

# Fostering the training of professionals to treat trauma and PTSD in Rwanda: a call for structured training curriculum

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## INTRODUCTION

Globally, the burden of Trauma and Post-traumatic Stress Disorder (PTSD) is a public health problem and it was highlighted in the recent World Mental Health survey [1] carried-out in 24 different countries across the globe. The results indicated that 70.4% of all respondents had experienced different types of traumatic events. Man-made events, that occur in many societal contexts, are a major reason of trauma [2, 3]. Despite the fact that exposure to such events is common throughout the world, most countries, including Rwanda, have their unique history of trauma.

After the atrocities of the 1994 Genocide against Tutsi in which more than 1 million people were exterminated in the period of 100 days; appreciating the extent of the injury inflicted to the society by the Genocide was not an easy task. A previous study showed that majority of Rwandans (79.4%, N = 1000) had experienced at least one traumatic event as a result of the Genocide [4].

As a result, mental health problems related to the Genocide will continue to be the most challenging problem of mental health in Rwanda [5]. PTSD, a frequent consequence of the Genocide in survivors, is often associated with other mental health conditions e.g. Depression [4] and panic attacks [6].

A mental health survey conducted in Rwanda also revealed the picture of an increased prevalence of different mental health disorders both in the general population and in Genocide survivors [8].

The prevalence of major depressive episodes was 12% in the general population and 35% among the Genocide survivors as reported in the study [8].

The prevalence of PTSD was 3.6% in the general population and 27.9% among Genocide survivors. Other disorders such as alcohol and drug abuse were also found to be elevated in Genocide survivors compared to the general population [8].

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Intergenerational trauma has also received much attention both from the government and from non-government institutions although little research exists on transmission mechanisms. This was emphasized in the recent National Trauma Symposium coordinated by the Rwanda Psychological Society (RPS) [9].

All these findings call for strategies to address the rising challenge of mental health problems in the Rwandan society.

## CURRENT SITUATION IN RWANDA

In the years after 1994, community based structures were initiated for PTSD cases inherited from Genocide against Tutsi. Efforts were made to console the traumatized nation through different programs and initiatives. Non-governmental organizations were also established to help Genocide survivors.

The government of Rwanda established the National Mental Health policy in 1995 to support the decentralization of mental health services and their integration into the primary health care system [10].

General practitioners as well as general nurses have received basic trainings with regard to handling trauma cases including being able to prescribe psychotropic drugs. However, the development of guidelines, e.g. for intake assessment or handling of especially difficult situations, remains a challenge.

Despite the decentralization policy of mental health services to the community level, the Rwanda National Mental Health Survey reported that mental health services were used by only 5.3% of the population. Among these, 78.7% utilized healthcare facility services while 32.8% used services provided by religious healers [8].

These findings highlight the necessity of additional investment in the awareness of available mental health support services. These should be coupled with trainings in the field of trauma and mental health to ensure the quality of services. Regulatory bodies were also established to promote professionalism among mental health specialists.

For instance, the Rwanda Allied Health Professional Council (RAHPC) was established in 2013 in which mental health professionals belong [11].

However, there is still lack of clear guidelines and standards for mental health professionals and there are no supervision strategies.

In addition, there are few professional societies in the field: The Rwanda Psychological Society (RPS) and the Rwandan Association of Trauma counsellors (ARCT-Ruhuka). These are the only professional associations engaged in training and capacity building of PTSD professionals with a structured curriculum. The extension of supervision networks for community health workers is also important to strengthen trauma services and build up basic competences.

In 2019, the Ministry of Health upgraded the Rwanda Health System Package [12] which includes Psychological interventions to be carried-out at the medicalized health centres. Such information strengthens the referral mechanisms and cooperation of different health practitioners within the hospital setting. More communication between professionals has been encouraged and different peer to peer workshops were organized for a number of staff to facilitate service delivery.

A previous study by Sebatukura and Philip reported that peer learning was a better training strategy for enhanced community and hospital services [5].

However, at an institutional level there are still gaps in the overall mechanisms established to support trauma clients and there is a limited infrastructure for such services. Additionally, there is a need to strengthen mental health policy through its inclusion in other general health policies [13].

## TRAINING OF MENTAL HEALTH PROFESSIONALS IN RWANDA

The problem of PTSD gained a considerable attention not only for the governmental, but also in the academic field. Consequently, in 1999 a clinical Psychology department was created at the University of Rwanda. Its mandate was to train mental health professionals and equip them with the ability to handle traumatic cases.

Current figures show that Rwanda has progressed from 0 psychiatrist and 295 psychiatric nurses in 1994 to 12 psychiatrists to 381 psychiatric nurses. The number of clinical psychologists increased from no clinical psychologists to 599 trained clinical psychologists [14]. This rise in the number of mental health professionals is a combined work of different training institutions: the University of Rwanda, the University of Kibungo, and the cooperation with other international Universities.

The existing curriculum includes some aspects of trauma therapy, like Narrative Therapy or

Cognitive Behavioral Therapy, but given the scope of the problem of trauma in Rwanda, more specialised training curricula are needed. To support educational efforts mentioned, clinical specialised were created.

Although, the number of PTSD specialists continues to increase, there is need for regular refresher trainings [15, 16].

This will ensure quality and accuracy of diagnostic patterns made in the decentralized units as well as increasing the number of treated patients [17].

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