THE TAALA FOUNDATION

Your wellness partner

Curving out a new meaning of happiness at the Taala Fireplace
A review of a pilot mental health initiative among gender and sexual diverse people in Uganda

AMERICAN JEWISH WORLD SERVICE

A publication of The Taala Foundation

Principle investigator: Severus Hama-Owamparo
Co-Investigator: Elizabeth Kibuka-Musoke
Reviewed by: Roscoe Kasujja
Editing and production: Patience Akumu

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The Taala Foundation and its mental health initiative have remained a nascent dream until this intervention and we are tremendously grateful for the collaborative effort between community members, mental health professionals, and development partners to bring this project to life. Wellness is an incredibly powerful tool for transforming individual and community lives, and we are grateful to be able to contribute to expanding access and awareness around mental health and wellbeing at this critical time.

We would like to extend our gratitude to the individuals that responded to our call to participate in the program, taking a leap of faith with this untested approach within our community work, and who stayed the course of the intervention. Your desire to be well, and demand for a space that meets that need is why we exist. We are grateful that you chose to walk your journey with us.

The Taala Foundation is thankful to the team at Taala for their work in coordinating the Taala Fireplace activities, and creating a hospitable and facilitative environment for the work to happen. The Taala Fireplace (TFP) series would not be possible without the support of mental health professionals who provide a critical service, insights into program design, and ensure that vulnerable youth also have access to good quality information, care, and tools to improve mental health and wellbeing. We are grateful to the various mental health professionals that have committed their professional support to this project, including Severus Hama-Owamparo, Dr. Elizabeth Kibuka-Musoke, and Dr. Roscoe Kasujja. Thank you for your oversight and guidance.

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Executive Summary

"I have no complaints and would even dare say I am carving out a new meaning of happiness for myself. I am grateful for the opportunity to grow with each of the individuals in this program and for the access that the professionals provided throughout the process. I am doing much better thanks to you. I can't wait for more people to experience your light," Taala fireplace participant.

It is by the fireplace, perhaps listening to stories by the feet of your grandmother, where mental health was replenished. It is here that life lessons were passed on from generation to generation and love affirmed. However, fast-changing culture has seen the death of the fire place. Replaced by lukewarm relationships and exclusive spaces that do not necessarily promote wellbeing. The mental health of African people has no doubt suffered. This is an important issue that needs quick intervention. But while many African people are laboring under numerous mental health malaises, perhaps no group suffers harder than African gender and sexual diverse people. This is because the realities of modern living combine with their social-legal exclusion to alienate them in turn, negatively affecting their mental health and overall wellbeing. When your humanity is questioned, your mental health suffers. Yet, there are tried and tested respites for Africans and Ugandans in particular who suffer because of poor mental health.

Despite the importance of mental health in Uganda and Africa as a whole, no mental health interventions for gender and sexual diverse populations have been tried, tested and published with the aim of ensuring healthy lives and promoting wellbeing. The Taala Fireplace (TFP) is a project implemented by The Taala Foundation— tackling the dire need for safe and adapted mental health interventions for disenfranchised minority groups. Between May and July 2020, Taala foundation applied Inter Personal Therapy for groups (IPT-G) as a treatment for depression among gender and sexual diverse people from the LGBTQ community in Uganda. Developed by Dr. Gerald L. Klerman and Dr. Myrna M. Weisman in the 1970s, IPT aims at improving client's Interpersonal relationships and social functioning by reducing their distress. IPT is an evidence-based and focused approach used to treat mood disorders. It is administered for a limited time, and client's progress closely monitored. A total of 12 gender and sexual diverse people were experiencing distressing symptoms. Eight of these 12 made it to the pre-group phase of the intervention. Majority of the participants were bi-sexual, trans-female and trans-male (two of each) while the remainder of the participants were queer and lesbian. By termination the group had six participants while only two were seen post intervention for follow up..

Taala Fire Place project was implemented using the IPT-G manual by World Health Organization to treat depressive symptomatology. There were over eight sessions, and two more as a follow-up. IPT sessions were conducted and offered to groups on a weekly basis. The groups were led by trained mental health professionals. Results showed that IPT-G was effective at reducing depressive symptomatology as the majority of the participants reported symptom and distress reduction at the end of the eight sessions.

Assessment was carried out at baseline (before any intervention with the purpose of selecting participants), mid-assessment (during the intervention), and six months after the intervention. A Primary Health Questionnaire (PHQ 9), adapted for the Ugandan community that screens for symptoms of depression and daily functioning, was administered to those experiencing five or more of the fourteen the symptoms of disturbance (SODs).
By the end of TFP, all people who stayed the full course reported marked improvement of wellbeing, a decrease in their depression symptoms and more positive mental health.

Participants reported having new coping mental health skills in their arsenal, thanks to the TFP intervention. These skills, they said, will help them beyond the fireplace. TFP was the crescendo of many a participant's week, and they reported better relationships and healing. At the fireplace, they shared their most profound fears and most cherished dreams.

All but one of the participants were able to combat their mental health challenges and left TFP illness free. All reported that their symptoms were of disturbance had reduced or become manageable. All reported improvement in the key areas of wellbeing, that is: mental health, physical health, economic status, and social interactions. There was improvement reported by 100 percent of participants in three out of the top four most reported SOD. That is to say, All participants, at the end of TFP, were feeling less angry and dissatisfied with their relationships, experienced less repetitive upsetting, unwanted and repeated thoughts, and had more self-esteem. Sixteen percent of participants requested for further support beyond Taala Fire Place, and these were followed up.

This intervention demonstrated that providing safe space and mental health treatment for gender and sexual diverse people with mental health challenges can improve their overall wellbeing and enable them completely overcome mental illness. It also highlighted the mental health gap that gender and sexual diverse people face, and the need to adapt mental health interventions to suit their need. For instance, many participants were afraid to participate in an activity that may be construed as illegal. There is also need to invest more in research on the mental health situation of gender and sexual diverse in complex socio-legal environments such as Uganda. Government should repeal laws that target gender and sexual diverse, especially the provision on homosexuality under the Penal Code Act. It should fulfill the right to health through a comprehensive health care policy that is inclusive of all, regardless of sexual orientation or gender identity.

Introduction:

A glimpse into mental health challenges of gender and sexual diverse People (GSD) in Uganda
The World Health Organization (WHO) (WHO, 2019) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to society. The true prevalence of mental health disorders globally remains poorly understood. However, in 2016, it was estimated that around one billion people globally have a mental or substance use disorder (Ritchie & Roser, 2020).

In a 2016-2017 survey from Human Rights Campaign Foundation, 28 per cent of LGBTQ youth — including 40 percent of transgender youth — said they felt depressed most or all of the time during the previous 30 days; compared to only 12 percent of non-LGBTQ youth.
Even among adults with mental illness, LGBQ adults may experience more serious symptoms. Among LGBQ adults living with mental illness, thirteen per cent had a serious mental illness that substantially interfered with major life activities. The same was true for only four per cent of heterosexual adults living with mental illness (Medley, 2016). According to the U.S. Transgender Survey, 40 per cent of transgender adults have attempted suicide during their lifetime, compared to less than five per cent of the US population as a whole (James, 2016). Such data, from contexts that are considered to be more progressive around issues concerning sexuality and gender diversity, is very worrisome.

Recent studies by Hama-Owamparo (2018) on the impact of visibility and openness on LGBTQ+ mental health in Uganda found that visible and out GSD persons face higher rates of violence, social exclusion, unemployment and isolation. This has a direct link with poor mental health. The study also revealed that GSD persons that come to better terms with their sexuality and gender identity or expression, despite these conditions, exhibited better and healthier coping mechanisms to stress-related illnesses and better mental health than before they came to this realisation. Self-acceptance, however, is not a sole determinant of better mental health as the huge gap in ethical health care service provisions is evident for such populations.

Mental health has historically been neglected in Africa's health and development policy agenda (Flisher, 2018). This is true across all countries, but particularly in low and middle-income countries such as Uganda where data and resources are scarce and documentation poor. The mental health of disenfranchised minorities in Uganda has been given little or no attention (Ayesiga, 2019). In Uganda, no comprehensive nationwide study has been undertaken to determine the mental health challenges faced by gender and sexual diverse individuals.

The Ugandan government continues to foster discrimination, violence and hostility towards gender and sexual diverse persons (Mayamba, 2020). The society still conflates sexual orientation and gender identity, treating trans and non-gender conforming individuals as sexual and societal deviants thereby discriminating against them and excluding them (Nalunkuma, 2013). As a result, safe spaces for LGBTQ gatherings or organising are being steadily stifled. Many are forced to flee, or seek hearth and home within their closed silos. They suppress and hide their identity just so they can access basic services without the risk of harm, violence and prosecution.

Mental illness, alcohol and substance abuse, and unhealthy competition fuelled by identity politics plague the general wellbeing of individuals within the gender and sexual
diverse community in Uganda. Yet, there is little or no mental health or comprehensive health services being delivered to these individuals beyond peer to peer education and support. Recent studies and publications by Hama-Owamparo (2018), Chapter Four Uganda (2019), Kuchu Times (2019), and Ayesiga (2019), highlight some of these issues— elaborately demonstrating the urgent need for contextualised and sustainable mental health and wellness interventions.

Taala Fireplace (TFP)

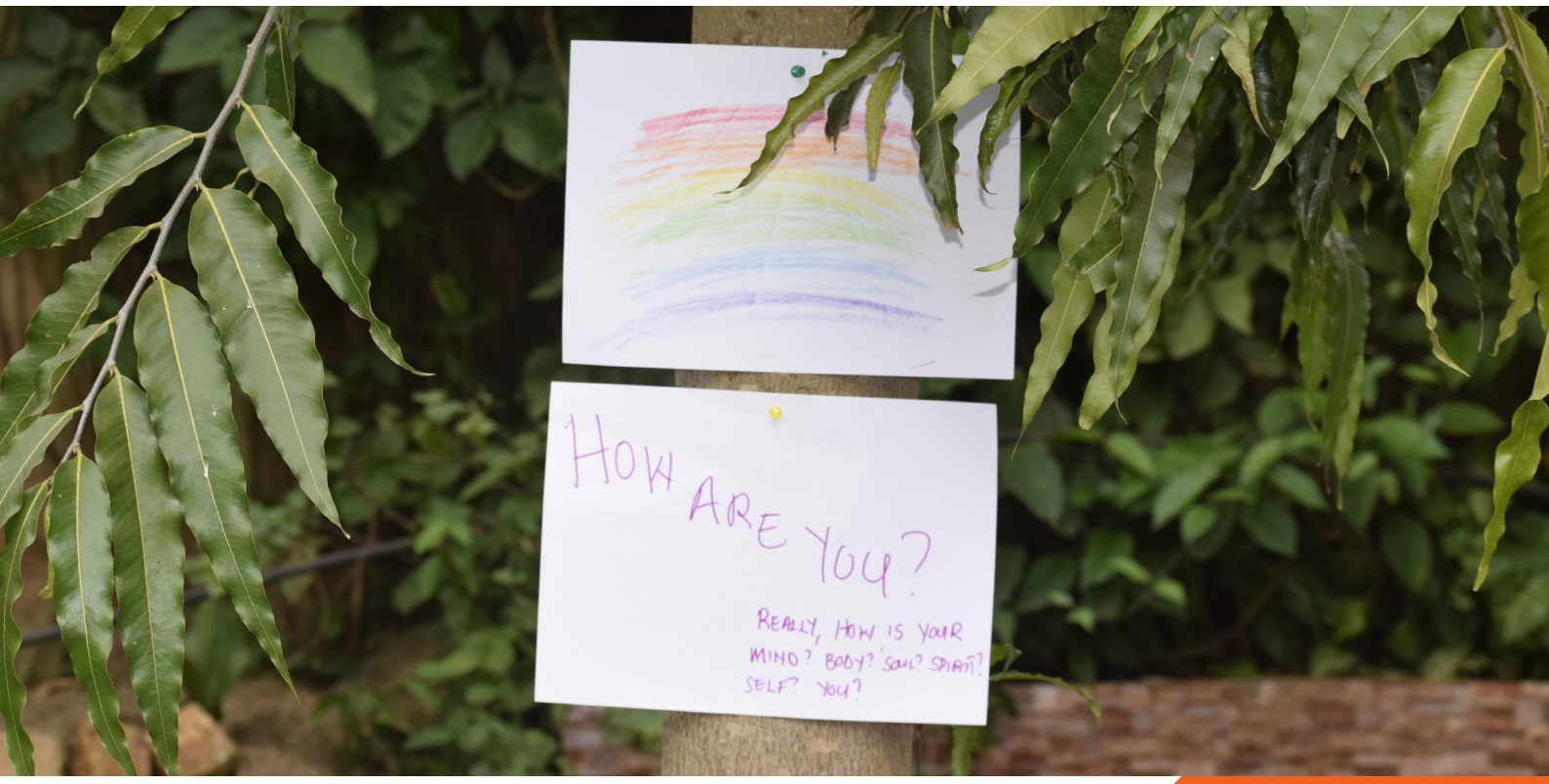
Confronting mental health challenges, curving a new path to happiness.

The vision of the Taala Fireplace is to promote wellbeing for people within the gender and sexual diverse spectrum in Uganda through human-centred, positive and sustainable mental health interventions. Taala Fireplace is part of our long-term goal to make an impact in community wellness. TFP also supports communities to learn and adopt mental health promotion and wellbeing models within their context, thus fostering both personal and community growth.

Lack of adequate mental health specialists to take care of the growing burden of psychiatric diseases in Africa complicates effective and efficient treatment (Chibanda 2017). Mental health practitioners who are informed and willing to work with gender and sexual diverse individuals (GSDs) are very few and far between. In the meantime, the number of people in need of these services continues to increase. GSDs, some of whom are also listed under Uganda's key populations, are often left out of service provision, planning and programming. A multidisciplinary approach is necessary to attend to the diverse experiences of these individuals.

The integration of evidence-based, scalable psychological interventions into non-specialized health settings or their provision by local organisations is an important part of scaling up treatment for Mental, Neurological and Substance (MNS) conditions, and can have a great impact on general wellbeing. To that end, due to the unfaltering, adverse environment in Uganda, the Taala Foundation has focused on creating safe environments that promote mental health and wellbeing, through various activities including but not limited to the Taala Fireplace. TFP contributes to bridging the mental health gap gender and sexual diverse people face.

The Taala fireplace is symbolic of fire places in many African and Ugandan homes. The fire place was where food or tea was prepared, perhaps enjoyed with a snack of fresh roasted maize or meat. It is here that folk tales were narrated, passed down over generations. The fire place was a place of love and affirmation. A place of sharing dreams and fears. Safe for vulnerability essential for self-discovery and building relationships. Taala foundation has tried to replicate the fireplace for Gender and Sexual Diverse People, many of whom are not welcome to their fireplace in their own homes. In a socially and legally hostile environment, Taala's fire place aims to provide a safe space to improve overall quality of life. And while at it, Taala takes the opportunity to research and document the experiences of GSDs— with the hope that it will contribute to improving the LGBTQ+ community's wider mental health and wellbeing.



Interpersonal Therapy (IPT) and its application in Uganda

Interpersonal Therapy (IPT) is a time-limited, focused, evidence-based approach to treat mood disorders. The main goal of IPT is to improve the quality of a client's interpersonal relationships and social functioning to help reduce their distress (Markowitz & Weissman, 2012). This mode of therapy was developed in the 1970s by Dr Gerald L Klerman and Dr Myrna M Weissman for the treatment of depression. It has since been adapted for different disorders
and age groups, as well as for use in diverse medical and community settings worldwide. Its effectiveness has been demonstrated in numerous clinical trials in high, middle and low-income countries, using both an individual and a group approach (American Group Psychotherapy Association, 2007; WHO, 2016; Tukahiirwa, 2019).

IPT-G was first tested in Uganda by Johns Hopkins University (JHU) in a randomized controlled trial in 2002 (WHO, 2016). Using lay community workers with only a high school education, the researchers found IPT-G was remarkably successful, reducing the depressive symptoms of 93 per cent of the 224 patients they treated. A separate group psychotherapy trial in Africa in 2012, still led by JHU researchers, was equally successful.

Many NGOs and researchers around the world have reported favorably about this intervention. The Taala Foundation does not intend to reinvent the wheel, but rather do our part in maintaining its relevance by learning and creatively adapting it for mental health promotion, illness prevention and treatment among gender and sexual diverse populations in Uganda and, possibly, East Africa. IPT-G which has been employed with much success in different Ugandan settings including Northern and Central Uganda (Verdeli et al., 2008; Mutamba et al., 2018) has not yet been applied to an LGBTQ+ population, as far as we know.

Findings from applying IPT by the fire place

The Taala Fireplace creatively adapted and evaluated this tried and tested module in a unique blend, to host the first gender and sexual diverse group promoting mental health and wellbeing in Uganda. The Taala Foundation takes a creative humanist, psycho-educational and multidimensional approach to intervention using tools sourced and directed by a team of qualified mental health and wellbeing experts. At the heart of the First Taala Fireplace is the use of the Interpersonal Psychotherapy (IPT) to intervene in individual's mental health.

Methodology

This project was an intervention that used IPT for depression as an intervention. A primary health questionnaire (PHQ 9) adapted for the Ugandan community to screen for symptoms of depression and daily functioning. It was administered and all those experiencing five of the fourteen (5/14) and above the symptoms of disturbance (SODs) were considered as suffering from depression. The PHQ-9 was used throughout the project, at baseline, during the intervention (each week) and follow-up at six months. IPT sessions were conducted and offered to groups on a weekly basis.

The groups were led by trained mental health professionals. The Taala Foundation focused on identifying a mixed-gender and sexual diverse group i.e; lesbian, bisexual, queer, trans* individuals. The target group consisted of adults aged 22 to 35 living in the central part of Uganda. Consent was obtained from potential participants and the inclusion criteria was self-report of individuals struggling with mental and behavioral difficulties.

Objectives

1. To provide a safe environment with a focus on improving the overall quality of life
2. To buffer the gap in the provision of mental health services to gender and sexual diverse individuals.
3. To establish a research component focused on the mental health of gender and sexual diverse persons in Uganda
4. To adapt and evaluate mental health interventions amongst gender and sexual diverse populations in Uganda.

Study limitations

Barriers to treatment like: misconceptions around programming, financial constraints, tight schedules and long distances limited the number of people accessing the service.

A small sample size participated in this program and it is not reflective of the entire gender and sexual diverse demographic. Limited internal and external capacity to strengthen services. This is in terms of the ratio of friendly mental health service providers to the need, and institutional capacity. Hostile government policies like section 145 of the Penal Code Act hinder service provision by MHPs i.e; fear of practice shutdown on basis of political environment and attitudes towards gender and sexual diverse persons in the region.

The perceived illegality of informal programs by mental health service providers as well as fear expressed by mental health professionals to engage as a result.

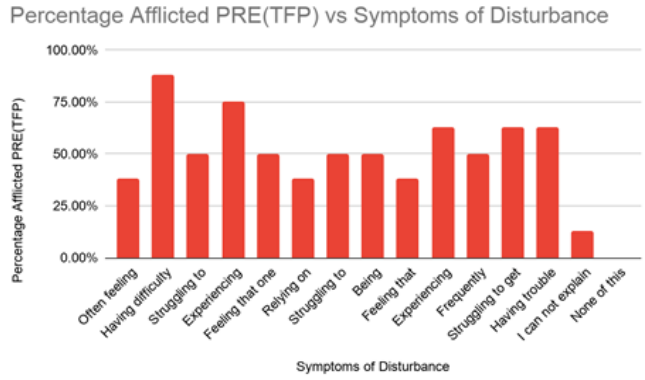
"I was excited at the prospect of doing something new, but simultaneously alarmed at the prospect of being discovered actually participating in what is, at the end of the day, an informally illegal intervention. In Uganda, it is an open secret that the expectation of medical and mental services are open to only heterosexual citizens! And that any practitioner who treats and withholds this information will, in some way, suffer the consequences of their decision." - MHP

Symptoms of disturbance (SODS) pre-Taala Fireplace

Symptoms of Disturbance

1. Often feeling angry, frustrated, or dissatisfied in relationships
2. Having difficulty trusting others
3. Struggling to forge close (or meaningful) relationships
4. Experiencing repetitive and persistent thoughts that are upsetting and unwanted?
5. Feeling that one often has to please others
6. Relying on alcohol or drugs to socialize
7. Struggling to communicate one's thoughts, feelings, and needs directly
8. Being controlling (or easily controlled) in relationships
9. Feeling that one's relationships are shallow
10. Experiencing anxiety in social situations
11. Frequently experiencing loneliness and sadness
12. Struggling to get one's needs met
13. Having trouble with self-esteem
14. I cannot explain it right now but I would want to
15. None of this sounds familiar

Figure 1: Percentage afflicted by SODs pre-Taala Fireplace



A PHQ-9 was administered to participants with symptoms persistent enough to warrant some form of mental health intervention. A total of 12 GSD persons were experiencing distressing symptoms. Eight of these 12 made it to the pre-group phase of the intervention (PHQ-9 scores >=4)). Majority of the participants were bi-sexual and trans-female and trans-male (two of each) while the remainder of the participants were queer and lesbian. Trans-females dropped out after pre-group and weren't represented in the preceding sessions.

Figure: 2 Group Therapy Attendance

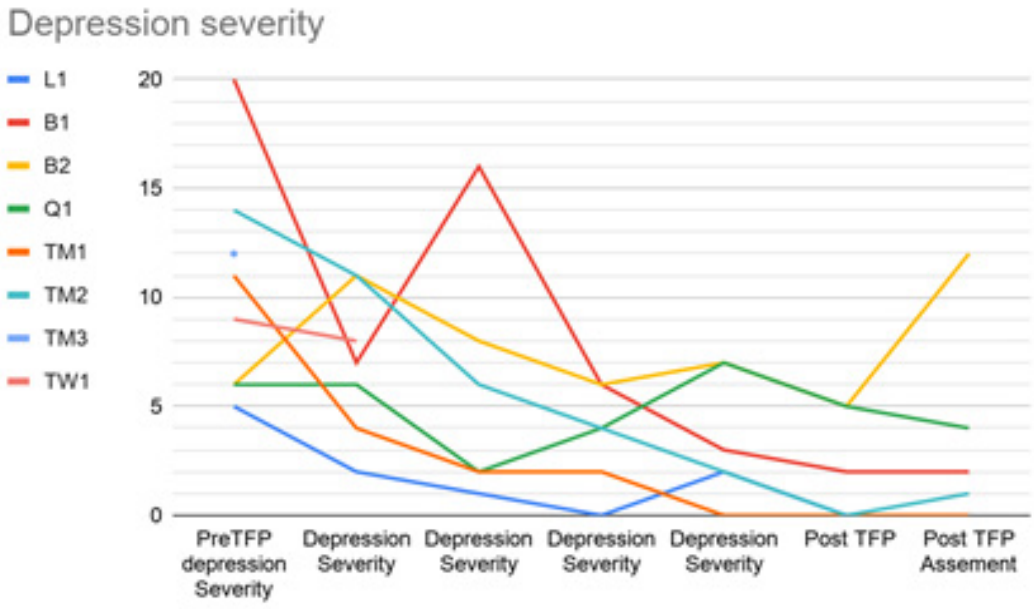
Participant category	Number with SODs(Pre TFP)	Pre-group	Initial phase	Middle phase	Termination	Follow-up	Drop out
Queers	1	1	1	1	1	0	0
Lesbian	2	1	1	1	1	0	0
Bi-sexual	2	2	2	2	2	1	0
Trans-male	3	2	2	2	2	1	0
Trans-female	4	2	0	0	0	0	2
Total number	12	8	6	6	6	2	6

Symptoms of Disturbance (SODS) post-intervention

By termination the group had 6 participants while only two (one bi-sexual and one trans-male) were seen. The Taala Fireplace was successful in treating depression. After treatment, there was a reduction in symptoms of disturbance and improvement in overall quality of life and wellbeing. As one TFP participant put it,

"I have no complaints and would even dare say I am carving out a new meaning of happiness for myself. I am grateful for the opportunity to grow with each of the individuals in this program and for the access that the professionals provided throughout the process. I am doing much better thanks to you. I can't wait for more people to experience your light."

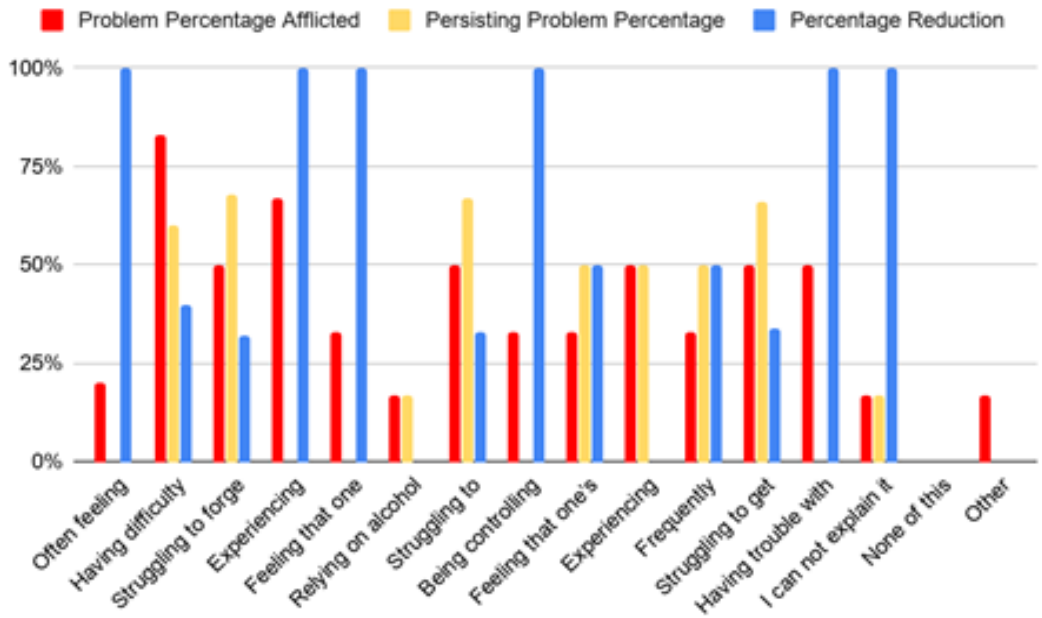
Figure: 3 Depression severity over course of TFP



Levels of depression were found to decrease over the course of TFP.

Scores of 0-4: indicate minimal Depression. The Taala Foundation considers this depression free and those with scores of 5 and onwards engage with TFP.

Figure: 4 Percentage reduction of SODs post-intervention



Two assessments were carried out, post-intervention and six months thereafter to determine the success rate of The Taala Fireplace in line with its objectives and clientele functionality thereafter as shown in fig.4

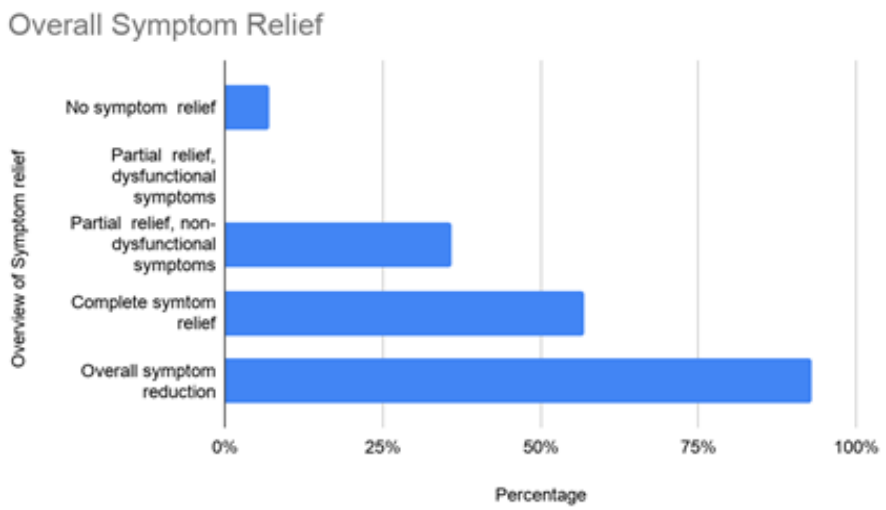
Figure: 5: Table showing the most common and least common Symptoms of Disturbance (SODs) pre-intervention, versus most persistent and least persistent SODs post-intervention.

PRE TFP	**SYMPTOM DESCRIPTION**
Most Common SODs	• Having difficulty trusting others • Experiencing repetitive and persistent thoughts that are upsetting and unwanted • Experiencing anxiety in social situations • Struggling to get one's needs met • Having trouble with self-esteem
Least Common SODs	• I cannot explain it but I'd want to • Relying on alcohol or drugs to socialize
POST TFP	**SYMPTOM DESCRIPTION**
Most Persistent SODs	• Struggling to forge close (or meaningful) relationships • Struggling to communicate one's thoughts, feelings, and needs directly • Struggling to get one's needs met • Having difficulty trusting others
Least Persistent SODs	• I cannot explain it but I'd want to • Relying on alcohol or drugs to socialize
Other problem areas highlighted	• Imposter syndrome *"I sometimes have imposter syndrome and feel like I am not doing enough and that what I am doing isn't good enough"* TFP Participant

While persisting problem areas were found to be manageable and non-dysfunctional i.e.: not causing any impairment, disturbance, or deficiency in behaviour or operation, it is still worth noting what the remnants of disturbances were there post TFP.

Persistence of SODS post-intervention

Figure: 6: Overall Symptom relief post-TFP



Positive quality of life markers and wellbeing indicators as a direct result of the intervention observed by participants are shown in figure 8 a&b.

Figure: 7b: Wellbeing Indicators

WELLBEING INDICATOR	QUOTATION
Mental Health	"My mental health has grown. My mind thinks through before drawing conclusions and also mentally strong. I don't let any situation get to my head or affect me mentally. Therefore my mental health has improved over the months --TFP Participant
	"I am more affirmative about how my mental health is affected and more aware of what losing the will power to control the environment around me can do to my mental health" --TFP Participant
Physical Health	"I have learnt to appreciate my body and also love myself compared to how I was before. The space made me get or even gain more self-love, not like it was before" --Participant
	"Yes, I have adopted a healthier routine to complement my mental health strategies. I take 30 minutes each week focused on lifting my body energy and mental connection between my mind and my body. It is going great so far" --TFP Participant
Economic Status	"I am looking into securing physical assets and trying to make sure I am healthy and enjoying myself as I make my money nest"--TFP Participant
	"I have managed to have financial discipline plus to know what people I need to spend on financially and what to really focus on" --TFP Participant
Social Interactions	"I relate better with other people, out of my inner circle and I am learning to communicate better how I feel and think about certain things/ actions"--TFP Participant
	"I made a new acquaintance and it's been hard but I am opening up little by little"-- TFP Participant
General wellbeing	"I am happy with where I am, finding my peace, voice, inner structure and working on owning my space and energy"--TFP Participant
	"I am alive. I am awake. I am amazing and I am still here, eating life with a big spoon"--TFP Participant

Discussion

Impact of IPT on mental health of Gender and Sexual Diverse people who attended Taala Fireplace

The first TFP session was carried out on 31st May 2019 with a total of 8 participants who commenced treatment. Regrettably, we lost some participants (n=2) during the initial phase of treatment under unclear circumstances. Efforts were made to reach out but without the desired effect. The reasons for the mental health service decline prior to TFP include: Uncertainty of new organizations i.e: Some reported that they suspected fraudulent activities and had no confidence in any LGBTQ+ programming, Unfriendly distance from residence to point of service and unavailability during the stipulated time, ie: Some reported congested and overlapping schedules.

Early communications were made by the Taala Foundation, constant reminders were sent out and letters of support upon request were granted in an attempt to mitigate this but such efforts proved futile for some but were appreciated by most.

Every week, a session, lasting about an hour and a half, was held over a period of 9 weeks. The final session was held on 26 July, 2019. A depression module (PHQ9) was used both as a screening and monitoring instrument. Each participant filled out a PHQ9 every 2 weeks until the last session. A comparison of previous and present scores was made each time. It was with marked satisfaction that the levels of depression were found to decrease substantially quite quickly. By the end of the intervention, every one of those who stayed the full course reported both marked improvement in their wellbeing, a decrease in their depression symptoms and a more positive inclined mental state. All participants also revealed new coping skills they had integrated into their coping strategy arsenal that they are still finding essential in their day to day lives.

The sessions themselves were appreciated by the group from the point of view of cementing underlying structures of long term friendship, trust, support and healing. The sessions were a weekly highpoint and goal for many of the participants, and they were an opportunity for culinary discovery as some sustenance was organised by the organising committee. With time, the members of the group were more and more open and ready to share some of their most profound fears and most cherished dreams. Half (n=3) of those that completed TFP had participated in Taala Foundation's previous program; physical body and fitness, in 2018, which might have played a role in the adherence and retention as well as the success rate of the intervention. Most (n=5) of participants combated mental illness and left the TFP depression-free. 100% of those who completed the TFP showed a great reduction in dysfunction reporting reduced or manageable symptoms of disturbance as well as preventative strategies to dysfunction and illness. Upon a six-month assessment symptoms of disturbance and dysfunction reduced by 93%. Majority of participants combated mental illness and left TFP depression-free and all the participants marked significant improvements and changes in different areas of wellbeing i.e: mental health, physical health, economic status, social interactions and general wellbeing as a direct impact of TFP. 16% expressed a slight need for further interventions beyond the fireplace and had individual follow up plans thereafter.

Conclusion

The Taala Fire Place was highly efficacious in reducing symptomatology and dysfunction with 100% reporting manageable symptoms and better wellbeing as a direct effect of the intervention.
"I have no complaints and would even dare say I am carving out a new meaning of happiness for myself. I am grateful for the opportunity to grow with each of the individuals in this program and for the access that the professionals provided throughout the process. I am doing much better thanks to you. I can't wait for more people to experience your light." TFP Participant

"Well life is still hard sometimes, but I am stronger than before as I believe what is for me will always be mine. I get to be more understanding in my day to day life especially as a coach or a player." TFP Participant

The Taala Fireplace successfully treated depression with (PHQ-9 scores >=4) after treatment, a reduction in symptoms of disturbance and improvement in overall quality of life and wellbeing. Participants noted that the tools granted from the TFP were still being used actively suggesting continuity, which played a role in reducing dysfunction. Although some symptoms were still present post-intervention, they were severe, not enough to onset dysfunction or illness:

"I have been really light-hearted, I felt the heavy weight off my shoulders and my heart too. Been happier than I was before plus, no more depression." TFP Participant
"Pretty amazing, I have gotten so much done and my people skills are getting better. I am currently working on how best to communicate during times of conflict or high energy spaces and it feels great. " TFP Participant.

A clinical trial involving an IPT-G treatment plan for depression proved feasible in the local setting. Such findings should encourage similar trials in similar settings in Africa and beyond.
Although the numbers reached through the first Taala Fireplace are small, all participants found the services delivered to be very helpful and were eager to highly recommend this service to others that they know to be struggling with their mental health and wellbeing.

Those who did not make it to TFP for reasons stated insisted on being shortlisted for the next fireplace series. They believed they still needed mental health services. Those that did not complete treatment were still exhibiting depressive symptoms and expressed a need for more convenient interventions. This was not possible because The Taala Foundation could not meet the costs necessary for this to be realised. This is a continuous indication for the need for these interventions and as such, more resources should be allocated into running The Taala Foundation's mental health interventions concurrently. The Fireplace thus far has been successful in meeting all of its objectives, ie; Objective 1 fully. Objective 2 to an extent, as discussed in findings. Objectives 3 and 4 are fulfilled in this study and The Taala Foundations' Publications.

Recommendations: Beyond Taala Fireplace

For participants: Maintain individual and collective health and wellness
Participants should continue to prioritise and employ strategies and mechanisms learnt from the Taala Fireplace in their day to day lives as wellness is an ongoing process.
Participants should also continue to foster lessons learnt within the Fireplace individually and within their communities and make appropriate recommendations to ethical and friendly professional health care providers where necessary. Participants should continue active advocates for mental health recognising the important role that it plays in wellbeing and overall quality of life.

To the Public sector: Prioritise safety and comprehensive healthcare
Prioritise the mental health services to the general populations and access to ethical, contextualised and adopted mental health services for GSD persons in the country.
The state should take a clear political position on dignity, non-discrimination and respect of gender and sexual diverse persons, paying specific attention to Uganda's Penal Code section 145 and Article 31 (2a) of the Ugandan Constitution.

Provide comprehensive healthcare reinforced by strong polices that prioritise scientific research as well as the safety, non discrimination, confidentiality and adpotion of treatment plans to cater to the unique needs of gender and sexual diverse persons in the country.

Enforce mechanisms that protect all citizens of the nation regardless of gender, sex, race, colour, ethnic origin, tribe, birth, creed, religion, social or economic standing, political opinion or disability.

To the Taala Foundation: Building healthy communities
Upon successful completion, the Taala Foundation should support participants who extend an invitation to one other person that they believe will benefit from the program. This will ensure some level of accountability for one another within this population as well as collective continuity of the program. Willing participants that have successfully completed the Taala Fireplace Series should have the support of The Taala Foundation through training, to lead the program in different contexts thus growing its impact.

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Appendices

Appendix I:

Terms of definitions used.

Bisexual: An individual who has a personally significant and meaningful romantic and/or sexual attraction primarily to adults of all sexes and gender.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Heteronormativity: The assumption that everyone is heterosexual, and that heterosexuality is "the norm". Among both individuals and institutions, this can lead to invisibility and stigmatisation of other sexes and gender. Often included in this concept is a level of gender dichotomy and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women.

Heterosexual: An individual who has a personally significant and meaningful romantic and/or sexual attraction primarily to adults of the opposite sex or gender.

Intersex: These are individuals who are born with physical or biological sex characteristics (including sexual anatomy, reproductive organs and/ or chromosomal patterns) that do not fit the traditional definitions of male or female sex characteristics. These characteristics may be apparent at birth or emerge later in life, often at puberty. Intersex people may be subjected to "gender assignment" interventions at birth or in early life with the consent of parents though this practice is largely contested by intersex persons and has been the subject of a number of recommendations by human rights experts and bodies.

Gay/Homosexual: An individual who has a personally significant and meaningful romantic and/ or sexual attraction primarily to adults of the same sex or gender.

Gender diverse persons: These are individuals whose gender differs from their assigned sex. ie; Transsexual, Transgender.

Lesbian/Homosexual: An individual who has a personally significant and meaningful romantic and/or sexual attraction primarily to adults of the same sex.

LGBTIQ: Lesbian, Gay, Bisexual, Trans* Intersex and Queer. For purposes of this research only, it is used interchangeably with gender and sexual diverse persons. This study however focuses specifically on LBTQ persons.

Mental health: A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to society.

Mental illness: Mental illnesses/disorders are health conditions involving a broad range of problems, with different symptoms like changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities and are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.(WHO,2020),(APA, 2020).

MHP: Mental Health Professional

MNS: Mental, Neurological and Substance conditions

NGO: Non Government Organisation

Queer: An umbrella term that individuals may use to describe a sexual orientation, gender identity or gender expression that does not conform to dominant societal norms. Historically, it has been considered a derogatory or pejorative term and the term may continue to be used by some individuals with negative intentions. Still, many LGBTI individuals today embrace the label in a neutral or positive manner (Russell, Kosciw, Horn, & Saewyc, 2010). Some youth may adopt 'queer' as an identity term to avoid limiting themselves to the gender binaries of male and female or to the perceived restrictions imposed by lesbian, gay and bisexual sexual orientations (Rivers, 2010), (APA,2018).

Safe space: A safe environment or space generally refers to a physical zone of safety where individuals can speak openly about their experiences in conversation, challenge harassment when it occurs, interact and associate with other people freely, without fear or threatening the peace and freedom of others to do the same. Such safe spaces in the country are usually limited to organisations that work with gender and sexual minorities.

Sexual diverse persons: Sexual diverse persons are those whose sexuality is not strictly heterosexual, ie homosexual and bisexual individuals).

Sex: Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs and external genitalia. (APA, 2012).In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of this study, sexuality and sexual health discussions, the above definition is preferred.

Sexual Health: Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexuality: Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Transgender: refers to having a gender identity that differs from one's sex assigned at birth. "Gender identity" refers to the basic conviction of being a man, woman or other gender (e.g., bigender, genderqueer, gender questioning, gender nonconforming).

Transsexual: A term used by some to refer specifically to those who need, seek or have undertaken a medical intervention to align their bodies with their gender.

TFP: The Taala Fireplace

Wellness: The Taala Foundation defines wellness as an evolving process of achieving physical, mental, social, intellectual, spiritual, and occupational wellbeing.

Appendix II:

Symptoms of Disturbance checklist

Symptoms of Disturbance

- Often feeling angry, frustrated, or dissatisfied in relationships
- Having difficulty trusting others
- Struggling to forge close (or meaningful) relationships
- Experiencing repetitive and persistent thoughts that are upsetting and unwanted?
- Feeling that one often has to please others
- Relying on alcohol or drugs to socialize
- Struggling to communicate one's thoughts, feelings, and needs directly
- Being controlling (or easily controlled) in relationships
- Feeling that one's relationships are shallow
- Experiencing anxiety in social situations
- Frequently experiencing loneliness and sadness
- Struggling to get one's needs met
- Having trouble with self-esteem
- I can not explain it right now but I would want to
- None of this sounds familiar

KEY

Yes	Absolute: everyday, every other day*
Often	More than two weeks in a month*
Sometimes	Less than two weeks in a month
No	Never

* = Symptoms persistent enough to warrant some form of mental health intervention

Appendix III:
Patient Health Questionnaire-9 English (PHQ-9)

Patient Health Questionnaire- 9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use to indicate your answer)	Not at all	Several days	More than half the days	Nearly everyday
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling/staying asleep, sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3
Healthcare professional:	0+			
			Total score=	
If you checked off any problems how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all □	Somewhat difficult □	Very difficult □	Extremely difficult □

Appendix V:
Post TFP Questionnaire

Post TFP Assessment questionnaire

1. How have you been since The Taala Fireplace?
2. Are you still using the skills you learnt from the Taala fireplace
3. and have they been useful?
4. Would you say that you have noticed a change in your wellbeing over the past six months in any of these areas. Elaborate just a bit

- Mental health
- Physical Health
- Economic Status
- Social Interactions
- General Wellbein

Appendix VI:
The Taala Fireplace experience

Best part of The Taala Fireplace (Participants)

"Everything, the guidance, the space, the people too and I loved the confidentiality as well. I was able to express myself freely and it felt like home. Also the constant checkups that are done are great"
-- TFP Participant

"The energy is right and eases the process of sharing over time."
--TFP Participant

"The small group and the meals"
--TFP Participant

"The therapist, the food and the people."
--TFP Participant

"Everything, the people, the communication, the psychologists, the food, the environment, the love, the care, the hospitality."
--TFP Participant

"The ability to actually go to a safe space and feel the levels of safety in my whole being, it is a place I can recommend to more people who are going through the most in their lives. Taala creating and us having the privilege of being invited has been the highlight of my year and the sessions have really helped me realign my life."
--TFP Participant

Worst part of The Taala Fireplace (Participants)

"Inconsistencies in participation by some colleagues"
--TFP Participant

"Can't say. It started out nerving - not knowing how to share and relate with space in a group at first - but it got better and easier."
-- TFP Participant

"There was nothing I disliked, every one put in the effort to always be there and that made the days better"
-- TFP Participant

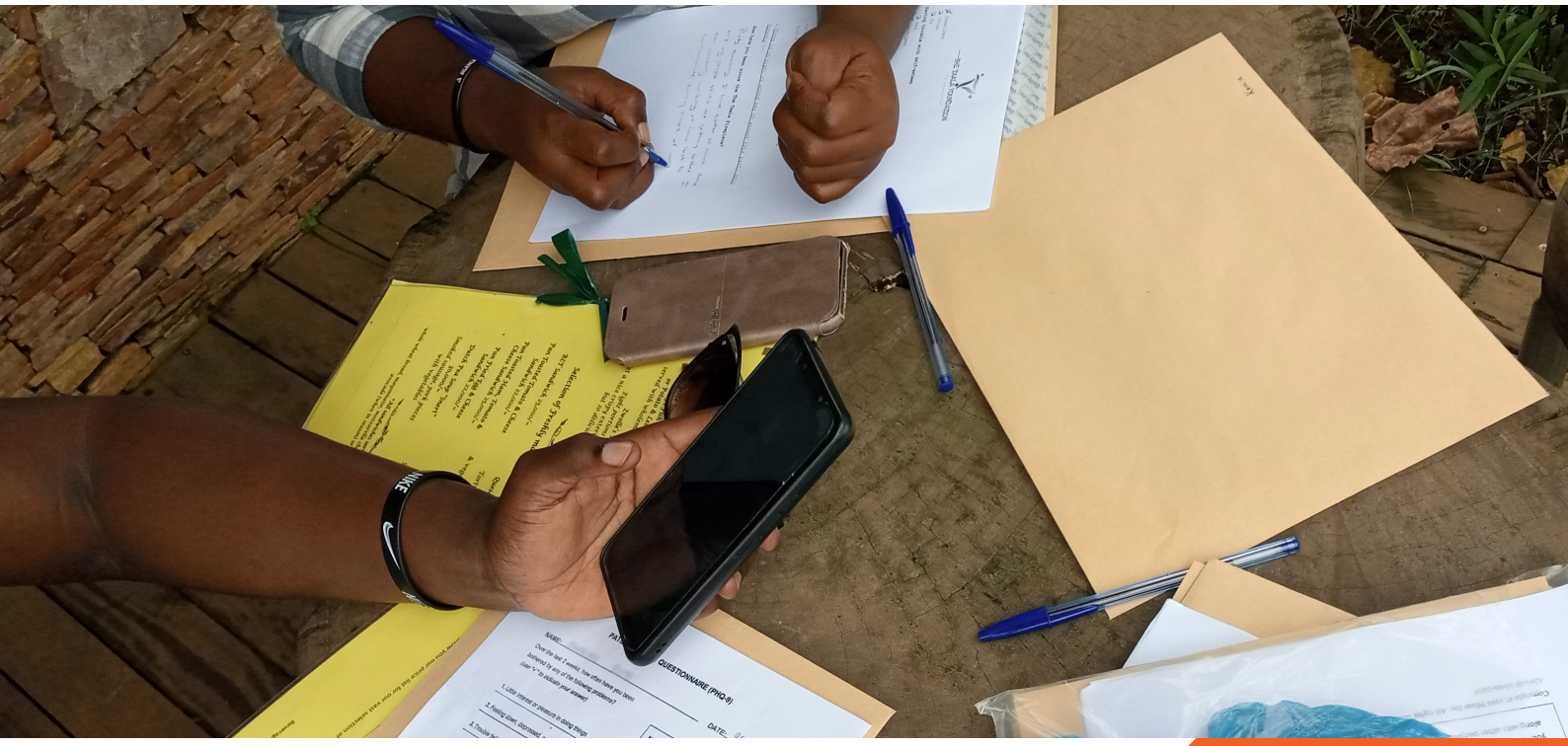
Reflections from the mental health professionals.

"For me as a heterosexual psychotherapist, this experience was a humbling and enriching one. I have been taught to be sensitive about the variety of sexual identity and expression and the stigma and judgement engendered by these differences and how that is experienced by members of this group. Thanks to the participants, I have also been sensitized on so many fronts and levels of pure humanity.

There was, in the group, a sense of compassion and caring, tolerance of difference, an ability to reflect and self-reflect, a clarity of emotional sentiment, respect of individual space and uniqueness, unusual resourcefulness and heightened intuitiveness - unfortunately, all too glaringly lacking in the society at large. I felt trusted and safe in their company.
It was evident that our meetings were meaningful to all of us, and that this intervention could be extended to benefit more numbers of vulnerable people and groups. The attached report contains recommendations on how this could be done and expected outcomes that this small pilot study has opened our eyes to. My thanks and acknowledgements go to the founders of the Taala Foundation and to the participants of this pilot study."
--Psychologist

"Such a tremendous honour, to walk a powerful healing journey with such unique and incredible beings! The environment we managed to co-create for one another was very enriching and I could not help but feel extremely proud of each, and every one of the participants and what we accomplished together. I am not sure which parties gained the most from this intervention and really, it should not matter. I am certain that there were monumental gains for everyone involved and that,in my books, is a radical success!
In light, and rebellion of, the adversity faced by this particular population, I was overwhelmed by the range of emotions, presence, resilience and fostered growth that this experience brought to surface. My gratitude to The Taala Foundation and their partners for organising the Taala Fireplace.

I hope this very necessary work continues to receive the support it needs to expand its outreach."
--Psychologist



About the Taala Foundation

Background

The Taala Foundation was founded in 2017 and since then, we have been working to bridge the gap in access to wellness support for youth on the margins in Uganda. The Taala Foundation views wellness as an evolving process of achieving physical, mental, social, intellectual, spiritual,and occupational wellbeing; and thus, we develop our robust programs recognizing those various aspects of wellness. Overall, our work aims at fostering greater levels of wellbeing, dignity, tolerance, respect, and acceptance for gender and sexual diverse people within the broader society.

Legal status
The Taala Foundation is a legally registered entity.

Vision
Our vision is to promote wellbeing of youth, especially those within the gender and sexual diverse spectrum in Uganda through law, education and mental health promotion as part of our long term goal to make an impact on community wellness.

Mission
To promote wellness of youth on the margins such that they can achieve their full potential to make an impact on society.

Objectives
- Healthy individuals who can claim their dignity, rights, and responsibilities regardless of their real or perceived sexual orientation, gender, or expression.
- Improved access to mental health and wellbeing support for gender and sexual diverse people in Uganda.
- Improved access to quality education for youth on the margins including gender and sexual diverse individuals in Uganda.
- Increased access to social and economic opportunities for gender and sexual diverse persons in Uganda.

Clientele
Youth on the margins
Gender and Sexual Diverse persons

Values
Community and Partnerships
We believe that the spirit of sharing connects our humanity and that we can collectively build towards each other's humanity if we chart the path to do so mutually and respectfully.

Creativity
We recognize that our present context is not ideal and that we must continue to devise new impactful ways to ensure our survival and progress in our quest for dignity.

Equality and Nondiscrimination
We believe that the concept of equality is rooted in our humanity and that the familiar
African philosophy of Ubuntu lies at the heart of what we do.

Feminist Leadership
We ascribe to, lead from, teach and practice the values ingrained in the African Feminist Charter which defines our leadership development programmes and entity building activities.

Healing justice
Our work centres individual and collective healing within the movements for recognition of sexual and gender diversity and social change. It centres "a return to the ways in which our ancestors healed through circles, sacred plant medicine, sacred sexuality, and developing connections with nature."

Science and Technological Innovation
We believe in science and technology's ability to promote ingenuity, functional and ecosystemic wellbeing for individuals, communities and our environment.

Transparency, Integrity and Accountability
We see ourselves as a transparent, responsive and accountable collective. We conduct our work and ourselves with honesty, mutual respect, and a firm belief in the credibility of our cause.

For more information on The Taala Foundation, visit our website
https://taalafoundation.org