

# 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.<sup>1,2</sup> 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%).<sup>3,4,5,6</sup> All these factors require thoughtful policy interventions that will allow Ugandan children the opportunity to thrive and lead healthy and productive lives.

## Workforce Training

Uganda, like many other developing countries, has scarce mental health workforce resources (e.g., psychiatrists, psychologists, social workers and nurses). Moreover, very few of these professionals are trained specifically in child and adolescent mental health care.<sup>7</sup> Given the limited number of mental health care professionals in Uganda (and most SSA countries), it is not feasible to rely solely on such professionals to deliver mental health prevention and care services. Although primary health care professionals can provide the bulk of care, mental health professionals, namely psychiatrists, nurses and experts in psychosocial health, are also needed to provide adequate services to those children and adolescents who require intensive intervention. Additionally, the mental health care workforce plays a key role in delivering training, support and supervision to non-

specialists. Without these mental health care professionals, Uganda will not have enough human resources to meet their populations' mental health treatment requirements, including children and adolescents. This is even more urgent given that Ugandan population primarily comprises of children and adolescents (56%).

### RECOMMENDATION #1

#### Primary health care workers must be trained in child and adolescent mental health.

Research evaluating the effectiveness of mental health training for various groups, including general practitioners and nurses found that the trainings were especially successful in improving diagnostic skills and sensitivity of trainees as well as their attitudes towards mental health challenges.<sup>8</sup>

### RECOMMENDATION #2

#### Additional training is needed for mental health care workers.

Given the unique needs of children and adolescents with mental health challenges, supplemental training programs, (e.g., certificate programs, advanced degree programs) for the primary mental health care workforce can add to the pool of individuals trained in child and adolescent mental health.<sup>9</sup> Training in the delivery of brief, low-burden, evidence-based interventions adapted to the Ugandan context has been found effective, feasible, and acceptable.<sup>8</sup>

### RECOMMENDATION #3

#### Support and train lay workers and peers that already exist in health and education systems to implement evidence-based mental health interventions.

Task-shifting (also referred to as task sharing), endorsed by the World Health Organization, is a cost-efficient and feasible model that involves redistributing tasks from professionally trained workers to those with less training and fewer qualifications.<sup>9</sup> Research has demonstrated that mental health interventions provided by local lay counselors with little to no previous mental health training or experience have demonstrated positive findings in the area of mental health, health, and overall psychosocial outcomes.<sup>9</sup> Community health workers, village health teams, expert clients -and others who may fall in that category- who work directly with children and families at Health Center 1 and LC 1 levels could constitute this workforce in the Ugandan context.

## Endnotes

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