

Research Article

Perception of Mental Illness in the City of Lubumbashi (The case of the inhabitants of the commune of Kenya, Lubumbashi, DR Congo)

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Abstract: *Aim:* This study explored the perception and representations of the population of the commune of Kenya on mental illnesses in the city of Lubumbashi in order to promote the integration of patients into the community. *Methods:* A descriptive prospective study was conducted from January to April 2018. The commune of Kenya, one of the seven communes in the City of Lubumbashi, served as the framework for data collection. Thus, 150 people, accidentally selected, participated in this study. *Results:* The population's perception of mental illness was negative. Thus various representations of these diseases have been collected. The population made a connection between these diseases and the violation of customary prohibitions (80.7%); witchcraft (57.3%), the use of fetishes (50.7%). Nevertheless, 41.3% of the questioned persons considered them as pathological entities based on scientifically explainable facts and treatable. In addition, 26.7% of people had an image of the mentally ill as very dangerous people to avoid and exclude from the community. Socio-cultural factors (48.7%) and genetic factors (28.7%) were mentioned in the onset of mental disorders. **Conclusion:** Depression, schizophrenia and epilepsy - the most common mental illnesses in Africa - should also be addressed in the context of the fundamental problems that undermine African societies and are the main causes of mental illness. Unemployment, lack of housing, poverty, drug addiction, alcoholism, wars and internal conflicts have a huge impact on the mental health of the populations including those living in Lubumbashi.

Keywords: perception and representations of the population of the commune of Kenya on mental illnesses in the city of Lubumbashi in order to promote the integration of patients into the community.

INTRODUCTION

The notion of mental health still has difficulty today in finding its place on the African continent and particularly in D.R. Congo. Mental illnesses affect not only developed countries but also developing countries, particularly in Africa. In general, 450 million people worldwide are affected by these diseases. Nevertheless, the response of African countries to this scourge is almost non-existent, mainly due to the concentration of resources and resources on other diseases, particularly HIV/AIDS. Similarly, the identification of mental pathologies in Africa remains very limited due, on the one hand, to patients' fear of being excluded from society and, on the other hand, to the increased role played by traditional medicine. At the same time, the willingness of international institutions to promote mental health has been felt since the early 2000s with a glaring lack of concrete results on the ground (Florian, K. 2011).

In most parts of the world, mental health is not considered as such. It is considered as a personal failure. The mentally ill person is therefore segregated from other members of his or her social environment. The mentally ill are mostly considered excluded from their families and community (Jean Paul Dzoche mengoue, 2011).

The catastrophic figures partly explain the predominance of traditional practices in patient care. The weight of traditional beliefs also weighs very heavily. The sick are considered as possessed by the spirit of the ancestors or attacked through witchcraft.

This leads to inadequate responses and contributes to stigmatizing those suffering from mental illness. It is due to those so-called healers and religious leaders who are thus led, by the influence of tradition

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and the lack of adequate infrastructure, to treat and deal with these mental illnesses (afrik.com 2002).

In Ethiopia, about 85% of the madding patients turn to those so-called healers and religious leaders, such as priests, who are thus led, due to the influence of tradition and the lack of adequate infrastructure, to treat mental illness. In Senegal, nearly 90% of them consult these people in the event of mental illness. (Florian, K. 2011).

Current situations (unemployment, precariousness, changes in family structure, etc.), because they distort existing ties between individuals and promote resentment, stress and anxiety, are generally real risks to mental health (Becu. s). This reading can be objectified in the WHO European region as well as in our national territory.

Mental health remains a public health issue in developing countries and, like other infectious diseases, mental illnesses do not benefit from global programs. Health matters often come last on the list of priorities of policy makers (Gureje, & alem. 2000).

Worldwide, 9 out of 10 mental patients are untreated (WHO. 2008). Mental disorders represent five of the ten leading causes of morbidity in the world, and he estimates that by 2020, 15% of the world's population was suffering from them. Its scale, frequency and other factors make it a public health problem that could be a development problem if appropriate measures are not implemented (WHO. 2009).

In DRC (Democratic Republic of Congo), according to data from the National Mental Health Programme (PNSM. 2008), at least 15 million Congolese had mental disorders, with the population of the DRC estimated at 60 million. Here it is rare for mental patients to come to psychotherapists or psychiatrists for first-line treatment. They generally begin with the informal bodies of traditional healers and prayer groups, because they attribute mental pathology to supernatural causes (PNSM. 2008).

The number of people suffering from mental illness in the Democratic Republic of Congo is only increasing for various reasons. This trend has been particularly pronounced in Kinshasa, Bukavu, Goma, Lubumbashi, etc. In Kinshasa, the DRC's capital, 30% of the population is affected by mental illnesses, according to the head doctor of the Centre Neuro-Psycho Pathologique de Kinshasa. These diseases are generally caused by the nature of relationships within Congolese families, the lack of a policy for the care of the mentally ill and the lack of adequate equipment and infrastructure (Kazadi Kayembe. 2015).

In the provinces of Sud- Kivu and Nord- Kivu, the *Psychiatric and Mental Health Centres* were overwhelmed by the number of patients. In the north, the number of people suffering from mental illness has increased by 5%, from 7 to 12% throughout the province. The various events experienced by the populations of this province have justified this growth; these include wars and insecurity (Kwakya. 2015).

METHODOLOGY

The prospective descriptive survey was conducted in the commune of Kenya, one of the seven communes in the City of Lubumbashi that served as a framework for data collection. The collection covered 4 months from January to April 2018. The documentary technique and the face-to-face questionnaire with the population were the instruments that facilitated data collection. Thus 150 people freely agreed to participate in our study.

After obtaining the consent of the surveyed population, ethical considerations of confidentiality, anonymity, justice and free consent were respected.

RESULTS

Table.1 Distribution of respondents by age

Age groups (in years)	Numbers	%
20-30	27	18
31-40	38	25,3
41-50	33	22
51-60	20	13,3
61-70	18	12
≥ 70	14	9,4
Total	150	100

The average age was 39 ± 1 years; with extremes from 17 to 72 years. The modal age rangwas 31 to 40 years with 25.3% of respondents; followed by 41 to 50 years with 22% of respondents.

Table.2 Distribution of respondents by school enrolment

Schooling	Numbers	%
Schooled	123	82
Not in school	27	18
Total	150	100

This table shows that the majority of respondents, 82%, were in school; while 18% were not in school.

Table.3 Distribution of respondents by gender

Gender	Neither	%
Male	100	66,7
Female	50	33,3
Total	150	100

Of the respondents' sex, the study population is 66.7% of men and 33.3% of women.

Table.4 Distribution of respondents by representation of mental illness

Representation	N=150	%
Disruption of brain function	20	13.3
Devilish possession and disrespect for customary traditions	121	80.7
Witchcraft and Wizard	86	57.3
Usages des fetishes	76	50.7

This table revealed that 80.7% of the mentally ill are possessed by demons because they have not respected customary traditions; 57.3% of the respondents said these diseases are due to witchcraft and 50.7% to fetish practices.

Table.5 Distribution of respondents by attitude of the population towards mentally ill people

Attitude	Neither	%
Anxiety	60	40
Distrust	75	50
Indifference	15	10
Total	150	100

Half of the population surveyed, i.e. 50%, had an attitude of distrust towards the mentally ill; while 40% of the respondents were anxious and finally 10% of the respondents showed indifference.

Table.6 Distribution of respondents by incriminating factors of mental illness

Facteurs	Neither	%
Genetics	43	28.7
Organic	12	8
Psychological	22	14.6
Sociocultural-spiritual	73	48.7
Total	150	100

Among the factors triggering mental disorders, we recorded socio-cultural and spiritual factors (48.7%), genetic factors (28.7%), psychological factors (14.6%) and organic factors (8%).

Table.7 Distribution of respondents according to their perception of the mental patient

Image of the mental patient	Neither	%
Very dangerous person	40	26
A person to lock up or chain up	18	.7
Sick persons like any other persons, so he can be treated	62	41
Person to be eliminated in the city	30	.3
		20
Total	150	100

From the mentally ill, the respondents represented themselves as patients like all the others and therefore to be cared for (41.3%), very dangerous people (26.7%), people to be eliminated from society (20%) and people to be isolated (12%).

DISCUSSION OF THE RESULTS

Mental disorders are a major public health problem at the national level and the demand for care is increasing. The family was perceived by all professionals as a key factor in the care of the patient. However, its role has been limited to therapeutic control of the patient (ensuring compliance with treatment, detecting relapses, purchasing drugs). In our environment, any case of exaggerated agitation is considered "crazy" or mentally ill. The mentally ill person is a madman integrated into a medical dimension.

From the profile of the respondents, we observed in our study that 25.3% of the respondents, mainly men (66.7%) were between 31-40 years old and 82% were in school.

With regard to the population's perception of mental illness, we have observed in our work that 80.7% of the mentally ill are possessed by demons because they have not respected the customary traditions; 57.3% of the respondents said these diseases are due to witchcraft and 50.7% to fetish uses. This perception means that in DR Congo, mental patients are not referred to psychiatrists as first-line psychiatrists. They usually start with the informal bodies of traditional practitioners and prayer groups. This mental pathology is attributed to supernatural causes (PNSM. 2008).

The weight of traditional beliefs has been very significant. Patients are considered as being possessed by the spirit of the ancestors or attacked through witchcraft. This leads to inadequate responses and contributes to stigmatizing those suffering from mental illness. It is the so-called healers and religious leaders, such as priests, who are thus led, by the influence of tradition and the lack of adequate infrastructure, to treat mental illness. The same case was observed in Ethiopia, where about 85% and 90% of patients in Senegal turned to them (Florin, K. 2011).

Generally speaking, In Africa, and in particular, in the democratic republic, a mental problem is equated with witchcraft instead of considering it as a pathological entity. The integration of people with mental disorders into the community requires the destigmatization of mental pathologies and the fight against the resulting social discrimination.

(WHO. 2005) A good understanding of the mechanisms for constructing representations and the factors that can change them would be useful in developing strategies to combat stigma and discrimination.

For Pierre (OMS. 2008), out of 36,000 people interviewed in the general population mental health survey, more than 75% associated the terms crazy and mentally ill with violent and dangerous behavior.

With regard to the attitude displayed by the population, our survey revealed an attitude of mistrust towards the mentally ill (50%), an attitude of anxiety (40%) and indifference (10%).

Among the factors triggering mental illnesses, the surveyed population cited social factors (48.7%) and genetic factors (28.7%). For WHO (PNSM. 2008), unemployment, precariousness, changes in family structure,... are considered triggering factors because they distort existing links between individuals and promote resentment, stress, and anxiety, which are generally real risks to mental health. In DR Congo, the factors identified in the eastern provinces of the country are war and insecurity (Kwakya. 2015).

As for the image of the mentally ill population, we found that 41.3% of respondents had an image of patients like all other patients who could be cared for; while 26.7% of respondents associated these patients with very dangerous people who should be isolated. As far as the perception is negative, the mental patient is therefore the victim of segregation and stigmatization by members of his social environment. For Bercus & al [5], the majority of mental patients are considered excluded from their families and society, and there are few, if any, differences between the different groups.

CONCLUSION

Mental illness and its onset are still struggling to find their place on the African continent. These diseases are always assimilated to supernatural forces (witchcraft). Yet mental illnesses affect not only developed countries but also developing countries.

The population's perception of mental illness has been negative. Thus various representations of these diseases have been collected. The population made a connection between these diseases and the violation of customary prohibitions (80.7%); witchcraft (57.3%), the use of fetishes (50.7%). Nevertheless, 41.3% of respondents considered them as pathological entities based on scientifically explainable facts and treatable. In addition, 26.7% of people had an image of the mentally ill as very dangerous people to avoid and exclude from society. Socio-cultural factors (48.7%) and genetic factors (28.7%) were mentioned in the onset of mental disorders.

Awareness is becoming a necessity. It must cover the concept of mental illness, its onset and management.

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