After the 1994 genocide in Rwanda, the need to educate individuals and establish mental health services were identified as vital aspects of rebuilding the country.

Developing mental health services in Rwanda

In this article...

- The proportion of the population affected by mental ill health
- Educating health professionals and the general population
- The benefits of the educational intervention

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Abstract

As a result of the 1994 genocide, Rwanda has a severe shortage of mental health professionals while nearly a third of its general population has post-traumatic stress disorders. This article looks at how Kigali Health Institute developed mental health services to meet the needs of those affected by the genocide. Through this, it is hoped the country’s chances of meeting its development targets will be improved.

Health services in Rwanda were devastated by the 1994 genocide that robbed the entire country of health professionals in both training establishments and health centres across the country. Struggling to develop after the events of 1994, Rwanda is faced with more than just the need for economic progression. According to the World Health Organization (2011), a population that is distressed by tragic events and, consequently, suffers high levels of mental distress is less effective and efficient at carrying out the work required to meet development targets.

Research in Rwanda has highlighted the magnitude of mental health problems. Around 29% of the general Rwandan population has been found to have post-traumatic stress disorders (Palmer and Firmin, 2011) and 15% has depression (Bolton et al, 2002).

Most alarming is the magnitude of substance misuse in Rwanda. Current research by Kigali Health Institute, in collaboration with the Ministry of Youth, found that 34% of youths reported alcohol use; 8% tobacco use and 3% cannabis use. Also, 7% of youths are alcohol dependent and 5% dependent on nicotine, while 2.5% are dependent on cannabis (Kanyoni et al, 2012). These health demands have the potential to inhibit the development Rwanda needs to establish itself as a developed, stable nation in Africa.

Developing a curriculum
The mental health department of Kigali Health Institute, which is part of the Faculty of Nursing Sciences, was established in 1998 at the request of the Ministry of Health. A collaboration with the Ministry of Education was developed with the objective of providing trained professionals to meet the mental health needs of the Rwandese who survived the 1994 genocide. At this time, Rwanda faced a huge shortage of all health professionals including psychiatrists, psychologists and mental health nurses.

A two-year curriculum was designed in 1998 so the mental health department of Kigali Health Institute could train mental health nurses required to meet emergency mental health needs following the aftermath of the genocide. In 2000, the two-year curriculum was upgraded to a three-year programme in order to improve the quality of training and equip the graduates with more skills.

In the first year, students are equipped with general nursing skills, basic sciences and are introduced to community health and basic laboratory sciences; the second...
and third years focus on mental health nursing.

The main competencies are diagnostic and treatment knowledge, as well as the skills and attitudes needed to provide comprehensive, promotive, preventive, curative and rehabilitative services. There is an emphasis on managing the individual, as well as the family, group and community.

The mental health nurses trained at Kigali Health Institute act under the scope of a registered nurse, as regulated by Rwanda’s National Council of Nurses and Midwives.

Success of the courses
There are now 293 skilled mental health nurses who constitute the cornerstone of mental health professionals in Rwanda. These nurses are employed in the public and the private sector. Non-governmental organisations – including AVEGA Agahozo (an organisation that supports genocide widows) and Handicap International – also employ graduates.

Conclusion
Mental health is not at the fore when considering the developmental needs of a nation like Rwanda, but countries that fail to promote the mental health of their population will struggle to meet development targets.

Despite the huge disparity between need and provision, Rwanda does provide a biopsychosocial model of care that health professionals in the UK would recognise.

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References