**MENTAL HEALTH UGANDA (MHU) SUBMISSIONS TO THE DRAFT GUIDELINES ON DE-INSTITUTIONALISATION**

Mental Health Uganda (MHU), is an indigenous, Non - Government, membership-based Disabled People’s Organization, established in 1997 and formally registered as a National NGO in 2001. Our establishment was in response to the overwhelming marginalization, isolation and abuse of rights of persons with psycho-social disabilities/users of psychiatry services, and their families. Our mission is “to create a unified voice that influences the provision of required services and opportunities, in favor of people with and survivors of mental illness in Uganda”. To contribute to this mission, we have done lots of advocacy work on rights of persons with a lived experience of mental health problems. However, the gaps remain appalling. Stigma remains widespread and entrenched in the communities we live in.

Against the above background, MHU with the support of Validity Foundation held national consultation in Uganda to raise awareness of the Guideline among its members in Kampala, Lira and Soroti. As a result, MHU submissions is as follows:

1. Awareness raising of mental disabilities at – the Draft Guidelines have highlighted the most important aspect of ensuring living in the community. However, the Draft Guidelines have not indicated he procedure of ensuring community awareness about de-institutionalisation. According to a report done by MHU and MDAC in 2014[[1]](#footnote-1), it was reported that they were subjected to violent practices that were harmful to people with mental disabilities. For instance, one of the nterviewee reported being raped but the complaint was never followed up by the family as the perpetrator was a family member.[[2]](#footnote-2) In addition, people with mental disabilities also spoke about how family members would isolate them in the family home, sometimes by locking them in separate rooms. A woman with mental health issues reported one of her experiences of being isolated: “He [father] slapped me and locked me inside a room for two days. The neighbour came and opened the door. He was nowhere to be seen and came back after two weeks.”[[3]](#footnote-3)

It is our submission that the Guidelines should have a focus on community awareness. This is because majority of the members who spoke to us during the national consultations indicated that the community and family members need to be educated about mental health. They also indicated that if the community is not educated and well informed about mental health, then the Guidelines will not be effective in Uganda.

1. Traditional healing of mental disabilities in Uganda – The Draft Guidelines fail to take into consideration the role and the impact that traditional healers play in institutionalising people with mental disabilities in Uganda. For instance, the MHU & MDAC report demonstrated that people with mental disabilities will be subjected severe forms of physical abuse whilst undergoing traditional treatments, including tight restraints, isolation, physical violence and the denial of food and water.[[4]](#footnote-4)

It is, therefore, our submission that the Guidelines should have a focus on the impact that traditional healers play in ensuring that people with mental disabilities are institutionalised. The Draft Guidelines as currently constituted does not have that section and it would be a fallacy if the drafters do not consider this submission on behalf of people with mental disabilities in Uganda.

1. Work and Employment of People with Mental Disabilities – People with mental disabilities are generally poor and without work in Uganda. Their families are even poorer as most of the times they are alienated from their community. The Draft Guidelines have highlighted the importance of governments to ensure that they guarantee the income support for people with mental disabilities in order for de-institutionalisation to be effective. However, in Uganda, for de-institutionalisation to be effective, employment opportunities must be guaranteed for people with mental disabilities and their families. In Uganda most of the time institutionalisation happens because families feel the burden of having them. This leads to them being sent to institutions or even being locked up in houses. It is our submission that, in order for de-institutionalisation to be effective, there is need for the Guidelines to ensure that they recommend to State Parties to the CRPD about guaranteeing employment opportunities for people with mental disabilities and their families.

1. ‘*They don’t consider me as a person’: Mental Health and Human Rights in Uganda Communities*, 2014 available at <http://www.mdac.org/sites/mdac.info/files/mental_health_human_rights_in_ugandan_communities.pdf> [↑](#footnote-ref-1)
2. MHU & MDAC Report at page 16. [↑](#footnote-ref-2)
3. MHU & MDAC Report at page 16. [↑](#footnote-ref-3)
4. MHU & MDAC Report at page 29. [↑](#footnote-ref-4)