ANNUAL REPORT

2021

MENTAL HEALTH UGANDA

ACKNOWLEDGEMENT

This annual report will enable Mental Health Uganda (MHU) to effectively communicate, attract, maintain and Utllize its human, financial and time resources toward meeting organizational goals.

The report focuses on Inspiring MHU to raise its profile, attract new partners and donors through investing in fundraising Initiatives, developing strategic partnerships, networking and engaging widely in the mental health sector while confidently and consistently demontrating the human rights identity.

Appreciation is extended to MHU staff for their role in contributing to this report.

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Our Organisation

We are an indigenous, Non-government Organisation established in 1997 and officially registered in 2001 as a national NGO. This was in response to the overwhelming marginalisation, isolation, and abuse of rights of persons with psycho-social disabilities/ users of psychiatric services, and their families. It had also become evident that it is necessary to look at recovery beyond drugs or medication. The composition of members includes people with a living experience of mental illness, care givers and service providers. Care givers are the primary contact for persons with mental health problems and often play a vital role to ensure that the user of psychiatric service seeks the required treatment, adheres to medication and receives other requirements of life. The total number of members in all districts is just over 25,000.

VISION

"People with psychosocial disabilities in society are embraced with respect and enjoy their human rights as other citizens"

MISSION

"To create a unified voice of people that influences the provision of required services and opportunities for people with psychosocial disabilities in Uganda".

CORE VALUES

Accountability and Transparency;

The obligation or willingness to accept responsibility for one's actions.

Teamwork;

we work towards providing support to one another, working co-operatively, respecting one another's views.

Respect;

we are committed to creating an institution and a society where everyone is appreciated and recognized based on their contributions rather than any classification.

Confidentiality;

we protect information and earn trust, in accordance with the law.

Integrity;

we are truthful and reliable to all our stakeholders.

Non-discrimination;

we treat individuals and groups equally irrespective of their particular characteristics.

Equity;

MHU provides an environment that is fair and just to all.

WHAT WE DO

At MHU we,

- Raise Awareness on Mental Health
- Support Policy, Legislation & Rights Advocacy
- Provide Psycho Social Rehabilitation
- Support Policy, Legislation & Rights Advocacy
- Build Capacity and promote Sustainable live hoods
- Build sustainable Partnerships that enhance meaningful Collaboration in the field of mental health

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FOREWORD

I welcome you all and bring greetings from the Board

We are thankful to God for having survived the pandemic which hit the globe and had adverse effects.

In Uganda, mental health wards at regional referral hospitals were being used as treatment centers for Covid 19. The Ministry of Health had neither handed them back nor presented a clear medium and long-term plan before the end of 2021.

In July 2021 alone, after the lifting of the second lock down, Butabika National Referal Mental Health Hospital received over 1600 patients, way above their monthly average of 800.

At MHU we pledge to continue working toward fulfilling our vision which is to ensure that People with psychosocial disabilities in society are embraced with respect and enjoy their human rights as other citizens" and we are optimistic that through combined efforts with partners we shall impact lives.

I want to thank our partners and donors who have supported the cause.

We pledge accountability and sound governance to ensure we support the less priviledged in the area of Mental health in Uganda.

Ewatu Geoffrey

Board Chairperson

PREFACE

Derrick Kizza Mbuga

Executive Director

I bring greetings from Mental Health Uganda.

This year 2021, the adverse impact of Covid 19 on health and services, individual and household incomes as well as other spheres of life globally cannot be over-emphasized. At the MHU Secretariat, we have had to adjust and work under difficult conditions. However, its effect of mental health of populations and services was equally devastating! Initial global research has reported increased cases of anxiety and depression during the Covid-19 pandemic.

Findings from earlier pandemics have indicated that confinement, reduction in income and uncertainties on how to deal with the pandemics have been linked to increase in anxiety and depression among the populations.

Our toll free helpline (0800 21 21 21) launched in May 2021 was very timely in supporting people with mental health problems. This was at a time when the country was emerging from the second national lockdown. We have been overwhelmed with calls from all over the country, seeking for help.

Therefore, post Covid programing should look at prioritizing mental health financing. Integration of mental health into primary health care and support to the Mental Health Division at the Ministry of Health to do their oversight role are a matter of emergency. Evidence based approaches should be explored further e.g. MH Gap, 'social contact', the 'drug banks' 'reunion models', etc. All these should be complimented with normalizing conversations on mental health.

STRATEGIC OBJECTIVES

To influence policy, rights and legislative reforms around mental health

1

Output 1.1: *Processes for policies and legislative reforms supported*

Output 1.2: *The legal and rights frameworks are domesticated*

Output 1.3: *Increased access to justice for people with psychosocial disabilities*

To promote access and utilization of mental healthcare services in Uganda

2

Output 2.1: *Information provided and structures built for the delivery of community mental healthcare*

Output 2.2: *The Psychosocial support and Rehabilitation models strengthened and expanded*

To build self-reliance and resilience of people with psychosocial disabilities

3

Output 3.1: *Improved socio-economic conditions of people with psycho-social disabilities*

Output 3.2: *Introduce climate and environmentally friendly innovations for People with psychosocial*

To reduce stigma towards people with psychosocial disabilities

4

Output 4.1: *Stigma is reduced and people's attitudes towards PWPSD improved*

To strengthen institutional capacity and sustainability of MHU

5

Output 5.1: *MHU National secretariat and Regional Associations' capacity to address the concerns of people with psychosocial disabilities is strengthened.*

Output 5.2: *Structures at grass- root levels strengthened*

Output 5.3: *Critical alliances that facilitate the advancement of concerns of People with psychosocial disabilities are established*

Output 5.4: *Improved Marketing and Communications*

OUR PROGRAMMES

Daniel Lubanga

Head of Programes

Greetings to our friends and well-wishers!

In a general way, and considering the Covid-19 related challenges, the year 2021 has done us well in the Programs Department, but also Mental Health Uganda (MHU) as an organization.

Thanks to the collective efforts and foresight by all our internal and external teams, we have thrived and benefited heavily from our partnerships.

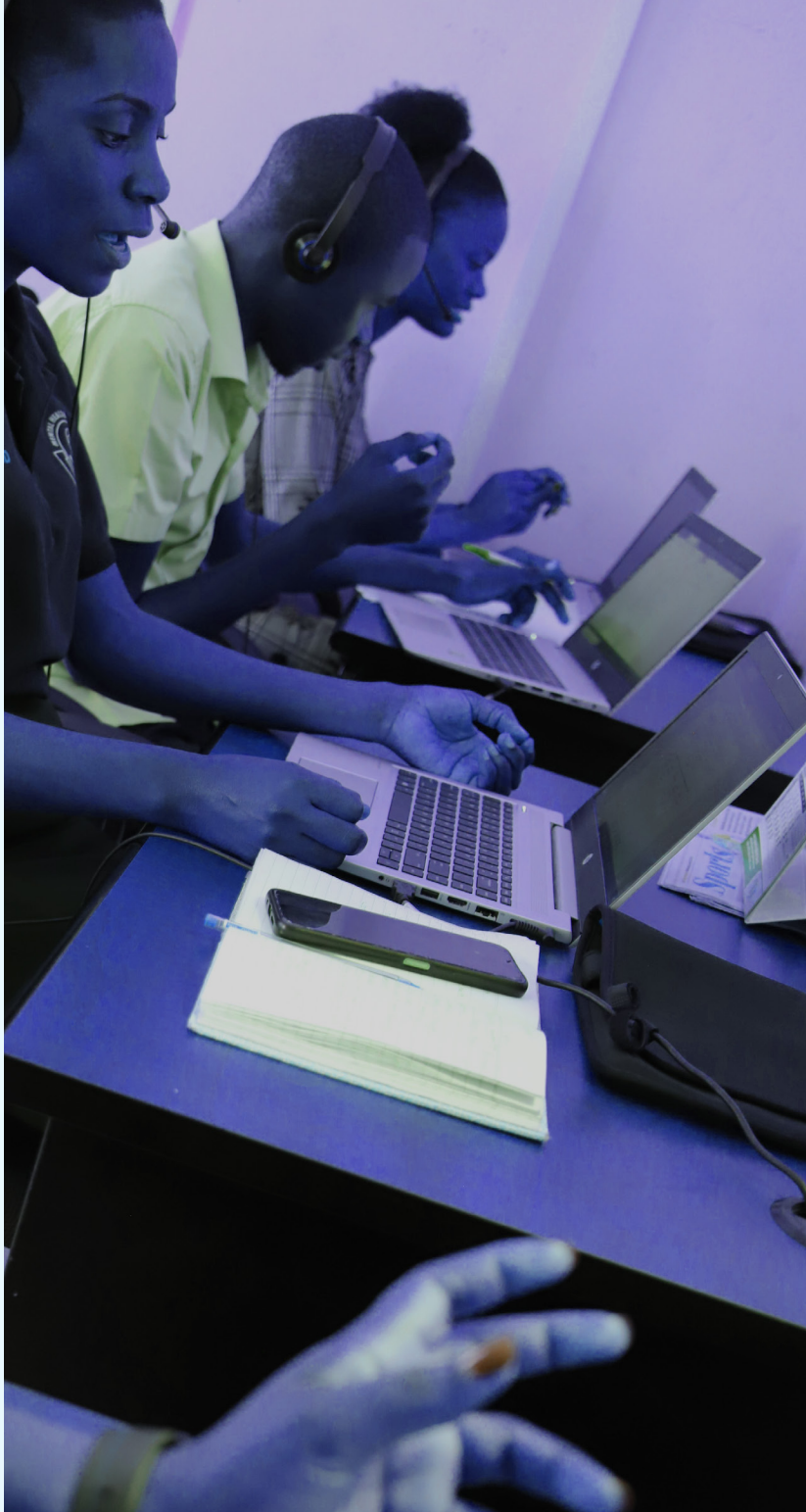
We owe a huge thank you to our donors, most significantly, Youth Mental Health Norway and SIND Mental Health Denmark, among others, for accepting the plight of the people we serve and believing in our passion, to not sit back and lament, but work with us to do something. To our local partners especially the Ministry of Health, the Mental Health Coalition and other actors in the sector, we could not do these miles without you.

To the Program Team and all at MHU, your individual contributions from your small corners have yielded these results we celebrate, a big thank you for your boundless energy – mental health work is a calling and you have forever responded cheerfully!

AMPLIFYING VOICES

In May 2021, we launched a landmark service of a national toll-free helpline, the first of a kind in Uganda, to provide free professional mental health counselling to all callers. The service is available in 5 languages of English, Swahili, Luganda, Runyakitara and Luo; and 'beat' lock down limitations when agents remained accessible from their homes between June and July 2021! At the beginning, the numbers were overwhelming and had us quake over what lay ahead of us if numbers stayed that high, peaking at over 1,000 per day in the week following the launch.

This was indicative of the burning needs and the galling gaps that exist in mental health care. A gentleman who blamed MHU for 'killing so many Ugandans" by delaying to introduce this service stood out for me. He had travelled to Lake Wamala to drown and escape the worldly pain. As fate would have it, while listening to radio over his phone, the advert for free telephone counselling ran and he tried the number. He spoke to a counsellor and changed his mind. The rest is history, he lives a hopeful life again and we remain friends to this date. Such is the value of speaking up!



ACCESS TO HEALTH IS MY RIGHT

Under the project "Access to Health is my Right", we have performed wonders, even if they have been labelled 'miracles' by some. The project rehabilitates homeless women with mental illnesses from the streets of Kampala, working in partnership with Butabika National Referral Mental Hospital and Kampala Capital City Authority (KCCA). The idea that someone can be picked from the streets and is rehabilitated, is skilled, starts and runs her own business sounds unreal. Such is the amazing work by our dedicated men and women under this project.

This year 2021, we have consolidated our drop-in centres in Kiswa and Komamboga Health Centre IIIs, as quick go-to spots. We have also escalated the localized trainings of police personnel and local leaders, as duty bearers in protecting the rights of people with psychosocial disabilities. To enhance early detection and referral, plus providing on-going counselling to re-settled women, we have provided mental health training to Village Health Teams (VHTs). Indeed based on this experience, we are convinced that the delivery of Community Mental Health Care as required under Article 25 (c) of the Convention on the Rights of Persons with Disabilities (UNCRPD) to "Provide these health services as close as possible to people's own communities, including in rural areas" can in a bigger part, only be realized through such teams, especially in resource constrained countries like Uganda, and the gross under-investment in Mental Health as a sector.

Our work with the media.

We delivered trainings to the media in 4 districts of Soroti, Gulu, Mbarara and Kanungu. While the results were striking and impressive, the 'ignorance' about mental health among critical persons as reporters and editors, should concern us a country, because these are trusted agents. The erratic and stigmatizing language they use for mental health reporting is not deliberate but purely a function of a lack of understanding. We will definitely pursue such engagements prominently. We will also dedicate special energies to respond to the huge and worrying need for mental health services in specific populations or groups like students/schools (including Universities), refugee communities, prisoners, Most at Risk Populations, among others.

Our 'Lived Experience or User-Led Programming'

'Social Contact' is still by far the best and simplest way to tackle stigma. Young men and women continue to share their personal lived experiences of mental health problems, thereby normalizing such discussions and breaking down stigma. These 'Champions' provide referral for professional care and as a consequence, we have witnessed increasing demand for and access to services.

COMMUNITY MENTAL HEALTH CARE.

Community Mental health care is our agenda at MHU

The prognosis of our clients with mental disorders are strongly linked to community-level factors .When we make availability and integration of mental health services into communities apriority it promotes accessibility, acceptability, affordability, and scalability of services, as well as adherence to treatment and increased likelihood of positive clinical outcomes.

" When we empowered the communities through our toll free helpline, this played a crucial role in promoting mental health awareness, reducing stigma and discrimination, supporting recovery, social inclusion, and preventing of mental disorders" .

We have provided comprehensive, integrated mental health and social care which includes promotion and prevention programs in communities integrating the perspectives and engagement of service users and families. This has been possible through the tele therapy.

In conclusion, For us to achieve more positive results, there is need to parterner with government and civil society organizations to establish community-based, recovery-oriented services such that persons with psychosocial disabilities, are provided with continuous support to reduce the risks associated with relapses and enable them to live independently within the communities.

Immaculate Akello-P

Psychiatric Nurse Mental Health Uganda

THE IMPACT WE MAKE

Health and Rehabilitation

We launched our national toll-free telephone counselling service in May. The service has seven trained councillors and one mental health nurse available to answer calls 8 hours a day, 5 days a week. Since the launch, the service has identified 1,320 unique callers and conducted approximately 4,600 counselling sessions in 2021. 39% of the callers are women, 60% men and 1% chose not to disclose. 68% of the callers were within the target group of 15-35 years. Anxiety is reported as the most common reason to call. Other common reasons for calling are financial difficulties especially due to Covid-19, and relationship-related issues. 95% of the callers have benefited from counselling while 39% have been referred for further care. Half of the callers, 50.1%, reported that they had not accessed any mental health service prior to the call. This is testament to the enhanced access to care that the project ultimately aspires for.

Human Rights

MHU targeted the government`s neglect to ensure all districts have a Mental Health Focal Person, as stipulated in the Mental Health Act of 2019. Having mapped the districts in 2020, MHU evidenced the lack of coordination of all actions and actors in the sector and elaborated the need for MH focal persons to the Ministry of Health. MoH invited MHU to develop the draft Terms of Reference for district MH focal points to fast-track the implementation of this component of the Act. MHU delivered on this in November 2021; MoH will validate the ToR in April 2022 and MHU will continue to follow up the implementation of this component locally. The introduction of a focal person will bridge this huge coordination gap for mental health in the districts

We conducted advocacy initiatives for increased financing of the mental health sector in 4 districts: Gulu, Lira, Soroti and Mbale. MHU organized meetings with local leadership and persons in the financial planning committees to inquire about the current mental health spending and their plans for future spending to ensure better mental health services to the local population. For the year 2021/22, only Soroti had planned a budget post for psychosocial support. After meetings with MHU, all 4 districts have now created a budget post or even two for MH spending in the 22/23 budget. MHU is following closely this process towards conclusion with a view that success in these piloted districts will provide firm grounds for the same advocacy in the broader project areas.

Stakeholder Engagement

We cannot reach and influence the mental health agenda without meaningful engagements.

Media has been one of the contributor to mental health advocacy yet agents remain agonizingly ignorant on mental health and use stigmatizing language while reporting. MHU conducted two media trainings on basic understanding of mental health in Kanungu and Mbarara districts, targeting reporters who gather news and write the stories. 37 reporters from over 10 media houses were trained. Only this engagement has brought about a clear change in attitude especially in the language used to report on these cases.

Other key stakeholders engaged included police, judicial officers and local political leaders.

Contribution to UNCRPD recommendations

In October 2022, State Party Uganda will submit its report to the UNCRPD on the implementation of recommendations issued in 2016. The National Union of Disabled Persons in Uganda is coordinating the formulation of the shadow report for civil society. MHU through this project has written the component on progress in implementing the recommendations on psychosocial support, which will inform this particular section of the shadow report.

CAPACITY BUILDING

HUMAN RESOURCES FOR MENTAL HEALTH CARE

The shortage of mental health professionals in Uganda has been severally documented and because of this, the inclusion of mental health care on the minimum health care package remains on paper. MHU trained 16 staff in community-based counselling, in preparation for the launch of the national toll-free helpline. In the absence of psychiatric health workers in public health facilities, the project boasts of enhancing manpower at the disposal of people struggling. And by training both agents of the toll-free line and other MHU staff, the training had a spill over effect in a sense that beneficiaries of a sister project can also receive better quality of support from their counsellors. Besides, in case an agent is unavailable, the project can rely on the trained staff from the sister project as back up. This has left the helpline less vulnerable to shut-down in case of disruptions.

ANTI-CORRUPTION

MHU has undergone a due diligence (2018), an Organizational Capacity Assessment (2021) and the annual Audit for 2020. All these exercises have helped MHU in identifying its weaknesses and vulnerabilities. Based on the findings, and to ensure proper follow-up, MHU developed a combined action matrix with clear action areas, responsibilities and deadlines for resolution stretching up to 2023. The matrix is frequently revisited at the secretariat and with our partners.

MHU was evaluated by an independent financial consultant in November to December 2021, where the task was to undergo the Atlas Financial Checklist. This mission was commissioned by Youth Mental Health Norway in line with the contract between YMHN and Atlas. In the results of this exercise, MHU has an overall positive result and importantly, no fraud or corruption was detected or suspected.

All our projects under went external audit by an independent firm in 2021 and another similar exercise is planned for 2022.

CROSS-CUTTING ISSUE:

WOMEN'S RIGHTS AND GENDER EQUALITY

Our toll-free help line has opened up a safe space for women who have no income. They can express their feelings and receive help from our team of professional mental health counsellor at no cost. This is especially important for women in rural communities where money is a preserve for men. The anonymity and confidentiality that the tele-counselling assures callers protects them from the controls of male counterparts in their lives and enforces the credibility of the facility.

CLIMATE AND ENVIRONMENT

Our projects do not have direct effect on the environment, neither does the environment directly influence the performance or results of the project. However, during 2021, some Information, Education and Communication (IEC) material were printed, although in modest quantities, and the effect of printing on the environment is documented.

On the other hand, upon the national lock down due to Covid-19 (June – September 2021), the tele-counselling service was moved from the MHU offices to the agents' homes, thus eliminating the daily commuting to and from work. This fall in movement has an indirect environmental effect of reducing emissions.

HUMAN RIGHTS

The MHU toll-free helpline has opened space for persons from the LGBTQI+ community, where they can introduce their needs and be supported by a counsellor. MHU received multiple calls from individuals that identified as a sexual minority seeking counselling and referral. This demand is testament to the limited Human Rights space for many minorities in Uganda and how MHU helpline opens up new space for oppressed

groups. However, it is reasonable to believe, given the cultural and religious standards in Uganda, that some of MHUs counsellors may have biases and hold prejudice against sexual minorities. They might also believe one can "pray the gay away" and that being homosexual is a choice. Whatever the counsellor's personal beliefs, it is very important that they are trained in not letting that interfere with the fact they have to help other humans in distress – regardless of race, sexuality, religion, gender, disability etc. To be able to better meet the needs of sexual minorities and to ensure that we do no harm, project management is soliciting a basic training for the agents in sexual health from a rights-based perspective that does not conflict with the delicate country social standards. The training will enable the counsellors to become aware of their own biases and teach them how they can support people from the LGBTQ+ community to the best of their ability within the Ugandan context.

COORDINATION AND HARMONIZATION

MHU called together representatives from local government within 4 districts piloted for advocacy work, Gulu, Lira, Soroti and Mbale, to a status quo meeting on their mental health needs. DPOs and NGOs were also invited to the meeting e.g Thrive Uganda, Umbrella of Hope Initiative, JENGA Community Development Outreach and AIDS Health Care Foundation. MHU quickly discovered that none of the districts had a functional Mental Health Focal Person, as The Mental Health Act of 2019 stipulates they should. The Ministry of Health had not operationalized this function, so local leadership found it hard to implement - not knowing what role and responsibility this function should entail. With MHU in the lead, the participants agreed that the function of the MH Focal Person had to be operationalized to localize the coordination of mental health work and actors in the districts. MHU took this information back to MoH and was tasked with developing a ToR together with the other stakeholders. MHU delivered the draft ToR to MoH in November 2021, who will put it through its own validation process before final approval in 2022. It is expected that on the basis of this ToR, MoH will instruct all lower local governments to appoint and operationalize the Focal Person for Mental Health.

Further still, through the same consultations and coordination, MHU wrote a concept to motivate the advocacy for increased sector financing and piloted it in the same 4 districts mentioned above. Public officials and representatives of civil society appreciated this concept and participated actively in the consultative meetings called by MHU (a role otherwise for the government counterparts). Indeed, commitment was given to earmark some funds for the sector in the budget for financial year 2022/3 – with high anticipation in all 4 districts. MHU will continue engaging with leadership in the piloted districts to ensure this sector financing is finally realized and replicate the method to other districts if it is successful.

These processes were good exercises for MHU in facilitating joint advocacy for the mental health sector.

SECTION 3:

LESSONS LEARNED CHALLENGES AND OUR MITIGATION STRATEGIES

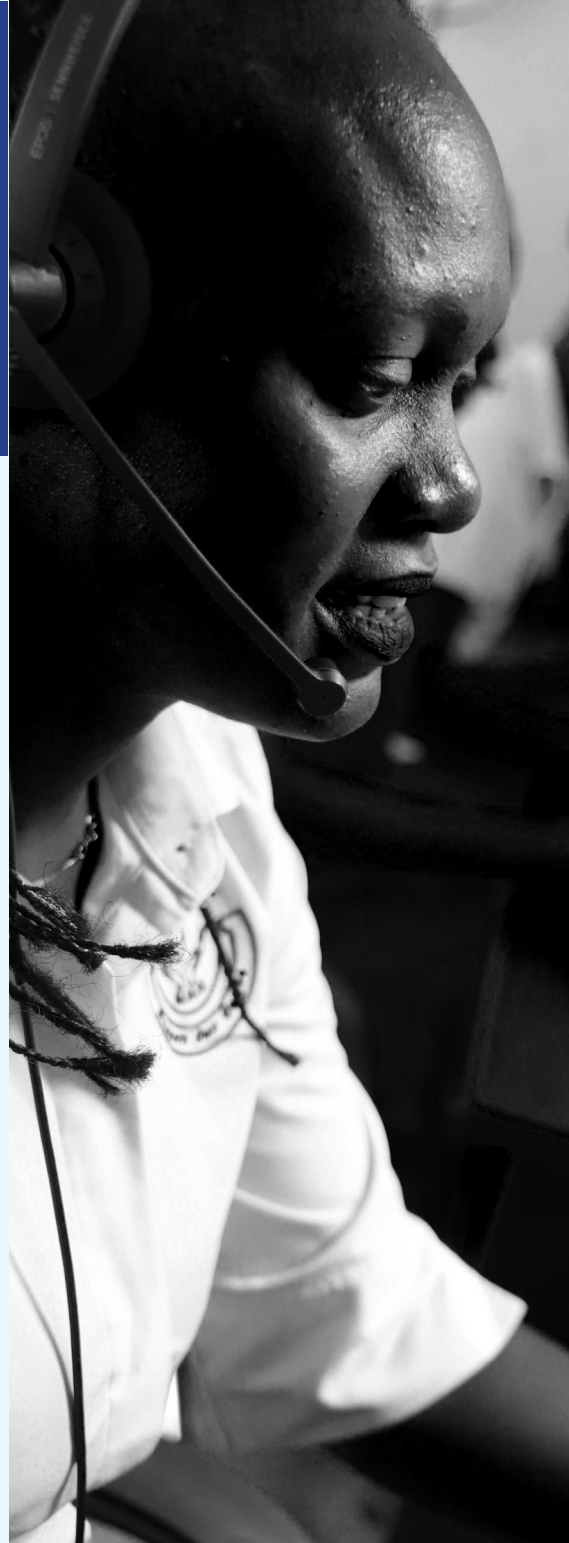
1. Our helpline targets youth of 15 to 35 years, yet the Data Protection and Privacy Act of 2019 prohibits collection of data from minors without the consent of their parent or legal guardian. This is a problem because parents/guardians are often the reason minors call the helpline, so in most cases, asking for parental consent would be equal to breaching the vow of confidentiality (in cases where life and health of the minor is endangered MHU is obliged to alert the police). The legislation does not prohibit MHU in providing counselling for the minor, but it makes follow-up and referral complicated and sometimes impossible. The legislation thus causes issues with correct reporting to Norad, but more importantly, MHU cannot summarize and report these key findings and experiences to relevant authorities to inform policy development and interventions. The information could have been used to promote children's rights and well-being, so it is sad to lose them.

   Mitigation:

   MHU and other actors supporting children are pursuing a special waiver to be able to collect data from children.

2. The second wave of Covid-19: In the midst of the spiking cases, there were several restrictions set up, like bans on public transport, gatherings and limitations on access to places of work. People literally lost their livelihoods. As a result, the MHU helpline was overwhelmed with callers experiencing extreme stress and anxiety and with needs of all forms.

   Further, the mental health units at public hospitals, which were turned into Covid-19 isolation centres- but should have been returned to rightful users in July 2021, were never returned. Emerging cases of mental illness and those on continuing care could not access services and some cases of relapses that



occurred then have not stabilized or recovered to date. MHU experienced severe strain from its membership and felt a sense of inadequacy, yet it could in effect never substitute government in delivering its mandatory care.

Mitigation:

The MHU helpline being a flexible facility helped to mitigate the Covid-19 strain; agents still offered counselling from their homes even during the lock down. MHU agents helped people at risk realize hope after Covid-19 and saved so many people, especially those who threatened to take their lives. MHU has also written several times to MoH demanding for the re-opening mental of health units some are beginning to reopen.

3. In 2021, we embarked on interpreting the data collected from the helpline to inform policy development and planned government efforts. It is rather unfortunate that the Mental Health Division in the Ministry of Health is so low that they are unable to utilize project data. This creates a lag in reporting advocacy results.

Mitigation:

MHU assumed the responsibility of developing Terms of Reference for the MH Focal Person in the districts to fast track on this achievement. Developing close ties with the MoH is part of MHUs long term advocacy strategy

4. The toll-free line opened space for sexual minorities to seek support yet the MHU counsellors had not been empowered to deliver counselling to these specific groups. This resulted into a sense inadequacy and guilt on the side of agents while referral is equally constrained considering the social stigma around sexuality in Uganda.

Mitigation:

MHU is identifying potential consultant to build capacity and empower agents to support these groups.

SECTION 4: FINANCIALS

INCOME

DONOR	AMOUNT	NAME OF PROJECT
NORAD	1,322,165,775/=	Amplifying Voices
SIND	376,573,775/=	Access to health is My right
TOTAL INCOME	1,698,739,550/=	

ANNUAL EXPENDITURE

Access to Health Services	43,597,200
Rehabilitation Services	20,895,800
Awareness Raising	30,558,500
Operating Costs	186,931,727
Audit, Monitoring and Evaluation	54,135,480
Travels	26,178,200
Payroll Expenses	696,705,351
Procurement	35,900,000
Other Operating Cost	594,500,107

INNOVATION HUB

At MHU research and innovation are a critical component in our programming. Because issues of mental health are under reported and appreciated, we took off time to explore the contribution of key models that are relevant in fighting stigma around mental health. At MHU,we envision a Uganda where mental health conversations are normalized. For this to be achieved, it's relevant that we bring innovation at the centre stage in our programming. T

SOCIAL CONTACT

Social contact is a conversation where someone with a lived experience of mental health problems talks about their experience with someone withoutt experience of mental health problems

The model is simple, cheap and localized. It adopts a peers' model that fits well with young people. This relationship builds trust and allows parties involved to freely express themselves. It is cheaper than conventional methods of reaching masses, working through and with people selected from within the target communities. As a non-formal conversation between two people, it allows participants to relax and ask questions thereby addressing the several myths and misconceptions about mental illness.

barriers and are willing to share their experiences with other people to help those silently battling mental health problems 'Speak Up' and those without problems to 'Be More Kind'.

THE MENTAL HEALTH CHAMPIONS?

Social contact is delivered by Champions. These are persons with lived experiences who have overcome barriers and are willing to share their experiences with other people to help those silently battling mental health problems 'Speak Up' and those without problems to 'Be More Kind'.

THE CALL CENTRE

Greetings from the call Centre where we change lives through Conversations.

We are a team of professional counsellors devoted to offer psychosocial support in different languages Including English, Swahili, Luganda, Runyakitara and Luo via tele-counseling. the project that houses thaet tele counsling services targets four regions of Uganda (Eastern, Western, Central and Northern) but the rollfree number is accessible country wide.

Since our inception, over 1,320 clients have been served. We are happy to serve the world's youngest population of age group 15 to 35 years.

We make referrals and follow up our clients to make our support more meaningful. As a result, we have received positive feedback and we are glad that lives and hope have been restored.

Our call to action is **BE KIND** to one another and **SPEAKOUT** because ***ConversationsChange Lives.***

Call our toll free number (080 21 21 21)

OUR VOICES

*.....A forced smile is not the formula to get through the tough times. Faking a smile will work temporarily, however increased awareness of your emotions and learning to use them with rationale will help you to develop a deeper insight, cultivate long term growth and actualize personal potential…***Elizabeth**

*.....I have created smiles on faces of youths that are distressed with unemployment. It has been evident that poverty can be drive to drug addiction and suicide among the youth.....***Abdul**

*.....….Am glad that I have been able to help bring about changes in thought, emotion, and behavior within the lives of my clients through tele counseling".....***Simon**

*…..I have engaged with many clients and every day I appreciate the contribution I make towrads saving lives personally Stigma around HIV and AIDs is a critical cause to depression.....***Merisa**

*…..I have been at the Centre of supporting the youth with psychco social support via our tele- counseling's and realized the role it has played in creating awareness to the youth. We need to Raise the voice and speak about mental health and it starts with you.....***Eric**

COMMUNICATIONS

Mental Health Uganda was created to ensure that people with psychosocial disabilities in society are embraced with respect and enjoy their human rights as other citizens and nothing gives more meaning to our work than seeing the lives that have been touched or changed through our work.

The journey of mental health is often laced with great stigma from society and one of the ways to end the stigma is by having open conversations about it and breaking the bias.

We hope that in sharing these stories, we help others find healing and inspire others to seek help and be supportive of those in need of help.

Together, little by little, we can change attitudes around mental health, end mental health stigma and promote mental wellbeing in our communities.

Geraldine Kauma

Communications in charge

CASE STUDY

A male client aged 31 years called in from Mityana district, Central Uganda. He had suicidal thoughts. All started when his cheating wife and her lover made false allegations against him and had him imprisoned for 3 years. This time was really tough. On his return, he realized that he had lost many friends, family and all property. His children had been abandoned by their mother and given to various relatives and he had no money to take care of them and no starting point. His reputation had been tarnished and felt like he didn't belong.

After 3 months out of prison and continuous struggle, he was fed up and hatched a plan to end his life by drowning in a Lake Wamala. On his way there, he wrote some notes about himself and his relatives in his phone so that whoever found his body would be able to trace his relatives.

All during this time he was listening to Galaxy FM (a marketing platform for the toll-free line) via his phone.Sitting on a rock at the shores of lake wamala he heard an advert about the MHU tollfree number

In there, he says he heard about all the symptoms he was experiencing including helplessness, feelings of suicide, etc. He quickly tried to dial the number that was shared. On contacting the toll-free number, he was connected to counsellor with whom he shared his concerns. After almost 2 hours of engagement, he says he felt so encouraged to stay the course of life and figured that he could get through the season without taking his life.

He reminded himself that "I was born with nothing that is why I have to start afresh regardless of the ups and downs of life". He was also quite bitter with MHU stating "Why did you delay to do this work, so many people have died without your service". The counsellor followed up after 3 months and he is re-energized, started a new life and is looking forward to a better life. He attributes his second chance to life to the toll-free number.

Christine is a female Ugandan aged 29, she was found on the streets of Kampala road saying un-coordinating words and singing very loudly.

She was all stained, very dirty and wearing rugged clothes. When the project staff approached her she showed no attention towards them, she was very arrogant and really minded less on what they tried telling her. The team did not force her because she had not shown any interest. When the team went there again, she showed some interest and interacted with the team. She was so hungry, so the team bought her something to eat.

The team asked if she could follow them to the main center (Mental Health Uganda) but she refused and instead asked them to take her to her friend that stays in Bwaise. Since the organization does both direct and indirect reunions they agreed to take her there and connected her pastor Juliet who she knew.

Christine started staying with Pastor Juliet, while there, she admired by a man who married her officially. She moved in with her husband and they are currently staying in Kitala Taso with their one year old son. MHU usually organizes vocational trainings for the resettled clients and this time round it was liquid soap making. Kayesu actively participated and she got the skill on how to make liquid soap. She is doing well in that she makes 8 jerry cans of liquid soap weekly and makes a profit of 80,000shs.

She tells a story about how her family tried to take her to witchdoctors to try and get her to get better and all that only made her worse. In addition, it seemed to be a family issue as her dad had died while mentally disturbed, and her brother also got ill but finally got better.

She is happy to help other people in her community who are struggling with mental illness and is happy to support their caretakers in how to handle them.

SECTION 5:
ASPIRATIONS WITH OTHER ACTORS

Operationalize the Mental Health ACT:

The Mental Health Act (2019) addresses some fundamental gaps that existed in the old Act of 1964, particularly with regards to language. Although the new legislation largely looks progressive, there are still areas that do not meet local and international human rights standards as identified the audit of the new Act conducted by MHU and NETPIL. We also note that the new Act without regulations, will be hard to implement. The Act leaves an open window that the Minister "may" make regulations, without a timeline. To operationalize the Act therefore, MHU in consultation with people with mental disabilities and mental health coalition will endeavor to engage the Ministry of Health to develop these guidelines. MHU is working with the Ministry of Health to develop Terms of reference for appointment of focal persons for mental health at the local governments, as stipulated in the law. In the same vein, we shall continue supporting efforts for domestication of the law.

Strengthening Collaborative Efforts on Mental Health and Services:

The functionality of the Mental Health Sector Coalition, where MHU is the secretariat, has faced major challenges in coordination due to the COVID. A case in the point is the re-opening of Mental Health Units that remained pending until the end of 2021. As part of post Covid programing, the coalition is determined to advocate for prioritized sector financing including community mental health care.

Report on the UNCRPD Shadow Reporting:

State Party Uganda will report on the progress of implementing the Concluding Observations and Recommendations of the Committee for Convention on the Rights of Persons with Disability, in October 2022. Civil Society will write a Shadow Report on the status of persons with disabilities in Uganda, to reflect their position or opinion alongside that of government. To this effect, MHU will participate in this process by compiling empirical evidence on human rights situation of people with psychosocial disability including progress on the 2016 concluding observations.

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