BUGANDA, BUSOGA HIT AS MENTAL HEALTH CASES SURGE

MENTAL WELLBEING

A National Planning Authority report predicts to be the next big health challenge to tackle. **Mary Karugaba** writes about what authorities in the area say should be done.

Buganda has been ranked number one among the sub-regions registering the highest mental health cases in the country.

According to the State of Uganda Population Report 2025 by the National Planning Authority (NPA), districts within South Buganda recorded the most dramatic surge. Cases rose from 32,216 in 2021 to 191,961 in 2024, representing a 495.9% increase, the highest in the country.

Busoga sub-region came second. The cases in Busoga more than doubled from 33,632 recorded in 2021 to 75,320 in 2024, representing a 124% rise.

Kampala recorded 95,041 mental health cases in 2024, up from 62,085 in 2021, representing a 53.1% increase over four years.

The report attributes the rise in cases rapid population growth, rising psychosocial stress linked to poverty and unemployment, as well as improvements in case detection and reporting within the formal health system, among other factors.

"These patterns underscore that mental health is not only a health sector issue, but a structural development challenge rooted in social and economic systems," the report noted.

NATIONAL CHALLENGE

NPA launched the report yesterday at Uganda Media Centre in Kampala.

Nationally, facility-reported mental health cases increased by 71% in just three years, rising from 494,326 cases in 2021 to 843,295 in 2024.

LEADING CONDITIONS

According to the report, unipolar depressive disorder tops the list, surging by 451.6%, from 20,005 cases in 2021 to 110,353 in 2024. The report links the spike to growing recognition and reporting of depression, possibly driven by post-COVID-19 pandemic stress, economic hardship and improved diagnosis.

Unipolar depressive disorder causes people to feel extremely low or sad for at least two weeks at a time.

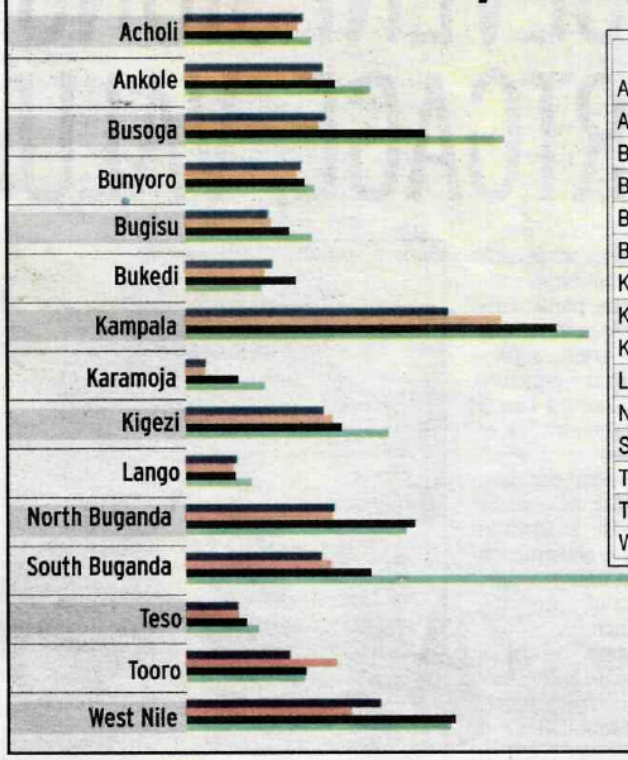
Anxiety disorder also rose sharply by 145.3% over the same period. Anxiety disorders are characterised by excessive, persistent and uncontrollable fear or worry that impairs daily functioning. Symptoms include restlessness, fatigue, racing heartbeat and, in cases like panic disorder, sudden, intense fear.

Substance (drug) use disorder cases climbed by 81.6%, highlighting what the report describes as a growing challenge of substance abuse, particularly among youth and urban communities. Alcohol use disorders rose by 21.5%, while alcohol-related dementia declined by 10.2%.

Bipolar disorder increased by 50.8%, while other adult mental disorders rose by 57.7%. Bipolar disorder is a chronic condition characterised by extreme mood swings, often causing severe disruption to daily life, sleep and decision-making.

GRAPHIC BY BRIAN SSEKAMATTE

Mental health cases by sub-region



	2021	2022	2023	2024
Acholi	28,290	27,148	25,676	30,169
Ankole	32,884	30,826	35,818	43,970
Busoga	33,632	32,091	56,959	75,320
Bunyoro	27,529	26,977	28,533	30,851
Bugisu	19,892	20,708	24,835	30,107
Bukedi	20,647	19,078	26,450	18,028
Kampala	62,085	74,949	87,571	95,041
Karamoja	5,059	4,915	12,411	18,719
Kigezi	32,970	35,147	37,170	48,048
Lango	12,281	11,505	12,030	15,653
North Buganda	35,459	35,077	54,451	52,245
South Buganda	32,216	34,802	44,010	191,961
Teso	12,602	12,683	14,263	17,379
Tooro	24,803	36,211	28,686	28,192
West Nile	46,177	39,601	63,774	62,340



Cost to economy

According to the report, in 2021, direct expenditure on mental health care stood at sh137.3b, although indirect productivity losses from absenteeism and presenteeism reached sh696.6b, bringing the total annual cost to sh833.9b.

"The evidence clearly demonstrates that the cost of inaction far exceeds the cost of strategic investment in prevention, early identification and integrated care," the report states.

In terms of monetary value lost to mental disorders, the costs ballooned from sh283b in 2000 to sh2.96 trillion in 2023.

"Under a business-as-usual scenario, total economic losses are projected to rise from approximately $1.1b (sh3.8 trillion) in 2024 to $4.5b (sh15.8 trillion) by 2040," the report states.

West Nile registered 62,340 cases, up from 46,177 in 2021, representing a 35% increase.

The report attributed the region's elevated burden partly to post-conflict trauma and substance abuse challenges.

Other high-burden sub-regions include North Buganda with a reported case of 52,245, up from 35,459 in 2021, representing a 47.3% increase. Kigezi recorded 48,048 cases in 2024, marking a 45.7% rise over four years. Ankole registered 43,970 cases in 2024, reflecting a 33.7% increase since 2021.

HIV/AIDS

According to the report, HIV-related psychosis cases grew by 47.1%. Schizophrenia and dementia also recorded significant increases of 35.2% and 29.6%, respectively.

Although epilepsy remained the most reported mental health condition — rising modestly by 7.8% — the report suggests this indicates consistent management and stable prevalence.

Cases of attempted suicide and self-harm increased by 26.4%, signalling what the report called worsening mental distress and an urgent need for strengthened suicide prevention and psychosocial support services. Child abuse and neglect cases, though relatively few, rose by 29.2%, underscoring rising vulnerability among children.



NPA executive director Muvawala. (Scan picture using the Vision Digital Experience to watch video)

5,300 POSTS TO BE FILLED

To operationalise minimum service standards nationwide, the report says that Uganda requires an estimated 9,661 mental health posts, yet only about 4,290 positions are currently filled, leaving a gap of more than 5,300 posts still vacant.

Over 96% of required mental health posts are located at health centres III, health centres IV and general hospitals.

"Shortages at these levels severely undermine task sharing, referral efficiency and service integration, resulting in delayed care, unnecessary referrals and congestion at referral hospitals," the report notes.

RECOMMENDATIONS

The National Planning Authority called for a shift from a facility-centred, specialist-dependent model to an integrated, community-anchored and system-wide mental healthcare approach.

Other recommendations include repositioning Butabika National Referral Mental Hospital into a National Institute of Mental Health. It would be focused on specialised care, research and training rather than long-stay admissions, closing legal and regulatory gaps. This would eliminate unlicensed detention and isolation centres and establish a regulated national digital mental health backbone for early screening and crisis support, as well as operationalising the Mental Health (Amendment) Act with enforceable standards and inspections across all providers.

AUTHORITIES REACT

Joseph Muvawala, the NPA executive director, warned that rising cases, growing productivity losses and the disproportionate impact on young people make mental health a foundational investment for Uganda's long-term development.

"Without urgent and co-ordinated action, Uganda risks undermining the very demographic dividend it hopes to harness," he said.

Julliet Nakku, the director of Butabika Hospital, said called for increased investment, mandatory recruitment of psychiatrists and integration of mental health across sectors.

The state minister for planning, Amos Lugoloobi, described the findings as "compelling with huge costs if we don't act now". He called on policymakers, local governments, civil society and development partners to implement the report's recommendations.

Dr Jane Aceng, the health minister, said mental illness was no longer a marginal concern but a key constraint on human capital, service delivery and socio-economic resilience.

"Human capital development cannot be achieved while mental ill-health is rising," she said.

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