

# Dealing with the past and building a future: The role of counselling for students in vocational schools in Northern Uganda

Presented by

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# Dealing with the past and building a future

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# Introduction



- AVSI is implementing psychosocial and mental health care programs for youth in vocational schools in Northern Uganda since 1998
- Beneficiaries: vulnerable youth
- Description of AVSI's approach
- Findings from counselling services

# The war in northern Uganda and its effects

- The war lasted from 1986 until 2006
- “one of the worst humanitarian crises in the world”
- Public attention mainly on “child soldiers” and “night commuters”
- Majority of the population was left highly vulnerable and dependent on support from outside: more than two million people displaced and living in extremely difficult circumstances



# The war in northern Uganda and its effects (cont'd)

- The war in northern Uganda is part of a regional war complex; uncertain future
- Juba Peace Talks, the International Criminal Court and a blanket Amnesty
- Currently: relative peace and an improved humanitarian situation in northern Uganda



# ***Vulnerability in northern Uganda***

*Widening the focus of vulnerability from  
“child soldiers” to “vulnerable youth”*

- The war in northern Uganda has affected many if not most children and youth in the region
- Attention for the “lost children”
- Mental distress amongst conflict-affected populations in Northern Uganda - the exception rather than the norm
- Former abductees are more likely to be active and productive citizens and leaders than never-abducted youth.
- Need to develop programmes for all vulnerable children and youth

# ***Vulnerability in northern Uganda***

*The importance of education and psychosocial support in addressing vulnerability*

- War in northern Uganda also affected access and quality of education in IDP Camps
- Early drop-out from school
- Lack of basic facilities in the return sites
- Restoring a sense of future with opportunities

# ***The mental health care system in Uganda and “counselling” in daily practice***

- Medical model based on western concepts
- Basic minimum Health Care Package of 12 components including mental health
- Primary mental health programme on paper, but services in northern Uganda are still limited
- Wide range of “counselling” is done by NGOs and other organisations
- Psychiatrist to population ratio 1:1.3 million, Psychiatric Clinical Officers to population ratio 1:500,000)
- Addressing mental health problems in children and adolescents affected by armed conflict – two main dominating paradigms of intervention: psychosocial and clinical/psychiatric approaches.
- Need to speed up process of policy reform at the district level and to create an integrated system to combine efforts and ease referral



# ***The mental health care system in Uganda (cont'd)***

- Psychosocial and psychological approaches should be combined and services must be integrated across sectors
- No clear definition of “counselling” in Uganda - “giving advise” or teaching “how to behave”
- training for “counsellors” varies: academic trainings and shorter, non-academic courses
- “traumatised children” – in the focus of counselling, leaving out many other vulnerable (especially youth)
- need for quality psychosocial and mental health interventions
- proven effectiveness of psychosocial interventions – BUT: caution in provision of the type and quality of services given is needed

# ***AVSI's approach to supporting vulnerable youth through vocational training***

## ***Sponsorship for vocational training***

- Provision of sponsorships for vulnerable youth
- Need to diversify the skills of training
- Focus on innovative non-formal vocational courses
- Vulnerability is a combination of factors that cannot be reduced to categories but is instead determined by living condition of each individual
- Selection of beneficiaries is based on health economic and psychosocial wellbeing.
- Community based referral channels and assessments of the vulnerable youth
- Business skills training and industrial training as part of the vocational training
- Follow-up shows that most of the youth who have completed their studies are engaged in economic activities and are supporting their families

# ***AVSI's approach to supporting vulnerable youth through vocational training***

***Counselling – an integral part of vocational training programmes***

- Counselling supports youth on a different level from education
- Quality services can only be provided by well trained and experienced counsellors
- Approach for counselling: problem solving, combining cognitive and behavioural methods with interpersonal skill training
- Symptom checklist (Likert scale)
- Counselling for students in 3 VT schools with 178 students (29.8% of the school population) both in formal and non-formal courses

# Psychiatric and psychological symptoms/problems experienced on a daily or more than weekly basis by students undergoing counselling in Kitgum District, Uganda (n=178)

<i>Symptom</i>	<i>&gt; 1x / week Freq. / Percent</i>	<i>Daily Freq. / Percent</i>	<i>Total Freq. / Percent</i>
Difficulties concentrating	22 (12%)	30 (17%)	37 (29%)
Easily agitated	18 (10%)	24 (13%)	42 (23%)
<b>Sleeping problems</b>	32 (18%)	40 (22%)	<b>72 (40%)</b>
Nightmares	19 (11%)	34 (19%)	53 (30%)
Anxiety	22 (12%)	26 (15%)	48 (27%)
<b>Flashbacks</b>	<b>34 (19%)</b>	<b>33 (19%)</b>	<b>67 (38%)</b>
Hallucinations	10 (5%)	13 (7%)	23 (12%)
Psychosomatic symptoms	27 (15%)	24 (13%)	51 (28%)
Change in appetite	17 (15%)	14 (8%)	31 (22%)
Feeling low	34 (19%)	15 (8%)	49 (27%)
Lack of energy	29 (16%)	25 (14%)	54 (30%)
Lack of interest	15 (8%)	9 (5%)	24 (13%)
Feeling of worthlessness	19 (10%)	13 (7%)	32 (17%)
Suicidal ideas and/or plans	18 (10%)	20 (11%)	38 (21%)
<b>Worries about future</b>	27 (15%)	116 (56%)	<b>143 (71%)</b>
<b>Worries about family</b>	35 (20%)	111 (62%)	<b>146 (82%)</b>
<b>Worries about income</b>	25 (14%)	103 (58%)	<b>138 (72%)</b>

# ***AVSI's approach to supporting vulnerable youth through vocational training***

## **Findings of follow-up results**

- Significant improvements on symptoms identified during the counselling
- Self-experienced improvement on their problems
- Listening, sharing and openness during counselling help the students most
- Copying skills in various other situations than the presented problem after counselling acquired

# Conclusion

- Advocating for integrated approach rather than single out one category
- Vocational training for youth should go beyond payment of school fees: Combination of sponsorship and psychosocial support for youth
- Worries about the family, future and income, sleep problem, psychosomatic symptoms disturbs most of the youth
- Vocational training, training of teachers in psychosocial support and counseling attempts to address these problems
- Qualitative support to the individual and his/her surrounding is required to answer immediate needs and to empower the youth in personal development
- A combination of support for vocational and counseling for vulnerable youth can contribute to reduction of mental health and psychosocial problem for war affected youth



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