To Delivery Of Mental Health Services	**Mean**	**Std. Deviation**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**
Decentralization of mental health services												
Bringing health services nearer to the people will improve mental health care	4.0236	1.42570	0	0	7	3.3	38	17.9	127	59.9	40	18.9
Sending equipment and tools to the local community will improve mental health care.	3.9009	1.08177	0	0	31	14.6	42	19.8	56	26.4	83	39.2
Integration of mental health into PHC												
Adding a component of mental health in lower health centres will improve the state of mental health services	3.9009	.69841	0	0	9	4.2	36	17.0	134	63.2	33	15.6
Sending money to the lowest units directly to cater for mental health will improve mental health services delivery.	3.8626	.63626	0	0	3	1.4	50	23.6	131	61.8	28	13.2
Mental health inpatient unit												
Admitting mental health cases will improve the quality of care.	4.1085	.62531	0	0	0	0	31	14.6	127	59.9	54	25.5
More health workers being deployed to work on mental health issues will improve the quality of care.	4.1887	.47920	0	0	0	0	8	3.8	156	73.6	48	22.6
General health workers training in mental health												
Having more trained health worker specializing in mental health will improve mental health.	4.0189	.63067	0	0	0	0	40	18.9	128	60.4	44	20.8
Sending more trained health workers to facilities near us will improve the state of mental health.	3.8349	.94699	0	0	37	17.5	4	1.9	128	60.4	43	20.3
Diet and nutrition												
Improved diet may improve mental health.	4.0000	.78493	0	0	8	3.8	41	19.3	106	50.0	57	26.9
Avoiding drugs will reduce cases of mental diseases.	3.9811	.614546	0	0	0	0	42	19.8	132	62.3	38	17.9
Telemedicine												
Having experts linking online with local health workers will improve mental health care.	3.9198	.60659	0	0	0	0	48	22.6	133	62.7	31	14.6
Using ICT will improve on the mental health care.	4.3160	.46603	0	0	0	0	0	0	145	68.4	67	31.6

Source: primary data (2024)

Innovative Approaches to Delivery of Mental Health Services

Decentralization of mental health services was explored as an innovation in delivery of mental health. Results confirmed that bringing health services nearer to the people would improve mental health care (mean=4.0236, SD=1.4257,78.8% agree and strongly agree). It was also explored if sending equipment and tools to the local community would improve mental health care. The results confirmed this (mean=3.9009, SD=1.08177, 65.6% agree and strongly agree). In both cases however, the standard deviation was high, thus casting some doubts.

Integration of mental health into PHC was explored as a possible innovation to improve mental health care. It was proved that adding a component of mental health in lower health centres would improve the state of mental health services (mean=3.9009, SD=0.69841,78.8% agree and strongly agree). It was also explored if sending money to the lowest units directly to cater for mental health would improve mental health services delivery. This was confirmed by the results (mean= 3.8626, SD=0.63626,75% agree and strongly agree). In both cases, the standard deviation was fairly high, thus divergence in the opinions.

It was explored if having a mental health inpatient unit would cause some improvements. It was confirmed that admitting mental health cases would improve the quality of care (mean=4.1085, SD=0.62531,85.4% agree and strongly agree). This had a slightly high standard deviation hence divergence in opinions. It was highly supported that more health workers being deployed to work on mental health issues would improve the quality of care (mean=4.1887, SD=0.4792,96.2% agree and strongly agree). This was obtained with a fairly low standard deviation hence large level of agreement that this solution would work.

General health workers training in mental health as an innovation was explored. It was found out that having more trained health worker specializing in mental health would improve mental health (mean=4.0189, SD=0.63067,81.2% agree and strongly agree). It was also noted that sending more trained health workers to facilities near us would improve the state of mental health (mean=3.8349, SD=0.94699,80.7% agree and strongly agree). In both cases, the standard deviation was high, pointing to divergences in opinions.

Diet and nutrition was explored as a potential innovation to improve mental health. It was reported that improved diet may improve mental health (mean=4, SD=0.78493,76.9% agree and strongly agree). It was also confirmed that avoiding drugs would reduce cases of mental diseases (mean=3.9811, SD=0.61546,80.2% agree and strongly agree). In both cases, the standard deviation was high, pointing to divergences in opinions.

Telemedicine was explored and results revealed that having experts linking online with local health workers would improve mental health care (mean=3.9198, SD=0.60659,77.3% agree and strongly agree). There was a high standard deviation in this case hence divergence in opinions. It was also proved that using ICT would improve on the mental health care (mean=4.316, SD=0.46603,100% agree and strongly agree). In this case the standard deviation was low confirming convergence of opinions.

5.0 Conclusion

The Psychosocial Factors Associated with Mental Health Among the Urban Poor Youths in Kampala

There is reasonable evidence to confirm that psychological factors are linked to mental health among the youths. Such factors include; childhood abuse, trauma or neglect, social isolation or loneliness, experiencing discrimination and stigma, social disadvantage, poverty or debt, bereavement (losing someone close to you), severe or long-term stress and long-term physical health condition. As such, it is important for all stakeholders to look keenly at these associated factors if they are to have positive and meaningful impact on the state of mental health among the urban poor youths.

The Innovative Approaches to Enhance Mental Health Services Promotion Among the Urban Poor Youths in Kampala

There are several interventions which can be used innovatively to improve on the mental health services promotion among the urban poor youths. However, it is key to consider among other the following; decentralisation of mental health services, integration of mental health into PHC, mental health inpatient unit, general health workers training in mental health, diet and nutrition and telemedicine.

5.2 Recommendation

From the above findings and conclusions, the study makes the following recommendations; There is need for social workers to link up with communities and health centres with budget support from the local government to work towards rehabilitating youths who have been isolated by environmental and social circumstances to limit escalation of poor mental health among them. There is need for government through the local government structures and local NGOs to intensify poverty reduction. There should also be arrangement by lenders and microfinance providers to consider more favorable terms and waivers for small loans or loan re-negotiations. Orhpans and destitute people should be given special counselling at individual level to ensure that they get rehabilitated to limit mental health challenges among especially orphans. There is need for health workers to control spread of chronic diseases through affordable medical care sponsored by government subsidies through the ministry of health. Efforts to control the spread of HIV can also be imperative in the drive towards better mental health among the youths. These include the generic control measures like routine screening, early enrolment on ART, safe sex and so on. Decentralization should be effected in the treatment and diagnosis of mental cases since it has been proved effective. There is need for an integration of mental health into PHC to make the services more accessible and more affordable. Introduction of a mental a mental health inpatient unit in all major health facilities will improve on the care as today there are only a few scattered units and with few experts.

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