

A desert haven for Sudanese refugees

In the deserts of Kenya, Kakuma refugee camp offers one of the most progressive mental health programs in Africa. By HELEN BASILI

Catering to the mental health needs of 120,000 traumatised refugees in a desert camp would be a daunting task for most people. But Michael Kamau, mental health coordinator at Kakuma refugee camp in Kenya, has taken it in his stride. Since commencing work at Kakuma in 1997 he has helped found one of the most progressive refugee mental health programs in Africa.

Kakuma refugee camp was established in 1992 to deal with an influx of Sudanese fleeing a civil war in their country. Located in northwestern Kenya, 110 kilometres from the border of Southern Sudan, it continues to attract a large number of Sudanese refugees as well as smaller groups of refugees from Ethiopia, Rwanda, Somalia, Burundi and the Congo. The majority of these people have been exposed to extreme violations of human rights including

resources. They have set up schools with peace and reconciliation courses; vocational programs for young people that teach trades such as welding and carpentry; nutrition programs; English language courses; 'alternative' healing centres, which incorporate traditional healing practices; programs for the distribution of energy efficient cooking implements; and rehabilitation programs that fit the survivors of landmines with artificial limbs or provide them with wheelchairs.

When Kamau arrived at Kakuma he was well prepared for the task at hand. He had trained as a psychiatric nurse in Kenya and had previously worked with Somali

"Community education has helped a lot to reduce the stigma of mental illness among the refugees," says Kamau.

torture and persecution, bombings, combat situations and starvation.

Kamau is employed by the International Rescue Committee, one of several non-government organisations (NGO's) running health, welfare and education programs at Kakama. There is a high level of cooperation between the NGO's, such as the Jesuit Refugee Service, The Lutheran World Federation and Don Bosco, who have found a multitude of creative ways to utilise their

refugees in Mombassa, on the Kenyan coast. He had a deep understanding of the extensive trauma experienced by his African neighbours and was experimenting with interventions that could help them.

Kamau designed plans for a comprehensive mental health program at Kakuma. A mental health clinic was established where Kamau and his assistant, also a psychiatric nurse, could assess clients and provide medication where necessary.



Michael Kamau in Sydney

There are no psychiatrists at Kakuma, so it is the responsibility of the nurses to make diagnoses and dispense medication. Of the 3000 patients who have passed through the clinic since 1997, over 40% of them have post-traumatic stress disorder (PTSD) and smaller numbers suffer from schizophrenia, depression, bipolar disorder and anxiety.

Some of Kakuma's residents have also been trained and employed by the camp's mental health program. Thirteen refugees representing the different ethnic groups of Kakuma received six months training covering issues such as detection and assessment of mental health problems, referrals and interpreting. The community mental health workers, as they have become known, provide an invaluable service by linking residents of the camp's six sprawling zones with the mental health clinic. They also provide follow-up care to patients seen in the camp's mental health clinic. Workers visit the patients at their home and assess how

the patient and their family are coping and what support they need.

An important aspect of Kakuma's mental health program is its community education sessions. Residents are taught about mental illness and its symptoms, treatment options and the need for medication compliance. "This has helped a lot to reduce the stigma of mental illness among the refugees," says Kamau. Consequently, the general community is much more supportive of people in its midst who suffer mental illness.

General practitioners and other medical personnel are also targeted for training on mental health issues. This aim of this strategy is to curb the misdiagnosis of mental health problems by medical staff. Kamau says that in the past, refugees who presented with post-traumatic symptoms such as headaches, backaches and fatigue, were sometimes misdiagnosed with malaria, which is epidemic in the camp. Unfortunately this practice led to the misappropriation of scarce medical resources and the prolonged suffering of the patient involved.

The many recreational and vocational programs established by Kamau and other NGO's play a vital role in helping people recover from trauma. "They [the refugees] are not left idle. They are always occupied with something," says Kamau. Giving the refugees the opportunity to participate in pleasurable activities or to build new skills distracts them from their traumatic memories and helps them regain confidence in themselves.

In 1998, Derrick Silove, a sessional psychiatrist at STARTTS, visited Kakuma with Swedish psychiatrist Solvig Ekblad to undertake a consultancy for the World Federation for Mental Health. In their report on Kakuma, and other refugee camps in Kenya and Tanzania, they wrote: "The establishment of a specific mental health service at Kakuma Camp represents an important development which could serve as a model for other refugee camps in Africa and elsewhere...Kakuma Camp has made impressive progress in

establishing a core mental health service that is closely coordinated with other health and psychosocial services and well accepted by the community".

Despite the enormous efforts being made by people like Kamau, and staff from other NGO's, life in Kakuma is by no means easy. Many residents are longing for permanent resettlement and their uncertain future is a constant source of stress. There are occasional violent outbursts, usually over distribution of food rations, and diseases such as malaria and dysentery are common. Because of the hot climate and desert soil, there are few opportunities for residents to grow fresh fruit and vegetables to supplement their bland and sparse rations. Consequently, some infants have suffered from malnutrition and the diet of all residents is restricted. Many residents suffer war injuries and there are disproportionately large numbers of single women and children whose husbands or fathers have been killed in war. But the resolution of these problems is beyond the reach of the NGO's, who are providing the best services they can in these difficult circumstances.

In March this year, Kamau came to Sydney for a six-week training program tailor made for him by the Psychiatry and Research Teaching Unit of the University of NSW, and STARTTS. As part of the training he met with a variety of experts in refugee mental health and held discussions with representatives of African communities in Sydney. He also presented a paper on Kakuma at the conference *Mass Violence and Displacement: Recent Advances in Early Intervention and Training for Mental Health Workers* and attended another conference on traumatic stress in Melbourne.

Kamau is now back in Kakuma, where he is implementing the skills he developed during his training in Sydney. But Kamau also contributed to the knowledge and skills of the mental health workers he met with in Australia. He is an inspiring example of a person whose



achievements have stretched beyond the material resources he has at his disposal. Kamau's ingenuity left a deep imprint on those who met him. ■

Pictured above (top to bottom):
Sudanese refugee whose leg was amputated after stepping on a landmine. Currently a participant in the community based rehabilitation program at Kakuma.
Sudanese woman cooking in front of her hut at Kakuma.
One of the 10 mosques at Kakuma.
A Sudanese girl at Kakuma.