

Strengthening the mental health systems in low and middle income countries

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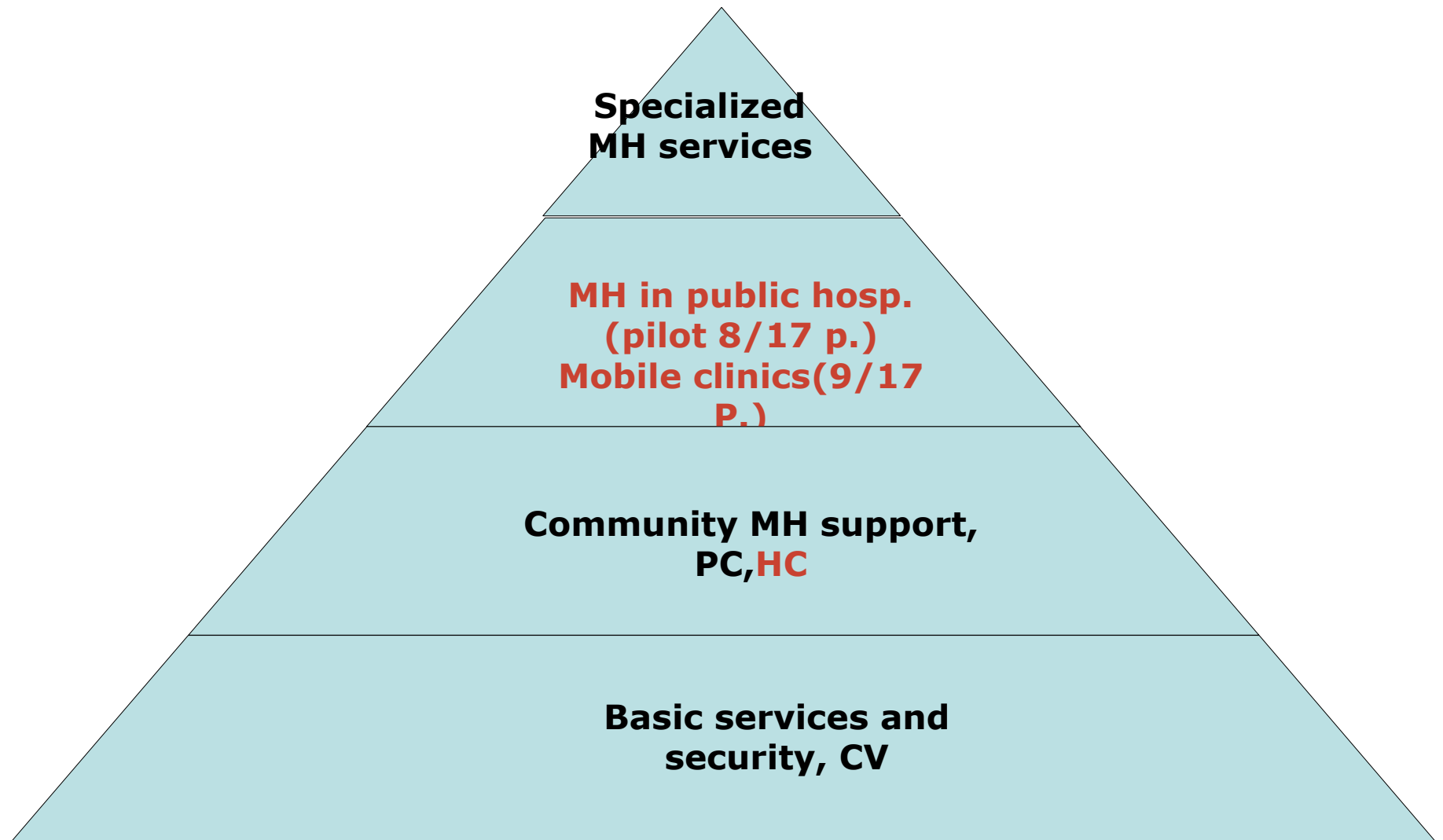
Burundi

- Landlocked country in Central Africa
 - 8 million inhabitants, 27.834 sq
 - cyclical inter-ethnic violence (Hutu/Tutsi)
- 1972: widespread killing
- 1993: Assassination of President Ndadaye +
widespread massacres + civil war
- 2000: Peace agreement
- 2005: Democratic elections
- 2006: Last rebel group ceased fighting

Consequences of violence

- Since 1962. 500,000 people killed.
- Ranking on the HDI 169/177 countries
- Proportion people living below poverty line:
 - 58.4 percent in 1992
 - 89.2 percent in 2002
- Life expectancy:
 - 54 years in 1992
 - 41 years by 2002
- 660,000 orphans (aged 0-17 years)
 - 200,000 due to HIV
 - 250,000 due to the war.

The MH system today



Strengths and weaknesses of MH system

- MOH is well structured and organised with a mental health department at central level
- A political determination starts to show up after local organised campaign
- A Mental Health Policy and a national strategic plan developed since 2007
- The few mental health activities implemented so far are not isolated from other health activities.

Weaknesses of the MH system

- Due to the lack of specialised staff (psychiatrists, well trained psychologists, psychiatric nurses) the country have to deal with the existing PH staff who is neither qualified nor trained in the field of Mental Health.
- Decentralisation of mental health services in primary health care is just starting; local experience is very little to do it well.
- Essential drugs are not available and not accessible to low income population

Project proposal

Title:

Contribution to decentralisation and integration of mental health activities in general health care by strengthening PH staff.

General objective

- Contribute to decentralisation and integration of MH activities in general health care by strengthening PH staff.

Specific objectives

- To prepare the inclusion of mental health in the minimum health package of PH services by training PH staff.
- To lift the mental health training level of medical and nursing student.
- To strengthen coordination and supervision at central level of the MOH

Brief description of the project proposal.

- Population deeply suffered from consequences of war and MH problems increased.
- Urgent and high demand for basic MH care at community and PH structures levels.
- The current project aims at strengthening PH staff for the purpose of integration and decentralization of mental health services within general health care.
- This would bring a response to the pressing issue that is lack of qualified personnel in the mental health field.
- One neuropsychiatric hospital in Burundi, 65 beds, No psychiatrist
- A strong coordination need to be effective in order to reach to a success.

Results

- After one year, the 17 provincial hospitals staff are able to provide mental health care (68 nurses and 17 medical doctors are trained)
- After one year, the 600 Health Centers have at least one trained staff (using the module ad hoc) in mental health and are able to treat mild MH disorders and recognize severe MH disorders for referral.
- After one year, the 27 district hospitals have 54 well trained nurses and 27 medical doctors.
- After one year, the already trained nurses (68) from provincial hospitals are refreshed to improve their performances.
- The Mental Health Department at central level has the capacity to coordinate and supervise trained staff at all levels.

THANKS