

UNDERSTANDING MENTAL HEALTH IN UGANDA

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Abstract

This is a Systematic Literature review aimed at assessing the Mental Health of Uganda. The review is designed to help identify and analyze not only the socio-economic, cultural, and environmental factors contributing to the high prevalence of mental health disorders in Uganda; but also assess the effectiveness of the current interventions and policies that are in place; and propose strategies to mitigate the mental health disorders. With approximately a third of the population affected, it is a burden to the country. Challenges such as poverty, poor or non-existent infrastructure, limited healthcare professionals, poor funding, and stigma hinder seeking treatment. Some efforts have been made to address the issue, however, there are not as many or as widespread. Recommendations such as a revision of policy, advocacy, increase in funding, collaborations and partnerships, training of healthcare providers, capacity building, developing infrastructure, and increase in research and evaluation are suggested to help.

Declaration

I, **Esther Faith Hadoto**, hereby declare that this Dissertation entitled “***Understanding Mental Health in Uganda***” is my own original work and has never been presented in fulfillment of the requirements for any academic award at any other academic Institution.

Signed: 

Date..02/15/2025.....

Approval

I certify that this research by Esther Faith Hadoto, entitled “*Understanding Mental Health in Uganda*” was conducted under my supervision and is now ready for submission.

Joseph Jakisa Owor, PhD



February 16, 2025

Dedication

I dedicate this work to my family who have been very patient, understanding and supportive of me during this entire process.

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General Introduction

1.1 Background of the Study

Mental health is a critical aspect of overall well-being. The World Health Organization (2022) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, to contribute to their community.” This definition underscores the importance of mental health not just as the absence of mental disorders, but as a positive state of mental functioning that allows individuals to thrive in their personal and social lives. According to the Merriam-Webster dictionary (2019), it is “the condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life.”

The World Health Organization (WHO) goes on to say that globally, the burden of mental health disorders is significant, with approximately one in eight people worldwide living with a mental disorder. In 2019 one in every eight people or 970 million people around the world were living with a mental disorder with anxiety and depressive disorders the most common. Among other mental challenges are depression, anxiety, bipolar disorder, schizophrenia, and with other mood and behavior disorders (World Health Organization, 2022).

In Uganda, mental health issues are alarmingly prevalent, with The New Vision reporting that approximately 14 million Ugandans suffer from mental health disorders (14 million Ugandans Have Mental Disorders - Report, n.d. 2024). The country ranks

among the top six in Africa for depression disorders, affecting 4.6% of the population, and anxiety disorders, affecting 2.9% (14 million Ugandans have Mental Disorders - Report, n.d. 2024). Uganda's mental health landscape is shaped by various factors, including poverty, unemployment, conflict, drug and alcohol usage and a lack of access to mental health care. It's ranking on the continent reflects a crisis that requires urgent attention.

Research from across the globe highlights the multifaceted nature of mental health, emphasizing the need for comprehensive approaches that address not only clinical symptoms but also the social determinants of mental health. These include factors such as education, income, social support, and access to health services, all of which play a crucial role in mental well-being. According to Kaggwa, M. M., Harms, S., & Mamun, M. A. (2022) the prevalence of mental illness might be due to, "the pervasive social stigma and taboos associated with accessing mental health services and the impact of the COVID-19 pandemic." Additionally, they go on to say that "The primary health care system in Uganda is poorly resourced, inadequately funded, and ill-equipped to address mental health concerns. Nationwide, there are only 53 psychiatrists—approximately one psychiatrist per 1 million population. These psychiatrists are mostly located in urban centers and are employed as university lecturers and researchers, leaving few to serve as clinicians (Kaggwa et al., 2022)". This further raises the number of patients per psychiatrist.

The stigmatization of mental illness in Uganda further complicates efforts to address this crisis. Cultural beliefs and misconceptions about mental health contribute to discrimination and social exclusion, preventing many individuals from seeking the

help they need. Potential care givers do not give the patient due attention either due to lack of resources but largely due to lack of seriousness of the illness. Additionally, mental health is often overlooked in policy and funding decisions, leading to inadequate support for mental health services and research. There are also few provisions in the law to encourage and facilitate care and provision for mental patients.

Addressing mental health in Uganda requires a multi-pronged approach that includes increasing public awareness, improving access to care, integrating mental health into primary healthcare, reducing the lack of understanding of mental illness through awareness creation and community sensitization, and addressing the social determinants of mental health. There is also a need for more research to understand the specific mental health challenges faced by Ugandans. Additionally, the development of culturally appropriate interventions that can effectively support mental well-being would be a great step in the right direction. Understanding and addressing mental health in Uganda is a critical public health priority. With millions of Ugandans affected by mental health disorders, there is a need for comprehensive strategies that address both the clinical and social aspects of mental health, reduce stigma, and improve access to care.

1.2 Problem Statement

Despite the high prevalence of mental health disorders in Uganda, there is a limited gap in understanding the underlying causes, the effectiveness of existing government interventions, the availability and accessibility of mental health services, as well as the barriers that prevent individuals from seeking and receiving appropriate

treatment. There is huge stigma for the mentally ill, lack of appreciation of the extent of the problem at community level and a huge misunderstanding of what mental health is by the population. This lack of comprehensive knowledge hinders the development of targeted and effective strategies to address mental health issues, leading to widespread undiagnosed, untreated mental health conditions and contributing to a cycle of poor mental health outcomes. Furthermore, the consequences of untreated mental health disorders, including social isolation, reduced economic productivity, and increased morbidity and mortality, underscore the urgent need for a deeper understanding of these challenges. Addressing these knowledge gaps is crucial for improving mental health awareness, empathy, care, reducing stigma, and enhancing the overall well-being of the Ugandan population.

1.3 Research Objectives

In seeking to gain an understanding of the mental health in Uganda, the hope was that this research would: help identify and analyze the socio-economic, cultural, and environmental factors contributing to the high prevalence of mental health disorders in Uganda; find the barriers to accessing treatment; assess the effectiveness of the current interventions laws and policies that are in place; and propose strategies to mitigate the mental health disorders.

Analyzing the socio-economic, cultural, and environmental factors included exploring the roles of community ignorance about mental illness, poverty, unemployment, social stigma, and inadequate healthcare infrastructure in exacerbating mental health challenges.

To assess the effectiveness of current mental health laws, policies, programs, and services in Uganda, the study aimed at identifying gaps in the implementation and delivery of mental health care and to evaluate how well existing interventions address the needs of diverse population groups.

For the barriers that prevent individuals from seeking and accessing treatment for mental health disorders the review examined cultural beliefs, stigma, financial constraints, and the availability of mental health services.

1.4 Research Questions

In seeking to gain an understanding of the mental health in Uganda, this research attempts to answer several questions:

Action question: How can Uganda effectively address the high rate of mental health disorders?

Central research question: What factors contribute to the high rates of mental health disorders in the country?

Sub-questions:

1. What are the key socio-economic, cultural, and environmental factors contributing to mental illnesses/disorders in Uganda?
2. What policies, services and interventions are currently in place to address mental illnesses/orders in the country?
3. What barriers deter people from seeking treatment for their mental health illnesses/disorders?
4. What strategies can be implemented to mitigate mental health illness/disorders in the country?

1.5 Significance of the Study

The study aimed at finding evidence-based and culturally appropriate strategies to mitigate mental health disorders in Uganda. By achieving these objectives, this research aimed to provide a comprehensive framework for understanding and addressing mental health challenges in Uganda, ultimately contributing to better health outcomes and enhancing the quality of life for affected individuals and communities.

1.6 Structure

This study was structured in chapters as follows: The first chapter is the introduction. This talked about, the background of the study, the problem statement, research objectives research questions, the significance of the study and the structure as being discussed now. The second chapter is about the literature review. The discussion in this chapter includes mental health on a global level, mental health in Uganda, the theoretical framework and the summary of the key literature gaps. The third chapter is the methodology. Under methodology, the aspects of discussion include research design and strategy, data extraction and analysis, quality assessment, ethical considerations and the limitation of the methodology. The fourth chapter discusses the results of the study. Discussions in this section include, the overview of the included studies, thematic findings, knowledge gaps, and the summary of the findings. The fifth chapter is the discussion. This involves talking about the interpretation of the findings, comparison with global trends, practical implications, contribution of knowledge, limitations of the study, and recommendations for future research. This chapter is followed by the conclusion and

under that is the summary of findings, policy and practice recommendations, implications of future research and the final remarks. The concluding chapter is followed by the references.

Literature Review

2.1 Global Mental Health

As has already been pointed out, mental health is a very important part of everyone's well-being and yet it is often neglected. In fact, it is one of the most common health issues that is not addressed worldwide. All over the world, mental health illnesses are becoming more prevalent affecting everyone in all age groups, backgrounds and locations.

Although there is an increase in awareness and in treatment, there are many things that still form a barrier. For examples, lack of awareness by individual and communities of mental health state, predisposing factors and a lack of a cultural setting and familiarity with mental health patients leads to stigma, limited resource allocation for mental health care, very few laws and policies in place thus deterring people from looking for help.

Mental health illness is more common than realized globally. According to the World Health Organization (WHO), 1 in 8 people worldwide lives with a mental illness and the cases are increasing. The most common of the illnesses are anxiety, depression and substance use related disorders (2022). According to the report, depression alone is the lead cause of mental disability around the world. It estimates that about 280 million people suffer from depression and over 300 million live with anxiety related disorders (2022) according to World Health Organization (WHO)

According to the United Nations (UN), the COVID-19 pandemic made the situation worse by triggering psychological distress that was global. The lock downs, social isolations, economic uncertainties and the fear of getting ill lead to an increase

in anxiety, depression and other mental health illnesses. According to them, there was an increase of 25% worldwide of anxiety and depression related mental disorders in 2020 alone. The people who were most affected were the front-line health workers, people with pre-existing mental health conditions, and children and adolescents (United Nations, 2020).

The burden of mental illness in terms of both health and economic losses is very big. A study by Arias, D., Saxena, S., and Verguet, S. says that “418 million disability-adjusted life years (DALYs) could be attributable to mental disorders in 2019 (16% of global DALYs). The economic value associated with this burden is estimated at about USD 5 trillion.

At a regional level, the losses could account for between 4% of gross domestic product in Eastern sub-Saharan Africa and 8% in High-income North America (Arias et al., 2022). This is because mental health illnesses affect performance at work, may lead to being absent from life’s events and also leads to financial strain by the patient. This is worsened when the patient needs a caretaker to be in attendance thus affecting two individuals who may be kept away from productive work or from school. It should be noted that mental health is further neglected especially in developing countries and this trend continues to grow. Lack of awareness and exposure, the slow development of mental health disorder and the helplessness of family and potential care givers could be contributory to the worsening of mental health servicing as a sickness.

According to the World Health Organization, about 75% of people in low income and middle-income countries with mental health disorders do not receive the

appropriate treatment. Some of the reasons listed include lack of awareness, absence of trained professionals, poor infrastructure and stigma (2022). In many parts of the world, mental health illness is seen as a sign of weakness, moral failure and something shameful that has to be hidden from the public eye. This perception stops people from seeking the help that they need. There is also the issue of limited access to care in most developing countries.

According to a report by the Lancet Commission on Global Mental Health, there are just 9.2 mental health workers per 100,000 people in low-income countries, compared to over 70 per 100,000 in high-income countries (The Lancet, 2018). It goes on to say that in rural areas, access to mental health care is limited by geographical and financial barriers and for wealthier nations, mental health services are often expensive and may not be covered by insurance, leaving many people unable to afford the care they need (The Lancet, 2018).

Amidst the challenges, some progress has been achieved. Recognition is increasing with international organizations, governments and increasing advocacy for attention for mental health and more resources to be allocated to the mental health sector within public health. For example, mental health has been included in the United Nations' Sustainable Development Goals (SDGs). It is now mentioned in SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages (United Nations SDGs, 2023). This has bolstered efforts to increase funding, improve mental health policies, provide legal frameworks for mental health, and reduce stigma. It is important to note that a mental health day has been added to the global calendar to make sure people do not forget about mental health.

Although some progress has been made, there is still a lot more that needs to be done. There needs to be a lot more community sensitization and awareness creation to overcome the stigmatization of both patients and households where patients live. Additionally, there needs to be more effort from governments to invest resources towards infrastructure and professionals to properly respond to and treat mental illnesses. Governments should have in place both legal and policy frameworks to enhance the identification of patients, reach out to the affected stakeholders, ensure there are budgetary provisions and the infrastructure to provide early warning system provide early responses in order to minimize the worsening of the state. States and individuals need to recognize that among the benefits of dealing with mental illnesses leads to healthier and more productive societies.

2.2 Mental Health in Uganda

As mentioned before, from the global perspective, Uganda is not doing well. Mental health disorders in Uganda constitute a crisis of significant proportions, yet the response to this growing challenge remains alarmingly insufficient. Despite the high prevalence of these disorders—affecting approximately 14 million people, or nearly one-third of the population (New Vision, n.d. 2024)—there is a limited understanding of the underlying causes and a critical lack of data on the effectiveness of existing government and private sector interventions. This inadequate knowledge base hinders the development of effective legal and policy frameworks and limits programs tailored to the unique cultural and socioeconomic dynamics of Uganda, leaving millions of people to suffer in silence and care takers carrying both the psycho-social and economic burden of care.

From the socio-economic, cultural, and environmental perspective, there are a number of factors contributing to the situation in Uganda. These factors include poverty, civil wars, Uganda's weak healthcare system, legislation, and violence.

For poverty, Kigozi and Ssebunnya (2009) report that mental illnesses go untreated leading to further economic hardship and that in turn leads to a continued decline in the overall economic well-being of the population. Both the patient and care givers are affected as the patient if an adult is unable to operate at optimum while if a school going child, their academic potential is curtailed thus limiting their future productivity. The care givers instead of being at work or engaging in economically viable ventures spends time caring for the sick.

The second factor mentioned is civil war. Iversen et al looked at the history of the country particularly the northern part of Uganda most recently that was affected by the war. According to them, the war between Kony (the Lord's Resistance Army) and the Ugandan government produced child soldiers and an internally Displaced Persons (IDPS) and a refugee crisis. This mix also led to an increase in diseases, particularly infectious diseases like malaria, HIV/AIDS and more. IDPs will have been displaced to places they are not familiar with, places which in the first place are mental health care burdened while refugees are affected by the isolation, longing to be home and have the food and people they know. In both cases these are absent thus initiating depression or anxiety and the associated challenges for mental health. These make mental disorders worse especially among children and adolescents (Iversen et al., 2021).

The third factor as mentioned is Uganda's weak healthcare system. According to Akol et al, this is particularly so at the decentralized level where inadequacy poses a risk for effective mental health care delivery. The authors further note that insufficient funding is a crucial problem as it contributes to a limited number of services, workforce, and medicines all of which mean that the mental health issues are not sufficiently addressed. This issue is worsened at in the administrative structure of government with lower levels in rural areas having wider gaps in service delivery (Akol et al., 2015). They further note that there is also a limited awareness of policies because of a lack or an inadequate communication hence lack of effective implementation.

Kigozi et al (2010) also emphasize this by noting that: Firstly, in Uganda, there is outdated and potentially harmful legislation indicating that it is not in tune with the current understanding or practices regarding mental health. Secondly, there is insufficient funding and resource allocation with only 1% of the total health expenditure in Uganda is allocated to mental health and more services being allocated in urban areas than rural areas. Thirdly, there is a very limited availability of services with approximately only 1.83 beds per 100,000 people in mental hospitals, with even fewer in community-based psychiatric units and forensic facilities. Fourthly, there is a very low number of professionals working in the mental health field. From the research gathered, only 310 personnel working in mental health facilities, translating to about 1.13 personnel per 100,000 population and only about 0.8% of doctors and 4% of nurses are trained in this area (Kigozi et al., 2010). Another factor contributing to the high prevalence of mental illness in Uganda is violence.

From the research conducted from 3,565 students across 42 primary schools, Thumann, B. F., Nur, U., Naker, D., & Devries, K. M. (2016) found that violence from staff and peers is significantly related to mental health difficulties among affected children. The study further went on to show that students with low connectedness and who felt distant from their peers had a higher chance of experiencing mental health difficulties compared to those who are highly connected and feel closer to their peers. Added to that is the fact that students in urban schools have a higher chance mental health difficulty than those in rural schools (a paradox given that mental health care is more in urban than rural areas) meaning that urban environments (economic hardship, congestion, individualism among others) may pose additional challenges to mental health well-being. (Thumann et al., 2016).

Ssenyonga et al expound on the issue of violence by relating family violence, mental health as well as peer victimization among adolescent students, especially in Southwestern Uganda where the study was conducted (2019). In addition to the factors that are leading to the high prevalence of mental illnesses in Uganda, there are certain barriers that deter patients from seeking treatment for their mental illnesses/ disorders.

According to Molodynski, Cusack, and Nixon (2019), lack of resources by government leads to very low government funding in healthcare deters the treatment of mental illnesses. They report that under 1% of the country's budget is spent on mental health services making it impossible to provide person centered rudimentary care. When you add the limited number of trained staff and insufficient access to effective treatment, inevitably, the problem will most likely persist. Molodynski et al

go on to say that another side to poverty is the fact that some patients cannot afford to seek treatment because they are denied employment, may be too poor to travel for treatment and have family members' work disrupted by need to provide care (2017) thus making treatment access near impossible to access.

The other reason that may deter patients from seeking treatment are traditional beliefs. Molodynski et al believe that cultural beliefs regarding cause stops people from seeking treatment as people believe in spirits and witchcraft and thus go to traditional healers for spirit exorcising instead of seeking treatment from health facilities. At times patients are coerced to seek alternative treatment instead of from health centers. All the cultural misunderstanding of mental health and the unconventional treatment and stigmatization discourage people from seeking treatment for themselves or for their loved ones (Molodynski et al., 2017).

In support of the assertion that stigma stops people from seeking treatment, Kigozi and Ssebunnya further emphasize that some of the challenges around mental health are the negative attitudes as well as stigma which affects integration of mental health into public health as well as the delivery and access to services for those that need them (Kigozi & Ssebunnya, 2009). Another group of authors, Kaggwa et al explain that mental health needs in Uganda are under served due to limited personnel and resources allocated towards mental health leaving, many patients, undiagnosed, misdiagnosed or untreated. In addition, Petersen et al (2011) point out that Uganda has a challenge of a shortage of trained mental health professionals which limits access to treatment for patients. In addition, the country has limited

funding and resources thus restricting availability of services for those in need (Petersen et al., 2011).

Kaggwa et al also further support the idea that stigma and taboos around mental health prevent those in need of attention from seeking treatment. All the negative factors strain the health care system which is already underfunded and poorly resourced and with many legal and policy frame works. This leads to a lot of unchecked issues which increase in severity of the mental health status of patients over time (Kaggwa et al., 2022). Currently, there are some rudimentary policies, services and interventions that have been put in place to address the issue of mental illnesses or disorders in the country.

However, Kaggwa et al believe that the mental health care system is greatly under-resourced, with only 53 psychiatrists nationwide. This means that there is one psychiatrist for every one million people therefore, that not everyone who needs to see a mental health professional will get a chance to see one leading to many people remain untreated (Kaggwa et al., 2022).

Akol et al report that up to 60% of people with moderate to severe mental illness seek help from traditional healers who usually say that mental health issues are attributed to unhappy ancestral spirits, modern religions, witchcraft, substance abuse, and illnesses like fevers (Akol et al., 2018).

With the Ugandan government acknowledging that mental health is a vital public health and development issue, Kigozi et al (2010), did a study in 2005 to see what reforms had been put in place to support this health sector. The study showed the following reforms, moving mental health services closer to the communities, and

integrating mental health services into the Primary Health Care System (Kigozi et al., 2010).

However, it also found that only 1% of the total health expenditure in Uganda is allocated to mental health, indicating significant underfunding and there is an uneven distribution of mental health services with a higher concentration in urban areas compared to rural areas (Kigozi et al., 2010). The study also found that there is some existence of mental hospitals and personnel although, there are only 1.83 beds per 100,000 people in mental hospitals, with even fewer in community-based psychiatric units and forensic facilities. There are only 310 personnel working in mental health facilities, translating to about 1.13 personnel per 100,000 population. There are approximately 0.8% of doctors and 4% of nurses trained in this psychiatry (Kigozi et al., 2010).

Rukundo, G. Z., Nalugya, J., Otim, P., & Hall, A. (2020) report Uganda has developed some capacity for child and adolescent mental health services This has been achieved through training of multi-disciplinary teams in a 2-year training program. The program was a joint effort between Mbarara University of Science and Technology, Makerere University, the Uganda Ministry of Health and East London Foundation NHS Trust, United Kingdom (UK). It was introduced in line with the Ugandan Ministry of Health Child and Adolescent Mental Health Strategy in 2008 (Rukundo et al., 2020). The results of this endeavor included several approaches: To increase capacity for mental health services through training where 50 health workers were equipped with the necessary skills to address a wide range of mental health disorders in children and adolescents especially since this is a big issue. Given the

trained workers, there was increased accessibility to care through service expansion due to the deployment of professionals in the area resulting in more individuals being reached. The training further contributed to improved quality of care as the multidisciplinary training led to more comprehensive and child-centered assessments, hence improving the overall quality of care. This led to integrated care as it fostered collaboration among different health professionals further leading to increased confidence, knowledge and skills in assessing and treating mental health disorders among health workers thus leading to better care for the patients. The training has led to an increased use of psychological treatments, providing a broader range of therapeutic options for young patients. The program was data driven with an emphasis on monitoring and evaluation hence providing evidence for its effectiveness and thus further investment in mental health services. The approach has proved to be a sustainable model as those who graduated from the program are now contributing to it as trainers therefore enabling the transfer of knowledge and skills. The fact that this program allowed for partnership with international organizations fostered and encouraged global learning and support through sharing knowledge and access to best practices from countries with more developed health systems. Lastly, the successful outcomes of the program are able to inform national health policies and strategies, aiding with advocating for more robust funding and support for mental health services in Uganda (Rukundo et al., 2020).

“Integrating child and adolescent mental health into primary health care using the World Health Organization mental (WHO) health gap action program is another alternative that has been recommended for closing the mental health treatment gap

in low- and middle-income countries, though primary health care providers have limited ability to detect mental health disorders” (Akol et al., 2018).

Akol, et al further aimed to study the effect of the training on mental health identification in Eastern Uganda. From their study, they found that there was an improvement in identifying mental health disorders. It led to the observation that the mental health gap action program fostered greater awareness and potential improvement in clinical practices which may lead others to implementing similar training programs. These findings support the integration of mental health into general health services. It may be concluded that training primary health care providers to recognize and manage disorders helps reduce stigma and facilitate earlier intervention. The study results indicate that while there is an observable increase in diagnosis, the lack of statistical significance highlights the need for further research. It (study) underscores the importance of policy initiatives that prioritize mental health training for providers as; training can increase the identification and management of disorders leading to overall improvements in the quality of care provided. The improved identification of mental health disorders leads to increased awareness and engagement within communities regarding mental health issues; and by addressing mental health disorders early through better identification, the training helps prevent the progression of mental health issues into adulthood, thereby potentially reducing the overall burden of mental illness in the population (Akol et al., 2018).

In his paper, Nsereko, N. D. (2017) discusses the evolution of mental health understanding and practice in Uganda and its implications for mental health care and

what the findings mean for mental health care in Uganda. First, before people labeled as mad or insane were treated differently and almost got no medical attention, however, perceptions have changed indicating a growing awareness and understanding of mental health. Second, counselling services have been developed even for those not suffering from any mental health disorders which shows that mental health is considered essential not just for those who are sick. Third, over the years, there has been a call for research related to mental health. This means that people are increasingly valuing evidence-based practices and also gaining knowledge around the issue. Forth, the challenges facing mental health are being identified such as limited access to treatment, limited trained personnel, little to no funding among others which encourages solutions. Weak legal and policy frameworks are key limiting factors to mental health diagnosis, staff training, resource allocation and the fight against stigma due to little sensitization and awareness creation among the population. Fifth, coping strategies to address existing challenges indicates a proactive approach to improving mental health services. Sixth, evolution of mental health care in Uganda suggests a growing recognition of the importance of mental health in the broader context of public health. Seventh, counselling services are expanding and evolving in the country with access increasing and the stigma around mental illness reducing. Eighth, the evolving understanding of mental health in Uganda may also encourage community-based interventions and may lead to supportive environment for patients. Nineth, with awareness increasing, there may be need to develop culturally sensitive approaches to care. Lastly, continued need for raising awareness for mental health is very important (Nsereko, 2017).

Petersen et al (2011) write about integrating mental health into primary health care in Uganda and the lessons from the integration. The authors mention six lessons and these include, One, integrating services highlights the need to prioritize resources and training. Two, integration helps overcome referral bottlenecks caused by limited application of task shifting and the scarcity of psychotropic medications and specialists. Three, integration leads to the sensitization of district management authorities underscoring the importance of political commitment to mental health initiatives. Four, integration leads to community-based self-help groups that can empower service users and caregivers while promoting social inclusion. They foster resilience, reduces stigma and enhances the well-being of individuals. Five, the integration promotes effectiveness of treatment and helps serve as an example for other countries to follow suite. Six, integration helps Uganda become more effective in addressing treatment gaps (Petersen et al., 2011).

Bird, P., Omar, M., Doku, V., Lund, C., Nsereko, J. R., & Mwanza, J. (2010) explore why mental health remains a low priority in African countries including Uganda despite the increasing numbers of mental illness. They found that; mental health is seen as a low priority issue by most African country governments thus leading to inadequate allocation of resources and infrastructure to address it,; They also found that the stigma around mental disorders presents a barrier for prioritizing it, hence the low demand at the grassroots for services further implying it is not a priority (Bird et al., 2010).

As clearly indicated in the paragraphs above, some work has been done and is being done to address mental health illness or disorders in Uganda. However, more

still needs to be done. Several authors and researchers have made recommendations as indicated below

According to Kopinak, since there is still some debate about various intricacies of applicability of interventions in the western world, it leaves developing countries such as Uganda the freedom to choose the model used by the western world or find an appropriate one relevant to its cultural setting (Kopinak, 2014).

Kigozi and Ssebunnya assert that integrating mental health care into primary health care in Uganda is crucial for improving access to services, reducing stigma, and addressing the intersection of mental health and poverty. They hope that with the integration, there will be increased awareness of mental health, training health workers to be able to handle the mental health challenges and addressing resource limitations. Given that the Ugandan government is interested in prioritizing mental health at the policy level, this will not only drive policy but also present opportunities for funding (Kigozi & Ssebunnya, 2009).

Kaggwa et al explain that there is need for both legal and policy reforms which should not be limited to an increase in funding for mental health, but also training professionals and community-based awareness campaigns to strengthen the health care system to better address the issue of mental health and to reduce stigma leading to more people seeking help (Kaggwa et al., 2022).

Iversen et al suggest that there is a need for partnership among mental health services, primary health sector, and even the traditional healers. They believe that this will increase human resource capacity and improve services offered to treat mental illnesses. They further highlight the need for progressive research to foster

the development of effective interventions and the application for new interventions (Iversen et al., 2021).

Akol et al note that there needs to be systemic improvements in policies, financing, workforce development, and service delivery mechanisms. They further emphasize that there is need for collaborative and better efforts of coordination at the national and district levels to strengthen response to mental health (Akol et al., 2015). In another article, Akol et al assert that potential These are however guided by legal frame works that should enhance collaboration between traditional healers and the medical professionals could lead to greatly enhanced access and effectiveness of mental health services with integrated models and treatment approaches that are respectful and aligned to the patients needs (Akol et al., 2018).

Kigozi et al recognize that while there have been important strides in Uganda's mental health policies and services, many gaps still remain particularly in resources and service delivery. They call for further research to find out the current burden of mental disorders and to evaluate how well existing mental health programs and services are functioning in Uganda (Kigozi et al., 2010).

Thumann et al advocate for comprehensive approaches to address factors that impact students' mental health which include integrated mental health services, longitudinal studies to better understand the causal relationships between school-related factors and mental health over time which may affect policy in the education system of the country, community engagement to create supportive environments that reinforce positive behaviours and attitudes towards mental well-being (Thumann et al., 2016).

Ssenyonga et al make several recommendations concerning mental health especially among adolescents. They highlight raising awareness, strengthening community support systems, establishing or reinforcing prevention programs addressing causes of mental illnesses like addressing domestic violence and its impact on children, increasing access to mental health services, developing school-based interventions, community engagement, working with local organizations that are present in the communities, and continued research to inform policy reform (Ssenyonga et al., 2019).

In their study, Abbo, C., Odokonyero, R., & Ovuga, E. (2019) say that there are several things that can be done to mitigate the state of mental health in Uganda. They call for integration of traditional and modern medical practices paying special attention to common areas or areas of convergence allowing for a comprehensive understanding of mental health issues, acknowledging the social-cultural context when it comes to treating mental health, empowering traditional healers through training to enrich their capabilities, changing health policy, encouraging further research, training health care providers, and promoting dialogue among all stakeholders (Abbo et al., 2019).

Kigozi, F. N., Kizza, D., Nakku, J., Ssebunnya, J., Ndyabangi, S., Nakiganda, B., Lund, C., & Patel, V. (2016) advocate for the development of a district mental healthcare plan in Uganda with the hope that the move will enhance mental health services in the country. This, they believe can be achieved in several ways including; integration of mental health into primary care which creates a holistic healthcare approach ensuring mental health is addressed alongside physical health. It provides a

structured framework for service delivery especially at the community level; allowing for stakeholders to be involved especially if community members, health care providers and policy makers are all engaged to ensure plans that are relevant to the local needs; capacity building especially among professionals and any personnel that are involved in addressing mental health illnesses; developing a district level mental health plan to help identify the existing shortcomings and barriers . This can ensure that better systems are put in place that can be used to scale up at country level. It further allows for pilot testing and guides the changes to be made before circulating to the entire country. It promotes community awareness and reduces stigma; making monitoring and evaluation easier and allows for continual improvement; improves service delivery as it brings services closer to the people in the community, It further promotes policy development and advocacy by informing national health strategies as it provides a model for integrating mental health into primary care (Kigozi et al., 2016).

Petersen et al (2011) recommend collaborative efforts to improve training and supervision for non-specialists who work in the field of mental health, increase in funding through advocacy and working with partners like nonprofit organizations, international partners and community fundraising. They advocate for continuous research and evaluation for ways to improve mental health service delivery and treatment (Petersen et al., 2011).

Ssebunnya, J., Kangere, S., Mugisha, J., Docrat, S., Chisholm, D., Lund, C., & Kigozi, F. (2018) suggest the following to aid in the financing of mental health care in Uganda; enacting the National Health Insurance Scheme (NHIS); using result-based

financing that links funding to measurable outcomes; moving mental health services to the community levels in order to improve access; advocacy for mental health; and continuous research geared towards improving mental health (Ssebunnya et al., 2018).

2.3 Theoretical Framework

This research is guided by the Bio-Psycho-Social Model, which posts that mental health is the result of a complex interaction between biological, psychological, and social factors (Engel, 1977). The model suggests that mental health is not solely determined by one aspect of a person's life, such as biological factors, but rather by the intricate and dynamic interplay between biological, psychological, and social factors. This model challenges the traditional medical model, which often focuses primarily on biological causes of mental disorders, by emphasizing the importance of psychological and social influences on top of the mentioned factors.

Biological factors include genetic predispositions, neurochemical imbalances, and physical health conditions that can influence mental health. For example, imbalances in neurotransmitters like serotonin and dopamine have been linked to conditions such as depression and anxiety. Psychological factors encompass an individual's emotions, thoughts, behaviors, and coping mechanisms. These factors can include personality traits, life experiences, trauma, and cognitive patterns that may contribute to the development or exacerbation of mental health issues. Social factors refer to the broader social environment, including relationships, cultural norms, socioeconomic status, and access to support systems. Social stressors such as poverty,

discrimination, and social isolation can significantly impact an individual's mental health.

By applying the Bio-Psycho-Social Model, this research seeks to understand mental health in Uganda as a multifaceted issue influenced by a range of interconnected factors. This approach will provide a more holistic understanding of mental health disorders, recognizing that effective interventions must consider all dimensions—biological, psychological, and social.

For instance, addressing mental health in Uganda will require looking beyond medical treatments alone. Interventions might also need to include psychological counseling, community support, community sensitization, awareness creation and educational programs to reduce stigma, and adopt social policies that address poverty and inequality. The model supports the idea that to effectively mitigate mental health issues, strategies must be as comprehensive as the factors that contribute to these issues. By integrating the Bio-Psycho-Social perspective, this research guides the development of interventions that are not only more effective but also more culturally and contextually appropriate for the Ugandan population.

2.4 Summary of Key Literature Gaps

The literature provided highlights several aspects of mental health in Uganda, including its prevalence, contributing factors, barriers to care, interventions, and recommendations. However, there are notable information gaps, some of which are explained below.

First, there is hardly any research that has been done post COVID-19 in relation to Uganda. This means that there is a gap of about three years where hardly

anything has been reported on mental health in the country especially since the statistics on the extent of mental health illnesses were reported.

The second limitation is with the limited research/literature available, with a lot of it scattered and conducted on a very small population. Even though it may be applicable to the bigger population, some of it is very specific for example, the one done in the north specific to the civil war.

The third gap is that there is no research on the effectiveness of the interventions that have been put in place so far. This then limits the knowledge on whether or not they work and if there has been an impact on the overall mental health of the country.

Forth, there is no separation of demographics when data is presented, a lot of it is very general so there is no way of knowing the difference between the elderly versus the youth for example.

Fifth, there is no mention of what the benefit will be when it comes to cost if interventions were better than they are right now especially if the budget were to be increased or if integration of mental health care into primary health care were to take place.

Sixth, of the data presented is from the perspective of the patients so there is no crucial feedback from those directly affected. Also, although several of the articles mention working in partnership with traditional healers, there is no data on what that looks like or what the impact would be on the overall mental health status of the country.

Seventh, the studies lack data on what the impact would be if the recommendations were implemented so there is no way of knowing if the interventions would work or whether they would make the situation worse or have no effect at all.

Lastly, the complete silence on legal framework that paves way for policy formulation is complete leaving readers wondering about how the GOU regulates misdemeanor in the sector.

Methodology

3.1 Research Design

A systematic literature review was conducted to gather and analyze existing research on mental health in Uganda and elsewhere in the world. It involved a structured and comprehensive search, selection, and synthesis of existing research on a particular topic, ensuring that the findings were based on the most relevant and credible sources. The systematic literature review made sure that there was an integration of credible and context relevant insights that answered the research questions effectively.

3.2 Search Strategy

For the search strategy, the review begun with an extensive search of academic databases to identify peer-reviewed journal articles that address mental health issues both in Uganda and globally. To maintain the relevance and quality of the literature, the following inclusion criteria was applied: articles published within the last 20 years to ensure contemporary relevance, studies focusing on mental health in Uganda or comparable contexts, and research that addresses the causes, consequences, interventions, barriers, and strategies related to mental health. The exclusion criteria was articles that do not specifically focus on mental health or are not directly relevant to the research questions and studies with a high risk of bias or those that do not meet standard research quality benchmarks.

The review drew from a variety of sources to ensure a comprehensive understanding of the topic. First, Peer-Reviewed Journal Articles formed the core of

the literature review, providing evidence-based insights into the causes, interventions, barriers, and consequences of mental health disorders.

Second, Government and NGO Reports from Ugandan government agencies, non-governmental organizations (NGOs), and international bodies like the World Health Organization (WHO) were reviewed to gather data on existing policies, programs, and their effectiveness.

Third, World Health Organization (WHO) reports and databases were examined to contextualize Uganda's mental health status within global trends and to identify best practices in mental health care.

Lastly, relevant books and publications such as academic books, policy documents, and other publications that offer theoretical or contextual insights into mental health were also included to enrich the analysis.

The selected literature underwent a detailed data extraction process, where relevant information related to the research objectives was systematically documented. This included study characteristics such as year of publication, location, study design, sample size, and key findings; themes and patterns: especially recurring themes such as major causes of mental health disorders, effectiveness of government interventions, barriers to treatment, and proposed solutions; and gaps in knowledge specifically where research is lacking or where further investigation is needed. This data was then analyzed using thematic analysis that involved: coding, where codes are assigned to specific pieces of data that represent themes or patterns relevant to the research questions, theme development where related codes are then grouped into broader themes that capture key aspects of the research topic, and

synthesis which involves integrating the themes to provide a cohesive understanding of the state of mental health in Uganda, the challenges faced, and potential solutions.

The findings from the literature review were then organized to directly address the research questions. The report highlights the major causes of mental health disorders in Uganda, evaluates the effectiveness of government interventions, assesses available services, examines barriers to treatment, and proposes strategies for improving mental health in Uganda. Each section of the report is supported by evidence from the literature, ensuring that the conclusions drawn are robust and well-founded. By employing a systematic literature review, this research aimed to provide a comprehensive and evidence-based understanding of mental health in Uganda, contributing valuable insights that can inform policy, practice, and future research in the field.

3.3 Data Extraction and Analysis

For data extraction, a standardized data extraction form was used to ensure consistency in capturing relevant information. The key elements in the form included study characters such as: the title, author/s, year of publication, country, and study design. The key findings were, causes of mental health illness or disorders; government interventions and policies; barriers or challenges to accessing treatment or care, proposed interventions or strategies. The extracted data underwent a thematic analysis which is a method for identifying, analyzing and reporting patterns and themes. The data was then analyzed based on how they relate to the research questions following themes such as Biological, psychological and social themes. This

then formed a narrative that provided an integrated understanding of Uganda's mental health landscape.

3.4 Quality Assessment

For quality assessment, several things were considered. As mentioned before key terms were used to find the information that was needed for the research. All the material that was considered for this study has been published in the last 20 years in order that the study may maintain relevance. The studies are focused on Uganda and they address the causes of mental health illness, interventions to mental health disorders, barriers to seeking treatment for mental health disorders and strategies to combating mental health illnesses. Since the research deals with a varied number of populations, sample sizes and more needed to be relevant to the discussion, this research stuck to themes that were relevant to responding to the research questions.

By using the Systematic Literature Review, the study ensured credibility by relying on high quality peer-reviewed sources. To be comprehensive, diverse perspectives from Uganda were considered. By emphasizing rigor, this method aimed to serve as a foundation for future empirical studies and policy development, ensuring a long-term impact on mental health care in Uganda.

3.5 Ethical Considerations

Systematic literature review does not require formal ethical approval because the study is on articles that already exist, and where those initial researchers did seek approval and did not do studies on people in this instance. The researcher did take the time, however, to make sure that the articles that were included were either public information through organizations like the World Health Organization (WHO)

and the United Nations (UN) as well as peer reviewed articles. Articles where participants' information was not enlisted were considered. Sources are considered as partners for this research and information on how to get a hold of that information is included in the reference chapter of this thesis.

3.6 Limitation of Methodology

This method came with some challenges. The first challenge was the fact that it only allowed access to what had already been published and therefore there was not much choice on the articles to be considered for the study. The second challenge was the fact that there is limited research that has been done on mental health in Uganda. For the research that was available and specific to Uganda, most of it was before COVID-19 so not much research has been done after 2022 meaning that a lot of the information may not be relevant anymore. The third challenge was that the contribution or lack of it of COVID 19 to mental health is not included, eliminating an area of concern as covid 19 has been related to a spike in mental illness in other places in the world.

Results

4.1 Overview of Included Studies

Studies included for this research were mostly specific to mental health in Uganda ranging from 2009 to 2024. They highlighted several issues to do with mental health in the country. These included the following:

Firstly, the articles discussed what the current state of mental health in Uganda was. Specifically, they talked about the prevalence with about 14 million Ugandans being affected and the challenges to getting the required care hence keeping the number high (14 million Ugandans Have Mental Disorders - Report, n.d. 2024).

Secondly, the things highlighted by the studies are the factors that contribute to the high rate of mental illnesses. They touch on issues like poverty, violence, the policy, weak healthcare system, stigma among others. The care for mental illnesses and what may hinder patients from getting treatment. Again, stigma, poverty and the inadequacies within the health sector are discussed as tributaries to the confluence of worsening mental health care (Kigozi and Ssebunnya, 2009; Iversen et al., 2021; Kigozi et al., 2010 and Akol et al., 2015).

Third, the articles discussed the interventions and policies that have been implemented to date that address the issue at hand. Here, policy reforms, efforts to integrate mental health into primary care, involving the community in several ways, and training initiatives are highlighted. The role of partnerships are highlighted as potential means of expanding stakeholders in the identification of patients, care of the patients and the potential for their being key contributors through awareness

creation and community sensitization. The articles remain silent on the role of civic groups like cultural and faith-based organization, National Non-governmental organization (NNGOs) and the private sector role is muted (Ssenyonga et al, 2019; Petersen et al., 2011; Kigozi et al., 2016; and Abbo et al., 2019).

Lastly, based on the gaps observed, several recommendations are made. These include increasing funding, legal and policy reforms, involvement of the community see above, training, fostering partnerships and further research and monitoring efforts are called for (Ssenyonga et al, 2019; Petersen et al., 2011; Kigozi et al., 2016; and Abbo et al., 2019).

4.2 Thematic Findings

This research paper is structured in such a way that makes sure that the finding align with the research objectives. They help identify and analyze the socio-economic, cultural, and environmental factors contributing to the high prevalence of mental health disorders in Uganda; find the barriers to accessing treatment; assess the effectiveness of the current interventions and policies that are in place; and propose strategies to mitigate the mental health disorders. There are themes in the studies that create specific pictures of the critical issues, barriers and areas that would benefit with some growth. These findings are illustrated in the paragraphs that follow.

4.2.1 Causes of Mental Health Disorders

When it comes to the causes of mental health disorders, one of the causes is discovered to be the widespread trauma that was caused by the civil war between the government and the Lord's Resistance Army has played a role especially in the

northern part of the country where the conflict was centered. The prevalence of mental illness also leads to co-morbidity where in order to cope with the mental health stressors, patients end up with other issues or stressors like diseases such as HIV/AIDS, malaria and often substance abuse - issues that ultimately need to be addressed (Iversen et al., 2021).

The second cause is the glaring gaps in the system (Akol et al., 2015). One of the gaps is the disproportionate distribution of services between the urban and the rural areas with the rural areas suffering from shortages of care (Kaggwa et al., 2022; Kigozi et al., 2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011). The second gap is in the personnel. The research reports that there are only 53 psychiatrists in the country and yet there are about 14 million patients. This is clearly disproportionate and making a bad situation worse (Kaggwa et al., 2022; Kigozi et al., 2010; Nsereko 2017; and Petersen et al., 2011). The third gap that is addressed is that of funding. The studies report that from Uganda's budget, only 1% that is part of the health budget is allocated to mental health. This gap affects the provision and distribution of services, infrastructure and staff within the sector (Kaggwa et al., 2022; Kigozi et al., 2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011).

Last is the role that communities play driven by the cultures in which they live. First is the issue of stigma and discrimination (Bird et al., 2010; Kaggwa et al., 2017; Kigozi & Ssebunnya, 2009; Nsereko 2017; and Petersen et al., 2011). Mental health is not widely understood by society. As a result, this leads to a lot of misconceptions that discourage individuals from acknowledging that they may be ill and hence seek

help. The misinformation also leads to developing stigma around mental health where patients may feel shame to seek out the help they need. Second, many people do not consider mental health a medical problem but rather one that is cultural and spiritual brought about by supernatural causes. This leads patients and their family members to seek traditional methods of dealing with the issue rather than seeking medical or professional attention (Akol et al., 2018; Kopinak 2014; and Molodynski et al., 2017). There is also an issue of violence in schools and at homes that contributes to mental health challenges (Ssenyonga et al., 2019 and Thumann et al., 2016). In relation to this, the studies show that this is further related to gender inequalities that may increase the stress of mental health. Mental health is ultimately becomes a burden not just for the patient but for the family in community at large. Due to the stigma, many families will not disclose when they need help and will prefer to deal with the issue themselves without external support (Bird et al., 2010; Kaggwa et al., 2017; Kigozi & Ssebunnya, 2009; Nsereko 2017; and Petersen et al., 2011).

4.2.2 Current Interventions

The second theme is around the interventions that have been in action thus far. These include integration where policy had been enacted to incorporate mental health within primary care (Akol et al., 2018; Akol et al., 2020; and Kigozi et al., 2010). Also, there has been some interventions based on community engagement that have been introduced like school-based programs, self-help groups and more (Kigozi et al., 2010). There has also been some level of training for multidisciplinary teams (Rukundo t al., 2020). Lastly, there has been a call for partnership with nonprofit organizations and international organizations (how about local civic groups like the

cultural religious, and other social groupings) that have led to research into mental health, training and sharing of resources (Rukundo et al., 2020).

4.2.3 Barriers to Mental Health Care

The third theme presented is barriers to care and the many arguments are made for this as explained. First is the economic reason with many patients living in poverty and not able to private mental health support and due to stigma cannot afford to seek treatment for their illness which deteriorates elevating the costs for the care, transportation, and paying for the medication (Kigozi & Ssebunnya 2009 and Molodynski et al., 2017). Second, is the lack of awareness and sensitivities about mental health and its care in the community leads to misunderstandings about the condition leaving many to go without treatment (Akol et al., 2018; Kopinak 2014; and Molodynski et al., 2017). Lastly are the gaps in legislation that are very outdated leaving the country with no strategy to address mental illness and thus not encouraging funding to be directed towards the problem (Akol et al., 2018; Kaggwa et al., 2022; and Kogozi et al., 2010).

4.2.4 Recommendations for Improvement

The last theme in the studies is the one that is related to the recommendations or suggested solutions. One of the recommendations is for capacity building studies call for training more professionals in order to build the appropriate and proportionate number of professionals to be able to address mental health in the country (Akol et al., 2015; Kigozi et a., 2016; and Petersen et al., 2011). There is a call for raising awareness about mental health and for advocacy in order to increase knowledge and reduce stigma associated with mental health (Bird et al., 2010;

Kaggwa et al., 2022; Kigozi et al., 2016; nsereko N. D. 2017; Ssebunnya 2009; Ssebunnya 2009; Ssebunnya et al., 2018; Ssenyonga et al., 2019; and Petersen et al., 2011). There is a call for holistic or rounded approaches when testing mental health treatment in order to address other underlying issues like reduction of poverty, education and more. There is a call for partnerships with communities, governments, non-profit organizations, international organizations and even traditional healers. The community could play a role in addressing mental healthcare through psychosocial support but are not utilized (Akol et al., 2015; Iversen et al., 2021; Ssenyonga et al., 2019; and Petersen et al., 2011). However, in order for this to be possible, there needs to be an increase in community sensitization and awareness campaigns for mental health within communities so as to promote community-based interventions (Abbo et al., 2019; Kaggwa et al., 2022; Kigozi et al 2016; Nsereko N. D. 2017; Ssebunnya et al., 2018; Ssenyonga et al., 2019; and Petersen et al., 2011). There is also hope that this effort will enrich the delivery of care for mental health, reduce lead time to treating patients, lower costs of mental health care, enhance patient care and generate efficiencies in the mental health sector

4.3 Knowledge Gaps

There is some information that has been provided in the study concerning the mental health in Uganda. As mentioned, the focus have been on contributing factors, barriers to care, interventions, and recommendations all leading to its prevalence. However, it is important to note that there are some information gaps noted. First, there is limited data provide on the effectiveness of the interventions that have been put in place thus far. Second, there is insufficient data available on special population

demographics other than school-going children and adolescents. Information on other population groups like those struggling with addiction, the homeless, refugees or the elderly are missing. Third, there is a lack of focus on the community level especially with different groups and belief systems. Fourth, there is no data on the cost effectiveness of the current interventions or the burden of untreated cases. Fifth, there is no mention of the barriers faced by primary health care providers when it comes to treating mental health disorders. Sixth, there is no data on the gender dynamics when it comes to mental health. Seventh, the data does not represent any of the perceptions of the patients themselves. There is no study to show what impact policy may have on interventions or if it has any impact at all. Lastly, innovation and the role of technology has also not been discussed.

4.4 Summary of Findings

Mental health in Uganda is a multifaceted crisis made worse by a confluence of socio-economic, cultural, and systemic factors. While some interventions have been made to address mental health challenges, the country continues to face considerable barriers in tackling the high prevalence of mental health disorders. There are a number of challenges and factors that are contributing to the high prevalence of mental health disorders. The number of people affected by this make up about one-third of the country (14 million people). While this is a big crisis; the response is disastrously limited.

The factors contributing to the continued crisis include poverty, civil war, gender-based violence, a weak healthcare system, poor legislation, basic policies, and stigma. First, poverty creates a cycle where people cannot seek treatment because of

lack of monetary capability (Kigozi & Ssebunnya 2009 and Molodynski et al., 2017). However, this then compounds the number of cases that go not only undiagnosed but also untreated and thus worsening the economic hardship especially when functionality at work is limited or care takers are dismissed. Second, the trauma from the past wars a (the overthrow of Idi Amin, the removal of Obote, the Kony war and) the related violence. The use of child soldiers, and the refugee crises contribute significantly to mental health issues, especially among children and adolescents (Iversen et al., 2021). Third, due to insufficient funding, and inadequate and poor infrastructure, and limited services that are not evenly distributed (rural verses urban areas), the health sector of the country is weak (Kaggwa et al., 2022; Kigzi et al., 2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011). Fourth are an apparent legal vaccum and the outdated policies concerning mental health by the government create the impression of incapacitation of government in providing services to the mentally sick (Akol et al., 2015; Akol et al., 2018; Kaggwa et al., 2022; and Kigozi et al., 2010). Fifth is stigma which is widespread and discourages patients from seeking treatment because communities have a bad perspective of mental health (Bird et al., 2010; Kaggwa et al., 2022; Kigozi & Ssebunnya, 2009; Nsereko 2017; and Petersen et al., 2011). The impact of the HIV/AIDS crisis remains unmentioned in the research papers yet the period created peak mental health among especially children who lost care takers then but up to now no redress of the matter has been taken. The last cause that is mentioned is violence, both in school and at home. This contributes a lot to the mental health challenges especially for children

and adolescents but also for adults who may be in abusive situations and do not feel empowered to leave (Ssenyonga et al., 2019 and Thumann et al., 2016).

Since we have looked at the causes of mental health disorders, we shall now investigate the barriers to seeking treatment. The first barrier is economic constraints or monetary reasons. Poverty or the lack of financial resources prevents individuals from seeking treatment because of the costs of treatment in private facilities, and transportation challenges in cases where the services are located far off (Kigozi & Ssebunnya 2009 and Molodynski et al., 2017). Further the inability of government to fund the mental health sector due to the insufficiency of funds by government (Kaggwa et al., 2022; Kigozi et al., 2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011). Funding shortages prevent allocation of finances for qualified personnel that can deal with the issue. The second barrier to seeking treatment is the issue of cultural beliefs and the lack of understanding of the causes of mental illnesses. There are traditional beliefs within communities that attribute mental illnesses to spirits, ancestors or witchcraft. This leads many people to then go to traditional healers for treatment as opposed to seeking professional and the appropriate help. Some are even coerced by their loved ones to go this route (Akol et al., 2018; Kopinak 2014; and Molodynski et al., 2017). The third barrier is the negative perception of communities, which is stigma. The negative views of people in communities discourages individuals from not only disclosing that they may be struggling but also deter them from seeking treatment which makes the mental health problems worse (Bird et al., 2010; Kaggwa et al., 2022; Kigozi & Ssebunnya 2009; Nsereko 2017; and Petersen et al., 2011). The limited number of actors in the mental

health sector especially the civic and private sectors limits the awareness capabilities and community sensitization further compounding the stigmatization of mental health patients and their loved ones. Lastly, there is a shortage of mental health professionals in the country. According to the data, there is one psychiatrist per million people (Kaggwa et al., 2022; Kigozi et al., 2010; Nsereko 2017; and Petersen et al., 2011). Additionally, only 1% of the health funding from the country's budget is allocated to mental health. This should go to shortage of funds at government level.

The research showed that there are a number of policies and interventions that exist within the country to address the mental health issue though they are limited by some recurring issues such as budgetary, policy, low participation by the civil sector and a general ignorance of the causative agents of the problem. Firstly, there are efforts that are being made to integrate mental health services specifically, to include it in the primary healthcare system so as to improve access and also reduce stigma (Akol et al., 2020; and Kigozi et al., 2010). Secondly, there have been some training initiatives whereby programs have been implemented to provide primary healthcare practitioners with the skills required to identify and manage mental health disorders (Rukundo et al., 2020). Third, there is a call for collaboration with other stakeholders like the traditional healers. This effort calls for a recognition of the influence that these people have and so integrate that with modern medical practices (Rukundo et al., 2020). These are all efforts that are being made to address the mental health crisis in the country.

Although some efforts have been made, they have so far not been sufficient to yield tangible results in the management of the crisis of mental health breakdown in the country. Several recommendations have been put forward. For example: One is a call for both legal and frameworks to support the funding of reforms (Abbo et al., 2019; Akol et al., 2015; Kaggwa et al., 2022; Kigozi et al., 2016; and Nsereko 2017). This specifically calls for an increase in funding for mental health services and developing district-level mental healthcare plans in order to enable localized service delivery (Akol et al., 2015; Kaggwa et al., 2022; Kigozi et al., 2010; Ssebunnya 2009; Ssebunnya et al., 2018; and Petersen et al., 2011). The second recommendation is to offer more training and workforce development. The study calls for training non-specialist providers in order for them to be able to recognize and manage and treat mental health disorders. It further calls for an increase in multidisciplinary training so as to increase the number of personnel that can treat mental health illnesses (Akol et al., 2015; Kigozi et al., 2016; and Petersen et al., 2011). Third is increasing community awareness and sensitization so as to reduce the stigma towards mental health disorders. In order to do this, the studies call for public awareness campaigns and community sensitization so as to reduce stigma. This should be in combination with communities in education, interventions and mental health advocacy (Bird et al., 2010; Kaggwa et al., 2022; Nsereko 2017; Ssebunnya 2009; and Ssenyonga et al., 2019). Fourth is a call for continued research that targets development of interventions, evaluate the effectiveness of the treatments available (Iversen et al., 2021; Kigozi et al., 2010; Kigozi et al., 2016; Nsereko 2017; Ssebunnya et al., 2018; and Petersen et al., 2011). Also, develop culturally sensitive and evidence-based

approaches to care for mental health disorders (Akol et al., 2015; and Kopinak 2014). The other recommendation is to initiate, nurture and use partnerships, collaborations and networks in the effort to combat mental health challenges. Collaborations between the government, non-governmental organizations (NGOs), international organizations, medical personnel, and traditional healers and the faith-based organizations is recommended (Akol et al., 2015; Iversen et al., 2021; Ssenyonga et al., 2019; and Petersen et al., 2011). The study also encourages using international expertise and resources to improve local capacities. Lastly, there is a recommendation for integrated services through combining mental health within the primary healthcare system of the country focusing on early intervention where disorders are identified early on to avoid progression (Abbo et al., 2019; Akol et al., 2018; Kigozi et al., 2016; Kigozi & Ssebunnya 2009; Nsereko 2017; Ssebunnya et al 2018; Thumann et al., 2016; and Petersen et al., 2011).

Discussion

5.1 Interpretation of Findings

The findings tell us several things about the state of mental health in Uganda. They highlight the challenges, specifically they talk about the burden of mental health illnesses, the potential causes of the mental disorders, what stops patients from seeking treatment, the interventions that exist and current recommendations to improve the situation in the country.

First is the discussion of the current state of mental health in the country. According to the study, the situation is serious. It is reported that nearly one of every Ugandan is affected by mental health illnesses (14 million Ugandans have Mental Disorders - Report, n.d. 2024). However, there are several challenges facing the country that hinder proper intervention. These include a lack of awareness, nonexistent community sensitization about mental health, the ostracization of patients and their households, outdated laws and policies, limited funding, leading to limited resources from trained personnel, lack of medicaments to absence of support materials and equipment to do the job. There is only one referral hospital in Uganda for mental health care and one psychiatrist for every million Ugandans!

Second is the issue of the factors that are contributing to the high numbers. These include poverty where people cannot afford to go get treatment in private clinics due to the lack of money-making charges appear exorbitant, or to travel from Kisoro, Koboko or Moroto to come to the referral hospital in Butabika. The several wars that have rocked Uganda such as the Tanzania led ousting of Idi Amin, the protracted Luwero war that ousted Obote and the catastrophic war of the Kony

insurgency notoriety increased trauma with other stress causing situations like child soldiers. The flight from war which separates children from parents and the aged from care givers creates and worsens the trauma of survivors. Uganda has a weak healthcare system that is poorly funded and unequally distributed throughout the country with a small workforce. Violence as gender based or in school as is school bullying are other factors leading to mental illnesses. Specifically, the studies point to school violence as well as domestic violence which also disproportionately affects more female than it does the male population; and stigma and traditional beliefs also play a role. Because there is limited awareness and understanding of mental illnesses, many believe that they are caused by spiritual factors or witchcraft. This increases stigma around mental illnesses but also leads patients to seek help from traditional healers as opposed to medical personnel.

Then come the factors that stop patients from seeking the treatment that they need. The study shows three important reasons for this. First is poverty - many people cannot afford to seek treatment when they are sick. Also, there is not enough funding to make treatment, facilities and professionals readily available to treat mental illnesses. Second, as mentioned in the paragraph above, the stigma around mental health illnesses deters people from seeking treatment for fear of people's opinion and perception of them. Third, the mental health sector does not have enough funding and therefore lacks the infrastructure to cater for the needs of all the mental health patients in the country. Additionally, the country has a shortage of trained personnel. The study reports that there are only 53 psychiatrists in the whole country. This is not a big enough number to address the 14 million patients that the country has.

From the study, it shows that there are enable of interventions that have been put in place to try and combat the problem. First, the government has acknowledged mental health with its attendant negative repercussions and the hope is that with that, both legal and policy reforms will happen in order to combat the illness. Second, there have been some training initiatives in isolated parts of the country for multidisciplinary teams plus collaboration with international organizations that worked to improve mental health service delivery. Third, the government has made a move to incorporate mental health into primary healthcare system with efforts to train providers so that they are able to detect and treat mental illnesses. Lastly, there has been some effort to enact community-based programs to increase awareness for mental health and therefore combat stigma. Fourth, government is recognizing the benefits of partnerships, collaborations and networking with UN agencies like WHO, academia both internal and external and the need to incorporate the first responders to the mental health crisis, the traditional healers. It is expected that this will enhance efficiency, effectiveness, cut lead time to form reporting to treatment, cut costs and limit duplication.

Lastly, the study puts forward some suggestions to improving the mitigation efforts for mental health. Six interventions are mentioned. The first is a call for increased funding from the government as 1% of the health budget is not sufficient enough to for the needs of the sector. The second recommendation is for building capacity where professionals will benefit from training to be able to handle and treat mental health cases. This in addition to encouraging more people to join the field of study. Third is policy reform where new and improved regulations are required that

bring a culturally or contextually sensitive perspective to the dilemma. Involving the community is also important if the number of illnesses is to go down and reduce the lead time from disease identification to receiving of medical care. This can be done through educating the masses, raising awareness, community sensitization and there fighting stigma that may stop people from seeking the help that they need. The research also recommends fostering partnerships with the government, local stakeholders, international organizations as a way to bring varied perspectives and efforts together. Lastly, the study calls for more research into the area but also for evidence-based solutions because this informs policies and also promotes effectiveness of interventions.

5.2 Comparison with Global Trends

To be compared to the global trends, there is evidence of some challenges that are specific to a Uganda and some that are shared or common with the rest of the world. Below is the comparison:

Mental health illnesses are very prevalent all over the world although they do seem significantly higher in Uganda. According to the World Health Organization, one in eight people has a mental health disorder whereas for Uganda, it is about a third of the entire population (one in three people) that is affected.

Stigma towards mental health is a common occurrence although data shows that it is higher in low-income countries like Uganda than in high income countries. The reason for this is that due to public awareness and literacy. Stigma is also a common occurrence both globally and in the nation of Uganda. In high- income countries, it seems to have reduced because of campaigns geared towards public

awareness whereas in low-income countries like Uganda, it is more prevalent because of traditional beliefs and efforts towards awareness have been very limited.

In Uganda as is in many low-income countries, treatment is limited because many of the patients cannot afford it. It is reported that over 75% of people with mental illnesses do not get treatment because they do not have the money to seek the help that they need. In the high-income countries, however, it is different because many of the patients have insurance that will cover the treatment or they can pay for it.

As many countries make a move towards integrating mental health into primary healthcare, the same effort is being made in Uganda where similar initiatives are being made although at a slower and more limited way. For example, primary healthcare workers are being trained to manage mental health conditions.

Uganda is a mirror of what is happening globally in that mental health illnesses are made worse when there has been conflict and trauma brought about by civil wars especially in countries that have known conflict like Afghanistan, Sudan and in the case of Uganda, the conflict with the Lord's Resistance Army in the northern part of the country has devastated the mental health of children and youths who experienced it.

Mental health is globally underfunded as it is reported that less than 2% of budgets for most countries is allocated to the sector. In Uganda, this is even more desperate as only 1% of the country's health budget is allocated to mental health. This proves overall that it is a neglected sector in Uganda, and that globally, mental health is neglected.

5.3 Practical Implications

As the information above presents a clear picture of what the state of mental health globally, specifically in what it looks like in Uganda, there are certain implications that should be considered as explained below.

First, we will consider the economic implications. When mental health illnesses go untreated, it disrupts productivity in terms of being available to perform, but also the level of performance. The best intervention for this is early detection and seeking treatment for mental illness. The reason for this is also that as the illness progresses, it becomes more and more expensive to treat which is overall contributing to the persistence of mental illnesses.

The second implication is the fact that it is obvious that the mental health sector is very underfunded. Only allocating 1% of the health budget is unrealistic and explains why there is poor mental health infrastructure, service delivery and a limited workforce. For there to be a change and a significant one at that which leaves an impact, there has to be increased funding.

The next implication is to the healthcare system. This study clearly shows that mental health is being integrated into primary healthcare in the country although it's happening at a slow pace. The integration is a good move as it increases the chances of detecting and treating mental health illnesses as it increases accessibility and also helps reduce stigma among other early treatment benefits. Also as shown, it is apparent that training non specialist medical personnel is a good way to increase the number of professionals that will be qualified to detect and treat mental health illnesses. When both these efforts are implemented, it is going to address the issue

the country is currently facing of uneven distribution of mental health services, infrastructure and professionals between rural and urban areas.

The study also points to policy implications. First, clearly, there is need for reform as the current laws are outdated and so revision is very much needed. The hope is that with the revision will come increased funding and also increased awareness towards mental health. This must go with appropriate policy frameworks reflecting the new and emerging benefits of a revamped legal system.

For social implications, the study shows that the country needs to organize awareness campaigns to educate and inform communities about mental health illnesses. This will help change the attitudes of communities and reduce stigma, hence encouraging patients to seek treatment. It is also important to address cultural beliefs during the awareness campaigns.

From this study, it is important to note that there needs to be additional research. The reason for this is that the research should provide evidence-based solutions to counter the challenges of the mental health crisis in the country. The research will also ensure that the limited resources available are directed to the right priority initiatives. Together with the research, collaboration with partners is key. All stakeholders need to work hand in hand in order to make a greater impact. The government, Non-Government Organizations (NGOs), international organizations, the private sector and international governments (to a limited extent) will benefit from joining their efforts, resources and funding to combat mental health illnesses.

Lastly, there is clearly need for early intervention because like already shown, it reduces eventual costs of what it would cost to treat a patient whose condition is

more advanced. It is also better for the patient as it reduces long term effects of going without mental health treatment. There is also a need for capacity building as the study clearly shows that the country only has 53 psychiatrists. If there enough professionals to treat mental illnesses it will lead to a healthier population thus contributing to the country's economic development.

5.4 Contribution of Knowledge

This study has a lot of information and knowledge that is important and vital to understanding the state of mental health in the country. First, the study paints a clear picture of the state of mental health in Uganda and pinpoints the factors that contribute to the high numbers and the intricacy of the crisis. The second thing is the fact that the study outlines the challenges that are contributing to the prevalence of the mental health crisis in the country. It includes the shortfalls of the health sector, deals with the barriers of seeking treatment and also points out the uneven distribution of services between the urban and rural areas that is clearly disproportionate.

The study provides some systematic insights like the outdated legal and policy frameworks, insufficient funding and lack of awareness. There are policy gaps and need for reform changes as well as a need to integrate mental health into primary healthcare. While the study does call for further research to understand the state of mental health in the country, it have provided some examples where some initiatives have been done and they have been successful like training programs that increased capacity and improved the level of service delivery or the fact that involving

communities in interventions yields great and positive results. Also the call for research ensures that the interventions are data driven as it drives decision making.

The study shows how monitoring and evaluation is important in evaluating effectiveness of interventions. It also promotes the use of evidence in coming up with workable solutions for the challenges in addressing mental health such as good reform and better policy. Another contribution is the recommendations that the study makes for improvement like training of professionals, changing policy and funding. It also calls for integrating mental health into primary health care, calling for involvement of the community in interventions and partnerships with all stakeholders for improved interventions including infrastructures, services, capacity and funding. Next, the study calls for advocacy in order to reduce stigma and encourage seeking treatment. Advocacy also increases the priority of mental health on the government's agenda and hence giving it the attention that it needs in terms of funding and policy reform. In addition, the study leads to more knowledge about mental health as Uganda is used as a case study and encourages learning about best practices from around the world while highlighting the unique context of the country. Lastly, the study shows some examples of solutions that might be sustainable for example training programs and partnerships that provided sustainable mental health services. They study also called for district level planning that could be then adapted nationwide.

5.5 Limitations of the Study

This study had a number of limitations. First, was the fact that the study was not done from the perspective of the patients so their unique and perspective is missing from the study. Second, is the fact that due to the diversity of the country, it

is hard to apply results of a study done in one region to another region as the context may be very different and so some interventions may not be applicable. Third, due to the stigma around mental illness, it may be hard to find people that would be willing to participate especially if they may be worried that others in their communities may find out. This leads to reports that may not be accurate as people are reluctant to disclose their information. Fourth, is data available. There seems to be no information from around the time that the Covid -19 pandemic happened and after. So the information available may not be available and if it is, it may not be up to date. Fifth, most research is conducted in English and yet this is not commonly spoken in rural Uganda. Gathering information may become very problematic because of this.

5.6 Recommendations for Future Research

Based on everything that has been reported so far, there are several recommendations that can be made for future research.

First, empirical research should be conducted to determine the mental health disorders burden in the country to shade more light on how prevalent it is (Kigozi et Al., 2010).

Second, research is needed to know the impact of the current policies and systems in place in addition to funding, resource allocation on mental health (Kigozi et al., 2010; Ssebunnya et al., 2018).

The third is to evaluate the mental health programs and interventions that exist to evaluate their effectiveness and to also their weaknesses so improvements can be made (Kigozi et al., 2010; Petersen et al., 2011).

The next recommendation for research was for community-based interventions to measure effectiveness for the different programs in place for example school based programs (Petersen et al., 2011; Thumann et al., 2016).

Fifth, the study calls for investigating the integration of traditional practices and modern medicine to gauge effectiveness and ensure cultural sensitivity (Abbo et al., 2019).

Sixth, the study recommends further study for the impact of the socioeconomic factor's relationships with mental health (Thumann et al., 2016; Ssenyonga et al., 2019).

Next, more research is needed for child and adolescent mental health to understand the long-term impact of violence, school-related factors and family dynamics (Rukundo et al., 2020; Thumann et al., 2016).

Also, further research is needed to evaluate the outcomes of mental health training programs to find which ones are effective and which ones are not (Akol et al., 2018; Petersen et al., 2011).

Additionally, the study calls for further research in order to explore the role of stigma and traditional beliefs on mental health and to find interventions that are appropriate (Kigozi & Ssebunnya, 2009; Abbo et al., 2019).

The study calls for research to analyze the economic impact of mental health illnesses especially if they go untreated (Molodynski et al., 2017).

Eleventh, more research is needed to investigate collaborative efforts between and among stakeholders like the mental health sector and primary healthcare (Iversen et al., 2021).

Twelfth, the study calls for research into pilot programs like integrating mental health into primary healthcare (Kigozi et al., 2016).

Also, there is a call for research to study the unique mental health challenges that are faced by gender in order to design specific support programs.

Lastly, there is a call for research to find out the impact of technology and how it can be used to address the challenges in mental health treatment.

Conclusion

6.1 Summary of Findings

Mental health in Uganda is a multifaceted crisis made worse by a confluence of socio-economic, cultural, and systemic factors. While some interventions have been made to address mental health challenges, the country continues to face considerable barriers in tackling the high prevalence of mental health disorders. There are a number of challenges and factors that are contributing to the high prevalence of mental health disorders. The number of people affected by this make up about one-third of the country (14 million people). While this is a big crisis; the response is disastrously limited.

The factors contributing to the continued crisis include poverty, civil war gender-based violence, a weak healthcare system, poor legislation, basic policies, and stigma. First, poverty creates a cycle where people cannot seek treatment because of lack of monetary capability (Kigozi & Ssebunnya 2009 and Molodynski et al., 2017). However, this then compounds the number of cases that go not only undiagnosed but also untreated and thus worsening the economic hardship especially when functionality at work is limited or care takers are dismissed. Second, the trauma from the past wars a (the overthrow of Idi Amin, the removal of Obote, the Kony war and) the related violence. The use of child soldiers, and the refugee crises contribute significantly to mental health issues, especially among children and adolescents (Iversen et al., 2021). Third, due to insufficient funding, and inadequate and poor infrastructure, and limited services that are not evenly distributed (rural verses urban areas), the health sector of the country is weak (Kaggwa et al., 2022; Kigzi et al.,

2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011). Fourth are an apparent legal vacuum and the outdated policies concerning mental health by the government create the impression of incapacitation of government in providing services to the mentally sick (Akol et al., 2015; Akol et al., 2018; Kaggwa et al., 2022; and Kigozi et al., 2010). Fifth is stigma which is widespread and discourages patients from seeking treatment because communities have a bad perspective of mental health (Bird et al., 2010; Kaggwa et al., 2022; Kigozi & Ssebunnya, 2009; Nsereko 2017; and Petersen et al., 2011). The impact of the HIV/AIDS crisis remains unmentioned in the research papers yet the period created peak mental health among especially children who lost care takers then but up to now no redress of the matter has been taken. The last cause that is mentioned is violence, both in school and at home. This contributes a lot to the mental health challenges especially for children and adolescents but also for adults who may be in abusive situations and do not feel empowered to leave (Ssenyonga et al., 2019 and Thumann et al., 2016).

Since we have looked at the causes of mental health disorders, we shall now investigate the barriers to seeking treatment. The first barrier is economic constraints or monetary reasons. Poverty or the lack of financial resources prevents individuals from seeking treatment because of the costs of treatment in private facilities, and transportation challenges in cases where the services are located far off (Kigozi & Ssebunnya 2009 and Molodynski et al., 2017). Further the inability of government to fund the mental health sector due to the insufficiency of funds by government (Kaggwa et al., 2022; Kigozi et al., 2010; Molodynski et al., 2019; Nsereko 2017; and Petersen et al., 2011). Funding shortages prevent allocation of finances for qualified

personnel that can deal with the issue. The second barrier to seeking treatment is the issue of cultural beliefs and the lack of understanding of the causes of mental illnesses. There are traditional beliefs within communities that attribute mental illnesses to spirits, ancestors or witchcraft. This leads many people to then go to traditional healers for treatment as opposed to seeking professional and the appropriate help. Some are even coerced by their loved ones to go this route (Akol et al., 2018; Kopinak 2014; and Molodynski et al., 2017). The third barrier is the negative perception of communities, which is stigma. The negative views of people in communities discourages individuals from not only disclosing that they may be struggling but also deter them from seeking treatment which makes the mental health problems worse (Bird et al., 2010; Kaggwa et al., 2022; Kigozi & Ssebunnya 2009; Nsereko 2017; and Petersen et al., 2011). The limited number of actors in the mental health sector especially the civic and private sectors limits the awareness capabilities and community sensitization further compounding the stigmatization of mental health patients and their loved ones. Lastly, there is a shortage of mental health professionals in the country. According to the data, there is one psychiatrist per million people (Kaggwa et al., 2022; Kigozi et al., 2010; Nsereko 2017; and Petersen et al., 2011). Additionally, only 1% of the health funding from the country's budget is allocated to mental health. This should go to shortage of funds at government level.

The research showed that there are a number of policies and interventions that exist within the country to address the mental health issue though they are limited by some recurring issues such as budgetary, policy, low participation by the civil sector and a general ignorance of the causative agents of the problem. Firstly, there are

efforts that are being made to integrate mental health services specifically, to include it in the primary healthcare system so as to improve access and also reduce stigma (Akol et al., 2020; and Kigozi et al., 2010). Secondly, there have been some training initiatives whereby programs have been implemented to provide primary healthcare practitioners with the skills required to identify and manage mental health disorders (Rukundo et al., 2020). Third, there is a call for collaboration with other stakeholders like the traditional healers. This effort calls for a recognition of the influence that these people have and so integrate that with modern medical practices (Rukundo et al., 2020). These are all efforts that are being made to address the mental health crisis in the country.

Although some efforts have been made, they have so far not been sufficient to yield tangible results in the management of the crisis of mental health breakdown in the country. Several recommendations have been put forward. For example: One is a call for both legal and frameworks to support the funding of reforms (Abbo et al., 2019; Akol et al., 2015; Kaggwa et al., 2022; Kigozi et al., 2016; and Nsereko 2017). This specifically calls for an increase in funding for mental health services and developing district-level mental healthcare plans in order to enable localized service delivery (Akol et al., 2015; Kaggwa et al., 2022; Kigozi et al., 2010; Ssebunnya 2009; Ssebunnya et al., 2018; and Petersen et al., 2011). The second recommendation is to offer more training and workforce development. The study calls for training non-specialist providers in order for them to be able to recognize and manage and treat mental health disorders. It further calls for an increase in multidisciplinary training so as to increase the number of personnel that can treat mental health illnesses (Akol et

al., 2015; Kigozi et al., 2016; and Petersen et al., 2011). Third is increasing community awareness and sensitization so as to reduce the stigma towards mental health disorders. In order to do this, the studies call for public awareness campaigns and community sensitization so as to reduce stigma. This should be in combination with communities in education, interventions and mental health advocacy (Bird et al., 2010; Kaggwa et al., 2022; Nsereko 2017; Ssebunnya 2009; and Ssenyonga et al., 2019). Fourth is a call for continued research that targets development of interventions, evaluate the effectiveness of the treatments available (Iversen et al., 2021; Kigozi et al., 2010; Kigozi et al., 2016; Nsereko 2017; Ssebunnya et al., 2018; and Petersen et al., 2011). Also, develop culturally sensitive and evidence-based approaches to care for mental health disorders (Akol et al., 2015; and Kopinak 2014). The other recommendation is to initiate, nurture and use partnerships, collaborations and networks in the effort to combat mental health challenges. Collaborations between the government, non-governmental organizations (NGOs), international organizations, medical personnel, and traditional healers and the faith-based organizations is recommended (Akol et al., 2015; Iversen et al., 2021; Ssenyonga et al., 2019; and Petersen et al., 2011). The study also encourages using international expertise and resources to improve local capacities. Lastly, there is a recommendation for integrated services through combining mental health within the primary healthcare system of the country focusing on early intervention where disorders are identified early on to avoid progression (Abbo et al., 2019; Akol et al., 2018; Kigozi et al., 2016; Kigozi & Ssebunnya 2009; Nsereko 2017; Ssebunnya et al 2018; Thumann et al., 2016; and Petersen et al., 2011).

6.2 Policy and Practice Recommendations

There are a number of policy and practice recommendations that if adapted, Uganda may be in a better position to address mental health and hopefully reduce its occurrence among the population.

For policy, there are a number of recommendations that can be deduced from the study. One, there is need for policy and funding reform. This can be done by first increasing the budget geared towards mental health. Perhaps studies like this can be a way to advocate for funding. Then, specific laws that cater to mental health can be updated in order to match the current needs of the country. Also, there is need to decentralize mental health care plans so as services may be equally distributed and specific to locale. Two, there is a need for collaboration and partnerships between all stakeholders. This includes the government, health facilities, international organizations and more. This ensures that knowledge and resources are pulled together in an efficient manner for the best impact. Three, the study calls for integration of mental health into primary healthcare because this will ensure early detecting of illnesses and hence treatment. This strategy also leads to more access and reduces stigma. Lastly, there is need for more research on the subject as well as an evaluation of the interventions that are already in place in order to know effectiveness so as to know which ones to continue and which ones to get rid of.

In addition to the policy recommendations, the practice recommendations include the following; one, early identification and intervention. This is related to the third policy recommendation. Even though earlier this was achieved by incorporating mental health into public healthcare, in this instance, programs should be developed

that can help with diagnosing mental health illnesses early. This can be on community level as this is where people have the most interaction. Two, training and development of the workforce is recommended especially healthcare providers who do not specialize in anything so as to increase the number of professionals dedicated to the mental health profession. Three, is capacity building and infrastructure development. Capacity building is related to the point before and is recommended because it allows for more qualified people that can cater to mental illness as mentioned before. More and better infrastructure ensures the delivery of services as needed in the communities. Four, the study calls for increasing awareness and advocacy in communities in order to reduce stigma. This can be done by educating masses on mental health so as to reduce misinformation. Also, advocating for mental health can also increase awareness, acceptance and encouragement those who are sick to get treatment.

6.3 Implications of Future Research

Based on all the information that is presented above, explained here are the implications. First, there needs to be an evaluation of the effectiveness of policies, interventions and services that are being utilized right now. This should also include evaluating the challenges and the impact of the outcomes of the interventions. Second, there needs to be a way to increase funding for mental health and the allocation of resources. This can be achieved by all stakeholders working with each other to consolidate resources and then distribute them effectively. Third, research needs to be done to find ways that can lead to early detection of mental health disorders. If there are any risk factors, these have to be made known so people know

what to look out for in order to enable early intervention. Also, making use of civic groups may be beneficial for this endeavor. Forth, study needs to be done in ways that promote awareness and advocacy for mental health and to reduce stigma which is prevalent due to lack of knowledge. Fifth, there needs to be a study done to understand or underscore the effectiveness of training non specialist medical professionals and whether or not this has a positive impact to mental health. In addition to this should be one study to find a way of encouraging people into the field and retaining them. Sixth, research needs to be done to find culturally appropriate interventions for addressing mental health stigma and also for treatment. This in addition to finding evidence-based interventions is necessary. The seventh recommendation for research is on the impact of trauma on mental health. Studying more about trauma focused interventions after understanding the long-term effects of the trauma of war will make a positive impact. Eighth, the impact of community-based interventions and multidisciplinary teams needs to be studied. Furthermore, peer support systems need to be investigated for effectiveness as interventions for mental health illnesses. Ninth, collaborations and partnerships especially with the international community needs to be studied to know if such relationships improve mental health care. Also as important is the impact that the global mental health initiatives have had on Uganda and its dealings on mental health. Tenth, research needs to be done on the various barriers that exist that hinder patients from seeking treatment. This should be together with the challenges faced when seeking treatment for mental health. Eleventh, monitoring and evaluation systems need to be put in place for the mental health interventions that exist in Uganda.

6.4 Final Remarks

Addressing mental health in Uganda requires a multifaceted and sustained approach that combines policy reform, increased funding, community engagement, and innovative interventions tailored to the country's unique socio-economic and cultural context. While significant barriers such as poverty, stigma, and a lack of infrastructure remain, there are clear opportunities to build on existing initiatives and adopt evidence-based strategies to improve mental health outcomes.

Collaboration between government agencies, NGOs, healthcare professionals, traditional healers, and communities is essential to create a robust and inclusive mental health care system. Additionally, prioritizing public awareness, early intervention, and workforce development will help to bridge the gap in mental health services, especially in underserved rural areas.

Ultimately, by integrating mental health into primary healthcare systems and fostering cultural sensitivity, Uganda can reduce stigma, enhance access to care, and improve the overall well-being of its population. Continuous evaluation and research will ensure that interventions remain effective and relevant, paving the way for sustainable progress in addressing the mental health crisis.

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