

AMIDST THE CHAOS

Mental health in eastern Democratic Republic of Congo

Special report from the Mutima Center

I. Introduction: The invisible war

In eastern DRC, **war is not only fought with guns, but with fractured minds.**

For more than two decades, regions such as North Kivu, South Kivu, Ituri, and Tanganyika have been living under the crossfire of militias, looting, forced displacement, and mass sexual violence.

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But there is a silent war raging without headlines: that of untreated trauma, recurring nightmares, suicidal thoughts, and chronic distress.

II. An epidemic of trauma

Alarming figures:

- More than **7.3 million internally displaced persons** in the DRC (2024) — the largest displacement crisis in Africa [source: **WHO**].
- **Suicidal thoughts** have increased **from 5 to more than 120 per month** in areas near Goma alone [source: **AP**].
- **Cases of psychosis, acute anxiety, severe depression, and post-traumatic stress disorder (PTSD)** are at unprecedented levels.

According to the **WHO**, the situation in eastern Congo is one of the **most complex humanitarian emergencies on the planet**, with **destroyed health infrastructure, a lack of specialized personnel, and stigmatization** of mental health.

"I saw my parents die in front of me. I don't talk. I don't sleep. They took my childhood away from me."

— *Patient treated in Bukavu, 14 years old*

III. The Mutima Center: A Heart That Listens

In Swahili, *Mutima* means "heart." And that is exactly what this center does: **listen with its heart to those who have no voice.**

Founded by **Coopera ONGD** in collaboration with local professionals, the Mutima Psychosocial Center has been operating in **Lwiro, South Kivu**, since 2020. During this time, it has assisted **more than 3,000 people**, many of them with severe symptoms:

- Extreme anxiety attacks
- Dissociative disorders
- Depression with suicidal risk
- Behavioral disorders in children exposed to violence
- Trauma-induced psychosis

Method

The approach is **humanistic, integrative, and community-based**:

- Individual and group therapy
- Safe spaces for women who are victims of sexual violence
- Support for minors without family references
- Techniques such as *trauma tapping*, *TRE exercises*, narrative psychotherapy, bodywork, and art therapy
- Training of **local psychosocial promoters** to expand the scope

IV. Shocking data

Key indicator	Data
People served in Mutima	+3,000
Women victims of violence assisted by MSF in Salamabila	1,800
Suicidal thoughts reported in camps near Goma	From 5 to more than 120 per month (2025)
Financial needs for health response	+50 million USD (WHO)
Proportion of young people among patients	>40% are under 25 years old
Psychologist/patient ratio	1 per 50,000 (estimated)

V. Voices of trauma

“I don’t want to die, but I can’t live with these memories either.”

— *Patient, 17 years old, displaced by the M23*

“I was raped when I was 11. I am raising my son alone in a camp with no food. The Mutima Center was the first place where someone listened to me without judging me.”

— *Survivor of sexual violence*

“A 9-year-old boy arrived mute after witnessing a massacre. He didn’t speak or eat. Today he draws. And he smiles.”

— *Local psychologist*

VI. Urgent challenges

1. **Armed insecurity:** many centers cannot operate regularly due to attacks and looting.
2. **Stigma and silence:** trauma is associated with "madness" or weakness, preventing many people from seeking help.
3. **Lack of sustained funding:** despite the tireless work of organizations such as Coopera and MSF, **the response remains limited.**

4. **Shortage of professionals:** less than 1% of the Congolese health budget is allocated to mental health.
5. **Extreme child vulnerability:** thousands of children grow up in camps or jungles without any protective figures, developing regressive or aggressive behaviors.

VII. Mutima: where hope flourishes

In this emotional desert, the **Mutima Center is a seed that is sprouting**. There, women look each other in the eyes again, children sleep without nightmares, and men begin to let go of their pain. It is not magic. It is psychology. It is humanity. It is active listening, dignified and professional care, without prejudice.

Each session is an act of resistance against oblivion.

VIII. Conclusion: Peace begins in the mind.

The DRC needs peace, yes. But it also needs **to heal its minds**. As long as conflicts continue, **mental health cannot be an afterthought, but an absolute priority**.

The Mutima Center and similar projects not only provide relief, **they save lives**. Because it's not about numbers. It's about people who have seen the unspeakable... and still **want to live**.