

Democratic Republic of the Congo

General Information

Democratic Republic of the Congo is a country with an approximate area of 2345 thousand sq. km. (UNO, 2001). Its population is 54.417 million, and the sex ratio (men per hundred women) is 98 (UNO, 2004). The proportion of population under the age of 15 years is 47% (UNO, 2004), and the proportion of population above the age of 60 years is 4% (WHO, 2004). The literacy rate is 88.9% for men and 77.1% for women (UNESCO/MoH, 2004).

The country is a low income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 3.5%. The per capita total expenditure on health is 12 international \$, and the per capita government expenditure on health is 5 international \$ (WHO, 2004).

The main language(s) used in the country is (are) French. The largest ethnic group(s) is (are) Bantu (the four largest tribes), and the other ethnic group(s) are (is) Mangbetu-Azande and about 350 tribes. The largest religious group(s) is (are) Roman Catholic, and the other religious group(s) are (is) Protestant, Kimbanguist, Muslim, Syncretic and indigenous groups.

The life expectancy at birth is 41 years for males and 46.1 years for females (WHO, 2004). The healthy life expectancy at birth is 35 years for males and 39 years for females (WHO, 2004).

Epidemiology

Chabwine and Mugabwa (2001) reported that mental disorders were common, especially in the urban population and during the active decades of life. Tashala et al (1999) used clinical tests, laboratory tests and epidemiological data to find the cause of a paralysis epidemic in a school population. Results showed that conversion of the somatic type were responsible for most of the cases with environmental factors playing an important role in the spread of the illness. Sebit (1995) estimated the prevalence and course of psychiatric and neuropsychological problems in patients with HIV-I. They found that symptomatic seropositive individuals were more depressed than matched seronegative controls. In another study done on a clinical sample of older (than 55 years) AIDS patients, Ibara et al (2002) found that neuropsychiatric disorders were present in a large proportion (49.7%). Lalive and Zivojinovic (1987) reported that nearly three-quarters of asylum seekers in Zaire had psychological dysfunction. Stanbury et al (1973) reported on issues related to endemic cretinism in the region.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Formation is also a component of the policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2002.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

Mental Health Legislation

A draft for a mental health legislation exists at the level of the parliament.

The latest legislation was enacted in 2000.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is out of pocket expenditure by the patient or family.

The cost of psychiatric treatment is considered to be high by the average earning capacity.

The country does not have disability benefits for persons with mental disorders.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health is being included in the primary health care and process charts are being defined for mental disorders.

Regular training of primary care professionals is carried out in the field of mental health. The Government also partially supports some charitable organizations like the Soins de Santé Mentale (SOSAME) that provide mental health services.

There are no community care facilities for patients with mental disorders. There is one mental health care centre.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	0.17
Psychiatric beds in mental hospitals per 10 000 population	0.15
Psychiatric beds in general hospitals per 10 000 population	0.009
Psychiatric beds in other settings per 10 000 population	0.009
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.004
Number of psychiatric nurses per 100 000 population	0.03

Number of neurologists per 100 000 population 0.04

Number of psychologists per 100 000 population 0.01

Number of social workers per 100 000 population 0.4

One occupational therapist is present.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation.

Information Gathering System

There is no mental health reporting system in the country. Only epilepsy is reported.

The country has no data collection system or epidemiological study on mental health.

Programmes for Special Population

The country has specific programmes for mental health for disaster affected population, elderly and children. There is a project for street children and also one for affected population.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, phenobarbital, phenytoin sodium, amitriptyline, chlorpromazine, diazepam, haloperidol, levodopa.

The essential list of drugs was revised in 2001. The drugs mentioned are dispensed by the private sector and not by the Government.

Other Information

Additional Sources of Information

- Chabwine, J. N., Mubagwa, K. (2001) Mental health problems in a population without a previous modern psychiatric care system. *Tropical Doctor*, 31, 206-208.
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