ANNUAL REPORT OF YOU BELONG (U)
July 2024 - June 2025

1.0 Introduction

YouBelong Uganda, is committed to the recognition of men and women, boys and girls, with mental health needs, as possessing an intrinsic human dignity, an equal human dignity that we all share, that finds its expression in being welcomed to belonging and participation in community. We work to combat stigma, discrimination, and inequalities that should not exist in community for the common good of all.

Deinstitutionalisation, helping to develop a balanced mental health system between hospital care and family/community care, early intervention and prevention strategies for children and young people with mental health needs, a focus on utilising the lived experience of persons recovering from mental illness, developing peer support strategies, and mobilising village based 'sit and talk' groups, are all very much part of the way in which YouBelong Uganda is trying to strengthen mental health care in Uganda. And we are conscious of the need to develop collaboration and cooperation between the formal mental health system, and the highly developed and utilised informal system of alternative care providers, is high on our agenda.

In the year, July 2024 to end of June 2025 YouBelong Uganda has develop innovations in its work to strengthen the health system in Uganda. We have been particularly conscious of the need to both broaden and depth mental health in the community, and to increase support for families with a family member in need of home-based mental health care and support. As well, we have increased our attention to the need for early intervention for children and young persons' experiencing emotional distress, and mental health needs, with particular emphasis on school populations.

You Belong (U), ensures that all its policies and programs are consistent with the mental health and education policies of the Government of Uganda. Regular communication has been maintained with Government Ministries, and District Offices.

You Belong (U) maintains a close working relationship with Butabika National Mental Referral Hospital, and the Chief Executive of You Belong (U) has close working relationships with key leaders at the hospital.

It has become evident in recent times that the mental health needs of children and young persons in Uganda, has increased significantly. Consequently, our POWERFULMINDS partnership with the Jinja Educational Trust (JET) has become very important. Schools are a major catchment of children, and our work has engaged a number of schools in the city of Jinja.

Our primary work during this year has been the Wellcome funded research grant, called SCAPE U. The research is assisting us to discern the effectiveness of persons in longer term recovery from psychosis

being active agents of care, peer supporters, of those persons in the beginning stages of recovery from psychosis. The development of peer support models in mental health care is directly in line with Government health policy.

2.0 YouBelong Uganda Personnel

The You Belong (U) team comprises of 4 Social workers, 4 Mental health nurses, 1 Occupational therapist. The Technical Director in the team is a public health psychiatrist, who is also a Senior Consultant Psychiatrist and Deputy Director at Butabika Mental Health Referral Hospital, and the CEO is an experienced social worker with a background in developing mental health policies and services. An office assistant is employed, and an epidemiologist in public health and nursing is the Project Coordinator for the Wellcome funded project. 2 Psychiatric Clinical Officers work as research assistants in this project. Personnel also include two drivers, and a housekeeper. The YouBelong (U) team is a highly effective multidisciplinary team, working to strengthen the health system in Uganda.

3.0 Strengthening care in collaboration with people with lived experience of psychosis in Uganda (SCAPE-U) Project

3.1 Background

YouBelong Uganda (YBU) has been undertaking a Wellcome Trust funded 3-year cluster randomized controlled trial (cRCT) to evaluate the feasibility and acceptability of SCAPE-U; a novel intervention aimed at improving the quality of services and outcomes for people with psychosis through engagement with people with lived experience of psychosis in Uganda. The project activities commenced on 1st April 2023 with the preparation phase that lasted 6 months followed by the implementation of the contextualization and pilot phases. During this year we conducted activities for the pilot phase of the study, this report summarizes activities carried out from July-2024 to June 2025 of the SCAPE-U project in accordance with the grant agreement.

3.2 Statistics

360 people are involved in this study. In 4 training Gropius there are 17 SCAPE U facilitators, 75 primary health workers, 91 community health workers, 5 mental health advisors. In additional group orientations, there are 6 primary health workers and 320 community health workers.

3.3 Project Update / Status

The contextualization phase was designed to refine the SCAPE-U intervention prior to the pilot and feasibility phase. From November 2023, SCAPE-U transitioned to the external pilot and feasibility phase covering 6 clusters, 3 in each arm (control and intervention); In this phase, we set out to recruit 60 service users (30 in each arm) and have them followed up to complete the planned study activities by the end of the study period.

Project activities conducted included:

1. *Protocol renewal and approval of protocol amendments:* We received the study protocol renewal and approval of amendments *from the* Makerere University School of Public Health Research and Ethics Committee for year 4 of the study, the National Council of Science and Technology (UNCST) approval was submitted and we await approvals.
2. *Enrolment of participants:* We have been able to enrol all 60 study participants on the study; 30 participants in each arm and these are receiving services as per the protocol.
3. *Community sensitization of different stakeholders:* YouBelong Uganda with support from the Ministry of Health designed mental health IEC materials to guide community sensitization. These materials targeted primary health workers, Village Health Teams (VHTs) and other community stakeholders out of the health sector. Various stakeholders within the community have been engaged and IEC materials distributed i.e., teachers from Kampala city.

4. *Ensuring wellbeing of SCAPE-U facilitators:* SCAPE-U facilitators are persons with lived experiences of psychosis that share their experiences to newly enrolled service users and their care takers to inspire hope and facilitate recovery. Ensuring their wellness is key in the implementation of the study. During this year, we supported their wellness through weekly support calls and quarterly supervision meetings.
5. *Quarterly supervisions for primary health workers and Village health teams:* Following training of health workers and VHTs in identification and management of psychosis patients, we have conducted quarterly static supervisions to strengthen their capacity in mental health service delivery. This activity has been jointly conducted with district officials for administrative supervision and to ensure sustainability.

A YBU team, VHT member and a SCAPE-U Facilitator attend a VHT Supervision meeting at a Health Centre

6. *Data collection:* During this year we collected both quantitative and qualitative data as per the approved data collection tools for all our study participants. This data is securely stored in an electronic database with restricted access.
7. *Stakeholder engagement meetings:* This year we have actively engaged all our stakeholders; the funder, the DSMB, the district officials and the persons with lived experience as our collaborators. These engagements were intended to improve our study process and ensure achievement of the project objectives.

SCAPE-U Facilitators engage in a wellness activity during the Quarterly Group supervision

The SCAPE-U research program continues to show interesting findings; there is an observed positive impact on the lives of persons in long term recovery from psychosis. Additionally, there are positive changes in the lives of newly identified patient in early care through shared stories by the persons with lived experience through this collaboration. There is improved mental healthcare at low level health facilities as a result of the conducted primary health worker and VHT trainings and supervisions; a great contribution to improving mental health care access. The research process hopes to provide more concrete evidence at the end of the project.

4.0 The PowerfulMinds programme

The PowerfulMinds is an early intervention model focusing on children and adolescents, in school settings, mindful that a school (teachers and learners) is a community within a community of families, villages with their families, their elders and leaders, and services such as the local health centre. The key to the PowerfulMinds approach is to strengthen connections between these parts and to produce

A YBU Social worker speaks to a child during a PowerfulMinds school visit

an effective level of integration. In a sense, the one dynamic. Our approach focuses on cultivating strong relationships that facilitate trust, openness, care and support among children, teachers, and parents/guardians in the school community and cultivating measures to safeguard children from abuse. To achieve this the PowerfulMinds approach integrates capacity building of children, teachers, and parents to produce a close connection between all in their various roles. The PowerfulMinds activities focus on creating awareness of risk factors for mental wellbeing of children and putting in place measures to safeguard children from harm in the school setting. Over the last two years, YBU has trained and supervised teachers in four schools in the city of Jinja, to integrate a process that teachers use to support children identified to have distress, in collaboration with their parents. The teachers have been supported to integrate routine guided discussions with children to enable them to express their feelings and learn about their active role in enhancing the well-being of themselves and other children in the school community. Through these discussions, children have learnt about risk factors for their well-being like bullying, alcohol and substance use and learnt how to talk to a responsible adult when in distress.

Together with teachers, YBU has developed safeguarding policies for four schools. The safeguarding policies and procedures outline the responsibility that the schools have to ensure that their employees and volunteers, partners, vendors, operations and programs do no harm to children and that any concerns the school has about the safety of children within the communities in which they serve are dealt with and reported to the appropriate authorities.

A Trained teacher in supportive guidance skills demonstrates how he uses the PowerfulMinds Chart for a class activity during support supervision.

PowerfulMinds works with 1552 school children, (781 female, and 771 male), in 4 primary schools, and has trained 17 teachers, developed 5 children groups to engage the active voice of children, and over 150 children/adolescents have been given particular support for the mental health needs.

5.0 Women for Women Group

The YouBelong Uganda Women for Women Group is composed of social workers, community mental health nurses, and Psychiatric Clinical Officers. Its activities aim to respond to and advocate for the mental health needs of girls and young women who are vulnerable to gender-based inequalities. A key focus of the group's ongoing work is the analysis of the domestic violence response system in Uganda.

The YBU Women for women team that advocates for the mental health needs of girls and young women.

5.1 Work on the domestic violence response system

Currently, the Women for Women group is analyzing the domestic violence response system with a special focus on perpetrator accountability. We are engaged in discussion with the John Jay College of Criminal Justice. We aim to better understand the current system for handling perpetrators and explore the possibility of introducing the Focused Deterrence Approach, developed by Professor David Kennedy, from the John Jay College.

In 2024 14073 events of domestic violence were reported to police. 1502 were taken to court. 525 convictions were secured. 135 were dismissed. 837 are pending.

6.0 YouBelongHome Program

The YouBelong Uganda (YBU), YouBelongHOME (YBH) programme has been involved, since 2017 in transitioning discharge-ready patients living with Severe Mental Illness (SMI) and Epilepsy from Butabika National Referral Mental Hospital back to their families and communities in Wakiso and Kampala districts, and working to minimise relapses and returns to hospital care. The programme is supported by the Ministry of Health, and Butabika National Referral Mental Hospital (through an MoU) and a range of government and community stakeholders, to strengthen the development of a community mental health service.

6.1 The Forty Per Month Target

In 2025, YBU started the implementation of the 40 Per Month Target to address prolonged hospitalization and increasing overcrowding at Butabika Hospital, with a daily count averaging 1400 patients in a 550 beds hospital. The project targets the safe discharge and reintegration of at least 40 persons in recovery per month, using a 3-week intervention model that entails 1 week of predischarge phase and 2 weeks of post discharge phase. During the pre-discharge phase, the YBU team works with peer support workers (trained individuals with lived experience of mental illness and recovery) to prepare the persons in recovery for discharge.

A Family member embraces 'Esther' (in red dress) after return home by the YBU team

6.2 Statistics

Over 750 persons have been returned from Butabika Hospital, since YouBelong U began its work to resettle persons with severe mental illness back to their family and local community, and with support, to minimise relapses and readmissions. YouBelong has experimented with different time frames in order to maximize returns to family, and minimize return to hospital. The 40 per month target is using a 3 weeks program. Data collection and evaluation will occur to assess level of relapses and returns to hospital. Previously returns to hospital was minimal.

6.3 Key Learnings

Lived experience and peer support has emerged as critical components in strengthening the mental health system in Uganda, and in motivating persons in recovery to accept and maintain adherence to treatment.

Peers who share lived experience provide hope and relatability during group sessions, helping normalize recovery discussions. As well, peer support workers have been instrumental in building acceptance and hope among persons in recovery.

Peer Support workers speak to discharged service users in preparation for return home at Butabika Recovery College

Family psychoeducation sessions and structured phone engagements have improved caregivers' understanding of mental illness, medication adherence, and relapse prevention. Families report increased confidence in managing their loved ones at home and in seeking help early when symptoms re-emerge. The inclusion of follow-up calls from YBU staff has empowered families to take an extra step in caring for the person in recovery.

The YBU team's weekly case review meetings have strengthened coordination between the team members and their activities. These sessions combine case feedback, data verification, and topical discussions that enhance team competence in psychosocial assessments, relapse management, and reintegration planning.

7.0 You Belong (U) Mental Health Program at Radio Maria

In January 2024, the Director of Radio Maria Uganda granted an opportunity to YBU to conduct radio talk shows on a monthly basis about mental health and well-being to the extensive number of listeners of Radio Maria. Radio Maria is a Catholic radio station that broadcasts from Kampala Uganda. It offers religious and human promotion programs especially for vulnerable people and has listeners from around the world. From July-2024 to June-2025, the YBU team have presented the following topics: understanding mental health and mental illness, family and mental health, mental health issues in boys and men, girls and young women, depression and anxiety, epilepsy, and treatment of mental health conditions. These radio talk shows were presented by YBU mental health nurses, social workers, psychiatric clinical officers, and occupational therapist, with guidance and support of the YBU CEO and Technical Director.

YouBelong team members in studio during a live radio talk show program on Radio Maria

8.0 Youth Consultation Group (YCG) meetings

You Belong (U) recognizes the importance of learning from the lived experience of people in recovery from mental health conditions and co-production of policy and programs, with young people in recovery. The engagements with consultation groups are crucial to the co-production of YBU responses to the development of a balanced system of mental health care, between acute inpatient care and community-based care for people with severe mental health conditions, in Uganda. These groups

inform the designing, development, implementation, and evaluation of YouBelong Uganda programs. As well, these groups develop into strong peer support discussions with ongoing formal and informal contact amongst groups members. The YCGs adopt a 'sit and talk' approach where a blanket is spread out, and young people sit in a circle. A YBU person facilities the discussion.

8.1 Some of the Key learnings

1. Children and young adults living with mental illness and epilepsy experience self-stigma and social stigma. Stigma experienced by children and young adults with mental illness is partly based on incorrect perceptions and a lack of knowledge about mental illness held by many families, people in the community and the children themselves. Stigma hinders acceptability and support of children and younger adults with mental illness and epilepsy at school and workplaces. These issues need to be addressed through creation of school and local community sensitization programs about mental health conditions/epilepsy, as well as meetings of parents/family members.

2. Children and younger adults with mental illness often worry about their future as they journey with mental illness or epilepsy. They worry about their ability to finish school, getting jobs, starting a family, relapses and hospital admissions, accessibility of mental health services, stigma and discrimination etc. There is a necessity for a significant increase of peer group support, friendship and support groups, and psychosocial support to respond to their worries about their future and mental wellbeing.

YBU Members listen to members of the YCG during a group consultation meeting.

3. There are insufficient mental health services at primary health centers and there are no mental health services for children at primary health centers. There is need to strengthen mental health services at the health centers and local communities and establish mental health services for children. Alternative forms of mental health care for children need to be explored.

4. Peer support groups are very important to children and younger people in recovery, and these groups are currently not in existence in local communities. YBU is exploring this need. *'I feel joy, and understood by my fellow children',* A young child mentioned during a meeting. *'I learn from my fellow children in the group about my illness and how to manage it,'* A child reported during the meeting.

5. There is a need to build self-confidence, and a sense of purpose, gender equality, and agency among young girls recovering from mental illness, to be able to transcend cultural barriers that prevent their engagement in social and economic life, and to provide them with knowledge about their mental health, and to connect them with technical agencies providing income generating skills.

6. The main carer is the key relationship in family/community, in nurturing, loving, supporting, and supervising a family member recovering from mental illness in the family home. YBU needs to keep focused on empowering and skilling main carers.

7. There is a need for collaboration between the health system and the alternative care providers since many people with mental illness and epilepsy use both hospital treatment and alternate care in parallel.

9.0 Engagement with Alternative Care Providers

YBU team and MoH official after a community sensitisation meeting with the Moslem Community in Kawempe

YouBelong Uganda (YBU), in partnership with the Ministry of Health, strengthened engagement with alternative care providers—including 42 traditional healers and 41 religious leaders—as part of its ongoing SCAPE-U program on community sensitization for psychosis. Recognizing their unique position as trusted first points of contact in many communities, YBU organized sensitization meetings in Kampala and Wakiso with leaders from key faith denominations (Anglican, Catholic, Muslim, Pentecostal, and Seventh-day Adventist) and over 35 traditional healers. These sessions focused on improving understanding of mental illness, identifying signs of psychosis, and promoting timely referrals to health facilities. Through interactive discussions, participants explored how faith-based and traditional approaches can complement biomedical mental health care. Religious leaders pledged to integrate mental health awareness into their congregational activities, while traditional healers acknowledged the value of collaboration and their role in facilitating early intervention and stigma reduction within their communities.


A YBU Community Mental Health Nurse with a Psychosis Poster during a community sensitisation activity of Traditional Healers in Kigungu

Through these engagements, traditional healers expressed appreciation for being recognized as critical partners in community mental health and shared valuable insights on cultural perspectives of illness. The Ministry of Health commended YBU's efforts for bridging the gap between traditional and modern mental health care systems, acknowledging that both play complementary roles in promoting holistic wellbeing. Participants received Information, Education, and Communication (IEC) materials—posters, FAQs, and brochures—to support continuous awareness in their faith and community structures. This initiative marks a significant milestone toward reducing stigma, fostering mutual respect between alternative and biomedical care providers, and ensuring that persons with mental health challenges receive compassionate, culturally sensitive, and appropriate care within their communities.