

Uganda's Commitment to Mental Health and Psychosocial Support (MHPSS) Requires 'Whole-of-society' Approach of Intervention

Dear Visitor,

The Kingdom of the Netherlands recently (7-8 October 2019) demonstrated its commitment to improving Mental Health and Psychosocial Support (MHPSS) for millions of people affected by conflicts and forced displacements through the first International Conference on Mental Health and Psychosocial Support in Crisis conference held in Amsterdam.

Under the leadership of Sigrid A.M. Kaag, Minister for Minister for Foreign Trade and Development Cooperation, the high-level conference [aimed](#) at; mobilising commitments to scale up sustainable and high-quality MHPSS, present proven and evidence-based approaches on MHPSS, and to increase countries' and partners' commitment to sustainable financial support for MHPSS in crisis situation.

During the conference, Uganda was represented by a delegation from the Ministry of Health and Civil Society representatives from the [Refugee Law Project](#), [Transcultural Psychosocial Organisation \(TPO\)](#), and [War Child Holland](#) among others. Therein, the need for 'spreading the word' for global recognition was emphasised.

"You can help spread the word so that everyone worldwide will recognise mental health and psychosocial support as a basic need," Minister Sigrid A.M. Kaag [said](#).

Owing to the above and having been an active participant at this historic event, I bring to you the (audio-recorded) [speech](#) of Dr. Olaro Charles, Director of Clinical Services at the Ministry of Health who represented the Government of the Republic of Uganda at the conference.

Arguably, Uganda recognises MHPSS as an essential element of the basic health care package and has made commendable strides in mainstreaming health service provision for refugees and hosts into national services. However, the [Health Sector Integrated Refugee Response Plan launched](#) in January 2019 has very little to say about MHPSS and actually silent on provision of psychosocial support services to refugees and hosts.

In line with the recently concluded conference, Uganda needs fast strides to clear the controversies and contentions regarding the long-overdue Mental Health Bill, which representatives of some Civil Society Organisations (CSOs) have [critiqued](#) its intention and argued that a) there is a conflict between the medical and human rights approaches to persons with disabilities, b) carries the spirit of cruelty of the outdated [1938's Mental Health Treatment Act](#), c) does not expressly protect the right of persons with mental disabilities to participate in formulation of treatment plans, d) does not provide for the minimum living conditions which should exist at a mental health facility among, and e) its hazy position on confidentiality of information among others.

While continuous efforts are required to realise *sea changes* in the lives of people grappling with mental health and psychosocial challenges, this cannot be left to officials in Government. Uganda's *lauded* ['Open-Door Policy'](#) of refugee management requires collective actions to

transform the 'whole-of-society' approach into reality – including bold commitments on MHPSS programming.

Indeed, things need to change! By sharing this post, I believe it contributes to amplifying voices of millions of people who continue to suffer in silence from mental health and psychosocial challenges arising from unspeakable legacies of protracted wars, violent extremisms as well as disaster-induced displacements among other factors fuelling mass exodus world-wide.

I hope this triggers you positively to support MHPSS activities within your means and reach.

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Next week, I will share the speech for the representative of South Sudan.

Thank you.