

About MHU

Mental Health Uganda have been legally incorporated in 2004 by the NGO board.

Initially, MHU was formed as a group to bring together people with mental illness to enhance mental health service provision and sharing experiences among its members.

Since its inception, MHU has grown from a mere membership organization to a pressure group to ensure mental health services are provided and the development issues especially livelihood and poverty related needs of people with and survivors of mental illness are met.

MHU believes in using a holistic approach in addressing issues of people with mental illness, every one should be ready to get involved. This is not to view mental illness only as a medical issue but also a social and development issue for all of us. A human based approach to address the needs and rights of people with mental illness is also used.

District Associations

Mental Health Uganda operates in 18 out of the 80 districts in Uganda. These districts are spread in four regions of the country.

MHU's activities:

Mental Health Uganda is a single disability organisation for men, women, children and youth with and survivors of mental illness. It also focuses on;

1. Membership development: This activity involves mobilisation of people with mental illness be active in the district associations to create a unified voice for advocacy, information sharing, and acts as foundation for community mobilisation. It aims at building strong groups with physical addresses and operating premises.

2. Skills development: MHU is committed to strengthening the capacity of individual members; their local Associations and entire organisation for sustainability of mental health work in Uganda. It is also mandated to build the capacity of Psychiatric users movement in Africa. This involves training in skills like leadership, group management, Project management, lobbying and advocacy, psychiatric drug bank management, psychosocial support, entrepreneurship etc. These skills to be strengthened come of the groups' priorities and as the project environment changes.

3. Mental Health care improvement: These activities include those aimed at improving mental health care, rehabilitation of a person with mental illness such as responding, facilitation of transport for health workers to carry out mental health outreach clinics, drug banks, counselling and group therapy, follow up and home visiting of members in associations, responding to emergencies reported to the head offices.

4. Volunteer training: To enable the members play their roles in mental health promotion, specific members are trained in mental health promotion themes like: mental health and mental illness, causes of mental illness, common mental health problems, basic care and treatment for people with mental illnesses, referral and health centers, policy issues in mental health, myths and facts about mental health, psychosocial work, follow up and community mobilization. The community members trained are volunteers who support PWMIs and their caregivers not expecting payments. It mainly focuses on developing mental health resource persons at community level.

5. Mental Health Community Education, Sensitization and Awareness Raising: This activity focuses on building the capacity of health service providers, Advocacy workers, District and community leaders, people with and Survivors of mental illness. This activity creates awareness on the mental health concerns to People with Mental illnesses, their families and the community in

general, policy makers and mental health service providers. It also entails community mental health meetings, use of media and production of Information, Education and communication (IEC) materials.

6. **Advocacy:** This activity involves policy advocacy, advocacy for mental health legislation, provision of mental health services and support for meaningful and sustainable livelihood initiatives. It takes form of consultative meetings, advocacy workshops and lobby meetings aimed at influencing policy relating to mental health and advocating for rights and full participation of PWMIs and their caregivers in the development process of the country.

7. **Networking and Collaboration:** MHU ensures networking and collaboration with established development agencies, civil society organizations in advocating for human rights and poverty alleviation for people with mental problems and their caregivers.

8. **Livelihood improvement activities:** This Programme aims at promoting income generating activities for People with Mental illnesses and their households. It aims at providing direct support to people who have suffered from mental illness and their households. This involves material and financial support and skills for self reliance, establishing revolving fund schemes, savings and credit, and establishing income generating activities.

9. **Research and Documentation:** This is geared towards helping the organization know the situation of PWMIs and their care givers so as to enable MHU do better advocacy, lobbying and awareness rising. It aims at establishing the critical gaps and issues that need better understanding as we advocate and promote mental health rights.