



**NARRATIVE REPORT OF THE TRAINING WORKSHOP ON MENTAL  
HEALTH AND SUICIDE**

*Goma, 25 August 2018*

**Executive Direction**

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## 0. INTRODUCTION

### 0.1. Background

The province of North Kivu is ranked among the provinces with the highest number of people who die by suicide in the Democratic Republic of Congo. The causes of suicide are multiple and depend on one environment to another and from one person to another. But suicide is above all an expression of psychic malaise. According to INSERM, a mental disorder is associated with 90% of suicides. Suicidal risk is much higher in people with depressive, anxiety, schizophrenic and addictive disorders than in the general population.

The suicide attempt usually takes place in a context of vulnerability, linked to environmental factors (trauma, mourning, ruptures). History of suicidal behavior is indicative of increased risk. The multi-faceted crises in the Democratic Republic of Congo, particularly in the east of the country, mean that the population is in a state of greatest vulnerability, which causes the higher rate of suicide. After investigation, we found that the people most affected by suicide are young people especially girls, married women and the military specifically for the case of eastern Democratic Republic of Congo and this is due in particular to the different conflicts that this part of the country knows.



Josselin Bandu Mikindo, President of Blessed Aid with Dorcas Kabuo Kahasa, the trainer. 25 Aug 2018

Thus, in the perspective of the implementation of a Blessed Aid program "Stop Suicide in DRC and in the Great Lakes Region" we have just organized a training workshop on August 25, 2018 for Blessed Aid staff, but also some selected people in the different neighborhoods of the city of Goma to give them basic notions about mental health and suicide prevention. In implementing this program, we intend to carry out various activities such as sensitization in schools in the city of Goma, organization of conferences-debates with young people, psychosocial support for people in depressed state and families affected directly or indirectly with the mental health problem and suicide, etc.

These different activities that we intend to achieve are of paramount importance because they will allow the population to be informed about mental health and suicide and how we can link all our efforts to prevent suicide in our families respectively.

## 0.2. Methodology

The method used in all the processes of conducting this training was activated as it enabled the mobilization of all stakeholders around the activity from beginning to end. The first step was to identify the participants who met the eligibility profile, particularly those who were able to transmit the material acquired to others and to explain to them the validity of this training workshop. The second was the actual organization of the training. This method was coupled with the so-called brainstorming method which consisted in giving the participants time to give their point of view on a point considered sensitive.

## 0.3. Agenda

The agenda of this capacity building training workshop on mental health and suicide included three major activities:

- The selection of participants from different quarters of Goma having fulfilled the eligibility criteria;
- The actual organization of the training with the staff of Blessed Aid and the other people who have been selected for this purpose;
- The filling of the evaluation form of the training by the participants.

## Chapter one: PRESENTATION OF THE ACTIVITIES OF THE TRAINING

### 1.1. Training control

In the organizational setting, the activities in question here were organized by the small financial means of Blessed Aid. Four people from Blessed Aid served for facilitation and allowed the pedagogical conduct of the process from beginning to end. Apart from these facilitators of Blessed Aid, we also noted the presence of the Coordinator of the Program of Student Support (PAE) of the Free University of the Great Lakes Countries and a student in the faculty of Clinical Psychology of the same university institution. . Physical equipment was also mobilized for the successful implementation of the capacity building training on mental health and suicide. These include a flip chart, a digital camera, a TV set and other important tools for training.



Photo of the participants in the training workshop on mental health and suicide. 25 Aug 2018

## 1.2. Objectives pursued by the training

The capacity building training on mental health and suicide for Blessed Aid staff members and other selected individuals in different areas of Goma had the following objectives:

### 1.2.1. Overall objective:

- Strengthen the capacity of Blessed Aid staff members and other selected people in different areas of the city of Goma in the area of mental health and suicide so that they are able to implement the activities of the Program " Stop Suicide in DRC and the Great Lakes Region " set up by Blessed Aid.

### 1.2.2. Specific objectives:

1. Organize training on mental health and suicide for Blessed Aid members and other selected people in different areas of Goma City;

2. Increase the number of people with basic knowledge of mental health and suicide in the Democratic Republic of Congo;

3. Increase the knowledge of local actors on mental health and suicide prevention.

## 1.2. Participants / Stakeholder Profiles

Several people took part in the capacity building training on mental health and suicide. The 28 participants, 7 of whom are from Blessed Aid and 21 from different parts of the city of Goma, are from different sexes and come from different addresses and whose configuration is as shown in the table below:

Table n°1. Names, gender and neighborhoods of participants.

N°	Names	Sex	Neighborhoods
01	Zawadi Lubuto	F	Katoy
02	Bindu Bushashire	F	Katindo 2
03	Bikineyo Simweray Norbert	M	Ndosho
04	Dieu-Merci Lukwangi	M	Notre Dame
05	Balingene Kiana	M	Katoy
06	Alphonsine Kahindo	F	Turunga
07	Chantale Bahiga Bifeza	F	Virunga
08	Kamara Ngengu Josephine	F	Kasika
09	Balume Ngendo Robert	M	Kasika
10	Idriss TumsifuMungu	M	Mosquée/Sake
11	Ndoole Kibandja Daniela	F	Blessed Aid
12	Agnes Kahasa	F	Kasika
13	Esther Céline Fatuma	F	Katoy
14	Mufariji Malira	M	Katindo 2
15	Bindu Mongonga Junior	M	Blessed Aid
16	Katsuva Dimanche Guilain	M	Kasika
17	Mutia Masudi Johnson	M	Ndosho
18	Shukuru Bulenda John	M	Blessed Aid
19	Miria Mongolare	M	Mabanga

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20	Clarice Muhambikwa	F	Mabanga Sud
21	Destin Kasalemba Kandundao	M	Blessed Aid
22	Viviane Mwadjuma	F	Katindo 2
23	Amini Byuma	M	Katoy
24	Devie Balume	M	Kasika
25	Dorcas Zawadi Busanga	F	Blessed Aid
26	Matubeshe Ngabo Frédéric	M	Blessed Aid
27	Dorcs Kabuo Kahasa	F	Himbi 2
28	Josselin Bandu Mikindo	M	Blessed Aid

### 1.3. Pedagogical process

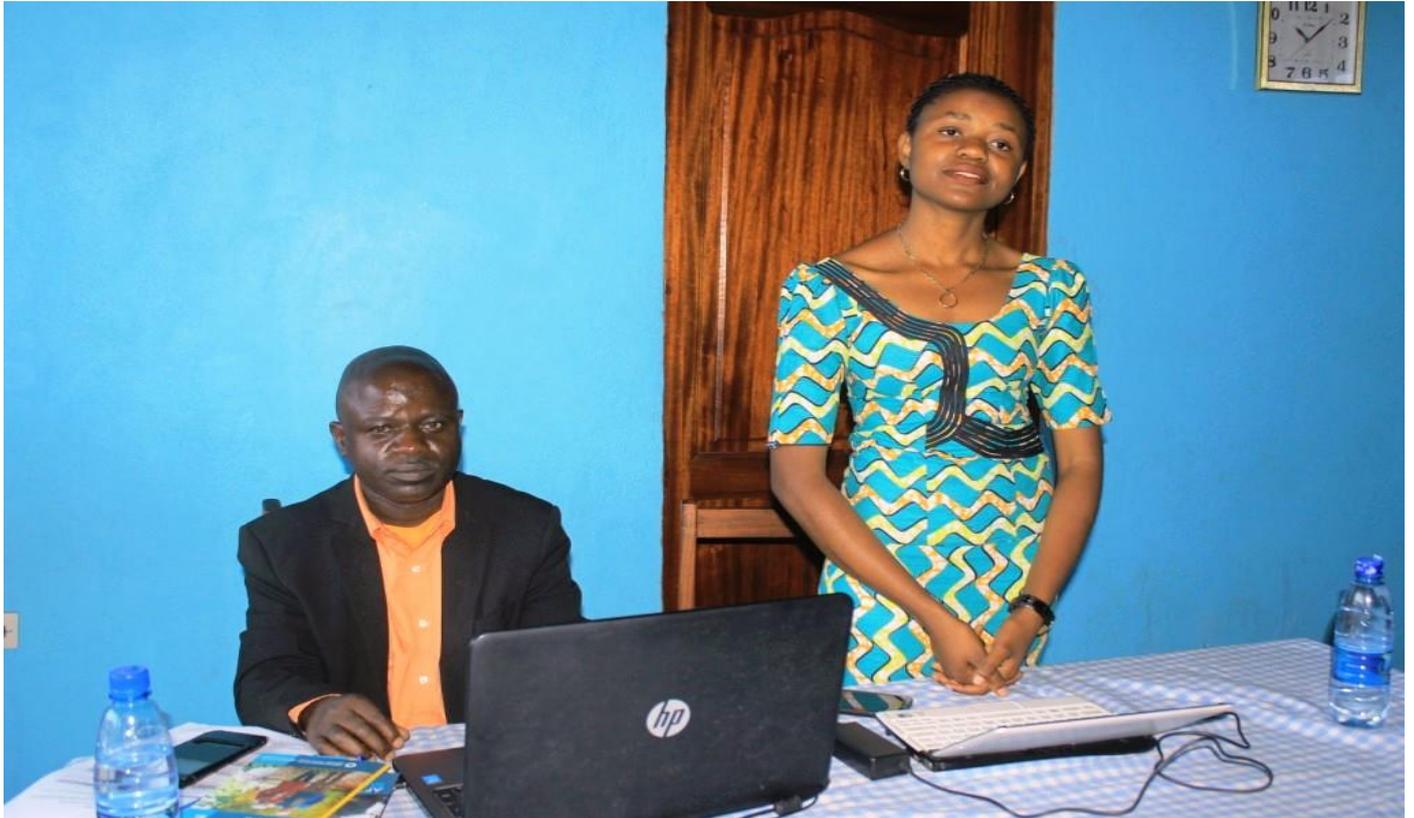
The normal course of capacity building training on mental health and suicide prevention was led by a teaching team consisting of members of Blessed Aid in collaboration with the Free University of the Great Lakes Countries (ULPGL) North Kivu.

Table n°2. Training pedagogical team

N°	Names	Function	Organization	Role
01	Josselin Bandu Mikindo	Coordinator	Blessed Aid	Moderator
02	Dorcas Kabuo Kahasa	Trainer	PAE/ULPGL	Trainer
03	Dorcas Zawadi Busanga	Deputy Coordinator	Blessed Aid	Facilitator
04	Frédéric Matubehe Ngabo	Secretary	Blessed Aid	Facilitator
05	Daniela Ndoole Kibandja	Financial manager	Blessed Aid	Facilitator

This team played a very important role in the methodological and organizational conduct of the activities planned for this training. These include:

- The selection of participants from different parts of the city of Goma;
- The actual organization of the training with members of Blessed Aid and people from different parts of the city of Goma;
- The deployment of the materials and the filling of the evaluation form of the training by the participants.



#### 1.4. Results of the training

At the end of these 5 hours of capacity building training on mental health and suicide, the participants were able to:

- To give an idea of the link between mental health and suicide;
- To give the definition of mental health, its typology and enumerate its constituent elements;
- To have basic knowledge of mental health and suicide prevention; the factors favoring suicide and the type of people with suicidal risk.
- To know how to prevent suicide in our communities.

##### 1.4.1. In terms of products

These 5 hours of training allowed Blessed Aid to train people capable of preventing suicide in North Kivu, which is one of the provinces with the highest rate of suicide deaths in the Democratic Republic of Congo. The 28 participants including 7 from Blessed Aid and 21 from different quarters

in Goma City were also strengthened in raising awareness of mental health and suicide among communities, and measures to prevent and combat this scourge.

#### 1.4.2. In terms of effect

During these 5 hours of training, there was a great mobilization of all the stakeholders involved in the process of fighting against suicide. This manifested itself through the questions and answers of the participants but also from the interest that each and every one of us had in this activity.



Photo of the participants during the workshop training on mental health and suicide. 25 August 2018

#### 1.4.3. In terms of impacts

We also noted the involvement of other people who were not invited to these 5 hours of capacity building training on mental health and suicide. They expressed the hope that Blessed Aid and the **American Foundation for Suicide Prevention** would be able to extend this training throughout the country and throughout the Great Lakes Region to see a large number of people strengthened in mental health and the suicide prevention. Because of being interested in the matter of mental health and suicide prevention, the participants of this training workshop have also suggested that Blessed Aid seek funding from various suicide prevention advocacy partners, such as the **American**

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Foundation for Suicide Prevention (AFSP) in order to organize other workshops, seminars, forums, conferences, etc... where participants will be deeply trained and ask as many questions as can.

#### 1.4.4. Talking about American Foundation for Suicide Prevention (AFSP)

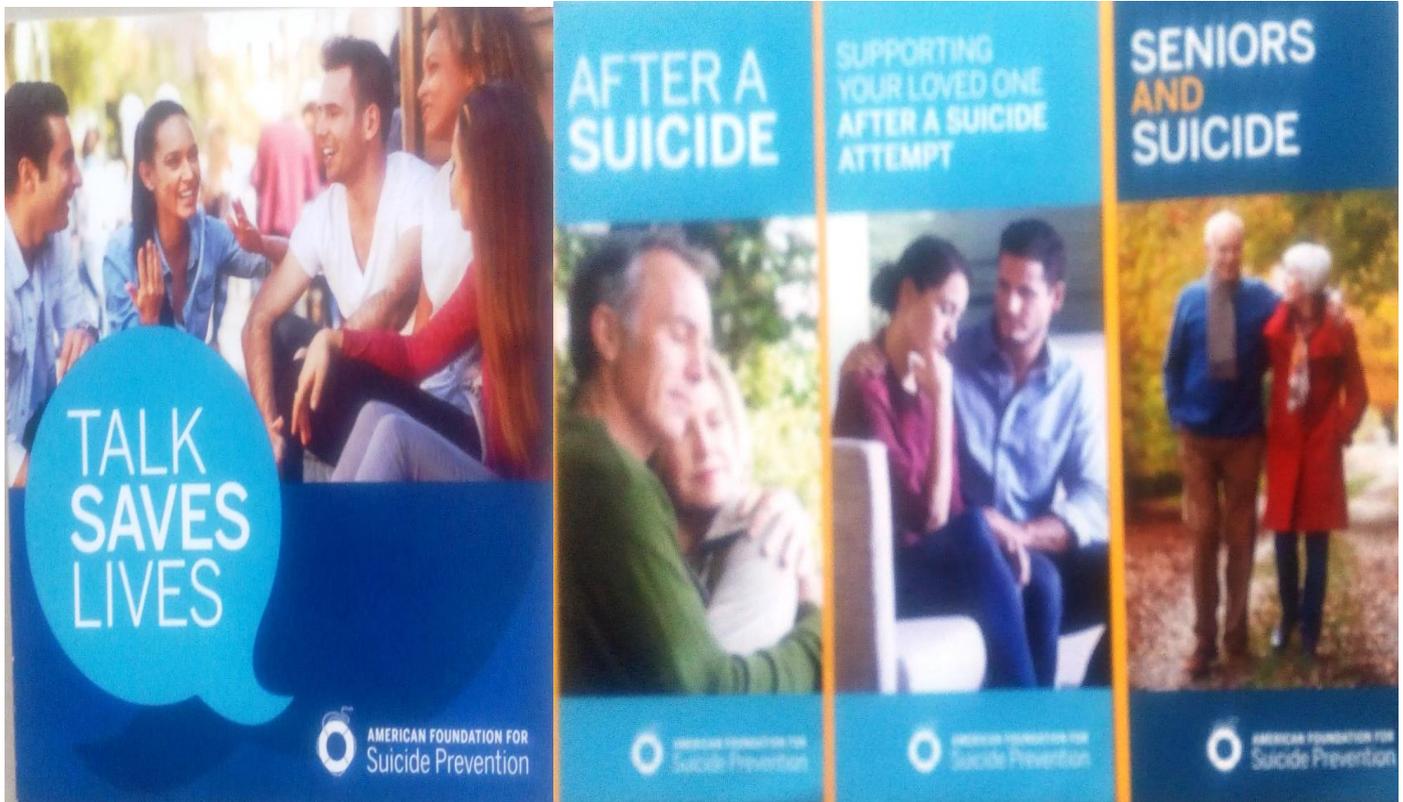
During this session of training workshop, the President of Blessed Aid has taken the opportunity to talk to the participants about the American Foundation for Suicide Prevention (AFSP). He specifically explained the work this organization has been doing in the United States of American to prevent suicide.



Photo of Josselin Bandu Mikindo, President of Blessed Aid while talking about AFSP. 25 Aug 2018

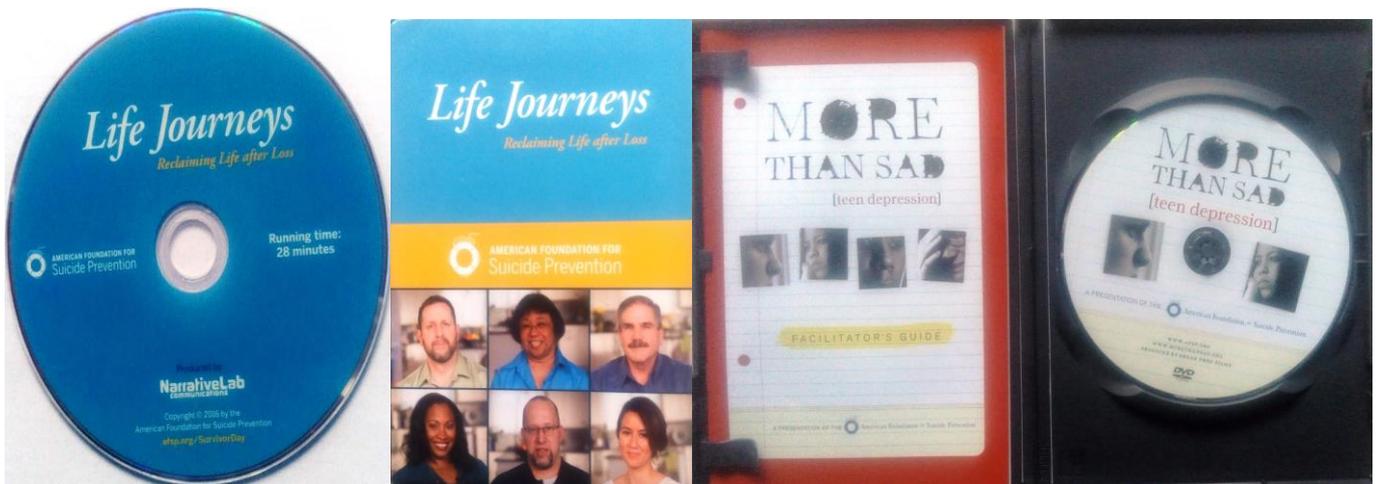
He explained the the mission of AFSP which is to Save lives and bring hope to those affected by suicide; its positioning statement, the calls to action, the 10 top suicide prevention messages and the 10 key-messages AFSP has been using to fight against suicide. It was also the good moment to

speak about the different programs AFSP has been implementing in the United States of American for the mental health and suicide prevention such as Talk Saves Lives.



One of the programs of AFSP tending to save lives of people affected by suicide. 25 Aug 2018

Blessed Aid in its Program “Stop Suicide in DRC and in the Great Lakes Region” wants to adapt all AFSP’s programs to fight suicide here in Democratic Republic of Congo and in the Great Lakes Region.



CDs Rom and leaflets sent to Blessed Aid by AFSP/USA. 2018

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## Chapter Two: CONSTRAINTS ENCOUNTERED AND SUGGESTIONS

### 2.1. Encountered difficulties

The difficulties were of several kinds including:

#### 1.1. Financial difficulties:

Indeed, since this activity was entirely financed by the meager financial means of Blessed Aid, we did not organize this training workshop in all the required standards.

For example:

- The room was not appropriate, projector, projector screen, flip shat screen, sound and transport and food accommodation of participants, etc.

#### 1.1. Training materials:

For good assimilation of the program, we should have materials speaking about mental health and suicide. Unfortunately these materials such as books were not were not available.

### 2.2. Lessons learned

At the end of these 5 hours of the first phase of capacity building training on mental health and suicide in Goma, some lessons were learned that also serve as an experience for a future activity.

We describe some of them as follows:

- We found that some quarters in Goma city were not represented in this activity;
- The women present at this meeting were not more active in asking questions while they are the first victims of suicide;
- The time provided for this activity was so short that it did not allow for a thorough entry into the subject matter for mental health and suicide.

### 2.3. Suggestions

- To continue with the training to build the capacity of a large number of people on mental health and suicide;
- To increase community sensitization sessions under different themes to combat suicide;

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- Strengthen lobbying on fundraising for psychosocial and medical care and support for people affected by mental health and suicide;
- To see how to knock on different doors of organizations, individuals, etc who can help support the implementation of the Program "Stop Suicide in DRC and the Great Lakes Region" set up by Blessed Aid.

## CONCLUSION

The purpose of this report was to provide a summary of the activities of the first phase of capacity-building training for Blessed Aid members and some selected people in different quarters from Goma city on mental health and suicide. We should note that several provinces including the city of Kinshasa are more affected by the problem of mental health and suicide in the Democratic Republic of Congo and the other countries of the Great Lakes Region.

This first phase of training was intended as an overall goal to strengthen the capacity of Blessed Aid staff members and other selected people in different areas of the Goma city in terms of mental health and suicide so that they are able to implement the activities of the Program "Stop Suicide in DRC and in the Great Lakes Region" program set up by the Non-Governmental Organization Blessed Aid.

This first phase had as hot spots:

- The selection of participants from different quarters of Goma city having completed the participation selection profile at this training workshop;
- The current organization of the training with members of Blessed Aid and other people from different parts of Goma city;
- The filling of the evaluation form of the training by the participants;

Thus, the methodological conduct of this first phase allowed us to reach the following results:

- The 28 participants including 7 from Blessed Aid and 21 from different quarters in Goma city have been strengthened in raising community awareness of mental health and suicide;

- The 28 participants were able to define mental health and suicide; to know how to give the typology of mental health; to give the factors that influence suicide and where the causes of this plague come from.

Some difficulties have encumbered the smooth running of these activities and some suggestions have been raised as a solution.

To do this, we would like to thank the **American Foundation for Suicide Prevention (AFSP/USA)** for the contest it has shown by sending us CDs, leaflets and other suicide prevention resources that we have been offered allowed the effective realization of this training workshop and the results we achieved. It will be ungrateful for us if we end this report without thanking all the people who, from near and far, have contributed in kind, in cash or in industry support for the success of this activity of community interest.

Issued in Goma, on 5 September 2018

**Josselin Bandu Mikindo,**  
Président, Blessed Aid

