

Online PhD defence Nandini D. P. Sarkar

The challenge of equitable quality Mental, Neurological, Substance-use care and coverage: A local health systems analysis in eastern Uganda

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Dit is de omschrijving

Link

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Abstract

In recent years there has been much progress globally towards mental, neurological, and substance-use (MNS) research, advocacy and interventions, however, there remains the continued need for context-specific understandings and situational analyses of the MNS needs and coverage in various contexts. The primary aim of this doctoral thesis was to explore: How, and in what ways, can local health systems provide equitable quality MNS care and coverage in eastern Uganda?

Through the course of a transdisciplinary, mixed-methods research design, we followed an in-depth exploration of the gaps in knowledge regarding local conceptualisations of various MNS disorders, related helpseeking behaviours, the facilitators and barriers to quality MNS service provision, and how to best provide integrated mental and physical care through primary health care – all within the purview of quality of care – in this Ugandan context. Key findings indicate that firstly within this context, quality of care is often compromised under severe resource-constraints and an already over-burdened health system.

The structural, technical and interpersonal quality of the MNS care that is available at the local health system in Uganda can be improved. Second, MNS disorders and their care provisions are not sufficiently valued or prioritised enough in this context, with stigma being a significant barrier to both help-seeking and the provision of care for MNS disorders. Both of these outcomes are related to the complex interplay of many simultaneous factors as discussed throughout the thesis. The combination of these two outcomes, in consequence, means that formal MNS health care may not be currently available for those who need it due to the lack of accessible and equitable coverage, and for that which is available, the quality of the care cannot be guaranteed within this Ugandan context.

Thus, if we are to truly ensure access to high quality, people-centered health systems, then both the study of and the sustainable integration of mental, neurological and substance-use care into general health care across Uganda, is a commitment that can no longer be delayed. The thesis concludes with recommendations for further research, relevant national and local policy and practice implications, as well as reflecting on itself as a procedural and methodological template addressing complex health problems in similar low-resource contexts.

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