

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**

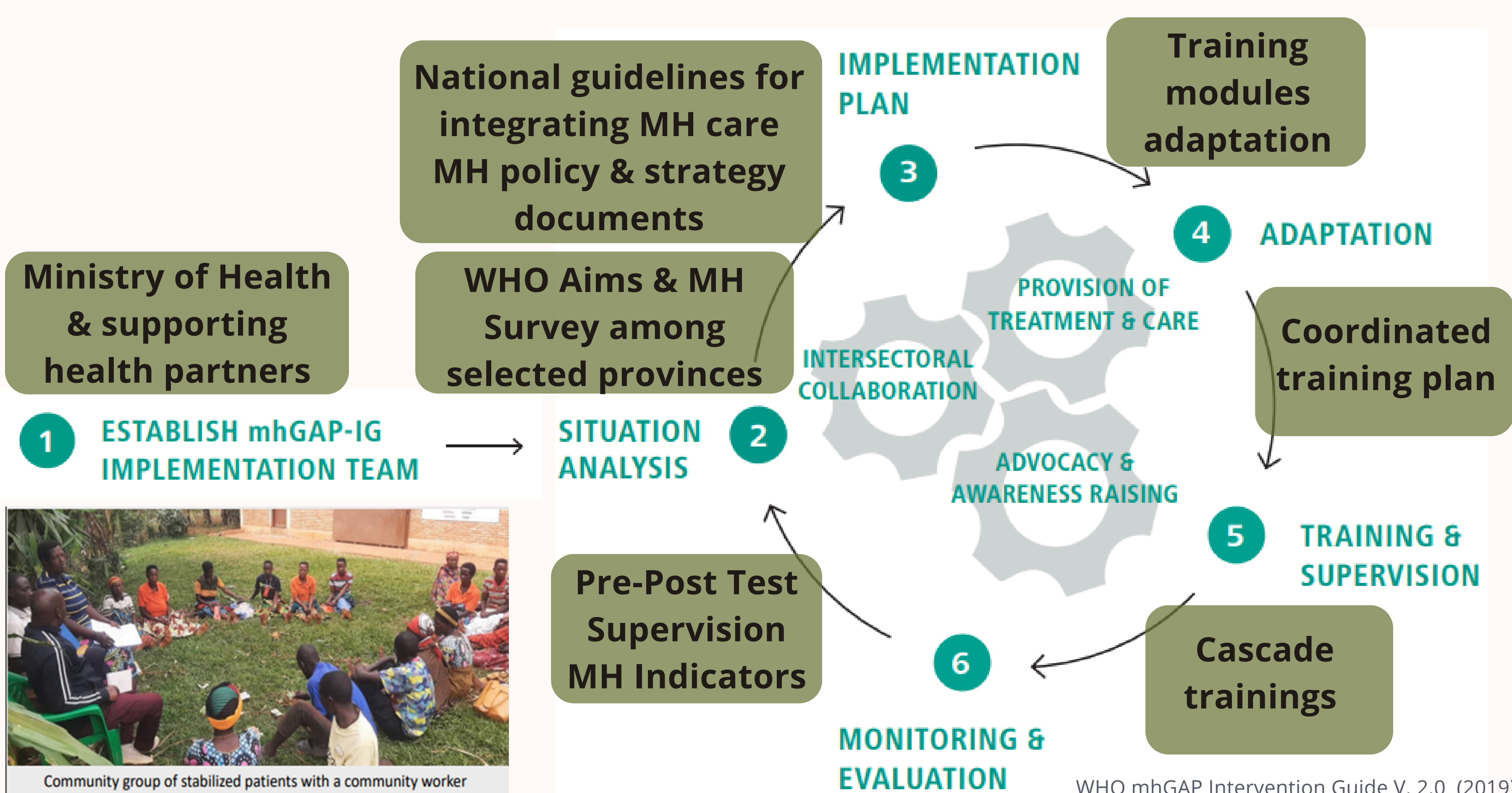
- > Serious public health issue in Burundi, with alarming levels of psychological distress reported but unrepresentative information (no Steps Survey, only 4/18 provinces covered)
- > Only 4 psychiatrists are available nationwide.
- > One neuropsychiatric center in Kamenge (Bujumbura) with two branches 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



RESULTS

HEALTH STAKEHOLDERS COORDINATION, MAPPING & INTEGRATION

- Establishment of the coordination committee
- Mapping of mental health stakeholders in the four provinces and their integration into the process
- Effective harmonisation of existing mental health modules and tools (patient records, supervision methods, etc.)

ADAPTATION & ADDITION OF TRAINING MODULES

- > **Selection** of basic concepts in care and clinical practice:
 - Introduction to mental health
 - Interviewing patients with mental disorders
 - The counselling relationship
- > Dementia replaced by **post-traumatic mental disorders**
- > Pervasive psychological complaints: **Psychiatric emergencies:** health staff attitudes towards agitation or mental confusion?
- > **Additional modules:** Semiology of major mental disorders, psychopharmacology, psychotropic drugs

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

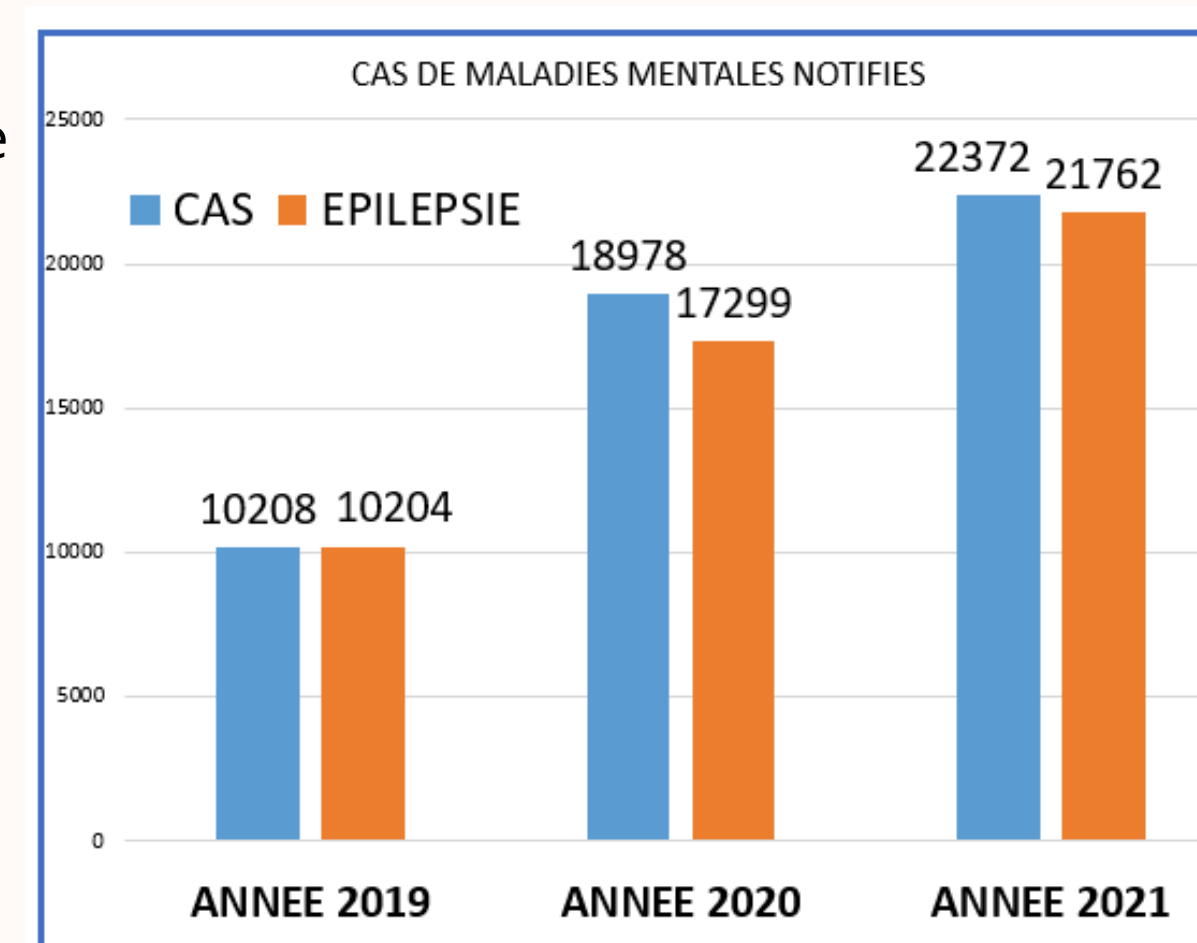
- Pre- Post Training Test:** Average Health Staff Knowledge Score: 14/20 >> 18/20

- 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:**

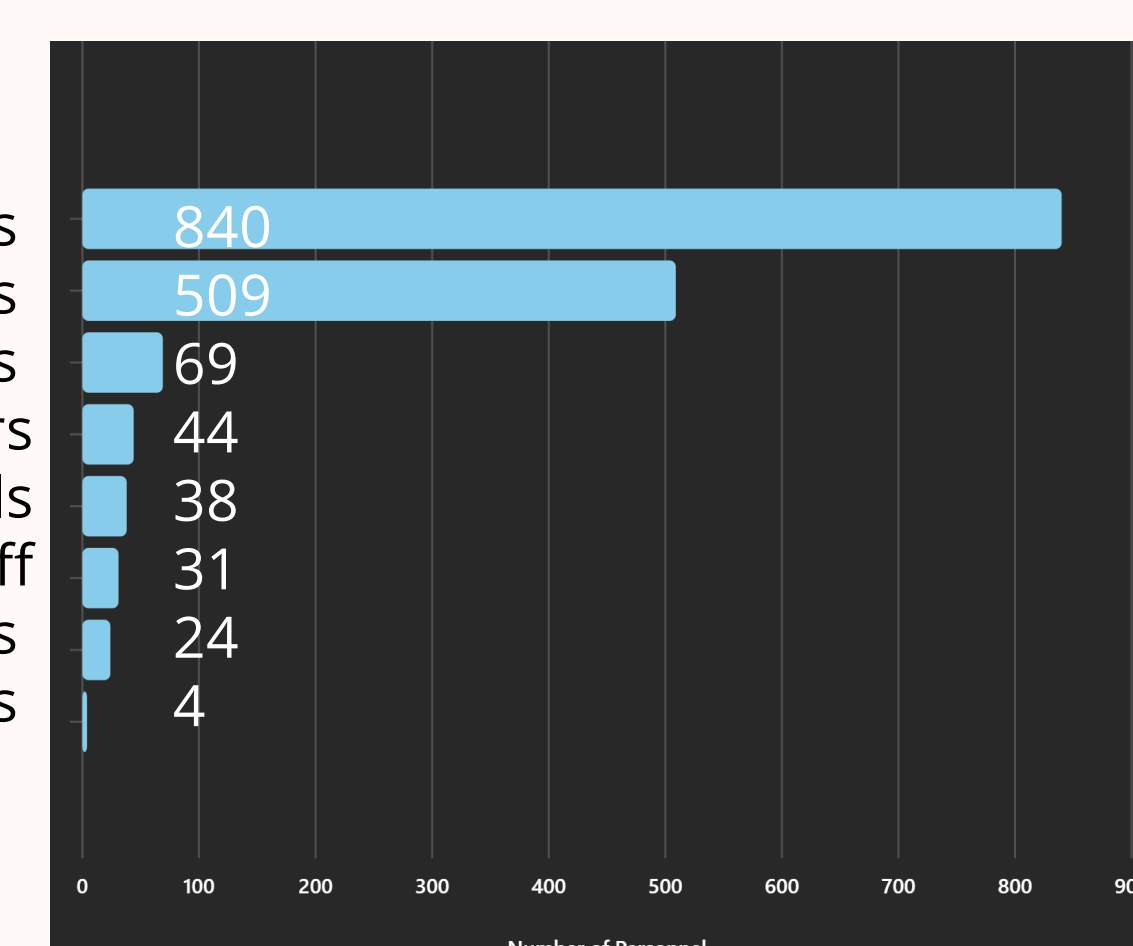
- > Until 2019, only epilepsy was reported but since 2020, other conditions (depression, psychosis & bipolar disorder) have been reported
- > Cases of epilepsy remain surprisingly high



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

CAPACITY BUILDING EFFORTS

Community Health Workers
Nurses in Health Centers
Health Promotion Technicians
Hosp. General Practitioners
Nurses in District Hospitals
Community HC Staff
Health Prov./Dist. Supervisors
NCD Programs Officers



1559 persons trained in 4 provinces through cascade training

CONCLUSIONS

- Inclusive process:** Strengthened Ministry of Health leadership, mapped mental health key actors included, and harmonized tools and approaches developed
- Tailored process:** Treatment and care more human-centred and acceptable by patient & community, reducing stigma and increasing demand
- Health system resilience & sustainability:** Addressed components beyond human resources—including governance, medicines, information systems, care delivery including community engagement, and financing

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