

AT A GLANCE

THE
SITUATION ANALYSIS
OF MENTAL HEALTH IN JINJA CITY- 2023



AN INITIATIVE TO NORMALIZE MENTAL HEALTH
CONVERSATIONS IN JINJA CITY

WITH FUNDING FROM VOICE



SUMMARY



280,900

The Population of Jinja City

UBOS-Projections 2023



205

The respondents Sampled



2

Key Informant Interviews

2



Focus Group Discussions involving persons with lived experiences of mental health conditions conducted.

Respondents



52%

Women



48%

Men

50%

of the respondents were young people aged between 18-29 years.

33% of the respondents were 35 Years and above.

62% of the respondents had attained education beyond primary level, **34%** stopped in primary while **only 5%** did not have any formal education.



FINDINGS

Knowledge on Mental Health Conditions

Generally there is limited knowledge on mental health conditions in the city.

37%



of men report that mental health conditions are contagious compared to 18% of women.



70%

of women reported that its possible to recover from mental health conditions compared to 66% of men.



52%

of families in Jinja City have experienced mental health conditions

The level of knowledge on mental health varies in the north and south divisions of the city.

77%

of respondents in Jinja City Southeast believe that mental health conditions are contagious compared to 68% from Jinja City North.



67%

of respondents in the south believe that persons with mental health conditions can be known by their physical appearance compared to 48% in the North





Respondents with secondary or higher education levels were more knowledgeable on mental health conditions compared to those with primary education or non-formal education.

Having a person with a mental health condition in a home does not lead to increase in knowledge on mental health conditions among family members.

80%



of the respondents from households without any member who has suffered from a mental health condition agree that it's possible to recover from a mental health condition compared to only 58%



of respondents with lived experiences had high, knowledge on mental health conditions

88%



of the persons with lived experiences, are not aware of any national or international laws protecting the rights of persons with mental health condition

74%



of respondents considered alcohol and substance abuse as the main cause of mental health conditions, in the Southern division while

58%



attach the main cause of mental health conditions to witchcraft in the Northern division.

Jinja South is home to Masese landing site which is largely a slum area with majority of the residents engaged in fishing, with small businesses including distilling alcohol a risk of substance abuse resulting into mental health conditions.

Attitudes and practices towards Persons with Mental Health Conditions

65%

of respondents agree that People with mental illness have the same rights as anyone else in the community and

40%

agree that people with mental health conditions can make a positive contribution in the community.

While **not all** mental health conditions **lead to violence**,

Stigma:

The negative attitudes and perceptions of the community members towards families and individuals with mental health conditions.

60%



of the respondents agree that people with mental health conditions are a danger to themselves and society and should be confined in isolated places.

PERSONS WITH MENTAL HEALTH CONDITIONS ARE CONSIDERED AS CURSED AND OUTCASTS

84%

OF THE RESPONDENTS FROM THE HOUSEHOLDS THAT **HAD NEVER HAD ANY OF THEIR HOUSEHOLD MEMBER SUFFER FROM A MENTAL HEALTH CONDITION WOULD NOT GET MARRIED/STAY MARRIED TO A PERSON WITH A MENTAL ILLNESS.**

Access to care

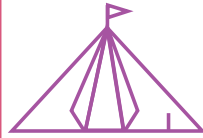


59%

of the respondents from the households that have ever had one of the members suffer from mental health conditions reported that they took the patient to the hospital for treatment,

30%

took the patient to the traditional healers



26%

took the patients to churches/mosques for prayers

19%

tied/kept them in their houses without medication.



Although the survey respondents did not mention that **they took their sick relatives** to the shrines or **witchdoctors for healing, half of the women** (survivors of mental health conditions) who participated in the FGD reported that **they were first taken to the traditional healers for treatment before going for modern medicine.**

CONCLUSIONS AND RECOMMENDATIONS

BASED ON THE ABOVE FINDINGS, IT IS EVIDENT THAT MOST COMMUNITY MEMBERS HAVE LIMITED KNOWLEDGE ON MENTAL HEALTH CONDITIONS. THIS INFLUENCES THEIR NEGATIVE ATTITUDE AND PRACTICES TOWARDS MENTAL HEALTH CONDITIONS; ATTITUDES FURTHER AFFECT THE SUCCESS OF PATIENT CARE.

FOR EFFECTIVE USE OF MEDICAL TREATMENT AND REHABILITATION AND THE RECOVERY PROCESS FOR FAMILY AND COMMUNITY MEMBERS WITH MENTAL HEALTH CONDITIONS, FOR INDIVIDUAL TO ADOPT NEW BEHAVIORS, THERE IS NEED TO INCREASE THEIR LEVEL OF KNOWLEDGE ON THE DESIRED BEHAVIORS, ADDRESS THE CURRENT BARRIERS TO THE NEW BEHAVIORS AND GIVE SUPPORT POINTS THAT WILL FACILITATE POSITIVE BEHAVIORS TO HAPPEN.



Design and implement a mass media awareness campaign



Develop and produce Information, Education and Communication



Conduct targeted community dialogues to tackle existing myths and misconceptions



Map and profile all the mental health actors in the city



Train and empower the champions with knowledge on mental health



Train champions and field officers on how to identify and document change stories which will be important in measuring the impact of the project



Develop project specific indicators with clear targets based on the project objectives.



Work with other stakeholders to lobby the city to allocate some resources for community mental health care.



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