

# It's time for a national conversation about mental health

Uganda's mental health conversation is gaining the long-overdue attention. From national reports to media commentary, there is increasing recognition that mental health challenges are real and demand investment.

However, the way this "crisis" is currently being framed through inflated statistics, institutional bias and narrow clinical lenses risks misrepresenting reality and misdirecting solutions.

At the heart of the issue lies a fundamental conceptual problem: The conflation of mental health, psychological distress and mental illness. These are not the same. In contexts, such as Uganda marked by poverty, displacement and social disruption, distress is often a normal human response to adversity. Yet current narratives increasingly medicalise these experiences, transforming social suffering into psychiatric pathology.

This problem is compounded by incomplete data. Much of the evidence informing national discussions relies on facility-



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based systems, which only capture individuals who access formal care.

These systems exclude the vast majority who rely on family networks, community structures and traditional or spiritual forms of support. Even where data gaps are acknowledged, strong national prevalence claims continue to be made. This creates a troubling contradiction: Limited data being used to produce expansive conclusions.

Equally concerning is the growing tendency to generalise institutional observations to the broader population. Public statements by respected leaders, such as Juliet Naku have highlighted the pressures facing mental health services.

When statistics derived from specialised settings are presented without adequate context, they risk being misunderstood.

Facilities like Butabika Hospital serve as referral centres for severe and complex case and are not representative of the general population. Using such settings to imply widespread national prevalence can fuel stigma and public anxiety.

Beyond data and messaging, there is a deeper structural issue: The over-medicalisation of social problems. Poverty, gender-based violence, unemployment and displacement are identified as key drivers of distress.

Yet, the dominant response remains clinically focused on diagnosis, medication and specialist care. This approach risks pathologising lived experiences, while diverting attention from the structural conditions that produce them.

One of the most significant gaps in current discourse is the absence of explanatory models of how communities themselves understand, interpret and respond to distress.

In many Ugandan communities, mental health is not defined in biomedical terms, but through social, cultural and spiritual frameworks.

These shape help-seeking behaviour, coping mechanisms and recovery pathways. Ignoring them does not modernise the system; it disconnects it from the people.

Similarly, while community language is often referenced, practical investment in community-based psychosocial support remains limited.

Evidence from humanitarian and low-resource settings consistently shows that non-clinical, community-driven approaches are more accessible, culturally relevant, and sustainable. Yet, current strategies remain largely hospital-centered and specialist-driven.

Another emerging concern is the increasing reliance on economic arguments framing mental health primarily in terms of productivity loss. While useful for advocacy, these

risks reducing human well-being to an economic variable, overlooking the importance of dignity, social connection, and collective resilience.

None of this is to deny that Uganda faces significant mental health and psychosocial challenges. Rather, it is to argue that the current narrative dominated by inconsistent statistics, clinical bias, and generalized interpretations — is incomplete and potentially harmful. What is needed is a recalibration.

Uganda's mental health response must move:

- From clinical dominance to community integration
- From prevalence fixation to contextual understanding
- From pathology to resilience
- From externally imposed frameworks to locally grounded explanatory models

Without this shift, there is a risk of building systems that are technically sound but socially disconnected.

**The writer is a PhD student of Clinical Psychology and Educational Sciences at Ghent University in Belgium**