

# Implementation of Interpersonal Group Therapy (IPG-T) in Refugee Communities of Palabek Settlement, Northern Uganda

**Cross-border Opportunities for Migration, Peace and  
Self Sustenance (COMPASS) Project**



Erasmus  
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# Mental Health

- Definition (WHO – including health)
- Manifestations
- Risk factors & populations
- Impacts (death-suicide/murder, disability, broken relationships/families/communities, ltd productivity – at all levels /ecological systems)
- Solutions & actors (policies, programmes, etc – by gov't, CSOs, religious establishments, etc)
- CAMHS in Uganda

# Background

- **Depression as the leading cause of disability worldwide. Prioritized in mhGap.**
- **Disproportional affection in refugees in Uganda 67.6%. Concerning mental health issues reported by UNHCR**
- **Group Interpersonal Therapy for Depression (IPT-G) as a first-line treatment.**



# Cross-border Opportunities for Migration, Peace, and Self-Sustenance (COMPASS)

- Lutheran World Federation (LWF) and Community Development Support Services (CDSS).
- Aim to address livelihoods and economic development, protection, and delivery of integrated basic services for South Sudanese refugees, returnees, and internally displaced persons (IDPs).
- Under protection development, the project is working community based psychosocial support approaches. One of them, IPT-G with South Sudanese refugees in settlements within Northern Uganda.

# Problem

In the framework of IPT-G's globalization to LMICs, a need emerges to assess the general implementation of the treatment to also contribute to decision-making, policy and in general MHPSS through evidence-based interventions.



# Objectives

**GENERAL:** To explore the perceptions and experiences of service providers, users, and the local community about the implementation of IPT-G to South Sudanese refugees in a cross-border context.

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## **SPECIFIC**

1. To examine the **feasibility** of implementing IPT-G in Palabek Refugee Settlement

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2. To explore the **experiences** of service providers and local refugee community of the IPT-G implementation.

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3. To assess the **acceptability** of IPT-G by South Sudanese refugees, local community, and service providers.

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4. To describe the **lessons** of implementing IPT-G in a cross-border context.





# METHODOLOGY

- Single holistic case study with a descriptive design.
- Interview guides with open-ended questions designed for each category of the study population
  - Local interpreter
- Theoretical underpinning: Consolidated framework for implementation research (CFIR)
  - Thematic analysis: NVivo

Participants			Length of GI	
No	Sex	Age		
<b>GI 1</b>	1	F	28	43 minutes
	2	F	24	
	3	F	25	
	4	F	27	
	5	F	27	
	6	F	28	
<b>GI 2</b>	1	M	36	45 minutes
	2	M	33	
	3	M	28	
	4	M	30	
	5	M	34	
	6	M	40	
<b>GI 3</b>	1	F	24	60 minutes
	2	F	45	
	3	F	46	
	4	F	50	
	5	F	42	
	6	F	38	
	7	F	28	
	8	F	43	
	9	F	30	
	10	F	42	

Key Informant	Length of KII	Environment
<b>1. District Policy Expert</b>	1 hour & 25 minutes	Virtual
<b>2. Academia Policy Expert</b>	52 minutes	Face-to-face
<b>3. Local Community Member</b>	25 minutes	Face-to-face

# Participants

**LWF**

Level of Implementation	Length of IDI	Environment
Management Level Staff 1	1 hour	Virtual
Management Level Staff 2	52 minutes	Face-to-face
Management Level Staff 3	32 minutes	Face-to-face
Technical Staff 1	56 minutes	Virtual
Technical Staff 2	35 minutes	Face-to-face
Frontline Staff	46 minutes	Face-to-face



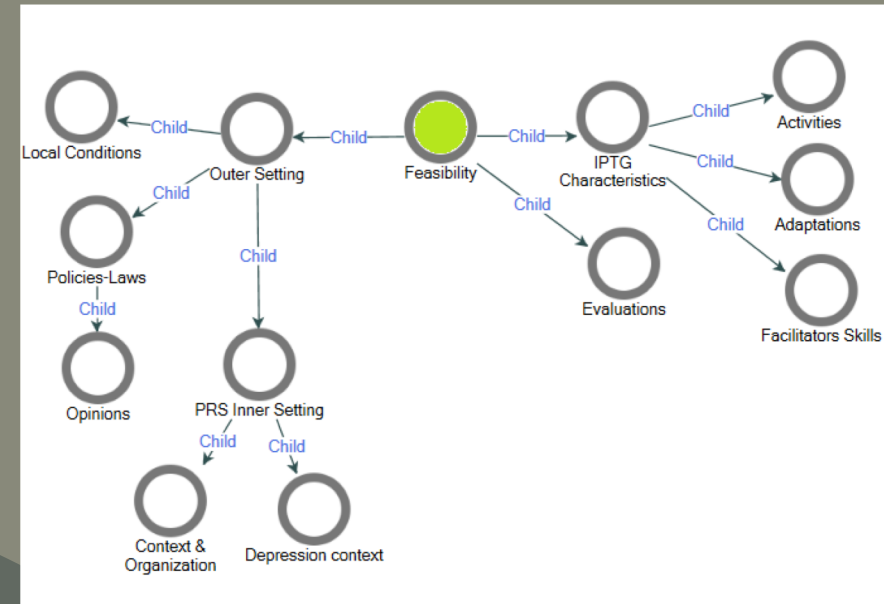
# Results: Feasibility

## CONTEXTUAL FACTORS

- At the country and district level, there is limited resource capacity and poor enforcement of mental health legislation.
- The district has particular needs but there are no specific responses.
- International guidelines and standards are followed, emerged discussion western bias and greater consideration of local and ethnical strategies in policy frameworks.

## IMPLEMENTATION

- Staff recruitment and retention. Scalability: dependence in INGOs.
- Strengthening of collective structures with multiple community-based approaches. Positive impact of “inter-approach support” for the engagement and continuity of service users in IPT-G.
- Research approach beyond control groups, and exploring the subjective reports to create well-being indicators, are reflecting strengths in the implementation.



# Experiences

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There are dynamics within the Settlement where there can be a disturbance of the sessions (food distribution)

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Problematic situations of confrontations rooted in the South Sudanese context emerge. Root peaceful coexistence.

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Loneliness is the major problem area that is being worked with this population.

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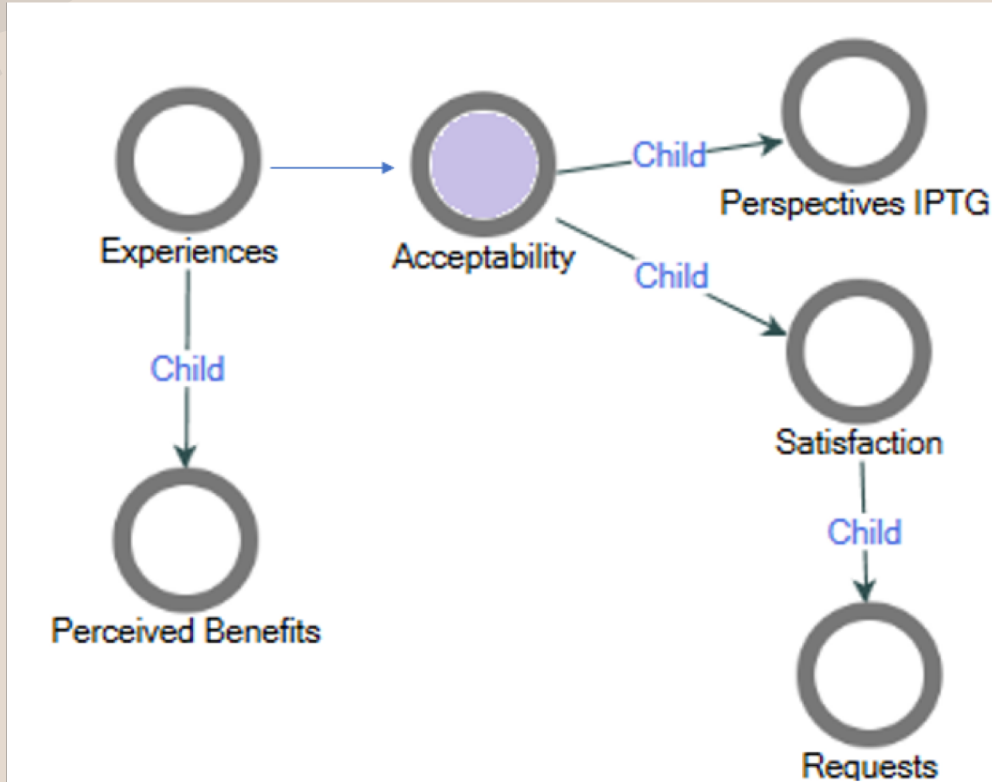
Recovery processes are non-linear: relapses require additional effort from staff, need of personalized support and interventions.

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Users referred improvements in insomnia, inappetence, and interpersonal relations. The local community mention that they sense a decrease of intertribal conflicts, and staff point the decrease of individual reports of personal issues.

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# Acceptability



- Service users show enthusiasm and engagement during group sessions. Express sadness when the groups come to an end, they want continuity.
- The length of the intervention is not accepted.
- Some of the service users recall the incorporation of activities and practical skills.
- From the perspective of frontline staff, even though it can be accepted, the population is focused on their economic needs and therefore doesn't get to commit to their personal psychological healing process.

# Learnings

To address with flexibility the criteria of IPT-G's manual and produce contextual strategies to address emergent situations.

Feasible to oversize the target number of participants : 10- 12 people.

Some population with suicidal ideation/attempts are being included.

Implications of working with a highly ethnical diverse community with conflict origin. Several daily routines, sessions translated up to three languages affect the engagement.

Engaging men in the groups has been challenging, (drunk and turn aggressive). This continues being a larger request.

Domestic violence is an emergent problem that the community believes can improve through IPT-G.

IPT-G is accurate for cross-border populations, but pendular movements can impact the healing process.

# Implementation Recommendations

## Criteria for dividing groups

- Language, age

## Practical Strategies

- Healing through dynamics, development of abilities.

## Gender focus

- How to integrate men better?

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