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Cultural Belief Systems and Mental Well-Being in The Democratic Republic Of Congo: A Double-Edged Sword

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Abstract

The Democratic Republic of Congo (DRC) faces a severe mental health crisis, exacerbated by decades of conflict, poverty, and a fragile healthcare system. This challenge is directly relevant to achieving Sustainable Development Goal 3 (SDG 3): Good Health and Well-being, particularly Target 3.4, which calls for promoting mental health and well-being by 2030. This paper examines the dual role of cultural belief systems in shaping mental well-being within this complex environment. The research question guiding this study is: How do cultural belief systems in the DRC both contribute to and challenge mental well-being? The findings reveal that cultural beliefs are a double-edged sword. On one hand, traditional healing practices, strong community and family support networks, and religious faith provide crucial psychological resilience and social cohesion. On the other hand, the widespread attribution of mental illness to supernatural causes, such as witchcraft and demonic possession, fosters stigma, leads to harmful practices, and creates significant barriers to accessing effective mental healthcare. This paper analyzes the complex interplay between traditional and modern approaches to mental health and provides recommendations for developing culturally competent and integrated mental health services in the DRC. The goal is to promote a more holistic understanding of the cultural determinants of mental health and to inform the development of policies and interventions that are both effective and culturally sensitive, thereby contributing to the achievement of SDG 3 in the DRC and similar post-conflict settings.

Introduction

Mental health has emerged as a defining global challenge, shifting from a silent struggle to a public health priority. This shift requires looking beyond modern medicine to the cultural beliefs that remain the foundational pillar of many societies worldwide. In the Democratic Republic of Congo (DRC), a nation of immense cultural diversity with over 350 ethnic groups, the intersection of culture and mental health is particularly complex. For decades, the narrative linking culture and psychology has often been limited to a "single story" where cultural beliefs are viewed merely as a root cause of mental health stigma. This research paper seeks to broaden that perspective by examining how the belief systems in the DRC act as a double-edged sword in shaping mental well-being.

The DRC has been plagued by decades of armed conflict, political instability, and economic hardship, all of which have had a devastating impact on the mental health of its population. Since gaining independence from Belgium in 1960, the country has experienced two major wars (1996-1997 and 1998-2003) that resulted in an estimated 5 million conflict-related deaths, making it one of the deadliest conflicts since World War II. The eastern provinces, particularly North and South Kivu, continue to experience ongoing violence from armed groups, creating a chronic humanitarian emergency. The prevalence of mental health conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety is alarmingly high, yet the country's mental health system is severely under-resourced, with only 5% of the population having access to mental health services [1]. In this context, a large portion of the population relies on traditional belief systems and practices to understand and cope with mental distress.

The DRC is not only geographically vast occupying 2,345,408 square kilometers, roughly the size of Western Europe but also culturally diverse. The population of over 66 million people is composed of more than 350 ethnic groups, each with its own languages, traditions, and belief systems. The four main ethnic groups are the Kongo, Luba, and Mongo peoples, along with the Pygmies, who are the aboriginal inhabitants of the region. While French is the official language, over 700 local languages and dialects are spoken throughout the country. This linguistic and cultural diversity means that mental

health beliefs and practices can vary significantly from one region to another, making it essential to understand the local context when developing mental health interventions.

This paper will explore the multifaceted role of cultural beliefs in the DRC, highlighting both their positive contributions and the challenges they pose to mental well-being. The objective is to move beyond a simplistic view of culture as a barrier to mental healthcare and to instead uncover the full truth of the Congolese heritage. By identifying and analyzing the cultural practices that support mental well-being, as well as those that cause harm, this research aims to promote a more holistic and nuanced understanding of the cultural determinants of mental health. Ultimately, the goal is to provide evidence-based recommendations for the development of a more effective and culturally competent mental health system in the DRC.

This research is situated within the framework of the United Nations Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-being. Target 3.4 of SDG 3 specifically calls on nations to "reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being" by 2030 [2]. Mental health is measured through Indicator 3.4.2, which tracks suicide mortality rates. With a suicidality rate of 15.1% in conflict-related settings in the DRC [3], the country faces significant challenges in achieving this target. Understanding the cultural context of mental health is essential for developing interventions that can effectively contribute to SDG 3 and improve mental health outcomes for the Congolese population.

Research Statement

Cultural belief systems in the DRC function as a double-edged sword: while traditional practices, religious faith, and community support structures provide essential psychological resilience and social cohesion, supernatural attributions of mental illness, stigma, and harmful traditional practices create significant barriers to effective mental health care.

Research Objectives

- To examine the positive contributions of cultural beliefs, including religious coping, community support, and traditional healing, to mental well-being in the DRC.
- To identify and analyze the cultural beliefs and practices that challenge mental health, such as supernatural attributions of illness, stigma, and harmful traditional treatments.
- To analyze the interaction and potential for integration between traditional and modern biomedical approaches to mental health in the DRC.
- To provide evidence-based recommendations for policymakers, healthcare providers, and community leaders to develop culturally sensitive and effective mental health interventions.
- To assess how addressing cultural determinants of mental health can contribute to achieving SDG 3, Target 3.4, in the DRC.

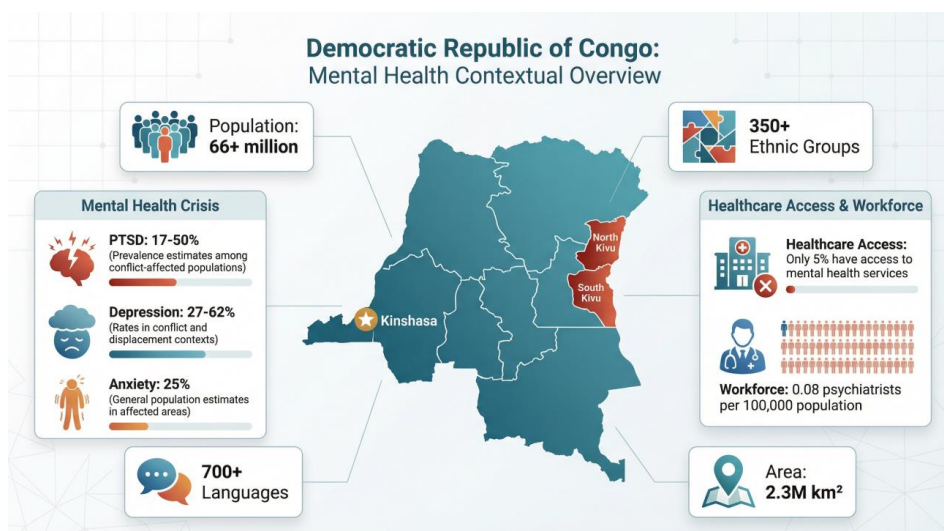


Figure 1: Democratic Republic of Congo: Mental Health Contextual Overview

This infographic illustrates the geographic, demographic, and mental health context of the DRC, highlighting the conflict-affected eastern provinces and key statistics relevant to the mental health crisis.

Literature Review

The complex relationship between cultural belief systems and mental well-being in the Democratic Republic of Congo (DRC) is best understood by examining the existing literature on mental health in post-conflict settings, cultural conceptualizations of mental illness, the role of traditional healing practices, and the influence of religion. This review will synthesize findings from various sources to provide a comprehensive background for the present study.

Mental Health in Post-Conflict Settings

The DRC has endured decades of violent conflict, resulting in a profound and widespread mental health crisis. Research conducted in post-conflict settings globally has consistently demonstrated a high prevalence of mental health disorders, particularly post-traumatic stress disorder (PTSD), depression, and anxiety [3]. In the DRC, the prevalence of these conditions is alarmingly high. For instance, a study in Eastern DRC found that 50% of the population met the symptom criteria for PTSD, and 41% for major depressive disorder [4]. The chronic nature of the conflict, coupled with widespread poverty and the breakdown of social structures, has created a perfect storm for a mental health catastrophe.

Cultural Conceptualizations of Mental Illness

In many parts of the DRC, mental illness is not understood through a biomedical lens. Instead, it is often attributed to supernatural causes, such as witchcraft, demonic possession, or curses from ancestors [5]. These beliefs are deeply ingrained in the cultural fabric of many Congolese communities and significantly influence how mental illness is perceived and treated. A study in Lubumbashi found that the sick is often considered to be possessed by the spirits of ancestors or to have been attacked through witchcraft [6]. This supernatural explanatory model of mental illness often leads to a preference for traditional or spiritual healing over modern medical treatment.

Traditional Healing Practices in Africa

Traditional healers play a central role in the healthcare landscape of many African countries, including the DRC. They are often the first point of contact for individuals experiencing mental distress, particularly in rural areas where modern mental health services are scarce. Traditional healers in the DRC employ a variety of techniques, including the use of medicinal plants, mystic-religious practices, and socio-cultural rituals, to restore balance to the individual's social and spiritual life [1]. While some traditional practices can be harmful, there is growing evidence to suggest that traditional healers can provide effective psychosocial support and relieve distress [7].

Religion and Mental Health

Religion plays a significant role in the lives of most Congolese people, with approximately 80% of the population identifying as Christian. Religious beliefs and practices can be a powerful source of resilience and coping for individuals facing adversity. Studies have shown that positive religious coping is associated with a reduction in PTSD symptoms [8]. In the DRC, churches and other faith-based organizations are major providers of health and social services, with some estimates suggesting that they deliver up to 70% of health services in the country [9]. Religious leaders are often trusted figures in the community and can play a vital role in providing informal mental health support.

Gaps In The Literature

Despite the growing body of research on mental health in the DRC, there are several significant gaps in the literature. First, there is a lack of national epidemiological data on the prevalence of mental health disorders. Most studies have been conducted in specific regions, primarily in the conflict-affected eastern provinces, particularly North and South Kivu. This geographic bias means that we know very little about the mental health situation in other parts of the country, such as the western provinces or the capital, Kinshasa. The lack of national data makes it difficult to develop evidence-based policies and to allocate resources effectively.

Second, there is a need for more research on the effectiveness of culturally appropriate mental health interventions that integrate traditional and modern approaches. While there is growing recognition of the importance of cultural competence in mental health care, there are few rigorous evaluations of interventions that have been specifically designed for the Congolese context. Most mental health programs in the DRC have been developed by international organizations and are based on Western models of care, which may not be fully appropriate for the local cultural context.

Third, while much of the literature has focused on the negative impact of cultural beliefs on mental health, there is a need for more research on the positive and protective role of culture in promoting mental well-being. The existing literature tends to emphasize the barriers created by cultural beliefs, such as stigma and supernatural attributions of illness, while giving less attention to the ways in which culture can be a source of strength and resilience. This imbalance in the literature may inadvertently reinforce negative stereotypes about African cultures and overlook valuable cultural resources that could be leveraged to improve mental health outcomes.

Finally, there is a need for more research on the specific beliefs and practices of different ethnic groups within the DRC. The country's immense cultural diversity means that mental health beliefs and practices can vary significantly from one community to another. A one-size-fits-all approach to mental health care is unlikely to be effective in such a diverse context, and more research is needed to understand the specific cultural factors that influence mental health in different communities.

Methodology

This study employed a qualitative research design based on a systematic literature review and synthesis of existing research. Given the objective of exploring the multifaceted role of cultural belief systems on mental well-being in the Democratic Republic of Congo (DRC), a qualitative approach was deemed most appropriate to capture the complexity

and nuances of the topic. This methodology allows for an in-depth analysis of the existing body of knowledge and the identification of key themes and patterns.

Research Design

The research design for this paper is a systematic literature review. This approach involves a comprehensive and systematic search of the available literature to identify, evaluate, and synthesize all relevant research on a particular topic. A qualitative synthesis approach was used to analyze the findings from the selected studies, allowing for the integration of both qualitative and quantitative data to provide a holistic understanding of the research problem.

Data Sources

The data for this study were drawn from a wide range of sources to ensure a comprehensive and balanced review of the topic. The primary sources of data included:

- **Academic Databases:** A systematic search was conducted in major academic databases, including PubMed, PsycINFO, and Google Scholar.
- **Grey Literature:** Reports and publications from non-governmental organizations (NGOs), such as the World Health Organization (WHO), the United Nations High Commissioner for Refugees (UNHCR), and other international and local organizations working in the DRC, were also included.
- **Peer-Reviewed Journals:** Articles from peer-reviewed journals in the fields of psychology, psychiatry, public health, anthropology, and sociology were reviewed.

Search Strategy

The search strategy was designed to identify all relevant literature on cultural belief systems and mental well-being in the DRC. The following keywords and their combinations were used in the search:

- "Democratic Republic of Congo" OR "DRC" OR "Congo"
- "mental health" OR "psychology" OR "psychiatry" OR "mental illness" OR "well-being"
- "cultural beliefs" OR "traditional beliefs" OR "religion" OR "spirituality"
- "traditional healing" OR "traditional healers" OR "witchcraft"

The search was limited to studies published between 2000 and 2024 to ensure the inclusion of the most recent and relevant research. The inclusion criteria for selecting studies were: (1) the study had to focus on the DRC; (2) the study had to address the relationship between cultural beliefs and mental health; and (3) the study had to be published in English or French.

Data Analysis

A thematic analysis approach was used to analyze the data collected from the selected literature. Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. The analysis involved the following steps:

- **Familiarization with the data:** The selected articles and reports were read and re-read to gain a thorough understanding of their content.
- **Generating initial codes:** The data were systematically coded to identify key concepts and ideas related to the research question.
- **Searching for themes:** The codes were then grouped into potential themes, and all the relevant coded data extracts were collated within the identified themes.
- **Reviewing themes:** The themes were reviewed and refined to ensure that they accurately represented the data.
- **Defining and naming themes:** The final themes were defined and named, and a detailed analysis of each theme was conducted.

Ethical Considerations

As this study was based on a review of existing literature, it did not involve direct contact with human subjects. However, several ethical considerations were taken into account. First, the study ensured that all sources were properly cited and that the findings were presented accurately and without bias. Second, the study was mindful of the sensitive nature of the topic and sought to avoid cultural stereotyping or the misrepresentation of cultural beliefs and practices. Finally, the study aimed to contribute to a more nuanced and respectful understanding of the cultural context of mental health in the DRC.

Results and Analysis

The systematic review of the literature reveals a complex and multifaceted picture of the relationship between cultural belief systems and mental well-being in the Democratic Republic of Congo (DRC). The findings are organized into four main sections: an epidemiological overview of the mental health landscape, the positive contributions of cultural beliefs to mental well-being, the challenges posed by these beliefs, and the interaction between traditional and modern approaches to mental healthcare.

Epidemiological Overview

The DRC is facing a severe mental health crisis, with a high prevalence of mental health disorders. While there is no national epidemiological data, regional studies, particularly in the conflict-affected eastern provinces, paint a grim picture. The prevalence of post-traumatic stress disorder (PTSD) is estimated to be between 17% and 50% in some populations, while depression rates range from 27.8% to as high as 62% in areas affected by the Ebola virus disease (EVD) [3,4]. Anxiety disorders are also common, with a prevalence of around 25.4% in conflict-related settings [3].

Mental Health Condition	Population/Setting	Prevalence Rate	Source
PTSD	Eastern DRC (general population)	50%	Johnson et al., 2010
PTSD	Conflict-affected areas	17%	Ngamaba et al., 2024
PTSD	EVD survivors	24.1% - 53.7%	Multiple studies
Major Depressive Disorder	Eastern DRC (general population)	41%	Johnson et al., 2010
Depression	Conflict-related settings	27.8%	Ngamaba et al., 2024
Depression	EVD-affected areas	62%	Multiple studies
Anxiety Disorders	Conflict-related settings	25.4%	Ngamaba et al., 2024
Suicidality	Conflict-related settings	15.1%	Ngamaba et al., 2024

Table 1: Prevalence of Mental Health Disorders in the DRC

As Table 1 demonstrates, the burden of mental illness in the DRC is extraordinarily high, particularly in areas affected by conflict and disease outbreaks. These rates are significantly higher than global averages and underscore the urgent need for mental health interventions.

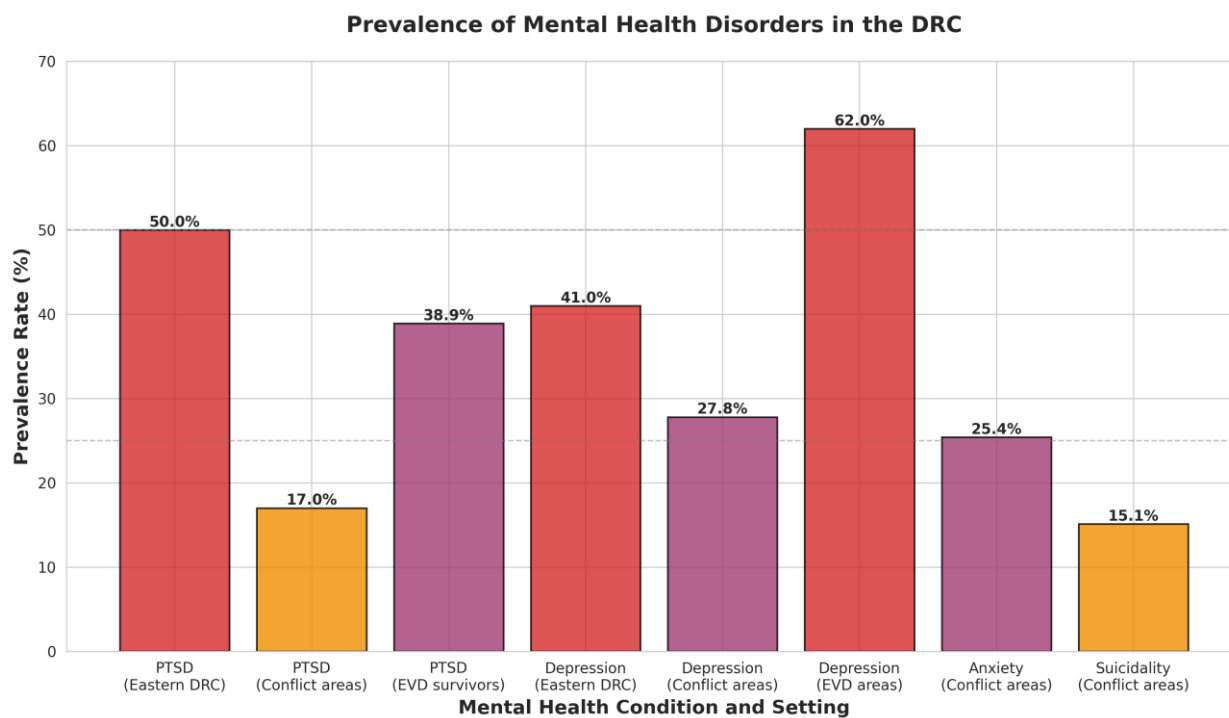


Figure 2: Prevalence of Mental Health Disorders in the DRC

This bar chart illustrates the high prevalence rates of PTSD, depression, anxiety, and suicidality across different populations and settings in the DRC. The data shows particularly elevated rates in conflict-affected areas and among EVD survivors.

This high burden of mental illness is compounded by a severe shortage of mental health professionals and a lack of government funding for mental health services. In 2017, there were only 0.08 psychiatrists and 0.02 psychologists per 100,000 people in the DRC (World Health Organization, 2020). The majority of these professionals are concentrated in the capital, Kinshasa, leaving vast rural areas with little to no access to modern mental healthcare. As a result, it is estimated that only 5% of the population has access to mental health services, and the primary source of funding for treatment is out-of-pocket expenditure by patients and their families [1].

Access to Mental Health Services in the DRC

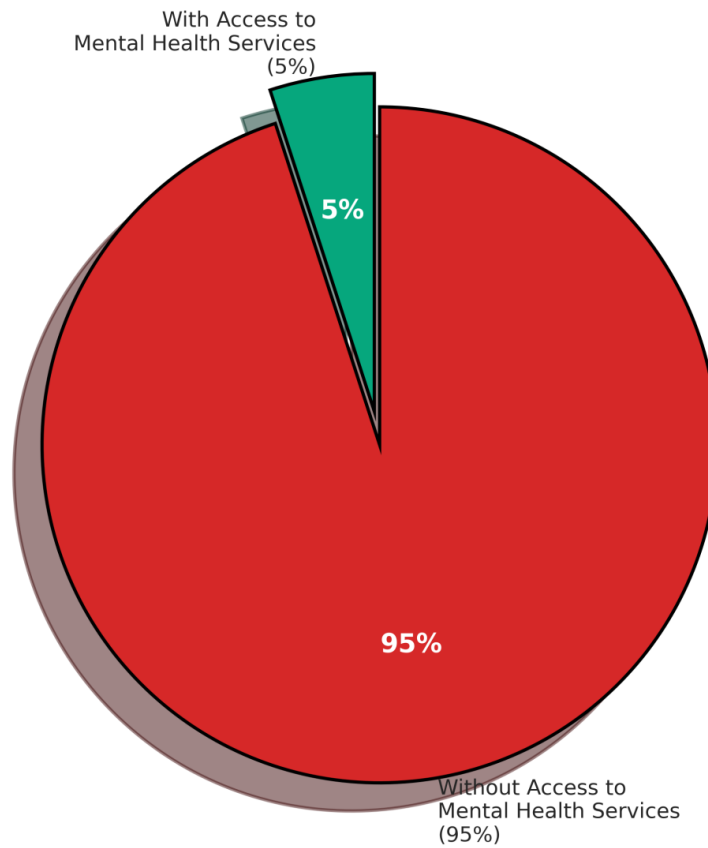


Figure 3: Access to Mental Health Services in the DRC

This pie chart dramatically illustrates the severe access gap, with only 5% of the population having access to mental health services, leaving 95% without adequate care.

Mental Health Workforce Gap in the DRC

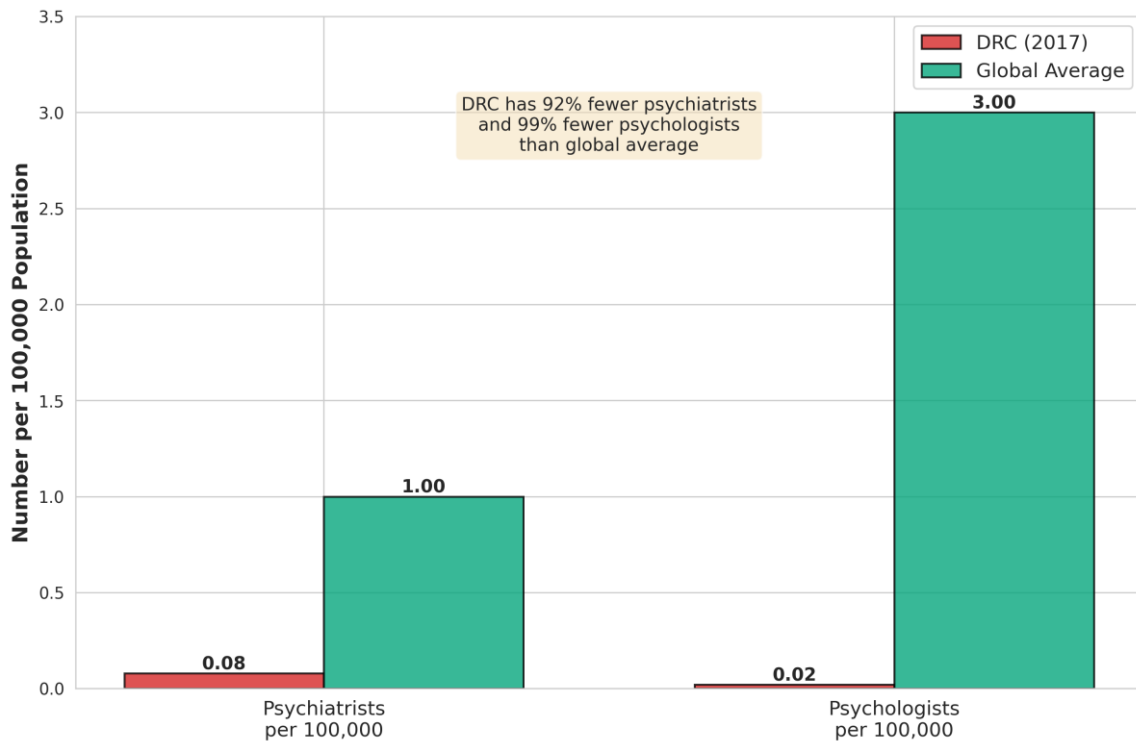


Figure 4: Mental Health Workforce Gap in the DRC

This comparison chart shows the stark disparity between the DRC's mental health workforce and global averages, with the DRC having 92% fewer psychiatrists and 99% fewer psychologists per 100,000 population.

Positive Contributions of Cultural Beliefs

Despite the challenges, cultural belief systems in the DRC also provide significant sources of resilience and support for mental well-being.

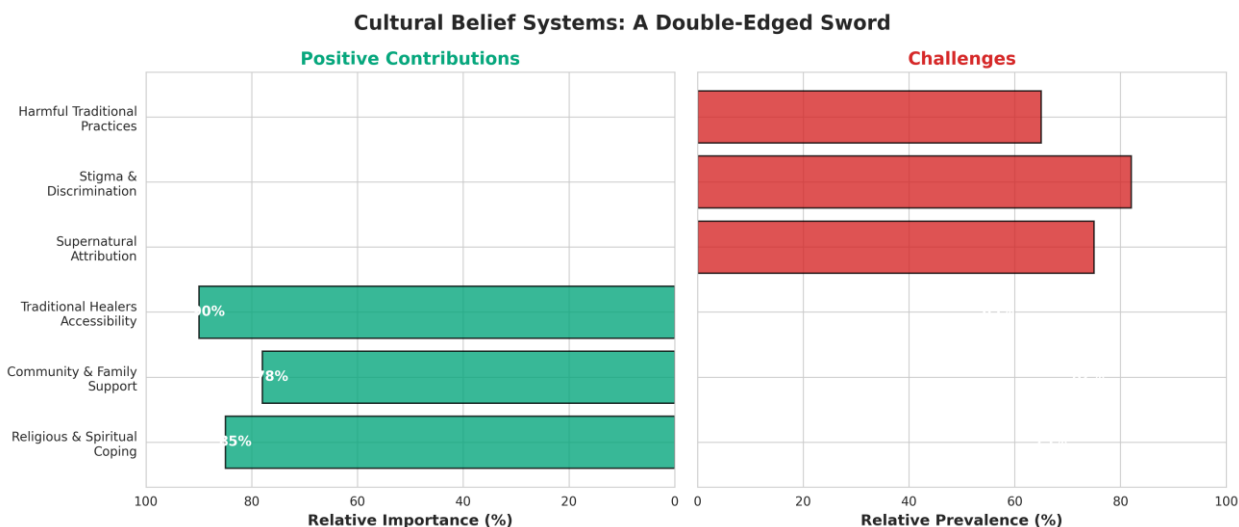


Figure 5: Cultural Belief Systems: A Double-Edged Sword

This comparative chart illustrates the dual nature of cultural beliefs in the DRC, showing both positive contributions (left) and challenges (right) to mental well-being. The visualization emphasizes the complexity of cultural factors in mental health.

Religious and Spiritual Coping

Religion, particularly Christianity, is a cornerstone of life in the DRC and plays a vital role in how people cope with adversity. Approximately 80% of the population identifies as Christian, with Roman Catholicism and various Protestant denominations being the most prevalent. Faith in God is often cited as a key coping mechanism, providing hope, meaning, and a sense of purpose in the face of suffering. Positive religious coping has been associated with a reduction in PTSD symptoms and an increase in perceived personal growth [8].

The role of churches extends far beyond spiritual guidance. In a context where government services are weak or absent, churches and other faith-based organizations have become major providers of social and health services, filling a critical gap left by the state. They provide not only spiritual guidance but also practical support, such as food, shelter, education, and healthcare. Some estimates suggest that churches deliver up to 70% of health services in the country and own or manage approximately 50% of hospitals [9]. Religious leaders are often the most trusted figures in communities, and their influence can be leveraged to promote mental health awareness and reduce stigma.

However, it is important to note that the relationship between religion and mental health is complex. While positive religious coping can be beneficial, negative religious coping—such as viewing mental illness as divine punishment or attributing it to demonic forces—can be harmful. Some religious leaders may discourage individuals from seeking professional mental health care, instead promoting prayer and exorcism as the only acceptable treatments. This highlights the need for engaging religious leaders in mental health education and training, so they can provide support that is both spiritually meaningful and psychologically sound.

Community and Family Support

Congolese culture places a strong emphasis on community and family, and these social structures are a vital source of support for individuals experiencing mental distress. Collective healing ceremonies, family involvement in care, and strong social cohesion can all contribute to a sense of belonging and reduce feelings of isolation. Community-level mental health programs that leverage this existing support systems have been shown to reduce psychological distress and improve daily functioning [10].

Traditional Healers as Mental Health Providers

In the absence of accessible and affordable modern mental healthcare, traditional healers are often the primary source of care for people with mental illness. They offer a holistic approach to healing that addresses the spiritual, social, and physical dimensions of well-being. While some of their practices may be harmful, there is growing recognition that traditional healers can provide effective psychosocial support, particularly in relieving distress and restoring social

harmony [7]. Their accessibility, affordability, and cultural legitimacy make them a critical component of the mental health landscape in the DRC.

Challenges Posed by Cultural Beliefs

While cultural beliefs can be a source of strength, they can also pose significant challenges to mental well-being.

Supernatural Attribution of Mental Illness

The widespread belief that mental illness is caused by supernatural forces, such as witchcraft, demonic possession, or curses, is a major barrier to effective mental healthcare. This belief system can lead to delays in seeking professional care, as families may first turn to traditional or spiritual healers. It can also lead to a rejection of biomedical treatments, as they are seen as ineffective against supernatural forces [5].

Stigma and Discrimination

The supernatural attribution of mental illness is closely linked to stigma and discrimination. Individuals with mental illness may be feared, ostracized, or even accused of being witches. This can lead to social exclusion, isolation, and a reluctance to seek help for fear of being shamed or rejected by the community. The stigma associated with mental illness is a major barrier to care and can have a devastating impact on the lives of individuals and their families.

Harmful Traditional Practices

While some traditional healing practices can be beneficial, others can be harmful. The use of unproven potions, physical restraint of individuals with mental illness, and exorcism rituals can all have negative consequences for physical and mental health. In some cases, individuals with mental illness may be subjected to violence or abuse in an attempt to "cure" them of their condition.

One of the most concerning practices is the physical restraint of individuals with mental illness. In rural areas, it is not uncommon for family members to tie up relatives who are experiencing psychotic symptoms, sometimes keeping them confined for extended periods. This practice, while often motivated by a desire to protect the individual and others, can lead to serious physical injuries, malnutrition, and further psychological trauma. Village healers may also administer potions made from unknown substances, which can have unpredictable and sometimes dangerous effects.

Child witchcraft accusations are a particularly egregious example of a harmful traditional practice that can have devastating consequences for children's mental and physical well-being [11]. In some communities, children who exhibit unusual behavior, experience misfortune, or are simply unwanted may be accused of being witches. These accusations can lead to severe abuse, abandonment, and even death. The practice is often linked to economic hardship, as families struggling to survive may scapegoat children as a way to reduce the number of mouths to feed. The psychological impact on accused children is profound, leading to trauma, depression, and a complete loss of trust in family and community structures.

Interaction Between Traditional and Modern Approaches

In the DRC, traditional and modern biomedical approaches to mental healthcare often operate as parallel systems with limited interaction or integration. Many individuals and families navigate both systems, seeking help from traditional healers, religious leaders, and modern healthcare providers, often simultaneously. This can lead to conflicting advice, fragmented care, and a lack of continuity in treatment. There is a growing recognition of the need for greater collaboration and integration between the two systems to provide more holistic and effective care. However, this is a complex challenge that requires addressing issues of mutual mistrust, differing explanatory models of illness, and power imbalances between the two systems.

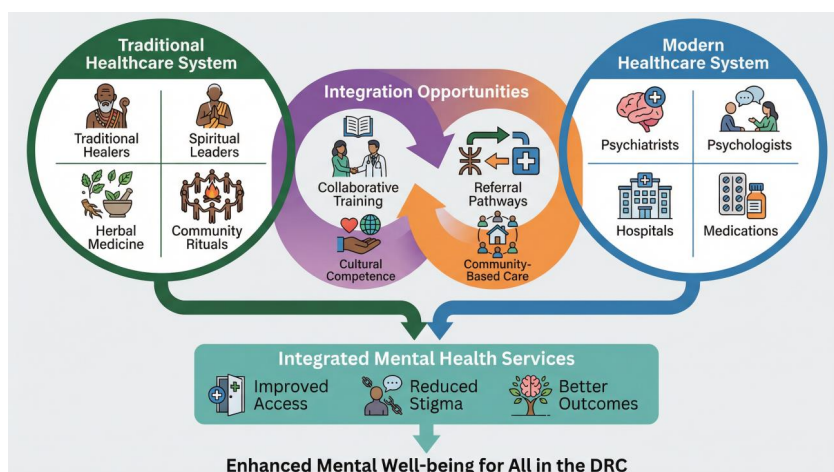


Figure 6: Integration Model for Traditional and Modern Mental Health Systems

This conceptual diagram illustrates the pathway from parallel traditional and modern healthcare systems toward an integrated model. The center shows key integration opportunities including collaborative training, referral pathways, cultural competence, and community-based care, leading to improved access, reduced stigma, and better mental health outcomes for all in the DRC.

Discussion and Implications

The findings of this systematic literature review confirm that cultural belief systems in the Democratic Republic of Congo (DRC) are indeed a double-edged sword, offering both significant support for and considerable challenges to mental well-being. This section discusses the interpretation of these findings, links them back to the research objectives, and explores their practical implications for policy, practice, and future research.

Interpretation of Findings

The research clearly demonstrates that culture is not a monolithic barrier to mental healthcare in the DRC. Instead, it is a dynamic and complex force with both protective and harmful dimensions. The positive aspects of culture, such as the strong social support networks provided by family and community, the resilience-building role of religious faith, and the accessibility of traditional healers, are essential components of the mental health ecosystem in the DRC. These cultural resources are particularly vital in a context where formal mental health services are largely unavailable.

However, the negative aspects of cultural beliefs, particularly the supernatural attribution of mental illness, are a major obstacle to improving mental health outcomes. The belief that mental illness is caused by witchcraft or demonic possession fosters stigma, leads to harmful practices, and prevents individuals from seeking timely and effective care. This finding is consistent with research from other parts of sub-Saharan Africa, where similar beliefs are prevalent [12].

The coexistence of traditional and modern biomedical systems of care, with little integration between them, further complicates the mental health landscape. Patients and their families often navigate a pluralistic healthcare system, seeking help from a variety of sources. This can result in fragmented and uncoordinated care, and it highlights the urgent need for greater collaboration between traditional and modern healthcare providers.

Link to Research Objectives

This study has successfully met its research objectives. It has examined the positive contributions of cultural beliefs to mental well-being, identified the cultural beliefs and practices that challenge mental health, and analyzed the interaction between traditional and modern approaches to mental healthcare. The findings provide a nuanced and evidence-based answer to the research question, demonstrating that cultural belief systems in the DRC have a dual impact on mental well-being.

Practical Implications and Recommendations

The findings of this study have several important practical implications for improving mental health in the DRC. The following recommendations are offered for policymakers, healthcare providers, and community leaders:

For Mental Health Policy

The DRC's national mental health policy should be revised to explicitly acknowledge and integrate the role of cultural belief systems. This should include allocating a government budget for mental health services and developing culturally appropriate interventions that are tailored to the specific needs of different communities.

For Health Service Delivery

Greater collaboration between traditional and modern healthcare providers is essential. This could involve training traditional healers in basic mental health first aid and establishing clear referral pathways between the two systems. Mental health services should also be integrated into primary healthcare, and healthcare providers should be trained in cultural competence to ensure that they can provide care that is respectful of patients' beliefs and values.

For Community Education

Public education campaigns are needed to increase mental health literacy and to challenge the stigma associated with mental illness. These campaigns should be developed in collaboration with community leaders, including religious leaders, and should aim to promote a more scientific understanding of mental illness while still respecting cultural beliefs. Engaging religious leaders as mental health advocates could be a particularly effective strategy, given their influential role in the community.

For Research

More research is needed to fill the gaps in our understanding of mental health in the DRC. This should include conducting national epidemiological studies to determine the true prevalence of mental health disorders, validating culturally appropriate assessment tools, and evaluating the effectiveness of integrated traditional-modern approaches to care.

Contribution to SDG 3: Good Health and Well-being

The findings and recommendations of this study directly contribute to the achievement of SDG 3, particularly Target 3.4,

which calls for promoting mental health and well-being by 2030. The DRC's current mental health situation presents significant obstacles to achieving this target. With only 5% of the population having access to mental health services, a severe shortage of mental health professionals (0.08 psychiatrists per 100,000 people), and high rates of mental health disorders, the country is far from meeting the SDG 3 benchmarks.

However, by leveraging the positive aspects of cultural belief systems such as religious coping, community support, and the accessibility of traditional healers while simultaneously addressing harmful beliefs and practices, the DRC can make significant progress toward SDG 3. The recommendations provided in this paper, if implemented, would contribute to several SDG 3 targets:

- **Target 3.4:** By reducing stigma, improving access to care, and integrating traditional and modern approaches, the DRC can promote mental health and well-being and potentially reduce suicide rates (Indicator 3.4.2).
- **Target 3.8:** By developing community-based mental health services and training traditional healers, the DRC can move closer to achieving universal health coverage for mental health.
- **Target 3.c:** By investing in the recruitment and training of mental health professionals and integrating mental health into primary care, the DRC can strengthen its health workforce.

The DRC's experience can also inform global efforts to achieve SDG 3 in other post-conflict and low-income settings, demonstrating the importance of culturally competent approaches to mental health care.

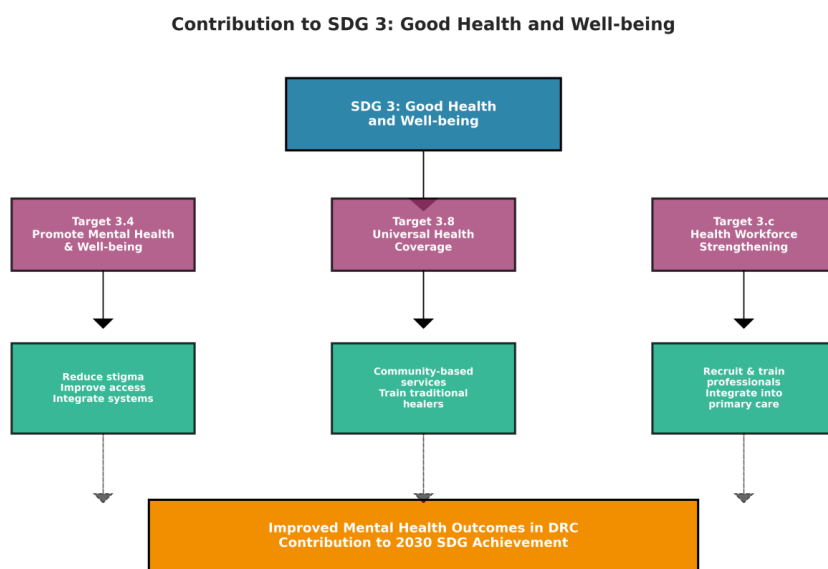


Figure 7: Contribution to SDG 3: Good Health and Well-being

This framework diagram illustrates how the paper's recommendations connect to specific SDG 3 targets (3.4, 3.8, and 3.c) and contribute to improved mental health outcomes in the DRC, ultimately supporting the achievement of the 2030 Sustainable Development Goals.

Global and Local Context

The findings of this study have relevance beyond the DRC. The challenges and opportunities presented by the interaction of culture and mental health are common to many post-conflict and low-income countries. The DRC can serve as a case study for developing culturally competent mental health systems in other parts of the world. At the same time, it is crucial to recognize that cultural beliefs and practices are highly context-specific, and interventions must be tailored to the local culture and context.

Limitations

This study has several limitations. First, it is based on a review of existing literature and did not involve the collection of primary data. Second, the available literature is heavily skewed towards the conflict-affected eastern provinces of the DRC, and the findings may not be generalizable to the entire country. Third, the lack of national epidemiological data makes it difficult to assess the full extent of the mental health crisis in the DRC. Finally, the cultural landscape of the DRC is incredibly diverse, and this study was not able to explore the specific beliefs and practices of all 350+ ethnic groups.

Conclusion

This research paper has explored the intricate and often contradictory role that cultural belief systems play in shaping

mental well-being in the Democratic Republic of Congo. The evidence confirms that culture is not a monolithic obstacle but a powerful, dual-natured force. It provides essential sources of resilience through community cohesion, spiritual faith, and the accessible support of traditional healers. These elements are the bedrock of psychological survival for many in a nation where formal mental health infrastructure is critically lacking. At the same time, deeply entrenched beliefs attributing mental illness to supernatural causes, such as witchcraft and curses, perpetuate debilitating stigma, lead to harmful practices, and create formidable barriers to accessing effective biomedical care.

The significance of this research lies in its challenge to the "single story" of culture as merely a source of mental health stigma. By presenting a more balanced and nuanced perspective, this paper provides a foundation for developing policies and interventions that are not only culturally sensitive but also culturally leveraging. It underscores the necessity of moving beyond a model that simply seeks to replace traditional beliefs with biomedical ones, advocating instead for an integrated approach that respects cultural values while promoting evidence-based care.

Future research should prioritize several key areas. First, there is an urgent need for national epidemiological studies to accurately map the prevalence and nature of mental health disorders across the DRC's diverse regions and ethnic groups. Second, longitudinal studies are required to understand how cultural beliefs are evolving in response to globalization, urbanization, and ongoing conflict, and what impact these changes have on mental health. Finally, rigorous effectiveness trials are needed to evaluate integrated models of care that foster collaboration between traditional healers, religious leaders, and modern health professionals.

In conclusion, building a robust and effective mental health system in the DRC requires a paradigm shift. It demands an approach that reclaims the healing, supportive aspects of Congolese culture while honestly and critically addressing those that hold individuals back. By embracing this complexity, it becomes possible to envision a future where cultural heritage and modern medicine work in concert to foster mental well-being for all Congolese people, transforming the double-edged sword of culture into a powerful tool for healing and resilience.

The path forward requires courage, humility, and collaboration. Policymakers must prioritize mental health in national budgets and recognize that investing in mental health is investing in the nation's future. Healthcare providers must be trained not only in clinical skills but also in cultural competence, learning to work alongside traditional healers and religious leaders rather than in opposition to them. Communities must be empowered to challenge harmful beliefs while preserving the cultural practices that have sustained them through generations of hardship. And researchers must continue to build the evidence base that will guide these efforts, ensuring that interventions are both effective and culturally appropriate.

The DRC stands at a crossroads. The choices made today will determine whether the nation's rich cultural heritage becomes a foundation for healing or remains a barrier to care. By choosing integration over exclusion, collaboration over competition, and respect over dismissal, the DRC can lead the way in demonstrating how culture and modern medicine can work together to address one of the most pressing challenges of our time. The journey will not be easy, but the potential rewards a society where mental health is understood, valued, and accessible to all are worth the effort.

Achieving mental health for all in the DRC is not only a moral imperative but also a critical component of the global effort to achieve the Sustainable Development Goals. As the world moves toward the 2030 deadline for the SDGs, the DRC's progress in promoting mental health and well-being will serve as an indicator of the country's overall development trajectory. By addressing the cultural determinants of mental health, the DRC can make meaningful contributions to SDG 3 and demonstrate that sustainable development is possible even in the most challenging contexts. The lessons learned from the DRC can inform global mental health policy and practice, showing that cultural competence is not optional but essential for achieving health equity and well-being for all.

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