

Interviews From the Field. From Trauma to Healing: Building a Brighter Future for Mental Health in the Democratic Republic of Congo

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Abstract

The healthcare system of the Democratic Republic of Congo (DRC) is a stark reflection of the nation's tumultuous history, characterized by chronic underfunding, insufficient resources, and significant human resource challenges. Mental health services are critically underdeveloped, with a severe lack of trained professionals, pervasive stigma, and systemic weaknesses. The situation is particularly dire in rural areas, where geographic and financial barriers further limit access to care. Prioritizing mental health, investing in training and infrastructure, and combating stigma are essential steps toward building a resilient and equitable healthcare system in the DRC.

Keywords

Mental health, psychiatry, Africa, developing countries, low-resources, healthcare system.

According to the 2024 Asylum Report by the European Union Agency for Asylum (EUAA), approximately 11,000 asylum applications were submitted by citizens

of the Democratic Republic of the Congo (DRC) in 2023 across EU countries [1]. Additionally, the Mid-Year Trends 2023 report by UNHCR highlights that, in the first half of 2023, over 1.1 million Congolese

citizens were living as refugees and asylum seekers, predominantly in neighboring countries to the DRC [2]. Among this population, literacy rates vary significantly. While a large proportion of refugees

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have limited formal education due to systemic barriers in the DRC, an estimated 15-20% possess secondary or higher education, indicating a substantial underutilization of human capital in host countries. Furthermore, there has been a notable exodus of professionals, including medical doctors, fleeing the challenging political situation and instability. These individuals often face significant difficulties in obtaining recognition for their qualifications and reintegrating into their professions in host countries, further exacerbating personal hardships and contributing to the brain drain from the DRC. However, these professionals provide valuable firsthand testimony of the severe challenges faced by the healthcare system in their home country, shedding light on issues that would otherwise remain largely unknown. This report on the healthcare situation in DRC, specifically in the area of psychiatric care, was inspired by a field interview with Dr. E.L.K., a Congolese psychiatrist who left his homeland due to the ongoing violent conflicts and sought asylum in Europe.

The Democratic Republic of Congo's (DRC) healthcare system mirrors the nation's

volatile past. Its fragmented and underfunded structure struggles to overcome profound challenges in healthcare delivery. Although the impact of conflict is immediately evident, it primarily amplifies existing systemic deficiencies, hindering the provision of even fundamental care to the Congolese population (figure 1) [3].

A primary challenge facing the DRC's healthcare system is chronic underfunding. The percentage of Gross Domestic Product (GDP) allocated to healthcare is alarmingly low, failing to meet the Abuja Declaration's 15% target by a significant margin. This severe lack of resources results in dilapidated infrastructure, persistent shortages of essential medicines, and insufficient staffing. Consequently, the system's ability to effectively deliver healthcare is severely compromised. While international aid attempts to address these shortfalls, it can create an undesirable dependency that may not serve the DRC's long-term needs, potentially hindering the development of a self-sufficient and robust healthcare system [4].

The DRC's healthcare system is further hampered by a

critical shortage of qualified personnel, including doctors, nurses, and specialists. This human resource crisis is driven by inadequate training, low salaries, and a significant brain drain of healthcare professionals to other countries. The resulting scarcity of skilled workers is particularly acute in rural areas, leaving millions with limited access to basic care. This unequal distribution, with healthcare workers concentrated in urban centers, leaves rural populations underserved and often reliant on traditional healers ill-equipped to manage complex medical needs [4,5].

Geographical and financial obstacles prevent many in the DRC from accessing healthcare. The nation's vast and difficult terrain, combined with poor infrastructure, makes reaching healthcare facilities a logistical ordeal, especially for those in remote regions. This isolation intensifies health inequities and delays timely interventions. Furthermore, poverty creates a substantial barrier, as limited health insurance and high out-of-pocket costs impose devastating financial burdens on families seeking care, exacerbating their economic hardship.

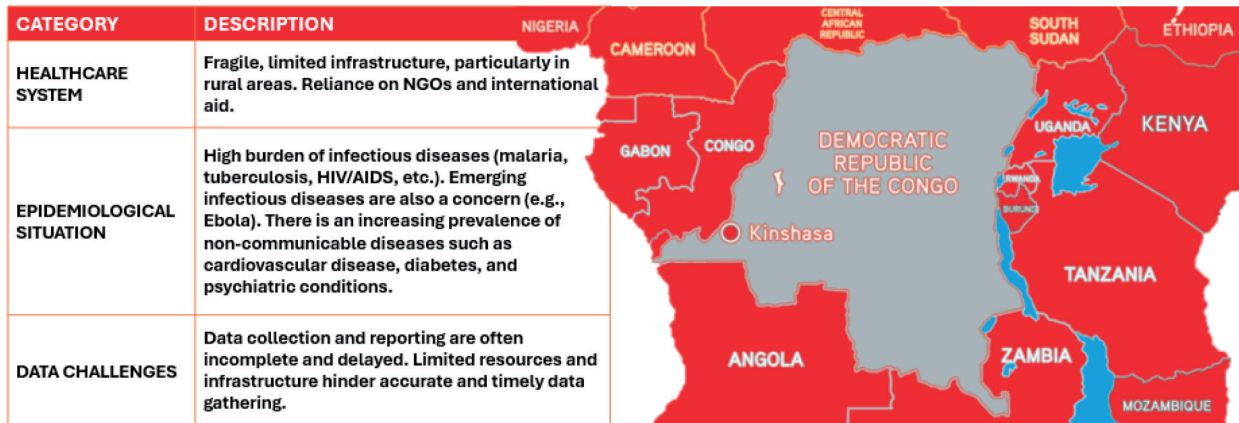


Figure 1. DRC health data overview.

The mental health sector in the Democratic Republic of Congo faces immense challenges, reflecting the broader struggles within its healthcare system and the lasting effects of conflict and poverty. Chronic underfunding plagues the DRC's healthcare system as a whole, with mental health receiving minimal resources. Years of conflict and neglect have left the healthcare infrastructure in disrepair. Hospitals and clinics, especially in rural areas, frequently lack essential equipment, medications, and trained staff. Access to healthcare remains highly unequal, with significant disparities between urban and rural populations [6].

Mirroring the broader healthcare system's struggles and the enduring impact of conflict and poverty, mental

health services in the Democratic Republic of Congo face immense challenges. A severe shortage of trained professionals, including psychiatrists, psychologists, and psychiatric nurses, plagues the system, particularly in rural areas where most of the population lives. Geographic disparities exacerbate the problem, concentrating mental health services in urban centers and leaving rural communities with minimal or no access to care. This unequal distribution underscores the urgent need for decentralized mental health services.

Financial barriers significantly restrict access to mental healthcare in the DRC. Widespread poverty makes such care unaffordable for a large segment of the population, forcing individuals and

families to prioritize basic needs over mental health support. The DRC's healthcare system suffers from chronic underfunding, inadequate infrastructure, and shortages of essential equipment and medications. These systemic weaknesses extend to mental health services, compromising their availability and quality. Furthermore, pervasive stigma and discrimination, often attributing mental illness to spiritual causes or witchcraft, deter individuals from seeking help, perpetuate silence, and reinforce discriminatory practices. The fragmented nature of mental health services and their poor integration into primary healthcare create further barriers to comprehensive care, highlighting the need for a more holistic approach (table 1).

Table 1. *Key challenges and opportunities in the Democratic Republic of Congo’s healthcare and mental health systems: a comparative overview highlighting funding gaps, resource disparities, and emerging community-based solutions.*

Indicator	Healthcare System	Mental Health Services
Funding	Significantly below the Abuja Declaration’s target of 15% of GDP. Chronic underfunding affects infrastructure, medicines, and staffing.	Extremely limited funding, with mental health receiving minimal resources.
Infrastructure	Dilapidated facilities, especially in rural areas, with frequent shortages of essential medicines and equipment.	Poor infrastructure, lack of specialized facilities, and minimal integration into primary healthcare.
Human Resources	Acute shortage of qualified healthcare professionals, exacerbated by low salaries and brain drain. Urban areas are prioritized over rural regions.	Severe lack of psychiatrists, psychologists, and psychiatric nurses, particularly in rural areas.
Access to Care	Geographical and financial barriers limit access to healthcare, especially in remote regions. High out-of-pocket costs are a significant burden.	Limited access due to financial constraints, geographic disparities, and stigma surrounding mental health.
Geographical Disparities	Healthcare services are concentrated in urban centers, leaving rural populations underserved.	Mental health services are mostly available in urban areas, with rural regions having minimal or no access.
Financial Barriers	Limited health insurance coverage; high out-of-pocket expenses worsen economic hardship for families.	Widespread poverty restricts access to mental healthcare, prioritizing basic needs over mental health support.
Stigma and Cultural Barriers	Some reliance on traditional healers in rural areas due to lack of healthcare access.	Strong stigma associates mental illness with spiritual causes or witchcraft, deterring individuals from seeking care.
International Aid	International funding and humanitarian aid play a crucial role but risk creating dependency.	International organizations support mental health initiatives through training and technical assistance.
Promising Initiatives	Efforts to decentralize healthcare and improve infrastructure are ongoing but face significant obstacles.	Growing emphasis on community-based mental health care and integration into broader health initiatives.

Despite these obstacles, promising efforts and opportunities offer hope. The growing recognition of community-based mental healthcare’s importance in serving underserved populations is encouraging. Training community health workers to deliver basic

mental health support and integrating mental health into existing community programs can help close the treatment gap. International organizations have a crucial role to play in supporting mental health initiatives by providing

training, resources, and technical assistance [7].
Addressing the root causes of mental health challenges, such as poverty, conflict, and gender-based violence, is essential for improving the well-being of the Congolese population. Strengthening mental

health services in the DRC requires a multi-sectoral approach that tackles both immediate needs and long-term systemic challenges. By prioritizing mental health, investing in training and infrastructure, and combating stigma, the DRC can build a more resilient and equitable mental health system.

In Loving Memory of Dr. E.L.K. Born in the DRC, Dr. E.L.K. dedicated his life to health-care and community service. After earning his medical degree from the University of Lubumbashi and completing a Master's in Psychiatry in Belgium, he worked tirelessly to improve healthcare systems in Congo and address the

psychological impacts of conflict and poverty. Displaced from his homeland, he continued to work in the field of mental health for both his home country and for migrants. His compassionate legacy continues to inspire.

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