The 1994 Genocide against Tutsi in Rwanda resulted in a massive death toll that reached over a million people. In a period of three months, millions lost their lives; others were displaced or fled the country including psychiatrists and doctors.

Mental health infrastructures were destroyed, many people experienced high levels of mental disorders; and were left struggling with post-traumatic stress disorder (PTSD), trauma and depression.

Till today, Rwanda has only two mental health hospitals, almost zero child psychiatrists, and only 0.06 psychiatrists per 100,000 people

The recent Rwanda Mental Health Survey (RMHS) indicates that roughly 29 percent of Rwandan citizens struggle with PTSD, and one in six people suffer from depression.

Today, people continue to cope with their enduring anguish – not only among those who live through it but also by a second generation.

Evariste Buregeya, a resident of Bugesera District in Eastern Rwanda suffered from trauma he experienced after the war in 1994.

From a family of nine, the 49 year-old, his young brother and sister survived the atrocities of the Genocide against Tutsi.

This was the catalyst for a life of misery and despair, plunging him into a deep state of trauma and depression.

Buregeya, like others who lost all interest in studying or working, had no hope for the future. At almost the age of 50, he remained unmarried, haunted by the fear that the war could happen once again, and his new family would be massacred.

During the pandemic, mental disorder figures were said to have gone higher, according to health experts. At Caraes Ndera, Neuropsychiatric Teaching Hospital — which prior to the pandemic saw over 76 outpatients a day, had approximately 110 inpatients — many diagnosed with schizophrenia.

Mental health concerns are a major obstacle to mental, social, and economic resilience.

Marie-Jeanne (not real name) is a 32-year old unemployed mother in Muhazi sector,

Rwamagana district. While she is without a job, her husband Jean-Claude is able to provide some form of income, though a stable salary is often jeopardized by struggles with his mental health.

“There at times when the husband fails to work because of falling sick,” Wife explains adding “Since I am also not working, as a result, we fail to provide for the children”

Jean Claude (single name is preferred) has a mental disorder, when his symptoms occur, the wife says that he often disappears for days, only to be found by community members and admitted to the Ndera national referral hospital for mental illness — for a month.

Dr. Bizoza Rutakayire, a psychiatrist and a senior consultant at Caraes Ndera says that psychotrauma is connected with certain challenges.

“During the commemoration period every year, a large number of people experience PTSD symptoms, generalized anxiety disorders and with panic attacks,” He notes.

In response to these harsh realities; people like Buregeya have turned to the community-based healing spaces to find solace and strengthen their mental resilience.

The program was introduced in Rwanda by Interpeace, a Non-governmental organization in close collaboration with Rwanda Biomedical Center (RBC).

The aim was to help victims to create a culture of understanding and acceptance, allowing members to share their stories and find solace in the collective healing experience.

Frank Kayitare, the Interpeace country representative in Rwanda says that they initiated the program with the aim of contributing to existing programs that prompted reconciliation, social cohesion among Rwandans.

“The program engages survivors of the genocide, perpetrators, and their relatives in community healing dialogues that lead to truth-telling strengthened reconciliation, and thereby contribute to social cohesion.” He adds.

Like others, Buregeya joined Resilience-oriented therapy.

Facilitated by well-trained psychologists, the healing therapy is a multi-phase group-based treatment, which takes place in a conducive environment, allowing participants to share their traumatic experiences, stories and daily challenges.

Participants with the same psychological needs gather in group sessions of around 10, and spend together over 2-3 hours in the sessions.

For one to join the community dialogue, they must undergo a rigorous screening process. Individual based sessions also are conducted by psychologists.

After a three months period, secondary outcomes are measured including; personal well-being, PTSD symptoms, depression symptoms, and attributes.

Buregeya was able to find hope and a renewed sense of purpose. Today the therapy positively changed his life.

“I no longer feel depressed; my suicidal thoughts have gone,” He points out, adding that “. My plan is to get married soon and start a family.” He adds.

Shema Kanumugire, 47, a resident of Rukara Sector, has been able to heal and reconcile with Uwamungu who killed his father during the Genocide against the Tutsi.

After joining the community healing spaces, Kanumugrie, a survivor, forgave Uwamungu who served a sentence for atrocities he committed.

Today, over 54,00 people in Rwanda have graduated healing dialogues with 2,366 men and 3,040 women.

Dr. Yvone Kayiteshonga, Rwanda Biomedical Centre’s (RBC) Mental Health Division Manager, appreciates the impact of healing spaces. She articulates that people who have attended the program have improved and regained trust in communities.

The program also supports the government efforts to build a decentralized national mental health system.

In order to decentralize and raise awareness about mental health services in Bugesera District, Interpeace donated a mobile mental health clinic to district

residents.

Dr. William Rutagengwa, Director General of Nyamata Hospital says that Healing Spaces have strengthened their capacity by training health centers and hospital staff. “They provide us with data collection tools, motorcycles and vehicles to reach out to remote areas.”

According to RBC, only 5 percent of people with mental health disorders seek medical treatment.

Others turn to traditional healers and religious leaders, due to limited financial means, and access to the services, while others say they’re unaware of the urgency of the services.