



Guinea – Researched and compiled by the Refugee Documentation Centre of Ireland on 19 April 2017

Re: Psychological Treatment & Counselling - availability and accessibility whether there is available in Guinea psychological treatment for persons suffering from depression and anxiety disorders, or counselling generally for the population: difficulties in accessing such treatment in terms of the cost of medication and treatment, the distance to be travelled in order to have access to the required care etc.

A country profile on mental health in Guinea published by Psychology in Africa, in a section headed “Mental Health Resources”, states:

“Mental Health Policy A mental health policy is present. The policy was initially formulated in 1995. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Integration and decentralization are also components of the policy.

Substance Abuse Policy A substance abuse policy is present. The policy was initially formulated in 1999.

National Mental Health Programme A national mental health programme is present. The programme was formulated in 2000.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation Measures related to prevention, protection and treatment have been taken (chapter 11, article 209-221 of the public health code) as part of the mental health legislation. The latest legislation was enacted in 1997.

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 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 not available at the primary level. Mental health in primary care is to be introduced. Regular training of primary care professionals is not carried out in the field of mental health. There are no community care facilities for patients with mental disorders. Traditional medicine is available at the community level.” (Psychology in Africa (8 August 2013) *Guinea Mental Health Profile*)

The entry for Guinea in the 2011 Mental Health Atlas from the World Health Organization, in a section titled “Mental Health Care Delivery” (paragraph headed “Primary Care”), states:

“Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. The department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines, but with restrictions. Likewise, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist, as do referral procedures from tertiary/secondary care to primary care.” (World Health Organization (WHO) (20 July 2012) *Mental Health Atlas 2011 – Guinea*)

A report published by the International Medical Corps, in section 3.1 “Frameworks for biomedical mental health services” (sub-section headed “Mental health policy and national plan”), states:

“The mental health policy and national plan in Guinea was initially formulated in 1995 and further developed in 2000 and in 2013. The tenets set out in the plan were advocacy, promotion, prevention, treatment, and rehabilitation. It was organized around decentralization and integration of mental health services into primary health care. Mental health services and resources were to be transferred from hospitals to community-based facilities, including a provision for children and adolescents with disabilities. However, the Ministry of Health still needs to agree and validate it officially and the plan is not currently operational. The process of agreement and validation has been obstructed by the Ebola epidemic becoming the country’s public health top priority. Nonetheless, the crisis has perhaps also provided space for the possibility of integrating mental health within the overall health package within primary and secondary care structures, where it is not currently included, and a revision process of the national mental health policy is in progress in late 2015, with WHO involvement.” (International Medical Corps (December 2015) *Mental Health and Psychosocial Support in Guinea-Conakry*, p.14)

This section of the report also states:

“The WHO is providing several trainings to frontline health professionals. Physicians and nurses in primary health care are receiving training on the management of mental health disorders using the mhGAP Intervention Guide. As of the end of October 2015, 25 national mental health actors and 245 primary health care physicians and nurses had been trained in the Ebola-affected areas and more training is planned.” (ibid, p.14)

In a sub-section headed “National therapeutic drugs policy/Essential list of drugs” this report states:

“Psychiatrists and generalists can prescribe medicines from the above list, apart from lithium carbonate which only psychiatrists can prescribe. Primary health care doctors and nurses can prescribe and/or continue the prescription of psychotropic medication with certain restrictions. However, the Ministry of Health does not allow primary health care nurses to diagnose independently and treat mental illnesses in primary care settings. There is limited training available in Guinea for the various professionals involved in the field of mental health. For example, most primary health care nurses and doctors have not received any in-house related training for the past five years, though this is currently being remedied by the WHO mhGAP training mentioned above. Officially approved procedures for referral between tertiary/secondary care and primary care are also lacking. It is not possible to undertake medical specialization in psychiatry within Guinea and the 5 psychiatrists in the country all studied their specialty in Ivory Coast. (ibid, p.15)

In section 3.2 “Specific mental health issues” (sub-section headed “Prevalence in the general population”) this report states:

“There is currently a real gap in the availability of epidemiological data on the prevalence of mental health issues in Guinea within the published academic literature, and in policy in the past years. Neuropsychiatric disorders contributed to 6.5% of the global burden of disease in 2008. During the mental health consultations completed throughout the country in 2014, the most frequent descriptions of mental health issues were manic episodes, delusional disorders, confusion, psychosis and epilepsy. Consultations were also sought for psychomotor retardation, depression, and follow-up for difficulties related to HIV and experiences of sexual violence. Information related to the suicide rate is not available. In terms of addictions, the most highly consumed drugs are cocaine, cannabis and alcohol. In Donka hospital, a general public hospital with the only psychiatric ward in the country, 80% of the patients that consulted for psychiatric care between 1984 and 1994 did so for drug addiction.” (ibid, p.16)

In section 3.6.1 “Non-allopathic health system” this report states:

“In addition to the biomedically-trained doctors, pharmacists and allied health professionals in the allopathic health system, Guineans may seek help from a variety of other healing practitioners. Islamic religious healers (*marabouts*), herbalists, traditional healers and diviners, and community elders are commonly consulted to diagnose and treat illness and distress, or for preventive, strength-building measures. They may draw on a variety of practices to address the problem, including prayer, incantations, herbal washes and medicines, the use of protective amulets or ‘fetishes,’ particular foods and cleaning practices, or cleansing rituals and sacrifices. In addition to working with the physical dimension of illness, these techniques often also intervene at the psychological, social and spiritual level.” (p.21)

Section 3.6.2 “Government and NGOs in mental health care” of this report states:

“The main center for mental health care in Guinea is the psychiatric service at Donka, a general hospital with mental health services based in Conakry, which includes inpatient and outpatient services. The inpatient service

consists of 62 beds, though often far fewer are available. In 2014, the service engaged with a total of 1365 patients, admitted 435 in-patients, and carried out 5460 consultations. The health service as a whole is significantly under-funded and state funding only covers the salaries of the mental health service workers. Therefore for individuals who are hospitalized, families must meet the expenses of food, medicine and toiletries and a relative must often accompany and care for the patient for the duration of their hospital stay. Despite the lack of funds the poor hospital conditions that result, psychiatrists at Donka have expressed pride in not relying on physical restraints.

There is also a community mental health service called Boma, at N'Zérékoré. This center was set up to treat residents of the refugee camps in that geographical area. In the past, the World Lutheran Federation – ACT was involved in providing mental health care to refugees, but their involvement ended in 2005. The service now has 18 beds.

Some primary care health centres offer community mental health treatment and interventions. These services are provided by the Ministry of Health in collaboration with Fraternité Médicale Guinée (FMG), an NGO founded in 1994 specializing in mental health care in Hamdallaye. FMG has collaborated with a number of international and national organizations, and works directly to provide interventions at health centres in Conakry, Kindia and Labé. It also works in partnership with health centres at Boma, Yomou, Samoé, Guecké, Pita and Timbi madina.

In Kindia, FMG opened a 'therapeutic complex' for people with mental health disorders in the village of Moriady, located at a distance of 123 km from Conakry. This complex provides a health center staffed by one doctor, two nurses and a laboratory technician, and is closely integrated with the surrounding community in the support it provides for residents. 53% of residents at the complex, who come to Moriady from many different regions of Guinea, have had a diagnosis related to psychosis, 29% have had epilepsy and 18% have had other neuropsychiatric disorders. Pharmaceutical treatments are provided and therapeutic activities include rehabilitation workshops, use of the community bakery and farming work, where residents learn or re-learn practical skills and work towards full community reintegration. The complex is highly distinctive in the Guinean context in this integration of medical and psychosocial interventions." (ibid, p.22)

Section 3.6.3 "Help-seeking strategies" states:

"A number of considerations influence how people may view the available treatment options:

Cost: Cost and forms of payment are sometimes significant issues for families. While many pharmacists, market dealers in medicines, marabouts and medical workers charge up-front fees for their products or services, others may allow credit or even payment when the patient gets better. When family finances are running low, as is often the case before harvest, willingness to accept delays in payment may determine who is consulted.

Quality: Certain medicines or cures are thought to be of better quality than others. This often corresponds to the reputation of the individual healer or vendor who provides them. Some ethnic groups in Guinea (e.g., the Baga of

the coast [47]) are known for their medical prowess. In GF and possibly elsewhere, the quality of the medicine is believed to be linked to the effects of the sun on the medicines. Although plants that grow in full sunlight in the savanna develop more potency than those that grow in the forest, keeping medicine in sunlight for too long can weaken it and so medicines stored in buildings (pharmacies, health centres) are seen as stronger.” (ibid, p.23)

A section of this report headed “Mental health pathways” states:

“Where mental health service users are admitted to hospital, this is invariably done at the request of a third party rather than through self-referral. However, little is known about referral patterns, as no single data collection system exists across the sector. The creation of such a system is currently under consideration. Awareness of available mental health services is not always prevalent among the population. For example, a study by the International Organization for Migration (IOM) found that among returning Guineans who had attempted to emigrate irregularly to Europe, less than 30% knew of state or NGO-provided mental health services, despite the heightened psychological risk factors for this group.” (ibid, p.23)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

References:

International Medical Corps (December 2015) *Mental Health and Psychosocial Support in Guinea-Conakry*

<http://internationalmedicalcorps.org/document.doc?id=803>

(Accessed 24 April 2017)

Psychology in Africa (8 August 2013) *Guinea Mental Health Profile*

<http://psychologyin africa.com/profiles/2013/6/23/guinea-mental-health-profile>

(Accessed 24 April 2017)

World Health Organization (WHO) (20 July 2012) *Mental Health Atlas 2011 – Guinea*

http://www.who.int/mental_health/evidence/atlas/profiles/gin_mh_profile.pdf?ua=1

(Accessed 25 April 2017)

Sources Consulted:

Electronic Immigration Network

European Country of Origin Information Network

Google

Immigration and Refugee Board of Canada

International Medical Corps

Lexis Nexis

Refugee Documentation Centre Query Database

UNHCR Refworld
World Health Organization