

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.

Asset-Based Economic Development Aimed at Addressing Poverty

According to the World Bank, Uganda reduced monetary poverty from 31.1% in 2006 to 19.7% in 2013.⁷ However, the proportion of the Ugandan children and adolescents living below the national poverty has reached 38% for children under five and 55% for children ages six to 17. Of those children, 18% live in extreme poverty and face serious challenges to healthy development and transition to adulthood.¹ Poverty during childhood also increases the risk for intergenerational poverty.⁸

Research has pointed to the bidirectional relationship between poverty and mental health, with poverty increasing the probability of mental health challenges through heightened stress, social exclusion, decreased social capital, malnutrition, and increased obstetric risks, violence, and trauma.⁹ In turn, 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/unemployment.¹⁰

Children and adolescents in communities assaulted by persistent poverty and disease are more likely to suffer from a range of chronic mental health challenges, which in turn, undermine their ability to become functional members of the society. Poverty has also been found to negatively impact children's brain/cognitive development.¹¹

Studies have pointed to the bidirectional relationship between poverty and mental health, with poverty increasing the probability of mental illness.

RECOMMENDATION #1

Asset-based interventions can play a critical role in reducing risks associated with mental health challenges.

Economic empowerment interventions, including family and child savings accounts, need to be offered to poverty-impacted adolescents and families in Uganda. Research has demonstrated that poor families in low-resource communities can effectively benefit economically from these interventions. Additionally, the interventions can minimize risk taking behaviors and address mental health stressors among children and adolescents.^{12, 13, 14, 15, 16, 17}

RECOMMENDATION #2

Providing financial literacy training to children and adolescents can promote saving behavior.

Integrating financial management trainings into school curriculum can contribute to teaching and promoting saving behavior among children and adolescents, which in turn, may reduce poverty and its associated risks.^{12, 13, 14, 15, 16, 17}

Endnotes

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