Raising Voices Learning Circle No.1

Connecting the Dots ~ Mental Health & Violence against Women & Children

What is a Raising Voices Learning Circle?

Learning Circles are comprised of 6-8 curated sessions to explore cross-cutting topics that hold strategic value for our violence against women and violence against children prevention work. Coordinated by a planning group representing different teams at Raising Voices, our Learning Circles consist of activities that support the pursuit and acquisition of new knowledge (including, for example, a critical reading session, external guests and presenters, staff-led sessions, video sessions, etc.). Ideally each Circle activity will bring a distinct perspective and learning style to bear on the topic at hand, culminating in a richer articulation of a Raising Voices perspective on the issue and recommendations for integrating new insights into our future work.

Why a learning circle on mental health & violence?

Raising Voices' interest in the intersections between mental health and violence started several years ago. Our emphasis on self-care, explorations of resilience, and measurement of the impact of GST on mental health outcomes all point to an acknowledgement that violence and mental health problems often go hand-in-hand. However, as an organization, we had not delved deeply into our own perceptions of mental health or taken the time to collectively explore precisely *when* and *how* mental health and violence connect. We feel that such questions are critical in order for Raising Voices to further promote holistic prevention programming and better address the intergenerational transmission of violence.

The World Health Organization defines mental health as a state of well-being, in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Raising Voices

How did our Circle begin?

Over four months, we explored the interconnections of mental health and violence through readings, videos, guest speakers, as well as internal facilitation. We engaged in seven Circle activities, each contributing a different perspective to our learning agenda (see summary below).

DATE	CIRCLE ACTIVITY
15 Feb	**What does the evidence tell us?** Empirical research on the intersections of violence and mental health *(Guest Speaker Catherine Carlson – U of Alabama)*
7 March	**Setting the stage**: What are the most common mental health problems in Uganda? What stigma exists? How are these issues linked to violence and seeking help? *(Video session)*
6 April	**Consulting the experts**: What mental health approaches exist in Uganda? What are the linkages to violence against women and children? *(Panel Discussion ~ Emmanuel Ngabirano - TPO, Mildred Apenyo - FitClique Africa, Dena Batrice - Strong Minds Uganda, Joyce Nalugya - Ministry of Health/Mulago)*
18 April	**Learning from the field:** What promising practices can we identify from mental health & violence programs? From other school-based mental health programs? (*Critical Reading Session, article "Mental health interventions in schools in low-income and middle-income countries"*)
25 April	**It starts early**: What's the connection between childhood experiences and adult mental health? How can we overcome early trauma? *(Tutorial)*
9 May	**Recognizing mental health problems & suicidal risk**: What is depression, post-traumatic stress, anxiety, and schizophrenia? What is mental health related stigma? What are promising approaches to prevent both stigma & mental health problems? (*Guest Speaker, Kirstie Fleetwood - Butabika*)
12 July	**Looking within**: How do we understand mental health in relation to our prevention work? What organizational strategies might we consider to better support our own mental health & resilience? (*Circle summary & close*)

What key insights emerged?

Several interesting lessons emerged from our Circle activities and detailed notes can be found here . Overall, we highlight the following insights:

- Everyone has mental health, just like everyone has physical health. For most people, their mental health ebbs and flows—with 'high/positive' and 'low/negative' moments. Individuals with chronically 'low' mental health that cannot resume their normal functioning are considered as having mental health 'problems' or 'disorders.'
- There exists a robust two-way relationship between violence and mental health, meaning that mental ill-health emerges as both a cause and a consequence of violence.
- There are intergenerational and compounding effects of mental health and violence. For instance, mothers' experiences of violence affect their emotional wellbeing and relationships with their children, which affects children's early attachment/security which often has lifelong consequences. As such, violence and trauma experiences among caregivers can be transmitted to children (even in utero). Mothers' experiences of violence and subsequent mental ill-health can also contribute to their own use of violence against children. Therefore, mental health appears to be an important pathway in explain intergenerational violence and VAW-VAC intersections.
- Mental health problems are more common than we realized, both in Uganda and around the world. Globally, mental health problems affect one in four adults, and one in five children. In Uganda, a WHO study (2012) estimated that 35% of Ugandans suffer from some form of mental disorder (Basangwa, 2004). Other factors such exposure to war, experiences of violence, poverty and HIV and AIDS are thought to increase the risk of mental health disorders in Uganda. For instance, the New Vision (September 2014) reports that over half of Ugandans living with HIV are also experiencing depression.

- Although mental ill-health is common, people, including survivors of violence, often do not receive the care they need and deserve. This is complicated by several factors, including (1) low awareness of mental health, (2) lack of specialized mental health services, and (3) stigma around individuals suffering from mental health problems. Therefore, it's a vicious cycle. People who suffer often can't identify why they are suffering, often don't know where to go for help, and—if they are among the few who do seek care—can be stigmatized for their actions ("you are getting soft" "everyone experiences this" "you will be fine" etc.).
- There are gendered aspects to the way depression and other mental health disorders manifest themselves, for example boys/men often cope with mental ill-health by *externalizing* behaviors (e.g., aggression/disobedience/violence), whereas girls/women often navigate their mental ill-health by *internalizing* behaviors (e.g., lack of self-esteem and self-worth, etc.).
- Similar to violence, we can think of programming for mental health in terms of prevention (e.g., preventing mental ill-health or promoting positive mental health) and response. In terms of prevention, the literature highlights structural interventions that affect the overall climate/environment, seek to reduce violence, and also build coping skills at individual or relationship levels.

Mental ill-health transfers from caregivers to children. So, a mother's experience of violence can create a vicious cycle that will keep transmitting and spiraling for generations unless broken. ~ Emmanuel, TPO

Trauma always finds a way to be expressed . . . many people have undiagnosed mental health issues. ~Mildred, FitClique

How does this Circle contribute to Raising Voices' perspective on mental health & violence?

Overall, our experiences with the Mental Health & Violence Learning Circle confirms that we cannot avoid considering mental health in our work to prevent violence. In other words, effectively preventing violence (including intersecting VAW-VAC and the intergenerational transmission of violence) requires addressing mental ill-health as a cause of violence. In addition, promoting holistic wellbeing—of community members, activists, teachers and caregivers—is an integral part of our work and essential for sustaining the broader movement to prevent violence against women and children. Several additional considerations emerge from our analysis of the Circle discussions:

- Circle discussions helped clarify that we are already doing mental health promotion in schools as well as through our Network activities (e.g., R&Rs). We could consider integrating more around coping/skill-building to mitigate conflict as well as better respond to violence (and maintain positive mental health).
- A first step to raising awareness and tempering stigma is exploring our own perceptions of mental health, and becoming more comfortable—as an organization—with mental health related language and concepts. The Circle has helped us take important strides in this regard.
- Communities and schools are comprised of all sorts of people who fall all along the spectrum of positive to negative mental health. At times poor mental health can be "mobilization resistant" – meaning that individuals suffering from acute depression or anxiety may be hesitant to engage in public spaces. As such, we acknowledge that our mobilization needs to be intentional about how we find and engage people who may be suffering from mental ill-health (similar to the way our programming aims to reach and support survivors of violence).

- We also identify some areas of tension in a mental health vs. violence prevention approach. At Raising Voices, both our analysis and approach to preventing violence is focused at a systemic level, shining a light on how unequal power underpins violence against women and children. In contract, focusing on poor mental health as a risk factor for violence emphasizes individual rather than structural factors. As such, it is critical that we are explicit (and consistent) in our analysis that perpetrators must be held accountable, and mental health cannot be an excuse for violence (this view was also supported by our panel of experts). Apenyo also offered a systemic analysis of mental ill health, by sharing her view that "it's society that makes us sick!" This resonates with our own analysis of patriarchy and the many levels of distress and violations that patriarchal norms and structures provoke.
- The framing of resilience provides an opportunity to integrate a deeper understanding of mental health without abandoning our systemic and ecological analysis. For example, bolstering resilience involves improving mental health and other capacities at an individual level, as well as strengthening social assets (family and peer relationships) and creating healthier environments in schools and communities.

What next? Integrating our learning into action!

While we will not be expanding our mission to mental health prevention/response, there are some areas where we can become more intentional in recognizing and addressing the links between mental health and violence. For example, we can:

- Consider integrating a skill-building component to our methodologies and R&Rs around healthy coping mechanisms for violence and other trauma.
- Reinstate Urgent Action 'Caring for Caretakers' support group, which is no longer active.
- Strengthen internal support mechanisms for any staff experiencing mental distress or other difficulties given the content of our work.
- Add mental health services to our referral lists for communities and schools.
- Leverage existing opportunities, such as reviewing the Uganda Mental Health for Adolescent Guidelines, and experimenting with mental health promotion alongside GST (as part of our University of Alabama research partnership).
- Continue to reflect on our own prejudices and misperceptions around mental health.