'Ask not if mental health is key, rather ask about the financing'

Martha Kagoya, the co-founder and country lead of Thalia Psychotherapy Uganda, tells **Philip Matogo** that it is counterproductive to treat mental healthcare as an inconsequential footnote.

On a busy weekday in Kampala, Martha Kagoya's phone rarely stops ringing as we have lunch. A message from a clinician asking for guidance. A follow-up from a partner. A check-in from a colleague on the ground. Then a softer interruption that changes the tone completely.

"Mum, are you coming?" asks one of her boys in the background.

She laughs, the kind of laugh that carries both warmth and the weight of responsibility.

I have learned that leadership is not y what you do in boardrooms," she ."It is also how you show up at home. children keep me grounded. They remind me why this work matters."

Kagoya is a licensed clinical psychologist and the co-founder and country lead of Thalia Psychotherapy Uganda. She is also one of a growing number of African mental health leaders who are refusing to accept a status quo where care is scarce, stigma is common, and millions suffer silently.

Her ambition is bold but clear. She wants mental health support to become as normal as checking blood pressure. In her view, mental health should not be treated as a special service reserved for a few. It should be built into everyday healthcare, inside the same facilities where ordinary Ugandans already seek help.

"Mental health is not a luxury," she says. "It is health. If we treat it like an extra, then we will always reach people too late."

Therapy room to systems change

Kagoya's journey began with a deep interest in people, families, and how life experiences shape behaviour and wellbeing. She graduated in 2010 with a Bachelor of Arts in Social Sciences from Makerere University. Later, she completed a Master of Science in Clinical Psychology at the University of Nairobi in Kenya.

As she trained and worked in clinical settings, she encountered a pattern that stayed with her. People came in with pain that had often gone unspoken for years. Many had been advised to pray, to "be strong," or to ignore symptoms until the situation became severe. Families were affected. Relationships broke down. Work and school performance declined. Some people gave up entirely.

"What struck me early was how preventable so much suffering was," she says. "Not because life is easy, but because support changes outcomes."

Her clinical expertise includes child and adolescent mental health, trauma-informed care, and interpersonal psychotherapy, a therapy approach commonly known as IPT.

She has trained and supervised others, building capacity among practitioners and frontline workers, and she has worked with humanitarian and development programmes where trauma, displacement, and violence are part of daily reality.

This exposure shaped her understanding of the real challenge. It was not only about counselling more people. It was about building systems that make care available at scale.

"Africa cannot solve mental health by building a few clinics in big cities," she says. "We have to use what already exists; the facilities, the health workers, the communities. Then we strengthen those systems so care becomes routine."

Leader inside pan-African solution

That philosophy is what drew Kagoya to co-found Thalia Psychotherapy, a health systems organisation that is building mental health infrastructure across Africa by integrating mental health services into existing primary healthcare.

Thalia's approach is simple to explain, but powerful in practice. Instead of creating standalone mental health centres, they integrate screening, referrals, and treatment pathways into hospitals and clinics that people already visit. They support facilities with systems, training, quality assurance, and connections to a broader network of mental health professionals.

"We integrate, we do not build," Kagoya says. "That one line captures the difference. We are not asking governments to start from scratch. We are helping them upgrade what is already there so mental health becomes part of normal care."

Across the continent, Thalia's reach is already significant. The organisation has conducted over 7.6 million screenings, reached over one million people, integrated services into more than 4,000 facilities, and trained over 6,000 professionals in mental health care delivery. Those numbers matter because they signal something Africa rarely gets to see in mental health: scale.

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Last year, statistics from the Ministry of Health showed a concerning 25 percent increase in mental health cases over the past four years. In the 2023-2024 financial year, 616,175 cases were recorded in outpatient departments, up from 491,013 in 2020-2021.

In Uganda, Kagoya's role is to adapt that model to suit Ugandan realities. This includes building trust with healthcare workers, aligning with local priorities, strengthening referral systems, and ensuring that support is not merely on paper.

Stillbirth and mental health gap

One area Kagoya speaks about with particular urgency is maternal mental health, especially in relation to stillbirths and miscarriages. For many families, these losses are deeply painful, but they are often handled quietly, sometimes with blame, and frequently without emotional support.

"In our communities, a woman can go through a stillbirth and then be expected to return to normal life immediately," she says. "But grief does not work like that. Loss changes you, and support matters."

Under the Mindful Uganda programme, Kagoya and her team are working toward a facility-based approach where mental health support becomes part of maternal care. The aim is to equip health workers, strengthen referral pathways, and provide mothers with counselling and follow-up care as part of the health journey, not as an afterthought.

Even as the need for mental health grows, budgets remain tight. Governments are balancing multiple priorities, and mental health has historically been among the most underfunded areas. Kagoya believes that to scale sustainably, Africa must rethink how mental health care is financed.

That is where results-based financing comes in. She describes it in plain terms. Instead of funding mental healthcare only through traditional budget allocations, results-based financing links funding to measurable outcomes. In other words, investment follows impact. If programmes can show that they are delivering real improvements, they become eligible for structured funding that rewards effectiveness and scale.

"We have to stop putting governments in a position where they must choose between mental health and everything else," Kagoya says.

She adds: "Results-based financing is one of the models that can help us scale without overburdening healthcare budgets. It creates accountability, and it also attracts partners who want to invest in outcomes, not promises."

For Uganda, where health needs are wide and resources are limited, this kind of model could be a turning point. It offers a way to expand services while protecting public budgets and improving accountability.

Human side of leadership

Despite her systems focus, Kagoya never lets the conversation drift too far from people. She speaks often about dignity, respect, rights, stigma reduction, and the everyday courage it takes for someone to admit they are struggling.

"I have sat with people who waited years to say, 'I am not okay,'" she says. "Sometimes the biggest intervention is giving someone permission to feel and to seek help."

She also speaks about the importance of caring for caregivers. In many health settings, staff are exposed to high stress, trauma, and burnout. If mental health systems are to work, the well-being of health workers must be protected.

"You cannot pour from an empty cup," she says. "If we want quality care, we have to take staff well being seriously. It is not a nice thing to do. It is part of the system."

At home, she tries to practice what she teaches. She describes motherhood as both an anchor and a motivator. Her two boys give her joy, but also clarity. She wants them to grow up in an Africa where mental health is not whispered about, and where seeking help is a sign of wisdom, not weakness.

"My sons are watching," she says. "They learn from what I do and what I value. I want them to grow up knowing that emotions are not something to hide."

A name to know

Uganda's mental health conversation is changing. Slowly, but surely. More people are speaking up. More institutions are paying attention. More young professionals are choosing mental health careers. Yet the gap remains wide, and progress requires leaders who combine clinical depth with practical systems thinking.

Kagoya is one of those leaders. She is not simply treating patients. She is building a model that can reach millions, and she is pushing for funding structures that can carry that scale without collapsing under budget pressure. She is also doing it with a steady calm that makes her colleagues describe her as principled, compassionate, and quietly formidable.

"I want a Uganda where mental health care is not a special event," she says. "It should be part of everyday life. You should be able to walk into a facility and be supported, the same way you would for any other health concern."

For readers who follow influence and impact, Kagoya is a name to watch. For families who have silently carried pain, she represents something even more important. A future where help is closer, stigma is lower, and healing is possible.

And for her two boys, she remains what she hopes every Ugandan child can have. A mother whose love is not only felt at home, but extended into the world through work that is reshaping lives. "I believe Africa can end this crisis," she says. "But only if we build systems that make care available to everyone, not just a few."

Martha Kagoya. ILLUSTRATION/ CHRIS OGON