



CONCEPT NOTE

Workshop on Mental Health Awareness, Guidance and Counseling at the UR-Campuses, March 4-5, 2020

1. Rationale

Mental Health difficulties, particularly the Post-Traumatic Stress Disorder (PTSD) and comorbid depression, remain a public health concern in Rwanda, and globally in the world. Existing figures on mental health call for action in the post-genocide Rwanda. For example, the 2018 Rwanda Mental Health Survey (2018RMHS) conducted by the Rwanda Bio-Medical Centre (RBC) revealed a 11.9% (N=19,110) of depression in the general population, versus 35.0% (N=1,271) in the sub-population of survivors of the genocide. Equally, the Post-Traumatic Stress Disorder (PTSD) prevalence is estimated at 3.6% (N=19,110) in general population versus 27.9% (N=1,271) in the sample of survivors. Results from the same survey revealed a significant and positive correlation between the assessed mental conditions, for example between the depression and other conditions like the post-traumatic stress disorders (PTSD), panic disorder, alcohol and substance use disorders, and suicidal behaviors. Although these conditions are reported to be associated with the genocide globally, we should also consider other environmental factors that are involved either as incremental or predicting factors of the listed mental conditions. For example, a certain number of conditions affecting the community (e.g. poverty, social distress associated with the genocide) and the families (e.g. domestic violence, Intimate partner Violence (IPV), parent's separation and divorce) have also to be looked at and how they affect individual's mental health and psychological wellbeing.

As evidenced by the Rwanda Biomedical Centre's research, PTSD like any other mood disorders (depression, panic disorders) and behavioral disorders (suicidal behaviors, substance use disorders), the young population is at risk regardless of their level of education.



Reference made to existing reports, it is also noted that most of those who may require help don't consult and get help on due time. For example, results from the 2018RMHS (RBC, 2018) reported that utilization of mental health services stands at 5.3% whilst 94.7% stated that did not use mental health services. Among those who reported utilization of mental health services 78.7% utilized healthcare facility services followed by 32.8% who used services provided by religious healers. About 29% sought services from traditional healers while only 25% were served by community health workers. There are numerous factors that prevent the mental health service utilization, to include the stigma around mental conditions, the mental health services availability and accessibility (i.e. the distance between home and the facility) and affordability (i.e. cost).

In addition to those global figures, university students are assumed to be affected and exposed to a number of stressors that are thought to cause psychological suffering. Reports from the student welfare units at the University of Rwanda are concerned about the increased numbers of students presenting with psychological and mental disorders ranging from depression to PTSD and substance use disorders. Recently, the UR senior management noted about 27% prevalence of depression among medical students thought to be owing to the stresses of study, which is 2 to 5 times higher than in peers. Predictors of the reported depression in students include (not limited to) the amount of assessments and exams, facing mortality during clerkship in hospitals, long hours of clinical attachments, poverty and possible distress from the genocide perpetrated against Tutsi in 1994.

Per the UR structure, there are limited opportunities on campus to have psychological support when it is required. It is in this line that the University of Rwanda – Centre for Mental Health organizes a two-day workshop to reflect on the reality of mental difficulties on our campus and decide on way forwards. This workshop will enable an adequate reflection on mental health support for students to help them manage stress and possible mental disorders (PTSD, depression, substance use disorders).



2. Expected outcomes

The workshop will lead to the creation of a network between UR staff in charge of student welfare and strategize guidance and counselling interventions on UR-campus. Moreover, the workshop will constitute will enable a platform for refractive practices and peer-supervision among participants on mental health cases of UR students.

3. Specific Objectives

- To raise awareness around mental health difficulties in Rwanda, and at the UR campus particularly
- To enlighten participants' knowledge on mental health for the initiation a safe space for UR students,
- To enhance participants' understanding on mental health to ensure well-informed practices and decisions while assisting UR students
- To educate participants on the best practices in the mental health field at hand for the first-aid to UR students

4. Participants

It is expected that 50 participants will attend the workshop and include:

- VC Office Representative
- DVC-IA Representative
- Principal Office Representative (all colleges)
- Campus – Dean of Students/
- Campus - Students welfare Officer
- College- Registrar
- Campus - 2 wardens
- College- URSU Representative in charge of Social affairs
- College- AERG Representative in charge of Social Affairs
- Campus-Health Centre
- Clinical Psychology Students Association of Rwanda (CPSAR)-Huye Campus
- Mental Health Nursing Students Association (RMHSA)-Remera Campus



5. Venue and Dates

The workshop is scheduled on 4th and 5th of March 2020 at Nobleza Hotel, Kicukiro.

6. Agenda

DAY ONE

Time	Item	Responsible
8 :00 – 8 :30	Arrival and Registration	CMH
8 :30 – 9 :00	Welcome Note	Director CMH
9 :00-9 :30	Opening remarks	Invited Guest
9 :30-10 :00	General overview on Mental Health in Rwanda	Facilitator
10:00-10:30	Coffee Break	Hotel
10:30-12:00	What is the situation on our Campus?	Group Session
12:00 – 1:00	LUNCH	Hotel
1:00 – 2:00	Plenary discussion	Group
2:00-3:00	Risk factors to mental health on campus	Groups
3:00 – 3:30	Coffee	
3:30-4:00	What is the service available and provided on campus in support to students with mental health support needs	Groups

DAY TWO

Time	Item	Responsible
8 :00 – 8 :30	Arrival and Registration	CMH
8 :30 – 9 :00	Review of Day one	CMH
9 :00-9 :30	Suicide Vulnerability	Prof Monique
9 :30-10 :00	Mental health support: reality and challenges	Prof. Vincent Sezibera
10 :30-10 :00	Possible strategies: on-site counselling, online counselling, referral	Dr. Darius Gishoma
10:00-10:30	COFFEE	Hotel
10:30-12:30	Strengthening counselling and guidance on our campus: detection and support	Groups
12:00 – 1:00	Conclusion and Closing	DVC-IA
1:00 – 2:00	LUNCH	Groups
2:00_	Departure	