

Press statement for the world Mental Health Day 10 October 2020

What will it take to achieve mental health for all in Uganda?

The Refugee Law Project joins the rest of the world to commemorate the World Mental Health Day on the theme '**Mental Health for All; Greater Investment - Greater Access, Everyone, Everywhere**'. The theme fits well with the current times when the world is facing COVID-19, a pandemic that continues to claim many lives and leave many in fear and anxiety.

While social distance plays a strong role in controlling the spread of the virus, it continues to have unintended psychological consequences as it alters our *way of life* as we know it. Additionally, social distancing heightens the risk of discrimination in instances where someone is suspected to have the infection or has been in an isolation centre or appears to be a foreigner. The long term impact of this requires thorough scrutiny and interventions to be put in place to deal with possible COVID-19 related trauma in homes, school, work and communities.

Mental Health: a less prioritised investment

Uganda has made strides towards revising approaches in mental health service provision. The 2019 Mental Health Act, the National Mental and Substance Abuse Policy as well as its Strategic Plan, the Child and Adolescent Mental Health Policy, Neurological and Substance Abuse Guidelines are all examples of the political will of government in promoting people's mental wellbeing. However, attaining mental health for all remains a far cry. The central role mental wellbeing plays as a determinant of overall wellbeing is still inadequately understood, and in many ways, mental health remains a less prioritised investment.

Amidst an elaborate policy framework, mental health remains under-funded: less than 1 % of the health budget is allocated to mental health. The move to establish mental health units in all regional hospitals and Health Centre IVs - many of which lack the required human resources and facilities to avail the desired services – is thus hindered from the very start.

Sustainable Development Goal 3 (Target 3.4 and 3.5) prioritises prevention, treatment and promotion of mental health and well-being. However, this priority is seldom reflected in the budgetary allocation for many countries including Uganda. Limited funding makes mental health interventions impossible and convincing donors and government to finance much needed mental health specific services remains an uphill task.

Focusing on mental illness disregards the centrality of mental health in human functioning. It leads to prioritising mental health interventions that emphasise treatment, without much attention to awareness raising, prevention and response among the population.

Limited funding results in limited research opportunities. There is thus little data demonstrating the relationships between mental (ill) health and challenges related to peace and security, economics, physical health, spirituality as well as co-existence. Equally, there is inadequate empirical evidence on the impact of mental health interventions. In combination, these data gaps render mental health more abstract and less visible.

Mental health for forced migrants

Mental health for all is a critical discussion that must include giving consideration to the mental welfare of certain vulnerable groups such as; children including but not limited to orphans and other vulnerable children, forced migrants namely refugees, asylum seekers, Internally Displaced Persons, as well as post-conflict communities.

Uganda has witnessed numerous protracted conflicts since independence under its different political regimes. Refugee Law Project's 2014 National Reconciliation and Transitional Justice Audit documented 125 conflicts which have affected and continue to have negative impacts on Uganda to date owing to the unaddressed legacies of conflict. Post conflict communities like those in West Nile, Acholi, Lango and Teso sub-regions continue to deal with impacts of a 20-year conflict between the Lord's Resistance Army and Government of Uganda which led to forced displacement of communities, with many living in camps for years. In addition, environmental factors across Uganda increasingly create populations vulnerable to displacement from their homes. Among internally displaced persons as well as former IDPs, both physical and mental health needs arising from violations directed at individuals, their households as well as communities during times of conflict (environmental or armed) should no longer be ignored.

The trauma IDPs and former IDPs endure as a result of conflict as well as unaddressed legacies of past conflicts manifests itself through high levels of distress, suicidal ideations, aggressiveness and substance abuse among others. RLP continues to work with more cases of children born of war abandoned by family members, mothers of these children rejected by their families, young people perceived as violent as a result of angry outbursts, or other forms of disrespectful behaviour such as insulting elders, street fights and petty theft.

Uganda currently hosts over 1.3 million refugees from within the Great Lakes Region. Many of the refugees and asylum seekers Uganda hosts fled conflicts characterized by gross human rights violations including but not limited to torture, death, separation of loved ones, conflict related sexual violence, loss of property, disruptions of cultures and people's way of life among others.

Psychosocial stressors refugees endure while in Uganda such as a lengthy and stressful asylum process, housing challenges, unemployment and poverty, disruption in education, inadequate medical care as well as constant relocation within the country, worsen the emotional baggage and expose refugees to continued poor mental health. They also suggest that some of the solutions to mental health challenges requires us to invest in the tackling the underlying social challenges.

From RLP's experience of working with both refugees and hosts, reasons for not accessing mental health services include; insufficient numbers of trained professionals that understand their needs, lack of awareness and knowledge about mental wellness among both individuals, households and front-line workers, traditional beliefs around mental illness that view it as a curse, a result of witchcraft or spirits, as well as the stigma and discrimination that still confronts many with mental health related challenges.

Why invest in Mental Health?

World Health Organisation defines *mental health* as ‘a state of being in which an individual realises his/her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to the community’. Failure to invest in mental health is ignoring a crucial component of human functioning that may have far reaching effects on the productivity and quality of life for many people.

Without adequate funding, the realization of a mentally healthy population which is required for sustainable development as envisaged in Uganda’s National Development Plan, the African Union’s Agenda 2063 as well as the Sustainable Development Goals will remain a dream.

Investing in mental health will facilitate peaceful co-existence between forced migrants as well as with their host communities in the initial stages as well as contribute to smooth re-integration and resettlement as appropriate.

What will it take to achieve mental health for all in Uganda?

- Invest resources (time and money) in sensitisation and knowledge generation on Mental health more broadly within communities and spaces accessed by vulnerable persons to reduce stigma and discrimination
- Strengthen mental health programmes for populations at risk like forced migrants to avoid propagating mental health issues in the future.
- Invest resources in understanding impacts (both short and long-term) of traumatic experiences like forced migration, war and displacement to effectively address trauma
- Joint response to mental health issues as all stakeholders. It is critical that health, social services, security, legal, planning, economic and financing sectors work together and not in isolation for integrated response.

Conclusion

Mental wellbeing can only be achieved through intentionally making mental health promotion a key priority in all services including health, education, social services, justice, agriculture, security, trade and emergencies among others. This should be accompanied by budgetary allocation and mainstreaming of mental health in all programming.

Call to action

Government:

- Increase funding for mental health and accord it the same importance as physical health as the two are intertwined and affect each other.
- Ensure effective implementation of laws and policies in place as well as enactment and reforms where necessary to avail quality mental health services
- Design, fund and implement appropriate psychosocial rehabilitation programmes for victims and post conflict communities in accordance with the reparations as envisaged in the National Transitional Justice Policy

Government and CSOs:

- Invest in sensitising people about mental health and demystify the stigma associated with mental health and Mental illness. This will enhance community understanding of mental health and support for those suffering from mental illness

Development Partners:

- Avail funds aimed at research and other interventions on mental health and psychosocial support to create the much needed evidence.
- Mainstream Mental health in all funding agenda, just as gender, safeguarding, disability are key.
- Fund livelihood programmes for populations at risk including forced migrants, in order to reduce the psychosocial stressors that affect mental wellbeing.