Child and adolescent Mental health situation in Uganda: A case of Rakai district.

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Background

- Uganda has a predominately young population with ~47.3% being under 15 years.

- Approximately one in five children and adolescents suffer from mental disorders (Kleintjes, 2010)
  - Mental health disorders are one of the top 5 leading causes of Years lost to disability among 10-14 years.

- Mental health problems - in particular depression are the largest cause of the burden of disease among young people.

- Many mental health problems emerge in late childhood and early adolescence.

- Poor mental health or disruptive behavioral disorders
  - negatively impacts health and development of adolescents
  - is associated with several health and social outcomes e.g. alcohol and illicit substances use, risky sexual behavior, adolescent pregnancy, school drop out, crime & unemployment.
Rakai district context

• Population of ~ 518,008 (Census 2014), HIV prevalence approx. 13% compared to national prevalence is 7.3%.

• Majority of the population (80%) are agriculturalists

• Children and adolescents present with multiple challenges including:
  • Chronic poverty
  • Orphanhood
  • HIV/AIDS
  • Sexual violence against adolescents e.g. In a study conducted among adolescent females in Rakai, Uganda, 14% of respondents reported that their first sexual intercourse was forced (Koenig, 2004))
  • Depression: A study from the Masaka and Rakai districts of Uganda reported that 24.4% of 587 respondents were diagnosed with depression on the basis of three of the five DSM-IV criteria (Bolton, 2004)
  • Adolescents without employment; Adolescents in hazardous employment including commercial sex; Fishing communities, Pregnant adolescents
Infrastructure for mental health

• Uganda’s mental health policy has encompassed many positive reforms, including decentralization and integration of mental health services into Primary Health Care (PHC). Mental health is included in the national healthcare minimum package.

• Mental health services are available at Regional and District hospitals (Rakai has 2 district hospitals, referrals are made to Masaka regional referral hospital).
Challenges

• Although a mental health policy is now in place, services are still badly under-funded, understaffed and under-prioritised.

  • Services are still significantly underfunded (with only ~1% of the health expenditure going to mental health), and skewed towards urban areas

  • Limited number of mental health workers (~30 psychiatrists, compared with 80 for the 39 million people living in Kenya)

  • Mental health drug stock-outs

  • mental health facilities available but none has a special clinic for children and adolescents only

• Barely half of people with mental illness seek medical attention from health facilities. People only associate mental illness with advanced and manic psychosis

  • The Mental health and poverty project report points out that the majority of people, especially in rural areas, believe that mental illnesses are caused by supernatural forces, such as witchcraft, and, therefore, cannot be cured by modern medicine

• Stigma and discrimination
What can be done?

• Public education and awareness campaigns on mental health

• Advocate for Coordinated youth-friendly mental health services to meet the needs of young people.

• Highlight the role played and need for the active involvement and participation of parents and significant others like teachers, Peers, Opinion leaders etc, in the life and development of adolescents

• Training of general health workers in mental health (pre-service and in-service training) and the involvement of other players such as Civil Society Organizations, Traditional healers, and other relevant sectors.

• There is an urgent need for more research on the current burden of mental disorders and the functioning of mental health programs and services in Uganda.

• Law to protect the rights of the mentally ill from abuse and exploitation