

# ADVOCATING FOR MENTAL HEALTH IN UGANDAN SCHOOLS:

## The Journey to Circular 20

### OVERVIEW

While schools in Uganda shape the futures of millions of young people, until recently they offered no dedicated support for mental health, the very foundation for learning and wellbeing.

To change this, StrongMinds launched a youth-driven advocacy campaign in 2022, forming a coalition of students, teachers, and parents to call for new government policies to support mental health in schools.

Their efforts led to Circular 20, a Ministry of Education and Sports directive requiring every school to dedicate one hour each week to mental health education. The circular equips schools with guidelines, training, and funding to support student wellbeing.

This case study highlights why adolescent mental health matters, the journey to Circular 20, and lessons for policymakers and organizations seeking to expand youth mental health access in Uganda and beyond.



### Background

Since 2013, StrongMinds Uganda has treated depression in communities using Group Interpersonal Therapy, an evidence-based group talk therapy model that can be led by lay community members. In 2019, we started working in schools, training teachers to screen for depression and lead group therapy sessions.

### Identifying the Need

After COVID-19 lockdowns created a surge in mental health distress among adolescents, it became clear that Uganda needed national education policies that supported mental health in schools. It was time to advocate for change.

### Building a Coalition

StrongMinds brought together a coalition of adolescents who had completed our therapy program, along with parents and teachers from five regions, to influence national education policy to better support adolescent mental health decision-makers. We then provided training in person-centered advocacy, problem identification, stakeholder mapping, messaging, evidence gathering, and policy analysis.

## Gathering Research & Evidence

The coalition researched Uganda's existing laws and policies, and discovered that none mandated mental health services for young people, despite acknowledging the need. They collected stories and testimonials: students shared moving stories of how depression had driven them to drop out, engage in sex work, and even attempt suicide, while teachers reported that they lacked the skills and confidence to address mental health issues.

## Presenting Learnings and Recommendations to Stakeholders

With their compiled evidence, the coalition approached the government to ask for policy change that would prioritize mental health in schools. Noting the government's existing mandate for schools to set aside time each week for physical exercise, the group proposed a similar solution for mental health, which would ultimately shape national policy.

To share their findings and recommendations, they held two stakeholder meetings—one with civil society organizations and educational institutions, and another with Members of Parliament and officials from the Ministries of Education & Sports and Health. The young people in the group shared stories, skits, and poems, highlighting how the lack of mental health support in schools contributed to dropouts, teen pregnancies, and substance abuse. As a result of these meetings:

- Civil society groups pledged to integrate mental health into their programming.
- Government officials committed to drafting a **policy circular** and delivering the petition to senior leadership.
- Decision makers recommended additional advocacy steps, including a formal letter to the Speaker of Parliament.

## Policy Impact

The most significant outcome of this advocacy endeavor was a new national policy: The Ministry of Education and Sports issued Circular 20 in September 2022, directing schools to spend an hour each week on mental health. It requires schools to designate funding and staff support to mental health activities. Schools must also establish directories of potential mental health partners to support implementation.

To help make the goals of Circular 20 a reality, the Ministry developed manuals and guidelines, showing schools how to provide mental health services and allocated Ministry funds for teacher training. The circular has also been adopted by NGOs that implement education programs throughout the country.

## Sustainability and Next Steps

To ensure policy directives become reality for all schools in Uganda, StrongMinds continues to engage with schools, communities, and policymakers. This includes:

- Conducting orientations and surveys;
- Continuing mental health awareness activities with students;
- Advocacy at the local and national level to ensure leaders are being appointed and budgets are allocated.

## Sustainability and Next Steps

StrongMinds' advocacy for Circular 20 highlights the power of coalitions led by people with lived experience. With the right training and facilitation, diverse groups can unite around shared goals. Circular 20 shows what communities can achieve when equipped to create their own solutions.

Telegram: "EDUCATION"

Telephone: 234451/8

Fax: 234920

E-Mail: [permasec@education.go.ug](mailto:permasec@education.go.ug)

Website: [www.education.go.ug](http://www.education.go.ug)

In any correspondence on GC/2022/09



Ministry of Education and Sports  
Embassy House  
P.O. Box 7063  
Kampala, Uganda

### CIRCULAR NO. 20

29<sup>th</sup> September 2022

Executive Director, KCCA  
All Chief Administrative Officers  
All District Education Officers  
All District Inspectors of schools  
All Municipal Town Clerks  
All Municipal Education Officers  
All Headteachers of Primary schools  
All Heads of Post Primary Education Institutions

### **PRIOTIZING MENTAL HEALTH EDUCATION AND CARE IN EDUCATION INSTITUTIONS**

The outbreak of COVID -19 and the closure of schools had significant effect on the growth and development of children including the teaching learning process. Many teachers and learners suffered from loss of social interactions that the learning institutions offered, a number of children exposed to online learning but also risks of grooming and exploitation, domestic violence and neglect, child pregnancies, HIV/STIs and forced marriages. Children were exposed to negative coping mechanisms including self- harm, suicidal thoughts, alcohol and substance use that accelerated their vulnerability to mental illness. According to Kuntz (2020), COVID-19 was described as an acute stressor that could induce trauma and destabilize individuals including their work potential and relationship with others.

The lockdown period created a shift in power dynamics as a number of men were rendered incapable of sufficiently providing for their families, marriages shattered, 'a baby boom' as the country registered the highest numbers of child pregnancies, many risky abortions carried out and some learners lost their lives. While the emotional



wellbeing of children and young adolescents is central to their learning, balance and stability in life, the COVID-19 situation exposed children and adolescents to violence, neglect, grief and severe life changes, early marriages which are likely to trigger early onset of mental ill health in adolescents. The effects of COVID-19 continue to ignite the risk of depression, anxiety and stress among adolescents as a population group that was less prioritized in the fight against COVID-19. Globally, half of all mental illnesses start by the age of 14, and mental illness affects 16% of adolescents between the ages of 15 and 19. Even teachers were equally affected at personal, family and professional levels, their resilience depleted; making teaching- learning process compromised.

The re-opening of learning institutions and the revised guidelines on management of teenage pregnancies and re-entry of child mothers in school ensured the Right to Education for the girls and boys. Though the medical and economic consequences of COVID- 19 are well-known, staff and children's behaviors show high mental health challenges including anxiety, stress, depression, suicidal attempts, alcohol and substance use. Unfortunately, many teachers like their learners continue to exhibit multiple emotional and psychological failures that hinder class attendance, participation and learning achievement.

The Ministry of Education and Sports, through the Department of Guidance & Counselling with support from USAID/LARA developed *The Psychosocial support training guide* to help orient the school staff to build resilience among learners. However, the teachers trained are overwhelmed by the mental health challenges, tight school programs, limited support from other staff, and limited capacity to address the different mental health issues. The Ministry of Education is committed and continue to work closely with the different partners to enhance the capacity of learning institutions to support emotional recovery for effective teaching learning process.

In the medium term, the following actions should be observed in all learning institutions across the country:

1. Designate 2 staff to serve as a senior woman and man teacher/instructors who will coordinate the guidance and counselling activities for learners and staff.
2. Orient the designated staff on their roles using the Ministry of Education & Sports *Guidelines for Senior Man/woman*. Neither of the designated staff will

sit on the disciplinary committee as this compromises the quality of care and rapport.

3. Constitute a guidance and counselling committee chaired by the senior woman or man, with either of them serving as alternate chair. The committee should have at least 4 members, but not more than 7 members. The committee should identify the common mental health or psychosocial issues among learners and staff for appropriate care, linkage or referral support.
4. Institutions should review their programs/routine to accommodate group or peer or individual intervention counselling sessions for appropriate recovery support. Every learning institution should allocate time/timetable for at least ONE HOUR every week to implement basic counselling and psychosocial support interventions. Each institution should keep a record of learners/emotional issues affecting learners or staff.
5. Education institutions should allocate at least 1% of its resources to cater for specialized services for staff or learners challenged by emotional and mental health threats including referral or transfers for complex assessment and management.
6. Learning institutions are encouraged to engage professional counsellor/psychologist to handle complicated psychosocial emotional issues. Where the institution is not able to contract her own counselling expert, cases should be referred to the nearest health centre III or hospital for specialised care.
7. Each learning institution should map the partners and individuals within their geographical location who could have the technical expertise to enhance wellbeing and mental health. To strengthen the partnership and collaboration between learning institutions and other mental health services providers, a directory of active partners will be kept at the institution, termly and annual reports submitted to the local Education department and MoES respectively.
8. The institutional leadership should liaise with the responsible offices to train its staff in basic guidance and counselling skills including emerging ethical issues, approaches, research, policies and guidelines.
9. School leaders should also take advantage of online support services/ Teletherapy to address emotional distress or depression among staff and



learners. This service is provided by *Strong Minds Uganda* through dialing \*252\*10# for free counseling. Registration is free on MTN network, Airtel charges shillings 160 to register.

10. All institutions should therefore prioritize the mental health of its members to minimize the different learning and developmental disorders especially among learners and young staff.



Ismael Mulindwa

**For: PERMANENT SECRETARY**

**Copy:** First lady and Minister of Education and Sports  
Ministers of State for Education and Sports  
Chairperson, Parliamentary Committee on Education  
Chairperson, Parliamentary Committee on Children  
Chairperson, Parliamentary Committee on Health  
All Resident District Commissioners  
All District Chairpersons, LCV  
All Chairpersons, District Education Committees  
All District Directors of Health Services  
All Chairpersons, Governing Councils  
All Chairpersons, Boards of Governors  
All Chairpersons, School Management Committees  
All Proprietors of Private Education Institutions  
All Chairpersons, PTAs  
All Chairpersons, ASSHU