

Re: Information on treatment of mental health. Information on health care.

The entry for the Democratic Republic of the Congo in the *World Health Organisation 2005 Mental Health Atlas*, under the heading 'Mental Health Facilities', states:

"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." (World Health Organisation (2005) – *Mental Health Atlas 2005: Democratic Republic of the Congo*)

Paragraphs 28.57 to 28.62 of the May 2008 *UK Home Office Country of Origin Information Report for the Democratic Republic of the Congo* under the heading 'Mental Health', states:

"28.57 The FCO letter of 3 April 2006 confirmed that treatment was available for manic-depressive psychosis and bipolar affective disorder in Kinshasa for those who have the funds to pay for it. It also said the drugs Risperdal, Clopixol and Tegretol were available.

28.58 The FCO letter of 19 August 2005 regarding the availability of drugs and treatment in Kinshasa for specific conditions stated "CNPP [Centre Neuro-Psycho-Pathologique] at the university of Kinshasa and centre TELEMA run by Catholic nuns are two well-known centres providing psychiatric care but they lack the specialists to treat schizophrenia and stress related depression."

28.59 A Swiss Federal Office for Refugees report dated September 2001 stated that:
"The most widespread mental illnesses in the Democratic Republic of Congo are states of agitation of infectious origin (especially the neuropsychiatric consequences of these diseases), schizophrenia and illnesses connected with drug addiction. Mental diseases can generally be taken care of in Kinshasa. This is particularly the case with depression, war traumas, post-traumatic stress syndrome (PTSD) and schizophrenia. Competent doctors practice on the spot and medicines are normally available. In the capital, there are about 22 psychiatrists. According to the Director of the CNPP, all the medicines figuring on the list of the World Health Organisation are available in Kinshasa except preparations with a heroine [sic] base."

28.60 The same Swiss report stated:

“For essentially cultural reasons, the Congolese do not as a rule consult specialists in the field of psychiatry. If a person shows mood or personality disorder problems, his relations will firstly believe that he is the victim of a spell and that someone is trying to harm the family. The first reaction is to practice sorcery or prayer to ‘overcome the spell’. It is only as a last recourse that the Congolese will consult a psychiatrist.”

28.61 The same report continued:

“In this field, public facilities are rare and those that exist are dilapidated. This is especially the case with the principal psychiatric unit in Kinshasa, the Neuro-Psycho-Pathological Centre (CNPP) of Mount Amba.... At the present time, the hospital provides the initial consultation, diagnosis and therapy free of charge. The rest is chargeable to the patients and their families (specific treatments, medicines, food, bed linen, etc). Hospitalisation tax varies from 1,000 FC (US\$3.50) to 6,000 FC (US\$20), according to the patient’s financial means. Besides the CNPP, Professor Kinsala directs his own private psychiatric clinic – the House of Rest and Post-Treatment in Lemba-Righini.”

28.62 The Swiss report also noted:

“In Kinshasa, there is also a small centre specialising in neuropsychiatry, the Kakuambi Centre. Some other hospitals, clinics and medical centres (such as the Dr. Lelo Medical Centre) offer, along with general medicine, some beds for psychiatric and psychological treatment. The CNPP in Kinkole (Bas-Congo), for its part, has been transformed into a general hospital.” (United Kingdom: Home Office (21 May 2008) – Country of Origin Information Report: Democratic Republic of the Congo, p.226)

The February 2007 *IRIN News* Humanitarian Country Profile for the Democratic Republic of Congo (DRC), under the heading ‘Health’, states:

“The majority of Congolese cannot afford healthcare or have limited access to it. Across the country, hospitals are in a state of decay and neglect. Doctors and nurses are rarely paid. Most state hospitals are operating under a system of self-financing, requiring patients to pay for treatment and medicines.

Appropriate and timely healthcare provision remains a challenge in the vast country. Although there has been a marked reduction in contagious diseases such as measles and diarrhoea during the various wars in the Congo, more than 50 percent of deaths in the east and west are due to preventable and easily treatable diseases.” (IRIN News (February 2007) – Democratic Republic of Congo (DRC): Humanitarian Country Profile)

A December 2007 *Medicins Sans Frontieres* International Activity report for the Democratic Republic of Congo, states:

“Violence is a major problem in this area and MSF is offering integrated medical and psychological care. The peace process in Democratic Republic of Congo (DRC) culminated in November 2006 with the election of Joseph Kabila as

president. Although a degree of political stability has begun to seep into this vast nation, the country is left in pieces after 50 years of bloodshed and the scale of health needs is considerable. The great majority of the population have limited or no access to healthcare, epidemics break out with regularity and violence continues to have a devastating impact on people's lives, particularly in the east of the country" (Medicins Sans Frontiers (13 December 2007) – Democratic Republic of Congo: International Activity Report, 2007)

Another *Medicins Sans Frontieres* article from December 2004 states:

"Throughout the country, medical services are woefully inadequate if they exist at all, and much of the country remains in a state of emergency in terms of health, MSF continues to witness massive humanitarian needs in many of the places where it works. Since 1998, the International Rescue Committee estimates more than three million people have died as a result of the war, mainly from malnutrition and disease." (Medicins Sans Frontiers (06 December 2004) – *DRC: A never ending health crisis*)

An *IRIN News* report from November 2008 states:

"NAIROBI, 21 November 2008 (IRIN) - Many of the displaced in the eastern province of North Kivu urgently need healthcare amid an increase in the number of cholera, gunshot injury and malnutrition cases being reported, according to aid agencies.

Médecins sans Frontières (MSF) has treated 7,000 cases of cholera since January in the province. "There is a lack of access to latrines and clean drinking water," Romain Gitenet, field coordinator for MSF's project in Rutshuru territory, said on 20 November.

Constant population movement and crowded conditions in displacement camps have also contributed towards the spread of the disease.

Cholera cases are being reported in more locations than usual, said MSF. In Kibati, north of Goma, about eight to 10 cases of cholera were reported each day for the week ending 14 November. The number has since gone up to 16 cases daily.

Some of the displaced are also not able to access treatment. "If you don't do anything, 30 to 50 percent of those who have cholera die," Gitenet said. The few health facilities available are overcrowded. " (IRIN News (21 November 2008) – *DRC: Healthcare crisis as cholera, malnutrition rise*)

References:

IRIN News (21 November 2008) – *DRC: Healthcare crisis as cholera, malnutrition rise*

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World Health Organisation (2005) – *Mental Health Atlas 2005: Democratic Republic of the Congo*

http://www.who.int/globalatlas/predefinedReports/MentalHealth/Files/CD_Mental_Health_Profile.pdf

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre 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.

Sources Consulted:

All Africa

Amnesty International

BBC News

ECOI: European Country of Origin Information Network

Freedom House

Human Rights Watch

International Crisis Group (ICG)

IRB: Immigration and Refugee Board of Canada

IRIN News

Lexis Nexis

Medicins Sans Frontiers

Refugee Documentation Centre Query Database

United Kingdom: Home Office

UNHCR Refworld

United States Department of State

World Health Organisation