Child and Adolescent Mental Health Care in Uganda

This report was developed by ICHAD (International Center for Child Health and Development), SMART Africa Center (Strengthening Mental health And Research Training in Sub-Saharan Africa), the Clark-Fox Policy Institute at the Brown School at Washington University in St. Louis and ChildFund Uganda.

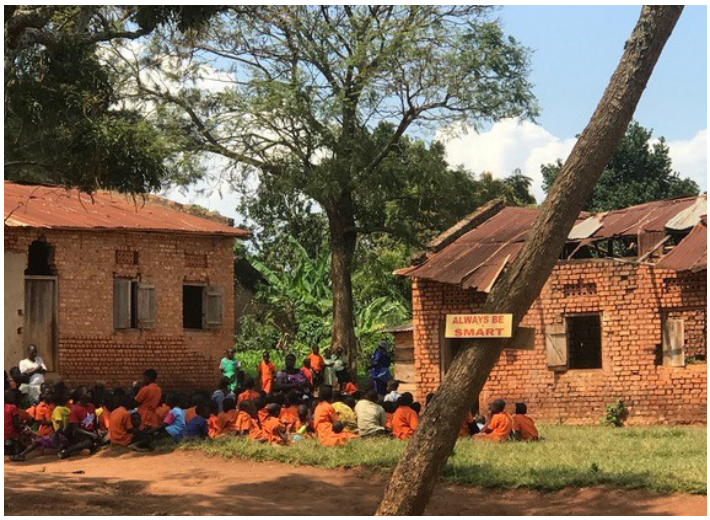
In Uganda, children make up about half (56%) of the total population, and they often present with multiple physical, mental health, and educational challenges.[1,2] Large numbers of Ugandan children live in communities with high rates of chronic poverty (38%), domestic violence (30%), physical violence toward children (80%), depression (33 to 39%), malaria (70 to 80%), and HIV or AIDS (6%).[3,4,5,6] All these factors require thoughtful policy interventions that will allow Ugandan children the opportunity to thrive and lead healthy and productive lives.

Mental Health: Prevention and Early Intervention

When screened in Ugandan primary care clinics, 12 to 29% of children present mental health symptoms.[7,8] More specifically, in a study of depression amongst adolescents in secondary schools in Uganda, Nalugya (2004)[8] found that 21% of youth presented depression symptoms. The prevalence of anxiety disorders has been found to be as high as 26.6%, with rates higher in females (29.7%) than in males (23.1%).[9] Adolescent suicidality in Uganda has also been high.[10]

Mental health challenges are associated with increased risk for poverty due to factors such as increased health expenses, compromised productivity, mental health stigma, and loss of employment.

Mental health challenges that emerge during childhood and adolescence may compromise healthy transition to adulthood and increase economic and social costs for families, governments, and society in general.[11,12] For instance, childhood disruptive behavior disorders, if not addressed, are associated with adverse outcomes, including academic problems (e.g., school dropout), social impairment, a higher incidence of chronic physical problems, unemployment and legal problems, substance abuse and violence as adults.[13,14] Moreover, studies show that a substantial proportion of mental health challenges in adults originate during childhood and adolescence.[15] Hence, addressing mental health challenges in early developmental stages has been set as a priority for the global child health agenda.[15]



RECOMMENDATION #1

Include language in the current Mental Health Bill that prioritizes children and adolescents.

The Mental Health Bill provides an opportunity to address the needs of children in Uganda. Specific language that identifies child and adolescent mental health as one of the key priority areas would highlight the critical need of all Ugandan children to have access to quality mental health care.

RECOMMENDATION #2

Early detection can ensure long-term health and socioeconomic benefits.

Policies must explicitly address strengthening capacity for addressing child and adolescent mental health care needs in non-stigmatizing settings, including families, schools, and primary health care clinics.[16] Government is best positioned to successfully embed early detection and care within existing child serving systems through the passage of the Mental Health Bill.

RECOMMENDATION #3

The Mental Health Bill should be renamed The Mental Health Care Bill.

The pending legislation should be renamed the Mental Health Care Bill to reflect Parliament's commitment to caring for the needs of our children, families, and communities. This will also allow to make the language less stigmatizing for people impacted by mental health challenges.

Endnotes

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