

Efficacy Level of Therapeutic Counselling in Dealing with Depression among Adult Refugees: A Case of Dadaab Refugee Camp, Garissa County, Kenya

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Abstract

The purpose of this study was to investigate efficacy level of therapeutic counselling in dealing with depression among adult refugees at Dadaab refugee camp. *Ex Post Facto* research design was adopted for the study. A sample of 382 adult refugees and 16 section leaders were randomly selected to participate in the study while 5 counsellors were purposively selected. Data was collected using questionnaires, Focus Group Discussions and Interview guides. The reliability of the instrument was estimated using Cronbach Alpha Coefficient. The instrument yielded a reliability coefficient of 0.811. Descriptive and inferential statistics were used to analyze data. The study established that therapeutic counselling had positive satisfaction among adult refugees and hence efficacious in dealing with depression. The study recommended that there is need to allocate more funds towards mental and psychological health care at Dadaab refugee camp. This would enable counselling agencies to improve the counselling services.

Keywords: Efficacy levels, therapeutic counseling, depression, adult refugees.

1. Introduction

Kenya is a host to many refugees with majority located at Dadaab refugee camp which in the year 2011 was declared the largest refugee camp in the world. Dadaab refugee camp comprises of five camps namely, Hagadera, Dagahaley, Ifo, Ifo 2, and Kambioos. Most refugees in Dadaab camp are victims of disasters of political violence or war and drought especially from the war torn Somalia. The experiences of adult refugees throughout the migration period have exposed them to trauma leading to emotional and psychological suffering and this affects their mental health. Nyachieng'a (2012) observes that refugees in Dadaab camp have mental illness problems ranging from depression and anxiety to schizophrenia bipolar disorder and manic depression.

Depression is a common problem in refugee populations and as observed by Porter and Haslam (2005) refugees show higher rates of major depression disorder than the general population. Bhui (2006) observes that a study examining the prevalence of depression among other mental health issues in 143 Somali refugees residing in the United Kingdom found depression to be present in 33.8% of the sample. Cooperative for Assistance and Relief Everywhere (2012) asserts that many refugees at Dadaab suffer from depression. According to Bosire (2013), many refugees at Dadaab suffer from chronic depression due to poor living conditions and challenges of life in the teeming camps and this drives some to suicide.

Depression affects refugees in different ways and can cause a wide variety of symptoms relating to feelings, behaviour, thoughts and physical. According to Lipson (1993) symptoms range from lasting feelings of sadness and hopelessness, to losing interest in things one used to enjoy. Hahn and Payne (1999) observes that physical symptoms include feeling constantly tired, sleeping disorder, having no appetite or sex drive and complaining of various aches and pains. Behaviour symptoms of depression include, not doing activities enjoyed in the past, avoiding social events, self harm, finding it difficult to sleep and withdrawal while symptoms related to thoughts include difficulty remembering things, hard to concentrate or make decisions, self blame, no self-confidence or self esteem, a lot of negative thoughts and thinking about suicide (Hahn & Payne, 1999).

The efficacy of therapeutic counselling in the treatment of depression is supported by many studies. A study done by Gibbard and Hanley (2008) in UK established that person-centred counselling is efficacious in the treatment of clients with mild, moderate and severe symptoms of depression. Therapeutic counselling in Dadaab refugee camp is mainly offered by five agencies. The agencies carry out individual, group and peer counselling, do referrals and staff debriefing. Despite the counselling services offered at Dadaab refugee camp, many cases of suicide are still reported, which according to Bosire (2013) are as a result of chronic depression due to poor living conditions and challenges of life in the camps. There is need to understand the efficacy of therapeutic counselling among adult refugees in Dadaab refugee camp. Therefore, this study seeks to investigate the efficacy level of therapeutic counselling in dealing with depression among adult refugees at Dadaab refugee camp.

2. Problem of the Research

Therapeutic counselling is used by counselling agencies to deal with depression among adult refugees at Dadaab refugee camp. Despite the counselling services offered by the agencies at Dadaab refugee camp, cases of unmet psychological needs which include depression are still evident. Many cases of suicide are still reported which

may be as a result of chronic depression due to poor living conditions and challenges of life in Dadaab camp. Many refugee men continue to abuse psychoactive substances such as alcohol, Khat or Miraa and criminal activities are also rampant within the camp. Based on the above premises this study seeks to investigate the efficacy level of therapeutic counselling in dealing with depression among adult refugees at Dadaab refugee camp.

3. Objective of the study

The objective of this study was to determine the efficacy level of therapeutic counselling in dealing with depression among adult refugee at Dadaab refugee camp.

4. Methodology

The study adopted *Ex Post facto* research design. This is a research design in which the investigation starts “after the fact” has occurred without the interference from the researcher (Leedy & Omrod, 2005). The design helped to determine the efficacy level of therapeutic counselling in dealing with depression among adult refugees at Dadaab refugee camp. This design was deemed appropriate for this study since the refugees had gone through therapeutic counselling after their traumatic experiences and the researcher could not change this but only explain the state of affairs as they exist.

4.1 Sample of the Research

Sampling is a research technique used to select a given number of subjects from the target population (Mugenda & Mugenda, 1999). A sample of 382 adult refugees from two camps which were purposively selected participated in the study. Selection of adult refugees was done using simple random sampling. The other participants in the study included 5 counsellors who were purposively selected and 16 section leaders selected using simple random sampling. Thus the total participants were 403.

4.2 Instrumentation

The research instruments that were used for data collection included questionnaires, interview and Focus Group Discussion guides. Questionnaires were used to collect data from the adult refugees who were the key respondents. Interview guides were used to gather in-depth information from the counsellors who were relatively few while Focused Group Discussions (FGD) gathered information from the section leaders. According to Anol (2012), FGD allow deeper examination on complex issues than other forms of survey research, because when people hear others talk, it often triggers responses or ideas that they did not think about before. Content validity of the instruments was ensured through use of expert opinion from university supervisors while internal validity was ensured through triangulation. To enhance reliability of the instruments, a pilot study was conducted in one camp which had similar characteristics with the camps being studied. Cronbach’s Alpha Coefficient technique yielded a reliability coefficient of 0.811 which was considered appropriate for the study.

4.3 Data Analysis

The collected data was analysed using descriptive and inferential statistics which included frequencies, percentages, means and t-test. Statistical Package for Social Sciences (SPSS) Version 20.0 was used to analyse quantitative data while qualitative data was analysed by determining patterns, trends and relationships from open ended test items, interviews and Focus Group Discussions. The analysed data were presented using tables and prose narrations.

5. Results of the Study

The study sought to determine the efficacy level of therapeutic counselling in dealing with depression among adult refugees at Dadaab refugee camp. The following are results of the analysis of responses.

5.1 Demographic Characteristics of the Respondents

Composition of respondents by gender were 54.2% females and 45.8% males. The distribution of the respondents according to the camp of residence showed that 49.4% were from Ifo and 50.6% from Hagadera. With regards to age bracket, 36-45 years recorded 26.4%, 18-25 years at 24.9%, 26-35 years at 22.4%, 46-55 years at 16.7% and 56 and above at 9.6%. The distribution of respondents by marital status indicated that 44.4% were single, 38.0% were married, 8.2% separated, 6.2% widowed and 3.3% divorced. The adult refugees studied came from various countries with majority (78.5%) from Somalia, 6.7% from Ethiopia, 6.4% from Burundi, 4.0% from Sudan, 2.7% from Democratic Republic of Congo and 1.3% from Rwanda. The results on the number of years the respondents had stayed at the Dadaab Camp indicated, 25.6% had stayed for 16-20 years, 25.3% for over 20 years, 21.1% for 6-10 years, 14.5% for 11-15 years, and 13.5% for 0-5 years. On the highest level of education, 44.0% had acquired secondary education, 32.4% had no formal education, 16.7% had primary

level while 4.0% and 2.9% had university and college level of education respectively.

5.2 Efficacy Level of Therapeutic Counselling in Dealing with Depression

To determine the efficacy level of therapeutic counselling in dealing with depression, the adult refugees were requested to rate their efficacy level after undergoing therapeutic counselling using a 5-point Likert Scale. The efficacy level was inferred based on the levels of satisfaction which were categorized into very satisfactory (5), satisfactory (4), No opinion (3), unsatisfactory (2) and very unsatisfactory (1). The responses of the adult refugees were analysed using descriptive statistics (mean and standard deviation). Any statement with a mean score of 2.5 and above denoted positive satisfaction, an indication that therapeutic counselling was efficacious in dealing with depression. However, a mean score of below 2.5 denoted negative satisfaction, an indication that therapeutic counselling was not efficacious in dealing with depression. The results of the analysis of the responses by adult refugees are presented in Table 1.

Table 1

Efficacy Level of Therapeutic Counselling in dealing with Depression among Adult Refugees

| Statements | N | Mean | Std. Deviation |
|--|------------|---------------|----------------|
| Therapeutic Counselling has greatly helped me deal with feelings of sadness | 382 | 2.0733 | 1.2166 |
| My loss of interest in things enjoyed in the past has improved after Therapeutic Counselling | 382 | 2.6597 | 1.3859 |
| I am able to sleep soundly after undergoing Therapeutic Counselling | 382 | 2.5759 | 1.4228 |
| I am able to make better decisions about my life after undergoing Therapeutic Counselling | 382 | 2.7330 | 1.2948 |
| Therapeutic Counselling has helped me deal with feelings of irritability | 382 | 2.6387 | 1.4690 |
| I feel worthy and valued after undergoing Therapeutic Counselling | 382 | 2.5759 | 1.3490 |
| Suicidal thoughts and wishes have waned after Therapeutic Counselling | 382 | 2.6937 | 1.4374 |
| I am more optimistic/ hopeful about life after undergoing Therapeutic Counselling | 382 | 2.6545 | 1.3693 |
| My concentration levels have increased after undergoing Therapeutic Counselling | 382 | 2.6361 | 1.6604 |
| Therapeutic Counselling has helped me deal with feelings of fatigue and tiredness | 382 | 2.7199 | 1.4003 |
| Overall Efficacy level | 382 | 2.5157 | 1.0613 |
| Valid N (listwise) | 382 | | |

The results in Table 1 showed that the means ranged from 2.0733 to 2.7330 out of a maximum of 5. Out of ten statements, nine recorded positive satisfaction while one recorded negative satisfaction. From the findings, helping adult refugees make better decision about life recorded positive satisfaction with the highest mean of 2.7330. Helping adult refugees deal with feelings of fatigue and tiredness scored a mean of 2.7199 and SD of 1.4003 while helping adult refugees deal with suicidal thoughts and wishes scored a mean of 2.6937, both denoting positive satisfaction. However, dealing with feelings of sadness is the only statement that recorded negative satisfaction with a mean score of 2.0733 and S.D of 1.2166. The overall mean recorded positive satisfaction with a mean of 2.5157 and S.D of 1.0613. This shows that therapeutic counselling was efficacious in dealing with depression among adult refugees at Dadaab refugee camp.

More information on the efficacy level of therapeutic counselling in dealing with depression was gathered from the Focus Group Discussions with section leaders at Dadaab Refugee camp. The focus questions sought to find out from the group the efficacy level of therapeutic counselling in dealing with depression. The researcher probed the members to determine how therapeutic counselling had helped them deal with feelings of sadness, loss of interest in things enjoyed in the past, sleep problems, decision making, worthlessness, irritability, suicidal thoughts, hopelessness, lack of concentration and fatigue.

The FGD members noted that they used to feel excessively sad after losing family members and property back in their countries. They were equally disappointed with the poor conditions in Dadaab refugee camp and therefore sadness became an every day affair. However, therapeutic counselling helped them to understand their situation and to deal with issues of sadness fairly satisfactorily. The members also noted that loss of interest in things or activities enjoyed in the past was satisfactorily addressed by therapeutic counselling. For instance women who had lost interest in their daily activities including taking care of their children were helped by therapeutic counselling.

Members noted that they experienced sleep problems that were characterized by reduced or disturbed sleep as a result of traumatic events and challenging life in the camp. Many said that they used to have very bad

dreams that kept them awake at night while others said that they spent sleepless nights thinking about the challenges in the camp such as lack of adequate food and medical care. However, members were in agreement that therapeutic counselling helped them deal with worries that contributed to their sleep problems very satisfactorily including learning to cope with the challenges in Dadaab refugee camp.

Members said they used to get angry with everybody especially when they thought of the property that they left behind in their countries, yet they continued to suffer in Dadaab. They noted that getting adequate basic resources such as food and water was a problem. They further observed that those working for humanitarian agencies do not seem to realize that they were comfortable in their country before war broke out. They said nobody seemed to understand them and this lowered their tolerance levels leading to short tempers. However, members were in agreement that therapeutic counselling had satisfactorily helped them reduce their anger.

The FGD members noted that being a refugee made them feel worthless because even making decisions about their life was limited by the camp environment since they are not allowed to move out of the camp. They said, they initially did not feel valued or accepted at Dadaab and would criticize themselves for perceived faults and mistakes but therapeutic counselling satisfactorily helped them to gain a stronger sense of self.

The group members noted that therapeutic counselling helped them deal with feelings of deep despair and hopelessness very satisfactorily. Some said that they used to feel like nothing would ever get better and there is nothing they could do to improve their situation. At times they felt like suicide was the only way to escape the pain, but therapeutic counselling helped them to change their attitude towards life, hence giving them hope.

The researcher gathered more information on the efficacy level of therapeutic counselling in dealing with depression through in-depth interviews with counsellors in charge of counselling units in various agencies. The interview responses are presented in Excerpt 1. The names of the counsellors were withheld to conceal their identity.

Excerpt 1

Researcher: Has therapeutic counselling helped adult refugees deal with depression and especially their sadness, loss of interest in activities enjoyed in the past, difficulties in sleep, decision making, worthlessness, anger, suicidal thoughts, hopelessness, lack of concentration and fatigue.

Respondent 1: Therapeutic counselling has helped adult refugees deal with depression very satisfactorily. For instance, recently a man was referred to me for counselling from a health care facility. The man expressed sadness, hopelessness and desperation as he observed his wife and children suffer without adequate food, clothing and shelter. During our interaction he noted that he was very wealthy back in Somali and now he has nothing, only depending on handouts that are not adequate. His counselling was focused on issues of livelihood and through the support of the organization he started a small business and he is doing very well, he is happy and is very optimistic about life.

Respondent 2: Therapeutic counselling has been very satisfactory in dealing with depression experienced by adult refugees from the minority groups such as those who came from Burundi and Ethiopia. Those from the minority groups get depressed because of being harassed by the majority who are Somalis or Muslims. For instance, they cannot do business without paying something to the majority community to avoid harassment. In addition to counselling, those from minority groups are moved to protected areas to avoid further harassment which would impact negatively on the counselling process, or cause a relapse to depression. This gives a lot of satisfaction to the clients.

Respondent 3: Counsellors in Dadaab refugee camp work closely with other professionals and especially those in the medical field because it makes referrals easy. For instance, a while ago I was brought an adult refugee who was depressed to the level of getting hallucinations. The family members noted that she had not slept for several days. I referred the client to hospital to be given anti-depressants and then counselling followed later. A combination of counselling and anti-depressants produced very satisfactory results to the client. However, at times the family members who escort the depressed clients for treatment get stigmatized and stop it. On the other hand the clients may not understand why they are taking drugs and therefore once the escort is not there they do not go for drugs. Such client who do not complete their dose of drugs or counselling sessions end up with incomplete process and may easily relapse to depression.

Respondent 4: Occasionally I get clients (adult refugees) who are depressed because they are HIV positive. Refugees who are living with HIV/AIDS are not accepted by the community at Dadaab refugee camp because of issues of culture. According to the Somali culture, discussing sex matters and HIV/AIDS remains a taboo. There is still the perception that HIV is something

that is contracted only through illegal sex. In other words, if you say that you are HIV- positive, you are saying that you had sex outside marriage. Therefore, stigma against people living with HIV/AIDS and their families is widespread in Dadaab refugee camp. To help such clients overcome the stigma, they are taken to the protected areas with their immediate family members. With this enabling environment counselling is effective and clients (adult refugee) living with HIV/AIDS) confirm their satisfaction with the therapeutic counselling.

From Excerpt 1, the counsellors have highlighted the various situations encountered during the counselling process. The counsellors noted that, in addition to the counselling process, a supportive environment is also key. Counsellors have highlighted how they have changed the environment of the client by moving them to the protected areas. The counsellors also made referrals where necessary and also brought in the use of anti-depressants with sole purpose of ensuring that therapeutic counselling is satisfactory to the client. All the counsellors interviewed noted that therapeutic counselling had positive satisfaction to the clients handled.

6. Discussion

The information gathered from the questionnaires, Focus Group Discussions and in-depth interviews, demonstrate that therapeutic counselling helped adult refugees deal with depression. The responses indicated that the adult refugees experienced positive satisfaction after therapeutic counselling. The findings of the study are consistent with results of research carried out by Freire (2010) in west Scotland to evaluate whether counselling was efficacious in treating depression and anxiety within a primary care setting. The study by Freire (2010) confirmed the efficacy of counselling in the treatment of depression and anxiety within a primary care setting, with 66% of the clients achieving recovery within an average of six sessions.

The findings of the study are also consistent with research results of Gibbard and Hanley (2008). Gibbard and Hanley (2008) carried out a study on “A five year evaluation of the effectiveness of person-centred counselling in routine clinical practice in primary care” in the UK. The study established that person-centred counselling is an effective intervention for common mental health problems such as depression and anxiety. The percentage of clients who showed reliable improvement after undergoing person-centred counselling was 68%. The study further established that the efficacy of person-centred counselling is not limited to people with mild to moderate symptoms of recent onset, but also effectiveness with people with moderate to severe mental health problems of longer duration such refugees. This shows that person-centred counselling is very appropriate for refugees at Dadaab because as observed by Nyachieng’a (2012) refugees in Dadaab have problems ranging from depression and anxiety to schizophrenia, bipolar disorder and manic depression. In addition to this adult refugees in Dadaab have experienced these problems for a long duration, that is during the pre-migration, migration, and post migration period, but as established by Gibbard and Hanly (2008), person-centred counselling is still appropriate.

The findings of this study are further supported by results of a study alone by Paunoric and Ost (2001) who investigated the efficacy of CBT and Exposure Therapy in the treatment of depression, PTSD and generalized anxiety in refugees in the USA. The results showed that both treatments resulted in large improvement on all the measures, which were maintained up to the six months follow-up. The Exposure Therapy and CBT particularly led to 54% and 57% reduction on depression respectively. This showed that Exposure therapy and CBT were efficacious in the treatment of depression in refugees. Therefore, counsellors in Dadaab refugee camp can use different approaches of therapeutic counselling and still help the adult refugees to deal with depression.

The findings of the study are also consistent with results of a research by Interian, Allen, Gara and Escobar (2008) who evaluated a culturally adapted cognitive behavioral therapy (CBT) for major depression among Hispanics in primary care in the USA. The participants received 12 sessions interventions. The results showed significant reductions in depressive symptoms at Post treatment and 6 month follow-up. The mean reduction of depressive symptoms at Post treatment was 57%. Participants also reported great satisfaction with the treatment. A culturally adapted CBT in therapeutic interventions is key in Dadaab because the refugees attach a lot of importance to culture. Therefore any recognition of their culture would add value to the therapeutic counselling process. There is increased recognition of the need to take a holistic approach which acknowledges cultural differences, persons in context and inherent strengths and wisdom with the refugee community (Papadopoulos, 2007). Therefore, therapeutic counselling interventions in Dadaab refugee camp need to utilize culturally appropriate ways of engaging with adult refugees that do not pathologies but rather honour cultural systems and values to foster recovery and resilience processes.

7. Recommendations

There is need for United Nations High Commission for Refugees (UNHCR) and the Counselling agencies in Dadaab refugee camp to allocate more funding towards mental and psychological health care. This would enable the counselling agencies to improve the counselling services. There is also need to re-evaluate the health care

services and living conditions of the refugees with the aim of improving such services. Improvement of the refugee's environment and physical health would boost their psychological health.

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