



Mental Health in Rwanda



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General context

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- Sub-Saharan Africa country
- Total population : 9,038,001 (July 2005)
- Sup. = 26.338 km² ; pop dens : 343 hab/km² = the highest of the region
- Majority population (91%) : agriculture of subsistence
- 30 Administrative districts
- Real Gross Domestic Product per capita of \$230

Health context (1)

- Health Dev Index (2004) : 0.450 (low) (158th)
- 33 District Hosp. and 369 Health centers
- Matern Mort Rate : 750 per 100,000 live births (DHS 2005)
- Inf Mort Rate : 86 per 1,000 (DHS 2005)
- HIV : 3.1% (DHS 2005)

Some health care indicators

- Qualified resources in health sector are insufficient WHO standard.
 - 1 MD /50,000 habitants
 - 1 nurse/3,900 habitants
 - 17% nurses work in rural area

Mental Health context

- 14 years after genocide
- The massive trauma is still there and becomes complicated in particular by the poverty of the survivors
- Around 60.000 families = lead by young 18 years old, 300.000 children live in those families
- 90% of those families under supervision of young girls with no income

Mental Health: background and policy evolution

- In 1974, charity missionaries brothers opened a neuropsychiatry hospital. The approach was exclusively psychopharmacologic
- During the genocide, the hospital became a killing field and all the health system was destroyed

After the genocide : which answers?

- In 1995, the MOH with WHO collaboration elaborated the ***National Policy*** of Mental Health
- Set up of ***Mental Health National Program***
- The policy envisioned to ***decentralise*** the mental health practice in the general health care and the nearest possible of the population

After the genocide : which answers? (1)

- Hospital and ambulatory Referral mechanism
- MH consultation at DH level
- Team support by :
 - Giving antipsychotic drugs
 - Training
 - Supervision by National referral structures

Mental Health: complex reality

- It became obvious that nobody was immunised against psychic destabilisation
- It was necessary to invent a concept name the trauma, that new strange and collective suffering among survivors :
Then, we agreed on ***Guhahamuka, Guhungabana***

Mental health : complex reality

- MH in context of post mass violence is a large clinic reality:
- At one hand : plenty of mental health illness in a strict sense of the word : chronic evolution PTSD, severe depression, psychosis, etc. Those situations often need an individualized medico psychological approach = basic MH care
- At another hand: all that which a genocide causes such as psychological suffering, sadness & emotional distress on people and communities
- **Indication** : To approach the community as much as possible

By which channels?

- Strengthening of decentralisation & integration of MH care via:
 - Set up of 7 operational MH services (POSM)
 - Reinforcement of care providing & support capacities of NR structures

Operation of mental health services

- Organised in 7 POSM
- Catchment area population benefits well
- Treatment activities are given by *nurses, psychologists, TC and MD*

POSM: 7 functions

- Ambulatory Consultations
- Short term hospitalization for crisis management
- Clinical supervision of DH staff
- Clinical supervision of nurses in HC
- Coordination of local actors
- Supervision of community care
- Training and supervision of medical students and nurse

POSM : Constraints

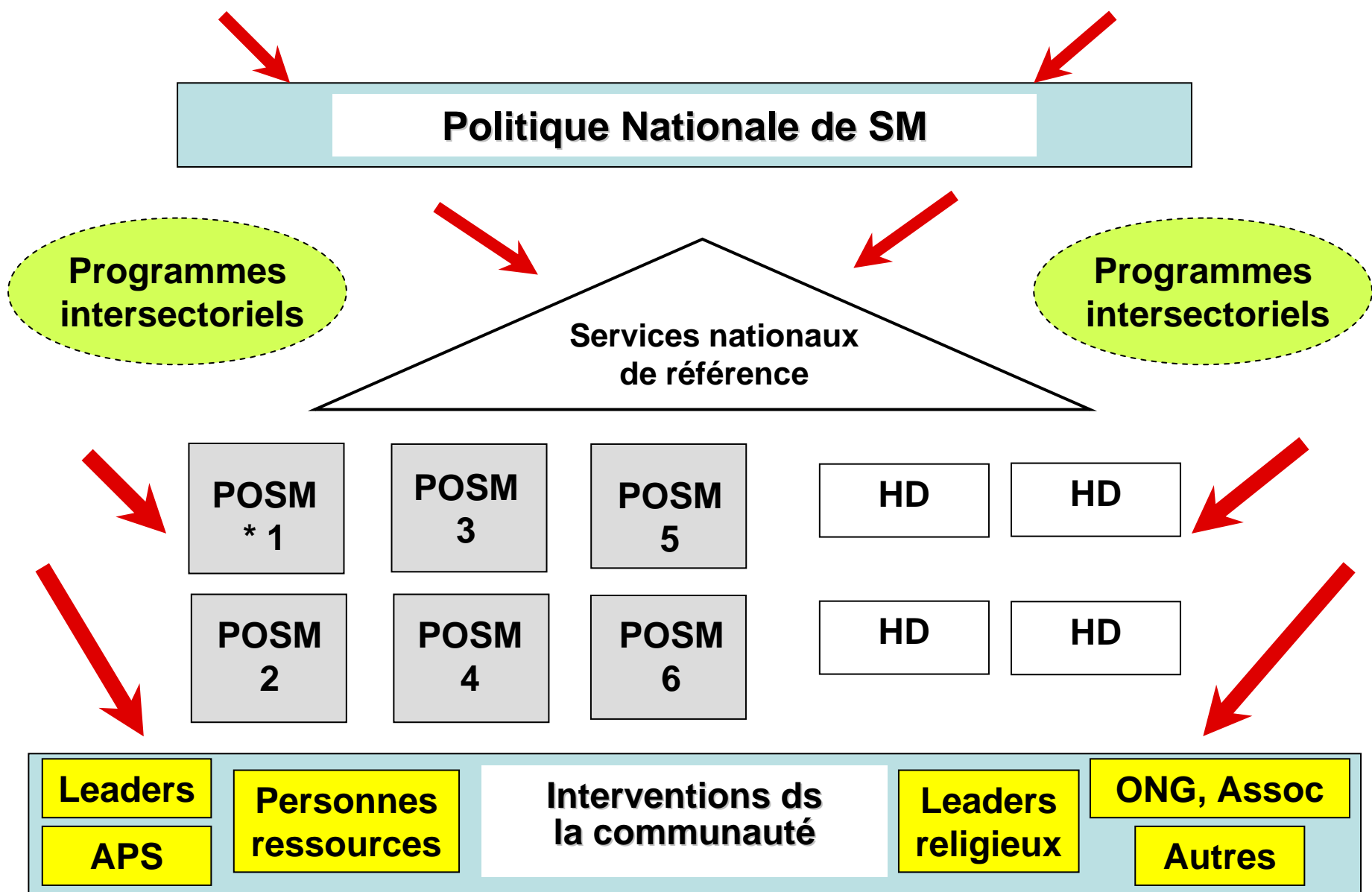
- HC not yet supervised
- Staff not completed
- 1 POSM not yet launched: No space for MH unit
- DH level = existence of an activity of mental health in 28 HD out of 33

Other actors trainings and community sensitization

- ASC : strenghtening of health interventions in the community
- More 1800 ASC trained
- Training of HC nurses : in progress
- Weekly broadcasting
- Annually MHD celebration

Coordination

- Coordination of different mental health stakeholders and funders actions.
- Intersectorial collaboration (Education, Youth, Family, etc.)



•POSM: pôles opérationnels de santé mentale

•HD: Hôpitaux de district

APS: agents psychosociaux

Thank You