

# Immigration and Refugee Board of Canada

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## Responses to Information Requests

Responses to Information Requests (RIR) respond to focused Requests for Information that are submitted to the Research Directorate in the course of the refugee protection determination process. The database contains a seven-year archive of English and French RIRs. Earlier RIRs may be found on the UNHCR's [Refworld](#) website.

14 June 2012

COD104104.FE

Democratic Republic of the Congo: The treatment of people with mental health disorders; protection and services provided by the state  
Research Directorate, Immigration and Refugee Board of Canada, Ottawa

### 1. Prevalence of Mental Health Disorders in the DRC

In an article published on 14 October 2008, the Kinshasa-based daily newspaper *Le Potentiel* indicates that, according to the Minister of Public Health in the Democratic Republic of the Congo (DRC), mental disorders are [translation] "very common" in the DRC. An article by Radio Okapi, the UN radio network in the DRC (Radio Okapi n.d.), states that, according to some specialists, the number of people who have mental disorders is increasing in the DRC (10 Oct. 2009). The October 2008 article published by *Le Potentiel* indicates that, according to the data of the National Mental Health Program (Programme national de santé mentale, PNSM), at least 15 million Congolese had mental disorders (14 Oct. 2008), and the DRC population was estimated at 60 million (*ibid.*; RDC n.d.). During an interview with a correspondent of the Kinshasa-based daily newspaper *La Prospérité*, the director of the NGO Handicap International, Belgian section, which is dedicated mainly to disability prevention and the rehabilitation and reintegration of disabled people, stated that, according to undated statistics of the World Health Organization (WHO), about 10 percent of Congolese have a physical or mental disability (*La Prospérité* 4 Dec. 2010). However, according to the 2008 article in *Le Potentiel*, a WHO representative allegedly stated that there is a [translation] "lack of reliable and large-scale data" concerning mental health in the DRC (14 Oct. 2008).

*Le Potentiel* notes that armed conflicts, the sexual violence that accompanies them and poverty are factors that may explain the prevalence of mental health disorders in the DRC (14 Oct. 2008). In addition, the NGO Training Information Council - Health (Conseil information formation - santé) claims that the wars and insecurity contributed to the increased prevalence of mental health disorders (Radio Okapi 10 Oct. 2009).

### 2. Treatment of People with Mental Health Disorders in the DRC 2.1 Treatment by Society

The director of the Belgian section of the NGO Handicap International stated that people who have a physical or mental disability in the DRC are victims of [translation] "discrimination" (*La Prospérité* 4 Dec. 2010). The International Bureau for Children's Rights, an NGO founded in Montréal in 1994 with a consultative status at the United Nations, states that, according to studies conducted between 2003 and 2005 by the organizations Save the Children and the United States Agency for International Development (USAID), in the DRC, children with a physical or mental disability are [translation] "often stigmatized" by their family and their community (International Bureau for Children's Rights 2008, author's rights page, 147). This report states the following:

[translation]

They [children with a disability] are regularly accused of sorcery, despite the fact that the Congolese constitution prohibits and punishes this type of accusation. Although the majority of disabilities have physiological causes, physical and mental disabilities are perceived as a curse and an embarrassment to the families. The children are usually hidden or abandoned and often become street kids. (*ibid.*)..

A UNICEF report published in 2010 pointed out that in some African countries, including the DRC, children with a mental disability are likely to be accused of being [official UN English version] "child witches" and are then "stigmatized forever" (UN April 2010, 2, 40). The report also indicates that, according to data provided by Filip de Boeck during a presentation at the University of Toronto in 2003, 23,000 children were allegedly abandoned by their family because of [official UN English version] "sorcery" and living in the streets of Kinshasa (*ibid.*, 14 note 22). According to Radio Okapi, children born with a mental disability are sometimes considered [translation] "people who are cursed" (12 Nov. 2009). Radio Okapi also stated that these children do not receive special care or elementary education (12 Nov. 2009).

The head of the psychiatric emergency service at the Neuro-Psycho-Pathology Centre (Centre neuro-psycho-pathologique, CNPP) made the following statements during an interview in February 2007, and they were posted on the Congo Forum Internet site.

[translation]

... It is rare that mentally disabled individuals consult psychotherapists or psychiatrists first. They generally begin with informal proceedings, which involve traditional practitioners and prayer groups because it is the African belief that mental pathology is attributed to supernatural causes. (Congo Forum 15 Feb. 2007)

Similarly, according to a report published by the Swiss Organization for Aid to Refugees (Organisation suisse d'aide aux réfugiés, OSAR), summarizing the information in another report on mental health care in the DRC and published in June 2009 by OSAR, [translation] "in the DRC, people with mental disorders generally consult traditional healers or prayer groups and rarely a psychiatrist" (6 Oct. 2011, Sec. 6.3).

### 2.2 Access to Care

A report of the 54th World Health Assembly published in 2001 by the WHO states that the minister of public health of the DRC allegedly declared that, in the DRC, mental health problems had been neglected for a long time because of the prevalence of physical health problems, and that this lack of interest stemmed from an [UN English version] "African belief that more emphasis should be given to concrete than to abstract health problems" (UN 2001, 137). According to the minister of public health, cited by *Le Potentiel* in 2008, in the DRC [translation] "mental illness, as much as the institutions that take care of it, does not always benefit from the same support as other health sectors" (14 Oct. 2008). A daily

newspaper from Kinshasa, *L'Avenir*, indicates that there are still a [translation] "significant" proportion of people with mental disorders who do not receive the care that they need (12 Oct. 2010).

According to the Agence congolaise de presse (ACP), during the Mental Health Day celebration in September 2010, the director of PNSM mentioned the difficulties of this program's operations and allegedly spoke about, among other things, [translation] "the insufficiency of specialized medical structures and of human resources qualified in mental health, the lack of continuous training of doctors and nurses in mental health and the lack of intersectorial collaboration in taking care of patients" (12 Oct. 2010).

In 2008, a neuropsychiatrist, and also head of the vascular neurology service at CNPP at the University of Kinshasa, told Radio Okapi that, in the DRC, [translation] "there are psychiatric treatments ... that are given by specialists trained, in particular, at the University of Kinshasa" (CRI Project Nov. 2008, Sec. 3.6.1). Sources indicated that the DRC has six hospital institutions for people with mental disorders (*L'Avenir* 12 Oct. 2010; Xinhua 15 Nov. 2010). According to the head of the vascular neurology service at CNPP, care is provided to people who have mental health disorders at CNPP in Kinshasa and at the Katwambi Centre (Centre de Katwambi [or Katuambi]), in the province of Western Kasai (CRI Project Nov. 2008, Sec. 3.6.1). On the CNPP Internet site, it states that this centre has a capacity of 420 beds and that between 1973 and 2009, its neurology and psychiatry departments provided specialized consultations to 114,178 patients (CNPP n.d.). In addition, an article published by Xinhua News Agency in 2009 states that, in the DRC, the provinces that provide care to people who have mental health disorders include the following:

- South Kivu, at the Karhale Psychiatric Mental Health Care Centre (centre psychiatrique Soins de santé mentale de Karhale)
- North Kivu, by the NGO Training Information Council - Health
- Katanga, at the Doctor Joseph Guillaïn de Lubumbashi Neuropsychiatric Centre (centre neuropsychiatrique Docteur Joseph Guillaïn de Lubumbashi), which provides care to more than one hundred patients
- Western Kasai, at the Katwambi Mental Health Centre (Centre de santé mentale de Katwambi) (13 Oct. 2009).

Information on the mental health care provided in other provinces of the DRC could not be found among the sources consulted by the Research Directorate. Furthermore, the article published by Xinhua News Agency points out that the facilities mentioned above face various difficulties (Xinhua 13 Oct. 2009). In particular, the Karhale Psychiatric Mental Health Care Centre and the Katwambi Mental Health Centre were [translation] "overflowing;" the latter also lacked drugs, and its equipment was [translation] "obsolete" (ibid.). Moreover, the director of PNSM was reported to have pointed out the [translation] "very reduced level" of psychosocial care and [translation] "the difficult access to medical care" in the provinces (ACP 12 Oct. 2010). In addition, the OSAR report states the following:

[translation]

Western-style psychotherapy and psychiatric treatments are almost nonexistent in the DRC. Several local women's organizations that take care of victims of rape, as well as psychologists from international organizations, however, offer psychosocial support in various parts of the country (6 Oct. 2011, Sec. 6.3).

### 2.3 Cost of Care

According to the head of the vascular neurology service of CNPP, a consultation costs between US\$10 and US\$20 in the public institutions, and between US\$20 and US\$30 in the private sector (CRI Project Nov. 2008, Sec. 3.6.1). The cost of hospitalization would be up to US\$300 at CNPP, but the head of the vascular neurology service at CNPP did not, however, specify the duration of hospitalization associated with this cost (ibid.). Other information on the cost of care for people with mental health disorders could not be found among the sources consulted by the Research Directorate.

However, the OSAR report provided the following explanation about the cost of care provided to people with mental disorders:

[translation]

Drugs commonly used Western Europe to treat psychological suffering are almost nowhere to be found and are unaffordable in the DRC. Given that in the DRC, the patients and their families must themselves absorb the costs of the drugs, treatments, food, bedding and some health care personnel benefits, hospitalization does not enter into the equation for the large majority of the population (6 Oct. 2011, Sec. 6.3).

In addition, the Minister of Public Health of the DRC allegedly stated in 2001 that [UN English version] "psychotropic drugs[...] ... high cost placed them beyond the reach of most patients" (UN 2001, 103).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

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## Additional Sources Consulted

**Oral sources:** Attempts to contact representatives of the following organizations were unsuccessful: Association africaine de défense des droits de l'homme, Association pour la promotion des neurosciences, Centre des droits de l'homme et du droit humanitaire, Centre neuro psychopathologique of the Université de Kinshasa, Collectif des organisations des jeunes solidaires du Congo-Kinshasa, Democratic Republic of the Congo public health department, La Voix des sans voix pour les droits de l'homme.

**Internet sites, including:** Africa Governance Monitoring and Advocacy Project; Afrik.com; Afriqueactu.net; Afriqinfos; Agence France-Presse; AllAfrica.com; Amnesty International; Association africaine de défense des droits de l'homme; Association nationale d'aide aux handicapés mentaux; Association pour la promotion des neurosciences; Chambre de commerce belgo-congolaise; *Courrier international*; Factiva; Fédération des familles et amis de la personne atteinte de maladie mentale; Fondation des maladies mentales; Freedom House; Global Rights; GrandsLacs.info; Grandslacs.net; Handiplanet; Hospitaliers.org; Human Rights Watch; Inter Press Service; Internal Displaced Persons; Investir en zone franc; *Jeune Afrique*; Ligue des droits de la personne dans la région des Grands Lacs; Louvain coopération au développement; Maladies mentales.org; Médecins d'Afrique; Médecins du monde; Médecins sans frontières; Mémoire online; *The New York Times*; *Le Nouvel Observateur*; Organisation internationale de la francophonie; Panapress; Radio France internationale; Radio Netherlands Worldwide; RDC-Info.com; RDCongo tourisme; United Kingdom – Country of Origin Information Report; Slate Afrique; Societecivile.cd; Statistiques-mondiales.com; Syfia Grands Lacs; Union interafricaine des droits de l'homme; Union nationale des amis et familles de malades mentaux; United Nations – Integrated Regional Information Networks, UN Development Programme, UN News Centre, UNICEF; United States Department of State; Ville de Kinshasa.

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