

How to achieve equitable treatment of mental illnesses in Burundi?

Different diseases – Different pathways

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→ INTRODUCTION

Managing mental illnesses presents a significant challenge in Burundi due to a shortage of specialized healthcare providers, a lack of specific drugs, and barriers related to geographical and financial access to healthcare facilities.

The current study aims to elucidate the hardships encountered by patients affected with conditions such as epilepsy, dementia, schizophrenia, and other mental disorders in the regions of Muyinga and Ngozi.

→ METHOD

A questionnaire was administered to 169 patients randomly selected from the patients received for mental health disorders (including epilepsy) in three hospitals from 01/01/2020 to 31/10/2021.



Community group of stabilized patients with a community worker

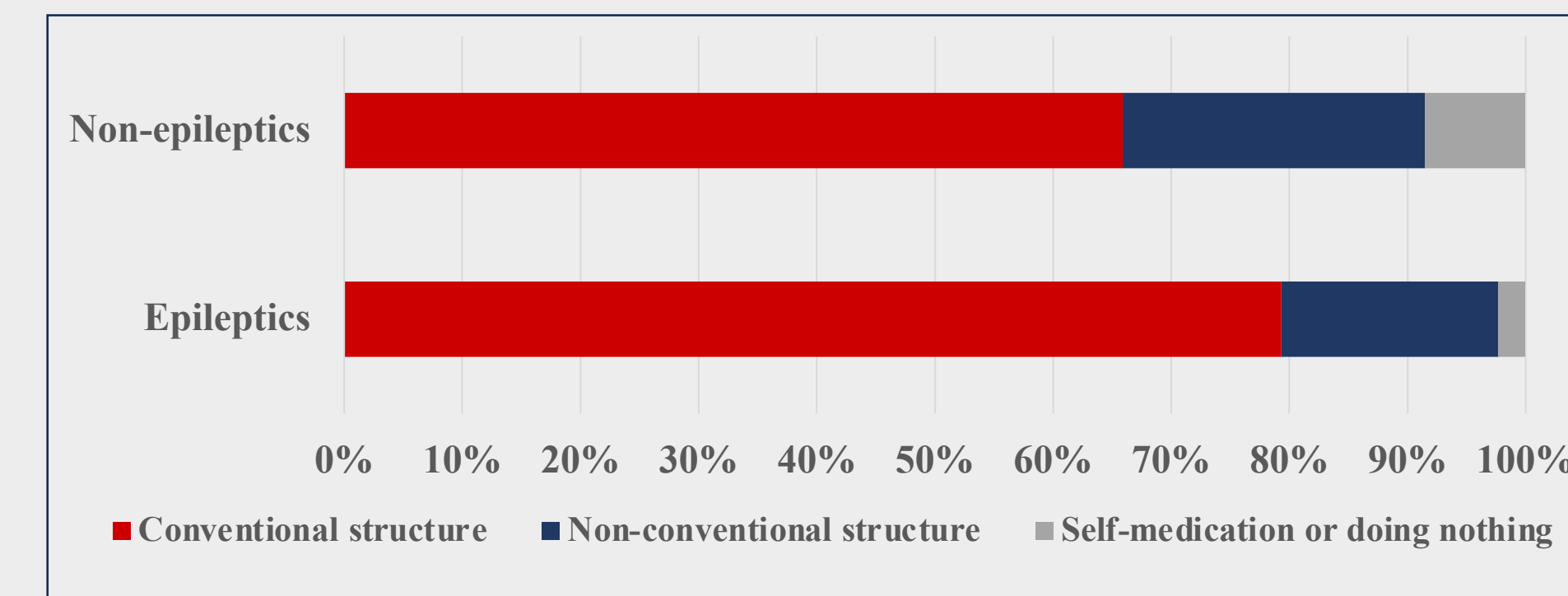
→ RESULTS

- Epilepsy:** The majority of epileptics (79.3%) initially sought assistance in conventional care facilities, such as health centers (HC) or hospitals. Only 65.9% of patients with other mental illnesses opted for these conventional healthcare settings, with a higher preference for the traditional or religious sectors.

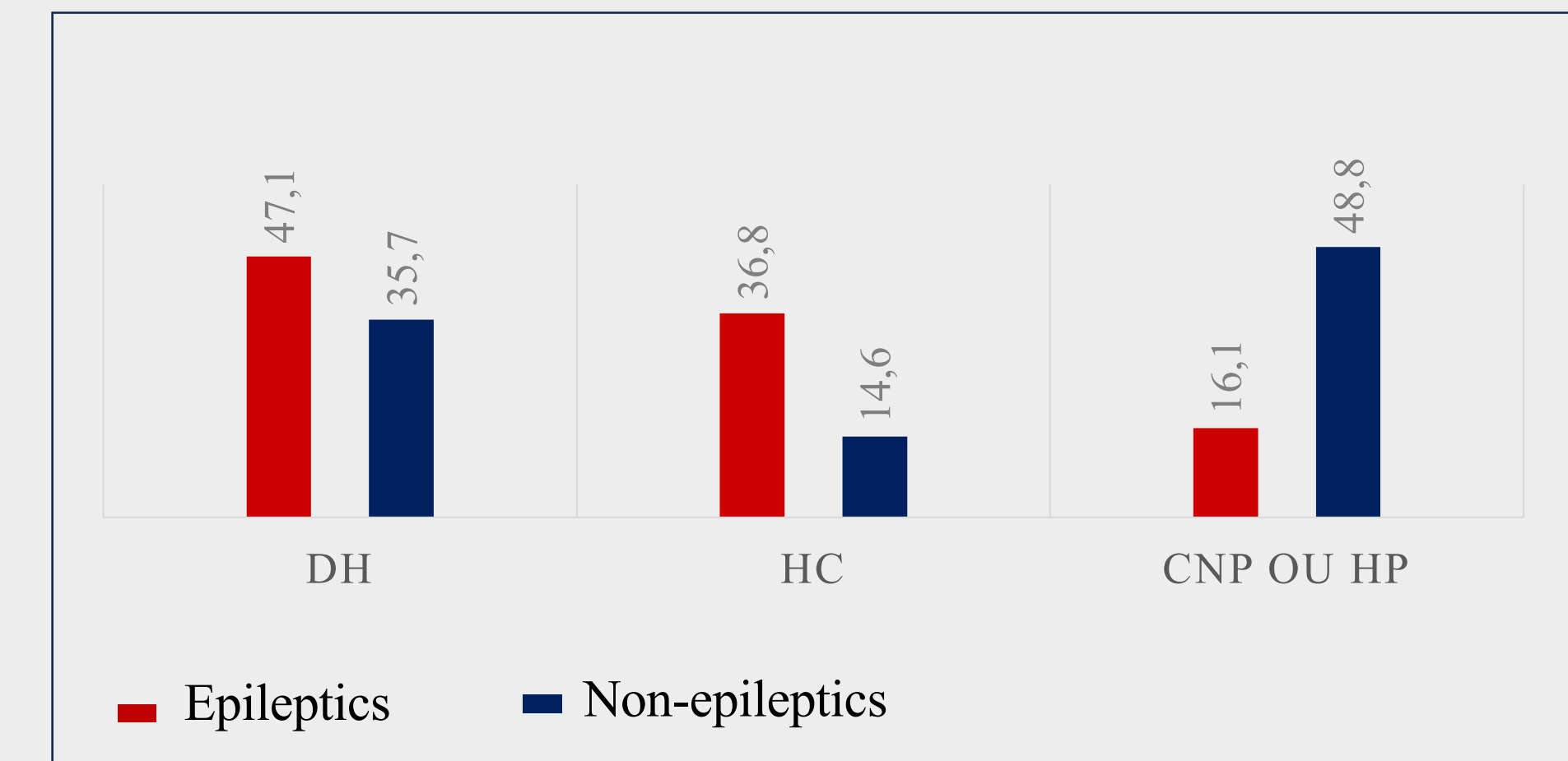
- Delay in First Contact:** Approximately 60% of all patients experienced a delay in their first contact with a health facility. For epileptics, this delay was more pronounced in less specialized facilities, such as district hospitals (DH) (47.1%) and health centers (HC) (36.8%). In contrast, patients with other mental illnesses had a higher rate of delayed first contact in hospitals (specialized hospital 48.8% and DH 35.7%).

- Referrals:** Interestingly, when patients initially consulted in district hospitals or health centers, most of them were not referred to higher-level healthcare facilities, even when skills and drugs were lacking at these levels in mental health. Specifically, 58% of non-epileptic patients were not referred.

Differential Care-Seeking Behaviour Among Epileptics and Non-Epileptic Patients



Delays in Initial Healthcare Access (conventional structures)



Referral Patterns



→ CONCLUSION :

This exploration underscores the unique challenges faced by individuals affected by various mental health disorders, emphasizing the imperative need for tailored approaches to ensure equitable treatment and support.

Mental health in Burundi includes epilepsy, but there are much more challenges for non-epileptic patients. These illnesses are not well-known by the caregivers of the health centers and the cost of their treatment is very expensive... that's why they need specific actions.

Is integration of mental health care in primary health care services the future solution?