OPERATIONALIZING UGANDA'S MENTAL HEALTH ACT 2018: INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTHCARE

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PROFILE Uwera Juliet is a dedicated academic specializing in regional integration, focusing on the intersection of law and public policy. She holds a Bachelor of Laws degree from Uganda Christian University, a Post Graduate Diploma in Legal Practice from Law Development Centre and a Master of Laws (LL.M) in Regional Integration and East African Community Law from the University of Dar es Salaam. As a law lecturer, she has dedicated her career to educating the next generation of leaders on the complexities of public policy and its role in fostering regional stability and development. This experience has deepened her appreciation for the importance of effective public policy in addressing societal challenges and promoting collective well-being. In the classroom, she emphasizes the critical relationship between law and public policy, encouraging students to think critically about how legal principles can be applied to real-world issues. Through research and teaching, she aims to inspire students and communities to recognize the power of public policy in shaping equitable and sustainable futures, reinforcing their belief that informed citizens are essential for effective governance and social progress.

Executive Summary

Uganda faces a worsening mental health crisis, with nearly one in three citizens experiencing conditions such as depression, anxiety, or substance use disorders (Opio, 2020). Despite the enactment of the Mental Health Act in 2018, its implementation has been minimal. Services remain highly centralized at Butabika National Referral Hospital, and rural communities are left without access to care. The consequences of inaction are grave, including escalating health costs, deepening social inequality, and reduced national productivity.

This policy brief examines the scale of Uganda's mental health burden, critiques the weaknesses in the current system, and considers potential policy responses. Undertaking policy reforms in integrating mental health services into primary healthcare offers the most sustainable and equitable solution. The recommended actions include full operationalization of the Mental Health Act 2018, mainstreaming mental health at primary care level, expanding the workforce, increasing funding, investing in community and school-based programs, and tightening regulation on substance use.

Introduction

Mental Mental health disorders have become one of the leading public health challenges in Uganda, with more than 14 million people currently affected (Strong Minds, 2023). Depression, anxiety, post-traumatic stress disorder, and substance misuse are common, particularly among youth and conflict-affected groups (Bapolisi et al., 2020). Untreated mental illness contributes to rising suicide rates, poor school performance, unemployment, and lost economic productivity. While the Mental Health Act of 2018 established a legal framework for decentralizing care and safeguarding the rights of patients, its provisions remain largely unimplemented (Atim, 2023; Republic of Uganda, 2018). Six years after its passage, services are still heavily concentrated in urban areas, funding remains inadequate, and stigma continues to prevent many people from seeking help.

In addition Uganda's mental health burden is among the highest in Africa, and the problem is worsening (Opio et al., 2022). The Ministry of Health reported a 25 percent increase in cases over the last four years, with adolescents and young adults particularly vulnerable (Ministry of Health, 2024). Depression affects nearly one in five teenagers, while substance abuse, especially alcohol consumption, exacerbates the crisis. Uganda has one of the highest per capita rates of alcohol use in the region, a factor strongly linked to mental health problems (Nalwadda et al., 2018).

Despite this scale, mental health continues to receive less than one percent of the national health budget, far below the five percent recommended by the World Health Organization (Ssebunnya, 2017). Most resources are directed to

Butabika National Referral Hospital, which remains overcrowded and under-resourced (Moses et al., 2024). With only about 53 psychiatrists serving more than 45 million people, Uganda's mental health workforce is critically inadequate, and rural populations are almost entirely excluded from care (Dwanyen et al., 2024). Stigma and cultural perceptions further reduce willingness to seek treatment, leaving millions without support.

The implications are wide-ranging. Untreated mental illness undermines human capital development, creates financial burdens for families, and weakens the country's ability to achieve its national development goals. Unless policymakers act urgently, Uganda will face increasing costs, lower productivity, and widening health inequalities.

Policy options

- Uganda's Mental Health Act of 2018 was a landmark step that established a legal framework for protecting patient rights, decentralizing services, and integrating mental health into general healthcare (Eaton, 2024). On paper, the Act is progressive, but implementation has been weak. The Mental Health Advisory Board remains non-functional, district mental health units have not been activated, and frontline health workers often lack the training to diagnose or manage mental health conditions. As a result, the system continues to depend heavily on Butabika Hospital and a few regional psychiatric units, reinforcing inequities between urban and rural areas (Sharapova, 2024). Access is further constrained by stigma, poor supply of psychotropic medicines in lower-level facilities, and the exclusion of mental health from the National Health Insurance Scheme (Eaton, 2024). These gaps highlight the need to move beyond the current framework and pursue more practical, inclusive policy options.

- Several alternatives can be considered. The first is maintaining the status quo, which avoids immediate financial costs but would allow the crisis to deepen, increasing long-term expenditures and placing further strain on the health system. The second is strengthening specialized facilities, such as Butabika and regional psychiatric units. While this could improve care for severe cases, it would reinforce centralization, limit access for rural communities, and require large investments in infrastructure and specialized personnel (Sharapova, 2024). The third is integrating mental health into primary healthcare, which offers the most sustainable and equitable solution. This involves training primary healthcare workers to recognize and manage common mental disorders, ensuring essential medicines are available at Health Centres III and IV, and incorporating mental health indicators into the national health information system. Although this requires upfront investments in training and supplies, evidence from other low- and middle-income countries shows that integration is cost-effective, expands access significantly, and reduces stigma (Eaton, 2024).

- Taken together, the analysis reveals that while Uganda has a solid legal foundation, poor implementation and centralization undermine its impact. Without reform, inequities will persist, and the mental health burden will rise further. Integration into primary healthcare emerges as the most viable and cost-effective pathway to improve access, equity, and sustainability.

Policy Recommendations

- Uganda should urgently operationalize the Mental Health Act 2018 by establishing the Mental Health Advisory Board, activating district-level units, and ensuring enforcement of patient rights in line with international standards. Mental health must be systematically integrated into primary healthcare so that frontline health workers are trained to identify and manage common conditions, psychotropic medicines are consistently stocked, and monitoring systems track progress.

- The mental health workforce should be expanded through increased training programs in psychiatry, psychology, and psychiatric nursing, supported by scholarships and rural deployment incentives by the Ministry of Health. Task-shifting to community health workers should be institutionalized to extend coverage in underserved regions.

- Funding should be increased to at least five percent of the national health budget, and mental health services must be included in the National Health Insurance Scheme to reduce financial barriers by the Ministry of Finance, Planning and Economic Development (MoFPED) in collaboration with the Ministry of Health.

- Community and school-based interventions should be scaled up to support young people, while stigma reduction campaigns should be rolled out nationwide to encourage help-seeking and change public perceptions by both civil society organisations and concerned Government Agencies. The government should also invest in digital health innovations, such as teletherapy platforms and mobile applications, to expand access to counselling and support in remote areas.
- Strict regulation of alcohol and cannabis use is needed, including age restrictions, enforcement of sales limits, and public health campaigns on the risks of substance misuse. Ministry of Local Government, Ministry of Health and other relevant Government entities should collaborate to support young people become more productive and avoid resorting to drug and alcohol abuse as a means of dealing with their mental health.

Conclusion

The way Uganda responds to its mental health crisis will determine the wellbeing of its citizens, the productivity of its workforce, and the country's overall development trajectory. In order to achieve equitable access to quality care and safeguard human capital, the provisions of the Mental Health Act 2018 should be fully implemented, with mental health integrated into primary healthcare. This requires commitment from government, communities, and development partners to increase funding, expand human resources, and scale up community-based and digital interventions. Only through such reforms can Uganda build a resilient, inclusive health system that secures long-term social and economic stability.

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