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RESEARCH ARTICLE

MENTAL HEALTH IN CONGOLESE SCHOOLS: FROM LEGAL FICTION TO STAKEHOLDER IMPROVISATION, INSTITUTIONALIZATION IN SEARCH OF MEANING

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Abstract

This article examines the systemic divide between the legislative ambitions of Congolese schools and conditions on the ground marked by structural precarity. Although the 1995 Education Act and the 2022–2026 National Health Development Plan (PNDS) position psychological well-being as a driver of educational success, the study shows that this institutionalization amounts to a “legal fiction.” Drawing on the neo-institutionalist framework of J. Meyer and B. Rowan (1977), the research identifies substantial decoupling: the institution adopts international standards through superficial isomorphism to secure external legitimacy without transforming actual practices. A qualitative investigation involving 18 key stakeholders reveals that this decoupling is reflected in a complete absence of budgetary provision and intermediary support structures. This vacuum forces teachers to engage in informal “bricolage,” an ethic of compensatory care reported in 81% of cases, which generates professional burnout and compassion fatigue. Without an official clinical framework, institutional silence gives way to mystical and religious interpretations of psychological disorders (72%), perpetuating student stigmatization. To address this anomie, the study recommends transforming Pedagogical Coordination Units into Spaces for Collaborative Development and Psychosocial Support. Drawing on the ethics of care (J. Tronto, 1993) and experiential andragogy (D. Kolb, 1984), this reform seeks to turn “bricolage” into grounded professional practice. The aim is to move from disconnected imported norms towards a functioning support system capable of breaking the cycle of silence.

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Introduction:-

Contemporary schools are undergoing a profound paradigm shift, moving beyond their historical definition as “sanctuaries” devoted exclusively to the vertical transmission of knowledge. According to F. Dubet (2002, p. 386), the decline of the classical institutional model marks the emergence of a space centred on subject formation and

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democratic socialization. Psychological well-being is now regarded as a foundation of learning processes: success no longer lies in submission to rigid norms, but in lived experiences through which learners develop their identities in encounters with others.

This shift redirects attention from instruction alone towards the protection of the individual. The urgency is global: the UNICEF report (2021, p. 35) indicates that 14% of adolescents experience diagnosed psychological disorders. This crisis threatens both individual trajectories and the sustainability of nations' human capital. Across Africa, the challenge is particularly acute. Efforts to integrate comprehensive health into schools encounter a legacy of directive teaching and overstretched healthcare services. The institution thus becomes a site of friction between global performance standards and local constraints, illustrating the "challenge of authenticity" theorized by Fabien Eboussi Boulaga (2000, p. 112).

In the Republic of the Congo, this situation unfolds within a changing landscape shaped by two opposing dynamics. On the one hand, a top-down impetus, driven by the 1995 Education Act and the National Health Development Plan (PNDS, 2022–2026), seeks to make schools protective environments. On the other, a bottom-up reality, shaped by stakeholders' actual practices, reveals that the appropriation of these norms often gives way to the imperatives of day-to-day educational survival.

Our analysis therefore centres on this "paradox of institutionalization": how can official prescriptions for school mental health be implemented within an education system characterized by precarious material and managerial structures? Systemic overcrowding, the erosion of medical and social services, and persistent sociocultural stigma embody the gap between political intention and lived experience. This disconnect produces a contradictory injunction: the obligation to accommodate vulnerability within mass education structures oriented towards performance. In the absence of mechanisms for identifying difficulties and regulating educational responses, psychological distress is inevitably recast as "disciplinary deviance," denying learners' suffering while sanctioning only their misconduct.

A central question consequently arises: how does the Congolese school system translate the requirement for psychological support into practice in an environment of chronic scarcity? Does this represent a genuine transformation of praxis, or merely a "normative transplant" neutralized by material inertia? To address this question, our investigation follows three lines of inquiry: 1) What are the substance and actual scope of official school mental health guidelines in Congolese legislation, and how do they define the framework for public action in schools? 2) How do education stakeholders (school heads and teachers) appropriate these prescriptions to develop an often improvised, everyday response to psychological distress? 3) Which organizational and sociocultural determinants consolidate the dissonance between normative intentions and effective practice on the ground?

This problem framework, which successively examines the normative context, stakeholder rationales and structural constraints, calls for several conjectures.

These working hypotheses assess the proposition that, in the absence of institutionalized psychological and educational support, Congolese schools become sites of hybridization between formal protocols and strategies for professional survival:-

- **Main Hypothesis (H0):** The institutionalization of mental health in Congolese schools reflects "superficial isomorphism," whereby normative discourse serves international legitimization without transforming actual educational practice because intermediary mechanisms are lacking.
- **Secondary Hypothesis 1 (H1):** Congolese legislation suffers from "operational incompleteness": recognition of the right to mental health remains a legal fiction in the absence of implementing decrees and dedicated budgetary provision.
- **Secondary Hypothesis 2 (H2):** Faced with an institutional vacuum, frontline stakeholders develop an "ethic of compensatory care" characterized by educational bricolage and informal care that, while safeguarding individual trajectories, exhaust human resources.
- **Secondary Hypothesis 3 (H3):** Institutional silence concerning psychological disorders strengthens mystical and religious representations, turning educational assessment into a stigmatizing social diagnosis of the student.

The main objective of this research is to unpack the mechanisms of decoupling between legal prescriptions and the effective provision of psychological support in schools.

Specifically, it seeks to:-

- Identify and assess the coherence of Congolese legislation governing school mental health in relation to international standards.
- Inventory and categorize the adaptive strategies and educational “bricolage” employed by education personnel in response to student distress.
- Develop a typology of the structural, identity-related and cultural barriers that prevent Congolese schools from becoming spaces of psychological protection.

This investigation is justified by three major concerns. Theoretically, it examines the “paradox of inclusion” in African contexts, showing how local scarcity can neutralize or reinterpret international mental health norms. Educationally, it provides a basis for an “andragogy of care” intended to position teachers as first-line responders capable of identifying students’ psychological distress and referring them for support. Politically, the study provides empirical evidence to promote synergy between the education and health sectors, thereby establishing school well-being as a strategic driver of resilience among Congolese young people. The research follows a three-part methodological approach linking theory, empirical inquiry and the analysis of discrepancies. This comparison between the normative framework and stakeholder praxis seeks to identify points of rupture and propose resilience strategies suited to the realities of the national education system.

Theoretical Framework:-

The conceptual architecture of this study logically connects norms, their lived expression and their educational purpose. At the apex of this framework is mental health, understood through the paradigms of WHO (2001, p. 1) and B. Janin (2017, p. 42) as a state of wholeness and a capacity for emotional regulation. Within Congolese public policy, it constitutes an ideal norm and a regulatory horizon, defining what the institution “must” guarantee. This official prescription finds concrete expression in psychological well-being, which, drawing on C. Ryff (1989, p. 1071) and M. E. P. Seligman (2011, p. 24), represents the dynamic and phenomenological manifestation of this state of health. The relationship between these concepts is fundamental: if mental health is the norm, well-being is its indicator of effectiveness, allowing the gap between institutional ambitions and learners’ actual experiences to be assessed. This dialectic between prescription and experience leads to the ultimate purpose of the education system: holistic development. This paradigm posits the inseparability of cognitive fulfilment and psychological balance, thereby transforming instruction. Beyond the vertical transmission of knowledge, teaching becomes a vehicle for psychosocial protection, in which academic success cannot be envisaged without safeguarding students’ mental integrity.

Investigating the institutionalization of mental health in Congolese schools requires more than a one-dimensional approach. It calls for a theoretical framework capable of connecting often rigid structural rationales with the changing subjectivities of frontline stakeholders. The originality of this research lies in a dialectical reading that brings the constraints of the state apparatus into dialogue with the ethics of personal engagement. By combining organizational sociology, developmental psychology and the ethics of care, we seek to understand the transition from policy prescription to professional action.

The framework thus progresses from the macro-systemic to the micro-educational level:-

The analysis begins with the neo-institutionalism of J. Meyer and B. Rowan (1977, pp. 357–358), whose theory of decoupling explains the gap between the adoption of modern mental health discourse (isomorphism in pursuit of international legitimacy) and practices constrained by structural precarity. This systemic perspective is complemented by a learner-centred psychological and educational reading. Through C. Ryff’s eudaimonic model (1989, p. 1070), positive psychology defines well-being as a process of personal growth and self-acceptance rather than merely the absence of disorder. This perspective is reinforced by E. L. Deci and R. M. Ryan’s self-determination theory (2000, p. 71), which posits that academic success is inseparable from the satisfaction of three basic needs: autonomy, competence and relatedness. Finally, the teacher’s stance is theorized through J. Tronto’s ethics of care (1993, pp. 105–108). This framework redefines teaching as a relationship of responsibility towards student vulnerability. Teachers consequently become first-line responders whose ethical task is to safeguard learners’ mental integrity, a prerequisite for meaningful and lasting learning.

Methodology and Research Design:-

To compare theoretical concepts with realities in the Congolese context, this investigation adopts a qualitative, interpretive approach grounded in Brazzaville’s educational ecosystem. Drawing on source triangulation (Paillé &

Mucchielli, 2021), the study seeks to clarify the dialectic between institutional prescriptions and practitioners' lived experiences through a rigorous research protocol comprising two complementary phases.

First, documentary analysis examines “declared policy.” By reviewing national legislation and health and education roadmaps, it identifies how the concepts of mental illness and well-being are semantically incorporated into official texts. The second, empirical phase draws on semi-structured interviews exploring four major dimensions: representations of mental health, inclusive practices (praxis), the enactment of care and the need for changes in professional identity. The entire corpus undergoes thematic content analysis to identify points of rupture and distortions between national strategic orientations and operational capacities for intervention on the ground. For the empirical phase, purposive sampling (N'da, 2015) was used to recruit experts directly connected to the research topic.

Comprising key stakeholders from the two responsible ministries, the panel follows a non-probability stratification logic organized into three distinct levels:-

- The macro-policy level (n = 6): ministerial decision-makers whose role is to assess public policy coherence and the alignment of institutional discourse with international standards.
- The meso-organizational level (n = 4): school heads selected for their capacity to identify administrative barriers and implementation constraints.
- The micro-level (n = 8): teachers and medical and social service personnel, included to document everyday adaptive strategies in response to distress at school.

In accordance with N'da's methodological guidance, the sample size (N = 18) follows the principle of theoretical saturation, ensuring sufficient analytical depth to understand the complexity of the system under study. Table 1 below presents the participants' detailed characteristics.

Table 1: Characteristics of the Study Sample

Stakeholder category	Number	Codes	Role in the system
Ministry administrators (education and health)	6	CAD-01 to 06	Strategic leadership and standard-setting: defining the regulatory framework and managing institutional isomorphism.
School heads	4	DIR-01 to 04	Organizational regulation: linking ministerial prescriptions to operational realities on the ground.
Secondary school teachers	6	ENS-01 to 06	Educational mediation and scaffolding: identifying immediate needs and implementing “ethical bricolage.”
Health / social service personnel	2	PSS-01 to 02	Clinical expertise and support: providing technical support for resilience and safeguarding psychosocial protection.
Total	18		

Source: Bakingu Bakibangou Y. & Mouyele U. F., 2025

Ethical Considerations and Participant Protection:-

This research was conducted in strict accordance with the ethical principles of the Declaration of Helsinki. The research protocol received prior approval from the scientific committee of LARSCED (Laboratory for Research in Education Sciences, Marien Ngouabi University [UMNG]), ensuring the relevance and integrity of the approach. Each participant was fully informed of the study objectives and signed a free and informed consent form, including the right to withdraw at any time without adverse consequences. To protect participants within a hierarchical administrative context, strict anonymization was applied: all identifying data were coded (e.g., CAD-01, ENS-01). Digital data are stored securely and are accessible only to the research team, in accordance with personal data protection standards.

Results:-

This section presents the empirical findings of the research. It examines the collected data, drawing on the foundations established through documentary analysis. It also presents interview evidence to characterize stakeholders' practices and professional stances in relation to institutional requirements.

Documentary Findings from the Analysis of Regulatory Frameworks:-

Systemic examination of the legislative and strategic framework yields the following key findings, organized according to their legal nature and operational implications.

Table 2: Systemic Analysis of the Congolese Regulatory Corpus

Document analysed	Type of text	Stated ambition (Prescription)	Operational reality (Practice)	Diagnosis
Act No. 25-95 (Education)	Legislative foundation	Guarantee students' "psychological and social" development (Art. 10).	No implementing decrees or professional status provisions for school psychologists.	Legal fiction: the right exists, but lacks the means of implementation.
PNDS 2022–2026 (Health)	Strategic plan	Improve access to specialized care for vulnerable populations.	Focus on severe disorders; school settings overlooked.	Compartmentalization: mental health remains a hospital concern rather than a school concern.
SSE 2015–2025 (Education)	Programming document	Ensure equity and well-being within the education system.	100% funding shortfall for "psychosocial support."	Budgetary invisibility: ambition without funding.
Act No. 18-2018 (Public Health)	Health code	Enshrine every citizen's right to mental health.	No liaison protocols between school infirmaries and healthcare centres.	Broken chain: no interministerial links.

Source: Bakingu Bakibangou Y. & Mouyele U. F., 2025

Analysis of the regulatory corpus highlights a process of decoupling in which initial political ambition encounters three major ruptures during implementation. First, the paradox of "legal fiction" reveals a striking contrast: although the right to mental health is enshrined in legislation, the absence of implementing decrees and professional status provisions reduces it to a detached, non-binding declaration. This legal fragility is compounded by profound budgetary invisibility, illustrated by the Education Sector Strategy (2015–2025), which shows a 100% funding shortfall for psychosocial support; mental health is thus sacrificed to physical health and infrastructure emergencies. Finally, institutional compartmentalization locks the ministries of health and education into "sealed silos." Without interdepartmental links and liaison protocols, learners become trapped in an administrative blind spot, deprived of the holistic approach promised in strategic discourse. Overall, school mental health in the Congo encounters a material and structural vacuum that turns political intentions into ambitions without an operational foundation.

Professionals' Lived Experiences and Subjectivities:-

Interview analysis reveals deep structural regularities. Convergent accounts, supported by occurrence counts, attest to saturation of the corpus: the identified issues are not incidental phenomena but form part of a shared collective experience. The following table presents the thematic saturation matrix and ranks the determinants of public action, based on interviews with the participant panel (N = 18).

Table 3: Thematic Saturation Matrix and Ranking of the Determinants of Public Action (N = 18)

Interview themes	Occurrence rate (Data)	Statistical weight	Analytical significance
1. Representations of school mental health	100% (18/18)	Absolute	Mental health is represented as an unsupported institutional burden. Resource shortages dominate perceptions of the concept, eclipsing its clinical dimension in favour of material concerns.
2. Stakeholder praxis and the paradox of inclusion	88% (16/18)	Critical	Praxis (professional action) is characterized by forced improvisation. The paradox lies in the injunction to include without procedural guidance or operational

			protocols.
3. Care in action	81% (15/18)	Major	Care is experienced as an isolated commitment. It persists despite a sense of abandonment, particularly in peripheral areas where individual action compensates for the state's absence.
4. Sociocultural and mystical representations of mental health	72% (13/18)	Major	Mental health is often interpreted through external causes (mystical or religious). These representations conflict with clinical and educational frameworks, shaping support strategies and recourse to traditional or spiritual care pathways at the expense of institutional expertise.

Source: Bakingu Bakibangou Y. & Mouyele U. F., 2025

Interpretation of the data is organized around the three major dimensions identified during analysis. These themes help explain the complexity of professional practices and compare legislative frameworks with realities on the ground.

The Loss of Mental Health's Clinical Substance:-

Mental health concerns are often eclipsed by urgent material needs. All 18 participants reported that the institution fails to provide the framework needed to make mental health an educational concern. It is reduced to a "burden," suggesting that the system is perceived as operating in survival mode rather than providing support. Practitioners explicitly articulate this semantic shift from psychology to logistics as they confront the concept of mental health with the harshness of their working environment.

"When you talk to me about mental health, the first things I see are my 80 students per class and the lack of benches. How can we talk about psychological balance when a child does not even have somewhere to sit? For us, mental health starts with solving the problem of material resources." (ENS-03).

The Praxis of Improvisation:-

Without clear guidelines, teachers must devise their own solutions every day. The absence of procedural guidance forces stakeholders into educational bricolage. Although necessary, this improvisation generates a strong sense of uncertainty. This analytical finding is vividly reflected in participants' accounts, as illustrated by the following education stakeholder.

"We are told to include everyone; it is the law. But once I am faced with a student in distress or with a specific disability, what do I do? There is no document, no protocol. We feel our way forward and piece together solutions with whatever we have. We are always afraid of getting it wrong." (DIR-02).

Care as Ethical and Territorial Compensation:-

Teachers often become students' last line of protection when the state is absent. In peripheral areas, the sense of abandonment turns education stakeholders into figures of support. Individuals compensate for the state's absence. A sense of geographical marginalization makes care a solitary struggle, as this weary account illustrates.

"Here on the outskirts, we are the ones the system has forgotten. If I do not use my free time to listen to this child, or my own money to help, nobody will. We are the ones keeping the school going through sheer effort, but for how much longer?" (ENS-05).

However, such ethical compensation is not without risks for practitioners. The collected data suggest the emergence of compassion fatigue. By absorbing students' distress without a framework for professional regulation, such as supervision or reflective practice, teachers expose themselves to burnout that undermines their own mental health. When exercised in conditions of scarcity, care becomes a form of "self-sacrifice" that threatens the sustainability of educational commitment.

The Influence of Sociocultural and Mystical Representations:-

Institutional silence often gives way to supernatural interpretations of distress. When schools fail to name psychological disorders, social diagnosis takes over, alternating between presumed laziness and mystical causes.

"Sometimes, when a student has episodes or behaves strangely, psychology is not what comes to mind. Parents, and even some colleagues, say it is 'spiritual' or that the child is 'being pursued.' Since we have no psychologist to explain things, we remain in the uncertainty of beliefs." (ENS-01).

Discussion:-

Cross-analysis of documentary materials and interview accounts allows our initial conjectures to be assessed against practical realities while revisiting the theoretical frameworks underpinning the research.

The Impasse of the Legal Framework: From Mimicry to Decoupling:-

Examination of budgetary data reveals a systemic absence of provision. The 100% funding shortfall for psychosocial support, combined with the absence of dedicated professional status provisions, turns the legal framework into an “empty shell.” This finding empirically supports Meyer and Rowan’s (1977) theory of decoupling: the institution produces formal structures (the 1995 Act and the PNDS) for external legitimation while leaving frontline practices to informal survival strategies. It corroborates the “legislative mimicry” observed by B. Mabiala (2016) and illustrates the “exhaustion of policies” described by C. Lessard (2018). Beyond the financial shortfall, the analysis reveals deeply entrenched silo working. The rigid separation between the ministries of education and health creates an administrative “no man’s land.” Students in distress fall into the gap between these structures, each shifting responsibility for care to the other, turning promised cross-sectoral coordination into an organizational impasse.

Ethical Compensation: Teachers’ Care Work:-

With an occurrence rate of 81% for “care in action,” the findings reveal the emergence of “ethical bricolage.” Joan Tronto’s (1993) ethics of care is clearly illustrated here: in response to the withdrawal of state structures, teachers become caregivers out of systemic necessity. This shift from instructor to “caregiver” echoes the figure of the “boundary actor” (Lefeuve, 2015). By compensating for the state’s absence through excessive personal investment, teachers safeguard the educational relationship while exposing themselves to burnout. This informal care thus constitutes the education system’s last, albeit fragile, line of protection.

The Paradigmatic Vacuum and the Turn to Mystical Explanations:-

The data reveal the predominance of mystical explanations of disorders (72%). This figure indicates that institutional silence gives way to stigmatizing “social diagnosis.” This semantic shift runs directly counter to C. Ryff’s (1989) eudaimonic model and self-determination theory (Deci & Ryan, 2000). In the absence of a clinical interpretation, irrational explanations undermine students’ needs for competence and relatedness. This substitution demonstrates that the turn towards religion is a direct corollary of a paradigmatic vacuum within schools.

Synthesis: The Triumph of Isomorphism:-

The hypothesis of a major institutional gap (H0) is fully corroborated. Congolese schools deploy superficial isomorphism to secure credibility with international partners, while their underlying management remains precarious. As Akkari (2010) identifies, this phenomenon is characteristic of systems in transition that “stage” care while impeding holistic development. The transition towards schools that foster well-being remains contingent on the emergence of a “meso” level comprising psychologists and social workers, which alone can translate legislative prescriptions into actual practice. These analyses suggest that the institutionalization of mental health in Congolese schools does not follow a linear process but becomes fragmented across governance levels. To clarify this pattern of rupture, we propose modelling the system as a cascade of institutional fragmentation (Figure 1). The diagram summarizes the dissonance between the strategic apex, where a legal fiction (H1) crystallizes through superficial isomorphism (H0), and the operational base. It highlights how the vacuum at the intermediate (meso) level forces frontline stakeholders into an ethic of compensatory care (H2), while leaving room for mystical and religious representations (H3) to fill the institution’s silence.

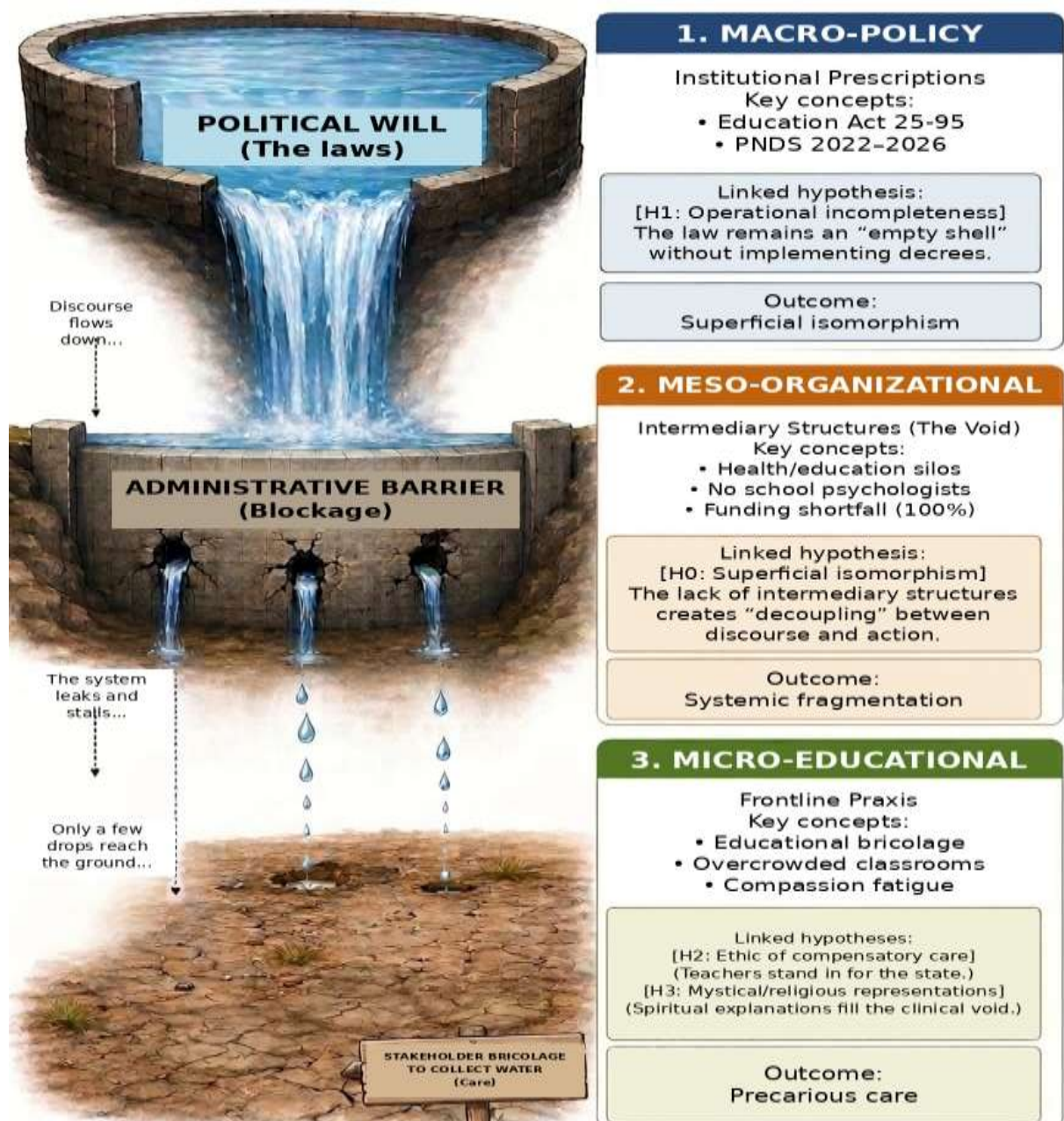


Figure 1: Model of Institutional Dissonance: From Legislative Mimicry to Stakeholder Bricolage in Congolese Schools.

Conclusion, Recommendations and Future Directions:-

The investigation within the Congolese education system reveals substantial institutional decoupling, whereby legislative ambition sharply conflicts with precarious realities. This “legal fiction” generates a threefold impasse: chronic budgetary deprivation, administrative compartmentalization between health and education, and persistent institutional silence that exposes students to the stigma of mystical interpretations. To address this anomie, the research recommends three operational levers for resilience. Structurally, Pedagogical Coordination Units (CAP) should be transformed into Spaces for Collaborative Development and Psychosocial Support (ECSP) to pool professional knowledge. Normatively, stabilizing teachers’ professional action requires locally developed guidance sheets that support the identification of vulnerabilities. Politically, breaking down ministerial silos must replace teachers’ isolation with collective responsibility. This transformation rests on an andragogy of care grounded in D. Kolb’s (1984) experiential learning model. By converting field experience into clinical competence, teachers become first-line responders capable of identifying early signs of psychological distress through a cycle of

observation and active experimentation. The project concludes with a fundamental ethical imperative: to give voice to the “silent members of the system,” the students whose lived experiences are too often overlooked. Only a phenomenological approach to their experience can sustainably transform Congolese schools into genuine spaces of protection and holistic development.

Official Texts (Republic of the Congo):-

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- Act No. 18-2018 of 22 June 2018 establishing the Public Health Code in the Republic of the Congo.
- National Health Development Plan (PNDS) 2022–2026. Brazzaville: Ministry of Health and Population.
- Education Sector Strategy (SSE) 2015–2025. Brazzaville: MEPSA.

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