

BRIDGING THE MENTAL HEALTH GAP

CAPACITY BUILDING FOR HEALTHCARE PROVIDERS: AN INCLUSIVE, TAILORED AND SUSTAINABLE CO-CONSTRUCTION PROCESS IN BURUNDI

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Context & Burundi Mental Health Gaps

- Among the top causes of disability worldwide
- 1 in 4 people affected; most go undiagnosed and untreated
- Leads to stigma, rights violations, and social & economic burden
- LMICs :
 - <1% of health budgets spent on mental health
 - 75%+ of severe cases untreated in past year
 - Few specialized professionals available

BURUNDI

- Knowledge Gap
- Human Resources Gap
- Specialised Facilities Gap
- Implementation of standards and policy Gap

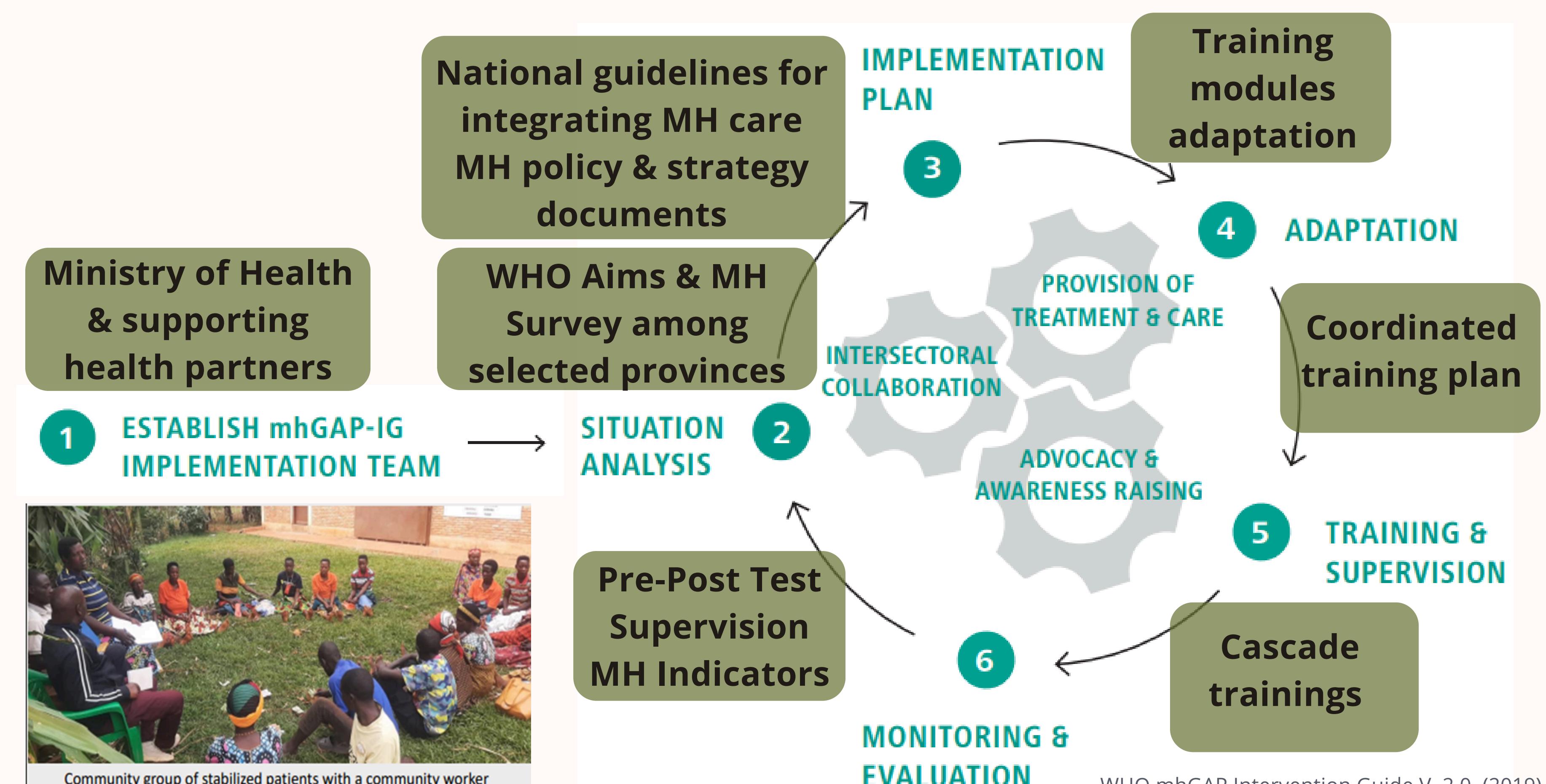
- > Serious public health issue in Burundi, with alarming levels of psychological distress reported but unrepresentative information (no Steps Survey, only 4/18 provinces covered)
- > Only 4 psychiatrists are available nationwide.
- > One neuropsychiatric center in Kamenge (Bujumbura) with two branches in Ngozi and Gitega.
- > Integrated Strategic Plan promoting community-based mental health care & Human Resources Strategy recommendations with very limited implementation

Objective: Evaluation of an inclusive, tailored, participatory and sustainable approach to addressing the shortage of mental health professionals in Burundi

Programme TWITEHO AMAGARA: MH Interrelated Interventions (2019-2022)

- Technical support for the national strategic framework
- Training for different categories of healthcare providers at community level, primary healthcare centres and district hospitals
- Raising community awareness of mental health issues
- Support for mental health referral and treatment facilities
- Availability of psychotropic drugs

METHODS



STEADY HOME VISITS BY COMMUNITY HEALTH WORKERS

Provinces	déc-21	janv-22	févr-22	Total
Bubanza	133	34	237	404
Karusi	328	381	298	1.007
Ngozi	604	612	940	2.156
Muyinga	2.430	2.430	2.427	7.287
Total	3.495	3.457	3.902	10.854

Sustainability through community inclusion & empowerment:

- The work of trained community health workers continued long after the training
- Increased demand for care and reduced stigma towards MH patients in communities

MONITORING & EVALUATION

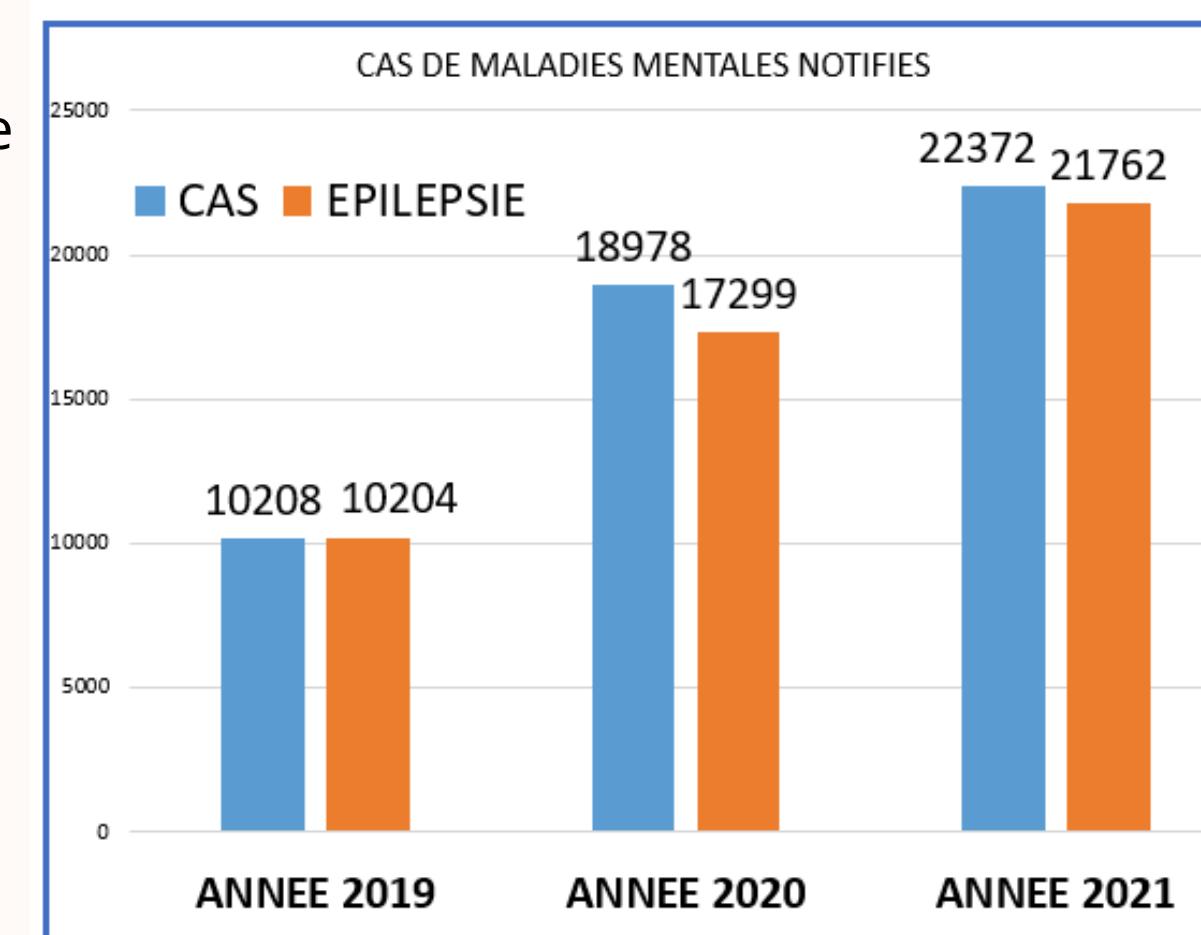
- Pre- Post Training Test: Average Health Staff Knowledge Score: 14/20 >> 18/20

Post-training Supervision Qualitative Evaluation:

- > Training provided by trained staff (nurses, doctors, etc.) to other healthcare facility staff
- > Mapping of patients with mental disorders in communities by CHWs
- > Effective mental health consultations at primary healthcare level

MH Indicators:

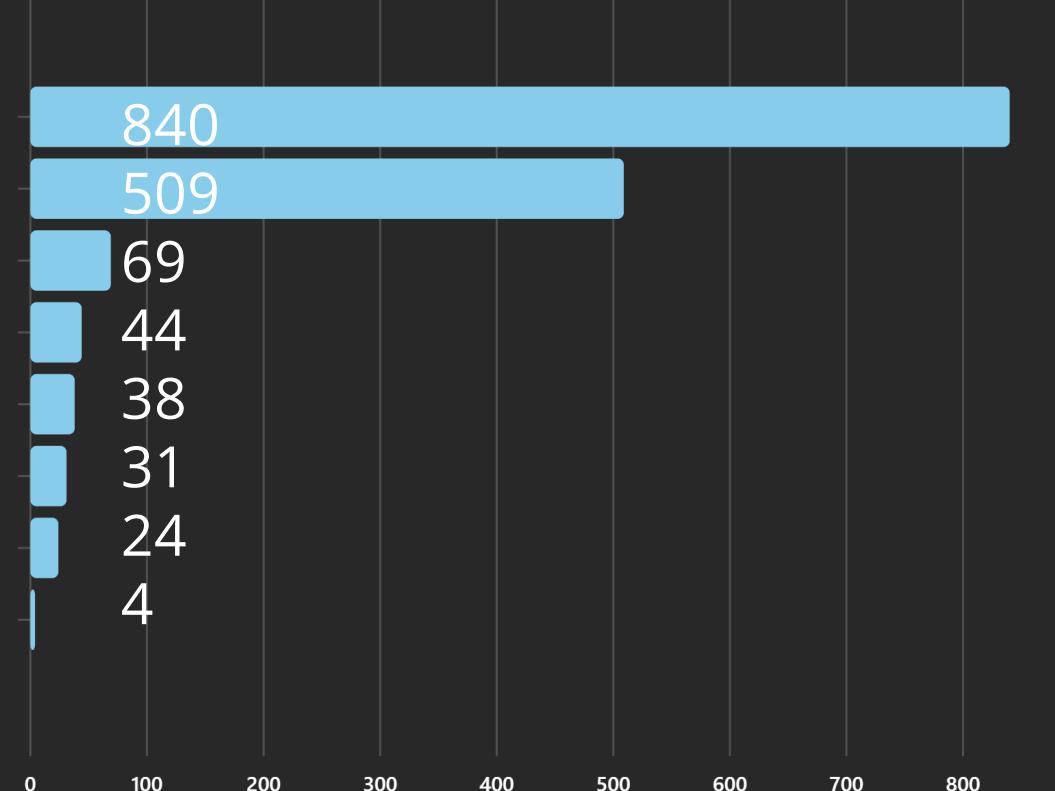
- > Until 2019, only epilepsy was reported but since 2020, other conditions (depression, psychosis & bipolar disorder) have been reported
- > Cases of epilepsy remain surprisingly high



Health Facilities Cases of mental disorders reported in 2019, 2020 and 2021 *Source: DHIS2, MSPLS*

CAPACITY BUILDING EFFORTS

Community Health Workers	840
Nurses in Health Centers	509
Health Promotion Technicians	69
Hosp. General Practitioners	44
Nurses in District Hospitals	38
Community HC Staff	31
Health Prov./Dist. Supervisors	24
NCD Programs Officers	4



1559 persons trained in 4 provinces through cascade training

PERSPECTIVES

- Continuation of the **training program** for all provinces of the country
- Development & update of a country level **database of trained health staff**
- Integration of training modules into country **training curricula of nurses**
- **Research:** 1) Frequency of epilepsy 2) Longer-term health system and community resilience assessment 3) Comprehensive qualitative assessment of training impacts of healthcare facilities staff beyond cascade training implementation