



Listen. Include. Validate. Empower

CONFERENCE **2025**

REPORT ON THE NATIONAL DIALOGUE ON YOUTH SUICIDE & MENTAL HEALTH

HOTEL AFRICANA, KAMPALA
10TH SEPTEMBER 2025

Because Every Life Matters

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Student Delegates at the L.I.V.E Conference

EXECUTIVE SUMMARY

The inaugural L.I.V.E. Conference 2025 marked Uganda's first national platform dedicated exclusively to suicide prevention and youth mental health. Convened on **World Suicide Prevention Day (10th September 2025)**, the conference brought together more than 400 participants—including young people, government leaders, health professionals, civil society organisations, faith leaders, academics, the media, and international partners.

The conference was born out of a conviction that silence is no longer an option. Suicide has become one of the leading causes of death among young people globally, claiming more lives each year than war, homicide, or HIV/AIDS. Africa records the highest suicide rates in the world—11.2

deaths per 100,000 people (WHO, 2021), compared to the global average of 9.0. In Uganda, the suicide mortality rate stands at 5.5 per 100,000 (World Bank, 2023), equating to roughly 2,500–2,800 deaths annually. At the same time, one in eight Ugandans lives with a mental health disorder, with depression affecting 12% of the population (MoH, 2025). Yet fewer than 60 psychiatrists and just over 400 psychiatric clinical officers serve more than 45 million people, while mental health spending remains below 1% of the national health budget. These realities underscore the urgency that framed the L.I.V.E. Conference.

The Conference Achieved Four Primary goals:

1. Breaking the silence on youth suicide and mental health through lived testimonies and open dialogue.

2. Delivering actionable policy recommendations for government and partners to strengthen Uganda's mental health response.

3. Launching the vision for a National Youth Mental Health Resource Hub, including a toll-free helpline and other digital and physical resources connecting young people to care.

4. Building a multi-sectoral coalition that unites government, civil society, faith communities, academia, the media, and young people themselves in sustained advocacy and reform.

The discussions and panels raised urgent & critical issues: the trauma and stigma faced by families after

suicide, the risks and opportunities of digital culture for young people, the need to expand evidence-based therapies such as Cognitive Behavioral Therapy (CBT), and the persistent gap between Uganda's mental health policies and their implementation.

At its conclusion, the conference adopted **five urgent national priorities** to guide collective action:

- Advocate for a **National Suicide Prevention Policy**.
- **Decriminalisation of attempted suicide**, ensuring care rather than punishment.
- Establishment of a government-funded **toll-free helpline** accessible nationwide.
- **Expansion of government funding** for mental health care in national and regional referral hospitals, schools, and workplaces, with a focus on psychosocial support across all districts.
- Creation of a **National Youth Mental Health Resource Hub** to coordinate resources, information, and community action.

The L.I.V.E. Conference 2025 was not just an event but the beginning of a national dialogue. It demonstrated that mental health and suicide prevention are central to Uganda's development, the wellbeing of its young people, and the hope of its future. This report captures the insights, commitments, and recommendations that emerged—and provides a roadmap for turning words into sustained action.



Mr. Albert Elwa, Member of the organizing committee giving his remarks



Afternoon Panel at the L.I.V.E. Conference 2025

FOREWORD



Andrew Rugasira
Chair, Organising Committee
L.I.V.E. Conference 2025

Africa faces a growing mental health and suicide crisis we can no longer ignore. Suicide rates here are the highest in the world—11.2 deaths per 100,000 people compared to a global average of 9.0 (WHO, 2021). In Uganda, an estimated 2,500–2,800 people die by suicide annually (World Bank, 2023), and one in eight lives with a mental health disorder. Yet the country has fewer than 60 psychiatrists and just over 400 psychiatric clinical officers to serve more than 45 million people. Mental health receives less than 1% of the national health budget, leaving most people without access to care.

The crisis is especially acute among young people, who face unemployment, family breakdown, substance abuse, bullying, and social isolation. Misconceptions persist—over 60% of learners hold false beliefs

about mental health, and fewer than half know where to seek help. Behind these statistics are young lives cut short, families broken, and communities left in anguish. If we remain silent, we risk losing an entire generation to stigma and preventable death.

It was in this reality that the L.I.V.E. Conference 2025 was born. Its origins were personal: during a weekly staff fellowship, two colleagues shared that each had lost a friend to suicide in the same week. Their grief underscored the urgency—this was not a distant problem but one in our workplaces, families, and communities. That moment planted the seed for this national gathering.

The L.I.V.E. Conference—**Listen. Include. Validate. Empower. Because Every Life Matters**—was convened to break the silence, spark a national conversation, and bring families, youth, faith leaders, educators, policymakers, and health professionals together to seek solutions and healing. Our

aims were clear:

- Break the silence and normalise mental health care.
- Deliver actionable policy recommendations, including a National Suicide Prevention Policy and decriminalisation of attempted suicide.
- Launch a Youth Mental Health Resource Hub with practical support, including a toll-free helpline.
- Build a sustainable network of partners to carry the work forward.

This vision was realised through the dedication of the organising committee, the courage of young people who shared their stories, and the support of our sponsors and partners, youth networks, and civil society organisations. Our Chief Guest, Dr. Diana Atwine, Permanent Secretary of the Ministry of Health, affirmed that mental health and suicide prevention are central to Uganda's future.

This report captures the insights, commitments, and conversations that emerged from the inaugural L.I.V.E. Conference. It is only the beginning—replacing silence with listening, exclusion with inclusion, stigma with validation, and despair with empowerment. If even one life is saved, one family finds hope, or one policy protects the vulnerable, this effort will have been worthwhile.

Let us continue this work together. To listen, include, validate, and empower. Because every life matters.

“

During one of our weekly staff fellowships, two of my colleagues shared that in the same week they had each lost a friend to suicide.”



Youth Delegates, pose for a photo at the conference



Dr. Hasfa Lukwata, Commissioner, Mental Health, Ministry of Health, Making her Remarks

CONFERENCE PROCEEDINGS

The L.I.V.E. Conference 2025 unfolded as a full-day national dialogue at Hotel Africana, Kampala, blending expert analysis, lived experiences, and youth perspectives with interactive participation from the audience.

OPENING SESSION

Dr. Diana Atwine, Permanent Secretary of the Ministry of Health, delivered the keynote address, underscoring government's



The MC, Mr. Allan Kasujja interviews one of the participants at the conference.



Dr. Diana Atwine, Permanent Secretary, Ministry of Health, delivers her Keynote Address

recognition of mental health as a central pillar in Uganda's development agenda. She reaffirmed the commitment to strengthen integration of mental health within the national health system and urged collaboration across all sectors to advance this effort. In a moving appeal, she highlighted the vital role of partnerships between parents and educators in supporting children's wellbeing in schools.

Dr. Hafsa Lukwata, Assistant Commissioner for Mental Health, provided a sobering overview of Uganda's mental health sector. She

noted that the country has fewer than 60 psychiatrists and 427 psychiatric clinical officers to serve a population of over 45 million, while mental health spending accounts for less than 1% of the national health budget. Depression, epilepsy, and substance use disorders are rising sharply, with Kampala, Mubende, and West Nile among the most affected regions. She further highlighted



Dr. Hafsa Lukwata delivering her speech

how stigma and misinformation persist, with surveys showing that 63.5% of learners hold stereotypes or misconceptions about mental health, leaving young people particularly vulnerable. Her presentation

anchored the conference discussions in both data and urgency.

Mr. Andrew Rugasira, Chair of the Organising Committee, opened with the story of how the conference was born and he underscored the devastating immediacy of the crisis and underscored the need to confront suicide not only as a personal tragedy, but as a national and generational challenge. From this conviction, he set out four aims for the conference: to break the silence, deliver actionable policy recommendations, launch a Youth Mental Health Resource Hub, and build a sustainable network for long-term advocacy and reform.

MORNING PANELS

Lived Experiences Panel

Moderated by Dr. Jackline Karungi (WHO)

Featured Mr. Collin Babirukamu, Ms. Faith Agumya, Mr. Albert Elwa, and Ms. Mercy Awor Erin.

This panel brought lived experiences to the forefront, underscoring that behind every statistic is a name, a face, and a grieving family. Discussions highlighted the long-lasting trauma faced by families after suicide, the stigma that compounds their pain, and the damaging narratives that portray



(L-R) Ms. Mercy Awor Erin, Mr. Albert Elwa, Mr. Collin Babirukamu, and Ms. Faith Agumya, during the Lived Experiences Panel.



Ms. Mercy Awor Erin making her remarks

Many cases of depression are misdiagnosed as physical ailments, highlighting the need for better training of frontline workers.

suicide as selfishness or personal failure. The strong link between addiction and suicide was emphasised, with calls to reframe substance use as a disease rather than a moral weakness. The panel also noted that many patients present with physical complaints that mask underlying depression, underscoring the urgent need for improved training of frontline health workers to recognise and respond to mental health concerns.

Key Takeaways

- Suicide leaves families with deep grief, stigma, and unanswered questions.
- Harmful narratives that blame victims perpetuate silence and shame.
- Addiction is strongly linked to suicide and should be treated as a disease.
- Many cases of depression are misdiagnosed as physical ailments, highlighting the need for better training of frontline workers.

Youth Dynamics Panel

Moderated by Ms. Joan Atuhairi

Featured Mr Julius Kizito, Ms Anita Ray, Ms Pamela Bugembe, Omona Mercy Gracy)

This session explored the realities of young people and the influence of digital culture. While social media can foster community and advocacy, it also exposes youth to trolling, grooming, and online fraud. Participants raised concerns about the growing trend of young people turning to AI platforms for mental health support, sometimes with tragic consequences. The panel stressed the need for credible digital literacy programs, more honest conversations between parents and children, and the creation of safe online spaces that support rather than endanger young people.

Key Takeaways

- Social media presents both opportunities and risks for youth



(L-R) Ms Anita Ray, Ms Pamela Bugembe, Mr Julius Kizito, Omona Mercy Gracy, and Ms. Joan Atuhaire during the Youth Dynamics Panel.

mental health.

- Online dangers include trolling, grooming, and fraud.
- Growing reliance on AI for mental health support poses new risks.
- Digital literacy and parent–child dialogue are essential for creating safe online spaces.

AFTERNOON PANEL

Expert Discussion Panel

*Moderated by Dr. Jackline Karungi
Featured Prof. Eugene Kinyanda, Dr. Sabrina Kitaka, Mr. Jude Odaro, and Mr. Albert Elwa.*

This panel examined the systemic reforms needed to strengthen Uganda’s mental health response, focusing on both immediate interventions and long-term

structural change. Prof. Eugene Kinyanda highlighted the country's vast treatment gap—over 85%—with almost all resources concentrated at tertiary institutions such as Butabika Hospital while community and primary-level services remain absent. He emphasised the integration of mental health into everyday service delivery platforms—including schools, workplaces, health centers, faith institutions, and digital tools—to expand access, reduce stigma, and deliver holistic care. Drawing from the HIV+D trial, he demonstrated how stepped-care approaches using lay health workers, psychoeducation, behavioural activation, and targeted clinical support can reduce depression and anxiety in scalable, cost-effective ways.

Other panelists reinforced this evidence-driven approach, calling for the scale-up of therapies such as Cognitive Behavioural Therapy (CBT), adapted to Uganda's cultural context, and highlighting

the effectiveness of community-based group therapy models. They stressed the need for adolescent-friendly services that integrate both physical and mental health, and pointed to addiction treatment as an urgent gap requiring expanded facilities and investment. A recurring theme was the persistent gap between policy and practice: while Uganda has mental health policies in place, enforcement and funding remain weak. The undervaluation of mental health professionals, particularly psychologists, was also underscored as a barrier to progress. Collectively, the panel advanced a vision of integrated, community-based, and collaborative care, with government, private sector, and civil society all playing central roles in closing the treatment gap.

Key Takeaways

- Evidence-based therapies like CBT should be scaled up and adapted to Uganda.
- Health services must be adolescent-

friendly and integrate mental and physical care.

- Community-based group therapy shows strong results and should be expanded.
- Addiction treatment facilities remain critically inadequate.
- Policy frameworks exist but are poorly enforced and underfunded.
- Mental health professionals, especially psychologists, are

undervalued and under-supported.

- Integrating mental health into schools, workplaces, faith institutions, and digital platforms can expand access and reduce stigma.
- Stepped-care approaches using lay health workers and targeted clinical support are cost-effective, scalable solutions.



Panelists of the Expert Discussion Moderated by Dr. Jackline Karungi Featured (L-R) Mr. Jude Odaro, Mr. Albert Elwa, Dr. Sabrina Kitaka, and Prof. Eugene Kinyanda

SUMMARY OF RECOMMENDATIONS

The day's discussions were synthesized into five key recommendations:

1. National Suicide Prevention Policy.
2. Decriminalisation of attempted suicide.
3. National toll-free helpline
4. District-wide training and support, integrating mental health into school, workplaces and communities.
5. National Youth Resource Hub.



Mr. Robert Kabushenga Outlining the Key Takeaways from the Morning Session.



Dr. Andrew Bakainaga, WHO, Member of the Organizing Committee

CLOSING SESSION

The conference was officially closed by Dr. Andrew Bakainaga, WHO who expressed his gratitude organisers, partners, and participants. He reminded the audience that the real work lay beyond the conference, calling for sustained advocacy in homes, schools, workplaces, and policy spaces. He stressed that mental health is everyone's responsibility.

KEY OUTPUTS

The L.I.V.E. Conference produced both tangible outputs and intangible cultural shifts that signal a turning point in Uganda's approach to suicide prevention.

I. Youth Voices at the Centre

For the first time at a national forum, youth testimonies and lived experiences were prioritised alongside expert analysis. More than ten young people shared personal stories of loss, struggle, and resilience. Their courage not only shaped the day's agenda but also challenged policymakers to see suicide prevention not as an abstract policy issue but as a lived reality demanding urgent response.

II. Policy Momentum Consolidated

The conference produced five national-level policy recommendations, now to be

consolidated into a policy brief for the Ministry of Health and Parliament. The explicit call for a National Suicide Prevention Policy and decriminalisation of attempted suicide represents a historic turning point in Uganda's mental health advocacy.

III. Multi-Sectoral Commitment Forged

Over ten organisations — including the Ministry of Health, WHO, civil society, and media houses — pledged to continue collaboration through a stakeholder framework. This marks the beginning of a national response network linking governmental and non-governmental organisations, ensuring suicide prevention remains a shared responsibility.

IV. Awareness and Engagement Expanded

The conference distributed educational materials and initiated on-site referrals through its help desk. National television, radio, and print media amplified the message, breaking the culture of silence around suicide. Online platforms further engaged youth audiences, creating momentum beyond the conference hall.

V. Stigma Actively Challenged

Through storytelling and poetry, participants reframed suicide from a taboo subject to a public health

issue requiring compassion, not judgment. Interactive exercises (such as mindfulness sessions) helped participants experience practical tools for self-care and resilience, symbolising a shift from silence to action.

VI. A National Dialogue is born

Above all, the conference established that L.I.V.E. is not just a one-off event but the beginning of a national dialogue. By uniting government, civil society, and youth under one platform, it has created momentum for long-term reform and solidarity.



Student delegates from Munta Royal College at the Conference

EXPANDED OUTPUT & FOLLOW-UP OBJECTIVES

OBJECTIVE 1: ELEVATE YOUTH PERSPECTIVES

- *Planned Activities:* Youth testimonies, co-facilitation in panels, lived experience sharing. Establish youth-led working group to monitor implementation; quarterly youth dialogues.
- *Immediate Outputs:* ≥ 10 youth testimonies documented; youth voices reflected in recommendations.
- *Indicators:* Number of testimonies; inclusion of youth input in policy brief.
- *Timeline:* First working group established within 3 months.
- *Responsible Actors:* Conference Steering Committee, Ministry of Gender, youth networks, WHO,

etc

- *SDG Alignment:* SDG 16.7 (inclusive decision-making), SDG 4.7 (education for well-being).

OBJECTIVE 2: DELIVER POLICY RECOMMENDATIONS

- *Planned Activities:* Expert panels, policy drafting, final takeaway summary. Policy brief delivered within 30 days; caucus on mental health established in Parliament.
- *Immediate Outputs:* Five recommendations adopted:
 1. National Suicide Prevention Policy.
 2. Decriminalisation of attempted suicide.
 3. National toll-free helpline.
 4. District-wide training and

support.

5. National Youth Resource Hub.

- *Indicators:* Policy brief produced and submitted to MoH & Parliament; tracking of parliamentary debate.
- *Timeline:* Policy adoption targeted in the new parliament of 2026.
- *Responsible Actors:* Ministry of Health, Parliament Health Committee, WHO, CSOs.
- *SDG Alignment:* SDG 3.4 (reduce suicide mortality by one-third).

OBJECTIVE 3: BREAK THE SILENCE & STIGMA

- *Planned Activities:* Storytelling lived experience testimonies, media partnerships, faith leader engagement. Launch annual national antistigma campaign led by MoH and media partners; training faith and private sector leaders.
- *Immediate Outputs:* National media coverage achieved; stigma reframed as a public health—not moral—issue.



Student delegates at the Conference

- *Indicators:* ≥ 3 national media outlets covering suicide prevention; reach on social media campaigns.
- *Timeline:* Campaign roll-out during World Mental Health Day (2026).
- *Responsible Actors:* Ministry of Health, Inter-Religious Council, Next Media, Nation Media.
- *SDG Alignment:* SDG 3.5 (strengthen prevention and treatment of substance abuse), SDG 16.2 (end violence and harm against children/youth).



Mr. Collin Babirukamu with Mr. Billy Bisanga from Absa Bank Uganda

OBJECTIVE 4: BUILD A NATIONAL RESPONSE NETWORK

- *Planned Activities:* Multi-sectoral participation, stakeholder engagement framework. Convene quarterly stakeholder forums to assess progress and adjust strategies.
- *Immediate Outputs:* ≥ 10 organisations pledged long-term collaboration; framework launched at conference.
- *Indicators:* Number of organisations signing MoU; number of quarterly forums held.
- *Timeline:* First forum within 6 months post-conference.
- *Responsible Actors:* Steering Committee, WHO, Uganda National NGO Forum.
- *SDG Alignment:* SDG 17.16 (enhance multi-stakeholder partnerships).

OBJECTIVE 5: ESTABLISH A YOUTH MENTAL HEALTH RESOURCE HUB

- *Planned Activities:* On-site help desk at conference, distribution of guides, referral partnerships. Develop digital hub; secure government support for national toll-free helpline; integrate school-based outreach.
- *Immediate Outputs:* 1,000+ information materials distributed;

referrals initiated.

- *Indicators:* ≥ 200 youth referrals logged in first 6 months; helpline call volumes tracked.
- *Timeline:* Digital hub launched within 12 months; helpline functional by the end of 2026.
- *Responsible Actors:* Ministry of Health, telecom partners (MTN, Airtel), WHO, youth CSOs, Uganda Communications Commission.
- *SDG Alignment:* SDG 3.d (strengthen capacity for early warning and risk reduction in health).

CONCLUSION

The L.I.V.E. Conference 2025 was both a historic gathering and a national turning point. It broke the silence, elevated youth voices, united diverse stakeholders, and delivered actionable policy recommendations. Its true legacy, however, will be measured not by what was said in the conference hall but by what Uganda does next: enacting a suicide prevention policy, decriminalising attempted suicide, expanding services, and creating safe, supportive spaces for young people.

Because every life matters.

APPENDIX 1

OUR SPONSORS AND PARTNERS

The Organising Committee of the L.I.V.E. Conference 2025 expresses deep gratitude to all sponsors, partners, and contributors who made this gathering possible. Their support has helped Uganda take a bold step toward breaking the silence on suicide and building a movement for youth mental health.

Institutional Partners

- Ministry of Health
- World Health Organisation (WHO)
- Uganda Revenue Authority (URA)
- National Medical Stores (NMS)
- Uganda Bureau of Statistics (UBOS)

Corporate Partners

- KCB Bank Uganda
- ABSA Uganda
- Quality Supermarkets
- Etranzact
- Kanara Solutions Ltd
- ALP Advocates
- Four Corners Transform Limited

Media Partners

- Next Media (NBS)
- Nation Media Group

Civil Society and Community Partners

- StrongMinds
- Focus on Recovery
- Your Ally Foundation, Inc.
- BreakFree

Event and Individual Contributors

- Alice Nakato Events Consultancy
- Mr. Alan Kasujja
- Mr Stephen Kaboyo
- Mr Raymond Kinuma
- Dr Aisha Sekalala
- Ms Judy Rugasira
- Dr Sam Mugasi
- Mr Moses Kamabare
- Ms Alana Lewis
- Mr George Waigumbulizi

APPENDIX 2

THE ORGANISING COMMITTEE

The success of the L.I.V.E. Conference 2025 was made possible through the dedication, commitment, and teamwork of the Organising Committee and Volunteers. Their vision, planning, and tireless effort ensured that this inaugural conference became a landmark moment in Uganda's national response to suicide and mental health.

ORGANISING COMMITTEE

- Mr. Andrew Rugasira, Chair
- Mr. Albert Elwa, Member
- Mr. Collin Babirukamu, Member
- Dr. Andrew Bakainaga, Member
- Mr. Julius Kizito, Member
- Ms. Joan Atuhairu, Member
- Dr. Sabrina Kitaka, Member
- Mr. Jude Odaro, Member
- Dr. Hafsa Lukwata, Member
- Ms. Alice Nakato, Member
- Mr. Robert Kabushenga, Member
- Mr. Robert Bujingo, Member
- Ms. Bridget Nalubega, Member
- Mr. Denis Mubiru, Member
- Mr. Maurice Ssekatawa, Member
- Mr. Ben Mwene, Member



Group photo with Dr. Diana Atwine - Permanent Secretary Ministry of Health with members of the organizing committee, panelists and some of the student delegates.

This report was authored by Andrew Rugasira, Chair of the Organising Committee for the L.I.V.E. Conference 2025, and supported by Rebecca Kobusinge, Joan Atuhairu, and Bridget Nalubega, whose dedication ensured that the insights, discussions, and commitments of the conference were captured with clarity and integrity.

For Further Information

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