

# 3RD MENTAL HEALTH PARTNER'S MEETING



31<sup>ST</sup> JULY 2014

JPIIJPC PREMISES



JOHN PAUL II JUSTICE & PEACE CENTRE

## **REPORT OF THE PARTNER'S MEETING HELD ON 31<sup>ST</sup> JULY 2014**

JPIIJPC convened 32 mental health partners to reflect about the mental health situation, the current stakeholder engagement and to deliberate more on other concrete actions that can be undertaken by their respective institutions to improve the situation of people with mental health problems in Uganda. During the meeting, Dr. Sheila Ndyanabangi the principal medical officer in charge of mental health in the MOH presented a paper about the state of mental health in the country and what the ministry is particularly doing to improve the situation. A documentary by Robin Hammond reflecting how mentally ill people are treated in countries that have experienced war was also shown.

This meeting follows a series of activities that had been previously conducted by JPIIJPC to contribute to improving the situation of people with mental illness in Uganda, including; conducting a research on mental health in post conflict Northern Uganda and launching the findings in Kampala, Lira and Gulu, conducting mental health meetings, participation in awareness campaigns, attending conferences related to mental health and networking.

### **Presentation on the situation of mental health in Uganda by Dr. Sheila Ndyanabangi**

Key issues highlighted during the presentation include: the burden of mental health disorders in Uganda, the current mental health system, the process of integration of mental health in the health system, lessons learnt and the challenges in Uganda's mental health system. (*See presentation*)

### **Some highlights from the presentation**

- The burden of mental health disorders is as high as 3% of the households with someone with mental health disorders in a population of over 35 million, and yet only 28 psychiatrists, 227 PCO, 500 nurses are involved in active mental health service delivery.
- There is history of protracted civil strife and several other factors that predispose people to mental illness, which are not being dealt with.
- The National health policy includes mental health as part of the basic package of care, with emphasis on decentralization and integration of mental health services using evidence based approach.
- MOH is in the process of setting up a coordination office for the programme and planning guidelines for all levels. The essential medicines list also includes psychotropic medicines that are free, centrally procured and distributed. Pre- service training of general health workers and training of psychiatrists, supervision, investment in infrastructure, encouragement and recognition of user groups and collaboration with NGOs is going on.
- There is increase in the number of patients treated.
- One of the major challenges is limited funding for supervision, inadequate research to evaluate all the interventions.

## **Key concerns raised and reactions to the presentation**

- Some participants noted that the criterion for the allocation of mental health services in the country was not equitable since the Karimojong, one of most traumatized people living below the poverty line don't access the services... As one of the participants reports *"When I went to the regional referral hospital in Karamoja, I found the mental health ward being used as staff house!"*
- Rural areas are not attractive to health workers and some areas have cultural ideologies which hinder modern health care.
- Identification and integration of those who suffer from depression is still a challenge.
- Although MOH is in the process of integrating mental health in PHC, the extent to which the policy will include psychosocial support is questionable. The psychosocial support in PRDP was dropped when PRDP. NGOs also focus more on social services provision. There's need to lobby the OPM for community based structures and care.
- Some service users noted that most mental health medicines available in government health facilities have many side effects thus a need to advocate for alternative medicine.
- While referring to the Human rights watch report on abuse of mentally ill people in prisons, participants advised that the bill should protect their rights and tight security is needed in the wards so that the patient feels in a hospital setting rather than in a prison.
- Discrimination and stigmatization of the mentally ill people is a very common phenomenon.

## **Recommendation**

- Integration of mental health should start at policy level to be sustainable.
- Need to change from institutionalized care and to increase investment in integrated care.
- Public campaigns and media awareness on mental health. Information materials of different languages are also available at the Ministry of health.
- Streamlining preventive measures and a holistic approach of addressing mental health challenges.

## **Previous commitments from partners and the way forward**

- Articles were written in the daily monitor.
- Trainings were done on constructive health reporting at Gulu referral hospital. Reporters were also trained, a network of health reporters formed, and a website opened up for northern Uganda health network, which runs stories on health with a main focus on mental health.
- MOH committed to involve in lobby and advocacy and support NGOs contributing to the improvement of people living with mental illness.
- JPIIIPC to collaborate with partners to make a two weeks exhibition about mental health.