

Inside Uganda's silently spiralling

Rising mental illness, worsening trauma and chronic underfunding are overwhelming Uganda's mental health system, leaving many patients without adequate care or treatment.

BY TONNY ABET

More than two years after a catastrophic garbage landslide in Kiteezi buried his family alive, Joshua Ariho says he remains trapped in unrelenting grief, haunted by daily nightmares and struggling with his mental health. He says he feels stuck in life.

"I lost my family, wife Justin Mutesi, and a son, Innocent Agasha," the pastor recounts.

"Since that garbage buried my people, they have never retrieved the bodies." The Kiteezi landfill disaster in August 2024 left dozens dead or missing when tonnes of waste collapsed onto nearby settlements. For Ariho, the pain is compounded by the fact that his loved ones' bodies were never recovered, loss of livelihood, struggles to get compensation from the government, and hardship accessing mental health support.

"I am not okay," Ariho states. "Every day, I get bad dreams of my wife and child."

Mental health experts note that the combination of sudden bereavement, failure to recover the body (and do proper burial in line with culture), and bureaucratic obstacles often intensifies trauma responses.

Symptoms like recurrent nightmares, intrusive memories, and emotional dysregulation are common in complicated grief and post-traumatic stress. These struggles affect the general well-being and productivity of the affected persons.

Ariho's experience is not isolated. It is one visible fracture in Uganda's deepening mental health crisis. Across the country, over 90 percent of people living with mental illness never receive treatment or required professional support.

According to mental health experts, limited awareness, deep stigma, and scarce services leave most to suffer in silence. For schoolchildren and adolescents facing declining mental health, the gap is even more painful. Many struggle without support, caught between academic pressure, family breakdowns, unemployment fears, and substance abuse.

The new value for money audit report by the Office of the Auditor General on mental healthcare in Uganda paints a stark picture. Mental, neurological, and substance use (MNS) cases rose from 468,005 in 2021 to 469,932 in 2022, then surged to 594,675 in 2023—a 26 percent jump in a single year.

Dr Juliet Nakku, the Executive Director of Butabika National Referral Mental Hospital, says cases increased by 70 percent between 2021 and 2025. Young people and adolescents account for 24 percent (nearly a quarter) of these cases.

Staffing and drug shortages

At the heart of the formal response sits



Information from Butabika also indicates that at any one point, the number of admitted patients is double the existing bed capacity. PHOTO/FILE

Butabika hospital. Dr Nakku describes both progress and overwhelming strain. She says staff positions at the hospital remain largely unfilled, although staff numbers have grown from 533 to 833, with plans to fill them incrementally, even as they struggle with a surge in the number of patients.

"The doctor-to-patient ratio is very high. We have recently had only 10, but since the beginning of this financial year, we have had an extra four doctors, psychiatrist specialists. So, we have 14 psychiatrists for a population of 1,000, which is a drop in the ocean," she reveals. Ideally, there should be one doctor for at least 30 patients. The current ratio is almost one to 100, which is really huge for psychiatry, according to Dr Nakku.

"The nurse-to-patient ratio right now is also huge. We should have at least one nurse for every 10 to 15 patients at the max. But we have one to 60, which is very high for nursing because nursing is very intensive in mental healthcare," she adds.

Ms Mercy Gracy Omona, a clinical psychologist and the national coordinator and head of the secretariat of the Uganda Parliamentary Forum on Mental Health, citing studies in the country, observes that about 24.2 percent of adults and 22.9 percent of children in Uganda are estimated to have a mental disorder.

"Conditions such as depression, anxiety, and trauma-related disorders are increasingly reported in communities. Yet despite the growing need for care, Uganda continues to face a severe shortage of mental health professionals," Ms Omona states in a statement.

Dr Nakku also says there is a slight improvement in the budget for medicines, but that this is very small compared to the need. "We have had an increase in our budget for medicines initially from Shs2 billion to Shs3.5 billion, but we note that is not enough for medication because of the numbers that we have," she says.

"We have been working very closely with the Ministry of Finance, Ministry of Health and Parliament to try and get that budget up," she adds.

Dr Irene Apio, a forensic psychiatrist at Butabika hospital, says she's overwhelmed by the forensic cases she has to handle because she is the only psychiatrist trained in forensic psychiatry to handle mental health patients who have committed a crime.

Patients sleeping on floor

Information from Butabika also indicates that at any one point, the number of admitted patients is double the existing bed capacity, reflecting limited plan and poor strategies to respond to the mental health care needs of the population.

"Official bed capacity is 550 beds. However, our bed occupancy rate has been up to 230 plus, which means we have a lot of floor cases," Dr Nakku reveals. "That requires that we find ways of getting people out of the hospital to other places where they can get care or increase the staffing. At any one time, you'll find 1,200 plus."

Dr Nakku says the government should operationalise the plan to provide mental healthcare in lower health facilities through recruiting necessary staff and providing facilities.

Drivers of mental health issues

Information from the facility indicates that addiction has emerged as a critical driver of mental health issues and admissions. About 25 to 30 percent of patients arriving at Butabika are young people struggling with alcohol and drug abuse.

Dr Nakku notes that broader societal pressures compound the problem. "There's a lot of stress in the community. We believe, because of financial strain, maybe young people who have gone to school and are looking for jobs. High unemployment rates are another one."

"There are lots of issues in families. Families that are breaking up that are

not supporting children well. There is also academic stress. The school programmes that do not allow you to rest enough. You know, the prep starts at 4am. The child has sleep at 11pm, then they are up at 4am to go to class. Those things cause a lot of academic stress, including the academic expectations from us the parents and the communities," she adds.

In March, a 20-year-old girl, who scored 19 points in the Uganda Advanced Certificate of Education (UACE) exam committed suicide because she was told she should have scored 20 points as a student to qualify for the course she wanted.

"So, these cases are many and we need to support our children. So, it's a multiplicity of conditions, not to mention the alcohol and substance abuse problem," Dr Nakku observes.

When questioned about cases linked to witchcraft, she responds scientifically: "To be honest, I do not know much about witchcraft. Ours is scientific."

Yet Dr Nakku expresses openness to collaboration with alternative providers, recognising the realities patients bring.

Dr Hasfa Lukwata, the acting assistant commissioner of Mental Health Division at the Health ministry, says according to studies in the country, Ugandans experience a range of mental health issues.

"About 20 percent of the people in Uganda are mainly depressed, and this is taking a toll on many women. It's mainly women who are depressed. Then, of course, we have anxiety," she notes.

"Then there are people with several mental illness, like maybe those who are walking on the streets and so on. But these, we are told, are about two percent in Uganda, they may have schizophrenia. But what we know are the substances, for instance, we know that for alcohol, we are the highest in the region in Africa. For tobacco, we are seeing a tobacco reduction," Dr Lukwata adds.

Hopeful. There has been an effort to integrate mental healthcare into primary healthcare. So, if we ride on and we have the finances to support that, recruit the staff and provide that care, that should help even the children. We have developed guidelines to help schools be able to provide mental health care within the school setting. It should be able to help students. - Dr Juliet Nakku, the director of Butabika National Referral Mental Hospital

mental health epidemic

Wayout

Despite the crisis, frameworks exist. The Ministry of Health policy calls for mental health services at all levels of care. Regional referral hospitals have mental health units.

Dr Nakku, however, says the challenge lies in "functionalisation", turning plans into accessible, staffed services so Butabika can evolve into a true centre of excellence rather than the default destination for every severe case.

Efforts are underway to decentralise. Staffing norms for health centre IIIs, IVs, and district hospitals now include social workers, counsellors, and psychologists. Integration into primary healthcare aims to catch problems early, before patients "decompensate so severely."

"There has been an effort to integrate mental healthcare into primary healthcare. So, if we ride on and we have the finances to support that, recruit the staff and provide that care, that should help even the children," Dr Nakku observes.

Schools are another frontier. Guidelines developed with the Ministry of Education seek to embed mental health support for students and teachers alike.

"We have developed guidelines to help schools be able to provide mental health care within the school setting. It should be able to help students," Dr Nakku says.

Workplaces, too, face calls to address burnout, which can spiral into depression, anxiety, substance use, and suicide.

"We actually may be contributing to what is called burnout. Burnout is that condition in any workplace where if staff are severely stressed by the conditions of the workplace, they get burnt out," Dr Nakku observes.

"Burnout leads to depression, anxiety, suicide, and alcoholism in the workplace. So, if we are going to help our people, we need to also mandate workplaces to incorporate mental health care for their staff. Every workplace should have a mechanism to do that," she adds.

Patients with life-threatening diseases

Ms Susan Adikini, a clinical psychologist and quality assurance lead at Strong Minds Uganda, observes that patients with chronic or life-threatening diseases struggle with a wide range of mental health issues, yet medical professionals tend to only focus on treating the disease.

"Oftentimes we find that the healthcare workers are able to attend to the medical needs of the patients. However, what happens to the depression, what happens to the anxiety, and what happens to the mental health needs?" she says.

On May 8, Strong Minds Uganda partnered with the Uganda Cancer Institute and Mulago hospital's paediatric oncology department to train 27 healthcare workers and volunteers in mental health screening and interpersonal group psychotherapy.

Dr Racheal Kansime, a clinical psychologist and president of the Association of Psycho-oncologists in Uganda, says they are working with Strong Minds and other partners to train health workers on managing and helping patients with chronic diseases to cope with mental health challenges they are going through.

She says this month, they have trained 27 health workers from the Uganda



Dr Juliet Nakku, the Butabika hospital director, during a press conference on June 5, 2025 in Kampala. PHOTOS/TONNY ABET

Cancer Institute and Mulago hospital's paediatric oncology department in mental health screening and interpersonal group psychotherapy.

"Cancer as a disease not only affects the physical being of patients, it also has mental health effects," she observes. "Research has shown us that the patients who have cancer and also have psychosocial support are able to sail through, and they have better treatment outcomes."

"We have people who will have a diagnosis of cancer, and they will live for 10, 20 years after the diagnosis because they have the mental health and psychosocial support," she adds.

She says some of the common issues include depression, anxiety, and emotional distress, which hit patients and

caregivers alike—spouses, siblings, neighbours, and medical staff.

Low budget for mental health

According to a new value for money audit report by the Office of the Auditor General on mental healthcare in Uganda, only one percent of the annual healthcare budget goes to mental health, mostly channelled to Butabika.

"There is no national coverage of community mental healthcare since only 28 out-patient facilities can provide follow-up care; these facilities are thinly spread and are often starved of funds for even essential medication," the report reads.

The audit revealed a 27 percent increase in reported MNS cases between 2021 and 2023, indicating a growing dis-

ISSUE

- Only 28 outpatient facilities can provide follow-up care
- In 2023 alone, 2,157 patients escaped from Butabika hospital before completion of their treatment, putting their lives at risk
- There are only 53 psychiatrists nationwide, resulting in approximately one psychiatrist for every one million Ugandans
- These numbers are above the WHO minimum psychiatrist-to-patient ratio of 1:10,000
- For the child and adolescent patients, five psychiatrists serve a population of 20 million
- The majority of the psychiatrists in Uganda practice at national referral hospitals, hence not accessible at the primary health care facility level (HCII, HCIII, and HCIV)
- More than 90 percent of the mentally ill individuals in Uganda do not receive treatment
- Only one percent of the annual healthcare budget is earmarked for national mental healthcare, primarily channelled to Butabika hospital
- Data from the Health Management Information Systems (HMIS) revealed an upward trend in the number of MNS cases reported. The cases rose from 468,005 in 2021 to 469,932 in 2022 (up by 0.4 percent) and to 594,675 in 2023 (up by 26 percent)
- Drivers of mental health problems include poverty, unemployment, family break-up, academic-related stress in children, and chronic or life-threatening illnesses like cancer

Common adult conditions (admitted)

The most common conditions for admitted patients are severe men-

tal health conditions, including:

- Bipolar disorder (manic-depressive illness)
- Schizophrenia
- Severe depression (often with suicidal ideation)
- Post-traumatic stress disorder (PTSD)
- Severe anxiety (debilitating forms)
- Alcohol and substance abuse (for rehabilitation)
- Complications of epilepsy

tal health conditions, including: For children, common conditions include:

- ADHD (Attention Deficit Hyperactivity Disorder)
- Epilepsy
- Autism
- Conduct disorders

Common child conditions (admitted)

Source: OAG report on mental health 2025

posing safety risks to patients," the report reads.

He also highlighted limited awareness and community outreach where only 19 of the 65 the sampled health facilities (29 percent) conducted mental health outreach activities, and the Ministry did not implement targeted awareness programs for faith leaders, traditional healers, or local governance structures.

"Consequently, misconceptions and stigma remain high, with over 60 percent of individuals seeking care first from traditional healers. Most facilities and schools lacked Information, Education, and Communication (IEC) materials to promote awareness," the report reads.

Mr Akol also found weak multi-sectoral coordination. "Although MoH initiated plans to establish an inter-ministerial and technical working committee on mental health, there was no evidence that this committee was fully functional," the report reads.

Recommendations

In the audit report, the country can improve the mental health of the population by ensuring regulatory and institutional strengthening, and ensuring that the inter-ministerial and technical working committees on mental health are operationalised and fully functional.

"Liaise with the relevant stakeholders to have the minimum standards for mental health units approved and fully implemented by all the Health facilities providing the MNS service," the report recommends.

The report also recommends improving funding and human resources through prioritising funding of mental health activities within the Ministry of Health budget, especially the service delivery (non-wage) activities.

"Fast-track the operationalisation and filling of the new staffing structure, which provides for more mental health professionals at the different levels of delivery service," the report recommends.

The report also highlights how treatment, rehabilitation, and supervision can be improved through prioritising training of health workers at all levels in matters of mental health, which include:

Mr Akol also called for an increase in awareness and community engagement. "Enhance allocation of funds meant for mental health activities within the Ministry of Health budget to facilitate planned community sensitisation and dissemination of IEC materials to schools and health facilities," the report reads.

"Fast-track and scale up the deployment of the Community Health extension workers to supplement the VHTs in undertaking sensitisation within the communities. Review and enhance the current coordination frameworks and measures with a view of ensuring that coordination among stakeholders is more structured, harmonised, and more effective," the report reads further.

Dr Lukwata of the Ministry of Health says the Mental Health Division unit, which should coordinate these efforts, is struggling with low funding.

"As a mental health unit, we should have a vote where we can really tackle the big problem of the mental health of Ugandans. Otherwise, for now, we are only dealing with the care of those who are sick," she says.

"But we need to ensure that every person knows what mental health is, how they can maintain their good mental health, how they can work with other people to ensure that they are all well," she adds.