

CASE STUDY: MENTAL HEALTH REFORM IN RWANDA

CAREGIVER MENTAL HEALTH KNOWLEDGE SHARING SERIES

The country of Rwanda represents a large burden of mental health disorders—with mental health problems as one of the leading causes of disability in the country. Yet Rwanda is also an example of tremendous gains made by the government’s efforts to address mental health in a context of limited resources. By decentralizing mental health care in general hospitals and integrating mental health care into primary health, Rwanda became a leader in increasing access, acceptability, and quality of mental health services.

The mental health affliction of Rwanda’s population was intensified by the extensive armed conflict and genocide in the 1990’s, which resulted in devastating personal loss and suffering as well as a near collapse of the Rwandan health system and human capital. Prior to 1995, there was a lack of government incorporation of mental health care in national policy. The first National Mental Health Policy was developed in 1995.

By 2005, the long-standing trauma effects in the post-genocide period clearly emphasized mental health as an increasing priority area of intervention for health sector policy and integration of mental health services into all national health system structures, including at the community level. The revised mental health policy promoted human rights, community-based approaches, and inter- and intra-sectoral collaboration and established a legal framework for mental health care practice. The policy included targeting accessibility barriers through integration of mental health care services into general care at all levels of the health system and for universal health coverage through a community-based health insurance scheme. Strengthening the capacity of health professionals in mental

Key Elements of Rwanda’s National Mental Health Policy¹

- Decentralization and integration of mental health care into primary health care
- Promotion of community-based approaches
- Support of availability of psychotropic medicines
- Integration of mental health into community-based health insurance
- Improving quality of mental health care through supervision and accountability as well as research and evaluation to improve services
- Sensitizing mental health conditions and fighting stigma
- Building capacity of human resources in mental health
- Promoting human-rights based mental health legislation
- Development of specific programs for post-traumatic stress disorder, drug abuse, and child/adolescent mental health

health and psychosocial services as well as improving availability of essential psychotropic medicines was also embedded into the policy.

Mental health services are now decentralized across Rwanda, with each of the 38 District Hospitals having a mental health unit that can administer a comprehensive mental health care package of inpatient and outpatient services such as diagnosis, treatment, and follow up measures. At least one Community Health Worker per village is trained to ensure an integrated mental health care component in Health Centers in community outreach, with referral to hospital-based care as needed. Based on growing evidence on effective task-shifting in mental health, a combination of specialists and non-specialists deliver mental health and psychosocial support at all levels of the health system.

Critical lessons can be garnered from Rwanda's success:

- Strong leadership and political commitment for the establishment of a national mental health policy and implementation plan afforded successful decentralization and integration of mental health care into the basic health care package across the country.
- Introduction of psychiatric nurse practitioners into district hospitals to provide community mental health care increased access and acceptability.
- The use of both specialists and non-specialist mental health care providers as well as a cascade supervision system increased coverage and improved quality of care.
- Integrating mental health care and psychotropic medicine into the community-based health insurance schemes improved access and equity for all Rwandans.

While challenges remain—including limited funding, inadequate numbers of trained mental health professions, and sustained stigma—Rwanda has overcome great odds to advance the mental health support afforded to its population.

References:

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2. Primary Health Care Systems (PRIMASYS): Case study from Rwanda, abridged version. Geneva: World Health Organization; 2018. . Licence: CC BY-NC-SA 3.0 IGO. Available: <https://www.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Rwanda-Abridged.pdf?ua=1>

Related Resources:

National Mental Health Policy in Rwanda

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Cynthia Bauer	Kupenda for the Children
Erin Pfeiffer	Independent Consultant
Irene Mugo	Food for the Hungry
Josephine Akellot	HealthRight International
Liz van Zyl	Food for the Hungry
Mariam Amadi	Food for the Hungry
Phil Moses	Food for the Hungry

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