YOUTH MENTAL HEALTH PROJECT BASELINE STUDY REPORT

Normalizing Mental Health Challenges in Schools

MAY 2023

SOS CHILDREN'S VILLAGES

MENTAL HEALTH UGANDA M.H.U

FOREWORD

SOS Children's Villages Uganda provides quality care to children and invests heavily in ensuring that the children and young people realize their full potential through several integrated programs. SOS Children's Villages invests in empowering youth for their development, and this is clearly pronounced in the SOS Strategy 2030, under Strategic Initiative 3 that is aligned with the SOS CV Care Promise Commitment 8 where we promote Education, Participation and steps to independent life. SOS Children's Villages Uganda has been providing satisfactory level of support to children and young people within our care over the last 30 years.

The Youth Mental health project funded by Operation Days Work (ODW) is a three-year project (2023-2025) implemented by two partners, SOS Children's Villages Uganda and Mental Health Uganda. The overall goal of the project is to strengthen the youths' (13-19 years) right to education and health. This project focuses on raising awareness and supporting youth with mild to moderate mental health problems, particularly related to depression and anxiety. It is implemented in 8 schools selected in Gulu City and Wakiso district. The project is also centred on youth empowerment while putting them at the centre of project implementation.
The baseline study has been conducted internally by our Monitoring and Evaluation staff led by the MEAL project officer with the intention of providing a benchmark upon which the impact of the project shall be measured and provide a basis for lobbying and advocacy interventions to reach more people affected by mental health problems.

As implementing partners, we each have interest in ensuring that all children and young people are supported to grow into resourceful and resilient adults. We have a desire to live in a country where mental health does not have a negative impact on young people but rather have the triggers reduced to a manageable level by all age groups.

My humble appeal to all stakeholders; Government of Uganda, Civil Society, Community is to normalize mental health problems and minimize all mental health associated stigma and discrimination through increased; investment in mental health, awareness creation, access to services and strengthen mainstreaming mental health in all key sectors of development.

Mr Hosana Adisu
National Director
SOS Children's Villages Uganda

ACKNOWLEDGEMENT

SOS Children's Villages Uganda wishes to acknowledge with a lot of thanks the commitment and contributions from Youth Mental Health Project team both at SOS Children's Villages Uganda and Mental Health Uganda for their level of effort towards the achievement of this Baseline report. Special thanks to The Head of Programs, Dr June Patrick Bigirwa, The National Youth Program Coordinator, Ms. Irene Nsangi, The Program Manager, Mental Health Uganda, Mr. Daniel Lubanga, Youth Mental Health Project Coordinator Ms. Jackline Nafuna Wodenga, Monitoring, Evaluation and Learning Officer, Mr. James Bwomezi who was the Team Leader throughout this exercise, and all SOS Children's Villages M&E Officers from the different locations for their commitment towards the data collection exercise.

We applaud our project stakeholders in Gulu City and Wakiso district who include; technical heads of departments, head of Mental Health Unit of Gulu Regional Referral Hospital, Director of Entebbe Grade B Referral Hospital, Head Teachers, Teachers, Students and Parents of St. Josephs College, Layibi, Gulu SSS, Ocer Campion Jesuit College and Vanguard Primary School in Gulu City and, Balibaseka SSS, Mount of Olives College, Kakiri, St. Charles Lwanga International School and St. Mbagga Naddangira SS, Religious and Community leaders for their feedback, opinions and participation in the generation of information for the Baseline study.

We are profoundly grateful to Operation Days Work (ODW) in Norway for funding this project, our international partners; SOS Children's Villages Norway and Youth Mental Health Norway for participating in the project design and continuous technical oversight from time to time!

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ACRONYMS

FGDs	Focus Group Discussions
KIIs	Key Informant Interviews
PTSD	Post-traumatic stress disorder
NGOs	Non-governmental Organizations
LRA	Lord's Resistance Army
SOS CV	SOS Children's Villages Uganda
MHU	Mental Health Uganda
VHTs	Village Health Teams
MOE	Ministry of Education
YMHN	Youth Mental Health Norway
WHO	World Health Organization

Background

Uganda has an estimated population of approximately 46 million people, that is expected to reach 104 million people by 2060.[1] At the same time, Uganda has the second youngest population in the world with 46% of its population under the age of 14 years old.[2] Therefore, the working-age population is set to increase from 52% to nearly 70% by 2060, which will have major implications for Uganda's development path, especially in the area of job creation and employment opportunities for youth, which is already a serious issue facing youth in the country. Currently, youth are exposed to poor economic conditions and general anxiety over the limited employment opportunities. The youth unemployment rate in Uganda increased from 13.3 per cent in 2013 to 18.6 per cent in 2015. (ILO, 2017). This programme is designed as a four-partner consortium with funding from Operations Day's Work in which SOS Children's Villages Norway (SOS Norway) and Youth Mental Health Norway (YMHN) are the Norwegian-based organizations whereas SOS Children's Villages and Mental Health Uganda are the Ugandan based organizations responsible for the implementation.

SOS Children's Villages and Mental Health Uganda are implementing a 3-year Youth Mental Health project (2023-25), in Gulu and Wakiso district targeting youth aged 13-19 years in 8 selected schools, (07secondary and 01 Primary school). SOS Children's Villages Uganda together with its partner Mental Health Uganda conducted this baseline study to assess the mental health situation among students aged 13-19 in the districts of Gulu and Wakiso. This baseline is meant to establish students', teacher and stakeholder's knowledge on mental health issues specifically affecting youth aged 13-19 years. The baseline study results will be utilised to guide the Youth Mental Health Project interventions as a benchmark upon which the impact of the project shall be measured.

Methodology: The baseline study used a cross-sectional study design and a mixed methods approach of both quantitative and qualitative research methods. The study interviewed 380 youth 13-19 (Boys and Girls), 53 key informant interviews (KIIs) with the different stakeholders (Government officials, teachers, Parents, Cultural and Religious leaders, Implementing Partners/NGO and 16 focus group discussions (FGDs) with students 13-19.

[1] The demographic boom: An explainer on Uganda's population trends, World Bank, February 2021

[2] World Bank, 2021

Key results (Survey)

- 80 % of students 13-19 feel very okey while at school.
- 74% of students 13-19 feel free to interact and associate with other fellow students.
- 73% of student 13-19 belonged to different association clubs in school.
- 75% of students 13-19 are willing to share their problems with staff member while at schools.
- 22% of students 13-19 share their problems with family members and relatives.
- 78% of students 13-19 attended classes regularly.
- 22% of student 13-19 sleep for about 8 hours a day
- 20% of student 13-19 have ever experienced some thoughts of ending their lives.
- 36% of students 13-19 have experienced prolonged sadness that may put them at risk of suffering from depression.

Mental health awareness/knowledge among stakeholders

- Most mental health challenges/conditions affecting students 13-19 included stress, anxiety, depression, hysteria, and Low self-esteem.
- Most causes of mental health problems among youth aged 13-19 include influence of peer pressure from fellow students, drug abuse, Post Traumatic Stress Disorders (PTSD), poverty, poor parenting, misuse of technology and exposure to social media.
- There is a lot of stigma and discrimination against people with mental health conditions in the community and among students.
- Community still holds misconceptions about mental health challenges.
- There is limited availability of mental health services in the community and the referral system not working effectively.
- Government Ministry of Education Mental health circular not yet popular and not fully implemented in schools

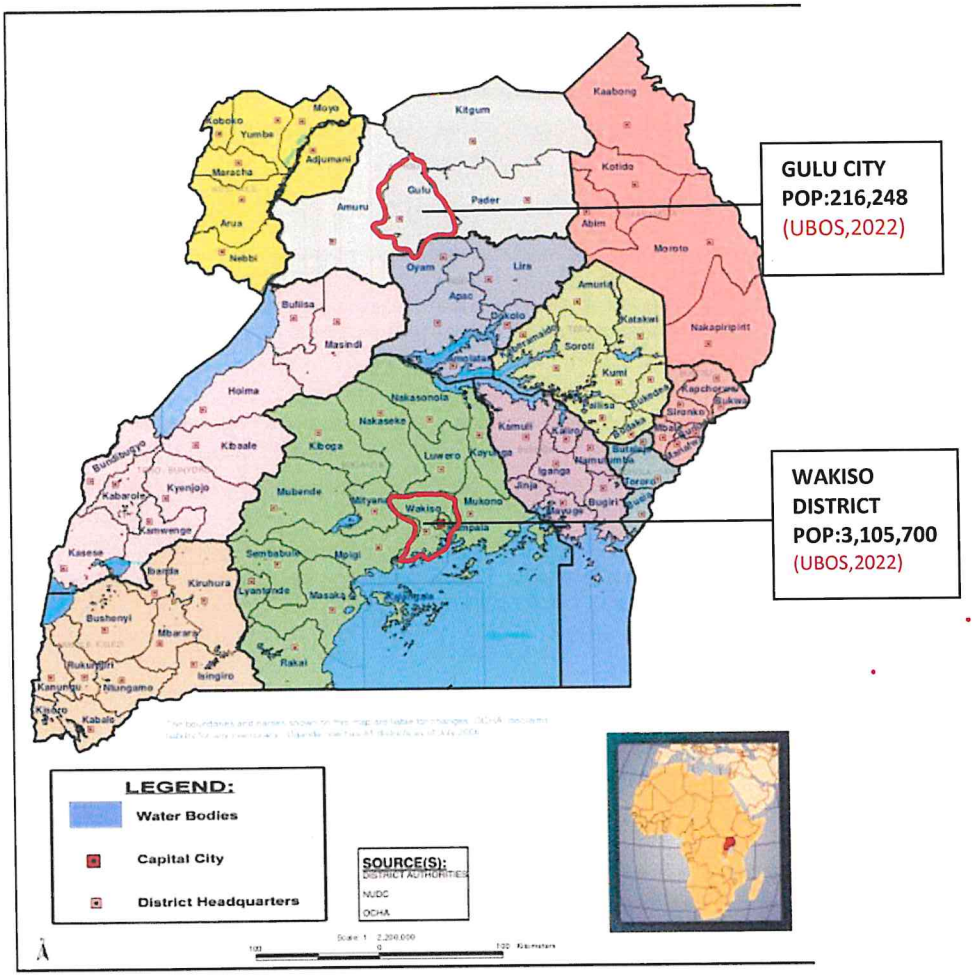
Conclusion:

- The baseline analysis reveals that there is a higher incidence rate of mental health challenges affecting youth aged 13-19 years in schools that requires urgent attention. Mental health conditions affecting students and youth 13-19 are mostly linked to risk factors associated with socio-economic, biological, and psychological factors which have rendered youth more susceptible to increased mental health challenges such as stress, depression, anxiety and emotional related conditions.

Recommendation:

- There is need to reach out to Schools with mental health awareness and sensitization interventions targeting students 13-19 years with mental health information to improve their knowledge on mental health and how to seek assistance in case they are faced with emotional challenges.
- The government and stakeholders need to prioritize strengthening capacity on mental health issues in schools and in the community through strengthening existing social support systems and structures such as VHTs to be able to offer psychosocial support services and manage referrals for mentally challenged and affected persons.
- The government needs to strengthen the health system by increasing more health staff in health facilities and hospital to be able to provide mental health conditions at all levels and increase the budget of local governments to be able to monitor and effectively manage mental health related challenges in their area.

Geographical Project location (Wakiso and Gulu District)



CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

This report presents results from the Baseline study that was conducted by SOS Children's Villages Uganda and Mental Health Uganda regarding The Youth Mental Health Project. The Baseline covered 2 districts of project implementation (Wakiso and Gulu) with a focus on 4 schools in Wakiso and 4 schools in Gulu district. The Baseline report provides insights and information on school youth aged 13-19 regarding their experience on mental health issues and stakeholders' analysis on levels of awareness and knowledge of mental health issues in their communities.

1.2 About SOS Children's Villages Uganda

SOS Children's Villages Uganda is an independent child-focused, social development non-governmental organization with a strong reputation of providing adequate care and protection to children who have lost parental care and those at the verge of losing parental care. SOS CV Uganda is part of the 138 countries in the SOS federation that has been in existence since 1949. SOS CV Uganda has reached over 60,000 children and youth directly and indirectly through its different program interventions in the four locations of Gulu, Kabarole, Wakiso and Mayuge districts since its establishment in 1991. SOS CV supports its program beneficiaries through two approaches, The Family-Like Care Program and Family Strengthening Program.

1.3 Mental Health Uganda

Mental Health Uganda (MHU) is an indigenous, non-governmental, membership-based disabled people's organization, an organization of people with a lived experience of mental health problems. MHU was established in 1997 and was formerly registered as a national NGO in 2001.

MHU has a country-wide coverage of mental health services and works for equal services and opportunities for people with mental health issues with over 25,000 members in Africa. MHU prides itself in youth involvement and engagement. In its Anti-Stigma national-wide campaigns, young people with lived experiences of mental health problems take the lead in awareness creation and normalising mental health conversations within their communities. Within the Atlas Alliance/Norad supported youth project, MHU created a "Reference Group" which is composed of young people with a lived experience of mental health problems and a caregiver representative. This group provides advice and guidance on the project design, organisation, and implementation.

1.4 Problem Statement

In Uganda, awareness and access to mental health services is still low despite the existence of enabling policy frameworks and guidelines. The Mental Health Act 2018 and the Child and Adolescent Mental Health Policy Guidelines, 2017 are key policy frameworks enacted by the Government of Uganda to address and mainstream mental health issues among the young people in Uganda. Available evidence attributes low awareness and access to mental health services in Uganda to: negative socio-cultural attitudes and practices, under funding, limited expertise, and low participation of key stakeholders for example, the youths. Mental health issues are a taboo subject among many people; hence, the victims are often stigmatized and neglected by close family and community members. Access is low mainly due to a limited number of professionals i.e., Uganda has only 50 psychiatrists and majority are at Butabika Hospital because they are supper specialized and cannot be lowered. (Daily Monitor, June 2021).

The prevalence of mental health problems in Uganda is alarming; 14 million Ugandans were reported with mental health disorders (New Vision, May 13, 2022). Uganda is ranked among the top six countries in Africa, with rates of depression at 4.6% while 2.9% live with anxiety disorders. Females (5.1%) are more affected than males (3.6%). In August 2022, SOS Children's Villages Uganda conducted a youth needs assessment study in selected locations and established that 64.5% of youth had experienced a mental health challenge since the outbreak of COVID-19 pandemic. Furthermore, data from the Mental Health Uganda national helpline indicated that, as of April 2022, 54% of the callers reported extreme anxiety which can be resolved through talk therapy. These statistics, triangulated with data from other sources provided a need for a mental health intervention for youths aged 13-19 years to create awareness on mental health and promote access to mental health services in Gulu and Wakiso districts by the two partner organizations. Therefore, the baseline study to be undertaken will build on this data to provide a basis for the three-year project on mental health for youths.

1.5 Project Overview

SOS Children's Villages and Mental Health Uganda are implementing a 3-year project (2023-25), primarily targeting youth of ages 13 to 19 years in 8 selected (07secondary and 01 Primary schools) in Gulu and Wakiso districts.

The 2 partners will implement a 3-year project from 2023, primarily targeting young people between the ages of 13 to 19 years in selected secondary schools in Gulu and Wakiso districts. The project seeks to: normalize mental health problems and reduce stigma and discrimination and facilitate access to psychosocial support in the targeted schools. Youth active participation and empowerment is a key component of the project, ensuring that youth lead the development and implementation of project activities.

Both SOS Children's Villages and Mental Health Uganda have a collective responsibility for the overall design, implementation, and monitoring of the project. SOS Children's Villages will offer general oversight for the project and take lead on normalizing mental health problems and reduce stigma and discrimination through awareness creation whereas Mental Health Uganda will take lead on promoting access to psychosocial support in targeted schools and communities.

At a global level, the project is funded by Operation Days Work (ODW), a youth led organisation that held the campaign in raising funds for the project. SOS Children's Villages Norway took the overall responsibility of financial distribution to the partners as well as program reporting and financial accountability. Youth Mental Health Norway (YMHN) is responsible for activities implemented by Mental Health Uganda.

1.6 Project Goal

The overall Goal of the project is to strengthen youths' (13-19 years) right to education and health.

1.7 Project Specific Objectives

To achieve the overall Goal, the project shall focus on two specific objectives.

(i) Normalizing mental health problems in schools and reducing stigma and discrimination,

(ii) Facilitate access to psychosocial support in the targeted schools.

1.8 Purpose and scope of the Baseline Study

The purpose of the baseline study was to undertake an assessment and collect data from youth 13- 19 years in the targeted schools of Wakiso and Gulu in order to understand young people's mental health experience that will contribute to the promotion of positive mental health and wellbeing of students in schools in order to prevent mental health disorders through awareness creation and enhancement of care and social inclusion of people with mental health disorders in schools and communities while targeting young people.

1.9 Objectives of the Baseline Study

The baseline study is underpinned by the following specific objectives.

1. To collect data and information on youth and students aged 13-19 years about their mental health experience in the targeted schools and communities that will guide implementation of project intervention and generate data on project indicators to be utilised as a benchmark upon which the impact of the youth mental health project shall be measured.

2. To engage with Stakeholders, Governments officials, health professionals, implementing partners, civil society, Parents Students, teachers and the community about the relevance of mental health and the need for a strategy to prioritize mental health in all aspects of life.

1.10 Understanding of mental health -Definition of Key terms.

Mental health: The definition of mental health is based on World Health Organization (WHO,2022). Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Anxiety: Anxiety disorders are characterized by excessive fear and worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. (WHO,2022)

Depression: Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time. (WHO.2023)

Post-Traumatic Stress Disorders (PTSD): Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. National Institute of Mental Health (NIMH,2023)

CHAPTER TWO: METHODOLOGY

2.1 Introduction

This section presents approaches and methods that were used to undertake the study including the study design, study area/sites, data collection methods and tools, participants sample size determination methods and selection, data analysis methods, ethical considerations and quality assurance measures taken.

2.2 Study Design

The baseline employed a cross-sectional study design that involved a mixed method approach of both quantitative and qualitative data collection methods. For purposes of triangulation, desk review was also used that involved a review of existing documents, relevant reports and secondary data from the district Health Information System. (DHIS2)

2.3 Study Area

The Baseline study was conducted in the two districts of Gulu and Wakiso that represent the mental health project implementation coverage areas, focusing on 8 project targeted schools including 4 schools in Wakiso and 4 Schools in Gulu district. In Wakiso district, the project is being implemented in Mt of Olives Secondary School, St Mbaaga Senior Secondary School, St Charles Lwanga Secondary School and Balibaseka Senior Secondary School. In Gulu district, the project is being implemented in St Joseph's College Layibi, Ocer Campion Jesuit, Gulu Senior Secondary School and Vanguard Police Primary School.

2.4 Data collection methods

The study used a mixed method data collection approach of both quantitative and qualitative data collection methods. Quantitively a survey was conducted among the youth 13-19 years using a structured questionnaire. The survey was beneficial in collecting data from the primary target beneficiaries (Students 13-19). It produced a detailed and systematic information through face-to-face interaction with responds. To get a deeper understanding of experiences, phenomena and context, qualitative data collection method was employed through Key Informant interviews with Stakeholders and Focus Group discussions with students aged 13-19.

2.5 Data collection tools

The baseline study employed a Survey tool uploaded electronically on computer tablets administered face to face by an enumerator through a mobile digital application designed in Microsoft office forms-365. A structured questionnaire was administered to student respondents 13-19 years and interview guides were used to collect data from student Focus group

discussions and Key informants. A desk review check list was used to review existing and completed reports in addition to reviewing district information management information (DHIS2)

2.6 Sample Sampling

The Baseline sample was drawn from a sampling frame of 8 schools from Gulu and Wakiso districts with approximately 8,000 student total population. Random sampling was used to select respondents to participate in the survey putting in consideration gender balance for equal representation of boys and girls.

2.7 Survey Sample size determination:

A total sample size of 380 student participated in the Survey calculated basing on 95% confidence interval with a 5% margin of error. The total population of students was estimated to be about 8000 students in all the 8 targeted schools from the reviewed school registers. Sample size was determined using Slovin's scientific statistical formula.

$$n = \frac{N}{1 + N(e)2}$$

Where:

n = Sample size required

N= Target population size

e= Margin of error

2.8 Qualitative sample size determination

Key informant and Focus Group Discussion interview participants were purposively selected basing on their power of influence in the community, knowledge of issues related to mental health and according to their responsibility in providing youth 13-19 mental health related services. Key Focus Group Discussions were conducted among students as key stakeholders and direct participants on the project.

Table 1 provides a detailed distribution and description of study participant.

Table 1 Description of study participants

District	Participant Category	Targeted Sample size	Achieved
Gulu and Wakiso	Youth Survey participants	380 (Boys and Girls)	380 (184 Girls, 196 Boys)
Gulu and Wakiso	Students Focus Group Discussions	17 (FGDs)	17 (FGDs)
Gulu and Wakiso	Teachers Key Informant Interviews (KII's)	16 (KIIs)	16 (KIIs)
Gulu and Wakiso	Key Informant interviews with District Officials, DHO, DPO, DCDO, District Biostatistician, RDC, Health facility Directors, City Health Officer.	16 (KIIs)	16 (KIIs)
Gulu and Wakiso	KIIs with Community leaders, Religion and Cultural Leaders, Parents/Care givers, Partners (NGO), Youth Leaders	10 (KIIs)	10 (KIIs)

2.9 Desk Review-Secondary data review

A desk review was conducted focusing on existing and completed reports and documents related to mental health including a review of the District Health Information System (DHIS2) to analyze data on mental health indicators and to determine the prevalence of mental health disorders regarding cases reported by health facilities in the two districts of Gulu and Wakiso.

2.10 Selection of other Respondent /participants

Teachers

Two teachers/administrators per school in both districts of Gulu and Wakiso were purposively selected to participate in key informant interviews. Both male and female teachers were chosen to consider gender balance on the study. Only teachers who have been at the school for a period of one year were eligible to participate in the study because within a period of 1 year, the study thought it would be enough for one to understand the student's well-being and therefore give adequate feedback to the study.

Students

A total sample of 380 students between 13-19 years were scientifically and randomly selected to participate in the study (184 girls and 196 boys). Two Focus Group Discussions of 5-8 student participants were conducted in each of the 8 schools in Gulu and Wakiso Districts. Boys and Girls FGDs were held separately to avoid the boys from dominating the discussions and to give each gender convenient chance to express themselves freely. Students who participated in the Survey were not eligible to participate in the FGDs so as to avoid bias on the study. School registers were used to randomly select students to participate in the study.

Parents

Two parents were interviewed per school, and these were selected from the Parents committee registers at the schools. Care givers provided feedback/responses in a situation where a biological parent of the student was not available to participate in the study.

2.11 Data analysis

Quantitative data analysis: The Excel workbook generated in Microsoft Forms data application was downloaded and data cleaned and analyzed by use of Excel Pivot Tables to generate statistical and descriptive statistics including frequencies and percentages presented in figures and graphs.

Qualitative data analysis: Qualitative data analysis was done manually using thematic analysis in Microsoft word. Qualitative data transcripts from KIIs and FGDs were merged in KIIs and FGDs analytical frameworks. Using thematic analysis approach, study codes were developed. and themes generated and later association of themes to capture most frequent responses. Highlights were generated in the comments section to capture the narrative and quotes from the main text that was used in the report.

2.12 Ethical consideration and quality assurance

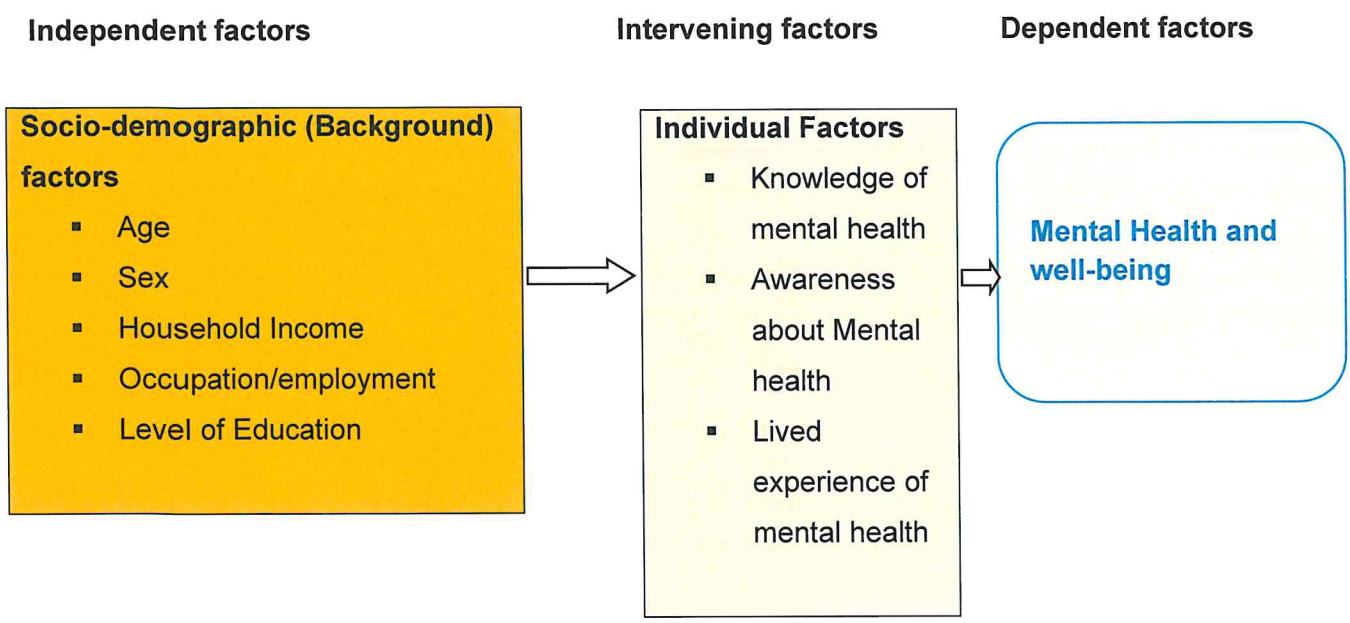
The baseline study started with the development of a proposal and data collection tools in reference to the terms of reference which was submitted to the project technical team and management for review and approval. Upon approval, a training of data collectors/ enumerators was conducted focusing on study protocols and guidelines such as informed consent, skills in collecting both quantitative and qualitative data, data quality control and quality assurance. To ensure confidentiality, the study obtained informed consent from study participants and all information collected from participants was kept with high level of confidentiality. The study

sought clearance from the DHO and the District Chief Administrative Officers for both Gulu and Wakiso districts to conduct the baseline in the area.

2.13 Conceptual framework

Studies have shown that age 15 – 24 years is a difficult period for most youth as they attempt to cope with decisions regarding their life and transition. From the baseline study, it was revealed that socio-demographic background factors such as age, sex, occupation, Household Income status among other factors can be conceptualized to influence mental health of a person and if not managed very well it can put a person at a higher risk of getting mental health related diseases. Youth are disproportionately affected by mental health challenges because of their association with risk behavior and if not managed it can affect them at a later stage of their lives because their mental ability is not yet mature or not yet firmly established so they are likely to face mental health challenges. Poverty and household income has an influence on access to mental health services and mental well- being of an individual. *"The mental health challenges affecting young people is that there is lack of concentration in lessons, loneliness and Isolation of student, difference in age like the senior Five students teasing senior ones, racial discrimination in terms of tribe" Sudanese socialize with fellow Sudanese, baganda with fellow baganda and others the same ", background of the students in terms of classes i.e. some students come from rich backgrounds, others middle class and low class backgrounds and all given different pocket money and those given more money use it for their personal gains and exploitation" (FGD-Girls Wakiso district)*

Figure 1 Conceptual framework



CHAPTER THREE: STUDY FINDINGS

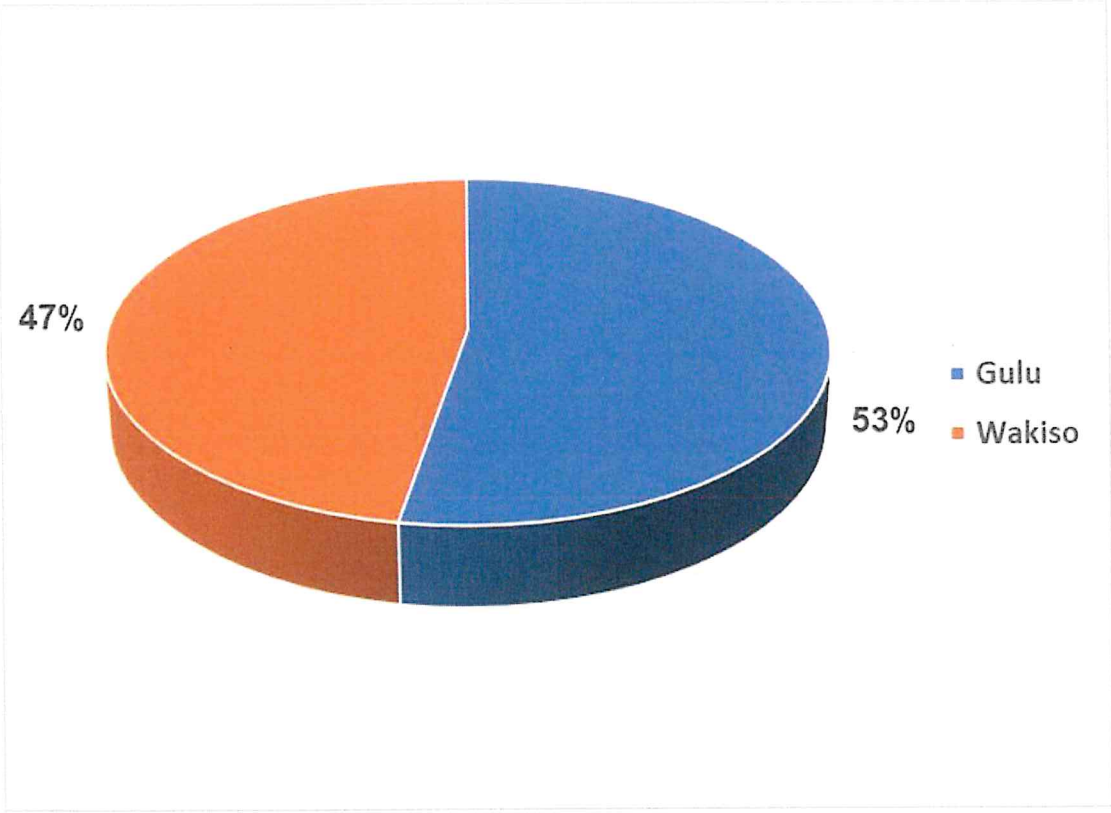
3.1 Introduction

This chapter deals with the results from the baseline study obtained from the survey and qualitative interviews with different stakeholders. The findings presented in this section include the socio-demographic variables of the respondents, mental health situation in schools, experience, awareness and knowledge of mental health issues, mental health disorders and their causes among youth 13-19 in school, solutions to challenges related to mental health by Government and community leaders, availability and accessibility of mental health services in schools and community, communication and feedback mechanisms in schools and community to report about mental health related issues.

3.2 Demographic Variables of survey respondents

Overall, 380 youth respondents 13-19 participated in the youth mental health survey that was conducted in 8 schools from Gulu and Wakiso districts. As presented in Figure 3.1, results show that (53%) respondents were from Gulu district while (47 %) respondents were from Wakiso district.

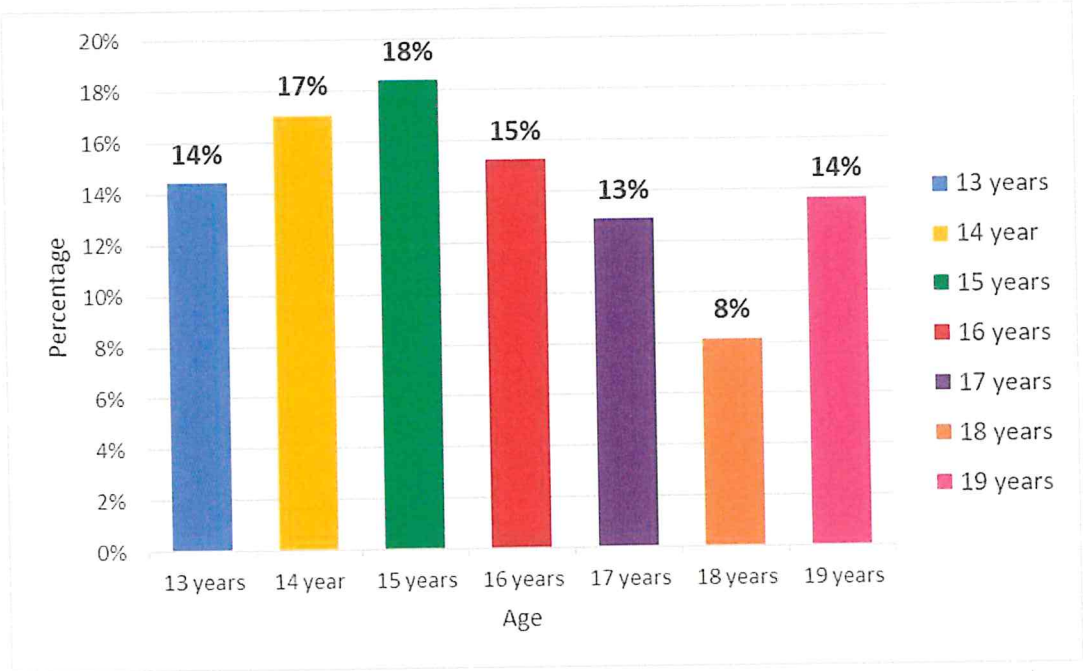
Figure 1 Percentage distribution of respondents by district



3.3 Age composition of respondents

The survey was conducted among youth 13-19 years in 8 schools of Wakiso and Gulu district. Figure 3.2 indicates that majority of the respondents (18%) were aged 15 years followed by 14 years (17%), 16 years (15%), 13 and 19 years (14%), 17 years (13%) and 18 years (8%). This demographic structure indicates a youth population that is energetic and available to lead the project as main participants in mental health awareness creation activities in schools.

Figure 2 Percentage distribution of Age of respondents



3.4 Sex composition of respondents

Figure 3.3 presents the sex composition of respondents in two districts of Wakiso and Gulu. According to the results, (51%) respondents were males while (49%) respondents were female. Table 3.1 shows a distribution of respondent's age by sex and results in the table indicates that sex was equally distributed in all age categories however majority respondents aged 19 years were male respondents (12%).

Figure 3 Percentage distribution of respondent's sex

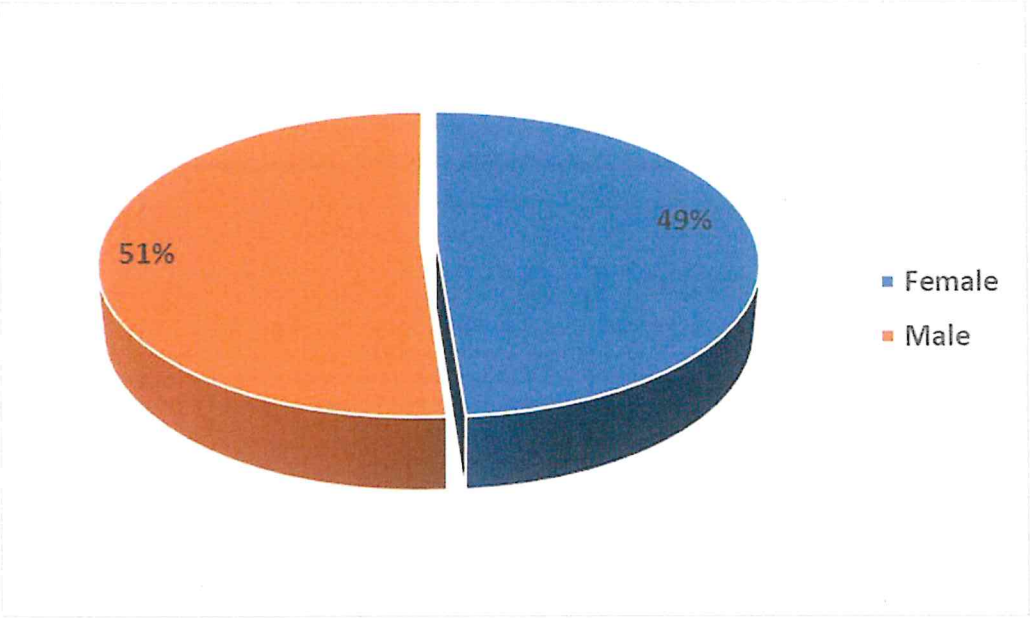


Table 2 Percentage distribution of Survey respondents according to Age characteristics by Sex

Age of Respondent	Female	Male	Total (Both sexes)
13 years	8%	6%	14%
14 years	11%	6%	17%
15 years	11%	8%	18%
16 years	8%	7%	15%
17 years	5%	8%	13%
18 years	4%	4%	8%
19 years	2%	12%	14%
Grand Total	**49%**	**51%**	**100%**

3.5 District by Gender distribution

Results in Figure 3.4 indicates that out of overall 53 percent respondent rate in Gulu district, (32%) were males while (21%) were female respondent. Whereas majority respondents (32%) in Gulu district were males, the results show that in Wakiso district, female respondents were the majority respondents (28%) followed by their males counterparts (19%). This gender variation can be explained by the fact that one of the schools in Gulu district (Layibi College) is a single male sex school and could have affected the gender distribution as observed from the results.

Figure 5 Percentage distribution of Gender by district

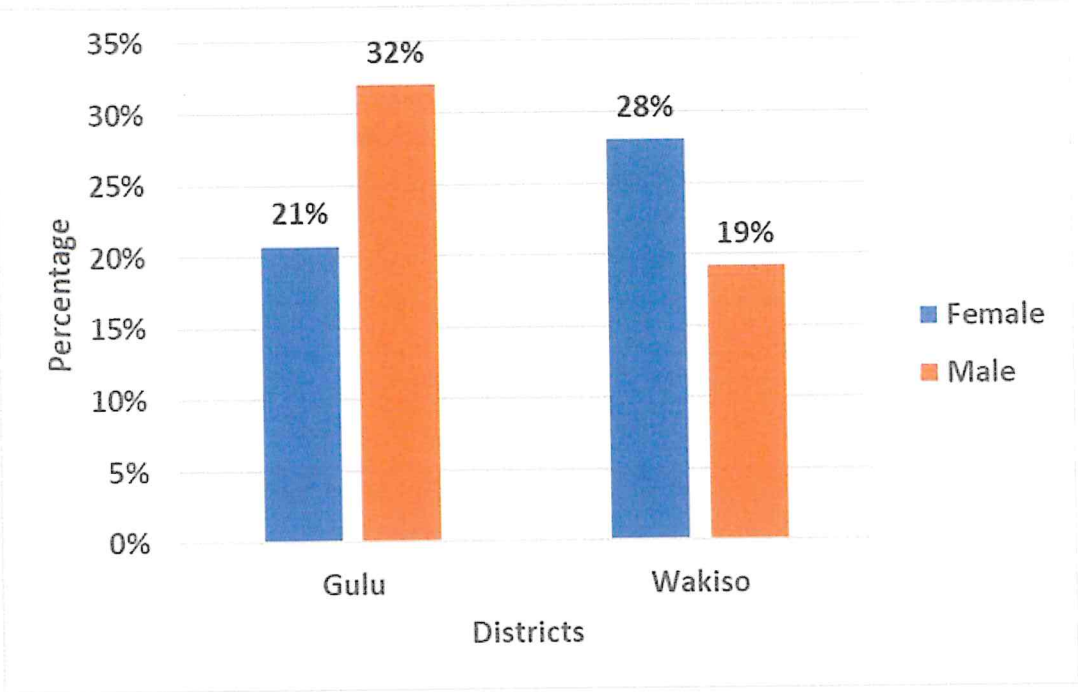
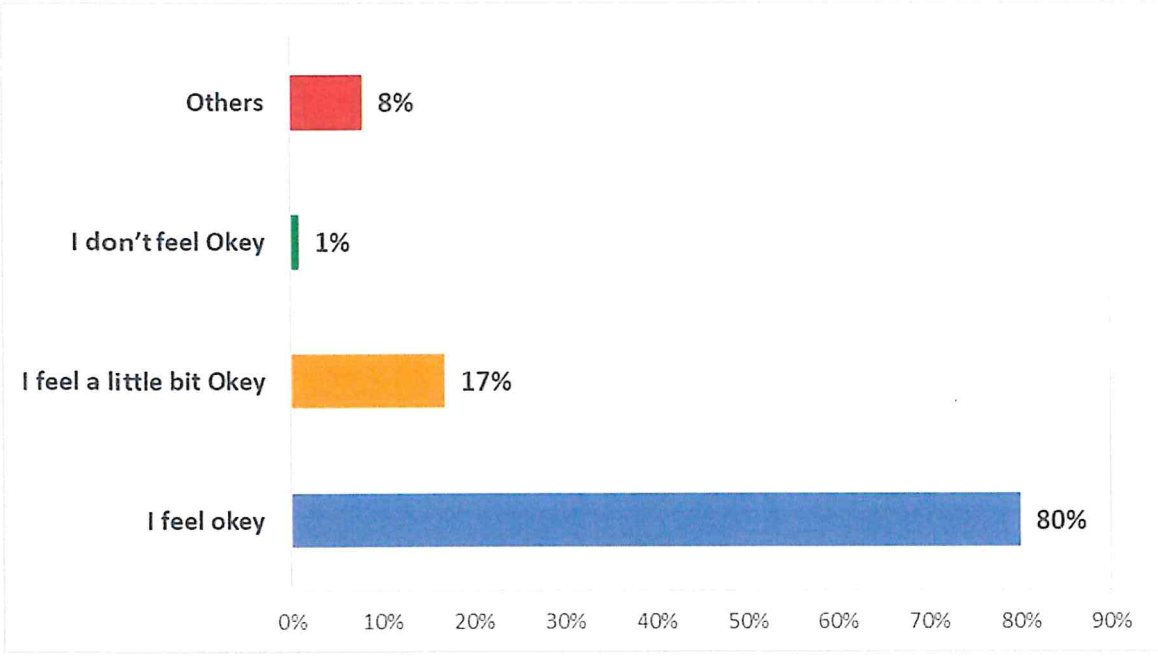


Figure 4 Figure 5 Percentage distribution of Gender by District

3.6 Students feelings at and attitude while at school.

During the youth mental health survey, students were asked about their feelings and about their school and how they feel while at school. Results in Figure 3.5 indicate that majority students (80%) mentioned they feel very okey while at school, (17%) feel a little bit okey and about (1%) of the respondents don't like their school. Lack of clean and safe water for use such as for bathing at school was given as one of the reasons why students don't like their school. For those who fell in the others category, poor performance of their school in academics came out strongly in addition to poor attitude of teachers towards learners.

Figure 5 Students feelings at school

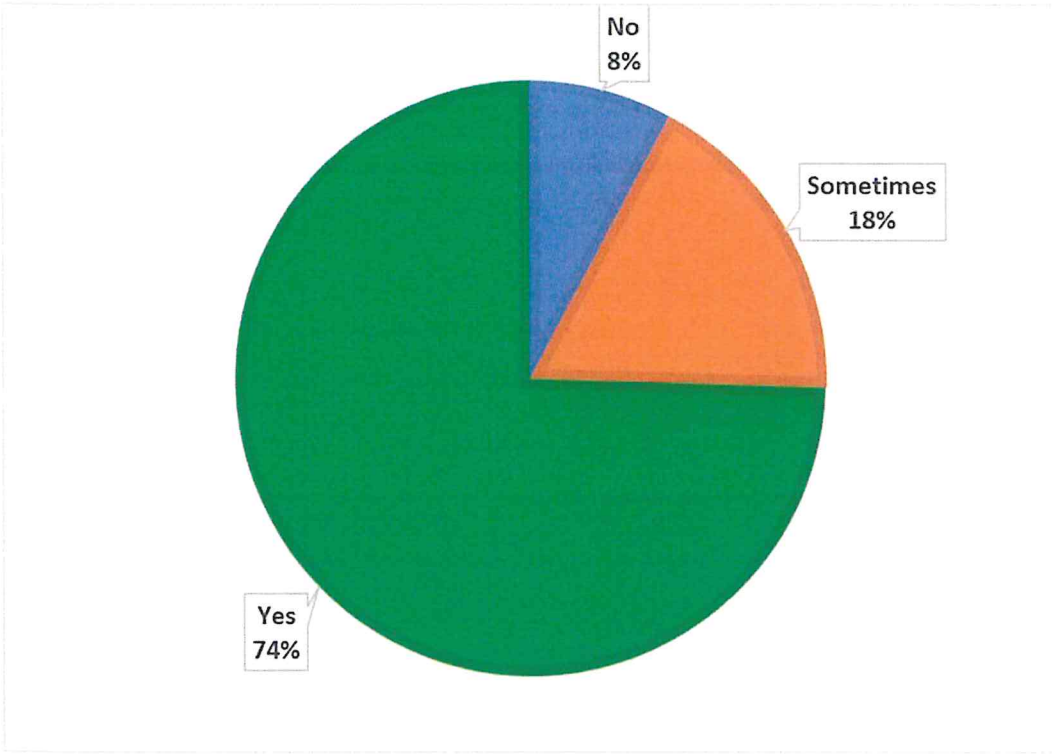


Majority Key informants during the interviews mentioned that a good school learning environments influences students experience and positive emotions, such as happiness, excitement unlike negative emotions, such as stress, sadness, unhappiness, boredom, anger and fatigue that likely to lead to mental health related challenges.

3.7 Students Related Behaviour, socializing with others while at school.

A survey asked students to respond to a question whether they feel close or free to associate themselves with fellow students at school. This was intended to understand students' behaviour at school and to know whether they interact with the rest of the students while at school since research has found out that social isolation negatively impacts one's mental health. Results in Figure 3.6 indicate that (74) feel free to interact and associate with other fellow students, (18%) sometimes do associate with the rest while (8%) do not associate with others. Bullying, bad practices such as smoking, drug abuse, sexual harassment was mentioned frequently as deterrents to freely associate with peers for fear of any consequences.

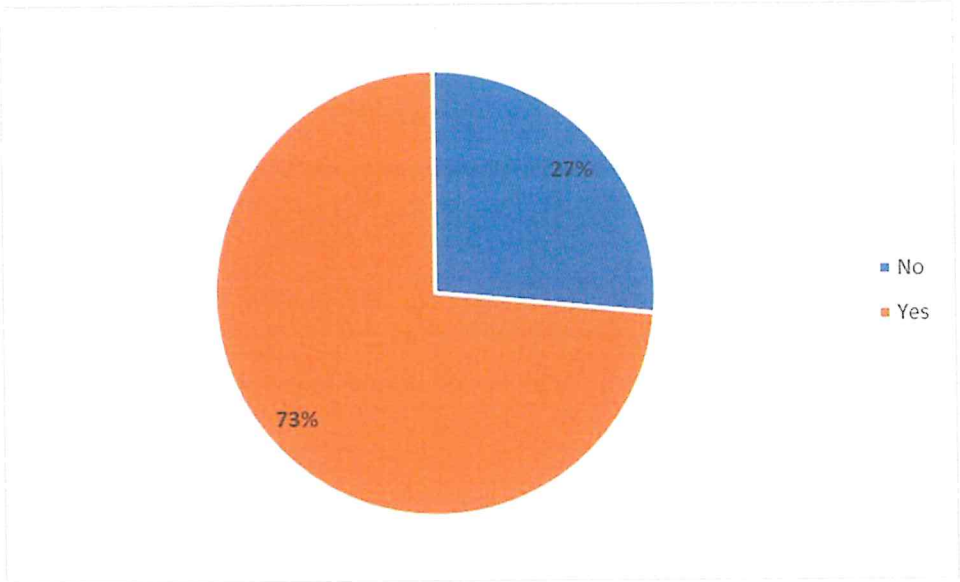
Figure 6 Students Social lifestyle



3.8 Student participation is school Clubs and associations.

Not only do students learn from teachers and their parents, but they also learn from their peers and the survey went further to ask students if they belong to any of the existing schools' clubs such as debating club, quizzes, and others for improvement of their learning. Figure 3.7 shows that (73%) student respondents were members of different clubs in school while (27%) students did not belong to any clubs at school. Majority of those who did not belong to schools' clubs mentioned that it is hard for them to balance academic responsibilities with other school clubs since books are always demanding so much. "*There is time created for sports, games and MDD to engage interactions among students and every student must be engaged in any co-circular activities. Counselling and guidance time is always there, and the school also engages students to have freedom of speech to express their feelings.*" ***(KII-Teacher respondent)***

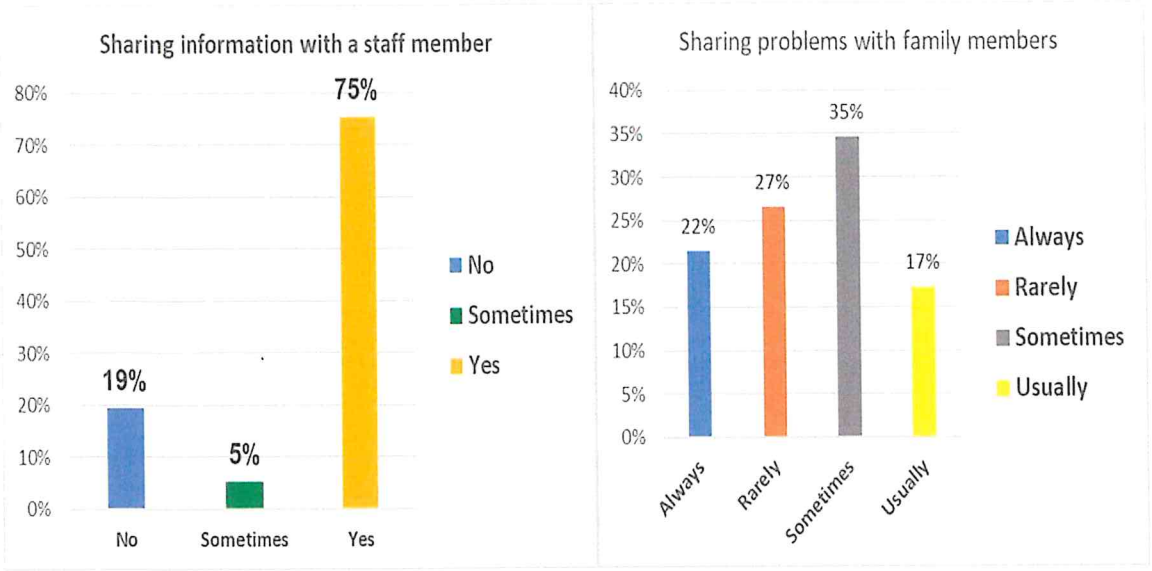
Figure 7 Students participation in school clubs and associations



3.9 Students Information Sharing

Students were asked to respond to the mental health survey question to whether they feel comfortable sharing information about issues affecting them with a staff member such as a teacher at school. Figure 3.8 indicate that majority student (75%) students are willing to share their problems with staff member while at schools, (19%) student respondents are not comfortable sharing their information with teachers while (5%) sometimes do share information about their problems with teachers at school. Other the other hand, (17%) students usually share their problems with family members while at home while (27%) students rarely share their problems with a family member at home. About (22%) student respondents mentioned they always share their problems with family members while (35%) sometime do share with relatives at home as indicated in figure 9.

Figure 8 Problem sharing among students while at school and at home.

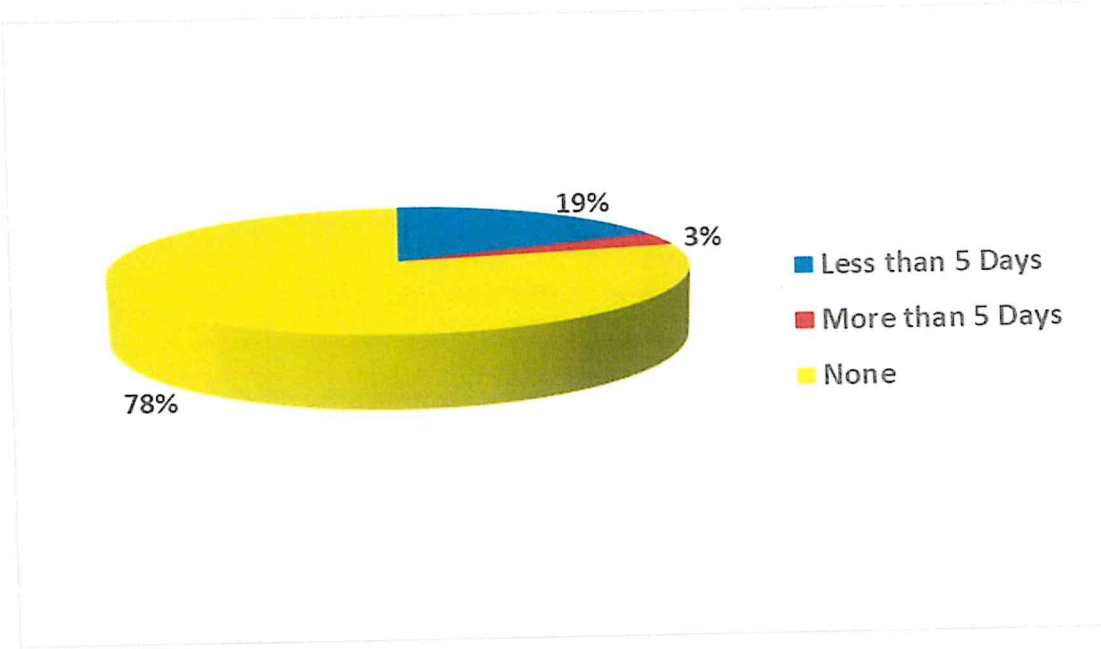


During Student's Focus Group Discussions, several students mentioned that they are not comfortable sharing their information because of lack of trust in teachers by the students and some students do not disclose freely to their fellow students because of fear of stigma and discrimination. Some students mentioned that their parents are working from very far therefore it is difficult for them to share with them their problems and they don't feel comfortable sharing their problems with other relatives or caregivers who are not their biological parents.

3.10 Student School attendance

The baseline survey wanted to explore whether students attended classes regularly since school dropouts are more likely to experience mental health related challenges like depression. Figure 3.9 shows that in the past two weeks from the time of the survey, majority (78%) respondents attended classes regularly, (19%) respondents have missed at least less than 5 days coming to school while (3%) missed coming to school for more than 5 days in last two weeks.

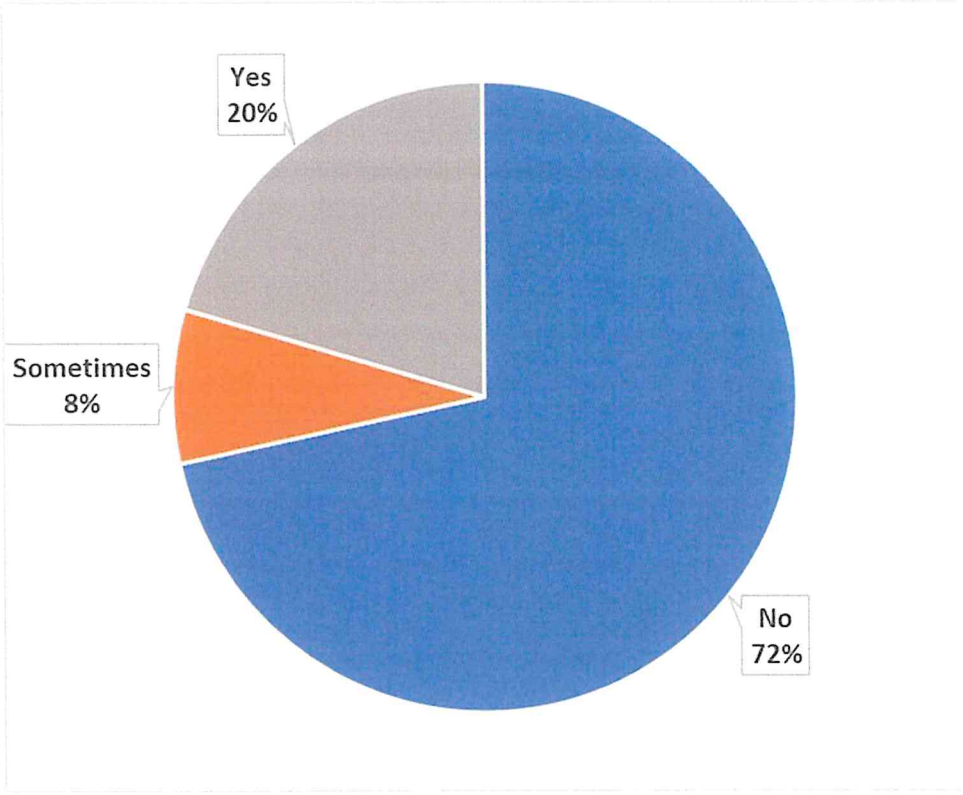
Figure 9 Student's Absenteeism rate



3.11 Average sleeping time for students

Research has shown that sleep is very important and good for the mental health and well-being of a person. The survey wanted to find out how much time students sleep while at school and majority (29%) as indicated in figure 4.0 sleep for about 7 hours. About (22%) student respondents sleep for 8 hours which is the recommended sleeping time for a normal human being. Whereas over (9%) students sleep for more than 8 hours, about (7%) sleep for less than 4 hours and this is due to a lot of academic pressure especially students in candidate classes.

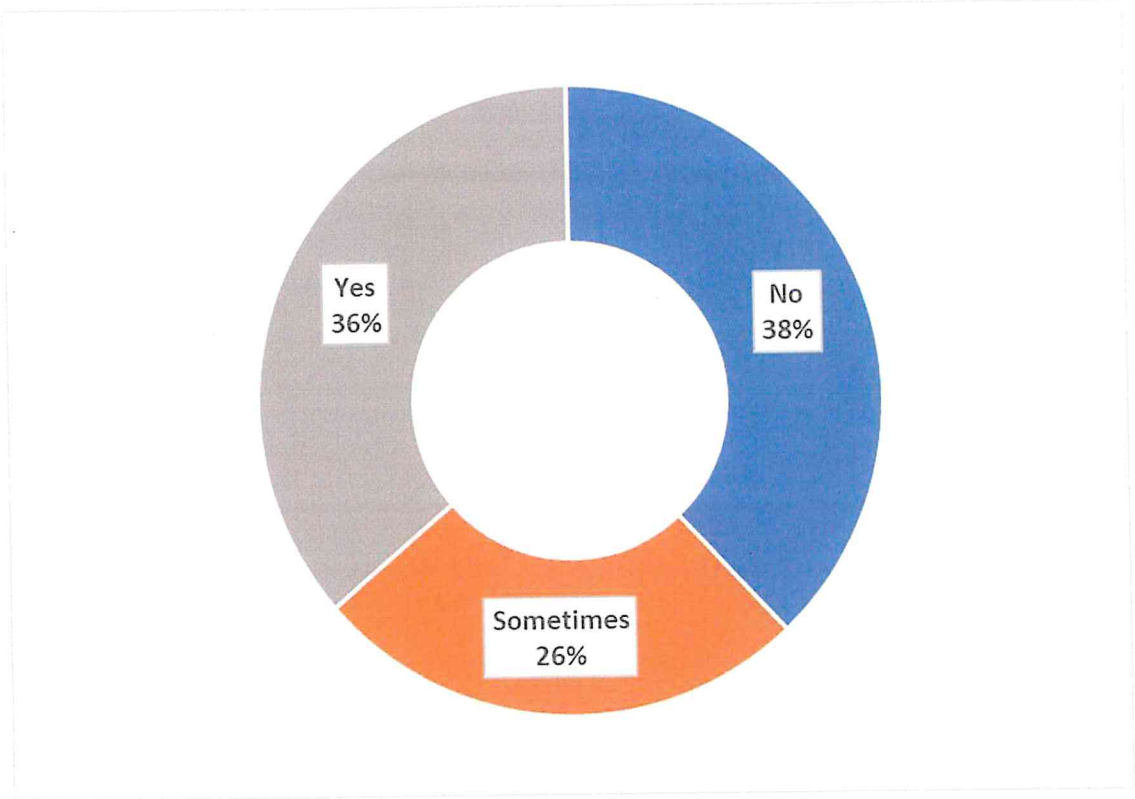
Figure 11 Thoughts of ending one's life.



3.13 Prolonged Sadness among students (Depression)

The Survey asked students if they sometimes experienced prolonged sadness that may put them at risk of getting depression. Figure 4.2 shows that (36%) of student respondents have experienced prolonged sadness and students mentioned many contributing factors such as negative jokes from fellow, students being mean to them among others. About (26%) of student respondents mentioned they sometimes feel sad but eventually cope up.

Figure 12 Feeling of prolonged sadness (depression)

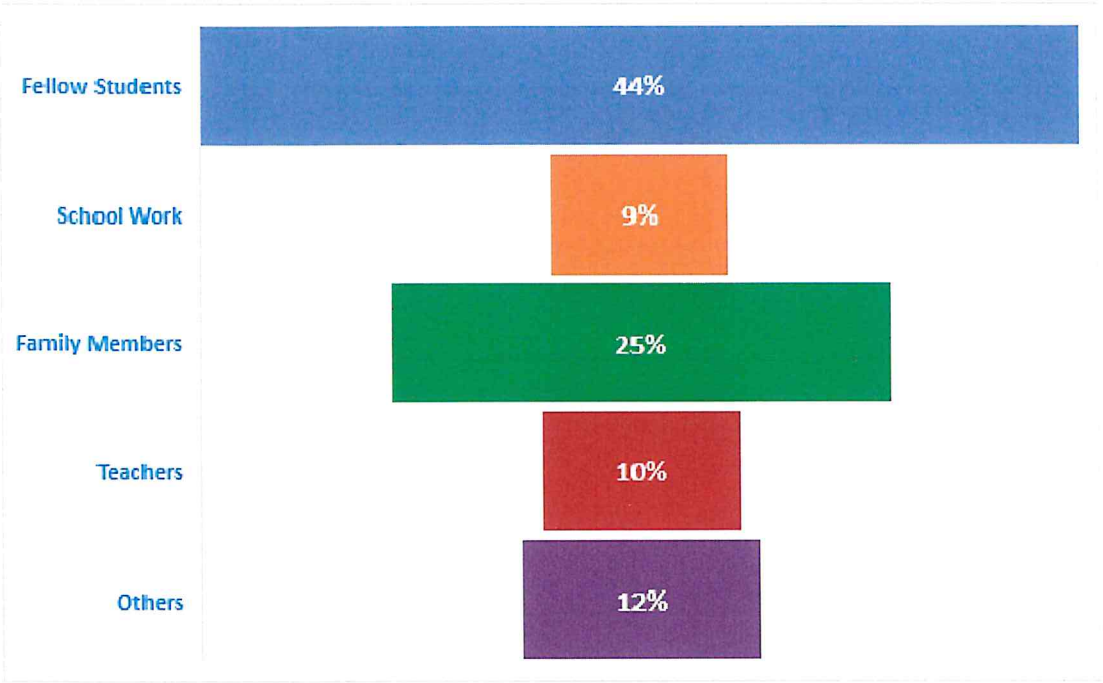


1.14 Causes of sadness among students

While being sad is a normal reaction to some events, constantly feeling this way can negatively affect your life. The survey asked respondents to mention negative events that usually make them feel sad while at school. Figure 4.3 indicate that (44%) student respondents' sadness originates from fellow students. They went further to mention that sometime students are involved in bullying others and fights in the dormitory because of minor issues and there is a habit of stealing each other's property ***"Sometimes students steal my things and that makes me feel sad" (Student respondent)***. About (25%) of student respondents said that family members usually make them feel sad because of how they treat them while at home. Some students mentioned that they stay alone only with their father because their mothers were divorced. ***"I am missing my mum for long and life is not easy" (student respondent).*** During Focus group discussions with students, it was mentioned by majority students that family members especially stepmothers abuse them and mistreat them, some students lack basic needs such as school fees and they end up feeling sad. Results indicator that about (10%) students mentioned that teachers are their source of sadness while at school. This was attributed to corporal punishments without investigations and sometime students are punished

for nothing." Teachers ***sometimes gives punishment that you don't deserved e.g that we were speaking Luo language. he made us move on the marram with our knees and they got hurt some three days ago" (Students FGD participant).*** About (9%) students mentioned schoolwork makes them sad especially when they don't perform as they expected. Majority students mentioned that they feel sad when they are told to wake up so early in the morning for schoolwork while others mentioned school "askari" as one person who doesn't treat them well. Others said they feel sad when they don't have pocket money to buy what they need at school.

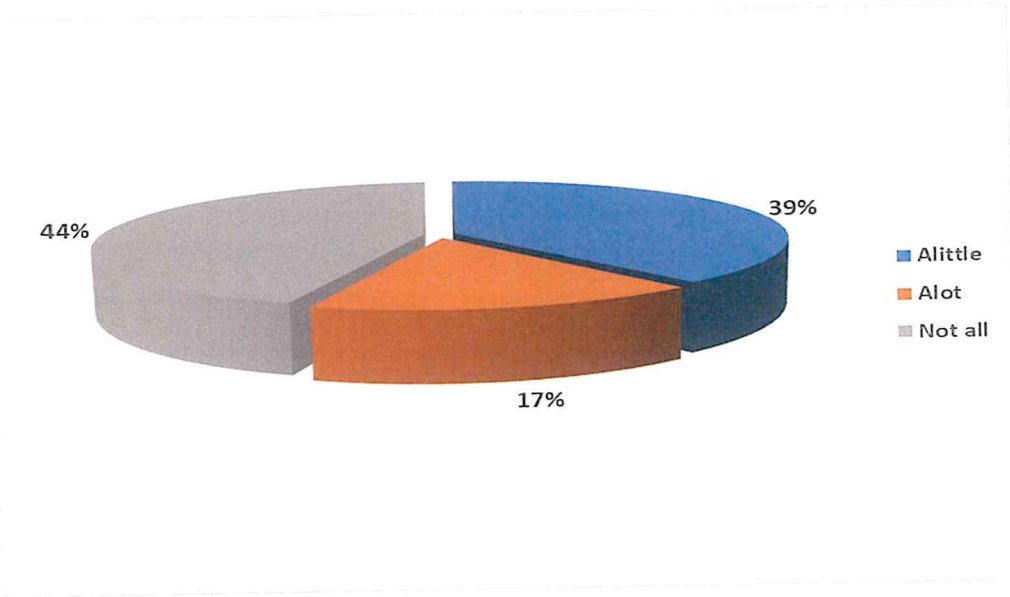
Figure 13 Causes of sadness among



3.15 Effects of sadness on student performance in school

The baseline survey asked students how their feeling of sadness affects their life and studies at school. Figure 4.4 shows that (44%) student respondents mentioned that their feeling of sadness does not affect their studies, (39%) agreed that sometimes their studies are affected when they are in that state of sadness while (17%) mentioned that the state of sadness affects their studies a lot which calls for mental health and psychosocial support avenues that will provide information, tips and exercises to cope with the stress and distress as a result of sadness among students as observed from the baseline findings

Figure 14 How sadness affects students' performance in school.



3.16 Most common mental health challenges affecting youth 13-19 in schools.

In order to have a deeper understanding of the mental health context among the youth 13-19, the baseline study went ahead and conducted qualitative interviews including Focus Group Discussions (FGDs) with students and Key informant interviews with key stakeholders (Government officials, implementing partners, Health facility In-Charge, Community Leaders and schoolteachers/administrators) to explore the mental health problems affecting the youth 13-19 in schools. Youth were asked to mention the most common mental health problems or challenges affecting young people 13-19 in school and majority student participants mentioned that the most mental health challenges affecting them included stress, anxiety, depressions, hysteria, and Low self-esteem. Key Informants had the same opinion and majority stakeholders including teachers expressed that youth 13-19 in school are mostly faced with psychotic diseases which are deviations from the normal including stress, anxiety, and depression however they are usually minor mental health conditions that can be treated.

"For youth they usually suffer from psychotic illnesses such as stress, depression, anxiety, hysteria and those are minor illnesses" (KII-District Health Officer)

"We have injectable drugs in schools nowadays, they cause issues of anxiety, stress disorders, depression ADHD (Attention, deficit hyperactivity disorders i.e feeling of restlessness and acting on impulse) (KII-City Health Officer).

Qualitative findings were consistent with quantitative findings on mental health challenges affecting students 13-19 in school. It should be noted that results from the survey indicated that about 36 percent of students experience prolonged levels of sadness which is a sign and symptom of stress disorders that leads to depression.

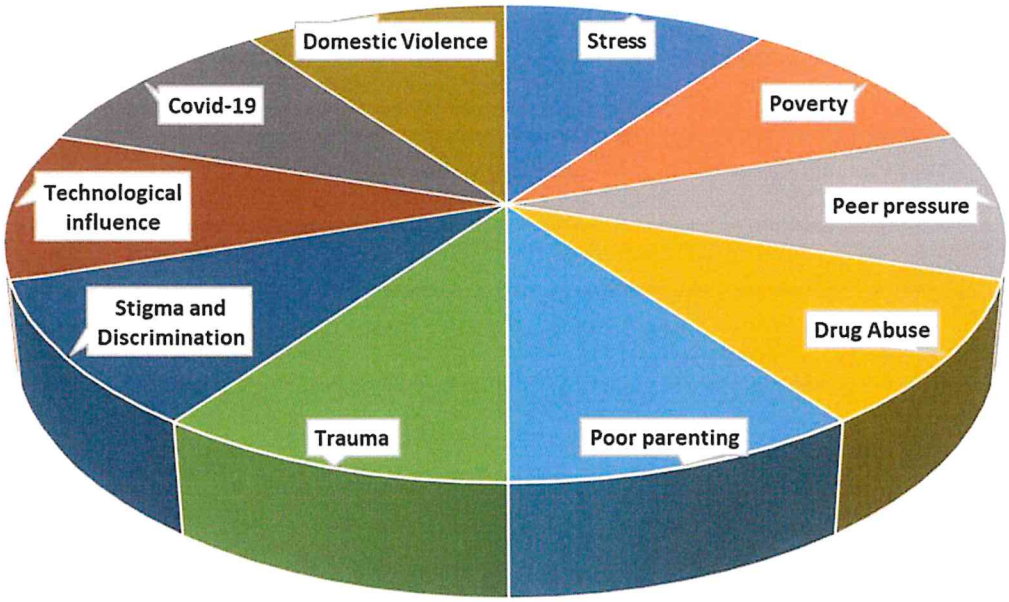
Enumerators conducting FGD with student participants in Wakiso district.

3.17 Most common causes of mental health conditions/disorders among students 13-19 in school.

According to WHO, mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and other mental states associated with significant distress, impairment in functioning, or risk of self-harm. Mental health conditions are caused by many risk factors that are associated with socio-economic, biological, psychological, and environmental factors and Studies have shown that young people are disproportionately affected by mental health disorders. To assess the common causes of mental health conditions among youth 13-19, students and Key informant respondents were asked to provide feedback on what they thought could be the most common causes of mental health conditions among students 13-19 and young people. During student discussions (FGDs), majority students mentioned that most mental health issues affecting the youth students 13-19

are mainly stress, peer pressure from fellow students, drug abuse, Poverty, bad emotions from relatives at home, stigma and discrimination, violence from teachers, influence of technology and effects of Covid -19.

Figure 15 Most causes of mental health conditions among students 13-19



In both scenarios, students, and key informants both highlighted similar causes of mental health challenges. As observed from the survey, 44 percent students related their stress and sadness to fellow students, while others said their stress originated from teachers, school related work and family members at home among others. Majority key informant respondents associated causes of mental health conditions among the youth 13-19 to risk factors such as poverty since youth can hardly afford to meet their needs. "*Poverty is number one, the economy has changed and there is a lot of price fluctuation, and the youth cannot afford the things they want. Some young girls spend a lot of their time with sugar daddies in the end they end up joining bad peer groups and start chewing marijuana, taking alcohol which eventually exposes them to mental health conditions" (KII-Community leaders).* Poverty is overwhelming and a number of people are poor especially the youth urban poor. *"You know within the city everything needs finance*

and if you don't have money, you may not really survive in the city. So poverty is affecting a number of them and they tend to have mental problems" (KII respondent)

The issue of drug abuse among the students 13-19 came out strongly during Students FGDs and among key informant interviews. Many students mentioned that they are aware of their fellow students who smoke marijuana, chew Mairangi, drink alcohol and use some substances/drugs that affects their brain and normal behavior at school. Some students mentioned that they are abused at home and that creates negative emotions and affects their mental well-being. Key informants also agreed with the students on Poor parenting. Majority respondents during key informant interviews agreed that majority parents do not care for their children and there is a lot of child neglect in most homes which has a negative effect on a child's behavior due to lack of parental guidance. *"The most important thing parents can do is to take care of their children because a family is the first institution. if the child is misbehaving as a parent you must not abandon that child but give them parental love because others go to the streets and start to use these drugs and in the end they get mental health problems because of lack of love from the parents" (KII respondent).*

In Gulu district, post-traumatic stress disorders (PTSD) have negatively affected the youth 13-19 mental health. Majority stakeholders in Gulu district expressed concern over the rising cases of youth mental health conditions in the city because of PTSD caused by the prolonged war/insurgency in Northern Uganda by rebels of Lord's Resistance Army (LRA). Majority parents of these youth were war abductees, and many youths were born from the bush while others lost their biological parents in the war. After the war, many youths were left traumatized and most of them who were formerly acholi post war street youth turned into a criminal gang called "**Aguu"** and are now involved in a lot of criminal activity terrorizing the communities. Technological advancement and influence of social media and unregulated content was mentioned as a contributing factor to student's mental health conditions since many youths have access to mobile phones and internet and majority spend their time watching pornographic materials which affects their mood and mental functionality. During the interviews with stakeholder, it was mentioned across the two districts of Gulu and Wakiso that youth mental health conditions were because of the covid-19 pandemic that led to increased domestic violence, as a result most youth do not stay with their biological parents there being affected by the absence of duty of care from their own parents. During discussions with teachers, school administrators and other stakeholders, the issue of stress leading to mental conditions was cutting across affecting both teachers and students. It was mentioned by some teachers that

their colleagues are facing a lot of poverty related stress due to poor pay, heavy workload and exploitation at school. Most of them are over consuming alcohol and come to school when they are drunk which affected their performance and students in general.

Project M&E officer orienting students on project overview

3.18 Availability mental health service to students 13-19 in school

The baseline study explored the availability of mental health services to students 13-19 in school and in the communities of Wakiso and Gulu district. During discussions with key informant respondents, it was confirmed that mental health services are available however not sufficient because of the overwhelming number of mental health problems in the community and other factors related to social economic which act as barriers to accessibility of mental health services. To assess this, Student FGD participants were asked to mention various mental health services available at school and majority mentioned availability of school counsellors who offer guidance and counselling however they went ahead to explain that the type of counselling they received is regarding their academic performance and not related to their mental and social problems. Some students mentioned they have nurses that offer them basic medical support services and treatment of minor illnesses. During interactions with teachers, and school administrators, the study probed to find out activities being implemented by the schools that are targeted to improve the mental state of students. Majority school administrators mentioned

school activities such as clubs like debating clubs, music, Dance and Drama, games and sports. *"At our school for example what we have done here at St Mbagga SSS, we engage them in Games and Sports. We take them in the pitch and when they get involved in Games and sports you find that some of them get relieved from such kind of stress. Tomorrow we are having a religious retreat where they are going to be counselled spiritually. (Head Teacher Wakiso District).* Teachers and Heads of schools were asked about the recently introduced Uganda's Ministry of Education and Sports (MoES) circular instructing all academic institutions to secure one hour out of their academic programs to implement student activities that can improve their mental health in schools. Majority of schools are aware of that circular however it is not yet being fully implemented in schools in Gulu and Wakiso district according to the feedback from key informant interviews.

Enumerator talking to a pupil respondent during student's survey.

3.19 Mental health Services available within the community targeting youth 13-19

Baseline study Key informant respondents were asked to mention the mental health services available in their community targeting young people with mental health conditions. Some key stakeholders mentioned availability of mental health services in their communities however to a smaller extent. A case in point was mentioned that counselors are always available in hospitals to provide counselling to those that are challenged with mental health illness. They also agreed

that Police has officers in charge of Gender based violence issues who also handle mental health challenges in the community.

In Gulu city, majority respondents highlighted the following mental health services available at community level.

Gulu district mental health services targeting youth 13-19

- Gulu Regional Referral Hospital and through the referral system the youth access a psychiatrist.
- Cultural institution offering rehabilitation services and Psychosocial support services.
- Existence of Implementing partners such as Strong Minds Uganda, TPO, Thrive, Favor of God, Mental health Uganda that offer mental health awareness and counselling services.
- Existing Village Health Teams (VHTs) that manage referrals of mental health affected persons whom they lead to the regional referral hospital.

Wakiso district mental health services targeting youth 13-19

- In Wakiso district, key informant respondents expressed knowledge of available service providers such as the existence of Entebbe Grade B Referral Hospital with a medical doctor -Psychiatrist.
- Implementing Partners, Mental health Uganda offers awareness and psychosocial support to students through talk therapy and teletherapy.
- Existing Village Health Teams (VHTs) that manage referral of mental health affected persons to be referred to Entebbe Grade B hospital.
- Teenage and rehabilitation centers
- Youth friendly services at hospital level
- Youth mental health counselling psychological evaluation at hospital level
- Treatment of mental health disorder health at facility level
- Youth corners to manage stress.
- Treatment of depression

3.20 Barriers affecting youth 13-19 in accessing mental health services.

The study posed a question to students and stakeholders about the barriers affecting youth 13-19 in accessing mental health services. Majority students during FGDs said they lack information and guidance on where to get mental health awareness services. A number of students mentioned they suffer stigma and discrimination from fellow students therefore they feel shy to disclose their mental health conditions at school for fear of being laughed at and because of that most students lack self-esteem which affects their level of disclosure. Others mentioned their parents are poor and cannot afford to take them to the hospital to get treatment. Results from key informant discussions with stakeholders agreed with the student views regarding lack of knowledge and awareness of mental health services among the youth. *"Barriers are quite many and the first one there could be a lack of knowledge, the youth could be not knowing what to do and where to seek for more information so that of lack of knowledge is a big problem" (KII-Respondent)*

Poverty also came out strongly during qualitative finding. Majority respondents mentioned that most of these youth are not working so they don't have funds or facilitations to do what they want and many of their parents are poor to afford transport to medical facilities. Social related factors such as stigma and discrimination due to ignorance among members in the community coupled with misconceptions about mental health conditions was also among the strong factors that were mentioned by stakeholders affecting accessibility to mental health services among youth 13-19 years.

"The challenge faced by the mentally ill patients is that the community thinks that when a person is mentally ill then they are a wastage and written off. So, they don't help them access treatment that is why you see them walking throughout the roads and they don't know where they sleep. So, neglect of the mentally ill persons is the biggest problem in the community" ***(KII-respondent)***

The other strong barrier affecting accessibility to mental health services is misconceptions about mental health conditions affecting the youth. *"Many families think that a person with a mental illness is bewitched, and they tend not to seek for healthcare, and they tend to seek for witchcraft and all those things worsen their conditions instead of them seeking medical care* ***(KII-respondent)***

Stakeholders also raised the issue of lack of transport among youth affected by mental health conditions to access medical care given the long distance to health facility since most mental

health medical services are provided at hospital and referral level "*Sometimes when someone is referred you find that they lack transportation, you find these poor maama or guardians cannot afford a boda boda because of the poor economy and Gulu city is now big about 15 kilometers from here and to transport such a person to the psychiatrist needs transportation and the government is not providing that*" ***(CDO-respondent)***

Overwhelming numbers of mental health affected youth and Lack of mental health medical care centers was also mentioned as a major barrier to accessibility of mental health services. It was found out that 9/10 health centers in Acholi region only Gulu regional referral hospital provides mental health services with a psychiatrist. Therefore, limited mental health services and lack of enough staff in health facilities and general hospitals is a big barrier affecting youth 13-19.

3.21 Mental health Safeguarding system in schools (Policies)

According to the World Health Organization (WHO), school-based social and emotional learning programs are among the most effective strategies for promoting and protecting mental health and social well -being. Students were asked to mention the various activities and policies implemented in schools intended to improve their mental health. Majority agreed that they are involved in games and sports, music dance and drama and other social interact clubs at school such as debating clubs. Both teachers and students agreed that they have school rules and regulations that safeguard students from getting involved in bad practices at school. The study also probed to find out the communication mechanisms in place for students to provide feedback and majority students said they give feedback through the assembly, use suggestion box, talk to teachers in case they have a problem while others talk to prefects. However, it should be noted from the survey that about (19%) students are not comfortable sharing their issues with staff members which possess a high risk of non-disclosure which may affect their mental health state.

3.22 Solutions to address mental health challenges among youth 13-19

This baseline assessment asked key informant respondents including Implementing partners and stakeholders, Parents and Government officials to respond to the question regarding possible solutions/measures that can help to address factors affecting youth mental health.

Role of parents in promoting mental health of youth 13-19

Role of Government in promoting mental health among the youth 13-19

The study asked key informants to share their opinion on the role of government in promoting mental health of youth 13-19. Most respondents expressed disappointment in government due to overwhelming number of youths affected with mental health challenges in the communities and they think government needs to prioritize issues of mental health and increase on the mental health budget for local government, strengthen community leadership structures through training of VHTs to offer mental health care package. *"VHT's should not only be drug distributors but should be given some training package on mental health (CHO-Gulu City)"*

Majority respondents mentioned that the government needs to strengthen the health sector and increase on the mental health services in hospitals and the lower health facilities, increase on the staffing positions in health facilities, streamline the health referral system, establish rehabilitation centers, and create sensitization and awareness through local media. *" I see in the past mental health has not been prioritized but this time there is need to put it as a priority may be as local government we need to increase on the mental health budget and we need to work together to ensure that we sensitize the people and get people to know the dangers of mental health problems, so we need to create a lot of awareness to the people so that we address the issue of mental health problems"* ***(KII-District Probation Officer)***

3.23 Understanding Mental Health Referral Pathway

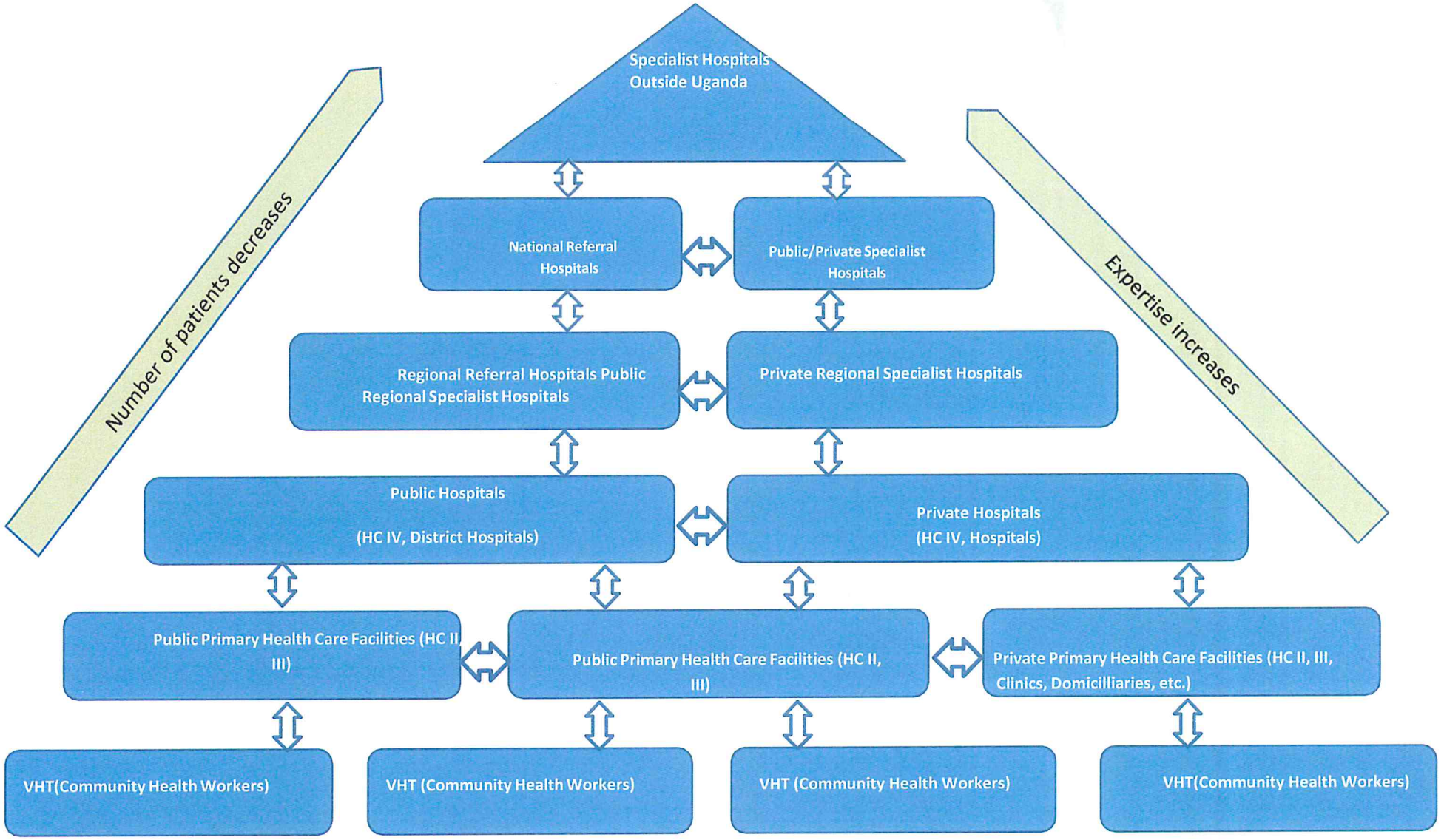
The baseline study conducted a desk review on existing reports and health guidelines from Uganda Ministry of health and reports from other mental health implementing partners in order to understand the mental health referral pathway and patient referral system available to guide referrals of people affected by mental health conditions. A patient or client referral is defined by the World Health Organization (WHO) as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of the client's case. A successful referral is

therefore one in which the client or patient received the service for which they were referred, and the services received are confirmed through a referral feedback loop system. Results indicated that reasons for referrals at any level of the health system are usually due to the following reasons:

1. To enable the patient access relevant and appropriate health care
2. To facilitate the co-management of patients among clinicians

The study asked key informants about their knowledge of the existing health referral system that can assist to provide referral support to mentally affected persons in their community. Majority respondents expressed knowledge of the referral system however they mentioned that the referral network is complex rather than linear and patients are sometimes referred across different levels of service delivery and between public and private facilities. Referral can be vertical as in the hierarchical arrangement of the health services from the lower end of the health tier system to the higher ones. It can also be horizontal between similar levels of facilities in the interest of patients for cost, location, and other reasons. Referrals can also be diagonal when a lower-level health facility directly refers patients to a tertiary facility without necessarily passing through the hierarchical system. The study also established that mentally ill people sometimes do not follow the linear health referral system because of their health conditions sometimes which determines their behaviour. *"There is a referral system depending on where the patient is. If the patient is at home and in the community and he had become violent, that patient can be brought through police not arrested but the police can come and help to handcuff the patient and cool him down and then they bring that patient to the hospital. With health facilities we have different levels, namely HCII, HCIII, HCIV and Hospitals level, depending on the level where they have brought the patient, the health center II's definitely because of human resource capacity they cannot handle major illnesses because they are two types of illness minor and major. If the mental illness is minor, it can be handled even at home for example mild depression and stress"**(KII-DHO)***

Uganda National Health Referral Chain



NB: Private facilities include both private not-for-profit and private-for-profit (private health practitioners

(National Referral Guidelines (MOH)

3.24 Mental health prevalence in Gulu and Wakiso district

The baseline conducted a desk review of the district health information system (DHIS2) for Wakiso and Gulu districts in order to establish the mental health prevalence. The baseline looked at mental health cases managed from July 2020- June 2023 in both districts and results during that period relayed in Table 3 indicate that there were increased mental health cases registered. The baseline study reviewed secondary data for mental health cases extracted from the District Health Information System (DHIS2) for Wakiso and Gulu. July 2020-June 2023 to explore the prevalence of mental health conditions and levels of vulnerability. From the same table, anxiety disorders managed in Gulu district 2020-2023 were 1,041 compared to 6,387 in Wakiso district. Cases managed due to Post- Traumatic Stress Disorders (PTSD) in Gulu district were 755 while Wakiso district registered 1,315 (July,2020-June,2023). However, based on the district demographic total population at risk, the prevalence of mental health conditions related to anxiety and Post Traumatic stress disorders remains high in Gulu district and this could be attributed to the post war effects.

Table 1 Mental health prevalence in Gulu (DHIS2, 2020-2023)

Mental Health disorder	Jul 2020 to Jun 2021	Jul 2021 to Jun 2022	Jul 2022 to Jun 2023	Total Conditions
Anxiety Disorders	421	381	239	1041
Anxiety Disorder due to gender-based violence	97	75	45	217
Unipolar Depressive Disorder	172	188	631	991
Bipolar disorder	112	320	696	1128
Schizophrenia	52	77	224	353
Post -Traumatic Stress Disorder	235	254	266	755
Epilepsy	1280	1521	1391	4192
HIV related psychosis	44	98	112	254
Alzheimer's disease	5	0	4	9
HIV related dementia	0	5	12	17
Alcohol related Dementia	8	10	17	35
Dementia due to stroke (Diabetes, Hypertension)	131	6	4	141
Other form of Dementia	17	17	43	77
Other Adult Mental Health Conditions	302	280	156	738
Internet addiction	10	7	36	53
Alcohol Use Disorder	60	164	226	450
Substance (Drug) use Disorder	43	72	71	186
Delirium	6	6	12	24
Intellectual disability	0	7	1	8
Autism spectrum disorders	3	0	4	7

Table 2 Mental health prevalence in Wakiso district (DHIS2, 2020-2023)

Type of Mental health disorder	Jul 2020 to Jun 2021	Jul 2021 to Jun 2022	Jul 2022 to Jun 2023	Total Conditions
Anxiety Disorders	2058	2002	2327	6387
Anxiety Disorder due to gender-based violence	294	295	318	907
Unipolar Depressive Disorder	516	730	3555	4801
Bipolar disorder	1290	1540	1656	4486
Schizophrenia	865	874	755	2494
Post -traumatic stress disorder	338	417	560	1315
Epilepsy	7129	6813	6037	19979
HIV related psychosis	482	451	525	1458
Alzheimer's disease	39	36	56	131
Anxiety Disorders	50	60	101	211
Unipolar Depressive Disorder	16	6	17	39
Bipolar disorder	48	27	40	115
Schizophrenia	10	7	61	78
Post-Traumatic Stress Disorder	8	8	0	16
Epilepsy	28	36	26	90
HIV related psychosis	17	12	11	40
Alzheimer-s disease	1	1	0	2
HIV related dementia	1	2	1	4

CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusion

- The baseline analysis reveals that there is a serious mental health challenge affecting youth aged 13-19 in schools that requires urgent attention. Mental health conditions affecting students and youth 13-19 are mostly linked to risk factors associated with socio-economic, biological, and psychological factors which have rendered youth more susceptible to increased mental health challenges such as stress, depression, anxiety and emotional related conditions.
- The effects of the LRA insurgency in northern Uganda caused Post traumatic stress disorders among the youth in Gulu City and has increased mental health prevalence in the area.
- There is limited Mental health awareness and knowledge about mental health services in schools and the community. The community still holds misconceptions about mental health challenges and there is a lot of stigma and discrimination against persons affected with mental health challenges.
- There is limited access and availably of mental health services in schools and in the community and mental health referral system is not effective due lack of knowledge where mental health services are provided in addition to poverty related challenges.

4.2 Recommendation

- There is need to reach out to Schools with mental health awareness and sensitization interventions targeting students 13-19 information related to mental health improvement, Psychosocial education, and counselling services in order to raise to increase awareness about mental health and be able to tackle mental health challenges affecting the youth.
- The government and stakeholders need to priotitize the need to address mental health issues in the community through capacity strengthening of the community social support systems and structures like the VHTs, Child protection Committees to be able to offer mental health psychosocial support services and referral for mentally affected persons this also create sustainability since these structures are there to stay.
- The government needs to strengthen the health system by increasing more staffing in health facilities and hospitals to be able to provide mental health services at all levels.

- and increase funding to local governments to be able to manage mental health related challenges in their area.
- Schools need to put in place policies and activities that improve the mental health and well- being of students and teachers such as the most recently introduced Ministry of health circular instructing schools to create one hour every week to engage students in mental health awareness and sensitization activities.
- The government needs to undertake a national wide study on the prevalence of mental illness among different categories of Ugandans to generate concrete statistics on the state of mental health of different groups of people in Uganda so as to prevent mental health conditions and adverse effects.

APPENDICES:

Link to the Survey Tool:

https://forms.office.com/pages/designpagev2.aspx?lang=en-US&origin=OfficeDotCom&route=Start&subpage=design&id=TuNZ1IESlEqgsDFgaWqB7U4uQpLiCOlNjPtwjVb6dMBURUNXNk5SR0FLWFAxNEw3U1VORDlIUFlYUy4u

Youth Mental Health Project-Focus Group Discussion Guide(FGD – Students 13-19 years).

A. Understanding of Mental Health/awareness

1. What is your understanding of mental health? (Define *mental health to the students after they have given their definition: Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community* -WHO)
2. What is a mental health problem/disorder? OR What do you understand by mental health disorders /problems/challenges or illness (*Explain to the respond the difference between mental health and mental health disorders/challenges*)?
3. Recently, Uganda's Ministry of Education and Sports (MoES) circulated guidelines instructing all academic institutions including your school to put in place activities that can improve student's mental health. Do you have such activities at your school? (Probe for mental health related activities in school and whether students are engaged in those activities)

B. Mental health Challenges and Solutions

4. Tell me about the five most common Mental health challenges/problems affecting students (13-19) in your school *(Probe for drug abuse, smoking, use of alcohol)*
5. In your opinion, what do you think are the five most common causes of mental health challenges you have mentioned above among students' (13-19)? *(Probe for peer pressure and social media)*

C. Role of Teachers and Parents in mental health

6. In your opinion, what should teachers/school do to improve mental health of students at school? (*Probe for existence of school rules and regulations and whether students are aware of these rules. Request students to mention some of the rules and regulations in place?*
7. In your opinion, what do you think our parents should do to improve or promote a positive mental health state of their children? *(Probe for proper parenting skills and role of parents in safeguarding children)*

D. Availability and Accessibility of Mental health services

8. What mental health related services are you aware of in your community?
9. What are the most known barriers or challenges that prohibit young people 13-19 from accessing or getting these mental health services?

A. Communication and Feedback

10. What feedback mechanisms exist in your school to assist student communicate their challenges to the teachers? *(Probe and find out whether the school have a suggestion box and whether students use it)*

End. Thank you for your time.

YOUTH MENTAL HEALTH PROJECT-KEY INFORMANT INTERVIEW GUIDE

(NGO, Gov't officials -DHO, DPSWO,DCDO, Community Leaders, Local Councils, Youth Leaders, Parents, Teachers, Religious leaders/Cultural leaders)

A. Understanding of Mental Health/awareness

11. What is your personal understanding of mental health? (*Definition: Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community* -WHO)
12. What is a mental health problem/disorder? OR What do you understand by mental health disorders /problems/challenges or illness (*Explain to the respond the difference between mental health and mental health disorders/challenges*)?
13. Recently, Uganda's Ministry of Education and Sports (MoES) circulated guidelines instructing all academic institutions to implement mental health programming in schools. What is your view on that? (Probe for other policies and laws and rights for mental health affected persons. implemented in the community.)

B. Challenges and Solutions

14. Tell me about the five most common Mental health challenges/problems affecting youths (13-19) in your community *(Probe for attitude: QN: What is the attitude of the community towards young people with mental health problems?*
15. In your opinion, what do you think are the five most common causes of mental health challenges you have mentioned above among the youth (13-19)? *(Rank causes according to most common)*
16. What do you think community leaders and stakeholders like you should do to protect young people (13-19) from facing mental health problems?

C. Role of Government and community

17. In your opinion, how can Government prioritize or invest in improving the mental health state of its population most especially targeting young people (13-19)?
18. In your opinion, what do you think parents should do to promote a positive health state of their children in order to prevent them from getting mental health disorders? *(Probe for proper parenting skills and role of parents in safeguarding children)*

D. Availability and Accessibility of Mental health services

19. What mental health related services are available in the community targeting young people (13-19) suffering from mental health disorders or illness? (Probe for utilization/ functionality)
20. What are the most known barriers that prohibit young people (13-19) from accessing mental health services in the community? ***Probe for stigma and discrimination surrounding mental health among others*** (Rank according to severity)

E. Recommendations

21. What Recommendations do you suggest towards improving the mental health barriers of young people (13-19) in your community?

Thank you.