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Challenges Encountered by Mental Health Workers in Rwanda; Current Situation and Future Needs

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Abstract

The burden of mental health has become a great concern for public health as the diseases caused by mental health is ranking second worldwide. According to the HWO countries of Low- and Middle-Income Countries (LMICs) don't allocate enough financial means to mental healthcare. The lack of will or interest in mental health in these countries causes different challenges in this sector. Rwanda as one of LMICs is not served on the challenges although it might have its particularities. This study aimed to explore the challenges encountered by Rwandan local mental health workers within and outside of their demanding work.

Method: An interpretative qualitative mixed with quantitative design. The self-administrated questionnaire with open-ended questions, demographic data as well as qualitative data was systematically prepared, explained, and given to respondents. The questionnaire was completed by sixty mental health workers from various institutions with mental health in Rwanda. SPSS was used in quantitative data analysis while the main part of data used Thematic analysis for qualitative data analysis.

Results: The main results immersed in themes that consist of the shortage of; salary, poverty of mental health seekers, culture, and beliefs toward mental health, training, and professional development of mental health works. The study concluded with a better understanding of challenges in mental health practice in Rwanda and the outcome could be used to decrease challenges for mental health professionals and sustain of the mental healthcare system in Rwanda.

Keywords: Mental Healthcare; Mental Health Professionals; Challenges; Rwanda

Introduction

The incidence of mental health disorders and psych -behavioral problems is increasing worldwide, for the first time in human history the disease burden caused by mental disorders is ranking second in the world which makes mental health a great concern of public health [1]. Even though mental health disorders occupy the 14% of the global diseases burden, it is unfortunate that it attracts a less attention of governments and policy makers of countries particularly on budget allocated to it [2]. According to World Health Organization most of Low and Middle Income Countries (LMICs) have no specific budget for mental health even those countries with specific budget, they allocate less than 2 % or even less than 1% of the total health budget and the treatment gap of mental health goes up to 90% in LMICs [3,4].

Rwanda is one of LMIC located in Eastern Africa. In 1994, the country faced a tragedy of genocide that took

approximately one million lives of people mostly from Tutsi ethnic group [5]. As consequence of the genocide, the rate of mental health burden has increased and certain mental disorders were reported to exceed the international average [6,7]. Even several years post genocide, the rate of mental health is still high in Rwanda [7]. To address the burden of mental health disorders Rwanda has set The National Mental Health Policy. (The Rwanda National Mental Health Policy). The policy aimed to bring mental health services close to the community by decentralization of the health service delivery and training of service providers [8]. In 2017, the country has 1500 trained community health workers and at least 468 health centers across the country has more general nurse trained on mental health and psychiatric care [9]. Little is known about challenges of mental health care profession in Rwanda, as a country which has a generation post the Genocide. In this study we aimed to explore challenges that mental health professionals are facing in Rwanda.

Objective of the Study

To understand challenges encountered by Rwandan local mental health workers in course their demanding work.

Methodology

This study used qualitative and quantitative method in data collection and analysis. A self-administrated questionnaire was given to all participants. The questionnaire was designed containing all questions and was uploaded as online data collection system. Three phases were used for making sure on the quality of the questionnaire and the online data collection system.

The first phase consists on questions quality and adaptation on online data collection system. A few number (n=5) of participants were given the questionnaire and were asked to fill all the questions and were further requested to give comment on the questionnaire and the quality of the online data collection system. These participants were chosen based on their experience in mental health and the past experience with the first author. At the time of study participation, all of these participants were working in mental healthcare in Rwanda and proven working experience of < 5years of mental healthcare experience. Their feedback was considered for the improvement of quality of questionnaire and the online data collection system for the second phase.

The second phase consists on the of updated questionnaire and data collection system on a randomly selected sample of few mental health workers (n=8). Respondent have seen to be familiar with the data collection system and questions were approved to be familiar with the online data collection system as well as the objective of the study only the inclusion of mandatory responses was missing in the system for both the first and second phase and was included for the third phase. For the third phase questionnaire we strongly reformulated base on further literature review and recommendations of authors and the online data collection was strengthened to avoid any possible biased information or missing of information.

The used online data collection system was provided by google. The survey was immediately linked to the first author google account. The system informs the author automatically by email if there is a new response. All responses qualitative and quantitative are found in excel sheet within the system.

Questions could take around 20 minutes to be filled by study participants and submit online to be received by the first author. Data collection starts in May and ended in last week of July 2019.

The qualitative questions were open ended questions which were formulated based on study objective they gave to the participants opportunity to tell about challenges that might be present.

Participants and Sampling

The participants of the study were practitioners in mental health at all levels of health care in Rwanda. Purposively recruited mainly by the co-author and the first author. Institutions which have services of mental healthcare were identified in each province of Rwanda. The institutions are public healthcare institutions; hospitals and health Centers. The target was recruit at least 3 participants in each health district (one from district hospital two from health centers). However, this method could not work due limitations such as the withdraw in participation and lack of interest in study participation by some contacted mental health workers. To avoid this bias that could be caused by the limitations, participants were purposely selected. All mental health workers within institutions with mental health departments were allowed to fill the questionnaire. Participants were recruited mostly in district hospitals, referral hospitals, non-governmental organizations with mental health services, and health centers.

Thirst the announcement for the study was given participants who met criteria were asked to sign up for participation. The announcement was given in recognized platforms of mental health practitioners in Rwanda. Secondly the co-author has purposively selected sites and participants based on his experience in the field of mental health practice in Rwanda. In total 65 (n=65) mental health workers accepted to fill the online questionnaire.

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Data Analysis

By analysis quantitative data all data were first coded in excel and imported to SPSS for descriptive analysis.

By applying qualitative content analysis, transcripts were imported in ATLAS ti 8. A text of each question was read several times to make sure we capture a sense of the content of the answer. Thereafter words sentence related to the objective of the study were labeled as citation with a code and comment all codes were then compared six subgroups and tree main categories and themes of analysis emerged in main categories.

The first and last author collaborated throughout the whole analysis. All researchers were involved in finalizing the analysis to ensure the objectivity of the findings.

Results

Social Demographic Data of Participants

A total of 65 (N= 65) participants responded to our questionnaire. Respondents were predominantly male 56% and mostly aged between 30-35 years old 33.8%. Most of participant was married 64.6% and the educational revel of majority was bachelor's degree 61.5%. The Majority of mental health workers were psychologist 61.5 % followed by psychiatric nurses 26.2%. With the rest contributing a small percentage Social worker, nurse, MD psychiatrist. The highest work experience in the domain of mental health was ranged between 0 to 5 years 46.2% followed by a significant range 33.8% 5 to 10 years. Most of respondents work in public organization 73.8% while the lowest number works independently or private practice (3.1%). And the number of patients or clients received per day by the majority (41.3%) is between 0 to 10 patients A good number of them have a fulltime contract 73.8%. The majority of participants earn the salary ranged between 100 to 200 (43.1%) thousands of Rwandan francs only 7.7% earn above 500 thousand Rwandan francs and majority of them than have other source of income 70.8%. number of the working hours per week is between 40 to 50 for the majority of respondents (60%) only a few numbers of them (21.3%) work more than 60 hours per week. the distribution of respondents as per institution is quite similar, the majority of respondents are psychosocial/ Mental health centers 23.1% followed by referral hospitals 21.5% and psychiatric hospital with 20% while the smaller percentage is from other institutions (4.5%).

Encountered Challenges

Challenges and their contributing factors as well as suggestion to improve mental health in Rwanda emerged in following main themes: The lack of public awareness of mental health

- Shortage of salary for mental health workers
- Poverty and finance of mental health
- Culture and believes toward mental health profession
- Trainings and professional development of mental health workers

The public Awareness of Mental Health Services

The matter related to the awareness of mental health services was presented by most of respondent by one way or another. The awareness as problem is seen either in the general public or in the staff of same organization in some instances it might target a given professional that is working at the unity or department of mental health For example a participant said

'My bosses don't understand and consider well the role of a psychologist; few number of psychologists in contrast with the need of their services' (participant…..)

The awareness among clients/ patients also poses a challenge on working environment a respondent had something to say:
"*Some clients do not understand that we are here for them (they are not yet aware for the services we deliver). Another* participant said *'there is ignorance about mental health services people still considering it as demoniac possession and don't believe in service we provide very often'' (respondent* 4).

In some cases, the awareness can be together with the miss understanding of mental health profession a respondent said: *The colleagues consider us like our clients. They often mentioned the abnormalities in our actions*.

Stigma in Mental Health Seekers

Respondents attached a great concern on stigma as one of predominant challenges in working as mental health workers as the mentioned toward people with mental health problems is present in the society as consequence this contribute to non-adherence to treatment and it decreases the importance of mental health services delivery and the outcome of care as stigma may contribute to the relapse. Respondents suggested that this can have a significant influence on willingness to disclose and seek help, quality of health care received and access to family, community, school or work support for recovery. The respondent said:
"There is increase of increase of stigma, and that affect non regular adherence to treatment and this affect the quality of care we provide".

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Increase the Priority of Mental Health

A common theme which emerged in the study in most of respondents was the issues of related to prioritize mental health relative to other health programs. Respondents suggested that mental health services could be for higher priority and attract more funding. Respondents expressed concern about the limited human resources, inadequate budget for mental health, poorly resourced and congested hospitals, issues of limited materials and equipment's needed in services of mental health and sometimes a concern of the inadequacy of psychotropic drugs, lack of involvement of private sector in mental healthcare and limited training of mental health professionals. This matter is explained in details as follow.

Limited Number of Human Resources

The insufficient number of staff in the mental health services was presented descriptively on the average of 67.7%. Thematically respondents claims this as one of big challenges that mental health workers face in their daily career a participants said: *there is few workers in the department of mental health for a big number of patients* this statement is supported by other statements such us; *"there is insufficient hired mental health workers in our institution this don't facilitate us to overcome our assigned duties.*

The other respondent state*: "there are big number mental health seekers in our department and this goes with the lack of standard structure to meet their needs" (*respondent 7).

The issues Related to Financing Mental Health Care

The funding Mental healthcare came frequently as one of challenges that face the profession of mental health, most of respondents mentioned this issue either as suggestion to the improvement of mental health care or as a dominant factor that contribute to challenges or as a challenge itself, the financial issues could vary from queries of salary and motivation and supply of needed materials within the department of mental health in various institutions. A respondent said: *The concerned entities must increase the income for mental health (psychologists…) so that they might not pretend to leave the profession and search for other with a reasonable income* (respondent 11).

The other respondent said: (respondent 18) *I would request the concerns to Motivate the practitioners in mental health by incentives added to the salary because the salary is not enough as compared to the job I perform. .* Other respondents added: *I face some challenges like insufficient salary which don't correspond to nowadays 'market I think the concerned authorities must work on this matter* (Respondent 5).

Poverty of Mental Health Seekers

The poverty related issues within mental health seekers was seen as frequent in challenges stated by mental health workers. The poverty occurs as a challenge in paying the service of mental health seekers, non-adherence to mental health service and sometimes plays a role in the outcome of mental health improvement of mental health patient. Respondents mentioned these as follow: *"Many of our clients are in poverty and this poses a big challenge to overcome their problem. Sometimes they don't attend services regularly due to issues related to poverty. Some of patients were poor before and during the treatment others became poor because of suffering mental health* (Respondent 6)*"*

This matter was also mentioned by other participant as follow: "*Most of clients live in extreme poverty, some have nowhere to live, no food and nowhere to store medicine" however, in case we face this issue we contact local authorities directly linked to the patient and ask them to deal with this matter* (respondent 13…).

The other one said: "*patients are often forced to come to our service most of the time they could not pay themselves the service provided to them".*

(Respondent 17….). *Clients are poor they often misunderstand mental health services they prefer to seek help from traditional healers.* (Respondent 16….).

Qualification and Training of Mental Health Workers

The qualification and training received by mental health workers immerged as challenge encountered by mental health workers in delivering their service most of them claimed that training received seems not be accurate in context of the needed help and the Rwandan culture context most of respondents stated that training received did not consider the Rwandan need other claimed that they don't receive continuous training at all and or regular updates in mental health. A respondent said: *We have challenge with the training received. so there is a need to improve the quality of education of students and training of professionals so that we make sure we appoint right persons in right positions.* (Respondent 9) The other respondent said: *I would suggest put in place strategies of offering enough training to mental health professionals and make them much proud of the work they are supposed to provide* (Respondent 5). The same statement is supported by many others such as; *there is a problem with enough experience and training to help all forms*

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of mental health problems and in addition there is no enough supervision in our daily activities of mental health services. (Respondent 18)

Mental Health Structure

The mental health structure refers to mental health law and guideline of working and the awareness of mental health within institutions where mental health services are present most of respondents claimed not to have a structure or guideline for facilitating them to perform their assigned job in the professional way a respondent said : *The mental health structure we have doesn't correspond to needs of Rwandan realities (context) and this causes challenges in performing our duties* (respondent 7).

Discussions

Results in this study indicated that challenges encountered by mental health workers in Rwanda are quite the same as mental health care in law and middle income. As supported by literature, mental illness presents an epidemic in most parts of Africa. Despite its presence, It is unfortunate that most of countries in Africa lack inadequate health care infrastructure, insufficient number of mental health specialists and non-access to all levels of care [10,11].

Findings indicated that mental health workers face main challenges such as challenges related to community awareness on mental health, Challenges related to less priority of mental health care, poverty of mental health seekers, challenges related to qualification and training received by mental health workers and challenges related to the structure of mental health care.

Like many other African countries Rwandan population are still in misunderstand mental health. In most parts of African continent, the awareness of mental health disorders still a big challenge. people's attitudes toward mental illness are strongly influenced by traditional believes in supernatural causes or demons possession [12]. Consequently, these believe often leads unhelpful response to mental illness, to stigmatization of mentally ill persons and reluctance or delay in seeking appropriate mental health care. It also affect the provision of mental health care services for the needy. In some instances policy makers could have the opinion that mental illness is largely incurable or at any rate unresponsive to medical treatment [13,14]. To raise the awareness of mental health within the community, the community itself should be involved by giving much importance to the family. It was seen that the active collaboration of the community helps in reduction of stigma and discrimination and facilitate community rehabilitation of mentally ill persons [15]. Some strategies that could work in raising the awareness of mental health in Africa include; educate the community about mental health through Newspapers, television shows performing arts, radio shows, brochures, and pamphlets these are mostly used for international events such as World mental health day (October 10th). Other suggests the creation of nongovernment organizations for mental health that could work closely with media in providing accurate information about mental health. The increase of awareness campaign is also a strategy that works [16].

The mental health awareness should be part of prioritizing mental health. Prioritizing mental health is crucial to improving patient care as adequate spending and infrastructure. Prioritizing start with implementing mental health policy that will formulate and coordinate comprehensive and integrated care in local community [17]. Rwanda is one of few African countries which have mental health policy [18]. As per WHO recommendation, improving healthcare in general goes together with integrating mental health into primary healthcare [19]. By following this recommendation as well as implementing mental health policy, Rwanda has introduced mental health care into primary health care. A package of Mental health services are available in most health centers within the country, community health workers were trained on providing basic mental health assistance in general community [8]. However, this program is an ongoing program, it is clear that the program might still face challenges in its implementation process. According to Rwanda health strategic plan, Mental health services will be available up to community level by the year 2024 as per defined service package at all level [20]. In addition to this, the policy must include mental health infrastructures yet in most Middle- and Low-Income Countries the budget of mental health still low. On the average most of African countries spend less than 1% of their budget on mental health [21]. Few is known about mental health total budget in Rwanda some numbers show the financing of specific projects of mental health without providing a full information of total budget.

The matter of trained mental health professionals In Rwanda is also seen in the literature as a matter of a big concern. The World Health Organization (WHO) stated that there are few qualified and trained staff in mental health services in Rwanda [22]. The shortage of well-trained mental health might have a negatively impact on the quality of services provided and outcome of treatments. According to Rwandan statistical year book by 2015 Rwanda counts 208 psychiatric nurses and 103 psychologists who work in public institutions and few is known on registered mental health professionals working in other institutions [23]. As mentioned in previous paragraphs, Rwanda proves its commitment in increasing the number and availability of qualified mental health workers, for instance more psychiatrists are being trained at

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the University of Rwanda to be deployed to district referral hospitals. The number of trained psychiatrists has increased from 1 to 7 psychiatrists. These ones are rotated in different referral hospitals like Centre Hospitalier Universitaire de Butare (CHUB), Centre Hospitalier Universitaire de Kigali (CHUK), Ruhengeri and Ndera Hospital. In addition to this, the Ministry of Health through Rwanda Biomedical Centre has trained more than 15.000 community health workers who are attached to health centres. These community health workers are not professionals but simply trained basic mental on mental illness, how to identify and with symptoms of mental illness in their areas. These ones are added to each two general nurses and one general practitioner that is trained on psychiatric cares each year since 2014. Currently a total of 468 health centers across the country have more general nurses trained in mental health [9].

The poverty of mental health seekers was seen as a matter of concern by respondents the poverty would affect not only a mental health seeker as individual but also the mental health practitioner. According to the WHO, poverty and mental disorders relate negatively as those with mental disorders have limited employment opportunities, which will increase deprivation and delays health care seeking due to lack of financial means [24]. In dealing with this matter the government of Rwanda has introduced psychotic drugs into national list of drugs so that people can access drugs at affordable price mental health services is being also introduced into Mituelles de santé insurance [9].

Conclusion

The finding of this study shows that mental health practice in Rwanda still face challenges that interfere with its strengthening strategies. Challenges are in some cases caused by other preventable challenges whether other might have long-term causes. For instance, the lack of finance in mental health affects the number of mental health practitioners and the low quality of service. Similarly, the lack of quality of training of mental health practitioners also affect the quality of provided service. There is a lack of mental health awareness which can be associated with low resources for financing mental health awareness programmes and lack of involvement of private sector in the field of mental health care. The mental health structure claimed in the study and other issues such as training to mental health workers and poverty of mental health care seekers all turn around financial matter which need the collaboration of authorities the local and international NGOs and the private sector.

The findings in this study are quite similar to challenges faced by mental health care profession in most of African countries. However, Rwanda has its unique history of genocide which has affected most of its sectors including health sector in addition the high rate of mental health burden caused by the genocide has its role in the challenges. Furthermore, unless these challenges there are a political will of authorities in dealing with some of challenges. If mental health practitioners are consulted their added value in strategies and policies development and implementation could help in strengthen and sustain the mental healthcare in Rwanda thereby avoiding frequent challenges in mental healthcare in general and challenges within mental health workers in particular.

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