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The History of Mental Health in Senegal: Healthcare and Educational infrastructures

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RESUMEN

Los autores revisan en este artículo las diferentes etapas del establecimiento de la atención de salud mental en Senegal. Se hacen cargo de la instalación de estructuras asistenciales y de los distintos cursos de formación que se desarrollan en el ámbito mental. También manifiestan la necesidad de elevar la importancia de la salud mental entre las necesidades de Senegal

The History of Mental Health in Senegal: Healthcare and Educational infrastructures

ABSTRACT

In this article, the authors review the different stages of the establishment of mental health in Senegal. They take over the installation of care structures and the various training courses that take place in the mental field. This process began with colonization and continued after independence. The article also insists on a plea for more importance to be given to mental health in Senegal.

Key words
History,
mental health,
Senegal

Interest in psychiatry and mental health issues arose relatively late compared to other medical specialties in Africa in general and Senegal in particular. However, the problem, in the form of the care of the insane, was raised very early in the colonies that constituted most of the African countries. Indeed, the first psychiatric observations found in archives date back to the 19th century and were carried out by French military doctors. The latter mainly emphasized the absence of structures adapted to the mentally ill and the difficulties of their evacuation in the metropolis. In Senegal, endogenous antecolonial knowledge and practices relating to the treatment of mental illnesses still survive, which suggests that they were the means of recourse to mental health problems.

The provision of mental health care based on psychiatry began with colonization. It gradually spread after independence and is provided today by care structures unevenly distributed across the country. In fact, eight of the fourteen regions in Senegal have structures that carry

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out mental health activities. These mental health structures, despite their significant attendance by the populations, have not yet been classified as priorities by decision-makers.

Along with mental health care, teaching and research in the field of psychiatry and medical psychology have gradually been established in Senegal. The teaching of psychology started in the Faculty of Letters and Human Sciences at the University of Dakar, was interrupted in 1968 during the 68s strikes, the department being considered by politicians as a hotbed of tension.

In this article, we present a history of care and education concerning mental health in Senegal, a brief inventory and prospects for improvement.

Mental Health Care

Pre-colonial Period

Although we do not have many descriptive writings of the care in this period, the reminiscences which emerged from it later enabled Henry Collomb's team of psychiatrists and social scientists to set about identifying the traditional representations of misfortune and bad luck in Wolof country, lebou (Diop, 1966) as well as the traditional healing procedures in these societies and the main indigenous etiological categories. Zempléni's thesis *The Interpretation and Traditional Therapy of Mental Disorder Among the Wolof and Lebou* (Zempleni, 1968), was able to show that mental disorder was always linked to an attack from outside and could be:

The spirit of the ancestors against whom the patient has faulted or attacks by the Rab

- Attack by a cannibalistic sorcerer or Dem who dispossesses the patient of his vital energy
- Attack by a Jinn
- The spell cast through a Marabout

Therapeutic rituals such as the Ndoëp or the samp reconciliation ceremonies within the current family but also with previous lineages resulted from this. These increasingly rare practices continue to coexist to a lesser extent with the practice of modern psychiatry. Films made by the *Psychopathology and Mental Hygiene Society of Dakar* still provide insight into these practices. The Ndoëp ceremony makes it possible to make an alliance and to fix the rab, the double of the human being conceived at the same time as him by his parents-rab who, they too were fathered each on their own by their parents-rab respective.

According to this principle, each human being has his double who, like a shadow, lives with him at all times. He accompanies him, but in a relationship of exchange, he also has his requirements. If the latter are not satisfied, the rab generates disorder within the individual, most often expressed by the disorganization of relations with others. In these cases, the reconciliation between the individual and his rab will be done through dances, sacrifices and libations which may be more or less important, depending on the financial means available to the person.

Colonial Period

From 1853, the mentally ill are listed in the colonial archives of Senegal. A search for solutions was noted from 1896. The French law of 1838 on Assistance to the Insane was not in force in French West Africa (AOF). The internment of the mentally ill was based on the ordinance of September 7, 1840[1] defining the powers of the Government in matters of general police and public administration. The insane were hospitalized in cabins or cells of the civil and military hospitals of Saint Louis, the hospital of Gorée and the colonial hospital of Dakar from 1853 to 1897 in conditions of insalubrity, physical restraint and with the prisoners (National Archives of Senegal, 1910):

- The colonial hospital of Dakar: The fourth pavilion was assigned to the mentally ill with 5 rooms, including 3 specially equipped to receive them. One of the rooms served as a shed for the agitated
- Gorée hospital: a cell was fitted out and divided into three sections containing a plank bed and a straw mattress. When there were not psychiatric patients in the hospital, it was used as a place of isolation for senile patients or people suffering from easily transmissible skin diseases.
- The Saint-Louis military hospital: with three huts. The huts used by the insane were also used by prisoners.
- The civil hospital of Saint-Louis: it is the largest hospital in the colony of Senegal, where all the indigenous mental patients were gathered before their transfer to the Saint-Pierre asylum in Marseille, the other centers only constituted transit centers. The cabins were better equipped and more numerous, with 5 small huts, only one of which contained a bed, the others had a mat and sometimes nothing at all.

Between 1897 and 1918 in the hospital structures of the colony, the conditions of the mentally ill did not improve, with a small and marginal space, their neighborhood was that of inmates and contagious patients. All of these conditions were obviously not suitable for the best care, and caused additional illnesses in them. This led the general council to conclude a treaty on May 31, 1897. Senegal concluded a nine-year contract with the Saint-Pierre asylum in Marseille and this agreement was renewed on July 31, 1905. From 1897 to 1913, 144 Senegalese (103 men / 41 women) were deported far from their African homes and sent to Marseille (Rouet, 2018).

In the thesis of Paul Borreil, cited by Collignon (1999), it is noted that out of the 128 patients admitted to the asylum in Marseille from 1897 to 1911, 94 (74%) died, of which 64 (55%) of tuberculosis. During these 14 years only 13 patients left the asylum, 8 healed and 5 improved. From January 1 to June 30, 1918, 16 "lunatics" (10 men / 6 women) were transferred from Dakar prison to Marseille. One drowned during the journey. This deportation aroused more and more criticism.

On January 26, 1918, the Minister for the Colonies ordered the transfer to Marseille to cease, but this was not followed by the improvement of the existing infrastructure in the colonies. When the end of the transfer was formalized, a policy of maintaining the insanes

[1] Royal ordinance concerning the Government of Senegal and Dependencies (IX Bull.DCCL XXV, n ° 8984) which aimed to cover all the administrative aspects and the powers of the agents of the colony)

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in the circles of care of their village of origin was recommended to the heads of these villages. Some patients were interned in Gorée, in Saint Louis and at the Dakar hospital, but most of the patients roamed their villages. In 1917, the infirmary for the mentally ill in Thiaroye was established. Since 1939 Senegal had an ambulatory attached to the Principal Hospital, isolation wards in the Central African Hospital and a few rooms at the Saint Louis Hospital.

Post-colonial Period: The Service of Psychiatry of the Fann Hospital

On October 17, 1956, a first group of patients left the Cap Manuel Ambulatory in Dakar to settle in the new premises at the Fann's clinic. The new service welcomed neurological and psychiatric patients and Fann's neuropsychiatry department took over from the wards and isolation cells of the crowded hospitals. Placed under the direction of Jean Rainaut who directed all the construction work, Fann's Neuropsychiatry Department was subsequently entrusted to Professor Henri Collomb from January 1959.

Professor Henri Collomb headed this service for twenty years (1959-1978). He had many Senegalese and foreign collaborators (Doctors, nurses, psychologists, anthropologists), including Doctor Moussa Diop, the first Senegalese psychiatrist (the current Psychiatric Hospitalization Clinic bears his name); He is the author of Fann's first publications in the *Bulletin de la Faculté mixte de Médecine et de Pharmacie de Dakar*.

From 1962, research activities in clinical psychology and ethnopsychiatry developed at Fann's neuropsychiatry service. A multidisciplinary team made up of specialists in human and social sciences was assembled around Collomb. Surveys were carried out that have helped to understand the social environment of the Senegalese subjects that Fann's team has to deal with. The journal *Psychopathologie Africaine* published some of this works as well as articles from other countries that were interested in the mental health of Africans in general (Collignon, 1978).

From 1968, there was an adjustment within the service based on the African community way of life. The individual is not isolated in a two-way relationship with the caregiver. His relatives assist him/her in his moments of misfortune. Thus the medical rite of visiting the patient's bed will give way to the participation of the patient's family. The unrestricted opening of family visiting hours was introduced. The medical visit is transformed into a meeting under the collective hut bringing together patients, nursing staff and families. It was about "pënc". The pënc is the reunion of the division, bringing together patients, nursing staff and families, drawing inspiration from the village palaver. It is a group therapy with the aim of caring for the sick, accepting and de-dramatizing the disease.

Support for patients by a member of their family is institutionalized. In fact, two beds are provided for each patient: one for him and one for his loved one who accompanies him. The latter had a hospital ticket in his name and received his meals from the hospital as well as any treatment he might need. Local healers had discussions with the team, which allowed us to better understand local representations in relation to mental disorders.

Professor Babacar Diop will succeed Henri Collomb at the head of the now Psychiatry Service since the separation of the Neuropsychiatry Service into two entities (Psychiatry and Neurology) had been effective since 1970. Following Professor Diop, Professor Momar Gueye headed the Service until his retirement in 2013 when the current Head of Service, Professor Mamadou Habib Thiam took office.

In 1975, Senegal adopted a specific law forthe treatment of mental illnesses (Collignon, 1976). This law organized a system for the treatment of certain patients by their temporary internment in a special infirmary of the psychiatric hospital of Thiaroye (Law 75-80, 1975). (Collignon, 1976)

Therapeutic villages were erected in 2 regions far from Dakar in 1978 (Collomb, 1978). These are the psychiatric villages of Kénia in Ziguinchor in Casamance in the south of Senegal and that of Djinkoré in Tambacounda in the east of Senegal. These villages fell into disrepair in the 1980s before being rebuilt in 2000 and becoming mental health centers.

Currently the psychiatry department of the Fann hospital has 5 large divisions, the child psychiatry service with a day hospital, outpatient consultation, and the new Dakar integrated care center for addictions (CEPIAD).

The child psychiatry service is the culmination of a long process. In fact, in 1966, ten years after the creation of the psychiatry service at the Fann hospital (Dakar), interest was focused on children with psychiatric disorders. Thus, a team of European researchers made up of psychologists, psychoanalysts, psychosociologists working in close collaboration with psychiatrists and integrated into the adult psychiatry service allowed the first consultation of clinical psychology intended for children and adolescents. There was then no actual support.

The real beginnings of child psychiatry in Senegal can be located in 1971 with the Kër Xaleyi project which allowed the construction of the center within the grounds of the Fann Hospital Center and the care of children with various psychiatric disorders. (Feller, 1976). In 1986, a new project of construction, equipment and restructuring of Kër Xaleyi was developed and materialized in its first phase in 1994. The team was then completed with the arrival of speech therapist, psychomotor therapist and special educators. Until then, the specialized staff had consisted mainly of expatriates from international technical assistance and the concern for the sustainability of activities was constant. In 2001, the team had practically no more expatriates. A training program in collaboration with foreign institutions, in particular French-speaking Belgium and France, had made it possible to train some Senegalese. The demands keep growing. The medical team provides outpatient child psychiatry consultations 4 days a week. The educational team is particularly concerned with the day hospital which has existed since 1995 for the institutional care of certain children during the school year. All members of the service participate in the care and take advantage of summary meetings and institutional meetings to make contributions to the collective regulation of activities carried out in various ways. (Fall, 2007)

An infant and juvenile mental health service has been set up at the national psychiatric hospital center of Thiaroye since 1994. Another

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child psychiatry service specializing in the management of autism is created at the Diamniadio children's hospital. An infant and juvenile mental health service has been set up at the national psychiatric hospital center of Thiaroye since 1994.

Le Centre hospitalier national psychiatrique de Thiaroye

Thiaroye Hospital was created in 1961 and considered to be a closed structure where patients were crowded together, deprived of their freedom and social life. It was attached to the Fann hospital of which it was an annex.

In 1975, after 15 years of existence, Thiaroye presented itself as a hospital institution capable of accommodating 250 patients distributed in three hospital wards, two of which had the classic character of open but not mixed wards. The third, a more recent creation (1969) with a special vocation, known as the "raflés pavilion" was intended by the administration to house wandering patients and other marginalized victims of police raids.

Administratively, Thiaroye Hospital was granted administrative autonomy in 1972. However, this new autonomy had no impact on the budget, which remained unchanged for 5 years, a situation making it difficult to manage a nursing home of 250 beds originally planned for 100.

With the hospital reform of 1998, the hospital was erected by decree n ° 2000 - 269 of April 5, 2000 as a level III Public Health Establishment in 2000 under the name of National Psychiatric Hospital Center of Thiaroye (CHNPT). Today, the CHNPT is the only level 3 hospital establishment specializing in the care of patients with mental disorders. The psychiatric hospital of Thiaroye, erected as a Public Health Hospital by decree n ° 2000-1167 dated December 29, 2000 is now required to manage the mental health of users who are referred to it or who attend directly. The C. H. N. P. T includes, in addition to the support services, a reception service, an outpatient service, an adult hospitalization service and a child psychiatry service.

The Dalal Xel Mental Health Center of the Brothers Hospitaliers of Saint John of God

The towns of Fatick and Thiès are home to the two denominational mental health centers in Senegal called "Dalal Xël". They are managed by the congregation of the Hospitaliers of the Order of Saint John of God. These two psychiatric centers operate on a semi-autonomous basis and are managed privately. The founders of the hospital order in Senegal were brothers from Spain, France, and Italy. Their first work in Senegal was a general hospital which they built in 1984 in the city of Thiès.

In 1985, on request and in agreement with the bishop of Thiès, the late Mgr Jacques Sarr and the chief doctor of the region, they were granted a reception room located at the 10th RIAOM (African and Overseas infantry regiment) in Thiès. This room included two rooms in which Father Gaetano had placed 18 beds and a kitchen. The initial action of Father Camilien was therefore to feed, clothe and house these wandering and marginalized patients in society. This action will later extend to mental health care. The same year, in agreement with the Ministry of Health and Social Action, the first psychiatric consultations were provided at the reception center as part of the DIAMM project (Itinerant assistance system for the mentally ill) carried out and implemented. in practice by the team of the psychiatrist service of the hospital of Fann. The patients were thus seen once a month (the first Friday of the month) by a team of specialists from the hospital in Fann, led by the late Professor Birama Seck, Senegal's first child psychiatrist.

The word Dalal Xel comes from Wolof, "Dalal" which means to welcome, appease, calm, soften, revitalize and "Xel" which means spirit, soul, thought. The name Dalal Xel remains very famous and most Senegalese know that it is a structure that takes care of the mentally ill, due to the position at the crossroads of the city of Thiès. The center is financed by two spanish NGOs, Manos Unidas and Juan Ciudad. These two organizations financed the construction of the center and then equipped and supported it with financial and material resources for several years before the structure became autonomous. The Dalal Xel mental health center in Fatick is similar to that in Thiès.

Other Psychiatric Hospitals and Therapeutic Villages

The country also has

- the "French Pavilion" Psychiatry Service of the Main Hospital of Dakar
- the neuropsychiatry department of the Ouakam military hospital,
- the Emile Badiane Psychiatric Center in Ziguinchor and the Tambacounda Psychiatric Center (formerly Djimkoré)

The towns of Tambacounda and Ziguinchor each have a center for the management of psychiatric pathologies: "Djinkoré" and "Émile Badiane" (ex. Kénia) respectively.

- The Kaolack social reintegration center. In Kaolack, a reinsertion center for mentally ill patients was recently set up in 2015 for the socio-professional rehabilitation of stabilized patients from national structures for the care of psychiatric conditions. Currently this center provides outpatient psychiatric care, in addition to its rehabilitation activities for the mentally ill. The regional hospitals of Louga and Saint Louis each have a psychiatric department.
- The outpatient treatment unit in Mbour, the latest in providing outpatient consultations

It should be noted that the "Dalal Xël" denominational centers in Fatick and Thiès as well as the "Émile Badiane" center in Ziguinchor provide irregularly decentralized consultations by going to meet the sick in certain localities which fall within their sectors of activity. but which are quite far from their places of establishment.

Teaching the Mental Health Sciences in Senegal

The Formation of Psychiatrists in Senegal

The teaching of psychiatry has been assigned since 1965 to the Faculty of Medicine in Dakar. Two stages mark the evolution of this discipline with, as a highlight, the separation of neurology and

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psychiatry after 1968: The 1st period goes from 1965 to 1971, and corresponds to the preparation of the students for the certificate of neuropsychiatry. (AHYI, 1975). The 2nd, from 1968 to the present day, is exclusively specialized in psychiatry. The overlap of dates corresponds to the continuation of the neuropsychiatry course by students who were already engaged in it before 1968.

From 1965 to 1971, fiftheen candidates obtained the qualification of neuropsychiatry, among them there are 13 Africans, the others being European students or cooperating doctors passing through the neuropsychiatry service. From 1968, the certificate of special studies in psychiatry was designed to cover 4 years with final examinations in each of these years.

The creation of a psychiatric boarding school in Dakar hospitals was effective in 1972. The boarding school allows students holding the certificate of special studies in psychiatry at the end of the probationary year to obtain a paid hospital function in psychiatry (Felle, 1975).

Until 1975, at the medical faculty of Dakar, the CES of psychiatry was the only specialty certificate organized entirely on site and since its creation it has obtained full validity in France, like the rest of the medical studies. With the university reforms the CES Certificate of Special Studies in Psychiatry became DES Special Studies Diploma in Psychiatry.

The CES included a probationary year during which the doctors having completed his seven years of studies familiarized with psychiatry. They spent a year in the service and received theoretical education in psychiatric semiology and pathology, neuroanatomy and neurophysiology. Their ability to practice psychiatry, to fit into a team was assessed. This year was culminated in a probationary examination which they had to pass before starting three years of training, culminating in the defense of a so-called passing thesis, that allows the doctor to benefit from the title of psychiatrist.

The Diploma of Special Studies in Psychiatry has the same duration as the certificate. However, subjects such as anthropology, ethology, public health, research and the psychological approach are introduced there.

Psychology in the training of nurses and midwives

Nurses were initially trained in the two nursing training schools: the Dakar State Nursing School and the St-Louis Health Officer School. The two priority courses at the beginning were Medicine and Surgery. Thereafter, the teaching of psychology became compulsory for obtaining the state diploma. In 1967, we witness the introduction of the human sciences in teaching. The goal was to take the nurse out of her routine so she could deal with diagnostic, educational and integration issues. (Feller, 1975)

Several studies of nursing students have shown that the reforms made to the teaching of psychology are insufficient. Thus, a new approach based on the active participation of pupils has emerged. (Diop, 1975). The inclusion of psychiatry in the training of midwives also follows the same observations. The training was based on the establishment of two groups of 25 students, each supervised by a psychiatrist.

A study among students on the themes they would like to address had made it possible to identify several themes, among them the psychology of the patient, the child and women, sexuality and marriage, traditional life and modern life, caregiver-patient relationship, women and desire for a child.

Teaching medical psychology to medical students

Traditional medicine is characterized by its psychological aspect as much as by its somatic aspect. It is a holistic medicine that targets the whole man. The explanatory system for the disease emphasizes the relationship and its difficulties, relationship to the living, to the dead, to the world. Western medicine focuses on the alteration of normal biochemical and physiological processes.

The teaching of Western medicine at the University of Dakar then leads to this paradox: it makes the future African doctor forget his global vision of the disease even as the West is slowly rediscovering the psychological and social dimensions of the disease. To train a doctor in the Western sense then amounts to separating him from the environment in which he will practice his art. Nevertheless, It is just as dangerous to reduce man to his biological dimension as to "psychologize" the disease (Feller, 1976). In October 1971, based on this situation and faced with the failure of a classic teaching method (notions stuck, not assimilated, noted in the exam papers, low attendance), the team of the psychiatry service decided to reform it completely in its objectives and in its method.

The aim of the teaching of medical psychology in Africa is to promote the dialectical reversal that was to allow a new one to emerge, heir to traditional therapeutic attitudes enriched with concepts borrowed from the West. The content of the teaching is therefore no longer to be determined in a theoretical manner such as in a course where it is developed by the teacher and which would risk blocking discussions. On the contrary, it must be the way in which the participants pose (or do not pose) different problems and the way in which they formulate them themselves. The teacher is no longer the one who knows and distributes information but also the one who listens and facilitates the expression of what the student carries within him.

This resulted in great dissatisfaction on both sides. The teacher no longer had the lead. The teacher felt abandoned, judged, could not take it. At the request of the students, the teachers got involved, accepting to bring his personal experiences, in the domination of his fears of direct, abrupt, unprepared questions, questioning the classic teacher-student paradigm. The conclusions are those of the group and are developed from the personal input of the members. However, the demand for theoretical information has remained constant and, since 1973, these "training groups" have been supplemented by more and more theoretical and practical sessions.

Teaching Psychiatry to Medical Students

The objectives defined above for the awareness of 2nd year medical students (effective participation, close relationship between the teacher and the taught, open debate as much as possible in the

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least esoteric language possible, etc.) obviously serve as a backdrop to teaching as part of the "psychiatry module" compulsory unit during the 6th year of medicine or DCEM III (Ahyi, 1975) and currently in the 5th year or M2.

There is a compulsory hospital internship of 6 weeks during which the students are entrusted to the doctors responsible for the care units and participate in the activity of the service, rubbing shoulders with the realities and difficulties of the psychiatrist in his daily practice, recognizing the limits of his intervention, in particular on the sociological level (Osouf, 1975). The essential function of this internship, which obviously does not aim to train specialists, is to try to demystify the "ineffable psychiatric", a bias too often used by doctors to distinguish themselves from mental health problems.

Family therapy training

Since 1998, psychiatrists, psychologists, nurses and social workers have received training in systemic family therapy (Lambert, 2002). This training sparked a constant enthusiasm for the systems approach. Mental health professionals have thus been able to forge alliances with other professionals in the legal field, for example, for better care of vulnerable populations. The systems approach has greatly contributed to destigmatizing mental health care in Senegal.

Conclusions

In Senegal, mental health is still developing from devices dating from the colonial period. Laws and infrastructures have been developed to enriched it. Training as a psychiatrist but also an initiation of general practitioners takes place there as well as teaching of medical psychology. There are more and more trained psychiatrists. Some traditional practices still survive there. Nevertheless, strong advocacy is still needed with the authorities so that priority can be given to mental health and thus mainstream it into all programs.

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