



Butabika National Referral Mental Hospital, where more than 500 patients receive care daily. PHOTO/FILE.

Experts sound alarm over rise in psychopathy, sociopathy in Uganda

In Uganda's current mental health conversation, anxiety and depression dominate, while the more destructive rise of Antisocial Personality Disorder (ASPD) goes largely unnoticed, until a family is shattered, a community exploited, or a life derailed.

BY PAUL ADUDE

Behind Uganda's rising mental health crisis, where reported cases jumped by more than 71 percent between 2021 and 2024, lies a more concerning danger; the potential rise of Antisocial Personality Disorder (ASPD). Experts warn that ASPD, commonly known as psychopathy or sociopathy, are silently taking root.

Psychopathy is a personality construct defined by a lack of empathy, remorse, and conscience, paired with manipulative, antisocial, and bold behaviour, while sociopathy is a personality disorder marked by a consistent disregard for social norms, laws, and the rights of others, alongside a lack of empathy and remorse.

According to the State of Uganda Population Report 2025, launched by government in February this year under the theme "Mental health: A silent emergency," nearly one in four Ugandans is affected by mental health conditions, and in about 24.2 percent of adults and 22.9 percent of children. Yet fewer than one in 10 people in need receive appropriate care.

"For many people you speak to, when they finally bring a family member to us for help, they say, 'Oh, they used to behave like this, but we thought they would be okay,'" says Vivian Olgah Kudda, a clinical psychologist and general secretary of the Uganda

Counselling Association (UCA).

"That is why we are coming out from our clinical practices to go into the community and educate them about the tell-tale signs."

Dr Kudda explains that while conditions such as stress, anxiety, and depression are treatable over weeks, ASPD and related disorders often develop over time and enter a chronic phase.

"They may not be treatable, but are rather managed by different professionals from clinical psychologists to psychiatrists. Some people may need to be in a hospital," she says.

The real failure, she warns, often comes not from the illness itself but from the environment.

"People go to Butabika National Referral Mental Hospital, they are rehabilitated, treated, and they come out. But some may not be able to go back to their communities because the community will not trust that the individual is okay," Dr Kudda says.

Dr Faith Nakalema, a counselling psychologist, emphasises that even individuals with psychopathy are not beyond help, but they need support, not judgment.

"This person is already mentally sick. Most of the time, that person is not of sound mind. They really need support, and they do not need to be judged," she says.

She traces the roots of ASPD to early

trauma. "If someone grew up in a family seeing someone who is very aggressive, they will grow up with that kind of aggression. To me and you, we may look at this person as if they are violent or selfish.

Or they are generally quarrelsome, but the truth is they are unwell," says Dr Kalemwa.

She notes that families, schools, and communities play a critical role in either feeding or healing these behavioural disorders.

"Together, they really contribute a lot. But if these people can seek support from professional counsellors and psychologists, then they can be helped," she reveals.

Keen observation is key. As Dr Nakalema puts it, "everybody looks okay until one has a deep conversation with them.

Unless you do the assessment to really tell, you cannot assess the extent of the help they need. There are standardised tools that can be used for assessment in order to see how best you can support such a person."

The experts agree: Uganda cannot afford to ignore the subtle signs of ASPD. A job loss, a crushing loan, a family illness, these can overwhelm the brain's processing capacity. Sleep fades. Irritability grows. The jolly person becomes distant. Then they wander off. Then they stop picking calls and the next time you see them, they are part of a tragic story on national television.

"If a society is not able to interpret such behaviour, they will say the person will be fine, or the person has been bewitched," Dr Kudda says.

"That is why it is critical for us providers to speak to communities and enlighten them. As professionals, we cannot do this without community, because people live in communities, not in hospitals," she adds.