INFLUENCE OF PSYCHO-SOCIAL SUPPORT STRATEGIES IN PROMOTION OF MENTAL HEALTH AMONG REFUGEES IN DADAAB REFUGEE CAMP IN KENYA: A CASE OF CENTER FOR VICTIMS OF TORTURE

BY

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A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT FOR THE REQUIREMENT OF THE AWARD OF THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI

2015

DECLARATION

This Research Project is my original work and has not been presented for an award of a degree in any other University.

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This Research Project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This project is dedicated to my parents, Alhaji Mohamed Awalu Sannoh (late), my mother and Mr. Alfred Dumbar (personal guardian) who made my educational sojourn a success, and without their parental and institutional guidance I wouldn't have reached this far.

ACKNOWLEDGEMENT

I express my sincere gratitude and appreciation to my Supervisor, Dr. Lydia Wambugu for her support and guidance throughout this Research Project. I thank and acknowledge the support of all my lecturers at the Department of Extra - Mural, University of Nairobi and my fellow class mates of MAPPM (2012-2013).

My appreciation also goes to my wife, children, brothers, sisters and friends for their numerous contributions to my education. I also acknowledge the support of the Center for Victims of Torture through the International Services Department, but most especially to Mr. Neal Porter, Katie Meline, Amy-Jo Versolato, Edie Lewison and Suzanne Pearl.

There are several individuals who assisted me during my study at the University of Nairobi including Mr. Jack Omondi, Miss Tanya Badidi Bakwanza, Mr. Raphael Owino Eden, Dr. Jean-Baptiste Mikulu and many whom I cannot name.

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ABSTRACT

The need for psycho-social program for refugees living in refugee camps is overwhelming. In Dadaab refugee camp in Kenya, the Center for Victims of Torture is providing psychosocial support for the thousands of refugees living in the camp. This study therefore seeks to assess the influence of psycho-social support strategies in promotion of mental health among the refugee population in Dadaab refugee camp. In particular, community sensitization, local advocacy, psycho-social counseling and capacity building strategies were assessed. The study follows descriptive design; both primary and secondary methods of data collection were used to obtain information on the perceptions of the direct beneficiaries of CVT project on the influence of the strategies. Individual In depth Interviews (IDIs) and Key Informant interviews (KII) were conducted. A total of 260 respondents were interviewed during the study. This Sample size was determined using Krejcie and Morgan (1970) formula based on the target population of 786. Stratified random sampling was used to select sample size in each stratum. Questionnaire was administered to the beneficiaries and the Key Informant Interviews were conducted to the representatives of NGOs in Mental Health projects using interview guide. The target population defines those units for which the findings of the survey were meant to generalize (Dornyei, 2007). The target population for this study was 736 direct beneficiaries of Center for Victims of Torture mental health project in Dadaab Refugee Camp from 2011 – 2013 and 50 representatives from 12 NGOs in Mental Health projects. Expert opinions from the supervisor were done to help established the validity in order to collect reliable data under the guidance of the research project supervisor. Consistent data analysis was done in order to avoid errors, omissions, exaggerations and biases. All data were done with the aid of Statistical Package for Social Sciences.

The study findings were therefore not only forming the basis for using better strategies on the delivery of mental services in Dadaab refugee camp but also the promotion of psychosocial support and to offer policy recommendations for donors, NGOs, Government agencies and all other relevant stakeholders. The questionnaire return rate of this study was 93.1% of which represents 242 out 260 sampled and the study generated additional and valuable knowledge on evaluation of psycho-social support strategies on the promotion of mental health in Dadaab and other refugee camps around the world. Those refugees who came to CVT received psychosocial supports, such as counselling, capacity building, referrals to other organizations, and various other psychosocial supports. The findings indicated that the psychosocial services were helpful in overcoming the traumatic experiences to a certain extent, while some of the program efforts met their needs in part. However, they faced huge challenges in the community; these included persistent stigmatization, recurring nightmares, psychological problems, loss of family members, as well as poverty and limited economic opportunities in Dadaab refugee camp. When the project beneficial (clients) left CVT centers and went back to their community, it was found that they were overwhelmed by several serious challenges, which indicates a gap and shortcoming in the provision of psychosocial services and reintegration efforts of such program in the humanitarian context. The findings therefore highlight an urgent need for donor and humanitarian communities to support, fund and empower refugees to meet their mental health challenges. A framework for improved delivery of services is also suggested. This constitutes an interactive integrated model that is based on better interaction and collaboration between the social services, the family and the community systems, in ensuring effective psychosocial support for refugees living in Dadaab refugee camps and other parts of similar situation in the world.

LIST OF ABBREVIATIONS AND ACRONYMS

CHWs - Community Health Workers

CARE – Cooperative Assistance for Relief Everywhere

CSOs – Civil Society Organizations

CVT – Center for Victims of Torture

GIZ - German Technical Cooperation

IASC - Inter Agency Standing Committee

INGO - International Non-Governmental Organisation

KII -Key Informant Interviews

NRC - Norwegian Refugee Council

MHGAP - Mental Health Gap Action Programme (WHO)

MHGAP -IG - Mental Health GAP Action Programme - Intervention Guide

MHAs - Mental Health Assistants

MHPSS - Mental Health and Psychosocial Support

NGO - Non-governmental organisation

PHC - Primary Health Care

PTSD - Post Traumatic Stress Disorder

PSC – Psychosocial Counsellor

ToT - Training of Trainers

UNHCR - United Nations High Commissioner for Refugees

WHO - World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Back ground to the study

Since over two decades ago, the conflicts in Somalia (1990), DR Congo (1996), Rwanda (1994), South Sudan (1983), Burundi (1995), Uganda (1989), Ethiopia (1987) unprecedented levels of violence, causing the destruction of properties, forced displacement of persons and uprooting of families from their homes, abuse of human rights as well as massive loss of human lives in different parts of these countries (UNHCR, August 2011). Disasters, conflicts, war and health problems have severe psycho-social consequences on people affected by such problems. The emotional wounds may be less visible than the destruction of homes, but it often takes far longer to recover from emotional impact than to overcome material losses. Early psycho-social support and adaptation processes allow the affected population to cope better with difficult situation. Social effects are the shared experiences caused by disruptive events and consequent death, separation, sense of loss and feeling of helplessness (WHO, 2011)

Like other refugees elsewhere, most of the refugees in Dadaab have undergone stressful and traumatic events, resulting from war, violence and disruption of their economic livelihoods. Though few basic services (food, water, medicine) are provided by humanitarian agencies, there is critical need for the provision of psycho- social support for the refugees fleeing from their countries or are internally displaced (CVT, 2005).

Dadaab represents one of the largest and most protracted refugee situations in the world. The camp's population exploded during a food crisis which turned into humanitarian disaster for Somalia in 2010. The crisis hit conflict-stricken Somalia especially hard, and Somalis flocked to the Dadaab camps. Although the drought has since ended, the humanitarian crisis in the Horn of Africa and the influx of refugees in Dadaab is far from over. According to US Department of Health and Human Services, (1999) feelings of

vulnerability and powerlessness, are commonly observed by psychological consequences of psycho-social needs, intensified by actual lack of control over many basic aspects of day-to-day life (food, shelter, medical care, education). In this context, networks of social support become crucial for daily survival, yet in many instances the natural networks that had existed in the refugees' native towns and villages have been damaged or destroyed by the war (CVT, 2005).

The aim of providing psycho-social support to mentally ill refugees is to assist them in the process of mourning their losses and traumatic experiences. In a safe space, they may explore their fears, anger, helplessness, despair, and other emotions (Herman, 1997). Psychosocial support helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims (International Federation of Red Cross and Red Crescent Societies, 2010). Adequate psychosocial support can: prevent distress and suffering developing into something more sever, help people cope better and become reconciled to everyday life, help beneficiaries to resume their normal lives and meet community-identified needs.

Civil Society Organizations work towards ensuring protection and safety, the basic needs and rights of refugees are met and protected. They are also engaged in provision of counseling services, prevention and reporting of gender-based violence, and training of hundreds of community leaders to provide basic counseling services and referral. According to Foa, et al (2000), when people have no one to support them in their grief, the feelings can become overwhelming and terrifying. On the other hand, when grieving people are provided with support, they can heal and regain the capacity for hope. They can also regain a sense of meaning and purpose in their lives.

Center for Victims of Torture, a Non-Governmental Organization (NGO) has therefore been working towards promoting mental health amongst the refugee population in Dadaab camp. The study seeks to assess the influence of psycho-social support strategies used by the organization in the promotion of mental health of the refugees in Dadaab refugee camp. This was helped in (re) evaluating strategies for promotion of mental

health, and therefore better strategies for improved mental health among refugees in Dadaab (Researcher, 2014).

1.2. Statement of the Problem

Mental disorders are major contributors to the global burden of disease, and there is increasing consensus that rather than remain an underfunded vertical program, better outcomes could be achieved by horizontal integration into the health system. Indeed, since the declaration of Alma-Ata integration of mental health into primary health care has been a policy objective in a number of countries (WHO, 1978). However, the implementation of such polices in many African countries including Kenya has been difficult, and bedeviled by lack of political will, financial and human resource, and of research evaluation.

Over the years, many Non-Governmental Organizations (NGOs) and UN agencies have been involved in provision of humanitarian assistance to refugees in Dadaab camp. While some of these organizations offer psycho-social support for these refugees, these initiatives have not been widespread and comprehensive. The study seeks to fill the gap, through documenting the role of one organization, Center for Victims of Torture, in promoting mental health among refugees in Dadaab refugee camp.

A considerable amount of research has been conducted regarding the mental health of immigrants, refugees, and asylum seekers in their host countries, but much of this literature focuses on the stress and impact of pre-migration traumas. Little research has been conducted with the specific aim of examining the influence of psycho-social strategies in promotion of mental among refugees Dadaab in refugee camp (Porter & Haslam, 2005). In Non-Governmental Organizations the inadequacy of evaluations of psycho-social support interventions/strategies leads to use of inappropriate and ineffective strategies and therefore failures in achieving desired outcomes of the programmes being implemented.

The Center for Victim of Torture seemed to be overwhelmed with the big number of the refugees in Dadaab camp which may be putting a lot of pressure in providing the psycho-

social support services to the refugees. Through this study, the researcher assessed the influence of psycho social support strategies used by Center for Victims of Torture (CVT) in promotion of mental health of the refugees in Dadaab refugee camp in Kenya.

1.3 Purpose of the Study

The purpose of this study was to assess the influence of psycho-social support Strategies used by Center for Victims of Torture (CVT) in North Eastern Kenya in promotion of mental health among refugees in Dadaab refugee camp in Kenya.

1.4. Objectives of the Study

The following objectives guided the study:

1. To evaluate the influence of Community sensitization strategy in promotion of mental health among refugees in Dadaab refugee camp in Kenya
2. To determine the influence of local advocacy strategy in promotion of mental health among refugees in Dadaab refugee camp in Kenya
3. To examine the influence of psycho-social counseling as a strategy in promotion of mental health among refugees in Dadaab refugee camp in Kenya
4. To establish the extent to which capacity building as a strategy has contributed to promotion of mental health among refugees in Dadaab refugee camp in Kenya

1.5 Research Questions

The study used the following research questions:

1 What is the influence of community sensitization strategy in promotion of mental health among refuges in Dadaab refugee camp in Kenya?

2 What is the influence of local advocacy strategy in promotion of mental health among refuges in Dadaab refugee camp in Kenya?

3 What is the influence of psycho-social counseling as strategy in promotion of mental health among refuges in Dadaab refugee camp in Kenya?

4 To what extent has capacity building as a strategy contributed to promotion of mental health, will NGOs in Dadaab Refugee Camp be assessed on the provision

and delivery of mental health services among refuges in Dadaab refugee camp in Kenya?

1.6. Significance of the Study

This study provided an input for developing intervention strategies to policy makers, UN and NGO agencies, government institutions, refugees and donor communities. The study offered an insight to NGOs and in particular for CVT in improving psycho-social support strategies in order to improve the well-being of the refugees in Dadaab refugee camp in Kenya and other camps around the world.

The study also stimulated further research in other aspects of psycho-social support for promotion of mental health of the refugees. It will help the government, national and county governments and other stakeholders in designing an evaluation of refugee related programme / interventions so that holistic and quality services will be provided to the refugees.

1.7 Delimitations of the Study

The study was conducted in Dadaab refugee camp in the north eastern part of Kenya, because is where Center for Victim of Torture implements a psycho-social project to the refugees.

Targeted respondents of the study were direct or indirect beneficiaries of the psycho-social services provided by CVT, to capture perspectives of the beneficiaries on the influence of psycho- social support strategies used by CVT.

1.8 Limitations of the study

Language barrier was posed as refugees in Dadaab refugee camps are predominantly Somali speakers. To address this, the researcher used interpreters in order to relate with the respondents in this study.

The complexity of the set-up of the camp and the different socio-cultural attributes of the refugees also led to limitations in the conduct of the study. This was addressed by explicitly explaining the purpose of the research, reassuring the respondents, getting the

necessary permission to conduct research from the relevant authorities, and ensuring cultural sensitivity during the research exercise is upheld.

Logistics challenges like security and transportation would hamper smooth movement in the study areas. The researcher ensured that the data collection schedule was developed in a way that ensured logistical issues were catered for.

1.9 Basic Aassumptions of the study

The basic assumption of the study is that the participants were willing to participate freely and gave out their honest responses in the study.

1.10. Definitions of significant terms used in the Study

Capacity Building: The provision of experimental training to allowed locally hired psychosocial counselors are trained by CVT trainers to provide psychosocial supports to refugees living in Dadaab refugee camp.

Community Sensitization: For the purpose of this study, CVT Psychosocial counselors ahead of time arrange with village chiefs, community leaders and members of the community to meet and role play people experiencing the emotional effects of psychological supports for refugees living in Dadaab refugee camp

Influence: the capacity to have an effect on the character or behavior of someone or something and or the effect itself

Local Advocacy: A way of helping the refugees achieve greater safety and stability through a network of people who publicly supports or recommends a particular cause or policy.

Mental health: refers to the state of wellbeing where individuals can work productively and fruitfully, are able to make a contribution to his or her community and can cope with the normal stresses of life

Promotion of mental health: process of sensitizing, advocating and empowering community members to effectively participate in promoting mental health. Increased awareness on mental health, increased support for mental health initiatives are some indicators which may show successful promotion of mental health (desired outcomes).

Psycho- social support strategies: these are initiatives aimed at promotion of psycho-social status of the refuges. For example conducting of counseling sessions, local advocacy for promotion of mental health and empowering (capacity building e.g. through trainings) to effectively promote maternal health.

Psychosocial Counseling: For the purpose of this research, psychosocial counseling is defined as a person's overall well-being. This includes all aspects of person's life which affects their well-being including emotional, psychological, social, legal or environmental.

Refugee: a person who has been forced to leave their country in order to escape war, persecution or natural disaster.

Refugee Camp: a temporary accommodation for refugees or displaced people in an emergency situation

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents reviewed literature on mental health promotion among refugees, and psycho-social support strategies. Among the psycho-social support strategies reviewed include: community sensitizations; local advocacy; psycho-social counseling and capacity building. The chapter also provided summary and the gaps in the reviewed literature and is organized according to sub-sections as below;

2.2 Mental Health Promotion among Refugees in Dadaab Refugee Camp

Over the past six decades, tens of millions of uprooted people get through some of the biggest upheavals of modern times -- from the uprising to the liberation wars, to the superpower proxy wars to the numerous post-cold war conflicts that continue to this day around the world (UNCHR, 2010). UNHCR is one of the world's most field-oriented humanitarian agencies although many other International and National Non-Governmental Organizations are involved in handling the situation of refugees in the World.

Of the approximately 20 million refugees in the world today, six million are found on the African continent (UNHCR, 2008). Not included in these figures are the so-called the "internally displaced," which raise the numbers to 15 million in Africa alone and 25 million across other parts of the world. To put the African figures into perspective, the number of African refugees is ever rising due to a number of factors including conflicts, war, disaster of which over 423,000 refugee lives in Dadaab refugee Camp (CARE, 2011)

The legal regime governing refugee law in Africa is comprised of three main legal instruments: the 1951 UN Geneva Convention (45 States Party in Africa) and its 1967 Protocol (46 States Party in Africa), the 1969 OAU Convention Governing the Specific

Aspects of the Refugee Problem in Africa (42 States Party), and the African Charter on Human and People's Rights (49 States Parties). It is noteworthy that most of the 54 States on the African Continent have ratified these international agreements.

The term "refugee" shall apply to every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his/her place of habitual residence in order to seek refuge in another place outside his/her country of origin or nationality (Brayan, 2004). Although the protection of refugees in Africa is far from complete, it is at least in principle more inclusive than in many, if not all, other regional systems. One of the most significant aspects of this relatively new model of protection is that it has prompted other regional systems, in particular the Inter-Governmental system, to emulate its positive factors and minimize its inadequacies.

Once the immediate survival needs of refugees are met, it is important to ensure they receive the protection and assistance they need over the intermediate term while solutions are sought to end their exile. Unfortunately, this can sometimes take years (Brayan, 2004). Long after the initial crisis has ended and the world's media have turned their attention elsewhere, the plight of refugees continues -- often with no end in sight. Here, it is job to make a difficult situation as safe and as dignified as possible. Often, refugees have lost everything but hope. UN Agencies such as UNHCR does all it can to keep that hope alive, including by continually seeking long-term solutions. Accordingly Center for Victims of Torture is to help war affected people find a way home so they can begin rebuilding their lives (CVT, 2011). Usually, this means going back to their countries of origins once it is safe to do so through voluntary repatriation operations overseen by UNHCR from the country of refuge.

Refugees in Africa's largest camp Dadaab have suffered massive losses from war and destructions of their home countries. Most have suffered multiple losses, and many have lost their entire families. Most of the refugees also have relatives who are missing. There is no easy remedy for this; (Brayan, 2004) nothing we are doing at individual or institutional levels or can say to take away the pain of these extensive losses. What CVT

as organisation in Dadaab can offer to minimize these traumatic events is the provision of psycho-social support in promotion of mental health in a safe, contained space within which survivors of war trauma victims can feel, and express their grief.

Over the past twenty years, there has been a vast influx of Somali refugees and immigrants from other countries making their new home in Dadaab refugee camp, with the overwhelming majority of Somalis in the Dadaab refugee camp. While officially the camp was designed to hold about 90,000, it is well accepted that there are actually over 423,000 (CARE Kenya, 2011). It is difficult to pinpoint the exact number due to limitations in census data collection and the continual growth of the camp resulting from factors such as drought and farming as secondary causes of migration. Since Dadaab refugee camp has welcomed African immigrants, family members who live in other places within Kenya continue to join many newly arrived families in Dadaab refugee camp.

The prospect of most of the Somali refugees and other immigrants returning to their homelands is unlikely. Continuing war, civil strife, and economic crises make the outlook for return bleak. Therefore, it is important that the world and international community support Kenya to continue to embrace and welcome Somalis into their communities and assist in their acculturation process (UNHCR Kenya, 2011).

Given the extensive ongoing violence in Somalia, a history of experiencing or witnessing war-related violence prior to trauma from countries of origin, is pervasive in the refugee population. This research project takes into consideration the history of violent conflict in Somalia and other countries in the region which has forced hundreds of thousands of Somalis and minority residents to flee to Dadaab refugee camps, the world largest refugee camp, where the humanitarian effort has been made in the border areas of Kenya since 1991 (CARE Kenya, 2011).

Most of the refugees in Dadaab refugee camps had suffered major losses. Many had lost more than one close relative, and some had even lost their entire immediate families (CVT, 2005). Large numbers have relatives who remain missing (unaccounted for).

Sometimes, perpetrators brutally murdered people not only to end the lives of those who were killed but as a form of traumatizing and terrorization of their mental well-being and as a way of humiliating and subjugating an entire community.

Promotion of mental health among refugees is therefore very critical. Mental health well-being of an individual is encompassed in the realization of the abilities, coping with normal stresses of life, productive work and contribution to the community (WHO, 2011). Mental or emotional health refers to your overall psychological well-being. It includes the way you feel about yourself, the quality of your relationships, and your ability to manage your feelings and deal with difficulties (PS Centre's Annual Report, 2008).

The concept of mental health promotion can be viewed from different perspectives (Forsman, Nordmyr & Wahlbeck, 2014). On one hand, it can be exclusively regarded as the promotion of positive mental health aiming to achieve positive mental health by improving the social, physical and economic environments that determine mental health. On the other hand, it is seen as primary, secondary or tertiary prevention of mental health with the main focus to decrease the occurrence, prevalence and re-occurrence of mental disorders (World Health Organization, 2004)

Whereas in some refugee communities as that of Dadaab refugee camp, the provision of psycho-social strategies in promotion of mental health by CVT may have permanent or at least relatively long-term availability to participate in psycho-social activities, though Dadaab refugee camps are inherently temporary settings since the past 22 years. Residents of these camps will eventually be required to return home, integrate into the local population in the country of refuge, or seek resettlement in a third country (CVT, 2011). Entire camps can be closed, and/or the inhabitants relocated, sometimes on short notice. This sense of uncertainty about the future is heightened by the fact that most NGOs, including CVT, operate on a time-limited basis and are dependent on donor funding, which can vary from one year to the next.

2.3 Psycho-social support strategies

Among the most common psycho-social sequence of mental health among refugees are feelings of isolation and stigmatization. In Dadaab refugee camps and communities in Nairobi where CVT serve, daily life is characterized by severe hardships and scarcity (CVT, 2013).

Adequate psycho-social support can: prevent distress and suffering developing into something more sever, help people cope better and become reconciled to everyday life, help beneficiaries to resume their normal lives and meet community-identified needs. The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psycho-social support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it. (The Reference Centre for Psycho-social Support, 1993**)**

Psycho-social strategies have been defined as interventions that focus on psychology and/or social elements (Hui Chien, Lin Liu, Tsu Chien & Trh Liu, 2014). However, their study included only two types of psychological interventions: paradoxical intention and hypnosis. Meyer and Mark (cited in Hui Chien, at el. 2014) categorized psychosocial strategies into five major types: cognitive-behavioral interventions, informational and educational interventions, non-behavioral counseling or psychotherapy, social support, and another intervention.

The provision of psycho-social services to address the mental health and psychological problems experienced by refugee in Dadaab refugee camps are (CVT, 2014);

a) Provision of direct psycho-social supports to mentally ill clients in Dadaab refugee camp through counseling of individuals and in groups as CVT's intent is to facilitate the beginning of a process of healing and to return adult and child survivors of mentally illness to a more normative state of functioning.
b) The enhancement of community capacity to meet the mental health needs of refugees through the provision of training and supervision for local and refugee

counselors in Dadaab refugee camp

c) The raising of awareness about psycho-social and mental health and related issues throughout the camps via a combination of training community leaders and conducting camp communities sensitizations
d) Conducting of local advocacy to community leaders, county government officials, and other decision makers in supporting initiatives aimed at promoting mental health

2.3.1 Community sensitization strategy in promotion of mental health

The above factors appear to point toward a need to focus primarily on stabilization and psycho-education of refugees living in Dadaab refugee camp. Nevertheless, there are equally significant factors that lead some of us to believe that some amount of trauma processing is important (Melrose, 2006).

Community sensitization can also be called community awareness, community education, and community outreach. The idea behind community sensitization is to provide education and/or information to a group of people. The goal of community sensitization is to give community members an opportunity to learn and discover for themselves valuable information about an issue with which they are already struggling (Herman, 1992).

The aim to provide community sensitization to potential clients it is important to engage in community education about mental health, psycho-social promotion of mental health experiences, and the kinds of services that CVT can provide to general population in Dadaab refugee camp. Community sensitization can be beneficial and empowering; (CVT, 2010), they convey through their community outreach and sensitization activities. During this community sensitization, special care is taken to avoid exploring very difficult emotional material during this kind of work, as there is almost no relationship cultivated between the CVT counselors and the community members/potential clients participating in the sensitization.

In the case of Dadaab refugee camp, CVT conducts community sensitization in multiple ways, including: large group activities such as events marking December 10 (International Human Rights Day) and June 26 (the UN International Day in Support of Victims of Torture); door-to-door visits; speeches made at schools and other gathering places; and introductory trainings for community leaders.

Western mental health and treatment are still relatively new concepts among many African concepts. Depression, for example, has no direct translation in many African languages. Instead, it is described: refers to the feelings sadness (Kroll, 2003) to describe the illness through its recognized symptoms rather than by category or label, such as depression for psycho-social support to be effective, it must be understood by the client from a personal, religious, and cultural perspective. If a treatment is recommended that has negative cultural associations, (Kara, 2004) the client will not accept it. If, on the other hand, the treatment is consistent with cultural and religious beliefs, the client will more likely are an active participant and the treatment will be more successful. Clients can be with others who have experienced similar histories and symptoms. A safe environment is created to ease social isolation and make it easier to accept and ask for help (Berger & Weiss, 2002). Clients experience support and guidance from peers and group leaders, and develop healthy relationships within the group. In effect, this helps to re-establish the clients' family and clan support system.

Research shows that number of regular community events usually relates to sensitization or socialization activities like sports tournaments, purification ceremonies, mass celebrations (Herman, 1992). In the context of Dadaab refugee camp, community sensitization work can be through psycho-educational messages are disseminated through song, dance, and drama to participants in wider community events such as school celebrations, arts and craft shows, and International Refugee Day.

Significant stigma shrouding mental health issues prevents many refugees in Dadaab refugee camp from seeking treatment or assistance. In Somali and many other African cultures, concepts of mental health in the Western sense are not well developed: one is crazy or one is not crazy. There is no conceptual framework that includes a spectrum of health and disease, mental health and mental illness (Stark, 2003). Beliefs in the causes of

mental illness are predominately spiritual or metaphysical: mental illness comes from God or evil spirits. Illness can also be brought on by another person or oneself through curses or bad behaviour. Many Africans traditionally explain behavioural problems as an expected result of spiritual causes or possession by an evil spirit. Healing for these problems is provided by religious leaders or by traditional healers.

Community sensitization is awareness raising activities that were held in communities in Dadaab refugee camps in order to bring attention to the prevalence and effects of mental health, to help community members such as teachers, religious and local leaders know what they can do to help others, and to help identify potential clients (CVT, 2007)

In addition to direct mental health services, CVT's mental health programme in Dadaab refugee camps provides important community sensitization to both the Somali and non-Somali refugees residing in Dadaab. It has been vital to educate the Somali community about Western views of mental health in order to make inroads into the treatment of mental health and psychosocial adjustment problems (Meade, Kara, 2004) and this include information on resources for obtaining help. Providing community sensitization for refugees in Dadaab refugee camp will be essential for improving their ability to effectively treat the refugees suffering from mental health services.

2.3.2 Local advocacy strategy in promotion of mental health among refuges in Dadaab

In parts of the world where mental health services are more widely available, if a client engages in treatment but focuses exclusively on Level 1 (establishing of safety), s/he is likely to find other opportunities later on to engage in trauma processing, because of the availability of mental health practitioners (Herman,1992).

In recent years, advocacy for mental health promotion has become increasingly recognized as an important public health priority, more research has been undertaken in recent years to better understand the prevalence and predictors of mental health disorders among immigrants and refugees. The experience of migration can negatively influence

mental health (Furnham and Bochner, 1986) and immigrants may have an increased risk for mental health disorders and distress when compared to non-immigrants (Breslau, et al., 2007; Iglesias, et al., 2003). In addition, refugees residing in refugee camps tend to have more mental health problems than do non-refugees (Porter & Haslam, 2005).

Some groups are more at risk of severe emotional distress than others (for example, separated children, people with preexisting severe neurological or mental disabilities, the elderly who have lost family members support, women heading household is a call for establishing priority for providing psycho-social and mental health assistance. Because of psychological and psychosocial processes that are inter-related, each in turn influencing the other, acting on social factors will necessarily also impact the mental health of the refugees (Judith Herman, 1992).

Individuals often need advocacy within their family and community in order to reduce stigma in the promotion of mental health and prevent social isolation (R. Berger & T. Weiss, 2002). Moreover, it is crucial to educate both clients and their families about mental health and mental illness.

In the Dadaab refugee camps and communities where CVT is located, by contrast, we understand that for many clients in need of psycho-social support might constitute the only mental health care they will ever receive, or at least the only care they will receive for the next several years for example until peace can be established and a viable mental health system developed and implemented in their countries of origin (CVT, 2005). Further, although safety and stabilization are important treatment goals, many theorists and practitioners of mental illness treatment maintain that, for some people, clinically significant improvements cannot occur without verbalizing the trauma story (or representing it in some nonverbal form through art, dance, and music).

At the Center for Victims of Torture, advocating on behalf of clients' multifaceted needs is one way of helping them achieve greater safety and stability. CVT encourages their counsellors to network with other NGOs and to make referrals as needed like liaising

with health care workers, promoting reproductive health, addressing domestic violence (CVT, 2010) and other political motivated areas.

In addition, Somali and other immigrant individuals in Dadaab refugee camp often need advocacy within their family and community in order to reduce stigma and prevent social isolation, (Kara, 2004). Moreover, it is crucial to educate both clients and their families about mental health and mental illness. This is important to promote adequate monitoring of treatment compliance and side effects. Because of the strength of refugees' connection to family, families play an important role in providing the needed support and encouragement to make treatment successful. Without this support, refugees with mental illness may feel alone, adding to existing feelings of hopelessness and worthlessness (Lu, Lim and Mezzich, 1995)

2.3.3 Psycho-social counselling as a strategy in promotion of mental health

Psycho-social counseling is a process that assists others with personal, social or psychological problems (Herman, 2001), the counselor works with the client to find solutions to problems and through, empathic attitude support and care, find relief from emotional pain. The purpose of psycho-social counseling is to help people solve their personal problems.

Psycho-social counseling strategy in the promotion of mental health helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims (International Federation of Red Cross & Red Crescent Societies, 2010). Adequate psycho-social support can: prevent distress and suffering developing into something more severe, help people cope better and become reconciled to everyday life, help beneficiaries to resume their normal lives and meet community-identified needs.

The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psycho-social counseling can be adapted in particular situations to respond to the psychological and physical needs of the people

concerned, by helping them to accept the situation and cope with it. (The Reference Centre for Psycho-social Support, 1993**)**

Previous epidemiological research (Steel, Silove, Phan, & Bauman, 2002) has found that PTSD and depression are the two most prevalent mental disorders among refugees, and the symptoms of these ailments are identifiable cross-culturally with only some variation. Yet prior studies have reported a wide range in the prevalence of PTSD symptoms among refugee populations, varying from 3% to 86% (Carlson & Rosser-Hogan, 1994; Fazel, Wheeler, & Danesh, 2005; Hauff & Vaglum, 1994; Knipscheer & Kleber, 2006; Sabin, Lopes Cardozo, Nackerud, Kaiser, & Varese, 2003; Scholte, et al., 2004). Rates of depression among refugee populations have also shown 12 great variations, ranging from 3% to 80% (Fazel, et al., 2005).

Many refugees in Dadaab refugee camp with mental illness are socially isolated. The pain of this isolation is felt especially intensely because Somali culture is traditionally communal and family oriented (Link & Shoaee, 2004). While people with mental illness may be ostracized from the community, their fear of stigma may be even more powerful. Whether the ostracism is created by the community or self-imposed due to anticipated negative responses, the social isolation creates a profound worsening of the mental illness. This social isolation can be very disorienting and can make the process of healing very difficult. In fact, even without prior mental health problems, isolation from community alone can contribute to the development of depression (Jaranson et al, 2004).

According to (Herman, 2001) psycho-social counseling in promotion of mental health places great emphasis on the therapist's own self-analysis and care as being one of the key features of a trauma survivor succeeding in treatment once properly diagnosed. (Herman, 2001) research also showed as previously stated that traumatic events have primary effects not only on the psychological structure of the self but also the systems of attachment and meaning that link individual and community. What grieving people need is someone who is willing to listen to and "hold" their full expression of shock, hopelessness, protest, fear, and bottomless pain. Once the grief is expressed slowly the

intensity of the anguishes will lessen and the clients can find interest in life once again, (Link and Shoaee, 2004).

2.3.4 Capacity building as a strategy of promotion of mental health among refugees in Dadaab

Many refugees do not yet know which of their relatives have survived the war and which ones have died (who to mourn, make sacrifices or purification for them). Further, for some, cultural practices related to mourning require that they reconnect with their communities at home, (Kara, 2004) for example in order to have a particular person or materials available for conducting a ceremony or ritual. Some refugees do not have social support networks that would help them through the mourning process. Therefore the need for capacity building to establish and strengthen social support networks and institutions are necessary.

Moreover, it is crucial to educate both clients and their families about mental health and mental illness. This is important to promote adequate monitoring of treatment compliance and side effects (Berger and Weiss, 2002). Because of the strength of other families' connection to the individual with mental illness, families play an important role in providing the needed support and encouragement to make treatment successful. Without this support, refugees in Dadaab refugee camp with mental illness may feel alone, adding to existing feelings of hopelessness and worthlessness.

For capacity building to be effective in mental health promotion, it must be understood by the client from a personal, religious, and cultural perspective. If the capacity building aspect recommended has negative cultural associations, the client will not accept it (Herman, 2001). Providing capacity building for health care professionals, government workers, teachers, religious and community leaders will be essential for improving their ability to effectively help the population that needs mental health support (Berger and Weiss, 2002).

According to CVT (2014), it recruits a cadre of refugees and local counselors who in spite of having only a high school education evidenced strong potential for becoming

competent paraprofessional counselors. These individuals, as they are referred at CVT as Psychosocial Counselors (PSCs), offer psycho-social support services for the refugees. CVT builds capacity through providing training for the paraprofessional counsellors, community and religious leaders, health care workers, teachers and NGO workers on war trauma and mental health issues.

Capacity building as a strategy of promoting mental health emphasizes experiential training, matching that allow locally hired counselors work side-by-side their trainers, in addition to classroom work. This intensive, hands-on training gives practical experience to the institutions that CVT collaborate with while providing high quality services to clients (CVT, 2011)

With CVT's work in Dadaab refugee camp, the organization recognizes the strategic and practical need to develop referral networks, create best practices for making and for following through with referrals, engages and train staff at other agencies and organizations in the support of mental health promotion (CVT, 2011). CVT's clinical staffs conduct trainings on topics ranging from broad-based awareness-raising to more advanced trainings on developing psycho-social counseling skills. These training initiatives will at first be provided by the Psychotherapist/Trainers, and over time will become part of the local counselors' duties.

Since CVT work in Africa, starting in Guinea in 1999, Sierra Leone in 2001, Liberia in 2005, the Democratic Republic of Congo in 2006 and Kenya in 2011, the organisation have trained over 1,200 psychosocial counsellors personnel for the last few years (CVT, 2011)

2.4 Theoretical Framework

This study was guided by the Constructivist theory attributed to Jean Piaget (1970), who articulated mechanisms by which knowledge is internalized by individuals and learners. He suggested that through processes of accommodation and assimilation, individuals construct new knowledge from their experiences in their situations. When individuals assimilate, they incorporate the new experience into an already existing framework

without changing that framework. This may occur when individuals' experiences are aligned with their internal representations of the world, but may also occur as a failure to change a faulty understanding; for example, they may not notice events, may misunderstand input from others, or may decide that an event is a fluke and is therefore unimportant as information about the world. This is why awareness creation on mental health is critical, and the study seeks to determine influence of community sensitization strategy by CVT in giving correct information and perspectives

In contrast, when individuals' experiences contradict their internal representations, they may change their perceptions of the experiences to fit their internal representations. According to the theory, accommodation is the process of reframing one's mental representation of the external world to fit new experiences. Accommodation can be understood as the mechanism by which failure leads to learning: when we act on the expectation that the world operates in one way and it violates our expectations, we often fail, but by accommodating this new experience and reframing our model of the way the world works, we learn from the experience of failure, or others' failure. Therefore need for capacity building of local communities on mental health promotion, and conducting of local advocacy to reframe and recreate perception and response to mental health problems.

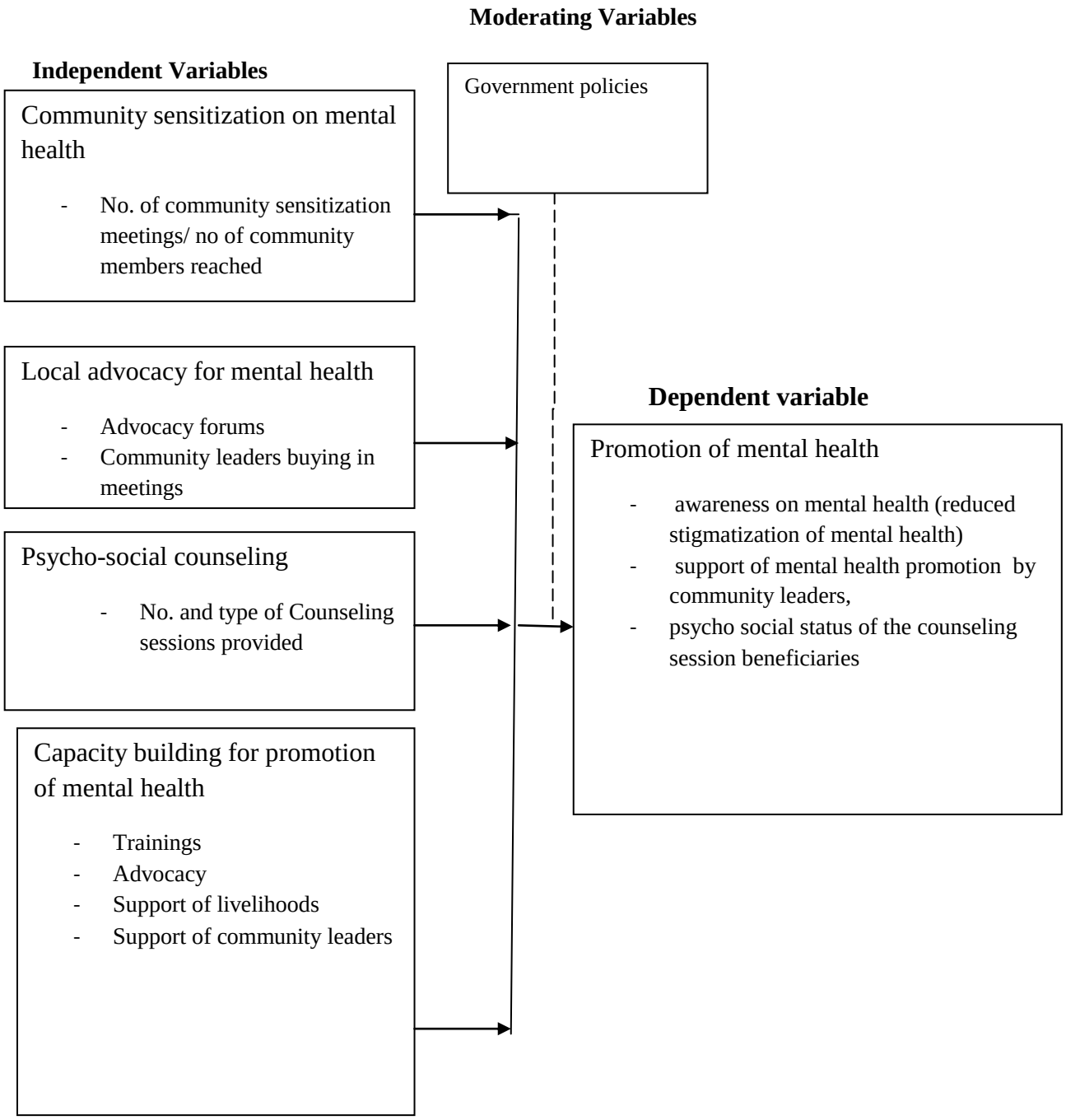
The study seeks to explore the contribution of the Center for Victims of Torture in leading positive social construction of mental health through strategies like community sensitizations, capacity building, local advocacy and offering of psycho-social counseling for the affected refugee populations.

2.5 Conceptual Framework

In this study, mental health promotion (dependent variable) is conceptualized to be dependent on psycho-social support strategies (independent variables) like community sensitizations, local advocacy, capacity building and psycho-social counselling for the affected refugee population. Government policies at the national and county levels also have influence on promotion of mental health, in this study they are extraneous variables

(see conceptual schematic below*).* Based on the conceptual framework, influence of psycho-social support strategies in promotion of mental health those were assessed.

Figure 1: Conceptual Framework



2.6 Knowledge gap

A considerable amount of research has been conducted regarding the mental health of immigrants, refugees, and asylum seekers in Kenya (J.M Jarason et al), but much of this literature focuses on the stress and impact of pre-migration traumas. Little research has been conducted with the specific aim of examining the influence of psycho-social strategies in promotion of mental health among refugees in Dadaab refugee camp (Researcher 2014). This study therefore seeks to assess influence of psycho-social support strategies used by CVT in promotion of mental health among refugees in Dadaab.

2.7 Summary of Literature review

The Dadaab refugee camp in Kenya is a matter of concern to Kenya as a host country since 1991 and there is need for the Kenyan government with the international community to develop and implement solutions for the management of these refugees as security is a key concern for the host communities and the refugees themselves. The center themes of this literature are influence and strategies in the promotion of mental health among refugees in Dadaab refugee camp in Kenya.

As host country characteristics can differ considerably, the types of mental illness among the refugee population in Dadaab vary significantly (GoK, 2007). In addition, the cultural and personal characteristics of the refugees themselves can impact the degree to which individuals experience mental health after witnessing, experiencing or hearing about violent life threatening action often causes severe stress or trauma that causes mental illness that deprive refugees been active, healthy and contributing members of society (Beiser and Hou, 2001).

Mental health promotion among refugees is a key concern, and therefore need for design and implementation of psycho-social support strategies. Literature shows various strategies employed in promotion of mental health including: community sensitization on mental health; capacity building of teachers, health workers, community leaders on mental health; advocacy for enabling environment for promoting mental health among refugees and offering of psycho-social counselling.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlined the methodology used to carry out this study. It comprised of the design, population, sampling techniques, instrumentation, pilot study and the data analysis.

3.2 Research Design

The study used and relied on descriptive design. Coopers and Schindler (2006) defines research design as the blue print for the collection measurement and the analysis of data. Descriptive designs are used in preliminary and exploratory studies to allow the researcher to gather information, summarize, present and interpret for the purpose of classification (Creswell, 2003). According to Mugenda and Mugenda (1999) the purpose of descriptive research is to determine and report the way things are and it helps in establishing the current status of the population under study.

3.3 Target Population

The target population defines those units for which the findings of the survey are meant to generalize (Dornyei, 2007). The target population for this study was 736 direct beneficiaries of Center for Victims of Torture mental health project in Dadaab Refugee Camp from 2011 – 2013 and 50 representatives from 12 NGOs in Mental Health projects.

Table 3. 1: Population of the Study

Respondents	Male	Female	Total	Population %
Beneficiaries of Somalian Nationality	175	229	404	51.4
Beneficiaries of Ethiopian Nationality	57	73	130	16.5
Beneficiaries of Rwandese Nationality	18	25	43	5.5
Beneficiaries of Burundian Nationality	31	47	78	9.9
Beneficiaries of Congolese (DRC) Nationality	30	51	81	10.3
Representatives NGOs in Mental Health			50	6.4
Total	**311**	**425**	**786**	**100**

Source: Center for Victims of Torture (2013)

3.4 Sample Size and Sampling Procedures

A total of 260 respondents were interviewed during the study. This Sample size was determined using Krejcie and Morgan (1970) formula based on the target population of 786. Stratified random sampling was used to select sample size in each stratum. Questionnaire was administered to the beneficiaries and the Key Informant Interviews were conducted to the representatives of NGOs in Mental Health projects using interview guide.

Table 3. 2: Sample Size

Respondents	Male	Female	Total
Beneficiaries of Somalian Nationality	58	76	134
Beneficiaries of Ethiopian Nationality	19	24	43
Beneficiaries of Rwandese Nationality	6	8	14
Beneficiaries of Burundian Nationality	10	16	26
Beneficiaries of Congolese (DRC) Nationality	10	17	27
Representatives NGOs in Mental Health			16
Total	**103**	**141**	**260**

Source: Center for Victims of Torture (2013)

3.5 Methods of Data Collection

The study relied both on primary and secondary data. Primary data was collected through survey questionnaire and Key informant interview (KIIs). Secondary data was collected using desk review of relevant documents.

Interviewer-administered questionnaire was used to conduct the survey. They usually involve interviewer physically meeting the respondents and ask question face to face. Interviewer-administered questionnaire were usually having a higher response rate than a self-administered questionnaire (Saunders, Lewis and Thornhill, 2003). This method of data collection was chosen significant because it was elicited with descriptive information, i.e. perceptions and experiences on influence of psycho-social support strategies. The researcher obtained assistance of research assistants, trained and equipped to undertake the interviews.

Secondary data, was particularly relied on to meet objective three of this study i.e. influence of counseling sessions in promotion of mental health. Data from CVT data base on counseling session beneficiaries, i.e. Entry questionnaire, Periodic progress report/ data, and Exit interviews were used.

3.5.1 Pilot testing of instruments

Prior to actual collection of data, a pilot testing of the study tools were conducted. This was to ensure that the tools are appropriate, and effective in achieving the study objectives.

According to Mugenda (2008), pilot testing involves conducting a preliminary test of data collection tools and procedures to identify and eliminate problems, allowing programs to make corrective revisions to instruments and data collection procedures to ensure that the data that was collected is reliable and valid. During the pilot study, questionnaires were administered to 10% of respondents to determine the quality of data that were collected from the target population. Necessary review of the tools was done, based on the tools.

3.5.2 Validity of Instrument

Validity refers to according to (Robison, 2002) the accuracy or truthfulness of a measurement in terms of the likelihood that research questions is misunderstood or misinterpreted and on whether the research instruments provides adequate coverage of research objectives. Expert opinions from the supervisor and literature searches were done to help to established validity. In order to collect reliable data; the researcher designed questionnaires under the guidance of the study supervisor who, as an expert in research and therefore helped improve content validity of the instrument.

3.5.3 Instrument Reliability

Reliability is synonymous with repeatability or stability and a measurement that yields consistent results over time is said to be reliable (Kothari, 2008) when measuring reliability of a questionnaire. Cronbach alpha formula was used calculating the reliability of a data and a coefficient of 0.8 was accepted (Mugenda, 2008).

Reliability was obtained by correlating the scores of each questionnaire for each variable as recommended by (Kothari, 2008). Pearson product moment correlation coefficient (r) was used to test reliability of the questionnaire. The correlation coefficient of the halves was correlated by Spearman Brown Prophesy formula

$$Re = \frac{2r}{1+r}$$

3.6 Data collection procedures

Survey questionnaires were administered to 260 respondents, who are the direct beneficiaries of CVT project during the last three year. Key Informant interviews were conducted with 50 persons in NGOs representatives in Mental Health projects.

The data were gathered through the use of questionnaires to collect both quantitative and qualitative information. Primary data were collected using semi-structured questionnaires, which also contain a 5 points likert scale questions. Close ended or

structured questions were given a respondent limited and pre-determined response option to choose from. The advantage of structured questions is that they were easy to analyze and they were leave no room for other possible responses. The questionnaires were administered using drop and pick method.

3.7 Data Analysis Techniques

The collected data was checked for errors in responses, omissions, exaggerations and biases. All analyses were done with the aid of Statistical Package for Social Sciences (SPSS V 18). For easy management and protection of the data, it was captured in Ms-Excel 2007 windows. All data were entered and verified after effective coding. Data were then scrutinized in relation to the objective of the study, otherwise with a potential abundance data; vast numbers of irrelevance summaries would have been produced. Checking of inconsistencies, anomalies, missing values, outliers were done in SPSS syntax.

Analysis was descriptive in nature (Corder and Foreman, 2009); descriptive statistics was aimed at identifying the pattern of the data and consistency of the responses in each of the results from the survey. Data was cleaned and coded by summarizing, synthesizing, sorting and labeling key issues emerging from the responses using an excel sheet. Results were then presented in narratives and tables for analysis.

3.8 Ethical Considerations

Most controversy about the ethics has arisen at the level of practice, rather than principle (Murphy and Dingwall, 2001). The significant ethical issues that were considered in the research process included consent and confidentiality. In order to secure the consent of the selected participants, the researcher relayed all important details of the study, including its aim and purpose. As for the participating respondents, this research was guided by four basic ethical principles: Non-maleficence (not harming participants), beneficence (producing benefit for participants), autonomy/self-determination (respecting participants' values and decisions), and justice (treating participants equally) (Beauchamp, Faden, Wallace Jr. and Walters, 1982; Christians, 2007; Murphy and

Dingwall, 2001). The researcher is not foreseeing any harmful consequences of participation.

Table 3.3: Operationalization Table

Objectives	**Types of variables**	**Indicators**	**Measure**	**Scale of Measure**	**Data collection method**
To assess the influence of Community sensitization strategy in promotion of mental health among refuges in Dadaab	Independent variable	awareness on mental health stigma on mental health problems	How many community sensitization conducted and time?	Nominal, Likert	Survey questionnaire-IDI, KII
To assess the influence of local advocacy strategy in promotion of mental health among refuges in Dadaab	Independent variable	Change in Support for activities aimed at promoting mental health	How effective this advocacy strategy is working?	Nominal, Likert	IDI, KII, FGDs
To assess the influence of psycho-social counseling as a strategy in promotion of mental health among refuges in Dadaab	Independent variable	Improved social interaction/ integrations by beneficiaries	How would the counseling sessions improve the social aspect of life of these refugees?	Nominal, Likert)	Secondary data from CVT data base
To assess the extent to which capacity building as a strategy has contributed to promotion of mental health among refuges in Dadaab	Independent variable	No. and type of capacity building initiatives Increased knowledge and skills	Will refugee staff have sufficient skills and take over at the end of this project?	Nominal, Likert	IDI (Survey questionnaire), KII, FGD
Promotion of mental health	Dependent variable	Increased awareness on mental health Increased support for mental health promotion activities Improved mental health of counseling beneficiaries	Will mental health be integrated into primary health services?	Nominal, Likert	IDI, KII, FGD

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS, AND INTERPRETATIONS

4.1 Introduction

This chapter presents the findings of the present study on the influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya: A case of Center for Victims of Torture. The researcher made use of frequency tables and percentages to present data.

4.2 Questionnaire return rate

From the study sample of 260 respondents, 242 responded and filled the questionnaires for analyses. This constitutes 93.1% response rate. The questionnaires were self-administered to the respondents who were explained the purpose of the research by use of give and take method. According to Babbie (2002), a response rate of 50% and above is adequate for data analysis.

4.3 Demographic characteristics of the respondent

The study sought to establish the profile of the respondents in terms of gender, age-bracket, religious, education level and working experience and the following are the results:-

4.3.1 Gender of the Respondents

This table shows the results on the gender of the respondents.

Table 4.1 Gender distribution of the respondents

Gender	Frequency	Percentage
Male	103	42.6
Female	139	57.4
Total	**242**	**100.0**

The study requested the respondents to indicate their gender. From the findings, 42.6% of the respondents were male while 57.4% were female as indicated in the table 4.1 above. This means there are more females seeking psycho-social support from the Center for Victims of Torture than males among refugees in Dadaab refugee camp in Kenya.

4.3.2 Age distribution of the respondents

This table shows the results of the age bracket of the respondents.

Table 4.2 Age category of the respondents

Age range	Frequency	Percentage
18-25	49	20.2
26-35	104	43.0
36-45	46	19.0
46-60	33	13.6
61+	10	4.1
Total	**242**	**100.0**

The study sought to find out the age brackets in which their ages fall. From the findings, Table 4.2 shows that majority of the respondents (43.0%) indicated that they were 26-35 years, 19% of the respondents indicated that they were aged between 36-45 years, 4.1% of the respondents indicated that they were over 60 years and 20.2% were 25 years of age and below. This implies that majority of those who seek psycho-social support from Center for Victims of Torture are above the youth age as shown in Table 4.2.

4.3.3 Religion affiliation of the Respondents

Table shows the results of religious affiliations of the respondents.

Table 4.3 Religion affiliation of the respondents

Religion	Frequency	Percentage
Christian	45	18.6
Islam	197	81.4
Total	**242**	**100.0**

In relation to religious affiliations in Dadaab refugee camp in Kenya, the study found out that majority of the respondents were Muslims (81.4%), while Christians formed 18.4% of the total respondents. This means that more Muslim refugees benefited from the psycho-social support services provided by the Center for Victims of Torture in Dadaab refugee camp in Kenya.

4.3.4 Highest level of education attained

This table shows the results of the respondents on the highest level of education attained.

Table 4.4 Level of education

Table 4.4 shows the results on the level of education of the respondents.

Level of education	Frequency	Percentage
None	156	64.5
Primary School	62	25.6
Secondary school	20	8.3
Technical school	1	.4
College	2	.8
University	1	.4
Total	**242**	**100.0**

The study sought to investigate the highest academic qualifications attained by the respondents as shown by Table 4.4. From the findings, majority of the respondents (64.5%) indicated that they had no formal education, 25.6% had primary level of education, 8.3% had secondary level education while those who had college education were 0.8% and those with technical and university education were 0.4% each. This shows that the respondents were not able to read and write hence for them to participate effectively in the research, the researcher needed to use interpreters for those who could not understand some of the questions well.

4.3.5 Social role in the community

The respondents were requested to indicate their social role in the community in relation to psycho-social support services provided to refugees in Dadaab refugee camp. From the findings, respondent‘s social role in the community were community leaders, politicians, religious leaders, youth leaders, women’s leaders and block leaders.

4.4 Mental health of refugees in Dadaab refugee camp

The study sought to establish the extent to which mental health problems are among the refugees and also determining if refugees who have these mental health problems receive care, support and show whether there was improvement in the mental health among refugees in Dadaab refugee camp.

The analysis results are shown in the tables below:-

4.4.1 Rating the extent to the rate of mental health problems among the refugee in Dadaab camp

As shown in table 4.5, Majority of the respondents (90.9%) affirmed that there is a mental health problem among the refugee in Dadaab refugee camp.

Table 4.5 Mental Health problems among the refugee in Dadaab refugee camp in Kenya

The study sought to know if there was a mental health problem among the refugee in Dadaab camp in Kenya for implementation of effective psycho-social support strategies in promotion of mental health among refugees.

Mental health problems among the refugee in Dadaab camp	Frequency	Percentage
Yes	220	90.9
No	22	9.1
Total	**242**	**100.0**

4.4.2 The extent to which refugees with mental health problems receive care and support in Dadaab refugee camp in Kenya

As shown in table 4.6, 97.1% of the respondents affirmed that refugees with mental health problems receive care and support.

Table 4.6 Refugees with mental health problems of those receive care and support

Basically refugees are provided with everything by agencies in the camp, though a few 2.9% of the refugees with mental health problems felt that they don't receive care and support. This implies that the few who don't receive these services cannot affect the influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya.

Mental health problems receive care and support at the camp	Frequency	Percentage
Yes	235	97.1
No	7	2.9
Total	**242**	**100.0**

4.4.3 Rating the extent to which mental health has improvement in Dadaab in last one year

Table 4.7 shows the results of the respondents on the extent to which mental health has improvement in Dadaab refugee camp in the last one year.

Table 4.7 Improvement of Mental Health among refugees in Dadaab refugee camp

More than half of the respondents (67.8%) felt that there was improvement in mental health among refugees in Dadaab, see table 4.7 above. This clearly indicated that influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp has improved in the last one year.

Improvement in the mental health among refugees in Dadaab	Frequency	Percentage
Yes	164	67.8
No	78	32.2
Total	**242**	**100.0**

A client claimed improvements of the following symptoms;

Respondent claimed that she was able now to manage her anger and form relationships with people. During 3 months follow up she showed significant improvement and she was wondering how the counseling has helped her recover. She said “she is no longer beating her child, doesn’t get angry anymore, and sleep like a baby and night are becoming shorter now”, she reported she used to be scared for no reason, used to feel nervousness or shaken and this now has gone. She goes to church (never been in church for very long time, she was annoyed with God before counseling session) and she interacts with people well and said she has forgiven her perpetrator and thinking of moving forward with life. This client said she has so many ideas and have over 40 songs she wants to record.

4.5 Psycho-social support strategies and promotion of mental health.

The study sought to establish the extent to which influence of local advocacy strategy in promotion of mental health among refugees in Dadaab affected community sessions on mental health and reduced stigma of mental health problem among the refugee population as a result of the sensitization sessions. The analysis results are shown in the tables below:-

4.5.1 The extent to the awareness of any community sensitization sessions on mental health

Table 4.8 Awareness of any community sensitization sessions on mental health in Dadaab refugee camp

Table 4.8 shows the results of the respondents on extent to the awareness of any community sensitization sessions on mental health.

Almost everyone in the camp (99.2%) was aware of a certain community sensitization session on mental health, less than 1% indicated that they were not aware. This implies that influence of local advocacy strategy in promotion of mental health among refugees in Dadaab was affected by community sessions on mental health and reduced stigma of mental health problem among the refugee population as a result of the community sensitization sessions.

Community sensitization sessions on mental health	Frequency	Percentage
Yes	240	99.2
No	2	.8
Total	**242**	**100.0**

4.5.2 The extent to the awareness of any community sensitization sessions on mental health done by either CVT or others

Table 4.9 shows the results of the respondents on extent to the awareness of any community sensitization sessions on mental health done by CVT or Others.

Table 4.9 Awareness of any community sensitization sessions on mental health in Dadaab refugee camp in Kenya

Nearly two thirds (67.8%) were aware CVT carried out these community sensitization sessions. While slightly less than one third (32.2%) were aware of community sensitization sessions on mental health done by others. (See table 4.9 below). This means that it is not only CVT conducting community sensitization sessions on mental health and therefore influence of local advocacy strategy in promotion of mental health among refugees in Dadaab was also promoted by other organizations in Dadaab refugee camp in Kenya.

Community sensitization sessions on mental health done by CVT	Frequency	Percentage
CVT	164	67.8
Others	78	32.2
Total	**242**	**100.0**

4.5.3 Influence of community sensitization in promoting mental health among the refugee population in Dadaab refugee camp in Kenya

The respondents were requested to indicate the extent to which they agreed with the given statement regarding influence in promoting mental health to the refugee population in Dadaab through community sensitization.

Table 4.10 Influence of Community Sensitization forums in promoting mental health to the refugee population in Dadaab

Table 4.10 shows the results of the extent to which the respondents agreed on influence in promoting mental health to the refugee population in Dadaab through community sensitization.

From Table 4.10 below, majority of the respondents strongly agreed (84.7%) that community sensitization have been effective in promoting mental health to the refugee population in Dadaab refugee camp in Kenya. Most of the respondents agreed that community sensitization were very effective in promoting mental health to the refugee population in Dadaab. While a few of the respondents (9.9) said community sensitization have either fairly effective or lowly effective in promoting mental health to the refugee population in Dadaab and very few said was not effective. This implies that community sensitizations session are cumulatively effective ways of local advocacy strategy in promotion of mental health among refugees in Dadaab.

Influence of community sensitizations in promotion of mental health in Dadaab refugee camp	Frequency	Percentage
Very influence	91	37.6
Influence	114	47.1
Fairly influence	10	4.1
Lowly influence	24	9.9
Not influence	3	1.2
Total	**242**	**100**

4.5.4 Rating the extent to which stigma of mental health problem among the refugee population has reduced as a result of the community sensitization sessions

The respondents were requested to indicate the extent to which stigma of mental health problem among the refugee population has reduced as a result of the community sensitization sessions.

Table 4.11 Reduction of Stigma of mental health problem among the refugee population as a result of the community sensitization sessions

Table 4.11 shows the results of respondents on whether there was any reduction in stigma of mental health problem among the refugee population as a result of the community sensitization sessions.

From the findings, more than three quarters of the respondents (83.9%) cited that there was a reduction in stigma of mental health problem among the refugee population as a result of the community sensitization sessions, while less than a third of the respondents indicated that there was no change in stigma as indicated on Table 4.11 below. This implies that stigma of mental health problem among the refugee population in Dadaab refugee camp has reduced as a result of the community sensitization sessions that has helped the reduction of stigma.

Reduction of stigma of mental health problem among refugees in Dadaab refugee camp	Frequency	Percentage
Yes	203	83.9
No	39	16.1
Total	**242**	**100.0**

4.6 Psycho-social counseling as strategy in promotion of mental health among refugees in Dadaab refugee camp in Kenya

The study sought to establish the influence of psycho-social counseling as strategy in promotion of mental health among refuges in Dadaab. The analysis results are shown in the tables below:-

4.6.1 Awareness of psycho-social counselling sessions conducted by CVT for the refugees in Dadaab refugee camp in Kenya

Respondents were requested to indicate whether they were aware of psycho-social counseling sessions conducted by CVT for the refugees in Dadaab.

Table 4.12 Psycho-social counseling sessions conducted by CVT for the refugees in Dadaab refugee camp

From the findings, majority 97.9% of the respondents cited that they were aware of psycho-social counseling sessions conducted by CVT for the refugees in Dadaab while 5% of the respondents were not aware as indicated on Table 4.12 below. This means the Center for Victims of Torture had conducted enough psycho-social counseling sessions for the refugees in Dadaab refugee camp, so now they could turn to other indicators to continue promoting influence of psycho-social support strategies in mental health.

Psycho-social counseling sessions conducted by CVT for the refugees in Dadaab	Frequency	Percentage
Yes	237	97.9
No	5	2.1
Total	**242**	**100.0**

4.6.2 Influence of the counselling program in improving mental health of the beneficiaries in Dadaab refugee camp in Kenya

The respondents were requested to indicate whether the counseling program in improving mental health of the beneficiaries was effective or not**.**

Table 4.13 Influence of Counseling program in improving mental health of the beneficiaries in Dadaab refugee camp in Kenya

Table 4.13 shows the results of respondents on whether the counseling program in improving mental health of the beneficiaries was effective or not.

On whether the counseling program was effective, nearly three quarters 73.6% of the respondents indicated that the counseling program was effective in improving mental health of the beneficiaries while 26.4% were on the contrary viewed it as indicated on Table 4.13 below. This shows that CVT's counseling program was very important for mental health improvement of the refugee population in Dadaab refugee camp in Kenya.

Counseling sessions influence in improving mental health of the refugees	Frequency	Percentage
Yes	178	73.6
No	64	26.4
Total	**242**	**100.0**

4.6.3 Influence of CVT services in provision of psychosocial counselling

Table 4.14 Rate of influence of CVT services in provision of psychosocial counseling

This table shows the results of the respondents on the rate of influence of CVT services in provision of psychosocial counseling.

Slightly more than half (51.7%) of the respondents indicated that CVT services were influence in provision of psycho-social counseling. 31% rated CVT services in provision psychosocial counseling as very influence. A few (9.1% and 6.2) indicated CVT services in provision of psychosocial counseling either fairly influence or Lowly influence while very few (1.2%) indicated that CVT services in provision of psycho-social counseling as not influenced.

Influence of CVT services in provision of psychosocial counseling	Frequency	Percentage
Very influence	77	31.8
Influence	125	51.7
Fairly influence	22	9.1
Lowly influence	15	6.2
Not influence	3	1.2
Total	**242**	**100**

4.7 Capacity building

The study sought to establish to what extent has capacity building as a strategy contributed to promotion of mental health services among refuges in Dadaab refugee camp.

4.7.1 Awareness of trainings/workshops conducted by CVT in promotion of mental health in Dadaab refugee camp in Kenya

Respondents were requested to indicate whether they were aware of trainings or workshops conducted by CVT in promotion of mental health in Dadaab refugee camp in Kenya.

Table 4.15 Trainings/workshops conducted by CVT in promotion of mental health in a Dadaab in Kenya

From Table 4.15 Majority (86.4%) of the respondents were not aware of trainings/workshops conducted by CVT in promotion of mental health. They said they were aware of community sensitization sessions and psycho-social counseling sessions offered by CVT as indicated in Table 4.9 and Table 4.12 below. This implies CVT is now supposed to adequately work hard in conducting trainings/workshops in promotion of mental health among refugees in Dadaab refugee camp in Kenya.

Trainings/workshops conducted by CVT in promotion of mental health	Frequency	Percentage
Yes	33	13.6
No	209	86.4
Total	**242**	**100.0**

4.7.2 Frequency in participation in the trainings/workshops conducted by CVT

Respondents were requested to indicate the rate participation in the trainings or workshops conducted by CVT in promotion of mental health in Dadaab refugee camp in Kenya.

Table 4.16 Participants in trainings/workshops conducted by CVT

From Table 4.16 Majority of respondents (82.6%) rated frequency of participation in trainings/ workshop as "lowly frequent". This implied that most clients were not aware of trainings/workshops conducted by CVT in promotion of mental health as indicated in Table 4.16 below. This is in agreement that participation depended on the awareness of these trainings/workshops conducted by CVT.

Participation Trainings / Workshops conducted by CVT	Frequency	Percentage
Very frequently	1	0.4
Frequently	15	6.2
Average	6	2.5
Lowly Frequent	200	82.6
Rarely	20	8.3
Total	**242**	**100**

4.7.3 Influence of capacity building in promotion of mental health

Respondents were requested to indicate whether there was any effect of capacity building in promotion of mental health.

Table 4.17 Capacity building been effective in promotion of mental health in Dadaab refugee camp

Table 4.17 the results of respondents on influence of capacity building in promotion of mental health.

From the findings, slightly more than half (55.8%) of the respondents showed that there was any effect of capacity building in promotion of mental health while slightly less than half (44.2%) of the respondents showed that there are no effect as indicated on Table 4.17 below. This means with more trainings/workshops the capacity building influence will be improved.

Capacity building influence in promotion of mental health	Frequency	Percentage
Yes	135	55.8
No	107	44.2
Total	**242**	**100.0**

4.7.4 Influence of CVT capacity building trainings increases sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab refugee camp

Table 4.19 shows the results of respondents on the extent to which influence of CVT capacity building trainings increase sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab.

The respondents were requested to indicate the extent to which they agreed with the given statement regarding influence of CVT capacity building trainings increase

sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab.

Variable	Frequency	Percentage
Very frequently	11	4.5
Frequently	31	12.8
Average	19	7.9
Lowly Frequent	144	59.5
Rarely	37	15.3
Total	**242**	**100**

From Table 4.19 above, more than half (59.5%) of the respondents indicated lowly frequent on the extent to which influence of CVT capacity building trainings increase sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab. 15.3% of the respondents indicated rarely, 12.8% indicated frequently while 7.8 indicated average and 4.5% indicated very frequently.

This implies that CVT capacity building trainings influence needed to increase sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab refugee camp.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This research was determining influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya. The study was done on mental health among refugees in Dadaab refugee camp: a case of Center for Victims of Torture. This chapter presents the conclusions from the research and recommendations aimed at improvement of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya.

5.2 Summary of study findings

From the analysis of all the responses received, the researcher noted the following key findings: - From the respondents general characteristics, most of them were female and majority were between 26-35 and in relation to religious affiliations majority are Muslims. To support the authenticity of the findings nearly two thirds (64.5%) lacked formal education, were not able to read and write hence the research was forced to use interpreters for those who couldn't understand some of the questions well.

It came out as discussion is the implementation and influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya are influenced by refugee community leaders, politicians, religious leaders, youth leaders, women leaders and block leaders.

5.2.1 Mental health of refugees in Dadaab refugee camp in Kenya

Mental health problems are among the refugees and also determining if refugees who have these problems receive care, support and show whether there was improvement in the mental health services among refugees in Dadaab camp. Here are the findings and conclusions:-

Majority (90.9%) of the respondents indicated that there was mental health problem among the refugees in Dadaab refugee camp and these problems affected implementation of influence psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp, though 97.1% of them affirmed that they received care and support and 67.8% said there has been improvement in the mental health problems among refugees in Dadaab.

Provision of psychosocial and emotional supports to mentally ill clients in Dadaab refugee camp through counseling of affected individuals and their families will facilitate the beginning of a process of healing and to these individuals and families of mentally illness to more normative state of functioning.

5.2.2 Psycho-social support strategies and promotion of mental health

To establish the extent to which influence of local advocacy strategy in promotion of mental health among refuges in Dadaab affected community sessions on mental health and reduced stigma of mental health problem among the refugee population as a result of the sensitization sessions the study examined various psycho-social support strategies and the following is the summary of the findings and conclusions:-

The influence of local advocacy strategy in promotion of mental health among refugees in Dadaab refugee camp indicated that it had support from more number of awareness of psycho-social counseling sessions conducted by CVT for the refugees in Dadaab as indicated by 97.9% of the respondents. Nearly half (47.1%) of these respondents strongly agreed that the sensitization process has been effective in promoting mental health to the refugee population in Dadaab and rated the extent to which stigma of mental health problem among the refugee population has reduced as a result of the sensitization sessions that were very positive in more than three quarters (83.9%) of the respondents indicated YES there was a drastic reduction.

Advocacy for mental health promotion has become increasingly recognized as an important public health priority since it was integrated into a primary health system in 2008 by the WHO. More research has been undertaken in recent years to better

understand the prevalence and predictors of mental health disorders among immigrants and refugees.

5.2.3 Psycho-social counseling as strategy in promotion of mental health among refugees in Dadaab refugee camp in Kenya

To establish the influence of psycho-social counseling as strategy in promotion of mental health among refugees in Dadaab, the study examined various dimensions and the following is the summary of the findings and conclusions:-

It was established that majority (97.9%) of the respondents were aware of psycho-social counseling sessions conducted by CVT for the refugees in Dadaab and nearly three quarters 73.6% of the respondents indicated that the counseling program was effective in improving mental health of the beneficiaries while 26.4% were on the contrary view.

This shows that CVT's counseling program was very important for mental health improvement of the refugee population in the Dadaab refugee camp in Kenya. The study also confirmed that timely and adequate psychosocial support can prevent distress and suffering and help people cope better with their normal lives.

5.2.3 Capacity building

To establish to what extent has capacity building as a strategy contributed to promotion of mental health services among refuges in Dadaab refugee camp, the study examined various dimensions and the following is the summary of the findings and conclusions:-

The study found out that capacity building influence in promotion of mental health was half way as cited by respondent's results. More than half (59.5%) of the respondents indicated lowly frequent on the extent to which influence of CVT capacity building trainings increase sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab.

The study acknowledged that majority of the respondents indicated that they were not aware of trainings/workshops conducted by CVT in promotion of mental health instead,

said they were aware of community sensitization sessions and psycho-social counseling sessions offered by CVT and not of trainings/workshops. Lack of awareness contributed significantly to the frequency of attendance to these trainings and majority showed lowly frequent in participation in these trainings/workshops conducted by CVT.

5.3 Conclusions of the Study

This study sought to examine influence of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya: a case of Center for Victims of Torture. The study concluded that there was a mental health problem among the refugees in Dadaab refugee camp in Kenya and almost all these mental health problems received care and support at the camp from agencies operating there, and as such there has been notable improvement in mental health among the clients seen by CVT in the last one year.

The study also concluded that local advocacy strategy in promotion of mental health among refugees in Dadaab received support from more awareness of psycho-social counseling sessions and community sensitizations conducted by CVT for the refugees in Dadaab. Therefore community sensitization which had a drastic reduction of stigma and psycho-social counseling sessions are the key effective psycho-social support strategies in promoting mental health to the refugee population.

The study further established that awareness of psychosocial counseling sessions affected influence in improving mental health of the beneficiaries; hence CVT's counseling program was very important for mental health improvement of the refugee population in Dadaab refugee camp.

Finally, the study also concluded that trainings/workshops conducted by CVT in promotion of mental health were not known to many and this contributed significantly to the attendance of these trainings.

5.4 Recommendations

Based on the research findings the following are the recommendations of the study:

1. Mental health should be integrated into all humanitarian services in Dadaab refugee camp in Kenya and other refugee camps in the world. Organize brief Mental Health trainings for general health staff. Currently health workers in the general (non-specialized) health services in the camps rarely diagnose patients with mental disorders, while their general caseload will consist of significant numbers of people with common mental disorders. Therefore a short training for them to detect and manage people with unexplained somatic complaints and mild to moderate mental disorders can be organized. The training of general health workers on the identification, assessments, treatment and referral of refugees with mental health problems. Training of traditional and religious healers on mental health issues by Agencies dealing with health programs in the camp and creation of a referral network with the host government for those with mental health disorders.

2. CVT as organization should provide the program staffs with adequate training in order to reach more number of refugees as the services are very limited being it the only mental health organization. Increase competency of staff involved in screening of mental health clients in Dadaab refugee camp. Capacity building of mental health workers and communities has to be diversified to other practical approaches such as mentorship and support supervision among other strategies.

3. CVT should understand clients' needs; they are the ones who know how and where they want to live and help them build their mental health to cope with daily life challenges. Start a pilot project to treat people with chronic psychological problems. Options should be explored to do a pilot project for small group of clients with psychosis, for example through a feasibility pilot with clozapine, the only antipsychotic that has proven efficacy in treatment resistant psychosis and that has been included in the mhGAP program of WHO for this reason. Given the downsides of this medication (expensive and with potential side effects)

4. Finally CVT should come up with community mental health structure for the refugees residing in Dadaab refugee camp to assist in the provision of mental health services to the

larger refugee population. Promote a mental health approach among general staff and non-specialist mental health workers residing in the camp through briefing workshops. A short workshops of around hours with topics that include an explanation of mental health among refugees and how to talk with refugees needing psychosocial support, identifying refugees with mental health problems that are in need or referral. National staff of NGOs, preferably a mix of health and non-health workers, could do these workshops.

5.5 Suggestions for further studies

Taking the limitations and delimitation of the study, the researcher makes the following recommendations for future study;

1. A study should be carried out on the state of Mental Health of refugees living in Dadaab refugee camp in Kenya.

2. A study should be carried out to determine the reasons why there is a high rate of mental health among refugees problem in Dadaab refugee camp in Kenya.

3. A study should also be carried out to establish the influence of mental health intervention on Donor influence.

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APPENDICES:

APPENDIX I: TRANSMITTAL LETTER

Alieu Mohamed Sannoh
L50/80619/2012
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Nairobi.

November 2014

Dear Sir/Madam,

I am a Master of Arts in Project Planning and Management student at the University of Nairobi undertaking research proposal as partial fulfillment for the award of degree in Master of Arts in Project Planning and Management, conducting a study titled **'**INFLUENCE OF PSYCHO-SOCIAL SUPPORT IN PROMOTION OF MENTAL HEALTH AMONG REFUGEES IN DADAAB REFUGEE CAMP IN KENYA'. Kindly assist in my endeavor by filling in the questionnaire attached**.** All the information you provide will be treated as confidential and will be solely for purposes of this research project.

Your assistance is highly appreciated.

Yours sincerely,

Alieu Mohamed Sannoh

L50/80619/2012

APPENDIX II: QUESTIONNAIRE FOR BENEFICIARIES

Introduction

The purpose of the questionnaire is to collect data on the influence of psycho-social support strategies used by CVT in promotion of mental health in Dadaab refugee camp.

The information you provide will be confidential and will only be used for the purposes of this research. Responding to this questionnaire confirms your full consent to participate in this process.

(to be filled by the direct beneficiaries of the CVT project to assess influence of the all the four project strategies)

Date of interview: _____ Time: Starting: _____ AM. /PM. End: _____ AM. /PM.

Location of interview: ……..

SECTION A: DEMOGRAPHIC DATA OF THE RESPONDENT

1. Where do you live? Please tick one: 1) Block A, 2) Block B, 3) Block C, D) Other _____

2. Social role in the community. **Please tick one**: 1) Community member 2) Elder ( ) 3) Religious leader ( ) 4) Politician ( ) 5) Community member ( ) 6) Youth leader ( ) 7) Women leader ( ) Other (specify) _____

3. Religion affiliation: (please tick one)

   1) Muslim ( ) 3) African Traditional Religion ( )

   2) Christian ( ) 4) Other (specify) _____

4. Gender of respondent: Male ( ) Female ( )

5. What is your age bracket?

i) 0-15 ( ) ii) 16-17 ( ) iii) 18-25 ( ) iv) 26-35 ( ) v) 36-45 ( ) vi) 46-60 ( ) vii) >61( )

6. Country of Origin (please tick appropriate)

1. Somalia ( ) 2. Ethiopia ( ) 3. Rwanda ( )

4. Burundi ( ) 5. DR Congo ( ) 6. Other _____

7. What is your educational level?

1) University ( ) 2) College ( ) 3) Secondary ( )

4) Primary ( ) 5) Others _____

SECTION B: MENTAL HEALTH OF REFUGEES IN DADAAB REFUGEE CAMP

8. Are there mental health problems among the refugees in Dadaab Camp?

Yes

No

If yes, explain what kind of mental problems (indicators)

……

……

……Do the refugees who have mental health problems receive care and support at the Camp?

Yes

No

If yes, what are the types of care/support that they receive, explain:

……

……

……IIn the last one year, has there been improvement in the mental health among refugees in Dadaab?

Yes

No

Please explain:

……

……

……

SECTION C: PSYCHO-SOCIAL SUPPORT STRATEGES & PROMOTION OF MENTAL HEALTH - Community Sensitization Strategy

9. Are you aware of any community sensitization sessions on mental health?

1. Yes 2. No

If yes, by who?

a) CVT

b) Others

Please explain

……..

10. Do you agree that this sensitization have been effective in promoting mental health to the refugee population in Dadaab?

1. Very effective ( ) 2) Effective ( ) 3) Fairly effective ( ) 4) Lowly Effective ( ) 5) Not effective ( )

11. Have there been reduced stigma of mental health problem among the refugee population as a result of the sensitization sessions? 1. Yes 2. No

If yes, please explain_____

SECTION D: PSYCHO-SOCIAL COUNSELING

12. Are you aware of psycho-social counseling sessions conducted by CVT for the refugees in Dadaab? 1. Yes 2. No

13. Do you think that the counseling program has been effective in improving mental health of the beneficiaries? Yes 2. No. If yes, please explain _____

14. How do you rate the influence of CVT services in provision of psychosocial counseling?

1. Very effective ( ) 2) Effective ( ) 3) Fairly effective ( ) 4) Lowly Effective ( ) 5) Not effective ( )

15. Kindly cite a story of someone you knew showing the pre and post counseling status after getting psychosocial counseling services from CVT?

……

……

……

SECTION E: CAPACITY BUILDING

16. Are you aware of trainings/workshops conducted by CVT in promotion of mental health?

1. Yes 2. No

If yes, have you participated in these trainings/workshops?

……

……

……

17. How often have you participated in these trainings/workshops conducted by CVT*?*

1) Very frequently ( ) 2) Frequently ( ) 3) Average ( ) 4) Lowly frequent 5) Rarely ( )

18. Have capacity building been effective in promotion of mental health? 1. Yes 2. No

If yes, please explain_____

19. How would you rate the influence of CVT capacity building trainings increase sensitization forums on mental health by teachers, health workers and improve mental health policies and practices of CVT in Dadaab?

Very effective ( ) 2) Effective ( ) 3) Fairly effective ( )

4) Lowly Effective ( ) 5) Not effective ( )

Explain you response:

_____

SECTION F: STRATEGIES

20. What will be the best strategy to be employed by CVT in promotion of mental health in Dadaab refugee camp?

a) Community Sensitization ( ) b) Local Advocacy ( )

c) Psycho social Counseling ( ) d) Capacity building ( )

Explain your answer

……

21. Kindly give challenges associated with each of the stated strategies of peace?

a) Community Sensitization

……
……
……

b)) Local Advocacy

……
……...

……
……..

c) Psycho-social Counseling

……

……

d) Capacity building

……

……

22. What are the possible solutions to the challenges for each of the strategies? Please explain

a) Community Sensitization

……
……
……

b)) Local Advocacy

……

……

c) Psycho-social Counseling

……

……

d) Capacity building

……

……

THANK YOU

APPENDIX III: KREJCIE and MORGAN TABLE

Table for determining Sample Size for Research Activities

By ROBERT V. KREJCIE and DARYLE W. MORGAN

N	S	N	S	N	S
10	10	220	140	1200	291

15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size: *S* is sample size.

Source: Krejcie and Morgan (1970).

APPENDIX IV: LETTER OF CONFIRMATION

UNIVERSITY OF NAIROBI

COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES
NAIROBI EXTRA-MURAL CENTRE

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

18TH November 2014

REF: UON/CEES//NEMC/19/325

TO WHOM IT MAY CONCERN

RE: ALIEU MOHAMED SANNOH - REG NO L50/80619/2012

This is to confirm that the above named is a student at the University of Nairobi College of Education and External Studies, School of Continuing and Distance Education, Department of Extra- Mural Studies pursuing Master of Arts in Project Planning and Management.

He is proceeding for research entitled **"effectiveness of psycho-social support strategies in promotion of mental health among refugees in Dadaab refugee camp in Kenya"**. A case of center for victims of torture.

Any assistance given to him will be highly appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI EXTRA MURAL CENTRE

UNIVERSITY OF NAIROBI
P. O. Box 30197
NAIROBI
NAIROBI EXTRA-MURAL CENTRE

APPENDIX V: LETTER OF AUTHORISATION

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

3rd December, 2014

NACOSTI/P/14/1040/4311

Alieu Mohamed Sannoh
University of Nairobi
P.O. Box 3900-30100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research ***"Effectiveness of psycho-social strategies in promotion of mental health among refugees in Dadaab Refugee Camp: A case of Centre for Victims of Torture,"*** I am pleased to inform you that you have been authorized to undertake research in **Garissa County** for a period ending **26th February, 2015.**

You are advised to report to **the County Commissioner and the County Director of Education, Garissa County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

DR. S. K. LANGAT, OGW
FOR: SECRETARY/CEO

Copy to:

The County Commissioner
Garissa County.

The County Director of Education
Garissa County.