

How mental health crisis has Uganda in a bind

Without increased and strategically allocated funding, experts warn that the country risks failing to address the growing mental health burden.

BY TOBBIAS JOLLY OWINY

Mental ill health appears to be entering a dangerous phase in Uganda, with alarming evidence suggesting it is impacting the country's young population in ways previously never thought possible. Already, suicidal ideations have established themselves as one of the top causes of death among young people aged between 15 and 29 in Uganda.

Yet, despite mental health challenges being a major public health concern, the component secured less than one percent of the country's Sh5.7 trillion health budget during the Financial Year (FY) 2025/2026. This doesn't correspond to the significant rise in reported mental health cases.

Unipolar depressive disorders recorded the most dramatic rise (450 percent) from 20,005 in 2021 to 110,353 in 2024. Elsewhere, anxiety disorders due to Gender-Based Violence (GBV) also surged by 145.3 percent.

Statistics also show that bipolar disorder, other adult mental disorders, and HIV-related psychosis registered moderate-to-high increases (ranging from 47 to 58 percent). Whereas anxiety disorders rose by 23.3 percent, schizophrenia and dementia increased by 35.2 percent and 29.6 percent, respectively.

The State of Uganda Population Report 2025, published by the National Planning Authority (NPA) early this year, revealed that south Buganda registered the sharpest rise in mental health cases. This was after it jumped from 32,216 cases in 2021 to 191,961 cases in 2024 (495.9 percent).

South Buganda was followed by Karamoja, which registered a 270 percent increase between 2021 (5,059 cases) and 2024 (18,719 cases). Busoga Sub-region placed third with a 124 percent spike between 2021 (33,632 cases) and 2024 (75,320 cases).

The dataset shows that Acholi, Lango, and West Nile sub-regions report disproportionately high levels of post-conflict trauma and substance abuse. On its part, Karamoja faces increasing cases of alcohol-related disorders.

In it all, the sheer increase in mental health cases from 2021 to 2024 in Karamoja (270 percent) and Busoga (124 percent), Kampala (53.1 percent), Kigezi (45.7 percent), and North Buganda (47.3 percent) was, noted the NPA report, troubling in and of itself.

Within the same period, substance (drug) use disorders increased by 81.6 percent, highlighting the growing challenge of substance abuse across the population, particularly among youth and urban communities. Just as troubling, cases of attempted suicide and self-harm rose by 26.4 percent.

Coming apart at the seams

The government's annual allocation, according to experts, falls far short of the World Health Organisation's (WHO) recommended minimum of 5.0 percent for mental health expenditure.

According to the Health ministry's Alternative Policy Statement (FY 2025/2026), the bulk of available mental health funding is said to be concentrated at Butabika National Referral Mental

Hospital, leaving peripheral, community-level, and primary care mental health services severely under-resourced.

Without increased and strategically allocated funding, experts warn that the country risks failing to address the growing mental health burden. Centralisation of resources restricts, the experts add, access for rural populations, refugees, and other vulnerable groups.

Mental health services remain heavily concentrated at referral-level facilities, with lower-level health centres lacking functional mental health units, underdeveloped community-based services and limited fiscal space, among others.

"The result is a gap between legal entitlement and lived reality, where rights exist in statute but are not realised in service delivery. This disconnect undermines the credibility of the legal framework and weakens accountability across sectors of government," the report says.

"Many individuals do not seek care in health facilities (medical) and instead rely on alternative pathways, including spiritual, cultural, or receive no care at all due to stigma, cost, or limited access, and people in rural areas often have very limited or little access to proper care," Mr Geoffrey Toopiny Onyuta, Gulu City's senior health educator, and also the city's mental health coordinator, told *Weekend Monitor*.

Structural barriers

Both the National Mental Health Policy (2014) and the National Mental Health Policy Framework and Strategic Plan (2013-2020) provide for the integration of mental health into general health services, strengthening district-level capacity, promotion of community-based care, and reduction of stigma.

While these policies contributed to increased awareness and some service integration, implementation is said to have remained largely donor-based, causing a partial realisation of key priority actions, including nationwide suicide prevention and sustained community outreach, among others.

The expiry of the 2013-2020 Strategic Plan without a fully resourced successor is said to have further weakened policy coherence and continuity.

While the Child and Adolescent

Mental Health Policy Guidelines (2017) created a framework to promote mental health and prevent mental, neurological and substance use disorders among children and adolescents continue to spike.

It has not helped matters that health facilities are few and far between. Moreover, of the 125 health facilities sampled by NPA during the survey, only 36.8 percent (46 facilities) reported having a functional mental health unit.

The survey also revealed that a significant structural barrier existed due to the abnormal distances between facilities of offering mental health services.

While only 12 percent (15 facilities) served a population within a radius of 0 to 5 km, 10.4 percent (13 facilities) served clients who had to travel 6 to 10 km and 19.2 percent (24 facilities) served clients

who had to travel 11 to 15 km. Up to 73 health facilities (58.4 percent) served clients who had to travel more than 15 kilometres to access the service.

High levels of poverty combined with the rampant unemployment and informal livelihoods in many of the urban centres across the region imply a high level of social isolation, substance misuse, and rising cases of depression and self-harm. "Unemployment, poverty and food insecurity are the commonest indicators of depression, anxiety, and sustained psychological distress. In Gulu City, food insecurity and unemployment are the known causes of persistent de-



450% ▲
Unipolar depressive disorders. This rose from 20,005 cases in 2021 to 110,353 in 2024.



145% ▲
Anxiety disorders. The percentage by which disorders due to gender-based violence rose.



58% ▲
Bipolar disorder. Rose from 47 to 58%.



495% ▲
Mental health cases.

South Buganda registered the sharpest rise in cases – from 2021's 32,216 cases to 191,961 in 2024