

Mental Health and Psychosocial Support for Refugees and Host Communities in Uganda:

Challenges, Interconnectedness, and Needs



With funding support

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Working paper 30



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Mental Health and Psychosocial Support for Refugees and Host Communities in Uganda: Challenges, Interconnectedness, and Needs

A Situational Analysis of Mental Health and Psychosocial Support in the Refugee Settlements of Kiryandongo, Adjumani, Lamwo including the Urban Host Location of Kampala, September 2025

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RLP researchers undertaking a key informant interview in Palabek, Lamwo May 2025: Photo Credit: Asiki Alex

Executive Summary

Refugees in Uganda, particularly in Settlements like Adjumani, Kiryandongo, Lamwo, and Kampala, face significant mental health challenges due to displacement, trauma, loss, and stress, with high rates of depression, anxiety, and Post Traumatic Stress Disorder (PTSD). Despite efforts by NGOs like Refugee Law Project (RLP), Danish Refugee Council (DRC), Transcultural Psychosocial Organization (TPO), Lutheran World Federation (LWF), Windle International Uganda (WIU) and others, the scale of mental health issues remains poorly understood, and services are still inadequate.

The mental health challenges faced by refugees are multifaceted, stemming from the disruption of their sense of safety, security, and belonging, which leads to feelings of isolation and psychological distress. This is further compounded by loss of livelihoods, social status, and identity, particularly affecting refugees with professional backgrounds. The recent influx of new refugees, especially from Sudan, coupled with funding cuts in the humanitarian space, has strained mental health services. Economic instability and uncertainty have also exacerbated anxiety, depression, and PTSD among refugees.

Despite these challenges, refugees have shown resilience, utilizing coping mechanisms like community support and cultural practices. To effectively address their mental health needs, it's crucial to scale up support services and tailor them to different populations, including those with professional backgrounds who require specialized support. By prioritizing mental health and adapting services to the evolving needs of refugees, we can better support their well-being and resilience.

Recommendations

- 1. Establishing Community-Based Safe Spaces with Flexible Funding:** Creating safe spaces for refugees to access community support, share experiences, and engage in activities promoting mental health and well-being, while exploring innovative funding models to mitigate the impact of funding cuts.
- 2. Culturally Attuned and Adaptive Interventions:** Ensuring mental health interventions are culturally sensitive, tailored to refugees' needs, and adaptable to the changing context of refugee Settlements, including the influx of new refugee populations.
- 3. Child-Centered and Youth-Focused MHPSS with Trauma-Informed Care:** Providing child-centered and youth-focused mental health interventions that prioritize trauma-informed care, given the high prevalence of trauma among refugee children and youth.
- 4. Integrating Mental Health and Livelihood Support with Economic Empowerment:** Integrating mental health support with livelihood initiatives that promote economic stability and self-sufficiency, recognizing the interconnectedness of mental health and economic well-being.
- 5. Targeted Support for Refugees with Professional Backgrounds and Addressing Loss:** Providing targeted mental health support for refugees with professional backgrounds, addressing anxiety, depression, and PTSD stemming from loss of livelihoods, social status, and identity, and exploring opportunities for skills transfer and certification.

1.0 Background

The global refugee crisis has reached unprecedented levels, with millions displaced due to conflict, persecution, and violence. Uganda is at the forefront of this crisis, hosting approximately 1.8 million refugees, mainly from South Sudan (54%), the Democratic Republic of Congo (32%), and Sudan. The country's open-door policy has facilitated the integration of refugees into society by granting them access to land, public services, and basic rights, promoting dignity and well-being.

This policy has enabled refugees to access education, healthcare, and economic opportunities, and has been widely praised for its generosity and commitment to protecting refugee rights. However, the influx of refugees poses significant challenges to Uganda's resources and infrastructure, straining public services and local economies. With over 60,000 new arrivals between January and mid-June 2025, mostly women and children, the country faces an enormous burden.

The refugee population is diverse, with over 1 million refugees from South Sudan, 226,200 from the Democratic Republic of Congo, and smaller but significant populations from Burundi (38,200) and Somalia (25,000). Refugees experience high rates of depression, anxiety, and PTSD due to displacement, trauma, and



A photo showing a South Sudanese woman during arrival in Adjumani: Photo Credit: RLP

loss. Limited access to mental health services and psychosocial support exacerbates these issues, underscoring the need for tailored interventions.

Uganda's refugee response plan is severely underfunded, receiving only 13% of the required \$858 million, hindering mental health service provision. International support is crucial to ensure the long-term viability of Uganda's open-door policy and promote refugee well-being and economic self-sufficiency. By recognizing refugee contributions to Ugandan society and working towards sustainable solutions, Uganda can continue providing a safe haven while ensuring policy viability.

The success of Uganda's open-door policy depends on the ability of the Ugandan government and international partners to provide adequate support and resources to refugees and host communities alike. As the refugee crisis continues to evolve, it is essential to recognize the contributions of refugees to Ugandan society and to work towards sustainable solutions that promote their dignity, well-being, and economic self-sufficiency. By doing so, Uganda can continue to provide a safe haven for those fleeing conflict and persecution while also ensuring the long-term viability of its open-door policy. Ultimately, prioritizing Mental Health and Psychosocial Support (MHPSS) will be crucial in fostering resilience and well-being among refugees, enabling them to rebuild their lives and contribute meaningfully to their host communities.

1.1 The Need for Situational Analysis on Mental Health

Despite the significance of mental health in the face of adversity, it often remains overlooked, particularly in situations where resources are scarce and priorities are focused on immediate survival needs. The current refugee crisis in Uganda, exacerbated by unprecedented funding cuts and growing movements from Sudan into Settlements where organizations like RLP intervene, underscores the urgent need for a situational analysis on mental health. Conducting such an analysis will help understand the full scale of mental health challenges faced by refugees, identify potential solutions, and inform mental health programming and policy decisions.

By examining the complexities of mental health in refugee-host districts like Kampala, Kiryandongo, Adjumani, and Lamwo, this research aims to contribute to a deeper understanding of the issue and inform effective responses. This study will situate the mental health experiences of refugees in Uganda within the broader context of academic and policy literature, highlighting the complex issues they face in accessing mental health services and support. Ultimately, this analysis will be crucial in ensuring that the mental health needs of refugees are met, and their well-being and resilience are supported, amidst the growing challenges and funding constraints.

1.2 Research Aims

This research aims to identify the key mental health challenges faced by refugees in Uganda and to develop recommendations for policymakers, humanitarian organizations, and stakeholders to address these challenges and promote refugees' overall well-being. By examining the complexities of mental health support in refugee-host districts of Kampala, Kiryandongo, Adjumani, and Lamwo, this study will analyze the factors contributing to mental health issues, including trauma, displacement, and livelihood insecurity, and inform effective responses to support refugees' mental health and promote resilience.

Significance of the Research

This research is significant because it provides a comprehensive understanding of the mental health challenges faced by refugees in Uganda, shedding light on the complexities of their experiences and the need for targeted support. By examining the intersection of mental health and displacement, this study contributes to the academic and policy literature on refugee mental health, informing policymakers, humanitarian organizations, and stakeholders on the importance of prioritizing refugees' mental health needs. Ultimately, this research aims to support the development of effective policies and programs that promote refugees' well-being, resilience, and mental health, enhancing their ability to rebuild their lives with dignity.

1.3 Research Methodology

This research employed a qualitative approach to explore the challenges faced by refugees in Uganda, utilizing a multifaceted methodology to gather rich and nuanced data. The study combined focus group discussions (FGDs), key informant interviews (KIIs), context analysis, observation, and literature review to provide a comprehensive understanding of the refugee experience. FGDs were conducted with refugee groups, including men, women, and youth, to gather information on their experiences, perceptions, and challenges, while KIIs were held with stakeholders, including refugee leaders, community leaders, humanitarian workers, and government officials, to provide in-depth insights into the challenges faced by refugees and existing support policies and programs.

Mental Health and Psychosocial Support in Refugee Contexts: Challenges, Interconnectedness, and Needs

The research design was informed by a context analysis, which examined the broader political, economic, and social factors shaping refugee lives in Uganda. Observation was also used to gather information on living conditions and daily experiences, providing a deeper understanding of the challenges faced by refugees. Data analysis was conducted using a thematic approach, with FGD and KII data transcribed and coded to identify key themes and patterns. The use of NVIVO software aided in generating themes, which were then analyzed into findings. The triangulation of data from multiple sources ensured the reliability and validity of the findings, providing a robust understanding of the refugee experience in Uganda. Overall, the research methodology was carefully designed to capture the complexities of refugee life, providing valuable insights into the challenges faced by refugees in Uganda.

Sampling Process

The sampling process for this research employed a purposive approach, deliberately selecting specific locations and populations based on their relevance to the research objectives. The choice of Kiryandongo, Lamwo, Adjumani, and Kampala was strategic, driven by several key factors. RLP's existing presence in these areas facilitated context understanding and leveraged established relationships with refugees and stakeholders. Kampala's large urban refugee population from countries like Sudan, Congo, Eritrea, and Somalia was another consideration, given the city's perceived opportunities and urban nature.

The research was also guided by current funding from the Netherlands Embassy in Uganda, which focused on specific areas under the Supporting Refugee Host Relations III Project. Practical considerations, such as ease of access and limited funding, further informed the selection of locations, prioritizing areas where RLP was already working and had existing relationships. While this approach allowed for in-depth exploration of the research questions in specific contexts, it may also introduce limitations, such as potential biases and limited generalizability to broader refugee populations in Uganda. Nevertheless, the sampling process was carefully designed to meet the research objectives, providing valuable insights into the challenges faced by refugees in the selected locations.

1.4 Ethics

The research was conducted with utmost regard for ethical principles, ensuring that participants' rights and dignity were protected throughout the process. The researchers obtained informed consent from participants, who were fully aware of the research purpose, potential benefits, and risks involved. Confidentiality and anonymity were also prioritized, with participant data and identities protected and kept confidential. This commitment to ethical research practices demonstrates a respect for participants' autonomy and well-being.

The research underwent a rigorous ethics process, receiving clearance from the Office of the Prime Minister, specifically the Commissioner for Refugees, which oversees refugee interventions in Uganda. This approval underscores adherence to national regulations and guidelines. Additionally, RLP's affiliation with the School of Law at Makerere University, a reputable academic institution, lends credibility to the research and highlights the organization's commitment to quality, academically sound knowledge.

By adhering to established ethical guidelines and obtaining necessary clearances, the research demonstrates a strong commitment to responsible and respectful research practices. The researchers' prioritization of participants' well-being, safety, and dignity is evident throughout the research process, ensuring that the findings are not only reliable but also ethically sound. This approach is essential in building trust with participants and stakeholders, ultimately contributing to more effective and impactful research outcomes.

1.5 Limitations of the Research

The research acknowledges several limitations that impact its generalizability and validity. One key limitation is the purposive sampling approach, which, while allowing for in-depth exploration of specific contexts, may introduce bias and limit the findings' applicability to broader refugee populations in Uganda. The selection of specific locations, such as Kiryandongo, Kampala, Lamwo, and Adjumani, may not be representative of refugee experiences in other parts of the country, like Western Uganda. However, the study's findings can still

inform programming and policy decisions in similar contexts, providing valuable insights into the challenges faced by refugees.

The research also recognizes the potential for bias in the sampling strategy and data collection methods, particularly given the RLP's involvement in the selected areas. Nevertheless, efforts were made to mitigate



A photo showing refugees at a water point in Kiryandongo refugee Settlement: Photo Credit: RLP

these biases, including the involvement of multiple actors and limited involvement of RLP researchers in data collection. Despite these limitations, the study highlights the importance of context-specific research and nuanced understanding of refugee experiences, ultimately contributing to a deeper understanding of refugee issues in Uganda and beyond.

By acknowledging and addressing these limitations, the research provides a foundation for further investigation and analysis, emphasizing the need for inclusive policies and programs to support refugee well-being and resilience. The study's findings can inform decision-making in similar contexts, and its limitations serve as a starting point for future research endeavors.

2.0 Introduction

Mental health, as defined by the World Health Organization (WHO), is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO, n.d.) Among refugees, achieving this state of well-being can be significantly challenged by the experiences of displacement, trauma, loss, and the stresses of living in often difficult conditions in refugee settings.

In the refugee settings of Lamwo, Adjumani, Kiryandongo, and the urban host location of Kampala, the weight of trauma, displacement, and loss for most refugees casts a long shadow over their lives, lingering far beyond the moment they flee their homes. As captured by an NGO representative working with refugee populations, “For the refugees, they come here when the war has totally depleted them of everything, their families, homes, and sense of what is right and what is wrong.”¹ This profound loss and disruption underscore the immense mental health challenges refugees face. Stark comparisons highlight the gravity of these challenges: refugees are ten times more prone to experience depression symptoms compared to native Ugandans (UN Women 2023).

The current refugee influx of refugees from emerging conflicts such as Sudan presents a unique challenge in Uganda, differing significantly from previous waves. Unlike the predominantly less-educated refugee population of the past, the recent arrivals from Sudan include an unprecedented number of individuals with professional backgrounds, such as lawyers, doctors, engineers, and teachers. Many of these refugees have settled in areas like Kampala and Kiryandongo. However, their professional status has not shielded them from the mental health impacts of displacement. In fact, the loss of livelihoods, professional identity, and the struggle to adapt to new environments have exacerbated feelings of anxiety, depression, and helplessness among this group. Interviews reveal that refugees with professional backgrounds often feel neglected when it comes to mental health support, despite their unique needs. Their journey toward healing requires a comprehensive approach that acknowledges and addresses these specific challenges.

Navigating the complexities of trauma, stress, and resilience among refugees demands a thoughtful integration of culturally sensitive services, trauma-informed community-based interventions, and enhanced access to mental health care and post-therapy support. By prioritizing such an approach, there lies a potential pathway for refugees to rebuild their lives, fostering a sense of psychological peace and dignity amidst adversity. Yet, a critical question lingers: Can we adequately provide the support refugees need to recover from their trauma, heal, transition through their experiences of victimhood, and ultimately regain their productivity and self-sufficiency?

The following sections of this chapter will start by looking at some of the main socio-economic stressors that impact on the mental health of refugees, highlighting the interconnectedness of mental health, poverty, and livelihoods. We then explore the resilience and coping strategies of the refugees and look at the different support systems and services available in the refugee Settlements. This will then be followed by analysis of the challenges, opportunities, and recommendations.

2.1 Socio-environmental Stressors that can Harm Mental Health in the Refugee Settlements

The study found out that a constellation of factors contribute to psychological distress among refugees—experience of violence, displacement, living conditions, food security, disconnection and isolation, among others.

2.1.1 Experience of violence and displacement

In the crowded setting of Panyadoli refugee Settlement in Kiryandongo, a Sudanese woman sits with her children, her eyes distant with memories of violence left behind and struggles adjusting to this new place. She

¹ Interview with Musa Obol, Coordinator Mental Health and Psychosocial Support, Tutapona, Adjumani on 12th May 2025 May 12, 2025.

awaits to speak with one of our researchers who had made an appointment the day before. She discusses her harrowing experience of leaving behind her dead husband in the house along with a relative during the war, and now having to live with the trauma of recalling the violence inflicted on her past².

This scene underscores the profound emotional and psychological toll of displacement and violence on refugee women and their families. Scholars like Mollica et al. (1998) note a high prevalence of psychiatric disorders among refugees, including PTSD, depression, and anxiety, stemming from experiences of violence and displacement. The interplay of these factors can lead to significant emotional distress, as refugees struggle to adjust to new and often challenging environments in Settlements like Adjumani, Lamwo, Kiryandongo, and Kampala. Engaging with refugees in these settings requires sensitivity to their experiences of trauma, loss, and cultural dislocation.

For many refugees, fleeing conflict doesn't mean escaping trauma. One refugee shared,

*I thought I had left the darkness of war behind...I had seen a lot and gone through a lot. Now, as you can see, in Uganda here the depression and anxiety are suffocating me, making it hard to reclaim the professional identity I once had.*³

This depicts the ongoing psychological struggle of a refugee who, despite seeking safety and a new start, is overwhelmed by mental health challenges. These challenges hinder her ability to reconnect with her past professional self, impacting her sense of purpose, identity, and contribution in her new environment. A mental health worker from TPO Uganda in Adjumani noted, "Many refugees we've worked with have experienced extreme violence, leading to significant psychological trauma."⁴ The combination of fleeing violence and adjusting to new and often challenging environments in refugee Settlements exacerbates mental health challenges like depression, anxiety, and stress among refugees in Adjumani, Lamwo, Kiryandongo, and Kampala.

Evidence from the field underscores the severe impact of violence and displacement on the mental health of survivors of war. Dr. Farouk, a medical professional at Kiryandongo hospital, notes that most refugees received at the hospital exhibit signs of mental illness. They often report headaches and describe flashbacks, indicating significant mental health challenges⁵. A poignant example comes from a 76-year-old woman in Kiryandongo who shared during a group discussion that her grandchildren fear being away from her due to flashbacks and trauma from their experiences. The grandchildren ask for her company even for simple tasks like picking something in the house because they hear voices or see things, making it hard for them to cope in the Settlement⁶.

Violence and trauma have a profound and lasting impact on the mental health of refugees, affecting both adults and children. The symptoms exhibited by the grandchildren of the 76-year-old woman, such as flashbacks, hearing voices, and seeing things, indicate severe mental health challenges. These symptoms complicate daily coping in the Settlement, highlighting the need for targeted mental health support. Furthermore, trauma affects not just individuals but also their families. Children exhibit fear and need constant company due to trauma-related symptoms, demonstrating the intergenerational impact of violence and displacement on mental health.

Displacement disrupts refugees' sense of safety, security, and belonging (Herman, 1992), and adjusting to new environments in Settlements like Adjumani or Kampala can exacerbate feelings of isolation and psychological distress (Miller & Rasmussen, 2010). A host community member in Kiryandongo observed,

*Many refugees seem withdrawn and anxious. They struggle to adjust to their new environment and often feel isolated in a land they do not call their home, but which they have to now try to forge it into a home in their everyday struggles...*⁷

2 Interview with a 48-year-old Female Sudanese Refugee, Panyadoli refugee Settlement, Kiryandongo on 5th May 2025.

3 Statement from a 43-year-old Sudanese Refugee with professional background in engineering during FGD Kawempe, Kampala on May 29th 2025.

4 Interview with TPO Uganda representative, Adjumani on May 12th 2025.

5 Interview with Dr. Farouk, Medical doctor, Kiryandongo Hospital on May 8th 2025.

6 Interview with a 76-year-old Female Refugee, Kiryandongo, on May 6th 2025.

7 Interview with LC 1 Host Community Leader, Panyadoli, Kiryandongo on May 7th 2025.

Mental Health and Psychosocial Support in Refugee Contexts: Challenges, Interconnectedness, and Needs

Mukomiko, the Probation Officer in Adjumani, mentioned that because of the new environment, some refugees end up being lost in the environment due to different behaviors and cultures, leading to isolation because they feel out of place and disturbed⁸. This isolation can exacerbate feelings of loneliness and despair, further entrenching depression and anxiety. Academic research underscores the profound psychological impact of displacement on refugees. Scholars like Mollica et al. (1998) note a high prevalence of psychiatric disorders among refugees, including PTSD, depression, and anxiety. Addressing mental health needs through community-based approaches can foster resilience and aid in rebuilding lives (Tol et al., 2011).



South Sudanese refugees constructing their homestead on land allocated to them by OPM in Adjumani: Photo Credit: RLP

2.1.2 Isolation and disconnection

Feelings of isolation and disconnection from familiar cultural, social, and familial contexts significantly exacerbate emotional distress among refugees in Settlements of Adjumani, Lamwo, Kiryandongo, and Kampala. Sociodemographically, we found that a longer duration of stay in Uganda was linked with a stable and higher depressive symptom trajectory, which demonstrates that the longer one remains displaced in Uganda, the more they felt a sense of disconnection, and the greater the distress.

Many of us have stayed here for a long time, some 5 years, others have just come, and others even 10 years. One thing that is common among us is that we are tired and stressed. But this stress is even worse for some of us who have stayed longer, because we do not have hope⁹.

Our findings corroborate studies conducted in refugee camps in Low and Middle-Income Countries, which have suggested a deterioration in mental health among refugees with an increased length of stay (Braun-Lewensohn and Al-Sayed, 2018; Getnet et al., 2019). Conversations with the youths during the FGDs in Lamwo, Adjumani and Kiryandongo also indicated that as refugee youth spent more time in Settlements, rather than experiencing increased adaptation and acculturation, they tended to demonstrate lower resilience and greater hopelessness¹⁰. This phenomenon could be attributed to the absence of

8 Interview with Mukomiko Gorreti, Probation Officer, Adjumani on May 12th 2025.

9 Focus Group Discussion with elder and religious leaders in Kiryandongo, May 13th 2025.

10 Focus Group Discussion with refugee youths and host community, Adjumani, May 13th 2025.

social support and ongoing contexts of adversity, with cumulative and daily stressors including poverty, unemployment, language barriers, discrimination and resource scarcity.

A refugee of Sudanese origin emphasized who had recently settled in Kampala mentioned,

I'm trying to make sense of it all [this life in Uganda], but it's hard. I just want to feel at home again, to feel connected to my people, my family and at least something familiar...like the food and way of doing things...¹¹

This underscores the impact of isolation and disconnection on mental health in these settings. The longing for connection to familiar contexts highlights the need for interventions that address social isolation and foster community connections among refugees. A refugee of Sudanese origin expressed feelings of being “lost in this new place. Everything is different - the language, the food, the customs.”¹² Academic scholars like Herman (1992) note that displacement disrupts refugees’ sense of safety, security, and belonging.

2.1.3 Living conditions and food insecurity in the Settlements

Our research findings indicate that living conditions and food insecurity was a significant structural-level determinant of stress among the refugees in the Settlements of Adjumani, Kiryandongo, Lamwo and Kampala. Statements from stakeholders highlight the gravity of these issues. A TPO Uganda staff member in Kiryandongo notes that “Limited access to basic needs like food and shelter heightens stress among refugees.”¹³ For the new Sudanese refugees who recently arrived into the Settlements, the sudden decrease in food availability and dietary quality has coincided with challenges such as difficulties in access to transport, unfamiliar food choices, limited affordable quality foods and a lack of nutrition knowledge. These factors contribute to heightened stress levels among refugees, posing a significant mental health challenge. Stress stemming from limited access to basic needs and struggles with food security can impact refugees’ mental well-being, potentially leading to anxiety, depression, or other mental health issues.

Abraham Abdul of Sudanese origin settled in Kiryandongo expressed the hardship of adjusting to dependency on aid, stating,

...it's very inconveniencing, very unbearable for a man like me who had a job with Save the Children [International] back home, my kids were going to good schools, now my kids are not studying – for a man like me to put on clothes that are given to me by good samaritans is so depressing.¹⁴

A 58-year-old Sudanese pharmacist similarly talked of his inability to afford adequate milk for his 4-year-old, 6-year-old, and 8-year-old children – something he could do well in Sudan¹⁵. These narratives highlight the profound impact of limited resources and changed circumstances on the mental health of refugees in these Settlements. Poor living conditions, dependency on aid, loss of autonomy, and inability to provide for basic needs like food and education for children can lead to feelings of depression, helplessness, and lowered self-esteem among refugees. Studies have shown that refugees experiencing such challenges are at higher risk of developing mental health issues like depression, anxiety, and PTSD. The loss of autonomy and dignity associated with dependency on aid can exacerbate feelings of distress and hopelessness (Miller et al, 2002) .

2.2 The Case of Refugees with Professional Backgrounds

Similar to the case of Abraham Abdul, refugees with professional backgrounds, such as lawyers, doctors, engineers, and teachers, face unique challenges in host communities. Forced to flee due to conflict, persecution, or crises, they leave behind livelihoods, networks, and identity. The mental health of these individuals is a pressing concern. Trauma, stress from their home countries, and challenges adapting to new environments profoundly impact their mental wellbeing. Loss of livelihoods, social status, and identity can lead to anxiety, depression, and PTSD.

11 Interview with a refugee with professional background, Kawempe, Kampala, May 29th 2025.

12 Interview with a 26-year-old Female Refugee of Sudanese origin, Old Kampala, May 25th 2025.

13 Interview with TPO Staff Kevin Aber Clinical officer, Kiryandongo, May 8th 2025.

14 Interview with a 46-year-old Male Sudanese with professional background, Kiryandongo, May 5th 2025.

15 Interview with a Sudanese Refugee with Pharmacist background, Kiryandongo, May 7th 2025.

When they abandon successful careers and start anew, the individuals often struggle to cope with the



A graduation ceremony attended by Refugees who benefitted from the English for Adults Program in Kiryandongo: Photo Credit: RLP

emotional toll of displacement. For example, a refugee lawyer might shift from a thriving practice to menial jobs, grappling with downward social mobility's psychological impact, such as the examples below.

A Story of Loss and Struggle

Amr, a lawyer from Sudan, had to flee his law firm, which employed 45 people. During an interview in Kawempe, Amr appeared disturbed as he recounted the following story.

I had a successful law firm in Sudan, employing 45 people. I was respected in my community, and my work brought me joy. But one day, I had to leave everything behind. I couldn't take my family to safety fast enough. I lost money, I lost everything. Now, I'm struggling to make ends meet. I'm not working, I sit from morning to evening. Some of us have taken up unpleasant jobs just to feed family. It's heartbreaking to see my skills go to waste," Amr said, his voice cracking with emotion¹⁶.

Amr's narrative highlights the profound personal and professional impact of being a refugee with a professional background, often leading to significant psychological strain and emotional distress. The loss of identity, livelihood, and sense of purpose can exacerbate feelings of anxiety, depression, and helplessness, underscoring the critical need for mental health support and psychosocial interventions tailored to the unique experiences of refugees with professional backgrounds.

Muteza Mahyalldyn Hassen, a professional lawyer from Sudan, faces significant mental health challenges as a refugee in Uganda¹⁷. His experiences navigating a new country, culture, and legal system amidst barriers like language difficulties, lack of recognition of professional qualifications, and limited access to justice and support, contribute to considerable psychological strain. The stress of adapting to a vastly different legal

16 Interview with 60-year-old Sudanese refugee with professional background, Kawempe, Kampala, May 25th 2025.

17 Interview with 46-year-old Sudanese with professional background of a Lawyer, Old Kampala, May 26th 2025.

system, coupled with the inability to practice his profession due to unrecognized qualifications, can lead to feelings of frustration, inadequacy, helplessness, and anxiety. Hassen's struggle to access essential services and support due to language barriers further exacerbates his mental health challenges.

Hassen's situation reflects the experiences of many other professional refugees the team encountered, highlighting the need for specialized mental health support for individuals with professional backgrounds who are navigating the complexities of displacement. The emotional toll of losing professional identity, struggling to adapt to new systems, and facing barriers to practicing one's profession can have profound implications for mental health, including increased risks of depression, anxiety, and post-traumatic stress.

2.3 Resilience and Coping Mechanisms



South Sudanese refugees sharing a meal in Adjumani. Photo Credit: RLP

Despite facing immense challenges due to violence, displacement, and living in often difficult conditions in refugee Settlements, refugees demonstrate remarkable resilience and employ various coping mechanisms to navigate their circumstances. In the face of trauma, loss, and uncertainty, refugees often draw on personal strengths, community support, cultural practices, and available resources to cope with their situations. Understanding these resilience factors and coping mechanisms is crucial for supporting refugees effectively in the four refugee Settlements.

2.3.1 Community Support

Refugees often express resilience and coping through reliance on community ties for emotional support, sharing experiences, and getting practical help. In the Settlement of Kiryandongo, the South Sudanese and Sudanese youths mentioned that their peer connections have played a vital role in mitigating feelings of isolation and providing a sense of belonging.

We feel that we are one when we come together. Sometimes even if you are from Sudan, or South Sudan, or even host community, when you get involved in a group you tend to forget your problems and concentrate (to carry on with life)¹⁸

Similarly, according to a Youth Refugee-led Organization (YouthRO) in Kiryandongo refugee Settlement:

Refugees in Kiryandongo, they are very strong because they got community friends who are both refugees and non-refugees. They talk together, get help for things they need, and get feeling better inside. This make them not feel too alone and make them feel like they belong in one place.¹⁹

This quotation highlights the importance of community connections in fostering resilience among refugees in Kiryandongo. The fact that refugees draw strength from relationships with both refugee and non-refugee community members underscores the value of inclusive community dynamics.

Refugees with professional backgrounds tend to find it hard to cope and often rely on community support to navigate their challenges. A refugee engineer from Kampala, who moves between his home and a refugee-led organisation in Kawempe supported by RLP, described finding solace among colleagues seated and sharing experiences. He said,

I move between my home and this organisation [the refugee-led organisation] where I find other colleagues seated and sharing experiences. It helps to talk with others who understand what I've been through. They are like family...²⁰

This highlights the importance of community connections in fostering resilience among refugees, including those with professional backgrounds.

In the Settlement of Kiryandongo, we found that community connections can help in two key ways. First, they mitigate isolation by reducing loneliness and isolation in a new and challenging environment. Second, they provide a sense of belonging, which is vital for psychological well-being in displacement.

Organizations like RLP have worked to foster community connections and support among refugees. They do this by supporting refugee-led groups that empower refugees to connect, share experiences, and provide mutual support. By promoting community engagement and support networks RLP has helped to strengthen resilience among these refugees throughout the three Settlements studied. Such initiatives can enhance refugees' sense of belonging and reduce isolation, contributing to overall well-being in refugee Settlements.

2.3.2 Cultural Practices

Refugees often express resilience and coping through cultural and spiritual practices that offer comfort and help manage stress and trauma. These practices can include traditional rituals, prayer, or community gatherings that reinforce cultural identity and provide emotional solace. Cultural and traditional practices help refugees maintain a sense of identity and cope with stress.

The research found out that among refugees from Sudan and South Sudan, prayers were the most common form of resilience-making. In Settlements and areas like Old Kampala and Kawempe, communities of Sudanese refugees have formed around connections to spiritual faith. Because of this, there remains a high number of Sudanese refugees living in these areas due to the inclination to form a community of Muslim faithfuls who attend mosques together and indulge in the act of sharing among families. These spiritual connections and practices provide significant emotional support and help refugees cope with displacement challenges.

In addition to community and cultural practices, refugees also use individual coping strategies like problem-solving, seeking information, and engaging in income-generating activities to manage stress and build stability. A refugee of Sudanese origin expressed wanting "to feel at home again, to feel connected to something familiar,"²¹ highlighting the importance of cultural and community connections in coping mechanisms.

18 Focus Group Discussions with Youth of Sudanese Origin, Nsambya, Kampala, May 29th 2025.

19 Interview with Janan Luwum Youth Refugee-led Organization (YouthRO), Kiryandongo, May 6th 2025.

20 Interview with refugee with professional background, Kampala, 06/05/25

21 FGD with refugees of professional backgrounds, Kawempe, Kampala, May 22nd 2025.

2.4 Access to Mental Health Services: Available Support and Interventions in the Refugee Settlements

In the face of the refugee crises, organizations such as UNHCR, International Medical Corps, TPO Uganda, Uganda Refugee and Disaster Management Council (URDMC), RLP and Action for Development (AFOD) are pioneering community-based interventions that bring mental health support to the doorstep of refugees. By implementing individual therapy sessions, psychosocial support groups initiatives and mental health awareness programs, these initiatives are empowering refugees to take charge of their mental well-being.

RLP and LWF have been providing mobile mental health clinics that are revolutionizing access to care. These clinics provide mental health services to refugees in remote areas where traditional healthcare infrastructure



Refugees attending a psycho-medical camp organised by Refugee Law Project in Kampala: Photo Credit: RLP

is scarce. Previously, similar services were provided by the International Rescue Committee (IRC), although those services have since closed. According to the RLP, such initiatives are crucial in reaching refugees who might otherwise be cut off from essential support. Beneficiaries of these mental health services express gratitude for the lifeline these clinics provide, overcoming barriers like transport difficulties, lack of knowledge about referral pathways, and community and cultural barriers related to mental health. LWF notes the importance of these mobile clinics in addressing the mental health needs of refugees in hard-to-reach areas.

RLP has scaled up community mental health interventions targeting refugees and hosts. Through the Survivor-led Support Group model, RLP has engineered the provision of MHPSS services for refugees and hosts. Survivor-led support groups provide a springboard for building resilience in the face of severe mental distress. In addition, RLP has built the capacity of para mental health support workers to cover gaps in the delivery community-based interventions. It's also worth noting that RLP has built a portfolio of competent and professional Staff, able to design and implement MHPSS interventions.

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AFOU Uganda's Mental Health Rehabilitation Facility is another beacon of hope, offering psychosocial support and economic empowerment training to refugees and host communities. This holistic approach is not only helping individuals recover from trauma but also equipping them with the skills and confidence to rebuild their lives and regain productivity to combat dependency on food assistance and other international aid.

The Uganda Prisons in Kiryandongo has instituted a committee comprising the Police Officer in Charge (OC), a nurse, a Prison Welfare Officer, and two additional officers to provide mental health support. This includes guidance and counseling for prisoners and inmates who need these services. When a person is being released from detention back to the community, the committee meets with them to provide counseling. This prepares them for community return and integration.

It has to be noted that partnerships between organizations, local health facilities, mental health professionals, and community leaders are also proving to be a game-changer that needs to be strengthened. By pooling resources and expertise, these collaborations are delivering comprehensive and coordinated mental health services that address the unique needs of refugees. The partnership between TPO and UN Women is a shining example of this approach, having successfully reduced depression, anxiety, and stress symptoms among refugees in Kiryandongo, Adjumani, and Lamwo.

These examples demonstrate that with the right approach, support, and partnerships, it is possible to make a meaningful difference in the lives of refugees and promote their mental health and well-being. By scaling up these initiatives and investing in community-based interventions, we can create optimism for a brighter future for refugees and host communities alike.

2.5 Challenges of Mental Health and Psychosocial Support in Refugee Settlements

Despite the presence of service provisions for MHPSS, several challenges still affect these provisions, making it impossible to fully address the present gap in provisions. Some of the challenges include:

2.5.1 Mental health services remain underfunded and understaffed, leaving refugees with limited access to care

The scarcity of resources severely constrains MHPSS in refugee Settlements, resulting in underfunded and understaffed services. This limitation reduces access to essential care, exacerbating mental health issues and increasing vulnerability among refugees who are already struggling to cope with stress and trauma. Without adequate support, their mental health outcomes are likely to deteriorate further, underscoring the urgent need for increased investment in MHPSS services.

A local elder in the host community of Palabek shared his insight in the following ways:

Refugees will heal when they find peace in their own lands. Here, they need care for their minds and hearts...healing is such a difficult thing...and I think there is no money here in Uganda that can solve this issue²².

This simple yet powerful statement highlights the importance of addressing the root causes of displacement while providing essential mental health support to refugees. This emphasizes the critical need for prioritizing mental health support for refugees, ensuring they receive the care and resources necessary to rebuild their lives.

The issue of inadequate funding is reflected in the broader context of the health budget in Uganda more generally where Uganda government allocates less than 1% of its healthcare budget to mental health, with most funding going to the national mental health hospital in Butabika. Notably, the health budget for the financial year 2023/2024 was reduced to 6.5% from 7.2% in the 2022/23 financial year, below the 15% Abuja Declaration commitment, which by implication takes a hit on mental health across the country.

22 Focus Group Discussion with elders and cultural leaders in the host community, Palabek, May 25th 2025.

This in addition to the funding cuts which has affected humanitarian agencies alike. For example, IRC has reported that they have had to face funding cuts exceeding 30% of their annual budget in Kiryandongo refugee Settlement. This affected staffing and supplies for critical health services like MHPSS. Due to their budget constraints, reception conditions in Kiryandongo are strained, posing health and safety risks to vulnerable individuals, especially women and girls.

2.5.2 Stigma has led to reluctance among refugees to seek help for mental health issues.

The study found that stigma surrounding mental health continues to be a persistent issue. In Adjumani, for instance, it is reported that almost every refugee household faces mental health issues, often referred to as 'riak-nhom' (disturbed mind) in Diinka. Agencies working with refugees in Kiryandongo and Lamwo note that a large number of new refugee arrivals and those who have stayed longer have a significant positive association with depressive symptoms severity.

A psychiatric clinical officer with TPO-Uganda notes that

A lot of individuals in this context are experiencing silent distress... Women, in particular, bear significant burdens. Situations where their partners exhibit violence, are absent, or lack involvement can become overwhelming.²³

Stigma remains a pervasive condition leading to more mental health suffering, decreased self-esteem, and lower tendencies to seek help in contexts where cultural beliefs attribute mental health issues to supernatural causes or lead to social shame. Due to stigma, refugees might avoid seeking mental health care because of fear of being judged, labeled, or discriminated against, internalizing societal attitudes toward mental health and leading to feelings of shame, guilt, or worthlessness. A refugee beneficiary of RLP in Kiryandongo expressed, "I was hesitant to talk about my feelings because I feared people would think I'm crazy or weak."²⁴ This confirms the statement from a staff member from TPO Uganda who noted, "Stigma around mental illness can prevent refugees from seeking help, making it harder for them to cope with trauma."²⁵ This finding supports previous studies by Corrigan et al. (2014), who observed that stigma can lead to decreased help-seeking behavior and worsen mental health outcomes among individuals with mental illness.

In many cultures, mental health is a taboo subject, making it difficult for refugees to break the silence and seek help. As already observed above under resilience, the research shows that some Sudanese Arabic-speaking refugees often seek help from informal sources like religious and community leaders due to mental health stigma. If such channels fail to address their problems, this can exacerbate issues like anxiety, depression, and trauma-related symptoms. A refugee from Kiryandongo Settlement shared, "When I couldn't find help from the church for my nightmares and worries, it made things worse. I felt more alone with my fears."²⁶

2.5.3 Cultural backgrounds has shaped perceptions of mental health and help-seeking behaviors, potentially creating barriers to accessing care if services are not culturally attuned

Cultural differences can create barriers to accessing MHPSS among refugees. Cultural backgrounds shape perceptions of mental health, help-seeking behaviors, and interactions with service providers. These differences can lead to misunderstandings, miscommunications, or reluctance to engage with MHPSS services that are not culturally attuned. A refugee beneficiary in Lamwo mentioned,

Sometimes I don't understand why the counselors ask certain questions - it's sometimes not how we talk about problems in my culture...makes it difficult for me to respond, sometimes I can feel ashamed...²⁷

This highlights the need for cultural consideration in delivering MHPSS. Indeed, findings from the four locations also indicate that in refugee communities, cultural narratives around mental illness can lead to perceptions of mental illness as a personal failing or a source of shame rather than a treatable condition.

23 Interview with MHPSS Officer Tutapona staff Musa Oboi, Adjumani, May 10th 2025.

24 Interview with a 27-year-old female NGO Refugee beneficiary of mental health, Kiryandongo, May 7th 2025.

25 Interview with Clinical psychologist Aber Kevin Kiryandongo, May 5th 2025.

26 Interview with 36-year-old Male NGO refugee beneficiary of mental health, Adjumani, May 10th 2025.

27 Interview with 20-year-old NGO refugee beneficiary of mental health, Lamwo, May 15th 2025.

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A community member in Kiryandongo noted during FGDs, “Talking about mental problems is like talking about something shameful in our community.” This cultural narrative can have devastating consequences, as refugees may prioritize maintaining social harmony and avoiding stigma over seeking help for their mental health needs, ultimately exacerbating their suffering and compromising their well-being. Silence becomes a common phenomenon.

A mental health worker in a refugee Settlement noted,

The weight of silence around mental health is sometimes too much for those who experience them. It comes crushing. People suffer in secrecy because speaking out means risking shame for the whole family.²⁸

This stigma can prevent refugees from accessing the care they need, further exacerbating their mental health challenges. This statement highlights the complex interplay between cultural norms, community expectations, and individual behavior, where the fear of stigma and judgment can silence individuals and prevent them from seeking necessary mental health support.

The fear of being judged or ostracized can be particularly daunting for refugees, who have already experienced significant trauma, stress, and depression, and may be struggling to rebuild their lives in a new and unfamiliar environment. Therefore, addressing stigma and cultural barriers is crucial to ensuring that refugees can access the mental health support they need and feel empowered to prioritize their well-being without fear of judgment or rejection.

A clinical officer with TPO-Uganda notes that cultural contexts influence how refugees experience and express distress, especially among women with heavy burdens due to partner violence, absence, or lack of involvement²⁹. Women, in particular, bear significant burdens in contexts of partner violence, absence, or lack of involvement. If mental health services are not culturally attuned, this can exacerbate stigma and deter refugees from seeking help. In many cultures, mental health is a taboo subject, making it difficult for refugees to break the silence and seek assistance. Culturally attuned services, on the other hand, can reduce stigma and improve help-seeking behaviors by aligning with refugees’ cultural understandings and practices.

2.5.4 Challenges of Providing Mental Health and Psychosocial Support to Survivors of Torture and Sexual and Gender-Based Violence

Providing MHPSS to survivors of torture and Sexual and Gender-Based Violence (SGBV) in refugee settings poses significant challenges. Despite efforts by organizations like the RLP and TPO Uganda to provide MHPSS, significant challenges persist. A staff member from RLP emphasized the need for specialized care, stating, that survivors of SGBV need specialized care to address their trauma. This underscores the complexity of addressing mental health needs in these populations.

The challenges of providing adequate MHPSS are palpable in each location. In Adjumani, despite RLP’s specialized support, the need for tailored interventions remains pressing. In Kiryandongo, TPO Uganda highlights the importance of community-based psychosocial support to overcome barriers like stigma and limited resources. In Lamwo, cultural sensitivities and limited access to specialized services pose hurdles for survivors seeking care. In Kampala, urban refugees who are survivors of torture or SGBV face challenges accessing MHPSS due to factors like stigma or limited specialized care.

As Steel et al. (2009) note, survivors of torture and trauma are at high risk for PTSD and other mental health issues. Given these challenges, tailoring interventions to address specific needs of survivors can enhance the effectiveness of MHPSS. Clearly, there’s still a lot to be done to address these challenges effectively, considering the vulnerabilities and needs of survivors of torture and SGBV in these refugee Settlements.

2.6 Opportunities and Recommendations

Following the discussion of challenges in providing MHPSS to refugees, the discussions will now turn to

²⁸ Interview with TPO Staff Kevin Aber Clinical officer, Kiryandongo, May 8th 2025.

²⁹ Interview with Clinical Officer, TPO Stephen Kilama Lamwo, 14/05/25.

Opportunities and Recommendations for enhancing MHPSS in these contexts.

2.6.1 The need to increase safe spaces for refugees to access community support for Mental Health and Psychosocial Support

From the aforementioned concerns regarding challenges in obtaining culturally or locally oriented solutions, there is a clear need for safe spaces and community support for refugees to foster healing, reduce stigma, and promote effective coping mechanisms. Safe spaces can facilitate community-based psychosocial support, which is essential for overcoming barriers like stigma and limited resources in accessing MHPSS. A female refugee leader quoted, “We need a safe space to heal, to talk, to make our lives better again (rebuild our lives).”³⁰ Vudriko, the GBV Officer in Adjumani, similarly calls for safe spaces within the Adjumani Settlements where refugees can talk about their experiences freely³¹. This aligns with literature emphasizing the importance of community-based interventions and safe spaces for promoting mental health among refugees (Betancourt et al., 2013). Scholars like Tol et al. (2011) highlight the effectiveness of community-based psychosocial interventions in enhancing refugees’ mental health and resilience. Addressing mental health needs through community-based approaches can foster resilience and aid in rebuilding lives (Papadopoulos, 2007). Findings indicate trauma, stress, and depression are prevalent among refugees in these areas.

Establishing Community-Based Safe Spaces

Establishing community-based safe spaces is a key strategy for facilitating psychosocial support among refugees. These spaces can serve as hubs for refugees to share their experiences, receive support from peers and trained facilitators, and engage in activities that promote mental health and well-being. By reducing stigma and promoting a culture of openness about mental health, these safe spaces can encourage more refugees to seek help when needed.

Culturally Attuned Interventions

Ensuring that interventions are culturally attuned to the needs of refugees in these settings is vital for the effectiveness of MHPSS. Cultural attunement means considering the cultural backgrounds, beliefs, and practices of refugees when designing and implementing MHPSS interventions. This approach helps build trust between refugees and service providers, increases the relevance of the support offered, and ultimately enhances the outcomes of MHPSS interventions.

The Importance of Cultural Sensitivity

Cultural sensitivity is crucial in mental health interventions. It emerged as an indispensable mode of operation that stakeholders must adapt to address the current diversity within refugee populations in the locations of Adjumani, Lamwo, Kiryandongo, and Kampala. Findings from these locations highlight that stigma and cultural barriers pose additional challenges for refugees seeking mental health support. In many refugee communities, mental health issues are stigmatized, and individuals may fear being judged or ostracized if they seek help.

2.6.2 Implementation of Child-centred and Youth-Focused Mental Health and Psychosocial Support in Refugee Settings

The absence of child-specialized counselors for children among partners in Adjumani, Lamwo, and Kiryandongo may contribute to limited innovation in child-focused mental health programming and projects. Evidence from discussions with institutions like UNHCR, RLP, and TPO in these locations highlights the need for tailored interventions for children and youth in refugee settings. However, this challenge presents an opportunity for early intervention, community-based initiatives, and capacity building in providing MHPSS to children and youth in refugee settings like Adjumani, Lamwo, Kiryandongo, and Kampala.

Providing child-centered and youth-focused mental health interventions can help mitigate the impact of trauma and stress, promoting healthy development and well-being. During FGDs with institutions like UNHCR, RLP, and TPO in the four locations, recommendations emphasized the importance of community-

30 Interview with female refugee leader Joyce Maji III Women Representative, May 10th 2025.

31 Interview with Vudriko, GBV Officer Adjumani district, May 15th 2025.

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based approaches and capacity building for effective MHPSS delivery.

Community-based interventions, such as implementing group therapy and parenting programs, can effectively reach more children and families in refugee settings. This approach promotes social support and community cohesion, crucial for the mental health of children in these contexts. Furthermore, capacity building through training local healthcare workers and community members in child-centered mental health interventions can help ensure sustainability of MHPSS services. Investing in child-specialized counselors or providing training for local staff could enhance child-focused MHPSS, as noted in discussions with partners in these locations.

Providing youth-focused mental health interventions can empower young people in refugee settings, promoting resilience, social support, and overall well-being essential for realizing their potential. Engaging young people in the design and implementation of mental health interventions ensures services are responsive to their needs and priorities. Interventions that promote resilience and coping skills help young people navigate the challenges of refugee life, supporting long-term mental health and well-being.

Investing in the mental health of refugee children and youth is crucial for their future success and well-being, and for the stability and prosperity of host communities. Addressing the need for child-centered and youth-focused mental health interventions in refugee areas requires attention to promote long-term development and future prospects.

2.6.3 Intersecting Mental Health and Livelihoods

The study revealed that refugees' mental health and psychosocial well-being are inextricably linked with their livelihoods, as economic instability and uncertainty can exacerbate anxiety, depression, and PTSD. Refugees and mental health practitioners alike underscore the profound impact of livelihood programs on mental health outcomes. Livelihood support can reduce stress and anxiety, increase self-esteem, foster social connections, and promote resilience and productivity. By providing refugees with opportunities for economic stability and personal fulfillment, livelihood support can help mitigate the negative impacts of displacement on mental health.

Observations and conversations from the four locations (Adjumani, Lamwo, Kiryandongo, and Kampala) highlight the critical connection between mental health and livelihoods among refugees. A 54 year old female refugee heartfelt words during a focus group discussion captures the struggle,

As for me, this life without work or any reliable income eats away at my peace of mind. I worry constantly about feeding my children, paying for school fees, and finding a way out of this uncertainty. Sometimes the stress feels like it's killing me quietly [to imply slowly].³²

This quotation underscores that the struggle for livelihoods and economic stability is deeply connected to mental health outcomes among refugees. Challenges in accessing basic necessities like food, coupled with uncertainty about the future, contribute significantly to emotional distress, anxiety, and feelings of hopelessness.

Integrating mental health and livelihood support can involve trauma-informed livelihood programs, mental health services embedded within livelihood initiatives, and holistic programming that acknowledges the interconnectedness of refugees' needs. By adopting this approach, interventions can promote more comprehensive and sustainable support, empowering refugees to rebuild their lives with dignity. Refugees want mental health support that acknowledges their lived experiences and addresses their practical needs. As one refugee succinctly put it,

Food and daily essentials matter a lot. If we don't have these basics, it's hard to think about our mental health.³³

Research supports the interconnectedness of mental health and livelihoods among refugees. Livelihood interventions that promote economic stability can contribute to improved mental health outcomes (Bolton et al., 2014). Conversely, poor mental health can hinder an individual's ability to engage in livelihood activities, creating a cycle of vulnerability (Patel et al., 2018). Addressing both mental health and livelihood needs in a

32 Focus Group Discussion with female refugee leaders and business persons in Kampala, May 29th 2025.

33 Interview with a 27-year-old female NGO refugee beneficiary of mental health support, Adjumani, May 15th 2025.

coordinated manner can enhance resilience among refugees and promote overall well-being.

2.6.4 Targeted mental health support for refugees with professional backgrounds

Target mental health for refugees with professional backgrounds is crucial, considering the profound impact of displacement on their mental wellbeing due to loss of livelihoods, social status, and identity. This support should be tailored to address anxiety, depression, and PTSD stemming from these losses, while also integrating other key aspects such as facilitating recognition of their professional qualifications and skills to enable meaningful contributions in host communities. By doing so, refugees can regain a sense of purpose and identity, positively impacting their mental health. Additionally, provision of community and solidarity platforms can foster connections among refugees with similar professional backgrounds, allowing them to share experiences and skills. Livelihood support and strategies to leverage their skills for mutual benefit in host communities can further enhance mental wellbeing. Considering these interconnected aspects through the lens of targeted mental health support can help mitigate risks associated with displacement and facilitate a more sustainable and fulfilling resettlement process for refugees with professional backgrounds.



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May 2025 16:22

RLP researchers carryout a key informant interview in Kiryandongo May 2025: Photo Credit: Asiki Alex

3.0 Conclusion

The mental health needs of refugees, particularly vulnerable groups such as women and children, in Settlements like Adjumani, Lamwo, Kiryandongo, and Kampala are significant and warrant careful consideration. Refugees face unique challenges due to displacement, trauma, violence, and loss, which can lead to anxiety, depression, PTSD, and other mental health issues. Among these challenges, refugees with professional backgrounds face profound mental health issues stemming from the loss of livelihoods, professional identity, and struggle to adapt to new environments. The interconnectedness of mental health and livelihoods among refugees underscores the importance of integrated interventions that address both economic stability and psychological well-being. Parenting challenges, especially in contexts where men are away working or fighting, contribute to increased stress for women caregivers and potential gaps in providing social and emotional support to children. Children in refugee settings are particularly vulnerable to the effects of trauma and displacement, exhibiting behavioral problems, anxiety, or depression. While mental health services may exist in some refugee areas, their capacity to fully meet the needs of vulnerable populations like children and women may be limited. Addressing the mental health needs of refugees requires a holistic approach that considers the specific vulnerabilities and experiences of different groups, including those with professional backgrounds. Interventions that integrate mental health support with livelihood initiatives, provide trauma-informed care, and acknowledge the interconnectedness of refugees' needs can promote more comprehensive and sustainable well-being. Enhancing mental health support for refugees, particularly for women, children, and those with professional backgrounds, is crucial for their development, resilience, and overall well-being.



RLP researcher conducts a key informant interview in Kiryandongo May 2025: Photo Credit: Asiki Alex

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