

BACKGROUND

Poverty and poor living conditions
- Important risk factors in psychopathologies and in reporting high levels of distress in populations [1,2], but highly dependant on socio-cultural contexts

Burkina Faso
- 40, 1% under national poverty line
- 9% under extreme poverty line (worst-offs, indigents)
- 73% living in rural settings

Mental health in Burkina Faso
- No national data base
- 2 studies that linked mental health outcomes and poverty [3, 4]
- No studies on mental health among indigent individuals

AIM

The aim of this exploratory study is to document mental health needs among the poorest in 4 health districts in rural Burkina Faso.

Community targetting process [5]

- Village level
- Health center level
- Health district level
- Regional level
- National level



2009

List of 51 267 worst-offs

“ A individual who is extremely socially and economically disadvantaged, unable to take care of himself (herself), and without any internal or external resources ”

2011

Stratified sample procedure

-2000 worst-offs
-500 / health district → n = 1652



2015

METHODS

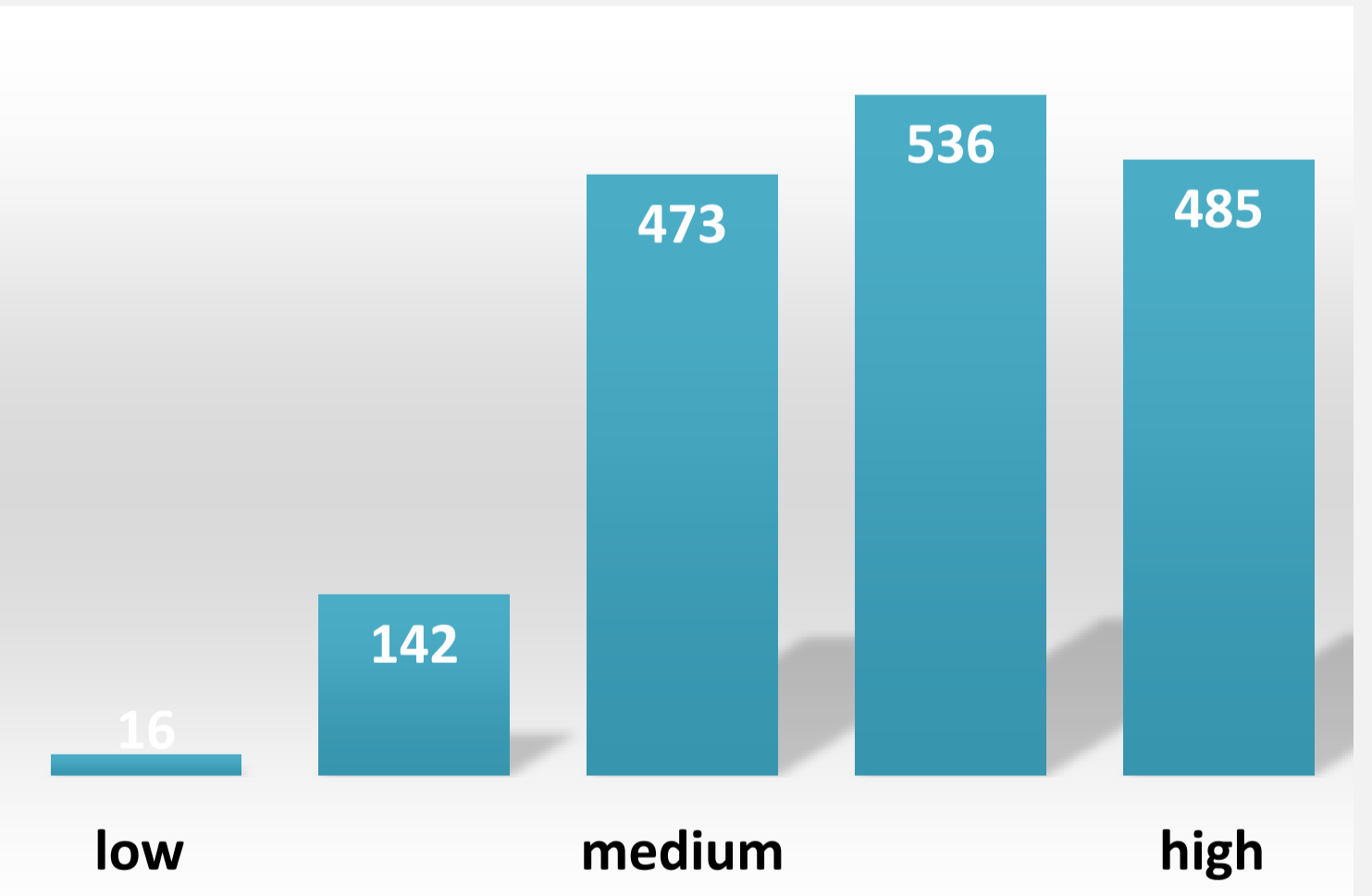
No validated tool for the context !

RHS-15 K10 CIDI Literature on local idioms of distress

Individual questionnaire 28 items on mental health

- Anxious and depressive symptoms (sx)
- Psychotic sx
- Help-seeking behaviors
- Functioning level and of psychological distress

Distribution of level of Psychological distress

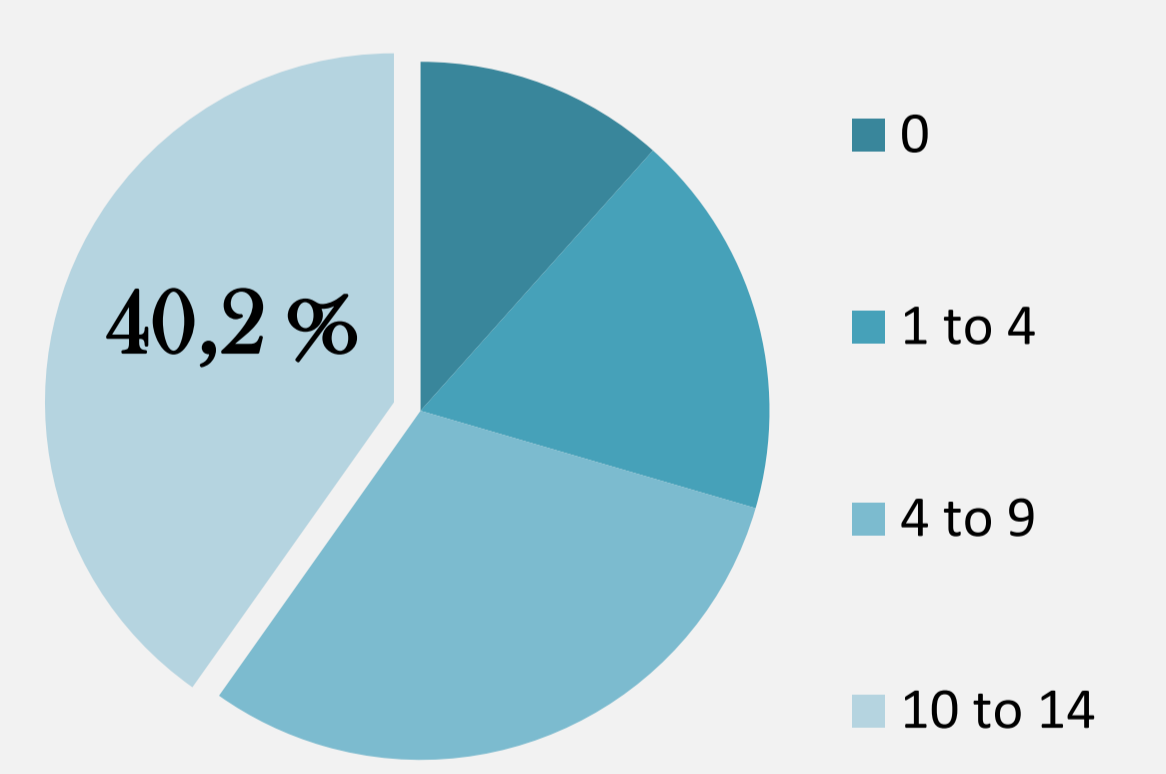


- 67,1% of people with at least 1 sx reported an altered functioning / ability to fulfill daily tasks
- Number of sx is positively correlated with level of distress (r = .25, p < .000)

Most reported anxious & depressive sx (in the last month)

- feeling a profound sadness (74,9%)
- thinking too much (72,9%)
- being exhausted (70,3%)
- being constantly worried (67,1%)
- insomnia (65,1%)

Proportion of sample reporting anxious & depressive sx



Proportion of sample reporting psychotic sx (over life time)

- being possessed (17,2%)
- feeling outside body (16,0%)
- auditive hallucinations (14,6%)
- visual hallucinations (11,7%)
- things around are not real (10,9%)

- 25,5% of sample reported at least 1 sx
- 65,5% reported having sx since many years

Are people seeking help ?

	Anxious or depressive sx (5)	Psychotic sx (%)
Family member	67,2	64,3
Health-care professional	1,7	0,7
Traditonal healer	1,5	2,9
Friend	1,4	1,7
No one	28,2	30,5
Total	100,0	100,1

Who is not seeking help ?

People with:

- a bad health condition (F(1) = 41,157, p < 0,001),
- with begging behaviours (F(1) = 17,412, p < 0,001)
- without any income (F(1) = 4,059, p = 0,044).

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DISCUSSION

- Alarming level of distress & sx when compared other studies[4, 6]
- Worst-offs seem to have different mental health needs than general population
- Absence of help-seeking behaviours within formal health system (due to many barriers)
- Most deprived individuals faced social isolation, making it harder for them to seek help
- The high proportion of psychotic sx must be interpreted with caution and considering local conceptions of mental illness.

RECOMMENDATIONS

Research (& policy)

- More quantitative data (January 2017) rendering possible the creation of a screening tool relevant in the socio-cultural context in order to identify people in needs of care
- Qualitative interviews and ethnographic inquiries (March 2017) in order to document conceptions about mental illness and the socio-cultural context

Interventions

- Strengthening community's resilience and family cohesion and reducing adverse living conditions via governmental and non-governmental interventions

REPERENCE

[1] Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry*, 26(4), 392-407.
 [2] Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. *Focus*, 13(4), 419-425.
 [3] Nanama, S., & Frongillo, E. A. (2012). Altered social cohesion and adverse psychological experiences with chronic food insecurity in the non-market economy and complex households of Burkina Faso. *Social Science & Medicine*, 74(3), 444-451.
 [4] Duthé, G., Rossier, C., Bonnet, D., Soura, A. B., & Corker, J. (2016). Mental health and urban living in sub-Saharan Africa: major depressive episodes among the urban poor in Ouagadougou, Burkina Faso. *Population health metrics*, 14(1), 1.
 [5] Ridde, V., Yaogo, M., Kafando, Y., Sanfo, O., Coulibaly, N., Nitiema, P. A., & Bicaba, A. (2010). A community-based targeting approach to exempt the worst-off from user fees in Burkina Faso. *Journal of epidemiology and community health*, 64(1), 10-15.
 [6] The World Health Survey Results – Report of Burkina Faso. <http://apps.who.int/healthinfo/systems/surveydata/index.php/catalog/20>.