

## Overview

The Democratic Republic of Congo (DRC) is the second largest African country and approximately one quarter the size of the United States. Some of its natural resources include diamonds, gold, coal, and petroleum. Conflicts have included several regime changes, two wars, and ongoing armed violence from many rebel groups, militia, and surrounding countries. Civilians experience ongoing trauma throughout these conflicts, including high rates of sexual and gender-based violence (SGBV), abduction and conscription into armed forces, and forced displacement from homes and villages. SGBV is widely used as a weapon of war, with several studies revealing approximately 40% of women and 20% of men experience sexual violence in their lifetime. The psychosocial consequences of SGBV are often compounded by the fact that both sexual violence and mental illness are highly stigmatized in the DRC.

## Context

The Democratic Republic of Congo has experienced civil war since the late 1990s. Despite attempts towards peace, the DRC continues to struggle with internal conflict from armed groups and external conflict from neighboring countries. As a result of conflicts with other countries, DRC is home to approximately 220,000 refugees from Rwanda, Central African Republic, and Burundi. Due to the internal conflict, there are over 2.7 million internally displaced individuals (IDPs) in DRC, and 467,000 Congolese refugees who have fled their country to refugee camps in Uganda, Rwanda, Tanzania, and Burundi. Congolese refugees have been reported to spend up to (and sometimes more than) a decade living in refugee camps, where they are often re-victimized and re-traumatized. Mental health services are limited in the camp settings, so many do not receive treatment for the psychological and emotional results of conflict and displacement. The refugees resettling to the United States are primarily from eastern DRC, specifically from the Kivu provinces (See map below. Province capitals are Goma and Bukavu).

## Helpful Tips for Resettlement Workers and Mental Health Providers

- **Build trust between client, interpreter, and counselor.** Address and offer to explain confidentiality multiple times to help ease the client into the idea of sharing details that would normally only be shared with family or religious leaders.
- **Offer group and individual therapy as options for survivors of sexual violence.** Research is inconclusive as to which therapy modality is more often preferred, as some survivors favor one over the other depending on their circumstances.
- **Connect clients to appropriate leaders in the local faith community.** DRC has a strong connection to faith and religion with many individuals turning to prayer and pastors for healing.
- **Take a multi-disciplinary approach to service provision.** Due to the high regard for doctors, refugees may share symptoms related to mental health needs with a primary care physician (PCP) before a mental health provider or case manager. In addition to the importance of clear communication among all client's healthcare providers to ensure appropriate and timely services, it is important that PCP's screen for mental health needs.
- **Incorporate story-telling, theatre work, and/or narrative therapy techniques.** Many communities from DRC carry a tradition of oration that can help de-stigmatize trauma and mental illness.

## Mental Health Data

Partially due to the country's extended conflict and spread of violence, it is estimated that 3.25 million adults living in the DRC meet criteria for PTSD. Studies show 42% - 50% of adults in eastern DRC meet PTSD symptom criteria and 27% - 41% meet criteria for major depressive disorder (MDD). In addition to PTSD and MDD, assessments have shown that post-resettlement concerns can include anxiety disorders, substance use, and intimate partner violence.

## Words and Phrases

A 2013 study with local community members, healers, and healthcare staff in eastern DRC revealed the following culture-specific terms to describe mental health concerns:

**Erisure:** Can be translated as "madness," and describes symptoms of both depression and anxiety. One definition includes profound sadness, social isolation, absence of movement, and not speaking. Another definition describes symptoms of excess talking, dancing, singing and inappropriately elated mood.

**Amutwe alluhire:** Can be translated as "tired head." Characterized by sadness and irritability.

**Alluhire:** Can be translated as "confused." Characterized by social isolation, forgetfulness, and feelings of neglect.

## Country Info

**Official Languages:** French (official), Lingala, Kingwana (dialect of Kiswahili/Swahili), Kikongo, and Tshiluba are also nationally recognized

**Population:** 79,375,136 (2015 est.)

**Religion:** Roman Catholic (50%), Protestant (20%), Kimbanguist (10%), Muslim (10%), other (10%)

**MH Services:** 74 out of every 100,000 individuals utilize hospital based mental health services

**MH Providers:** .06 psychiatrists for every 100,000 persons

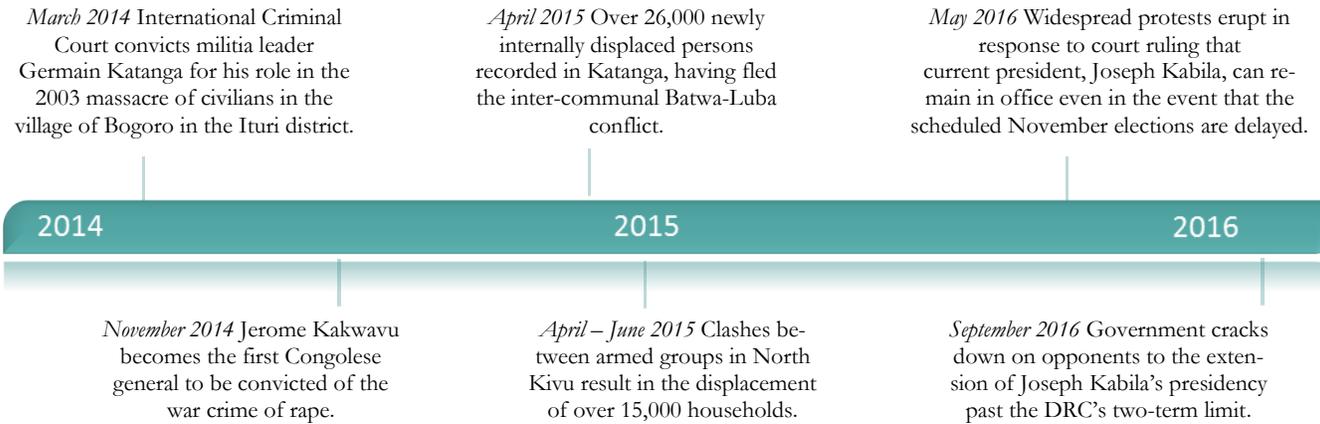
**Other:** 1 psychological nurse per 16,000 people in some refugee camps within neighboring countries.

## Ethnic Diversity

There are over 200 individual ethnic groups in the DRC and the majority of them are Bantu. Current refugees are largely from the eastern DRC provinces of North Kivu and South Kivu. Refugees from this region primarily represent **Banyamulenge, ethnic Hutu, ethnic Tutsi, Bembe, and Bashi** ethnic groups. Many of these groups have historically faced discrimination, while others have experienced violence due to their large presence in the area.



## Brief Timeline



## Healthcare in the DRC

Decades of conflict and mass atrocities in the Democratic Republic of Congo have devastated its healthcare, legal, and social services systems. As a result, health issues have gone untreated, and many individuals have perished from preventable and treatable diseases. Health services are limited, with nearby centers often requiring cash payment prior to treatment. There are six hospitals in the DRC where mental health disorders can be treated. Due to limited data from those hospitals and a general lack of healthcare infrastructure, it is unclear what types of disorders or treatments are represented.

Churches and faith-based institutions are prevalent and integral to DRC's healthcare service provision. A UNAIDS report revealed that 70% of all health services are provided through churches. Even secular programs, such as the Center for the Protection of the Destitute and Mentally Ill, provide space for a pastor to pray over patients once a week. Nevertheless, existing mental health services are few in number and not a robust component of the country's public healthcare system. Less than one percent of the country's health budget is allotted toward mental health services. Programs such as [Doctors without Borders](#) and the [International Rescue Committee](#) are helping to fill in this major service gap through psychosocial counseling and community capacity building. A key component to many of these programs is utilizing leaders within the community to provide necessary education and preliminary assessments for complex mental health referrals.

Ongoing violence in the DRC can cause complex trauma symptoms. Illustrating this point, local clinics report seeing many patients who are suffering from post-traumatic stress symptoms, such as flashbacks, nightmares, feelings of despair, and suicidal ideation. Because there are so few mental health professionals in the country, methods such as the [Living Peace method](#) are utilized to provide non-professionals a way to address some of the symptoms. This method uses group therapy approaches and works with individuals and their family members to process through some of the violent experiences they have encountered. The heavy social stigma that follows mental health concerns in DRC is more than enough reason for individuals to avoid accessing services. However, through their continued outreach, many of the programs listed in this InfoGuide are helping to de-stigmatize and normalize these difficult symptoms. Preliminary reports have shown that with outreach methods, such as radio communication and community education, more people are coming forward for mental health assessments and treatment services.

## Beliefs and Customs

With 70% of the population following the teachings of Roman Catholicism and Protestantism, Biblical readings, prayer, and consulting with religious elders are central pieces of life. For most types of affliction, including mental health issues, refugees from DRC will likely find comfort in their faith through sharing concerns with church leadership.

The family unit is a source of great comfort and stability within Congolese communities. The family differs from the Western idea of a nuclear family by encompassing many extended family members and often adopting nieces or nephews as sons or daughters. Additionally, it is common for a youth to address an adult female as "Auntie" or "Maman" regardless of the family relationship. These cultural nuances illustrate the importance of understanding the entire family unit in order to address individual and community needs. Parenting is approached from a communal perspective, where aunts, uncles, grandparents, and neighbors provide support in guiding children through puberty and into adulthood. Older members of the family, including parents and grandparents, are highly respected and revered. Folklore and traditional stories are often passed down from one generation to the next to help illustrate and maintain cultural values.

Congolese communities within the U.S. also provide support for its members through childcare, resource sharing, and cultural integration. Within communities and families, generosity is highly valued and can be seen in the exchange and giving of time and resources with others. The communal nature of Congolese communities is also demonstrated through music and dance. Both are used for celebrations, can help alleviate stress, and provide a safe way to express difficult emotions.

## Mental Health Interventions

An important cross-cultural consideration is some illnesses are considered treatable with Western medicine; while others are thought to require traditional medicine. Beliefs regarding the best treatment of the illness is related to the perceived cause. It is believed that *erisire* (see *Words and Phrases*) could be treated by Western medicine. These methods are not considered effective if the illness is thought to have been caused by sorcery or spirits, in which case a traditional healer is considered more effective. Comparatively, *allubire* (see *Words and Phrases*) is thought to be caused by environmental circumstances, so social support and assistance is considered an effective method of helping someone with the associated symptoms.