Arise

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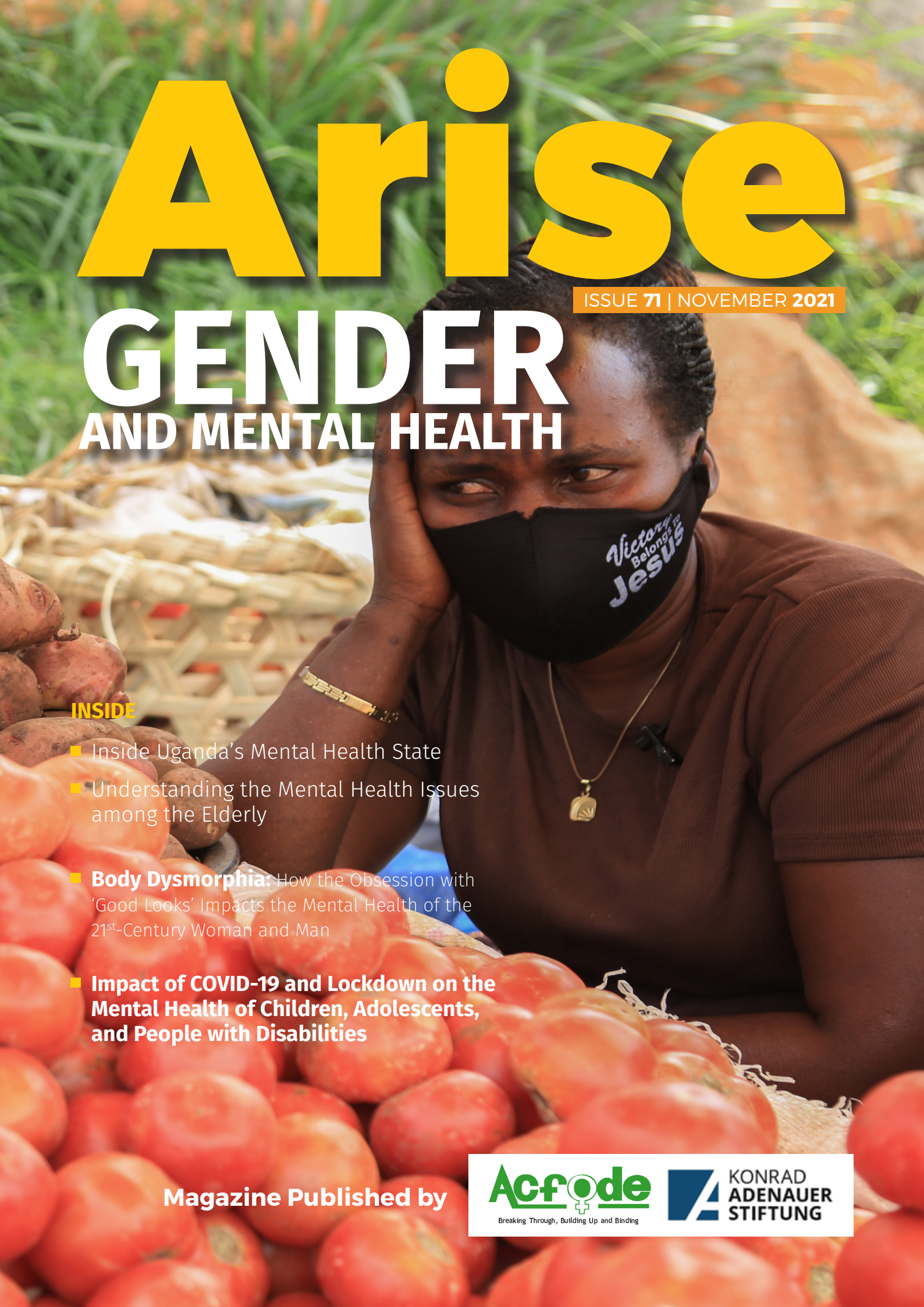
GENDER AND MENTAL HEALTH

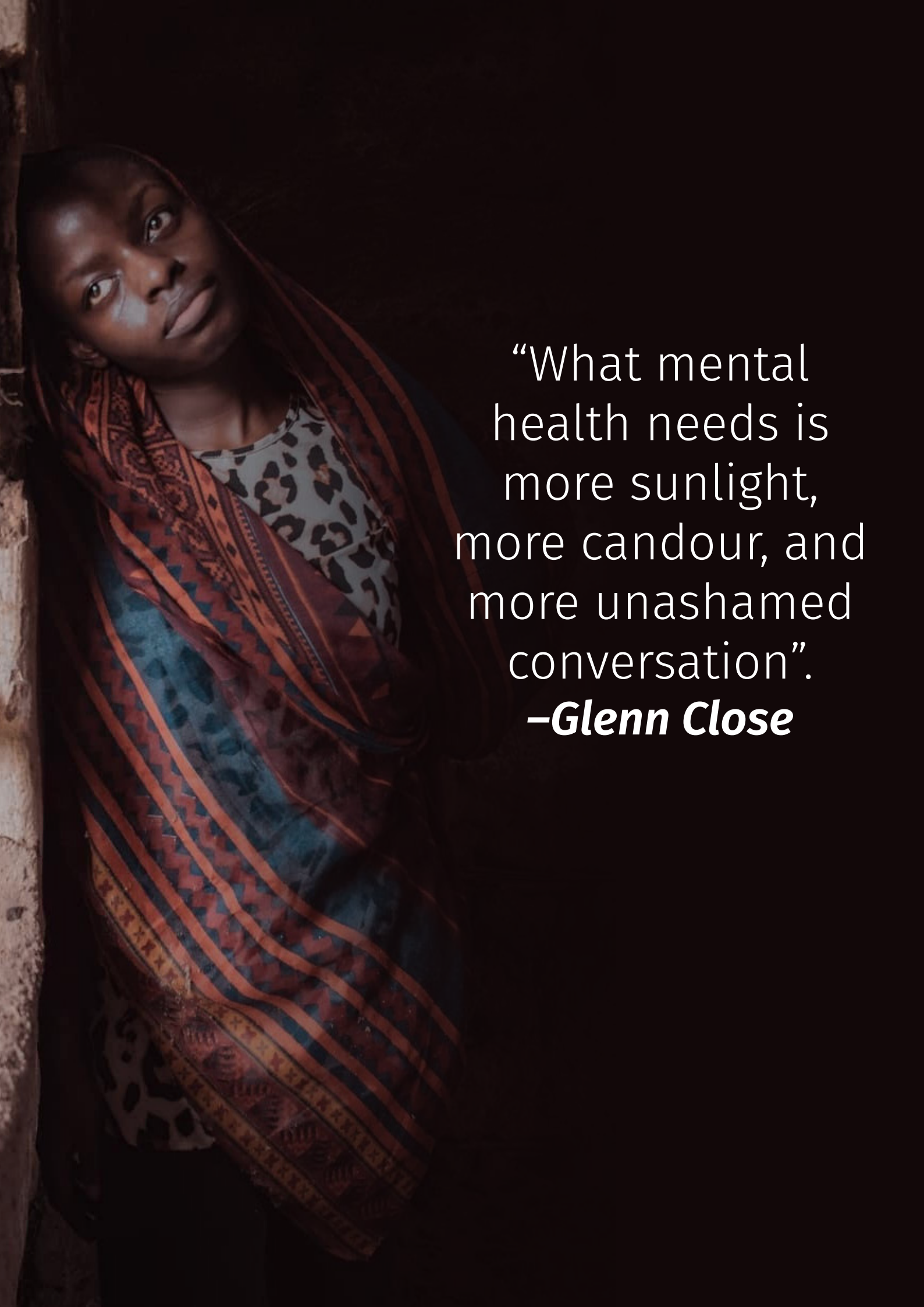


INSIDE

Magazine Published by

Acfode
Breaking Through, Building Up and Binding

KONRAD ADENAUER STIFTUNG



“What mental health needs is more sunlight, more candour, and more unashamed conversation”.

–Glenn Close

Acfode
Breaking Through, Building Up and Binding

KONRAD ADENAUER STIFTUNG

Vision

A just society where gender equality is a reality

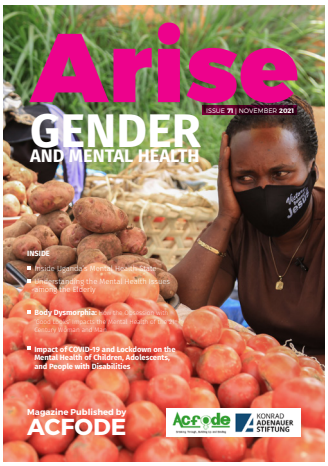
Mission

To empower women, girls and influence legislation and policy for gender equality in Uganda

Core Purpose

Advocacy for gender equality and equity


“Mental health problems don’t define who you are. They are something you experience. You walk in the rain and you feel the rain, but, importantly, **YOU ARE NOT THE RAIN.”**
— Matt Haig



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Editorial

ISSUE 71

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"The opinions of the external authors do not necessarily represent the positions of ACFODE"

Caring for your mind is as important as caring for your body and the first step to understand that mental health and wellbeing is important for everyone. Even you! Mental health is not mental illness. Mental health can be mistaken for mental illness but it's completely different. Mental health is about a person's ability to cope with their existing realities in life. Our level of mental health determines just how well we cope, whether we just get through or thrive.

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria. Mental illness affects everyone, all genders, young and old. Everyone experiences mental disorders differently. The National Alliance of Mental Illness defines mental illness as a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. A mental illness may relate to feelings, such as being happy or sad, but it is significant enough to impact our ability to function normally. Many people with a mental illness still function but many may, and often do, find it more difficult than most.

Although no public data exists yet in Uganda on the extent of the pandemic's impact on mental health, the many restrictions imposed to slow down the spread of the virus such as physical distancing, lockdowns, closure of schools and non-essential businesses, travel restrictions all led increased levels of stress, anxiety and depression among the people. Added to the fear of contracting the virus in a pandemic such as COVID-19, the disruptive changes to our daily lives such as restricting our movements, faced with new realities of working from home, temporary unemployment for some people, home-schooling of children, and lack of physical contact with other family members, friends and colleagues worsened the mental health of many people in Uganda.

The pandemic also disrupted the already limited mental health services in many African countries, with patients avoiding seeking services in hospitals for fear of contracting the virus. In Uganda, like most developing countries, mental health care was weak with only 47 psychiatric hospitals and many are concentrated in Kampala with the mental health units at hospitals attending to COVID-19 patients. Mental illness is treatable and manageable and recovery is possible. This may include medication, as well as counselling, more intense treatments, or lifestyle changes

> "Mental health problems don't define who you are. They are something you experience. You walk in the rain and you feel the rain, but, importantly, you are not the rain. — ***Matt Haig***"

Letters to the Editor

Dear Editor,

Reading Issue 70 of the Arise Magazine made me appreciate the effort women put towards conserving the environment. It has made me realize that women are active players in conserving the environment both directly and indirectly. Women are the first beneficiaries of the environment so they should be the first to conserve it. Agricultural wise, women are the prime tillers of land to feed their families so if conservation is not prioritized by them then the worst outbreak of famine might not be very far. ***Kaganzi Henrietta***

Hello Editor,

I enjoyed reading the article about women revolutionizing waste management to protect and conserve the environment. Despite having gender inequality, women have made major strides to conserve the environment. I particularly enjoyed reading about Betty Aweko a 27-year-old who has managed to turn waste into fashion materials and handbags. She has created employment for many people, and she is inspiring many others to join the industry. ***Namusubo Claire Resty***

Dear Arise team,

Thanks for highlighting the contribution of women in energy. I was excited to see a photo of women at work at an energy site. Women are the largest users of energy in rural areas and as such, they directly impact the environment. I also liked how the writer emphasized the importance of women adjusting to the use of modern energy technology while cooking which is energy-saving and for better health rather than charcoal. ***Alarake Rachel***

To the Arise Editor,

Dear Arise team, I would like to thank you for consistently rising issues that affect women in depth. In essence, you are giving women a platform to share issues that are affecting themes in the community. I enjoy reading your issues and always look forward to reading a new issue you publish because they are informative and eye-opening. Some of the stories you share are conversations we should be having as women at our workplaces, at churches, and in our communities because they benefit all of us. ***Cynthia Namugambe - Kawempe***

Dear Editor,

I want to express my gratitude for the Arise magazine titled Women and Environment Conservation. It was enlightening to read about the barriers to gender equality in sustainable environmental management. A lot of women in communities go through challenges that limit them in contributing towards sustainable living. For example, many women are denied the right to own or use land by their spouses sighting culture which makes it hard to contribute towards conservation. ***Kyatelekela Charles- Entebbe***

Inside Uganda's Mental Health State

By Brian Mutebi

As stakeholders await with bated breath for its enactment, the Mental Health Act, 2018, is just what Uganda needs. Should it become law and its action points factored in, the country's battle against mental illness will garner more success. Patients, activists, caregivers, legal entities, and the governance component of the country reiterate its pertinence.

The Mental Health Act

Part Two (II) of the Act focuses on ensuring good stewardship and expertise through forming the first-ever mental health board, which is composed of a chairperson and six members. The head shall be an eminent person with experience in the field of medicine, social work or human rights.

The other members would have to be the Director-General of Medical Services or their representative, a consultant psychiatrist, a police officer at the rank of Commissioner of Police, a mental health service user nominated by a recognised and duly registered association for mental health service, a representative from the Gender Ministry, a lawyer specialised in human rights advocacy, nominated by the Uganda Law Society, and the national mental health coordinator, who shall be an ex-officio member and secretary of the Board.

The Board will explore the legal grounds and provisions for mental health treatment at primary health centres, emergency admission and treatment. For example, the Act provides for involuntary and voluntary admissions before any treatment is given and referral made. If involuntary, it should only be done to prevent the patient from causing severe physical harm to themselves or others.

The legalities in admission are clearly what the Act is looking out to cement—this explains why non-Ugandan patients and treatment of prisoners and offenders are included. But first, the appointment of personal representatives when dealing with patients, especially regarding custody, management and guardianship of patients, is a must.

In examining the viability of the Act, lawyers, through the Centers for Public Interest Law, affirm that if indeed assented to, this Act would be a better way to handle mental health. "The Act is a progressive legislation towards mental health and the provision of mental healthcare. It repeals the colonial and outmoded Mental Treatment Act, which was wholly derogatory and took a punitive approach towards people with mental illness," they wrote.

The reality on the ground

While all the above might look good on paper, what is on the ground? First, the country's focal person on mental health at the Ministry of Health, Dr Hafsa Lukwata, talks about programming. "We programme such illnesses as mental, neurological and substance (MNS) use disorders; we do prevention, treatment, care and rehabilitation," she states.

The prevention, she says, takes place within the community and is mostly woven around creating awareness about MNS use. Each of the three is handled individually, depending on how they present.

While the mental illness manifests through episodes of depression and bipolar disorder, among others, the neurological condition mostly manifests through epilepsy and dementia, while substance abuse shows through addiction to alcohol and drugs.

> ***"We have the Tobacco Control Act that comes with regulations. We enforce this together with other sectors," Dr Lukwata explains. "Some include the Uganda National Bureau of Standards, Uganda Revenue Authority, the Local Government and different civil society organisations are on board."***

Data on mental health

To understand the scope of the problem and deliver services, the ministry needs consistent data, which mostly eludes them. "We are planning to do research, but we don't have enough funds; we mainly get information from different researches on specific population groups," Dr Lukwata explains.

If the funds were available, Dr Lukwata believes they could instantly launch research in schools, universities and among major populations. On a positive note, though, at least one of the neurological conditions has benefited from some research. "For epilepsy, we have a survey showing the prevalence of 3%, with variations across regions. Some areas vary between 1% and 2%," she says. "Since there is quite a lot of it in some regions in Northern and Central Uganda, we equip the health centres there to manage it better."

Even though the Mental Health Act details the management of the conditions, there have been hiccups. "We know that mental health is supposed to be integrated into primary healthcare. Sadly, not all medicines and human resource are available for every condition at the lower health centres," she says.

Despite this, the country is still following the referral policy provided for by the Act. Treatment, however wanting, starts from the health centre II, then III, and then IV, all the way to the regional hospitals.

"We have the regional referral hospitals and mental health units within those hospitals. However, we don't have enough psychiatrists," she explains. "I think six out of 14 hospitals have the psychiatrists managing them." *For now, though, the principal psychiatrist clinical officers are managing the bulk of the regional referral hospitals including Butabika National Referral Hospital.*

World Health Organisation (WHO) report

An observation by the GlobeMed Journal found that even though about 80% of the population in Uganda live in rural areas, 60% of the country's 28 inpatient psychiatric units are close to the capital Kampala. This explains why Butabika Hospital, which has about 500 beds, is frequently overcrowded, and the approximately 430 staff are stretched out.

A 2006 World Health Organisation (WHO) report, dubbed WHO-Aims Report on Mental Health System in Uganda, tells of how nearly 28% of African countries do not have a separate budget for mental health. Of countries with a particular budget, a shocking 37% spend less than 1% of their healthcare budget on mental health.

Uganda is one such country, with only 11% of budget allocation to health with only 1% allocated to mental health. This means that of the nearly $250 spent on healthcare for each individual annually, a mere $2 is expected to cater for their mental health!

To support its crucial yet underfunded health sector, Uganda has had to rely on donors. In fact, at the time of the findings, WHO noted that the African Development Bank provided nearly 45% of the support that goes to mental health, raising the expenditure on mental health to approximately 4%.

Fifty-five per cent of the overall expenditure on mental health in Uganda is directed towards Butabika Hospital. However, like other public health facilities, the hospital has frequent medication stock-outs due to the overwhelming number of patients.

The effects of the COVID-19 pandemic

An October 2020 WHO survey dubbed COVID-19 Halting Crucial Mental Health Services in Africa noted that mental health illnesses have only worsened in the previous two years. Even if data from Uganda remains scarce, WHO reports that most African countries had substance abuse as the highest-ranking disorder among the most interrupted.

The leading causes of the disruptions were patients failing to turn up, travel restrictions hindering access to health facilities, and a decrease in patient volume due to cancellations of elective care. Even before the pandemic, Africa had one of the lowest mental health public expenditure rates, at less than 10% per capita.

> ***"COVID-19 is adding to a long-simmering mental healthcare crisis in Africa. Leaders must urgently invest in life-saving mental healthcare services,"*** *Dr Matshidiso Moeti, head of the WHO Regional Office for Africa, noted.* ***"We also need more action to provide better mental health information and education, to boost and expand services, and to enhance social and financial protection for people with mental disorders, including laws to ensure human rights for everyone."***

This explains why WHO's 2016 country overview includes Uganda among 45% of the world's populations living in a country with less than one psychiatrist per 100,000 people.

Funding and training health workers

Uganda's mental health focal person believes that this should all change with better funding. "We are reaching out to every district to ensure that there is a focal person to be able to coordinate mental healthcare within that district," Dr Lukwata said. "In 2018, we trained 400 health workers in Jinja, 400 in Kamuli, 400 in Kitgum, quite a number in Gulu, Kanungu, Kasese and all districts that have hospitals. Our goal is to equip them with the basics of managing mental illness," she explained.

Stakeholders warn that so many things will hang in the balance until the Act becomes law. In April 2021, then-Speaker of Parliament Rebecca Kadaga wondered what had become of the Act and directed the Minister for Health to explain the delay.

However, before an Act becomes law, preparations are made, including a review of the act and funding, which the department barely has. Today, as they await the law, the ministry's mental health section has put together guidelines on issues that include gender-based violence and mental health information to be disseminated across the country.

> ***"We have two manuals; one for the village health trainers at the community level and another for the general health worker,"*** *Dr Lukwata says.* ***"The manuals have all the basics on mental health; how to diagnose, assess and treat, at the different levels."***

Unemployment, Gender and Mental Health

By Irene Namyalo

One of the economic after-effects of COVID-19 that have scourged the Ugandan population is unemployment. COVID-19 knocked down an already ailing labour market with high levels of unemployment and under-employment. In January 2020, The World Bank had reported Uganda as having the second youngest population in the world with a high unemployment rate.

Women and girls have been significantly affected. Dr Zahara Nampewo, in her report on the gender dimensions of the economic impacts of COVID-19 in Uganda, revealed that 43% of women-owned businesses were closed in the early months of the pandemic, compared to 34% of those owned by men.

The United Nations Conference on Trade and Development Coronavirus shock report also anticipated that the COVID-19 crisis would trigger an economic recession even more profound than the 2008 financial crisis. The result of this would have a disproportionate impact on the income and employment of the most vulnerable, particularly women. The report also indicated that COVID-19 would negatively impact more women and girls than men.

Few women have been employed in the formal sector. So with the closure of schools, shopping arcades, salons, clothes shops, bars and entertainment centres, more women were affected compared to men. One should also note that male-dominated sectors such as construction and manufacturing companies were allowed to continue operating after a short period of lockdown. The agriculture sector, where 76% of women contribute, was badly affected by price fluctuations during the lockdowns.

Annet Mulonde, a resident of Kasubi, a suburb of Kampala city and a mother of four, is a nursery school teacher. She has been home without formal employment since COVID-19 struck. Her husband is

a builder and so his money alone could not sustain their extended family. He is also sometimes in between jobs. Because of Annet's desperation, she was forced to vend synthetic hair extensions from house to house, but even this did not fetch enough money. She now vends children's clothes, moving from house to house. "I had to do it, my children were starving," she reveals. Annet adds that many of her colleagues have looked for different ways to survive and those who have failed to adjust have suffered a lot.

Unfortunately, this state of affairs has destabilised women's mental well-being. Miller et al. in their 2020 report, *Challenges in Measuring Depression among Ugandan Fisherfolk*, cite Uganda as one of the top six countries in Africa with depression disorders. The WHO 2017 report on mental health also asserts that 5% of females and 4% of males are affected by mental health disorders in Uganda. COVID-19 is an acute stressor that can induce trauma and destabilise individuals, according to Kuntz in his report entitled *Resilience in Times of Global Pandemic; Steering Recovery and Thriving Trajectory*.

Ms Theodora Niringiye, a counselling psychologist, says that of the women clients she had recently received for socio-psychological support, 90 % were cases related to COVID-19.

"Women are breaking down. They have bottled enough and have started blowing up. Some are no longer effective in what they do. Their affection towards their loved ones, including their children, has gone down, and the simple things they used to do with ease have become daunting tasks. They are no longer jovial but gloomy all the time." So Niringiye's worry is that unmanaged depression, anxiety disorders, and elevated stress levels sometimes lead to suicide attempts. "When mental breakdown sets in, you have no control over whatever happens to you. Any one of us can reach there if one doesn't get proper support and care," she explains.

In low-income and medium-income countries like Uganda where disease, ignorance, and poverty are common, there is immense need for dependable mental healthcare, which unfortunately is least prioritised. The 2006 World Health Organisation (WHO) report on the mental health system in Uganda estimates that 90% of people with mental illness receive no treatment.

The Government of Uganda allocates 11% of its budget to health. Only 1% of this goes to mental health and of this paltry figure, 90% goes to the main psychiatric health facility— Butabika Referral Hospital. Mental health experts are urging the government to prioritise the issue of mental health in these hard times. Another underlying reason why mental health has been swept under the carpet is that patients are battling stigma and discrimination.

Angela Kamugasa Nsimbi suffered mental distress which was sparked off by a series of incidents of abuse which she tried to take in her stride due to fear of stigmatization. In her book, *Breaking Free; A Journey of Hope, Healing, and Restoration*, she says that she had mastered the art of covering up her pain and the only way she could protect herself from pain was through avoidance which, after many years, exploded into a manic episode.

Kamugasa, who is encouraging people to open up about issues of their mental well-being before things get out of hand, writes that suppressing emotions might lead to mental health issues such as eating disorders, full-blown workaholism and, worst of all, total breakdown. She was diagnosed with bipolar disorder, which she has been able to manage after over 10 years of being a sufferer.

Kamugasa states that alcohol is both a spark for mental illness and a driver of abuse which can later result in mental distress for the victim. Despite a ban on opening bars, drinking alcohol at home was not prohibited. A bottle of liquor has always been close company for many men. According to the Ministry of Health Report (2018), alcohol dependency is among the main causes of psychiatric morbidity in Uganda. Men in Uganda are estimated to have one of the highest alcohol per capita consumption levels in Sub-Saharan Africa, with 25.6 litres of pure alcohol being consumed by males each year. Drunkards exacerbated gender-based violence in homes. Kamugasa says that much as she was able to stomach so much pain, physical violence eventually sparked off her mental illness.

The UBOS report 2019 shows that the largest share of household expenditure has been on food at 41%, followed by housing, water, electricity, gas and fuel. Expenditure on these during the lockdown almost doubled since the whole family was at home. Women's workload, unpaid care and housework increased but also the burden of food portioning rested on the woman despite her unemployed status. This could badly affect someone's mental well-being.

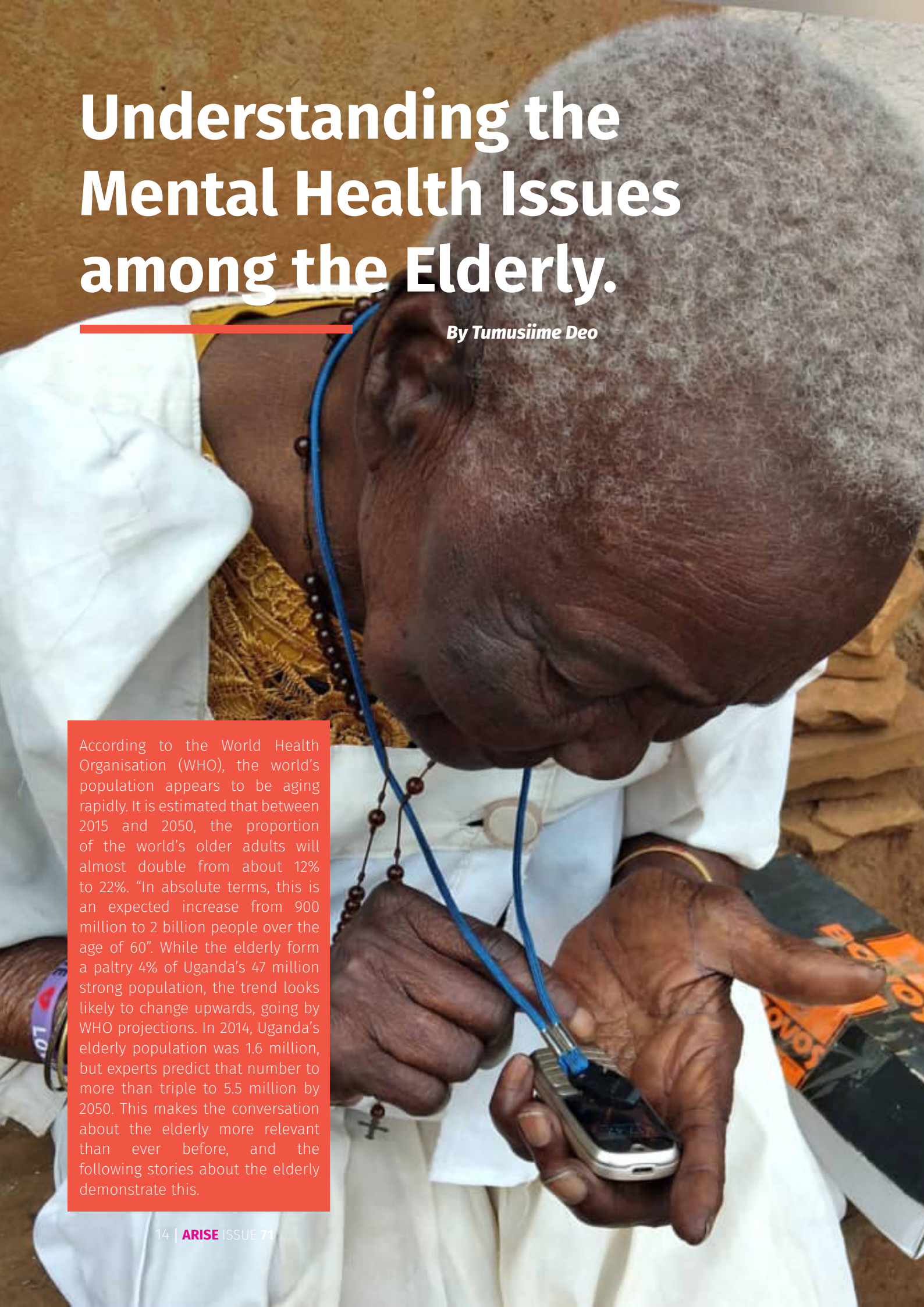
Kamugasa, therefore, advises that people facing abuse will need to get the necessary help so that their lives and those of their loved ones are safe. And those offering support must be ready to gain knowledge through research and reading up on the mental health challenges that a loved one has been diagnosed with.

Undiagnosed and unmanaged mental illness can lead to the commission of a crime, reckless sexual behaviour, violence, domestic abuse and substance abuse. Niringiye says that she is sending out positive messages to her clients, aiming to boost their mental health using various methods such as phone calls, radio programmes and telephone counselling.

Hossain et al. in their 2020 report about the epidemiology of mental health problems in COVID-19 recommend evidence-based policymaking and practices that should be adopted to guide how mental health challenges can be mitigated in different contexts amid the COVID-19 pandemic and future public health emergencies. Experts have also emphasized that any interventions designed to counter the effects of this pandemic should be gender-informed.

Understanding the Mental Health Issues among the Elderly.

By Tumusiime Deo



According to the World Health Organisation (WHO), the world's population appears to be aging rapidly. It is estimated that between 2015 and 2050, the proportion of the world's older adults will almost double from about 12% to 22%. "In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60". While the elderly form a paltry 4% of Uganda's 47 million strong population, the trend looks likely to change upwards, going by WHO projections. In 2014, Uganda's elderly population was 1.6 million, but experts predict that number to more than triple to 5.5 million by 2050. This makes the conversation about the elderly more relevant than ever before, and the following stories about the elderly demonstrate this.

The story of *Jjaja* Oliva: We repaired her house, bought her many gifts, and when she touched her new mattress, she broke down and cried. This is the story of Jjaja Oliva, a 99-year old grandmother, and resident of Entebbe. There aren't many in her age bracket, but her experiences simply compound the dire situation the elderly in Uganda must contend with.

I first met *Jjaja* Oliva a few years back, seated right outside her humble house pitched by the roadside. Then, I simply walked over to her and said hello. I was drawn by her entirely grey head, which reminded me of my old grandmother who had died over a decade and a half ago. *Jjaja* Oliva and I didn't talk much, but I was happy to meet such an elderly woman, considering that all my grandparents are long dead. I have always held a belief that a grandmother anywhere is a grandmother everywhere. I wanted to learn from her some secrets of longevity that I could share with others.

Mid this year (2021), I passed by her place again, only to be told that *Jjaja* Oliva was ill and unable to leave her bedroom. I walked into her house for the first time, sat next to her on her bed and we started talking. She narrated to me her life story, how she was once married and had one child. I could tell that she had been carrying a heavy and painful load on her mind for many years. There's something special about the old. Somehow they speak freely as they have nothing more to hide. Their sincerity is akin to that of a child. Her son didn't go far in school, and by the age of 20, he had started abusing drugs. Despite the mother's best effort to get the young man back on track, he wasn't about to heed to any of her advice. As a last resort, *Jjaja* Oliva was forced to bundle up her son with the help of her boss then, took him to the police station, after which he was presented before a judge to answer charges of drug abuse. *Jjaja* Oliva recollected that the judge asked her how many years the boy should be imprisoned. "Three," she suggested, to which the judge decided to add two more to make it five. Sadly, her son's situation only grew worse as he fell ill after serving his prison sentence. His lungs had been severely damaged by the drugs. *Jjaja*'s son later died at the age of 29. This was a turning point in Jjaja Oliva's life. She decided not to get married again and not to have more children. She has lived a lonely life ever since—a big chunk of it at the mercy of well-wishers.

Community intervention: It is a stark reality that aging is for both you and I. Because of this, I took a keen interest in *Jjaja* Oliva's situation, while at the same time reflecting on the kind of life that awaits me in my old age. While on my visit, I noticed that *Jjaja* Oliva slept on a worn-out mattress. I could only imagine how uncomfortable this must be! The walls of her house were cracked, the entrance door was partially broken, and it lacked any functioning locking system. She didn't have any decent bedclothes and looked miserable, even as the smile on her face, even from afar, told of a lady that once was full of life. Not a kind of description I would wish for myself or anyone when our turn to age comes! I promised her I would do my best to turn her situation around. I didn't know where to start from, but I took a leap of faith. I mobilised my village colleagues and friends using our WhatsApp group, and we collected up to a million Uganda shillings that we allocated to *Jjaja* Oliva's needs. Initially, the plan was to replace her beddings and repaint her house. But we later realized that the house could not be repainted in its present state. The roof too was leaking, which led us to change the priorities and made the intervention much bigger. Gladly, the community was very receptive, and we did the best we could. We repaired her house, bought her many gifts, and when she touched her new mattress, she broke down and cried. It was a bitter-sweet moment—a mixture of immense joy and memories of the son she had lost, in whom she had placed the hope of providence in her old age.

Dave in America @96: Away from Uganda, the elderly, while better catered for in terms of their practical needs, face some challenges beyond their control, especially in this COVID-19 pandemic period. Dave is about 96 and lives in the Georgia State of America. Dave and I met virtually on one online forum. His energy has been going down as the years go by. When I had an email conversation with him recently, he told me a story of how someone had tried to help fix the hearing aids on his computer to enable him to participate in Zoom meetings, but then his ears later developed an impairment. The ears had irreversibly got damaged and could not be repaired. I could tell his frustration with a situation he had no control over and realised just how tough old age must be for him and others, especially when one suddenly gets disconnected from their everyday routine. Another older person I once knew, who passed away a couple of years ago, would get agitated and would even bark at his son-in-law. It-is-not-easy.

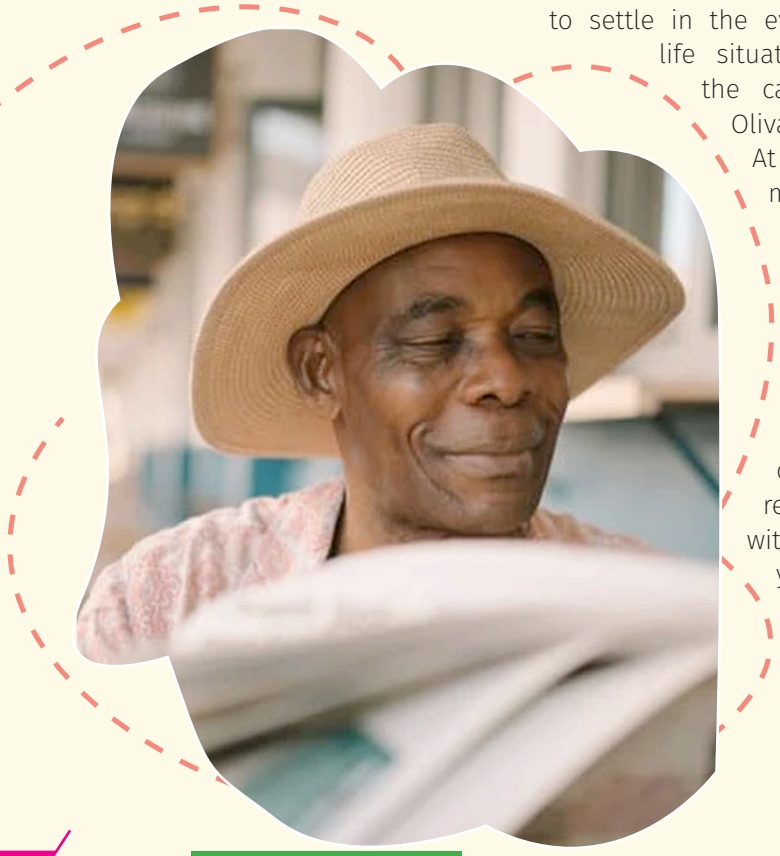
World perspectives on the challenges of older persons: According to WHO, older people face unique physical and mental health challenges, which need to be recognised and addressed. Over 20% of adults aged 60 and above suffer from a mental or neurological disorder, yet these are generally not adequately diagnosed. Dementia, prolonged

grief disorder, and later depression are the most common conditions affecting older populations. As these conditions become acute, older persons begin to be seen as a problem and this leads to stigma and early death in extreme cases. Juma Network Journal reports other severe complications, including concerns about disruptions to older persons' daily routines and access to care, difficulty in adapting to technologies like telemedicine, all of which have only exacerbated their mental health conditions during the pandemic period.

In the rural settings where there are no proper health services, the elderly tend to be ignored. A few well-to-do families evacuate their elderly to their city homes for better management, but still with no structured interventions, old age in Uganda remains a curse and not a blessing. The stories above are tales of different fortunes. In *Jjaja* Oliva's case, she lacks the practical requirements for survival but she is lucky to have all her senses intact, which enables her to find help even when she's physically incapacitated. On the contrary, Dave in America, even when slightly younger, has lost his hearing ability. He also told me how he had so far received three shots against COVID-19 and had overheard that there was a likelihood of a fourth! Yet despite all this care, his grief spans beyond him as he repeatedly worries about the many people elsewhere in the world, who cannot access even their first dose of the vaccine.

Government intervention: The situation of older persons is better managed in developed countries where older persons receive ample attention in designated homes. Conversely, in many African countries, Uganda in particular, despite having a department for the elderly in the Ministry of Gender, plus a recently approved meagre monthly support package of about $10, a lot remains to be desired.

It is reported that many elderly persons are faced not only with the aforementioned challenges, but have to look after their children and grandchildren that have failed to settle in the ever-challenging life situation. This was the case with *Jjaja* Oliva in particular. At the time of my engagement with her, one of her grandchildren had just returned to *Jjaja*'s house, having divorced recently and with a set of twins younger than one year. On one hand, this was welcome relief as the grandchild would take care of the old lady but on the other hand, it also meant additional financial stress that could further worsen her already fragile situation.



Well, it is obvious that we all become vulnerable in one way or another as we grow old, and for that matter, our longevity largely depends on several factors – the environment we live in, our feeding patterns, our practical needs, and for many, a murky or shady past may haunt them all the way to their grave. Everyone works hard to live a good life, but painfully for some people, they live and end their lives as if they never lived at all. It hurts that in the evening of her life, *Jjaja* Oliva should be immersed in a situation punctuated with misery and uncertainty. She cried on receiving her surprise gifts because it appeared as though her late son had been reborn. This was extremely emotional. Had he been alive, she probably wouldn't have been suffering. But for all her tribulations, *Jjaja* Oliva at 99 boasts a strong memory, sight, and hearing capacity.

I bought her a mobile phone, her first in a lifetime, and while she couldn't dial to call anyone, she held onto it like she had won a gold medal. With minimal help from her grandchild, she smiled as she received her first call, a test call to confirm the phone was working fine. I was told by those who knew *Jjaja* Oliva well that she has always been a religious person who never missed Sunday prayers. This intervention could only have reaffirmed her faith in God, and I can only hope that she will live a much happier life than she has known in a long time.

Mental Illness Triggers and Management

By Brian Mutebi

When Uganda's first-ever toll-free mental health helpline was launched in April 2021, over 500 calls were recorded in day one of the opening. The helpline, serving eight districts, including Gulu, Lira, Kampala, Mpigi, Soroti, Mbale, Kanungu and Mbarara, presented a sneak peek into the dire situation of the country's mental health state.

According to Dr Racheal Arinaitwe Rukiri, a psychiatrist with the Mulago National Referral Hospital, the percentage of the population of Ugandans seeking mental healthcare is small, though. Therefore, the days they get overwhelmed with patient cases, have more to do with the number of mental health practitioners than patients.

> ***"There is need for more awareness and less stigma towards mental health, so that people will be able to seek the services,"*** *she says.*

Dr Kenneth Kalani, head of the Mental Health and Psychosocial Support Unit at the Ministry of Health, says that mental illness is split into two main categories. One is for general or primary care; and the second for the specialist mental healthcare. "In Uganda, we have a specialist mental healthcare system at Butabika Hospital and other referral hospitals. And many times, the people who go there are patients with severe mental illnesses."

He explains that the major mental illnesses they get within these specialist units for mental, neurological and substance use disorders are three. "Bipolar, which is a mind disorder; epilepsy, which is a neurological condition; and alcohol and substance abuse disorders which are linked to addiction," he notes. "Others are schizophrenia, otherwise called psychosis. Those are for the units that are specialised to offer mental healthcare and treat the mentally ill patients."

In the primary healthcare units found in general and private hospitals, the most common conditions are mental disorders like depression. Sadly, most patients don't even know that they are battling any mental illness and will only be lucky to nip this in the bud if they seek help. Ironically, because of low levels of awareness, patients look into all sorts of options before finally waking up and coming to health practitioners.

Soroti Referral Hospital's Principal Clinical Psychiatric Officer, Emoit John Ekol, says that most of his patients would have first visited traditional healers and places of worship before coming to seek professional help. "Both new and old patients average about 30 to 40 at the Soroti Regional Referral Hospital daily. These come from the entire Teso region, but they could be more with awareness," he says.

Even if the hospital handles cases of bipolar disorder, depression and substance abuse account for the most significant numbers among young adults while children primarily battle epilepsy. For the elderly, it is dementia. Sadly, most of the cases are often in advanced stages because of the delay in seeking help.

While commemorating the 2017 Mental Health Day, the World Health Organisation ranked Uganda among the top six countries in Africa with depressive disorders. They estimated that about 5.1% of females and 3.6% of males were affected. Many cases go unnoticed though.

Predisposing factors

When dealing with mental illness, Dr Kalani notes, it is hard to attach a cause as the list is endless. "For someone to get mental illness, the factors that come into play are the environmental factors, the psychological factors, then the genetic factors or what we call the biological factors (if one or both of their parents had a history of mental illness)," he explains.

Dr Rukiri agrees with Dr Kalani and maintains that triggers, however, are bound to be things within society called stressors that vary across categories of people. "You are going to find things like education triggers—currently we have students in this lockdown

and every time there is a talk of opening of schools, we see an increase in the number of that age category coming in with mental health complaints, especially those in candidate classes," she says.

Away from the learners is a group of people struggling to strike a balance between career and family. "We have many people breaking down because of work," she states. "There are people who work and never have a balance between work and home, work and leisure; so, work becomes a trigger for such people to develop mental health issues."

She says, though, that one of the biggest triggers of mental illness remains significant losses in life. It could be the loss of a partner, loss of a family member, marital discord, loss of a parent—all those are significant triggers. "We have the COVID-19 pandemic that is a huge trigger because it comes with so many losses," she states. "Loss of time, loss of employment, loss of income, loss of life— there is so much loss, so it comes as the big trigger for mental health complaints."

Whenever there is an increase in loss, the substance abuse component of mental health triggers gets overwhelming. This, the doctor says, is how people try to cope, though they instead trigger more mental health issues.

Increase in mental health cases related to substance abuse saw the Health Ministry deploying 35 counsellors in the Central region alone, which was the worst hit region by the virus. Across the country, up to three mental health care workers were attached to every quarantine site at the peak of the pandemic.

Managing mental illness

Uganda's mental health focal person at the Ministry of Health, Dr Hafsa Lukwata, says that the science around handling these illnesses is unique. "Mental health challenges are not like malaria that has clear symptoms," she told the *Daily Monitor* in April 2021. "Not everyone who does not sleep well or has panic attacks has a mental health problem, for example." Dr Lukwata urges the public to look out for excessive sadness, reduced concentration, low energy levels, heightened fear, feelings of guilt, extreme mood changes involving highs and lows, exhaustion, and withdrawal from friends and family as some of the symptoms.

Practitioners generally agree that psychosocial support plays a big role in healing. Kitgum district-based community counsellor Jenifer Anena attests to the power of healing that is found in community support groups. She illustrates that once women started to open up to one another in the groups, their mental health improved, as did their children's. "Sometimes just knowing that someone else cares is enough to beat illnesses like depression. I have seen it happen!" she exclaims.

Dr Arinaitwe also affirms that one's social network helps buffer stressors of life. "It is the people around you that are going to help us notice the early symptoms of your not being well and most times it's these people that prompt you to come in for an assessment," she explains.

Once they get to the health centre and assessment confirms that medication is needed, treatment is administered. Dr Arinaitwe says that today, the country uses new-generation drugs with fewer side effects. "We use drugs like olanzapine, risperidone, hydroxyzine, vraylar," she lists them. However, vraylar is rarely available as it runs out of stock in government health facilities and patients are asked to look for it in privately owned pharmacies. These are all prescription drugs which means one can only take them on the advice of a medical doctor and should never be self-administered.

Nevertheless, Dr Kalani says that most illnesses are preventable and wouldn't need to get to the medication stage if the situation is arrested early. Dr Kalani says that issues like substance abuse should be the most straightforward alarm points to help protect young people before the situation gets out of hand. "We need to protect young people, they are vulnerable to these disorders, they get addicted quickly yet their brains are still developing," he warns.

Unfortunately, unlike substance abuse, many mental health conditions go undetected until people make it to adulthood. Dr Kalani implores the population to not only seek help when they feel physically unwell but to do so when their mental state requires intervention.

Mental Health Illness and Recovery – Conversations With a Survivor

By Agatha Christine Akello

According to the National Aboriginal Health Organisation, mental illness occurs when the brain has complex problems. Mental illness is thus a collection or an independent result of disorders such as post-traumatic stress disorder, schizophrenia, obsessive-compulsive disorder, addictive behaviour, depression and anxiety. Symptoms of mental illness range from changing sleeping patterns, loss of motivation and energy, extreme mood swings, overwhelming obsessions or fears to disturbances, among others.

Mental health, on the other hand, is a good thing, contrary to popular opinion. Often, mental illness and mental health are assumed to mean the same thing. The Centres for Disease Control describes mental health as our emotional, psychological and social well-being. It encompasses how we think, feel, and act. Mental health also helps to determine how we handle stress, relate to others, and make important choices; and is, therefore, very important at every stage of life, from childhood and adolescence to adulthood.

The leading cause of youth disability worldwide and the most common forms of mental illness are depression and anxiety. They are also the most prevalent causes of psychological distress in the community and in primary care.

According to the Head Psychiatrist at Lira Mental Unit, anxiety is the most common mental disorder, with 96% of the population suffering from it. Nonetheless, they are often undermined and overlooked because they rarely have extreme physical manifestations, unlike other mental disorders like schizophrenia, bipolar disorder and the like.

As stated by Healthline, depression is classified as a mood disorder that severely limits psychosocial functioning and may be commonly described as feelings of sadness, loss or anger that can impair one's daily life. Anxiety, on the other hand, is our body's natural response to stress. However, it raises concern once it translates into fear and dominates your life. According to the *American Journal of Psychiatry*, 53% of depression sufferers are more likely to have anxiety because the angst of the latter increases worry and feelings of failure, which can lead to depression. Furthermore, because of our biological disposition, women are more likely to experience major depression once in their lifetime as a result of hormonal fluctuation.

The causes of mental illness range from a wide number of factors like early life adversity, trauma, and current stress exposure. Besides, they can be challenging to treat because of the various manifestations and unpredictable ways in which they steer victims, that is people act differently when depressed and/or anxious, with some being distant whereas others stay active while silently fighting.

How did you tell it was depression?

For the majority of people, acknowledging that they are under the weather in terms of mental health requires a substantial reason. It is not easy to say *"I am mentally unwell"* when your life is glittery on the outside. Depression, like any other ailment, is universal and does not discriminate on the basis of religion, financial status, race, or age. According to WHO (2008), depression is the most common mental illness, affecting 94% of the world's population. Despite this, talking about it is still a taboo and thus limits help-seeking, perpetuates stigma, and increases the risk of suicide deaths.

Victoria Mahanadi, a well-established software engineer, said that everything seemed to be going well upon her graduation from Makerere University in 2017. She had landed her dream job, could cater for her needs, and felt loved by her friends and family. However, despite all her good fortune, there was a void in her that stayed unfilled and a feeling of hopelessness riddled with pain, anger and shame that crept up occasionally. Whenever her friends moved up in their careers, or one of her peers got married, she felt like she had failed herself in a way and the sadness and pity would set in. "Comparison is the thief of joy," she says. "I shrugged it off at first because everybody gets sad sometimes, we all have low moods from time to time and I was not the exception. However, when I started having recurring suicidal thoughts, I knew something needed to be done."

Treatment and recovery

"Finding therapy was quite easy for me although it was expensive," Mahanadi adds. The preferred treatment option upon diagnosis is a combination of talk therapy and medication. However, the side effects of antidepressants can be so daunting that most people never finish the dose. "Constipation, drowsiness and increased appetite from the medication was almost worse than the depression itself, I had to discontinue it."

Dr Wilson, a psychotherapist at Butabika Mental Referral Hospital, states that therapy serves two purposes – treatment and maintenance "Therapy is like taking your car to the mechanic for servicing, only this time it is for the mind." He also adds that our minds are like a balloon. A balloon can contain only so much water, and once it reaches its breaking point, everything pours into our lives, resulting in poor financial decisions, unhealthy sexual habits and failure to maintain relationships. Therapy also offers a platform to unpack and organise your thoughts along with an ability to counter life's stressors.

Mahanadi adds that recovery is still ongoing. "There are still good and bad days but I could say practising gratitude, even for the smallest things, is what keeps me going. Realising that the people I am comparing myself to are equally struggling has helped me notice how blessed I am."

Diana Mukasa, a PR consultant, also shared that staying active and trying out new hobbies has helped her cope with the bad days. "I cook or work out. But what helped me most was exercise. I started it as a way of coping but now I cannot live without it," Mukasa adds.

Coping after recovery

In a 2017 TED talk, Dr Etheldreda Nakimuli-Mpungu, a professor, researcher, epidemiologist and psychiatrist at Makerere University, addressed the need to have culturally sensitive talk therapy. At the same time, she mentioned that while pursuing her doctoral studies in the United States, she had her encounter with depression. Being a mental health expert, she could easily tell that her mind was slowly taking a turn for the worse – given the kind of thoughts she was entertaining, like "I am a bad mother, and a bad wife" along with a lack of energy and motivation to continue her studies.

Following the decision to do something about it, she sought therapy but was met with a rather unexpected response. "Your insurance is the wrong type for this facility and it appears there is no therapist who will be a good fit for you at the moment," she was told. The person further advised her to declare her disability to the dean in exchange for leniency in the forthcoming examinations.

At that moment, Dr Nakimuli realised that she had to help herself. The steps she followed have been of great use to several persons with mental health problems, particularly those battling depression. Some of them include:

1. Continuously talk about how you feel. You cannot get help if you are silent. Talking about challenges illuminates a perspective you may have ignored and further quickens your recovery. Recognise individuals in your circle who are willing to listen like friends, spouses and parents, and talk about it. A problem shared is a problem solved.

2. Widen your social networks. Dr Ethel stated that according to research, social support and connections are the strongest protectors against depression. Increase your network to include positive-minded and supportive people who encourage rather than put you down; and those who are always looking out for your best interest. Having a good environment similarly counters the stigma and shame that comes with a mental illness diagnosis.

3. Develop positive coping mechanisms. Accepting yourself for whom you are, setting healthy boundaries, talking to friends and family, exploring your hobbies, and being assertive, among others, are some positive coping skills you can adopt to reverse the negative thoughts.

4. Increase your income. When Dr Ethel stated this point, I scoffed because I told myself: How am I supposed to work if I have no energy or motivation to lift a finger? Poverty is highly associated with depression. There are ways in which you can improve your income from zero. As ironic as it sounds, it is possible. Listen to "Money Moves with Tonie Tone", a podcast tailored to all your money concerns—all the guests leave tips that will set you on a steady path to financial stability.

The journey to mental stability can be long and frustrating. Many times you will think it is finally over but a small incident will drag you back into an abyss of hopelessness and it is okay. Acknowledge the steps you are taking so far, and give yourself some grace in the hope that things get better. You will be better; Keep on Living.

Body Dysmorphia: How the Obsession with 'Good Looks' Impacts the Mental Health of the 21st-Century Woman and Man

By Jane Justine Mirembe

Throughout her time of study at Makerere University, Sumaiyah Namisango had beautifully toned and smooth dark skin, commonly described as chocolate. And yet something bothered her. She was almost through with her 3rd year of study but she was still single. Many male classmates and neighbours befriended her and, indeed to any onlooker, she was quite popular with the opposite sex. But none of them had asked her out. Namisango started to notice a pattern. Many of the men who befriended her later asked for her friends' phone numbers. Soon after, these friends were paired up with the guys while she was still single.

"It is like I was just a connection to the girls that guys considered 'hot'. Once they got my friends' phone numbers, they forgot about me. I even began to hate some of my friends," the now 30-year-old Namisango says.

It wasn't until she confided in her elder sister that she had not had a boyfriend since she joined campus that she was introduced to a new societal perspective.

"My sister pointed out that all my friends were lighter-skinned than me and yet I am always walking with them. It did not matter that I had a beautiful figure and smile; men would always notice the light-skinned girls before noticing me. She said that is the truth about our society right now and maybe I needed to lighten my skin a bit," Namisango narrates.

She went to Gaza Land, a popular shopping arcade in Kampala, and approached one of the cosmetics sellers. She asked her for products that could brighten her skin and was given a variety of creams and soaps ranging from Shs10,000 to Shs50,000.

"As the months progressed, my skin became lighter, spotless, and oh so smooth! I was getting compliments from left, right and centre. But one day one of my aunties came home and remarked on my lighter shade. She grabbed one of my hands, looked at them, and then laughed. "I was a little confused because I had never really paid attention to my hands. That day, I saw what she saw – dark knuckles and whitish patches. Things went downhill from there," Namisango recalls.

Side effects

According to Dr Fred Kambugu, a dermatologist at Kampala Skin Clinic, the glow is what pleases most people but it doesn't last long.

"At first, people may be pleased as their skin starts to lighten from the cream, and 'glow'. But to maintain the lighter shade people have to stick to the bleaching regime. Over time the skin thins and becomes 'mottled' and 'patchy'. It's been irritated, so there is redness and you can see green veins," he says. "In the worst-case scenario, people develop ochronosis – a build-up of acid that paradoxically makes the skin appears much darker". Dr Kambugu adds

Namisango vividly remembers how her skin became so patchy that she intentionally secluded herself from friends and family.

"People started noticing those dark patches and even my mother told me to stop bleaching. At this point it was too late; I was now addicted. I couldn't imagine going back to my darker colour and yet my skin was also really suffering from the lightening effects and was now very uneven. What used to work before seemed to have lost its strength and I started trying out new concoctions to get that original glow."

Her obsession with getting the 'perfect' skin colour led her to one of the most famous bleaching cream suppliers in the country (name withheld on request) where she suffered severe burns. "The creams she gave me burned my hands and feet worse than ever before! I think that woman's products should be avoided, especially if your skin is sensitive because they have the highest amount of chemicals I ever experienced. I could no longer wear open shoes and walked while hiding my hands. Despite all these warning signs, my bleaching addiction continued."

She was not only determined to do all she could to even out the skin patches but also to make sure she achieved the whitest of white.

Addiction Sets In

Many who start using skin-lightening products say they invariably stay with the practice.

"Before you know it, it has become some sort of addiction where you want to maintain that look," says Sherry Matovu, a socialite and cosmetics entrepreneur. "Just like with plastic surgery, it begins to feel like it's never enough. You want to look lighter than everyone else."

Namisango suffered depression until she met Racheal Ayebazibwe, a self-proclaimed Chief Executive Officer of Uganda Bleachers' Association, and a Facebook group that advocates for bleaching.

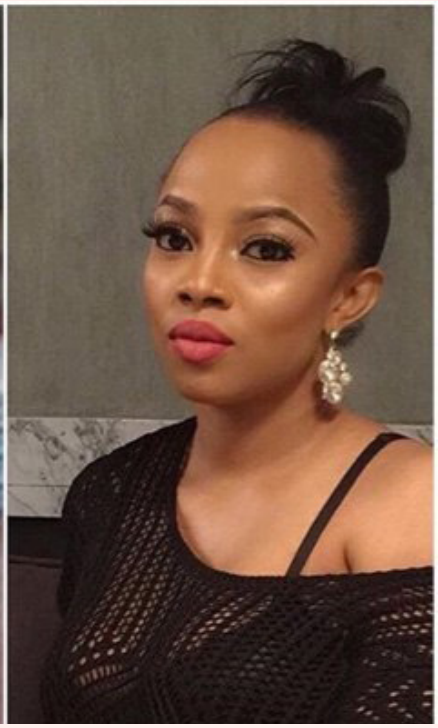
The cosmetics seller popularly known as Ruc Ruby owns a cosmetics centre known as Ruby's Delights. The Kooki Towers-based shop receives eight to ten customers daily with each paying at least Shs 300,000 per visit.

Ayebazibwe appears to practise what she preaches. Her skin bears the delicate, light orange peach of treated brown skin. Her shop has a variety of products, comprised of imported creams that she mixes and packages for her clients.

"I have a lot of customers who have used a lot of wrong products. They come to me and I give solutions," she says while flicking through her phone to show before-and-after photos of a client who had a problem with dark knuckles, a tell-tale sign of a skin bleacher.

While demand for creams and lotions has drastically gone down, especially among the rich, Ayebazibwe says she found a safer and more effective method of skin bleaching – glutathione, commonly known as gluta.

Glutathione, the new craze for skin lightening



Glutathione, the latest innovation in skin whitening, is a compound taken in the form of injections or pills, which are sold in markets or by retailers online. Glutathione is a powerful antioxidant sometimes used in cancer therapy which has the side effect of making skin whiter. It can also be taken intravenously.

Most of Ayebazibwe's customers prefer gluta tablets and injections and IVs.

"Gluta is something people are getting to know and I also advise people to do it because if you're going to weigh options, it is the safest way to lighten skin," she explains.

The IV procedure takes between 10 and 15 minutes and is administered by a nurse employed by Ayebazibwe.

"Someone who wants to lighten her skin has to take enough glutathione to accumulate in the system and block melanin production," she says. She adds, "It is a phase from brightening, lightening and eventually to whitening."

While Ayebazibwe insists that the benefit from gluta is enormous, she cautions that different clients get results at different times depending on their metabolism. "One requires at least 10 injections given weekly for five weeks to attain results, with each injection costing between Shs300,000 and Shs500,000," she says.

However, Dr Robert Asaba, a dermatologist at Advanced Skin Clinic in Kabalagala, cautions that the procedure lacks adequate research.

"Unfortunately, the procedure lacks adequate research. Glutathione should not be a dangerous product if used correctly since it's used for other ailments but most of these drugs eventually affect the liver because the liver is the detoxifying organ of the body so if you put a lot of strain on the liver, you can end up having other problems. Unfortunately, some people end up using very high doses because they want quick results," Asaba says.

But Namisango and Ayebazibwe are not solitary cases; some of the comments on social media glorify skin bleaching while trashing darker skin. Even with hashtags like #MelaninPopping trending online, many still believe that white or bright skin is superior to dark skin.

One Dorothy Evelyn openly says that light-skinned women cannot suffer in life because society generally puts them above the darker ones. "I always wonder at light-skinned girls who are suffering in life. That skin tone can take you places. If two women applied for jobs with similar qualifications, one light one dark, the light one will most likely get the job," she posted.

In the same post, one Dorcas Mirembe revealed that she has also occasionally considered bleaching her skin. "But *kizigo!* Also me I›m tempted to fall in it once in a while. *Abakazi bano banyirira*! (Those women are so good-looking)"

With the advent of social media, the pressure to look good has intensified, especially amongst women, with many going to extreme lengths and spending millions of money to get lighter skin, an obsession closely similar to body dysmorphic disorder.

According to Mayo clinic.com, severe obsession with a certain body part could be a sign of body dysmorphic disorder (BDD). BDD is a mental health disorder in which you can't stop thinking about one or more perceived defects or flaws in your appearance – a flaw that appears minor or can't be seen by others. But you may feel so embarrassed, ashamed and anxious that you may avoid many social situations.

When you have body dysmorphic disorder, you intensely focus on your appearance and body image, repeatedly checking the mirror, grooming, or seeking reassurance, sometimes for many hours each day. Your perceived flaw and repetitive behaviours cause you significant distress and impact your ability to function in your daily life.

You may seek out numerous cosmetic procedures to try to 'fix' your perceived flaw. Afterwards, you may feel temporary satisfaction or a reduction in your distress, but often the anxiety returns and you may resume searching for other ways to fix your perceived flaw.

The secrecy and shame that often accompany BDD make its diagnosis difficult. Most experts agree that many cases of BDD go unrecognised. People with the disorder often are embarrassed and reluctant to tell their doctors about their concerns. As a result, the disorder can go unnoticed for years or never be diagnosed

Dr Hillary Irimaiso, a psychiatrist and mental health advocate, says that for people with BDD, social media can often worsen their symptoms. He says that while social media makes it easier for us to compare ourselves with others, BDD can take it to a level of compulsion.

"The desire to have the perfect picture with the most comments and likes has led many into bleaching since many believe that fair and light skin is associated with beauty and wealth," he says.

According to Dr Jimmy Spire Ssentongo, there are two strong social forces when it comes to bleaching: one pushing black people towards 'whitening' themselves, and another rendering the practice unattractive due to social spite and insults in favour of staying 'black'.

It, however, also appears that the stigma is partly responsible for defensively pushing those who bleach into proving that they are not mistaken – hence continuing with the practice even after realising that it was a bad decision.

Dr Ssentongo, who is also the chair of the Centre for African Studies at Uganda Martyrs University, says that self-hate originating from false conceptions of beauty that pervade our society, often leading to the association of darkness with ugliness; lack of self-esteem and confidence; remnants of colonial misrepresentations of blackness in comparison to whiteness; and peer pressure have greatly increased BDD.

"If you listened to many of our songs and social characterisations of beauty, you would notice that the idea that the lighter one is the more beautiful/handsome they are likely to be, is very universal. Thus, it should not surprise us that some of our people resort to bleaching."

"Let us appreciate and teach our children and people to love their colour. Let us demystify the negative stereotypes about blackness that lead us into suicidal behaviour. We shouldn't end at sloganeering that 'black is beautiful, let us live the talk," Dr Ssentongo advises.

Namisango says she plans to gradually stop skin lightening, "I can't imagine bleaching myself until I am 70 years. It's too much work and worries, especially when creams are done or I need to go for the gluta IV (Intravenous injection) and I am broke. I can't keep running around like a headless chicken looking for that money that I could use for other things."

She urges the public to be compassionate in the way they treat people with visibly bleached skin, saying that they are already depressed people.

"Have sensitivity towards these people. They are addicts who are tortured daily by their appearance, especially if it's uneven and they have been burned by the chemicals. Do you think they don't know how they look? You think they don't wake up and look at themselves in the mirror and wish they had never started because now it seems like there is no turning back?" she asks.

Dr Irimaiso advises that one should change one's body image through dressing rather than changing one's body.

"We all want to look our best. But remember that healthy bodies come in all shapes and sizes. You can have a better body image starting right now by changing the way you think about your body. Being active, eating healthy food, and getting plenty of rest are key to stress management. Eating healthy can promote healthy skin. Exercise has been shown to boost self-esteem, self-image, and energy. All of these can make you feel good about your body," he concludes.

Coping with Emotional Health Crisis– Tips, Challenges and Precautions

By Patrick Teko

Sylvia Nabukenya is in her thirties and already has a master's degree from Makerere University, Kampala. She works for an international NGO and earns a fairly decent salary. Although she should be happy because of her achievements, she is not, for many reasons. Sylvia has always been physically small and the shortest person in her class but also at home. This should not be a problem since some people are naturally small in stature, but for Sylvia every time she thinks of her size she feels extremely bad.

As a small girl growing up, she was sometimes referred to as a 'genetic residue', 'midget' and by many other derogatory names often used to describe short /little people. Every time she hears words such as 'dwarf' and any other words used to describe short people but also short things, she feels like the ground should 'swallow her up'. What Sylvia Nabukenya is going through is an emotional health crisis.

According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2020), like a physical health crisis, an emotional health crisis, which can also be called a mental health crisis, can be devastating for individuals, families and communities. While an individual crisis cannot be fully predicted, it is important to plan how we structure services and organisational approaches to best meet the needs of those individuals who experience a mental health crisis. Too often that experience is met with delay, detainment and even denial of service in a manner that creates an undue burden on the person, health sector, emergency departments and justice systems.

SAMHSA (2020) adds that, given the ever-expanding inclusion of the term 'crisis' by entities describing service offerings that do not truly function as no-wrong-door safety net services, it's important to start by defining what an emotional health crisis is. This article also explores emotional health crisis- tips, challenges and precautions.

Definition of emotional health crisis

Sylvia says that what she feels causes her lots of stress and anxiety which can last a short time but sometimes take several days. It affects her work and sometimes makes her very irritable. Kubacka-Jasiecka (2010) describes an emotional health crisis (mental health crisis) as a natural element of life that can be described as a temporary, periodical disturbance of mental balance caused by a threat associated with the meaning of life and important values in confrontation with important life problems. It is characterised by a state of emotional tension and largely anxiety.

Publications of the IACP Law Enforcement Policy Centre (2018) define an emotional health crisis or mental health crisis as an event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extremely emotional, physical, mental, and/ or behavioural response.

Causes

Sylvia feels terrible every time she thinks of her stature and might not even clearly understand what causes this feeling or why it affects her so badly.

According to mind.org.uk (2017), an emotional health crisis can be caused by a range of factors, which may include: child abuse, trauma, or neglect, social isolation or loneliness, experiencing discrimination and stigma, social disadvantage, poverty or debt, bereavement, severe or long-term stress, having a long-term physical health condition, unemployment or job loss, homelessness or poor housing, being a long-term carer for someone, drug and alcohol misuse, domestic violence, bullying or other abuse as an adult, significant trauma as an adult like military combat, being involved in an accident where you feared for your life, being a victim of a violent crime and physical causes like a head injury or neurological conditions such as epilepsy.

At her worst, Sylvia feels fear, anger or excessive giddiness; psychological impairments such as inability to focus, confusion

or nightmares; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness or insomnia.

According to Pyramid Healthcare (2020), a mental health crisis can take many forms, which may include, and isn't limited to: self-harm, suicidal ideation, panic attacks, psychosis (loss of reality) and reckless behaviour, such as getting into trouble with the law.

Challenges of coping

Sylvia Nabukenya is not the only one going through this experience. Many women, men, girls and boys have on several occasions failed to perform properly as human beings because of myriad emotional crises. Kelty Mental Health Resource Centre notes that the most common mental health challenges and disorders are: Anxiety, attention-deficit/hyperactivity disorder, autism spectrum disorder, behavioural disorders, bipolar disorders, borderline personality disorder, concurrent disorders, depression and depressive disorders, eating disorders, emotional regulation, grief and loss, infant mental health, obsessive-compulsive and related disorders, psychosis, schizophrenia, self-injury, somatisation, substance use challenges, suicide, tics and Tourette syndrome, trauma and post-traumatic stress disorder (PTSD)

Precautions

According to SAMHSA (2009), for a person going through an emotional crisis like Sylvia's, ten essential values are inherent in any appropriate response, regardless of the nature.

Avoiding harm. An appropriate response establishes physical safety, but it also establishes the individual's psychological safety. For instance, restraints are sometimes used in situations where there is an immediate risk of physical harm, yet this intervention has inherent physical and psychological risks that can cause injury and even death. Precipitous responses to individuals in mental health crises often initiated to establish physical safety sometimes result in harm to the individual.

An appropriate response to mental health crises considers the risks and benefits attendant to interventions and, whenever possible, employ alternative approaches, such as controlling danger sufficiently to allow a period of 'watchful waiting'. In circumstances where there is an urgent need to establish physical safety and few viable alternatives to address an immediate risk of significant harm to the individual or others, an appropriate crisis response incorporates measures to minimise the duration and negative impact of interventions used.

Intervening in person-centred ways. Mental health crises may be routine in some settings and, perhaps, have even come to be routine for some people

with serious mental health or emotional problems. Nevertheless, appropriate crisis assistance avoids rote interventions based on diagnostic labels, presenting complaints or practices customary to a particular setting. Appropriate interventions seek to understand the individual, his or her unique circumstances, and how that individual's personal preferences and goals can be maximally incorporated into the crisis response.

Shared responsibility. An acute sense of losing control over events or feelings is a hallmark of mental health crises. Research has shown 'feeling out of control' to be the most common reason consumers cite for being brought in for psychiatric emergency care. An intervention that is done to the individual rather than with the individual can reinforce these feelings of helplessness. One of the principal rationales for person-centred plans is that shared responsibility promotes engagement and better outcomes. While crises may present challenges to implementing shared, person-centred plans, ultimately an intervention that considers and, to the extent possible, honours an individual's role in crisis resolution may hold long-term benefits.

Addressing trauma. Crises, themselves, are intrinsically traumatic and certain crisis interventions may have the effect of imposing further trauma, both physical and emotional. In addition, people with serious mental illness have a high probability of having been victims of abuse or neglect. It is essential that once physical safety has been established, the harm resulting from the crisis or crisis response is evaluated and addressed without delay by individuals qualified to diagnose, so that needed treatment should be initiated.

Establishing feelings of personal safety. An individual may experience a mental health crisis as a catastrophic event and, accordingly, may have an urgent need to feel safe. What is regarded as agitated behaviour may reflect an individual's attempts at self-protection, though perhaps to an unwarranted threat. Assisting the individual in attaining the

subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security (perhaps contained in a crisis plan or personal safety plan previously formulated by the individual) and what interventions increase feelings of vulnerability (for instance, confinement in a room alone). Providing such assistance also requires that staff be afforded time to gain an understanding of the individual's needs and latitude to address these needs creatively.

Based on strengths. Sharing responsibility for crisis resolution means understanding that an individual, even while in crisis, can marshal personal strengths and assist in the resolution of the emergency. Individuals often understand the factors that precipitated a crisis as well as factors that can help ameliorate their impact. An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only recover from the crisis event but also help protect against further occurrences.

The whole person. For individuals who have a mental illness, the psychiatric label itself may shape even dominant decisions about which crisis interventions are offered and how they are made available. An individual with a serious mental illness who is in crisis is a whole person, whose established psychiatric disability may be relevant but may or may not be immediately paramount. That the individual may have multiple needs and an adequate understanding of the crisis means not being limited by services that are compartmentalised according to healthcare specialty. An individual's emergency may reflect the interplay of psychiatric issues with other health factors. And while the individual is experiencing a crisis that tends to be addressed as a clinical phenomenon, there may also be a host of seemingly mundane, real-world concerns that significantly affect an individual's response.

The persona's credible source. Assertions or complaints made by individuals who have been diagnosed with a serious mental illness tend to be viewed sceptically by others. Particularly within the charged context of mental health crises, there may be a presumption that statements made by these individuals are manifestations of delusional thinking. Consequently, there is a risk that legitimate complaints relating to such matters as medical illness, pain, abuse or victimisation will go unheeded. Even when an individual's assertions are not well-grounded in reality and represent delusional thoughts, the 'telling of one's story' may represent an important step towards crisis resolution. For these reasons, an appropriate response to an individual in a mental health crisis is not dismissive of the person as a credible source of information factual or emotional that is important to understand the person's strengths and needs.

Recovery, resilience and natural supports. Certain settings, such as hospital emergency departments, may see individuals only transiently, at a point when they are in acute crisis and a decidedly high-stress environment. Even when not occurring within hospitals, mental health emergency interventions are often provided in settings that are alien to the individual and the natural supports that may be important parts of his or her daily life. It is important not to lose sight of the fact that an emergency episode may be a temporary relapse and not definitional of the person or that individual's broader life course. An appropriate crisis response contributes to the individual's larger journey towards recovery and resilience

Individuals often understand the factors that precipitated a crisis as well as factors that can help ameliorate their impact. An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only recover from the crisis event but also help protect against further occurrences.

and incorporates these values. Accordingly, interventions should preserve dignity, foster a sense of hope, and promote engagement with formal systems and informal resources.

Prevention. Too often, individuals with serious mental illnesses have only temporary respite between crises. An appropriate crisis response works to ensure that crises will not be recurrent by evaluating and considering factors that contributed to the current episode and that will prevent future relapse. Hence, an adequate crisis response requires measures that address the person's unmet needs, both through individualised planning and by promoting systemic improvements.

Conclusions

In agreement with Kelty Mental Health Resource Centre, emotional health crisis challenges and disorders can affect anyone. They affect all people irrespective of age, race and social class. The best way to prevent mental or emotional health crises from getting worse is to recognise symptoms early enough and get professional help.

The Impact of the COVID-19 Pandemic on the Mental Well-Being of Women

By Dr Patricia Litho

Impact

"What a year it has been! It's hard to put the tears in words," Atalanta (not real names), a 29-year-old single mother of two, is among the countless number of women worldwide who were affected mentally, physically and financially by the Covid-19 pandemic.

Coronavirus (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. People infected with the virus experience mild, moderate or extreme respiratory illness. The first COVID-19 case in the world was diagnosed in December 2019 in Wuhan, China; while in Uganda, the first case was reported on Saturday 21 March 2020.

In March 2020, a few days before the first case was reported, the first lockdown was announced and since then, there have been two lockdowns. These lockdowns and the pandemic overall have affected women and the world generally in different ways, all leading to anxiety, stress and depression, among other conditions.

"I was a victim of COVID in both waves and one of my kids contracted the virus in the first wave. It was the toughest time in the house. I had just started my business, Atalanta Creations, a small company that deals in the supply of company/ school uniforms and branding. After investing in my only income-generating activity, businesses

were all closed and then, I also got sick. I am the breadwinner in the home yet I wasn't working but I had to see that the kids survive in addition to my treatment costs, including oxygen. It was so tough!" Atalanta recounts.

When Atalanta tested negative after the second attack, her health was still not in perfect shape because her lungs had been infected and up to now her breathing is not perfect. All the combined issues led to stress and she realised that she was depressed when she returned home. She couldn't even deal with her children who were asking questions and, of course, wanted to play. She instead felt like beating them all the time. She had to go back to hospital because of high blood pressure.

"I knew this was because of stress but I didn't know how to avoid it. I felt no one loved or understood me. With COVID, not even your parents or relatives can visit you. They love you but they fear you, the emotional distance tortures you. Everything was disgusting; I would only think about death and sometimes wish for it. I was financially drained and yet costs had to be met. I was spiritually drained and had a constant headache. And then all I could hear was people dying, like my friend who was seven months pregnant. Depression is the worst and takes the longest time to heal."

The pandemic did not affect only those who got sick. Some people were distressed because their loved ones were sick. For some, it was the loss of jobs or closure of their businesses, and the general situation of fear where people held their breaths fearing the next bad news about a loved one who had succumbed to the disease.

Sherry narrates how the sister's sickness distressed her. "Some hospitals treated her for malaria and infection. Imagine all the money going to the wrong medicine until they tested her for COVID, which turned out positive. I was away from home for work, and all the calls made me anxious, fearing the worst would happen while I was away. One time they even called me at 4:00 a.m. telling me to go back home immediately. Then the pressure of the medical bills, and upkeep were high. When she came back home, we had to adapt to the SOPs —wearing gloves all the time, and sanitising, were all new and stressing."

When Atalanta tested negative after the second attack, her health was still not in perfect shape because her lungs had been infected and up to now her breathing is not perfect. All the combined issues led to stress and she realised that she was depressed when she returned home. She couldn't even deal with her children who were asking questions and, of course, wanted to play. She instead felt like beating them all the time. She had to go back to hospital because of high blood pressure.

Mercy Kwezi also shares that during the peak of deaths, she dreaded calls from home because of the fear of death-related news. She confesses, "Anytime my phone would ring, my heart would skip a beat, thinking that one of my loved ones had died."

A psychiatric nurse (name and workstation withheld on request) shares that most women are dependent on their husbands so when the husbands lost their jobs, the women suffered psychological distress because they were expected to run their homes, and yet there was no income. The fact is that it is psychologically distressful to run a home yet your hands are tied. She adds that some women have failed to adjust, and opted to leave their homes and their children in the wrong hands, leading to many families breaking up.

Dr Abel Rubega of the Department of Psychiatry at Mbarara Regional Referral Hospital, confirms that some women lost their jobs, and others were distressed because their husbands had lost jobs. "Some women are now facing domestic violence; their husbands lost jobs, became depressed and turned the depression into domestic violence, which in turn leads to further depression of the women. Other men who lost jobs are refusing their wives to work because they feel that their wives won't respect them."

Dr Rubega also notes that some husbands had no way to cater for their families due to loss of jobs so they disappeared, leaving the burden to the wives. "There is a man who disappeared and went away because he couldn't support his family anymore. The wife is now doing badly mentally".

Dr Rubega says that it's unfortunate because some women were stable and undergoing psychiatric treatment but have now relapsed and some have been readmitted because of the stresses caused by COVID-19.

A police officer in the Department of Child and Family Protection (name and workstation withheld on request) also shares about women's depression due to the COVID-19 pandemic and how this

has affected the family unit. She cited that many women were breadwinners yet they were laid off work, others closed their businesses, yet some had obtained loans from SACCOs. “All this caused depression. There is a lady who was working in a bar and when these were closed she had no survival means. The man she was with also couldn’t meet her anymore because of movement restrictions. She decided to throw away her baby due to the frustration. The community saved the day by reporting the case. When the police engaged her, she preferred going to prison to taking care of her baby. She was counselled and later accepted the baby.”

Some of the Positive Coping Mechanisms

Acceptance

Acceptance is crucial in any healing or even behavioural change process. Without acceptance, no action can be taken to improve any given situation.

Atalanta shared that the first step to coping effectively is to accept the issue at hand. “I had to accept that I had contracted the virus in both waves. After accepting the facts, I had to be practical. For example, the meal menu at home had to be adjusted because there was no money”.

Sherry applied tough love and told her sister to be strong and accept the situation. “My sister would call crying and asking us to go there which made us more anxious. I told her that we had no option. We couldn’t visit her as those were the rules and that she had to take her medicine, eat food so that she could heal and come back home.”

Managing your stress

Atlanta says that when she realised that the stress was unbearable, she left home so that she could recover completely. She wanted to come back with a clearer mind to be a better mother to her children.

Sherry also shares how she managed the stress. “Some people get too scared and dump more anxiety on you. They call you

crying and you think the patient has died. When I couldn't take this anymore, I had to switch my phone off and would only switch it on to talk to my father because he was not hysterical. He was strong and factual and this calmed my fears until I was able to physically reach home".

Sharing the pain

Dr Abel Rubega emphasises the importance of the popular adage 'a problem shared is a problem solved'. He says that sharing your problems can also be done virtually, especially on the different social platforms. "You could be on a WhatsApp group, you share an issue and get a reply. You can also realise that someone is depressed on social media. For example, someone has been actively posting and now it's a week. You need to monitor and check up on this person; the person could be about to commit suicide."

He noted that one key feature of depression is that someone loses interest in things that he or she loves.

Atalanta confirms that sharing relieves stress. He asserted, "You feel that you are not alone. Also when other people share their experiences, you sometimes realise that others are worse than you and you appreciate life more."

Sensitisation

A psychiatric nurse (name and workstation withheld on request) says that sensitisation is key to any healing or change. She advocates for mental health medical camps in communities so that people are aware of mental health issues and know-how to ensure a healthy mind. She comments that unfortunately mental health has not been given the attention it deserves because most medical camps or even talk shows on health include dental and other services.

Seeking mental health services

Dr Rubega notes that mental health is still not given priority since many don't appreciate that this area of health is crucial.

Atalanta confirms the above. "When I was depressed, I would wonder if there is anything a counsellor could tell me to help me."

Dr Abel Rubega advocates for seeking mental health services because the professionals have been trained in how to handle mental illness.

Time

As the saying goes, 'time heals all wounds'. It is, indeed, a fact that with time and engaging with the right coping mechanisms, depression or any other mental distress can be overcome. However, there is a need to understand that this will take time depending on different individuals.

Atalanta shares that depression doesn't go away easily. It takes time to do so and any person going through this should understand the time factor. She remarks, "It is a process. Sometimes I still cry out of the blue. Other times I am at a party or in a happy place but I feel that I shouldn't be happy or excited because of what I have gone through and yet everyone knows me for smiling and being a happy person. But after about four months, I have stabilised emotionally and at least now I am better."

Accounts of the effects of the pandemic are manifold and each is unique. For many, the pandemic caused various issues and many sectors are still in limbo, marked by uncertainty about the future. Take the example of the education sector. Many students have no idea when or if they will complete school. As for others, their fate was sealed as they will never return to school; some teenagers got pregnant, others were married off, while the situation of poverty in other families will not allow their children to pursue further education.

Dr Abel Rubega emphasises the importance of the popular adage 'a problem shared is a problem solved'. He says that sharing your problems can also be done virtually, especially on the different social platforms. "You could be on a WhatsApp group, you share an issue and get a reply. You can also realise that someone is depressed on social media. For example, someone has been actively posting and now it's a week. You need to monitor and check up on this person; the person could be about to commit suicide."

With all the challenges posed by the COVID-19 pandemic across all the sectors, one thing that is sure is that there is a need for coping mechanisms like the ones shared above and many others that haven't been mentioned, to facilitate adaptation so that we can sail through and survive the storm of the pandemic.

A Functional Piece on the Signs and Symptoms of mental health where to get help

By Kisolo Elizabeth

When Joseph Atukunda couldn't understand why he felt the way he did, he decided to end his life by hanging himself after taking rat poison. As he attempted to carry out his plan, he was hit by an afterthought that felt like a vision revealing to him that not all hope was lost. He often had weeks or months-long phases of severe mood swings, moving between elation and despair. He sought help from Butabika Hospital, a psychiatric hospital in the heart of Kampala, where he received help and learnt that mental disorders are not unique to Ugandan society although awareness among the masses is still low.

Mental health is the emotional, psychological and social well-being of any individual. It takes into account how one feels, acts, thinks, behaves and engages with the world around them (Felman, 2020). Mental health is embodied in the World Health Organisation definition of health which states: "Health is a state of complete physical, mental and social well-being not merely the absence of disease or infirmity". Mental health needs to be prioritised just like physical well-being. Despite the relevance of mental health, it is one of the sidelined health areas in Uganda despite having an estimated 35% incidence of people suffering from mental illnesses. Uganda allocates less than 1% of its budget each financial year towards mental health, of which 60% is allocated to Butabika Hospital, the national mental referral hospital, out of the 28 inpatient hospitals in the country.

It's important to note that there is a gap when it comes to research and scholarship on mental health in Uganda and little has been done or published to ascertain the correct statistics about the situation in the country. Mental health illnesses are differentially diagnosed, and include anger, anxiety and panic attacks, bipolar disorder, body dysmorphic disorder, borderline personality disorder, depression, dissociation and dissociative disorder, drug use including recreational drugs and alcohol, eating problems, hearing voices, hoarding, hypomania and mania, loneliness, obsessive-compulsive disorder, panic attacks and paranoia, among others.

The factors that cause mental disorders include physical or biological factors. These comprise the genetic make-up of an individual, substance abuse, brain injury or migraine. Social factors are the environmental factors surrounding us, such as living in a slum as opposed to living in an organized environment, the relationships we have with our friends and relatives, and one's conditions of work, among others. Psychological factors may result from an experience from the past that could have deeply impacted one. There are several risk factors that can place one at risk of suffering from a mental illness. For example, generally the number of people likely to suffer from mental illnesses is likely to be higher in low- and middle-income countries compared to high-income countries.

Signs and symptoms

The signs and symptoms of mental illnesses vary from one individual to another, though they remain a common trait all together as they affect the emotions, thoughts and behaviour of an individual. They include the following:

1. Feeling sad or down often. It is normal to feel sad situations don't change but sadness that continuously comes over and over without justification or even with justification affects the mental state of an individual.
2. Confused thinking. This is the reduced ability to concentrate on work. Sometimes, an individual's thinking process seems flawed. One has limited focus on thought processes and easily loses interest in

any conversation.

3. Excessive fear or worry. One always feels fearful about what the future holds, other people's motives towards them and about gaining weight, and is sceptical about their next steps or the people around them.
4. Extreme mood changes. These can be also known as mood swings or frequent outbursts of anger. Sudden changes in the mood for unexplainable reasons can be signs of mental illness.
5. Withdrawal from your relationships. This can also be loss of interest in interacting with the people you were formerly engaging or the activities that you formerly loved to engage in. This includes the desire to spend time alone more often than engage with the people whose company you formerly enjoyed.
6. Delusions, paranoia or hallucinations. Thoughts and imaginations about voices and sounds that are non-existent.
7. Substance use. This is the use of drugs such as cocaine, marijuana, pharmaceutical medicine or alcoholic substances. This can be an addiction or it develops as a distraction from one's daily stresses.
8. Change in eating habits. Just like sleeping habits are most likely to change, such as having insomnia, one is likely to binge eat or eat less compared to what they formerly consumed.
9. Suicidal thoughts. The desire to harm oneself is so haunting to an individual; thoughts to harm someone else can also occur.

(Casarella, 2020; Mental illness - Symptoms and causes, 2019)

It is important to note that mental illnesses can also be identified through physical pain such as continuous headache or migraines, stomach or back pain, among others (*Mental illness – Symptoms and causes*, 2019). It's not necessarily true that if any of the above signs and symptoms develop, one is mentally ill, as they could be signs of another health problem.

Uganda has one National Mental Hospital, Butabika, and 27 community-based psychiatric inpatient units where one can seek help in case of developing any of the above symptoms or signs. The government's efforts towards mental health are not really sound but grassroots and non-governmental organisations are at the forefront of fighting against the stigma towards mentally ill people in the community and bringing awareness to the communities. Organisations such as Mental Health Uganda, StrongMinds Uganda, TPO Uganda and YouBelong Uganda are some examples of the organisations that have established themselves in the country and focus on the mental well-being of the people.

Organizations that have been at the forefront of mental health awareness in Uganda include the following:

Mental Health Uganda (MHU). This is an indigenous, non-governmental organization that was established in response to the marginalization, isolation and abuse of rights of persons with psychosocial disabilities/users of psychiatric services, and their families. It offers services that range from awareness-creation about mental health, rehabilitation for psychosocial individuals, policy, legislation and rights advocacy, to partnership-building and collaboration, and capacity-building for sustainable livelihood. The organization has been in existence since the early 2000s and it is located in Rubaga Division, Lungujja, Makamba Zone, Cell 15.

Strong Minds Uganda is a women-focused social enterprise established in Uganda in 2013. It uses group talk therapy, a model which was founded on group interpersonal psychotherapy to reach out to women in impoverished communities to tackle depression. The organization boasts of having supported 95,000 women and adolescents in Uganda and Zambia as of 2021. It is located on Luthuli Rise, in Bugolobi.

In conclusion, prevention is better than cure. Nearly 13% of individuals suffer from a mental illness once in their lifetime. Not all hope is lost if one identifies and is quick to seek help from trusted friends and professionals. One can maintain positive mental health through connecting with other people, having a positive attitude, being physically active, having enough rest, engaging in community work, having spiritual sessions and getting professional help as soon as possible. It's only through having positive mental health that one can fully realize their potential as their

Impact of COVID-19 and Lockdown on the Mental Health of Children, Adolescents, and People with Disabilities

By Brenda Abiria N.

The outbreak of the COVID-19 pandemic, the subsequent countrywide lockdown measures, and the standard operating procedures (SOPs) imposed by the government to curb the spread of the virus had an overwhelming impact on the mental health of children, adolescents and people with disabilities. There was no specific national strategy in place to ensure that the needs of these groups are met.

Since the pandemic began, children have experienced a major disruption in all aspects of their lives; from schooling, sports, and other educational recreational activities to socialising with friends and families. It is over two years into the pandemic and the reopening of schools and learning centres is still on hold. An estimated 15 million Ugandan children have missed out on education since schools closed in March 2020, reports David Pilling. The United Nations Development Programme estimates that 1.9 million Ugandans fell into poverty in the first eight weeks of 2020's lockdown. Households with children were the most affected. Children exhibited malnutrition, especially after lifting the national lockdowns, with anxiety-related signs such as anger and withdrawal. Schools have been a lifeline for a lot of children. Often, meals are part of the school and the teacher is another trusted adult to ensure that children are alright .

According to Frank Olongo, a child and mental health counsellor at Mulago Hospital, mental health disorders start in childhood and 50% of mental health cases start manifesting by 14 years. If these mental illnesses are not diagnosed early enough, the children suffer in their attempts to cope as young adults which, for some, has resulted in suicide. Parents have been hesitant to help their children seek professional help because it is assumed that mental illness is not a real disease and by the time the issue is addressed, some children are in a critical state, normally termed as mad, and are always referred to Butabika Hospital, yet the disease can be arrested at an early stage in some of them. Frank also notes that the causes of mental disorders have increased at the hospital from five patients per day before COVID-19 to over 20 cases at the moment.

Joel Ssempa (not real name) is an 11-year-old boy who has been forced to become a street vendor selling masks on the road and during peak hours of traffic to supplement the family income. Joel comes from a family of six children – two boys and four girls – living only with their mother, whose income couldn't sustain all of them. So she told them that the two boys had to start working

to supplement the family income. Before the pandemic, Joel was in Primary 3 while his older brother was in Primary 6. Joel says he misses school and found it hard to work but it was the only solution. Joel says being on the street has been very challenging for them, as it involves standing in the sun for long hours and requires a lot of mental and physical endurances which he sometimes lacks. He looks forward to going back to school but he is unsure whether he will fit in class with his fellow students once school opens because he has grown taller and older.

Just like Joel, many school-going children are grappling with anxiety, child abuse, sexual harassment and worry about violence simply because some are unsure what the future holds, especially with regard to going back to school. There was an eruption of teenage pregnancies as children stayed away from school. UNICEF cites a report pointing to a 22.5% increase in pregnancies from March 2020 to June 2021 among girls and women aged 10-24. Many of the culprits are said to be older men who take advantage of the prevailing boredom and economic desperation to pressure underage girls into sex and early marriage. Many of these children may never go back to school due to low self-esteem and some will fear humiliation by friends at school.

Frank Olongo advises that such children should be taken to mental health clinics for counselling and mental support so that they don't end up sustaining lifelong psychological traumas and that they should be encouraged to go back to school.

Many children have had opportunities to engage in only limited physical activity and play throughout the pandemic, potentially affecting their development as well as their physical and emotional well-being. Children and adolescents need to be in a social environment to grow. Friendships are very important for growth and development and when children are not able to experience these friendships, it can get very lonely for them.

Adolescents are constantly undergoing physical and emotional cognitive changes. There are also hormonal shifts and the need for more independence, including peer challenges. With the added trauma of the global pandemic, it is not a surprise that adolescents are one of the most affected groups.

Being on lockdown and socially excluded is nothing new for people with disabilities due to the inaccessibility of resources and services that exist at multiple levels. The current lockdown has, however, made the situation more challenging for them by aggravating the barriers that already exist.

It should be noted that persons with disabilities are some of the most vulnerable sections of society and constitute about one-tenth of the total population of the country and that they were affected the most in terms of accessibility to and affordability of basic lifesaving services.

Right from the COVID-19 SOPs, people with disabilities were not included. The handwashing facilities provided to prevent infection with COVID-19 or, for example, the hand-basins, sinks and communal water pumps that people are expected to use for handwashing during the pandemic are accessible only to able bodied people. When it came to offering COVID-19 relief aid, there was no special focus on people living with disabilities yet some of them have special needs.

People living with disabilities couldn't work and fend for their families during the lockdown due to the closure of public means of transport and other business facilities.

Richard Suubi, a person living with disability, is a resident of Nabulagala II Zone in Nankulabye. He says his family had to go for days without food at the beginning of lockdown because he couldn't work. The father of seven has depended entirely on selling petty items in downtown Kampala from his wheelchair and would earn between UGX15,000 and UGX20,000 a day. He would use this money to educate and feed his children.

However, when the lockdown started, looking after his family became hard since he was now living from hand to mouth. This experience was extremely traumatic for him and his family and, at some point, he felt like he was running mad. Suubi says for a period of two months, his family survived on donations from well-wishers, which wasn't sustainable. His mental well-being was affected by that experience but he managed to recover when he started working again.

Samuel Kasujja is yet another person living with a disability from Kasubi Bakuli in Rubaga Division who for his entire life had been dependent on shoe mending. He said at the beginning of the lockdown he wasn't getting clients. He tried to get help at the Association of People Living with Disabilities in Bakuli but the response was poor. The chairman of the association told him that they didn't have anything to offer him as they were many. Such was the plight of some of the people living with a disability during the lockdown.

Mental Health Uganda, an indigenous membership organisation for people with psychosocial disabilities, is among

those that have been sounding alarms about the disproportionate impact of the pandemic and notes that the decision to put the country on lockdown resulted in a relapse in many persons with disabilities with pre-existing conditions who had to make frequent visits to hospitals and rehabilitation centres since the ban on public transportation made seeking care and medication close to impossible. Some had to walk long distances to get the drugs which were in some cases unavailable at the centres. The caregivers, although immensely vital, became hesitant to provide services in the current scenario due to the increased risk of infection.

Although the COVID-19 pandemic will surely be remembered as one of the defining events across the world, cutting across all generations, no generation will have experienced a greater impact than children. The young people will bear the brunt of the pandemic's impact for years to come. It is imperative to plan strategies to enhance access by children, adolescents and persons with disabilities to mental health services during and after the current crisis. A collaborative network of various stakeholders is required in this respect.

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