EAST AFRICAN MENTAL HEALTH SUMMIT 2025

Conveners: Ministry of Health, Uganda (Division of Mental Health and Control of Substance Abuse) in partnership with StrongMinds Uganda.

Moderator: Moses Jr Kiboneka (Uncle Mo)

Rapporteurs: Amanda Thompson Agaba(MSW,LCSW), Maria Mwase

Front Cover Photo: 2025 East African Mental Health Summit participants at Mestil Hostel.

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

STRONGMINDS

2025
East African Mental Health Summit

Community Action: Scalable Innovations for Mental Health Integration Across Sectors

22nd - 23rd October 2025

Mestil Hotel, Kampala

Uganda

Contents

Acronyms

CP	Child Protection
IPT-G	Interpersonal Group Therapy
mhGAP	Mental Health Gap Action Programme
MoGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoLG	Ministry of Local Government
MHPSS	Mental Health and Psychosocial Support
NCDs	Non-Communicable Diseases
PTSD	Post-Traumatic Stress Disorder
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

EAST AFRICAN
MENTAL HEALTH SUMMIT
2025

Summary

Executive Summary

Snapshot: 2025 East African Mental Health Summit

Introduction

This inaugural East African Mental Health Summit, held on 22nd and 23rd October 2025, at Mestil Hotel in Kampala, Uganda, envisioned regional collaboration and strengthened cross-sectoral action in mental health. It primarily focused on scaling community-level mental health innovations in the region by showcasing proven models, engaging people with lived experience, and issuing regional calls-to-action on community mental health integration in East Africa.

Theme

The summit convened under the theme, *"Community Action: Scalable Innovations for Mental Health Integration Across Sectors."*

Discussion

Mental health is a human right, a state of mental well-being that enables people to cope with the stresses of life, realise their potential, build relationships, and function in society.[1] Globally, an estimated one billion people are affected by mental health conditions, and 80% of those live in low-to-middle income countries on the African continent.[2] Across the continent, mental health conditions are worsening, and it is estimated that by 2050, the prevalence in sub-Saharan African youth could increase by 130%.[3] A large majority of African governments spend less than one percent of their allocated health budget on mental health. This limited investment has left an estimated 85% of their general populations with little-to-no access to effective treatment or support.[4] Due to the region's inability to address mental health concerns within communities, there has been reduced productivity and negative impacts to livelihoods, food security, as well as increased associated social disruptions, such as high crime rates, homelessness, and other social problems affecting quality of life. On a regional and national scale, these effects have multiplied into: economic loss, reduced workforce participation, increased healthcare demands, and worsening existing social inequalities. The East African region urgently needs to address mental healthcare concerns before conditions worsen.

The East African Mental Health Summit featured comprehensive plenary sessions, interspersed with mental health stories of lived experiences, an enlightening keynote address, as well as pertinent statements from development partners addressing issues related to the theme. This summit provided a platform for multiple stakeholders to deliberate on key issues affecting the mental health integration across sectors and within the East African region and beyond. Attendees' key insights and expertise significantly contributed to a productive and impactful gathering.

[1] World Health Organisation (2023). Factsheets on Mental Disorders

[2] United Nations (2022). Nearly One Billion People Have A Mental Disorder

[3] Charlson F.J., et al (2014). Mental and Substance Use Disorders in Sub-Saharan Africa

[4] StrongMinds (2022). Why Does Mental Health in Africa Matter?

Participation Profile

100+

Participants

In-person & Online

This event brought together representatives of East African governments and policymakers, civil society organizations, development partners, service providers, mental health professionals, youth networks, community leaders, academic institutions, faith leaders, and the media.

Calls-to-Action

Key takeaways from this summit sprang from the recommendations and opportunities expressed in the panel plenary discussions, and were refined into the "Kampala Call-to-Action" – a shared vision for community-led action in mental health integration, as summarized below:

- Embed mental health in primary healthcare systems.
- Strengthen mental health Policy, financing, and governance.
- Champion mental health in education and youth development.
- Mobilize and scale-up successful community-led mental health initiatives.
- Integrate MHPSS in crisis and humanitarian response situations, as well as chronic illnesses and holistic end-of-life care.
- Prioritize workplace mental health in both formal and informal sectors.
- Harness digital health and innovation solutions to expand access, integrate data, and accelerate collaborative learning across East Africa.
- Decolonize and destigmatize mental Health programming to ensure culturally-relevance and favourable reception within the communities.

This is a call to governments, civil society, development partners, the private sector, academic institutions, and faith leaders collaborate and consolidate resources toward better mental health outcomes and the prosperity of our region.

EAST AFRICAN MENTAL HEALTH SUMMIT

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Day One

Welcoming Remarks

Voice of Lived Experience: From Punishment to Promise

Innocent Mukisa (22), gave a testimony about how depression drove him to crime. During his senior 4 vacation (at 18 years old), he stole money from his father's employer and was promptly arrested – a situation that worsened his depression.

Fortunately, Innocent's incarceration became his salvation; he got help for his depression through StrongMinds prison group therapy program. Through his experiences and involvement with the program, Innocent was inspired to help fellow inmates as a social work volunteer.

From behind bars, Innocent reconciled and made amends with his family. These actions aided his defence at retrial, and he was granted compassionate release and time served.

Innocent has continued his work as a StrongMinds social work volunteer, helping prisoners and other clients. He has been given the opportunity to go back to school and complete his formal education. StrongMinds prison group therapy program demonstrates the benefits everyone can get from receiving treatment for their depression, regardless of where they are or what they've done. Mental health is not a luxury, but a necessity and right to which we are all entitled.

Spark The Day: StrongMinds Uganda

"Good mental health is the foundation for strong families and communities."

Vincent Mujune – Country Director, StrongMinds Uganda, observed all protocol and warmly welcomed guests to the inaugural East African Mental Health Summit – a critical and definitive step towards breaking the silence on mental health, given the high prevalence of unattended or unseen mental health disorders and conditions such as depression, anxiety, PTSD, substance abuse issues and suicidal ideation. Poor mental health is exacerbated by existing socio-cultural and gender-specific issues, strained health services, social and environmental stressors, conflict and instability, as well as rampant poverty in the region.

Community health workers, people with lived experiences, para-social workers, community and faith-based leadership, as well as teachers are ideal first-line responders in efforts to improve mental health outcomes in East Africa. By decentralizing mental health care beyond institutions and facilities to the grassroots, communities will become empowered to take ownership of their own mental health support, thus ensuring sustainability.

He also urged participants to share and learn from their different communities of practice and leverage their individual strengths and creativity to build a formidable response to the mental health crisis in East Africa. This summit will create a framework, the "Kampala Calls-To-Action" that will serve as the foundation for community mental health integration with actionable policies, systems and strategies for the region. The time to act is now.

Welcoming Remarks: Ministry of Health

"Mental health is an area that is often under-looked, yet it drives our thinking, behaviour and actions."

Dr. Oyoo Charles Akiya – Commissioner in Charge of Non-Communicable Diseases, Ministry of Health, welcomed and recognized all event guests and participants from the African diaspora while observing proper protocol.

He also recognised the importance of community action in addressing mental health outcomes to the individuals, families and communities in resource-limited settings in Africa.

Furthermore, he identified key challenges including: limitations in human resources, skilling, access to medication and/or care, and inherent mental health stigma. He made a call to action for early detection, as well as timely and dedicated interventions tailored to address these challenges at a community level.

Additionally, he stated that this summit is looking to develop real practical solutions whose successes can be replicated and multiplied within our different communities for the benefit of all – irrespective of age, gender, and socio-economic status.

Keynote: Decolonizing Mental Health and Harnessing Local Resources for Community Resilience

"In the area of mental health, the decolonization debate draws attention to the influences on our understanding, teaching, research, diagnosis, therapies and interventions."

Dr. Martin Baluku – Dean of Psychology, Makerere University School of Medicine, acknowledged the pressing need for Africans to readdress or reverse the impacts and persistent harms of a colonization mindset still lingering in African politics, social norms, cultures, and environments, influencing actions, behaviours and thinking.

In order to make positive and concrete strides toward mental health integration across countless communities in the region, additional research and action are required in the area of mental health decolonization efforts, harnessing appropriate local resources for community resilience.

A process that would require the following:

- Creating a contextually-relevant hybrid of practices and knowledge, that combines elements of western-centric models and African sensibilities such as indigenous healing systems and languages of care for collective healing.
- Embracing more holistic and context-specific ways of diagnosing mental health problems.
- Overcoming the stigma around mental health, as well as any stigma about local/cultural and faith-based approaches.
- Valuing community-based support systems, storytelling, cultural and faith-based practices.

In closing, the speaker highlighted Uganda's fragile and alarming mental health landscape that has one psychiatrist per 100,000 people, with over 40 districts unable to access mental health care, and allocates less than one percent of its budget towards mental health – other countries in the region share similar statistics. For better mental health care outcomes in East African communities, there needs to be integration of and improved access to mental health services across sectors, regional collaboration, as well as empowering and building community capacities for sustained impact.

Panel 1: Regional Framing Panel

State of Community Mental Health Services in the East Africa

Panel Profile

An examination of community mental health services vis-à-vis the structures, actors, laws and policies, challenges faced, successes, identified gaps and lessons learned in Uganda, Kenya and Tanzania.

- Session Chair – Dr. Juliana Busasi, Executive Director, Tanzania Medical and Health Foundation.
- Panellists:
  - Dr. Hafsa Lukwata Sentongo – Assistant Commissioner Mental Health and Control of Substance Abuse, Ministry of Health, Uganda
  - Dr. Mercy Wachera Karanja – Consultant Psychiatrist and Head of Mental Health Division, Ministry of Health, Kenya
  - Deborah Luabano – Ministry of Health, United Republic of Tanzania.

Panel Discussion

- **Current landscape of community mental health in the East African region:** Allowing for minor variances between different countries, the mental health landscape shares similar attributes:
    - High rates of common mental health conditions such as depression, anxiety and substance abuse. These are significant public health issues across the region.
    - A shortage of medical professionals, particularly in the area of mental health. There is a critical lack of trained mental health workers, including psychiatrists, psychologists, occupational therapists, and counsellors.
    - Fragmented health systems with mental health care disconnected from primary health services, and little-to-no formal mental health structures. This signals a need for better integration into broader health systems.
    - Significant stigma and discrimination have left individuals with mental illnesses and their families at a severe socio-economic disadvantage.
    - The interplay of tradition, faith/religion, and a western medical model creating unique challenges for the provision of culturally-sensitive care.
    - Limited funding, inadequate budget allocation and other resource limitations hinder service expansion and equitable access.
    - There is a recognized gap in mental health research and data. This evidence is needed for real-time policymaking and the design of appropriate structures, services, and systems.

- **Progress and Opportunities:**
    - Increased awareness and sensitivity to mental health conditions in the region. Africa has the highest suicide and substance abuse rates globally. This is exacerbated by conflict and trauma, gender inequality, stigma, poverty and other socio-economic challenges.
    - Adoption of community-based care rather than institutionalization. Empowering communities to elect local care, e.g., training volunteer workers in IPT-G to help others within their communities, such programs need to be supported and scaled-up.
    - A growing recognition of the need to integrate modern psychological science with indigenous and faith-based healing practices for improved service delivery and acceptance of mental health support within communities.
    - Regional networking and collaboration through networks such as the East Africa Community Mental Health Network (EACMHN) are vital in championing the needs of marginalized groups, as well as sharing knowledge and expertise.
    - Youth-focused initiatives like the ECSA-Commonwealth Youth Mental Health Project incorporate youth voices into regional frameworks and build peer support networks, in a bid to make mental health services accessible and affordable for young people.

- Innovations in digital technologies, such as telemedicine and mobile health applications offer potential solutions to overcome geographical barriers and improve service delivery.

- **Proposed Path Forward:**
  - Policy and system reform through developing comprehensive policy frameworks specifically integrating mental health into primary health care systems.
  - Decentralize mental health care to community-based MHPSS, and empower communities to take ownership of their own mental health support. Widen the mental health support base by building the capacities of frontline workers (such as teachers, community leadership, faith-based leaders) to provide basic MHPSS skills to offer immediate support, make appropriate referrals, and help bridge the mental health professional shortfall.
  - Adopt modular training with stackable credentials in mental health support. Institutions of higher learning can break up larger courses into manageable units and independent programs that make mental health education more accessible, allowing for quicker entry into the mental health professional workforce to bolster numbers. For example, in Tanzania the creation of a Bachelor of Mental Health and Rehabilitation program that started in 2015 has given rise to over 200 graduates that are trained and ready to help citizens. In addition, this strategy can improve the capacities of existing health care workers to include MHPSS.
  - Multi-sectoral collaboration amongst stakeholders working toward creating community-led action for sustainable mental health integration. Furthermore, enforcing affirmative action for mental health so that all programs, sectors and campaigns (health messaging) have a provision for mental health support.
  - Create a contextually-relevant hybrid of communities of practice. This would include developing a compendium of local names for mental health conditions for the purposes of mental health awareness and sensitization, as well as eliminating stigma within communities.
  - Increase budget allocation to the mental health sector, with emphasis on domestic funding and investments in capacity building and infrastructures such as: national insurance schemes for affordable mental health care, and digital technologies and innovations for improved access and greater reach.
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Panel 2: Mental Health Integration

Strengthening the Frontline for Accessible, Equitable and Sustainable Care

Panel Profile

A discussion on how mental health can be integrated into primary healthcare by strengthening the frontline for accessible, equitable, and sustainable care in the region.

- Session Chair – Dr. Kalani Kenneth, Psychiatric and Senior Medical Officer, Ministry of Health.
- Panellists:
  - Dr. Brian Mutamba – *Deputy Director, Butabika National Referral Hospital*
  - Dr. John Kiwanuka Ivan – Senior Medical Officer, Community Health, Ministry of Health
  - Dr. Nakayima Christine –
  - Dr. Teresia W. Kariuki – Head of Community Health Services, Kiambu county, Kenya
  - Dr. Innocent Yusufu – Senior Research and Program Officer, Africa Academy for Public Health (AAPH).

Panel Discussion

- **The role of health workers in community mental health screening:** Mental health is not a monolith, but a collection of a variety of mental health conditions and illnesses requiring different tools and screening guidelines. There is a need to assess community-level competences, as well as create clear and specialized tools for assessments and screening. However, digital technology and innovations can and have been adopted to help with access to screening, assessments, and treatment protocols. It should be noted that in crisis and humanitarian settings, emergency care and early interventions can be provided at community level before referring complex cases to Uganda's lone national referral facility for specialist care.

- **Utilizing people with lived experiences in community mental health:** Keep community at the centre of the work by utilizing VHTs and community health linked to national health care. Leverage religious and cultural leaders trained in MHPSS to help address issues of stigma, integrate screening to community mental health, and streamline referrals. Consider the best practices of successful past programs like the HIV/AIDS care program in line with how it addressed stigma, handled advocacy and continuum of care, and retool its core elements as appropriate for mental health care.

- **Ensuring community health standards:**
  - Guidelines and policies for screening, assessment, treatment/management and referral need to be reviewed and updated to ensure proper compliance at all levels of care (national and regional referral hospitals, as well as health centres at the community level).
  - Accountability is required at all levels of care. For example, client feedback mechanisms to ensure the highest quality of care, and quality review meetings to identify gaps and best practices in communities of practice.

- **Proposed Path Forward:**
  - Decentralize mental health care to community-based MHPSS.
  - Integrate mental health into primary health care.
  - Tailor interventions to local contexts.
  - Address gaps in referral pathways. For example, clients usually wait until they are severely unwell to seek help.
  - Build capacity at district and community levels.
  - Eliminate stigma by addressing myths and misconceptions through social behaviour messaging for communities and the medical community.
  - Develop standards and guidelines for mental health care. This includes standardized competency for mental health.

Panel 3: Community Action in Crisis & Humanitarian Settings

Demand Integrated, Community-Driven Mental Health and Psychosocial Support

Panel Profile

This panel reviewed the current refugee response landscape, the integration of community-based MHPSS in crisis and disaster-affected communities, as well as how communities are supported through trauma recovery and resilience building in crisis and humanitarian settings.

- Session Chair – Dr. Kalani Kenneth, Psychiatric and Senior Medical Officer, Ministry of Health.
- Panellists:
  - Isaac Kabassi (online) and Maureen Anyango Lugalia – UNHCR, Uganda
  - Michael Wasswa – Clinical Psychologist, TPO Uganda
  - Sara Juuko – Country Director, Tutapona Uganda
  - James Parry Wamutu – In-charge Bulambuli Response, Uganda Red Cross Society
  - Martha Amulen – Center for Victims of Torture.

Panel Discussion

Stakeholders called for a holistic, African-centered approach to prioritizing mental health integration, community empowerment, and an urgent, coordinated action to strengthen MHPSS in crisis and humanitarian settings.

- **Key Issues and Challenges:**
  - Funding shortfall and uncertainties against elevated needs for MHPSS services beyond stakeholder capacity.
  - Limited awareness of MHPSS data and service mapping.
  - Identified community barriers such as cultural stigma, language, as well as health access in terms of long waiting times and associated costs.
  - Increasing rates of alcohol and substance abuse.
  - High suicide rates among male refugees noted in Kaya II, Bidibidi and Palorinya settlements in Uganda, as of 2025.

- **Proposed Path Forward:**
  - ☐ Prioritize mental health as a core protection and life-saving need, call for dedicated domestic financial and human resources, as well as consolidated multi-sectoral stakeholder collaboration, and community-based MHPSS systems with strengthened referral pathways to ensure holistic care for refugees and host communities.
  - ☐ Coordinate action to strengthen MHPSS and Child Protection (CP) systems in refugee and emergency contexts.
  - ☐ Provide additional funding towards community-based capacity building, training local and refugee workforce to deliver psychosocial care within existing community systems.
  - ☐ Partners are urged to promote South–South learning to scale effective community innovations across regions.
  - ☐ Mental health interventions should be grounded in local realities, culturally relevant, and inclusive of children, women, and other vulnerable groups.
  - ☐ Use MHPSS data and service mapping to guide evidence-based interventions and monitoring.
  - Partners are encouraged to join and actively engage in the National MHPSS Working Group, move beyond fragmented efforts and work toward cohesive, community-based MHPSS systems that promote psychosocial recovery, well-being, and resilience for all across various communities and refugee settlements in the region.
  - ☐ Finally, stakeholders are encouraged to support the “Kampala Calls-to Action” on community mental health integration and champion resilience-building through community ownership, economic empowerment, and inclusive psychosocial support systems.

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Day Two

Opening Remarks

Takeaways from The United Nations General Assembly

Faith Nassozi Kyateka – Communications Consultant United for Global Mental Health shared the major outcomes from the Fourth High-Level Meeting of The UN General Assembly on The Prevention and Control of Non-Communicable Diseases (NCDs) and the Promotion of Mental Health and Wellbeing. This landmark event convened on 25th September 2025 in New York, and marked the first-time mental health was a central focus of a UN General Assembly. World leaders drew up a political declaration to drive global action on NCDs and mental health towards 2030 and beyond. While the intricacies of the declaration are still being refined, it is expected to be formalized within the next few weeks.

Key Achievements

- Reinforced global recognition of mental health as central to human and economic development.
- Importance of public-private partnerships in advancing mental wellbeing.
- Engaging and consolidating multiple stakeholders' commitment to mental health integration.

Key Commitments

- Ensuring people have access to quality, affordable mental health services by 2030.
- Strengthening mental health systems by moving away from institutional systems to supporting grassroots-level systems (community-based care).
- Mental health integration into primary health care and emergency response systems. Child and youth mental health is a priority.
- Scaling-up suicide prevention measures and interventions particularly among young people.
- Strengthening laws and policies to eliminate mental health stigma and discrimination. For example, taking steps to decriminalize attempted suicides.
- Addressing digital, social and environmental determinants that harm mental wellbeing.
- Investing in the mental health workforce, as well as mental health data collection and research.
- Recognising neurological conditions such as dementia within the NCD framework.
- Establishing monitoring and accountability mechanisms to track national progress.

In closing, the forthcoming UN declaration and the "Kampala Calls-to-Action" (the major output of this summit) represent progress. However, these commitments must be backed by action and implementation.

Opening Remarks: Ministry of Health

"After COVID-19 we saw many mental health issues come to the forefront."

Dr. Charles Olaro – Director General, Ministry of Health, noted that the high burden of mental health in Uganda, with 70% of Ugandans living with some form of mental health problem, substance abuse issue, and the rise of suicides amongst the youth. While he cited that digital influences have taken a harmful toll on youth mental health, the great majority face workplace and/or financial stresses that negatively impact the mental health of Ugandans at large. People are suffering in silence and hiding their mental struggles for fear of stigma. On the whole, the greater population is unable to access mental health services due to poverty.

This summit represents a turning point in mental health discussions; it has brought together multiple stakeholders committed to community-led action and mental health integration. More needs to be done in the public arena to create awareness, dispel myths and misconceptions, and eliminate mental health stigma. While legal frameworks are in place, these high-level policies need to translate into visible and constructive results on the ground. As such, there is a need for more domestic investment in mental health, particularly in supporting capacity building efforts, increased reach and access to services, with a focus on prevention initiatives and not just on treatment and management.

Mental health must achieve parity with physical health. Everyone has the right to enjoy the benefits of mental wellbeing. He concluded with the hope that this summit would be a positive catalyst for change for mental health to be integrated in all sectors and systems in the region.

Panel 4: Policy, Financing, Coordination & Governance

Strong Policies and Financing Ensure Long-Term Sustainability Of Mental Health Systems

Panel Profile

An exploration of the geopolitics of mental health financing and universal health coverage, accelerating the process of mental health integration into national policies, and the harmonization of any regional policies for equitable mental health care.

- Session Chair – Sophie Kyagulanyi, Deputy Executive Director, Civil Society Budget Advocacy Group(CSBAG).
- Panellists:
  - Faith Nassozi Kyateka – Communications Consultant United for Global Mental Health.
  - Fatia Kiyange – Executive Director at Center for Health, Human Rights and Development (CEHURD).
  - George Kananura – Insurance Company of East Africa (ICEA), Uganda
  - Hon. Gerald Siranda – East Africa Legislative Assembly (EALA), East African Community.

Panel Discussion

- **Mental health policy and advocacy in the East African region:** The region has 8 partners: Rwanda, Burundi, Somalia, the Democratic Republic of Congo, South Sudan, Tanzania, Kenya and Uganda. Under the EAC, mental health has been folded under the non-communicable diseases and is not yet a priority; as such, there is no focal person, policy, or harmonized position to deal with mental health in the region. However, once presented with evidence-based advocacy, petitions, and research, the EA secretariat can enforce multi-stakeholder engagement for mental health across multiple sectors in East African communities.
- **Financing mental healthcare in the East African geopolitical landscape:** There is a gap in financing mental health; it is not currently being prioritised in national budget allocation. While efforts are being made to improve mental health service delivery in the region, the needs currently exceed capacity. Even though mental health conditions greatly contribute to the burden of disease, individual countries in the region allocate less than one percent of budget to mental healthcare. Mental health integration and prioritization need to be reflected in the budgeting in the region, and East African governments are urged to pursue domestic financing across all sectors, including health.
- **Domestic resource mobilization:** More than ever, it is important for the region to mobilize domestic funding for its mental health initiatives. Global Fund's next batch of grants will only focus on integrating mental health in HIV programming, funding from The World Bank comes with many stipulations, and USAID's recent funding closure has led to many program disruptions. Africa and the region need to implement domestic financing in this era of financial strain and shrinking resources.
- **Corporate financing in mental health:** Although the insurance industry acknowledges the importance of mental health, there are practical barriers in integrating it into insurance packages, leading to a critical gap in care. Identified key challenges include: limited funding, a severe shortage of mental health professionals, inadequate policy implementation, treatment gaps due to limited access to mental health services particularly among the rural poor who make up a large majority of the population. However, these are not insurmountable, with increase mental health awareness, use of technological innovations, public-private multi-sectoral partnerships, and integration of community-based mental health care, there is hope for mental health corporate financing in East Africa.
- **Prioritizing mental health at all levels and across all sectors:** Mental health must be integrated and prioritized across all sectors particularly in primary healthcare, through adequate community-based mental health care support and support systems. However, this is easier said than done, presenting key challenges:

    - Limited funding against increasing demands for mental healthcare in many communities.
    - Limited data in the region, which makes data-driven planning and financing more difficult.
    - Criminalization of mental health: Some aspects of mental health, particularly symptoms of untreated mental illness, are still being criminalized. Individuals with mental health conditions are often swept into the criminal justice system for behaviours and actions related to their illness. For example, while Kenya has recently decriminalized attempted suicide, it is still considered to be a criminal offense in Uganda and Tanzania.

Nevertheless, publicly-funded and/or government-subsidized national insurance schemes have been proposed to ease the individual burden of healthcare. Furthermore, the adoption of digital innovations and technologies in health service delivery has also improved access and reach.

Panel 5: Community Led Initiatives & Alternative Care

Strong Community, Faith and Cultural Systems Anchor Sustainable Mental Health Responses

Panel Profile

The panel discussed how faith-based leaders can be equipped with appropriate MHPSS tools to meaningfully support their communities, and leveraged lessons from successful intervention programs to build scalable, integrated community-led mental health services.

- Session Chair – Stella Waruinge, Head Mental Health and Psychosocial Support Services, Nairobi county, Kenya.
- Panellists:
    - Dr. David Kalema – Safer Implementation Officer, WHO Uganda
    - Pr. Alan Kajumba – Church of God, Kamwokya, Uganda.
    - Teresia W. Kariuki, Head of Community Health Services, Kiambu County – Kenya

Panel Discussion

Community-led and faith-based approaches have proven to be effective in improving mental health outcomes in low-resource settings.

Best Practices

- Training community members and faith leaders as volunteers or Community Health Promoters (CHPs) because they are trusted within their communities, can expand access to care to households through counselling and group therapy, and direct referrals to health facilities for those with serious mental illnesses requiring specialized care. This has been done on a small-scale with many pilot programs across the region with positive results.
- Community-led mental health integration is possible. Once locally-adapted to community-contexts, supported by proper supervision and documentation, successful interventions such as the SBIRT pilot model (Screening, Brief Intervention, and Referral to Treatment) for substance abuse and trauma cases serve as proof.
- Integrating psychological education and low-cost group interventions (e.g., IPT-G) has increased awareness, reduced stigma, and eased pressure on specialized hospitals.
- Engaging with community institutions and facilitating community group activities such as psycho-education and screening for depression and anxiety has increased awareness and demand for mental health care services.
- Conducting regular community dialogues, school outreach, and communities of practice has fostered stakeholder collaboration and learning.

Key Lessons Learned

- Start small, then scale up interventions based on successes.
- Tailor interventions to fit local contexts.
- Ensure interventions are properly supervised, monitored and evaluated.
- Embed MHPSS services in community and faith structure anchors for lasting resilience.
- Link mental health to livelihoods programs for sustainability.

Panel 6: Mental Health in Education & Youth Development

Empowering Youth and Schools for Resilience

Panel Profile

A discussion on how to create safe learning environments in East African schools by building a culture of psychological safety. It also looked into operationalizing and leveraging MHPSS in education systems.

- Session Chair – Dr. Simon Kizito, Head of Research Makerere University School of Psychology.
- Panellists:
  - Teddy Chimulwa Nabwire – UNESCO Uganda
  - Rebecca Namakula – Representative, Ministry of Education and Sports, Uganda
  - Jackie Nafuna – Programme Manager, Mental Health Uganda
  - Stella Nabagala – Teacher/Facilitator.

Panel Discussion

In order to achieve transformative and inclusive education and academic excellence, the health and wellbeing of teachers and learners is needed; this is accomplished through building psychological safety in schools. A safe learning environment free from humiliation, fear or judgement; a space characterized by mutual respect, trust, belonging, protection, and growth that encourages academic learning.

- **Current Challenges in East African Schools:**
  - Rising substance abuse, suicide, and child drop-out rates.
  - Reduced parental involvement and increased family challenges (e.g., divorce and poverty).
  - Learners face mental struggles such as anxiety, depression, eating disorders, and behavioural signs like withdrawal and low concentration.
  - Many teachers lack skills or are too overwhelmed to identify learner issues.
  - Funding shortfalls in the education sector are contributing to high turnover and access to services.
  - Teacher mental health struggles from personal stressors such as: low pay and limited career growth, causing secondary trauma transfer, low motivation, burnout and high turnover.
  - High teacher-to-learner ratios leading to overcrowded classrooms and overwhelmed teachers.
- **MHPSS - A Core Component of Education:**
  - Mental health sensitization integrated into the education policy.
  - Embed social-emotional learning, promoting mental health awareness and addressing stigma in the curriculum.
  - Equip educators with mental health and psychosocial skills.
  - Support teacher mental health and wellbeing to prevent secondary trauma.
- **Proposed Path Forward:**
  - Advocate for education policies that promote teacher wellbeing, particularly focusing on professionalism, fair compensation, opportunities of professional development, and supportive school environments to boost teacher motivation, retention, and effectiveness.
  - Support facilitator capacity building in MHPSS training educators in self-care and psychosocial support skills to prevent secondary trauma or compassion fatigue.

- Develop child-focused MHPSS tools that include: IEC materials, activity guides and training curricula for teachers and educators, to provide mental health support to children.
- Encourage parental involvement in creating a safe environment for children. Most learner issues stem from home; parents should take safe parenting courses, become better role models, and learn to appreciate the uniqueness of their children.

Integrating and leveraging MHPSS in the East African education system creates safe, supportive school environments, promoting mental wellbeing for the learners, educators and school leadership.

Panel 7: Mental Health & Chronic Illness

Linking Mental Health with Chronic Illness Care Improves Both Health and Social Outcomes

Panel Profile

An examination of how MHPSS can be integrated in holistic end-of-life care and chronic illnesses such as HIV/AIDS and cancer, for better healthcare and social outcomes.

- Session Chair – Milly Katana, Chairperson SMU, Board of Directors.
- Panellists:
  - Mark Donald Mwesiga – Executive Director, Palliative Care Association of Uganda
  - Dr. Rachael Kansiime Kanyangabo – Head MHPSS Paediatric Haematology, Oncology Services, Joint Clinical Research Centre (JCRC)
  - Prof. Eugene Kinyanda – Programme Manager, Mental Health Uganda
  - Mary Nkinzi – IPT-G Facilitator and VHT.

Panel Discussion

- **Integrating MHPSS in HIV Care:** Mary N., received a big shock when she found her husband in bed with a strange woman, even more so when he attempted to strangle her. Mary escaped with her five children to safety, only to discover that they were HIV+. She fell into a deep depression, plagued with suicidal thoughts, and started defaulting on taking her ARV medications. Reach Out Mbuya was her saving grace, providing her with therapy and coping techniques. Revitalized and inspired, Mary trained as a counsellor, and two years in, she is thriving.

MHPSS in HIV care is a crucial and evolving strategy that improves ART adherence, manages co-morbid mental health disorders like depression and anxiety, reduces stigma and enhances the overall wellbeing of people like Mary who are living with HIV/AIDS.

However, success relies on holistic context-specific MHPSS interventions, lay health worker training, increased mental health literacy for providers and patients, community support and engagement, as well as addressing cultural nuances and stigma amid low-resource settings.

- **Incorporating MHPSS in palliative care:** People with life-threatening and life-limiting diseases are prone to depression, while their caregivers face life disruptions, exhaustion and compassion fatigue. While there is an enabling environment infrastructure in hospice, palliative care providers require MHPSS training to handle disclosure and counselling. Palliative providers should consider including mental health support from chaplains, social workers, lay-people and mental health practitioners to help clients (and their caregivers) through the emotional pain and physical suffering of life-threatening or life-limiting disease.

- **MHPSS and Paediatric Oncology:** Strengthening psychosocial care promotes healing beyond medicine by restoring dignity, resilience, and hope. This is helpful in reducing relapses and can impact treatment outcomes.
    - Children are predominantly scared, confused, and feel isolated. They face: disruptions in school life, body image changes, and uncertainty. They often express distress through withdrawal, anger, or clinginess.
    - Caregivers are emotionally exhausted, depressed, anxious, guilty, hopeless, and under some financial stresses that drain and stretch the limits of their internal capacity, relationships and social ties.

- **Proposed Path Forward:**
    - Advocate and lobby governments and stakeholders to integrate MHPSS into national healthcare policies and packages, as well as create sustainable financing mechanisms that support people with chronic, life-threatening and life-limiting illnesses requiring palliative care.
    - Frame MHPSS as a right, presenting a strong argument against siloed care, while emphasizing holistic, patient-centered support.
    - Adopt a tiered approach implementing the MHPSS pyramid model. Providing basic support for all patients and communities (e.g., emotional support, stigma reduction), focusing on peer support and community-based activities for vulnerable groups, and

providing specialized care such as individual counselling and psychiatric services as needed.

- Build the capacities of existing healthcare workers, particularly the nursing staff and community health workers to provide basic MHPSS, recognize and refer serious cases. This has the added benefit of optimizing workload distribution.
- Ensure training and interventions are culturally appropriate, relating to local communities of practice.
- Engage stakeholders by involving patients, caregivers, local leaders, health providers, and MHPSS specialists from the beginning of the planning process.
- Promote community-based integration of MHPSS programs in non-clinical settings to improve accessibility and reduce stigma.
- Foster strong collaborations between hospitals, district health teams, and community structures.
- Invest in research to develop, strengthen, and evaluate innovative MHPSS integration strategies. This will help to generate evidence, and produce guidelines and practices integrating MHPSS into chronic and end-of-life care in East Africa.
- Implement monitoring and evaluating systems to track the long-term impact of integrated interventions on patient and caregiver well-being.
- Raise awareness and outreach efforts at community and national levels to reduce stigma associated with mental health issues.
- Ensure essential medicines and other resources are available to support care.

Integrating MHPSS in East Africa's chronic illness and end-of-life care requires: multi-level advocacy, task-sharing, culturally-sensitive training, stakeholder collaboration, resource allocation, and evidence-based research, with a focus on tiered, patient-centered support from basic community services to specialized care to address holistic well-being.

Panel 8: Digital Health & Innovation

Technology Can Scale Access to Affordable and Inclusive Mental Health Care

Panel Profile

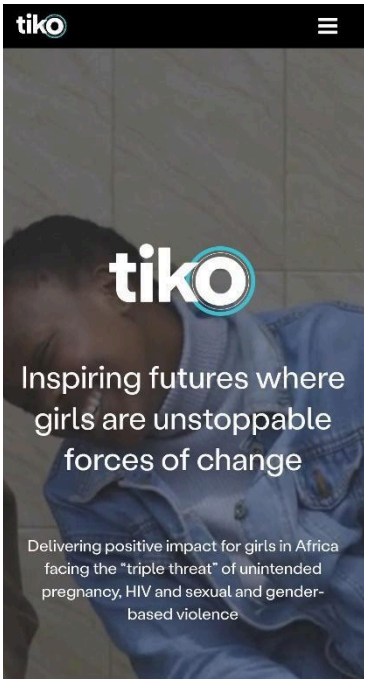
Designing and delivering scalable mental health services using digital and tele-health solutions for East Africa's youth and communities.

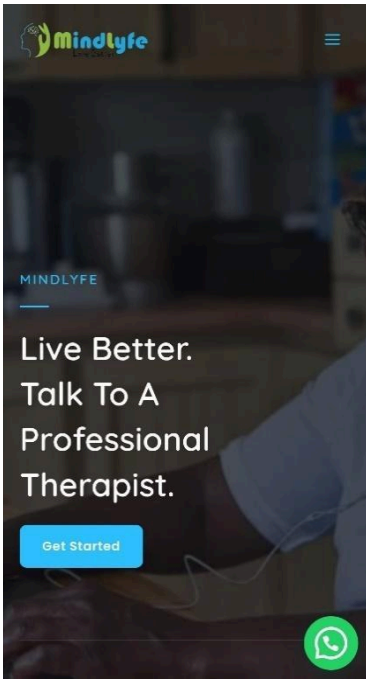
- Session Chair – Moses Jr Kiboneka (Uncle Mo), Social Media Influencer and Summit Moderator.
- Panellists:
    - Dr. Juliana Busasi – Executive Director, Tanzania Medical and Health Foundation
    - Paul Katende – CEO/Founder, OTIC Group
    - Fabiola Ngamije – Senior Service Designer, YLabs Rwanda
    - Frank Kutensa – Mental Health Officer, Tiko Uganda
    - Douglas Kawekwa – Founder, MindLyfe Uganda Limited.

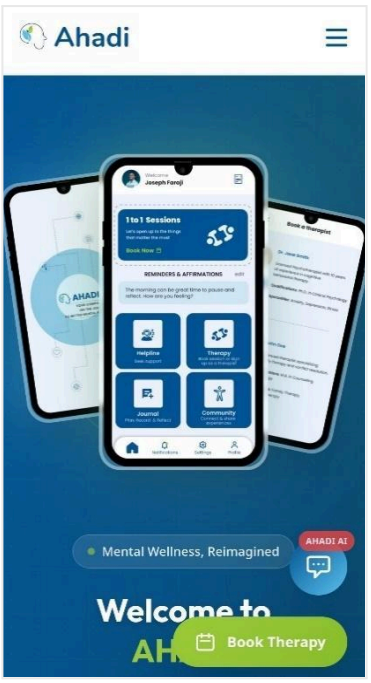
Panel Discussion

Mental health in Africa demands solutions that are innovative, deeply rooted in cultural and community action. However, harnessing the power to digital technologies and innovation can help to address gaps in mental health service delivery.

- **Community Mental Health Delivery:** Telemedicine, mobile apps and digital learning systems have played a crucial role in bridging the gap in mental service delivery. Mobile apps and online therapy platforms are becoming more common, particularly amongst the youth. Digital tools and apps like Tiko, MindLyfe, and AHADI (shown below) provide low-cost, accessible interventions that enhance inclusivity, resilience, and provide culturally grounded mental healthcare. Most of these tools are youth-led innovations, requiring the engagement of young people as co-designers, and the involvement of support structures such as schools, youth centres, communities, civil society agencies, and governments.







- **Mental Health and AI:** Artificial Intelligence should not replace human interaction, but complement it. Future models should evolve from reactive to predictive systems capable of identifying mental health trends and emotional cues contextualized to African realities, and trained using culturally relevant psychological data. However, it is important to create and maintain safe digital learning environments while integrating mental health into digital ecosystems.

No one digital platform can fully close the region's mental health treatment and service delivery gap. The tools mentioned above are constantly growing, evolving and testing new models of care. However, the future of digital mental health is a collaborative ecosystem of solutions rooted in community-led action and engagement, while addressing significant mental health treatment gaps and workforce shortages.

Panel 9: Workplace Mental Health

Workplace Well-Being Drives Productivity, Dignity and Economic Growth

Panel Profile

This panel explored the concept of employee wellness programs, the effects of stress, burnout and self-care on employees, and the informal sector perspective on mental health support.

- Session Chair – Elizabeth Okello, President, Uganda Counselling Association (UCA).
- Panellists:
  - Gloria Nalubowa – Head of Human Resources, Ecobank
  - Goldy Obama – Head of Human Resource & Training, Federation of Uganda Employers (FUE)
  - Eunice Kabahikyeho – Chief of People, StrongMinds Uganda
  - Steven Odaro – Market Vendors Association, Uganda.

Panel Discussion

Mental health support must be normalized and integrated into workplace culture, linking employee wellbeing directly to organizational productivity and sustainability.

- **Employee Wellness:** This is a strategic investment, essential for reducing employee turnover and burnout, while improving creativity and/or productivity. Organizations should integrate wellness into their budgets, with a focus on:
    - ☐ Financial wellbeing (savings, debt management, emergency support),
    - ☐ Physical health (insurance, exercise, ergonomics) and,
    - ☐ Psychological safety (anti-bullying, anti-harassment, and supportive work culture.

- **Workplace Stress and Mental Health:** Employees are encouraged to practice self-care, mindfulness, and emotional resilience, with self-check-ins and clearly defined personal boundaries. Leadership must promote the work-life balance of their employees by offering flexible hours, respecting leave entitlements, and prioritizing outcomes over mandated work hours in order to promote employee productivity and organizational profitability.

- **Mental Health Support in the Informal Sector:** 87% of the workforce operates in the informal sector; these workers face daily risks, insecurity, limited recognition, and intensifying mental strain. There is a need for research and policy advocacy focusing on: access to psychosocial support, cooperatives, social protection, and insurance in the informal sector.

Wrap-Up

Kampala Call-to-Action: Advancing Mental Health In East Africa

Delivered verbatim by John Muge Nyaboga – Director Health Programmes, Machakos county

Preamble

Representatives of East African governments, civil society organizations, youth networks, academic institutions, faith leaders, and development partners met in Kampala, Uganda, from 22-23 October 2025 for the first East African Mental Health Summit. Over the course of the summit, delegates exchanged experiences, learnings, and priorities across eight thematic areas. Together, they serve as the basis for this Kampala Call to Action on Community Mental Health Integration in East Africa. These represent the shared vision of those present at the summit, and a call to action for decision makers, program implementers, advocates, researchers, and others across East Africa to prioritize, develop, fund, and implement community mental health integration.

Calls-to-Action

Mental health is not a luxury. It is fundamental to human well-being, social cohesion, and sustainable development. The time to act is now, and we call on all stakeholders to drive the following priority actions by 2030:

1. **Integrate Mental Health into Primary Healthcare:** Act now to embed mental health in primary healthcare systems, including integration of mental and physical health services that deliver holistic, person-centered care. Equip frontline providers and lay community workers with skills for prevention, early detection, first-line interventions, referral, and quality assurance through mhGAP and community-based models.

2. **Strengthen Policy, Financing, and Governance:** Advocate for fast-tracking commitments, investments, and adoption of strong mental health policies across all sectors, as well as increased domestic financing and insurance coverage, innovative funding models, and harmonized regional frameworks.
3. **Champion Mental Health in Education and Youth Development:** Empower schools and youth spaces as entry points for prevention and resilience. Train teachers in MHPSS, scale school-based psychosocial programs, and strengthen youth-led advocacy for mental well-being in learning environments.
4. **Mobilize Community-Led Mental Health Initiatives:** Work with traditional, cultural, and faith-based leaders to fight stigma, promote positive parenting, support families, and mobilize communities to respond compassionately to mental health disorders and substance use.
5. **Integrate MHPSS in Crisis and Humanitarian Response:** Ensure mental health is central to humanitarian and climate resilience efforts. Protect refugees and vulnerable populations–including children–during and after the crisis, and innovate MHPSS service delivery even amid shrinking resources.
6. **Prioritize Workplace Mental Health:** Create workplaces that protect and promote mental well-being. Institutionalize wellness programs, include both formal and informal sector workers, and adopt policies that prevent stress, burnout, and discrimination.
7. **Harness Digital Health and Innovation:** Invest in digital platforms, tele-mental health, and mobile solutions to expand access, integrate data, and accelerate collaborative learning across East Africa.
8. **Decolonize and Destigmatize Mental Health:** Invest in mental health research, innovation, and programming that centres East African cultures, norms, and wisdom. Ensure mental health information and interventions–including social and behaviour change communication to raise awareness and reduce stigma–are culturally relevant and available in local languages.

A Regional Call for Change

We call upon governments, civil society, the private sector, faith leaders, academic institutions, and development partners to align leadership, resources, and accountability toward a future where every East African can enjoy good mental health and well-being.

Let this be the moment we move from words to action and from isolated efforts to collective impact – for the mental health of our people and the prosperity of our region.

Closing Remarks: StrongMinds Uganda

"Mental health is a catalyst for well-being."

Milly Katana – Board Chairperson, StrongMinds Uganda, recognised and appreciated summit attendees for their presence and participation. She stated that it is the leadership's responsibility to look out for the mental wellbeing of its citizens, particularly those with mental health triggers and disabilities. Moreover, existing mental health policy frameworks offer a solid foundation that should be re-evaluated, improved and reconfigured to support the implementation of tangible solutions within the region. Additionally, successful community-based grassroots initiatives should be prioritized, developed, funded and scaled-up to promote mental healthcare and wellbeing.

Closing Remarks: Ministries of Health

Dr. Hafsa Lukwata Sentongo – Ministry of Health, Uganda, observed event protocol in her capacity as representative for the Ugandan Minister of Health, Hon. Dr. Jane Ruth Aceng, in her closing remarks. She expressed special appreciation to StrongMinds Uganda for organizing this event, as well as the keynote speaker and expert panellists for their willingness to share their insights, expertise and experiences. Asserting that the outcomes of this summit would inform the region's next steps in mental health integration. The speaker acknowledged and invited her Kenyan and Tanzanian counterparts to make their remarks.

Dr. Mercy Wachera Karanja – Ministry of Health, Kenya, expressed gratitude to the summit organizers – requesting that StrongMinds Uganda host this event annually or bi-annually, because this long-overdue, summit has given the region a shared vision and with clear actions to put into practice.

Deborah Luabano – Ministry of Health, Tanzania, stated that she was honoured to have been invited and is ready to champion and implement the summit's very important calls-to-action. She was also grateful to StrongMinds Uganda for the invitation, and is looking forward to returning next year to showcase the results of the implementation of the Kampala Call-to-Action.

Closing Remarks: Ministry of Education and Sports

"Good mental begins with each one of us."

The final closing remarks were delivered by a representative for the Minister of State for Education and Sports, Uganda.

The speaker observed event protocol, appreciated the time the attention of summit attendees, and forwarded greetings from the leadership of the education and sports sector in Uganda. She also offered apologies for the Minister's absence due to a scheduling conflict. The speaker went on to share a speech written by the Minster for this summit.

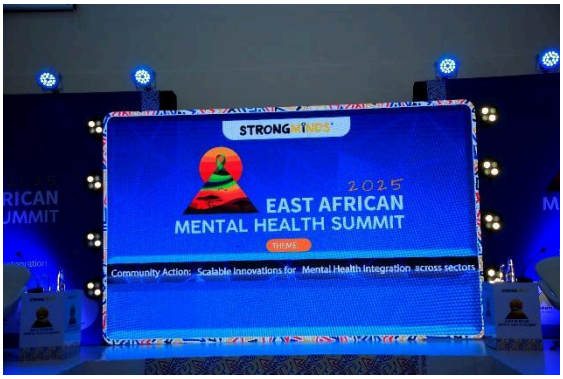
The speaker shared the Minister's observations about Uganda's youth, and how their health and wellbeing are closely linked to the social development of their various communities. She also remarked on how the COVID-19 global pandemic disrupted the social settings of communities and service points, shattering the physical health and mental wellbeing of compromised individuals. Years later, many people are still struggling with the aftermath, are depressed with suicidal ideation, or have adopted negative behaviours involving substance abuse.

The Ministry of Education and Sports acknowledges the importance of psychosocial support in counselling and retention of children and young people in schools. At the national level, the ministry is at the helm of coordinated efforts with key stakeholders such as local government, education officers, and schools, in enhancing the security of mental health, by achieving professional and academic excellence from a healthy population of teachers and students, respectively. Furthermore, education sector stakeholders are being trained and oriented in mental health and psychosocial support (MHPSS)

Currently, the sector is excited and committed to being a part of the multi-stakeholder collaborative discussions and endeavours advancing community-led action scaling-up innovations for mental health integration across sectors in the East African region.

Appreciation was also extended to the Ugandan Ministry of Health and StrongMinds for their part in hosting and coordinating this summit, as well as engaging with expert stakeholders from across the East African region. Additionally, the media presence was also recognized and appreciated for amplifying the message of mental health integration. All stakeholders were called to collaborate, facilitate and sustain mental health awareness, advocacy, research, innovation and holistic programming that centres East African history, cultures and norms without the stigma, prioritizing the summit declarations (Kampala Call-to-Action), and aligning to a future of health and wellbeing for all Africans. And with that, the 2025 East African Health Summit was officially called to a close.

Photo Gallery




HEALTH SUMMIT

Appendices

Appendix 1: Summit Program

Day One: 22nd October, 2025

7:30 - 8:55 am	**Arrival and Registration of Delegates**

- Anthems (Uganda & East Africa Community)
- Voice of Lived Experience
- Spark the Day: Country Director, StrongMinds Uganda
- Welcome Remarks: Ministry of Health, Uganda
- Keynote Address: Decolonizing Mental Health and Harnessing Local Resources for Community Resilience
- Guest Address and Official Opening

10:05 - 10:35 am	**Mental Health Break and Networking**

- Panel 1: State of Community Mental Health Services in the East African Region
- Panel 2: Integrating Mental Health into Primary Healthcare

1:00 - 1:50 pm	**Lunch Break & Networking**

- Energizer: Soul Foundation Dance Therapy
- Panel 3: Community Action in Crisis & Humanitarian Settings

5:00 pm	**Closure of Day One**

Day Two: 23rd October, 2025

7:30 - 8:00 am **Arrival and Registration of Delegates**

- Regional Breakfast Meeting (Closed Session)
- Takeaways from United Nations General Assembly 4th High Level Meeting New York September 2025
- Welcome Remarks: Ministry of Health, Uganda
- Panel 4: Policy, Financing, Coordination and Governance

10:05 - 10:35 am **Mental Health Break and Networking**

- Panel 5: Community Led Initiatives and Alternative Care
- Panel 6: Mental Health in Education and Youth Development
- Panel 7: Mental Health and Chronic Illness
- Panel 8: Digital Health and Innovation

1:00 - 1:50 pm **Lunch Break & Networking**

- Energizer: Soul Foundation Dance Therapy
- Panel 9: Workplace Mental Health
- Kampala Call-to-Action: Advancing Mental Health in East Africa
- Closing Remarks: StrongMinds Uganda
- Closing Remarks: Ministries of Health
- Closing Remarks: Ministry of Education and Sports (Official Summit Closing)

5:00 pm **Summit Closing**

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