

INTRODUCTION TO THE UNIVERSITY OF KISUBI INAUGURAL STUDENT'S JOURNAL HEALTH RESEARCH AFRICA.

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Abstract.

The purpose of this introduction to the much-anticipated inaugural issue of the journal dedicated to submissions from a Global Mental Health Learning Collective is to provide a background to the activities leading up to this publication and share the personal and collective stories that have led to this significant development. At the core of this Global Mental Health Collaborative was the initial desire and intent of the group of committed individuals, brought together at the request of Sebastian and Yvonne Ssempijja. The motivation for this was the early realization and appreciation of the need for a coordinated effort to respond to the high stigma towards mental illness and psychological challenges within various communities of Uganda, as identified by Yvonne and Sebastian in the early 1990s into the 2000s. As a couple, along with our families and friends, it became a routine, expected activity as early as 1990, 1994, 1996, and 1998 for trips to the motherland of Uganda always involve opportunities to discuss, offer workshops, and consultations at various levels of need on matters of health, emotional and mental well-being, and its intersection with other life domains.

The early requests for consultations included individual family units, schools, employers, faith leaders, and community political leaders needing to understand the issues individuals faced regarding psychological well-being and relating to crises and trauma. Through a series of activities, workshops, and consultations, a consensus was built to establish a voluntary organization to help the Ssempijjas and their friends build a support system that would also be an intervention.

The narrative below is formatted Not as a research-related document but as a venue for honoring the work done. We have identified the needs, the methods used, the results and outcomes, discussions, and the next steps.

Keywords: Submitted: 2023-08-09 Accepted: 2023-08-28

1. The Background to Finding a Solution to the Needs Identified Above.

We realized very quickly and in consultations with close friends that there was a need for an entity that was subsequently incorporated as the

Uganda Behavioral Health Alliance, formed in 2008 and subsequently confirmed in nonprofit status under the United States Internal Revenue Code in 2009. Those Board members were friends of Yvonne and Sebastian. They include clinical social workers, administrators, information technology specialists, lawyers, nurses, psychologists, and psychiatrists. Here, the vision was to create a collaboration that would have a bilateral

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dignified symbiotic relationship with our partners in Uganda, coming from various health care and community life disciplines, and build a collaborative effort, hence the Uganda Behavioral Health Alliance (UBHA) concept.

2. Methodology.

Sebastian and Yvonne had already been involved in establishing, creating, and administering an Independent Mental Health and Recovery Health Clinic, providing care to the urban communities in the city of Milwaukee, State of Wisconsin, USA. In operating a clinic offering direct mental health and recovery care and being a training clinic for the next generation of providers, we realized quickly that this model could be leveraged to bring in providers and professionals of different disciplines to contribute to the Ugandan Behavioral Health Alliance. The focus was initially on Uganda as a necessary, focused target of services. Hence the Inaugural Conference that took place in February 2012. The connection between the expansion of the relationship imperative makes possible the connection between UBHA, Sebastian Family Psychology Practice, and their friends, connecting to what is now known as the University of Kisubi and the early years of the conferences. As all humans live in relationships, using close social networks to respond to the enormous problem identified was a natural dynamic.

Hence, UBHA was founded by Board members who were close friends but also of various interdisciplinary academic and professional backgrounds. The same happened with close friends and family members in Uganda, coming from interdisciplinary backgrounds. Hence when the opportunity came for UBHA to decide on which academic partner would be appropriate for the launching of this endeavor, the University of Kisubi (UniK), which was at that time known as Kisubi Brothers University College (KBUC), a constituent college of Uganda Martyrs University, was identified as the Natural partner. What made it easy for this connection was that Hellen Ndagire, then in the Department of Sciences, was well connected

to the University and facilitated the introduction of the idea. Thankfully, the late Dr. Fr. Evarist Ankwasize, then the Dean and Director of the Department of Sciences and Psychology, welcomed the idea from his staff member Hellen and convinced the leadership to allow the Conference. That relationship through Hellen eventually involved Mr. Muwonge Kizito, a University scientist, to augment our endeavor's interdisciplinary nature. We also enjoyed the support and the permission of the Vice Chancellor at that time, Professor Ssebuwufu. He would continue to be a consistent supporter and eventually passed on the responsibility for the same support to his successor, now Vice Chancellor and Professor Dr. Deogratias Mugema. The record is clear on how the University of Kisubi, UBHA, Sebastian Family Psychology Practice, and its partners have connected to formulate and lead to what is now known as the Global Mental Health Learning Collective.

Shortly, we will publish an accurate and more detailed account of the last ten years of these activities and conferences. We are pleased to be welcomed by the Vice Chancellor of Unik, Dr. Rev. Deogratias Mugema, and Sr. Dr. Jane Nnantamu, Dean Faculty of Social Sciences and Psychology, supported by the Administration, to continue nurturing this relationship between the UniK and the Global Mental Health Learning Collective.

3. Results, Outcomes.

3.1. How Did We Expand from Focusing on Uganda to East Africa and Globally?

The early years of the conferences, which were always a culmination of activities that took place throughout the year, quickly led to the realization that the many challenges we faced had implications for psychological well-being, substance use, domestic life - family safety, and well-being. They also impacted education, Industry social life, and employer-employee relationships.

Hence, we needed to ally with the Uganda Ministry of Health. The Division of Mental Health and Alcohol Control within the Ministry of Health was an early ally to all efforts made. Here, we

commend and honor the visionary leadership of Dr. Sheila Ndyabangi (RIP), who welcomed and promoted our effort. With her passing, we have had the privilege and opportunity of having Dr Hafsa Lukwata, the Director of the Ministry of Health’s Division of Mental Health and Alcohol Control. The connection to the Ministry of Health was led by Dr Gerald Makumbi, who is still an involved elder and leader. She has been an avid supporter and able promoter of the cause. Hence, collaboration between our entity and the Government is essential and critically needed. Here, let us review the highlights of the conferences that have taken place from the beginning to current.

The program goes beyond Uganda and becomes regional/continental/international. It is appropriate and mandatory to acknowledge and appreciate the developmental pains related to the emergence of this consortium. Right after the 2014 conference and anticipating the 2017 conference, we quickly realized that Uganda’s difficulties were similar to those of the other East African countries. Through the collaboration of Dr. Timothy Ehlinger, then Director of the Masters in Sustainable Peace Building at the University of Wisconsin, Milwaukee, we connected to Dr. Karambu Ringera, the Founder and President of International Peace Initiatives.

As Dr. Coleman has indicated in the narrative below, we note with gratitude that the collective grew, especially in 2017, as part of the connecting points created through essential relationships to expand the mission, vision, and dimensions of operations. We acknowledge the alliance that includes Muni University in Arua, a team in Gulu and Lira, and the able leadership of the Honorable Victor Ochen with the African Youth Initiative activities. In Kenya, along with Dr Karambu in Meru, we are also proud to have a partnership developed with Hope Without Borders in Nairobi, Kenya, under Peter Mwangi’s and his colleagues’ leadership. Additionally, we got connected to Pastor Noe Kasali, who brought on board his Bethesda Counselling Center in Beni Congo to come on board.

Additionally, through the collaboration created in 2018, in Madison, with Dr. Fred Coleman’s

assistance, we learned about our Nigerian Connection with Dr. Tunde and Larry Salako. Their friendship and collaboration have remained impeccable and consistent, and we appreciate their engagement.

- The Uganda teams led by the Unik Team under the leadership of Sr. Dr. Jane Nnantamu;
- The Lira-based team, African Youth Initiative Network, led by Mr Victor Ochen;
- The University of Muni in Arua, which was under the guidance of the late Dr. Christine Dranzoa, and is now working with Dr. Joyce Bukirwa and the acting Vice-Chancellor, Professor Katrini Simon Anguna;
- Gulu team under the leadership of Ms Zelinda Andongo;
- For Kenya, we have two teams, the Nairobi Team led by Mr. Peter Durito and his team and the International Peace Initiative led by Dr Karambu Ringera;
- Eastern Congo for Beni and Goma, with Noeli Kasali;
- The nation of Somaliland team, Minister of Health, Dept of Mental Health, under Beshir Muktar and his bosses
- In the United States, Gina De La Chenaye, founder of the Nachan, a nonprofit entity dedicated to the needs of people experiencing homelessness in Katwe, and the USA-based team with its many academic partners, social services, Faith-based programs, and interdisciplinary teams.

3.2. The Chronology of Conference Events.

The Inaugural East African Psychology Conference was convened in 2012. The Conference was a joint effort of Kisubi Brothers University College (KBUC), now known as the University of Kisubi (UniK), and the Ugandan Behavioral Health Alliance (UBHA). The first conference theme was

"Collaboration and Integrated Care Among Allied Professionals". It was tasked with bringing together academics, clinicians, and community representatives to discuss the state of Mental Health Services in Uganda, how to improve services, and how to create supportive bonds amongst the attendees.

In 2014, the East African Psychology Conference (2014) Expanded the area of concern to Mental Health and Alcohol and Drug Abuse (AODA) concerns.

In 2017, the East African Psychology Conference (2017) developed a framework of the Biopsychosocial Spiritual/Cultural matrix to ground the ongoing studies.

In 2018, the East African Psychology Conference (2018) had its Theme of "Healing Rifts and Nurturing Resilience," it broadened the focus from the treatment of Mental Illness to the Mental Health Approach of identifying, nurturing, and building on the resilience of individuals, families, and communities.

Following the 2018 Conference, a collaborative learning experience brought Leaders in Mental Health Services from Uganda, Nigeria, and Somaliland (Dr. Tunde, Dr. Hafsa, Dr. Beshir) to Wisconsin to learn together at events sponsored by the Medical College of Wisconsin, the University of Wisconsin School of Nursing, The University of Wisconsin Global Health Institute (Dr Lori DiPrete Brown training in QI – Quality Improvement), The University of Wisconsin Department of Psychiatry. From this, "a Global Mental Health Learning Collective" construct was born. Coordinated learning activities were started.

1. A Call to Action to "Break the Chains" that hold people with Mental Illness, Trauma, and AODA issues back from total health and participation in the community.
2. A monthly Webinar to support, consult, and expand the work of the then 12 Teams across Africa and the USA who participate in the Conferences and other shared learning. These webinars continue monthly up to now.

In 2019 the East African Psychology Conference

(2019), with a theme of "Bridging School, Community and Workplace posed the concern of Community Based Participatory Research (CBPR) and Community Based Participatory Clinical Care (CBPCC).

In 2020, due to the COVID-19 health crisis, the East African Psychology Conference (2020), with a theme of "Holistic Healing within Community: Partnerships, Bridging Homes, School and the Workplace around the Globe during COVID-19", brought a change and was a virtual conference in 2020 and the following year.

In 2021 the East African Psychology Conference (2021), with a repeated theme of "Holistic Healing within Community: Partnerships, Bridging Homes, School and the Workplace around the Globe during COVID-19", extended the work of dealing with mental health, trauma, and AODA consequences of the Pandemic.

With the central Conference and much of the international component shifted to virtual meetings, each local team across the Collective's participant countries (Uganda, Nigeria, Somaliland, Kenya, Eastern Congo, and the USA) held local synchronous meetings.

In 2022 the East African Psychology Conference (2022), with a theme of "Community Mental Health After the COVID-19 Pandemic Around the Globe", saw a resumption of a smaller Central Conference with representative teams from each partner and the continuation of local team regional conferences.

Following the last Conference, the participants desired to share with others the results of the collaboration of the Conferences and the other activities of "a Global Mental Health Learning Collective" as a model for shared learning, consultation, and research as a road to improve care. A decision was made to prepare an Inaugural Publication to tell the stories of shared work. It was understood that lectures and workshops would be written up as narratives and research model products.

3.3. *What Is the Role of The Publication and Sharing of Work That Is of Clinical Nature and Requiring Ongoing Research?*

The alliance's founding was based on reading and following the WHO (World Health Organization) Mental Health Framework. WHO's framework focuses very much on each country's Mental Health Action Plan, and specific dimensions of that plan require the involvement of non-government agencies, collaborating with the Government to deliver care. UBHA and the Collectives have stepped up that Call to Action.

We end by again repeating our congratulatory message to the University of Kisubi Leadership and the publication committees for working so hard and making this product a reality. We look forward to a personal and professional relationship between our entities as we also advance our alliance to include academic, medical, psychological, educational, and interdisciplinary institutions from various parts of the world to be involved in this joint effort. The Global Mental Health Alliance is not just attributed to Uganda, East Africa, or Africa but to other parts of the world with the same need.

4. Acknowledgement.

We want to recognize individuals who have participated in this effort. These include Dr. Gerald Makumbi (Uganda), Dr. Rev. Augustine Kalemera (Psychologist Uganda), Prof John P. Ssebuwufu, Br Dr. Deogratias Mugema, Mr Charles Ssentenza, Sr. Dr. Jane Nnantamu, Mr Paul Waluya (UniK), and Debbie Omondi- SFPP Clinical staff and Coordinator for UBHA.

We are grateful to the authors of the write-ups contained in the journal.

5. Publisher details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.



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