



Global Independent Study - Interprofessional Experience in Rural Southwestern Uganda



Vicky Lichtman

University of Michigan School of Social Work

Rushere Township, Uganda

The Global Interprofessional Experience in Uganda was originally part of a project that connects American social work, nursing, and medical students with students from the Mbarara University of Science and Technology (MUST) in civic community projects in rural southwestern Uganda. I and my Ugandan cohorts were placed in the southwestern rural community of Rushere, at the Rushere Community Hospital.

Rushere is a township some 50 miles northeast of Mbarara (the second-most populous town in Uganda), in the Kiriuhura District. Relative to other parts of the country, it is economically well-developed, a center for milk production and a region with one of the highest concentration of cattle farms. Rushere has a reputable community hospital operating on a mixed private-public funding, with 50 - 100 beds. The communities in Rushere originate from the Bahima cattle-keeper tribes and the Bairu tribes who are agricultural workers. Rushere is remote and the houses tend to be spread far apart since the Bahima communities' cattle require acres of grazable land.

Mental Health Services in Rural Uganda

As an IP-Mental Health Social Work student, I wanted to better understand what were the psycho-social determinants of health in rural Uganda and what sorts of services were available to treat mental health problems.

Uganda is a country of 43 million people, with a population that is primarily rural. A majority earn a subsistence living, where some 50% of the population live on 3 USD a day (UNDP). There are no autonomous community mental health centers only a dozen regional referral hospitals which have mental health facilities. Uganda has .04 Psychologists and .08 mental health outpatient facilities per 100,000 people (WHO)..

Many Ugandans rely on traditional healers for mental health issues, and a majority do not subscribe to the notion of medicalized mental health. Practical hardships related to life in a Low- and Middle-Income Country exacerbate existing stigma and scarcities. Moreover, a lack of robust public assistance programs and a developing agribusiness sector renders many rural communities vulnerable to shocks.

Leadership and Placement through MUST

My initial involvement in the project was to learn about social work in Uganda, however, this developed into a more research-based endeavor. My role was undefined as the lone social work student, as social work is still an emerging profession in Uganda. After a series of visits to rural communities and a week of trainings at MUST with medical and nursing students that were part of the Community-Based Education, Research and Service program (COBERS), I accompanied a team of seven Ugandan students to Rushere.

In the course of the two weeks at Rushere, I conducted fieldwork by meeting with different administrative and clinical staff at the hospital, examining data records, visiting patients and going to villages with the medical outreach team. I also ventured into several village with recent MUST graduate and interpreter who accompanied the group.

Outcomes

In the course of my research I was astonished to learn about the high rates of suicide by pesticide poisoning in the community. Issues such as divorce, collapsing family structures, domestic violence, alcoholism and chronic poverty were all mentioned. Suicide was repeatedly noted as an exigent issue and several families we met with spoke about this directly.

Rushere has only one nurse who is able to counsel patients and most counselling if any, occurs on an ad hoc basis by general practitioners or clinical officers. Most patients who arrive following an uncompleted suicide attempt are discharged without counseling. The week we were there five suicide cases were reported, including that of an 11-year-old girl. All of this contributes to the endless cycle of comorbidity in the disease burden, with mental health disorders documented as contributing to one of the leading causes of years lived with disability in the nation (IHME).

I became determined to try to do something about this to help, which is why I am applying for the 2020-2021 US Student Fulbright program with the hope of returning to Rushere to conduct research on the project for a qualitative research project into the phenomenon of suicide by pesticide poisoning.

Skills Developed/Lessons Learned

Firstly, I learned how to balance a sense of empathy with a need to maintain the dignity of those around me, reminding myself of the primacy of autonomy in social work. Secondly, and most challenging for me personally, was the strong realization of the sources of my own personal power and subsequent feelings of discomfort. This consequently made me empathize with the difficulties experienced by those who did not have my inherent socio-economic privilege. It also forced me to reckon with the very fact that – as is the case with most things in this world – such privilege could at times bear negative consequences. A white westerner I possessed referent power: that by virtue of my white skin and western citizenship I was automatically assumed to have wealth and connections. This forced me to critically be mindful of both my behavior as well as the motivations behind the behaviors of others.

Classroom Connections

SW 701, Practice in International Social Work was a macro-level course that was instrumental in helping me connect to a faculty member and a group of students with similar interests. I learned about certain issues developing countries face in improving the lives of their citizens and the roles social workers can play successfully addressing them. These included: provision of basic life necessities, economic development, ethnic conflict, child protection, gender-based violence, environment and community health, and statelessness. I also learned about what is regionally specific about social welfare.

SW 598, Independent Study allowed me to be in close contact with a faculty member at the School of Social Work on a regular basis and to reflect openly on my experience as it unfolded. I was able to conduct independent research around the issue that I chose and thanks to the support and guidance of my advisor, I am not developing a follow-up research endeavor. I hope that if it is awarded, I will continue to seek my advisor's input in the research design and methodology of my project.

Acknowledgments

Thank you to The School of Social Work's Office of Global Activities for their financial support of my interprofessional experience. I express my heartfelt gratitude to Professor Mary C. Ruffolo at the School of Social Work for her compassionate support and encouragement, and for her guidance throughout my independent study and beyond. I am also indebted to the valuable Uganda-specific expertise, logistical support and positive motivation of Adjunct Assistant Clinical Professor at the School of Social Work and Director of Social Work and Spiritual Care at Michigan Medicine Josh Brewster and University of Michigan Medical School Global Health and Disparities (GHD) Path of Excellence Program, Professor Brent Williams, M.D.



Career Connections

My decision to return to graduate school to pursue a degree in social work is the result of a great deal of deliberation of how I can realize my aspiration of combining my two passions - international development and mental health. I plan to build on my global experience as a springboard for finding work as a social worker at an NGO in humanitarian programming that prioritizes psycho-social needs through prevention and treatment and helps strengthen mental health care systems and shape policies internationally.

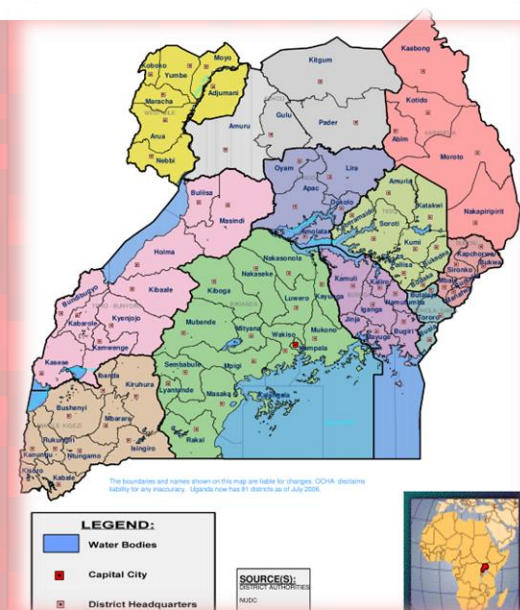
Advice

Be flexible. Try to anticipate difficulties while regarding them as "character-building" experiences, if you can.

Be curious. Don't be afraid to venture into unstructured environments. It is the only way you will learn. Talk to people, overcome your discomfort and if you can help it, don't always congregate with other westerners. Challenge axioms and ask questions. If you don't ask why you will never get to the truth.

Research. Read before, during and following your experience. Get a sense of the culture, political landscape and history.

Patience is a virtue. Community work, trust and relationship-building, and the learning process overall takes time – and time is a relative metaphysical construct. Get comfortable with working in different paced-environments and in having to step back when need be. Don't expect immediate results.



Map of Uganda w/new districts 2006. Courtesy of OCHA