Unmet Mental Health Needs: A National Emergency in South Sudan

A call to make basic mental health service a part of the Basic Package of Health & Nutrition Services to address the priority mental health problems in South Sudan

International Medical Corps

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SOUTH SUDAN PSYCHOSOCIAL PROGRAM [SSPP]

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Complied by: *The Dutch Consortium for Rehabilitation (DCR).*

DCR is a collaborative venture of four Dutch social organisations (CARE Netherlands, HealthNet TPO, Save the Children Netherlands and ZOA) that work together with the inhabitants on rehabilitation of a number of communities. The programme is implemented in six (post- conflict) countries in Africa - Sudan and South Sudan, Burundi, Uganda, Liberia and the Democratic Republic of Congo.

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Context and introduction

South Sudan, the newest country in the world, gained independence on the 9 July 2011 after decades of conflict. During the conflict the South Sudanese people have shown great resilience and adaptability in the face of significant adversity. On 15 December 2013 an internal conflict broke out which has resulted in thousands of deaths and reports of atrocities being committed by both sides, and displacement of over 1.5 million people who fled their homes to seek refuge in other areas within the country and neighboring countries.

People who experienced war in the past often hold memories and can "re-live" events, worsening already deeply personal memories. In many cases people are resilient at first. They are able to manage difficulties until they get to a place where they feel safe, after which they may start to process what has happened to them and their families.

At the same time families face social and economic stressors, threat of direct violence, threat of disease, floods and droughts, many stressors are beyond their control. It can be assumed that the level and impact of stressors for the entire population has increased since December 2013, particularly for those directly affected by this recent conflict.

The problem

There are extremely limited services to support sufferers of mental illness[1] and inadequate legal framework needed to ensure their human rights are protected if people are deemed mentally ill.

Currently only one medical facility, Juba Teaching Hospital, is able to offer treatment to patients with mental illness, while limited services are available in Malakal and Wau - two other major towns in the North and West of the country. Throughout the Country, patients are placed in a prison if they are seen as a danger to themselves or others, after consent of the family is received. Juba prison currently holds over 100 patients.

What we know:

- Few studies on mental health have been undertaken in South Sudan before the recent conflict[2]. One survey conducted in Juba suggests that over one third (36%) of

[1] Mental illness can be defined as a health condition that changes a person's thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning. Mental illness often attracts a lower priority than physical illness in post-conflict and low and middle-income societies but the two are inextricably linked. Untreated and unrecognized mental illness adds substantially to poor health. National Institute of Mental Health. http://science.education.nih.gov/supplements/nih5/mental/guide/info-mental-a.htm.

[2] Mental Health is "a state of well-being in which every individual realizes his or her own potential, can work productively and fruitfully, and is able to contribute to her or his community"

respondents met symptom criteria for post-traumatic stress disorder (PTSD) and half (50%) met symptom criteria for depression[3].

- In an assessment conducted by International Medical Corps (IMC)[4] last year, several informants noted that mental health and psychosocial problems are prevalent in South Sudan due to past conflict with the North, lack of basic services, as well as displacement, and internal conflicts.

- Depression, PTSD, anxiety, and substance abuse are major mental health issues affecting the country[5]. This is supported by global studies on ex-combatants that show how suffering from such psychological trauma can have severe effects on individuals, making them more prone to violence, drug and alcohol abuse, and suicide[6].

- A survey on mental health found that among South Sudanese ex-combatants, 15% reported wishing they were dead, or had thought of self-harm[7]. PTSD also negatively affects the ability of people such as these ex-combatants to become functioning members of society again, as they can suffer from anxiety, depression, social withdrawal, hostility, despair, and often have a destroyed capacity for social trust[8].

- Global studies in humanitarian emergencies among people affected by conflicts show prevalence rates of 17% for depression and 15% for post-traumatic stress disorder; these figures are substantially higher than average prevalence rates in general populations[9].

- Prevalence rates are associated with the severity of trauma, and the availability of physical and emotional support[10]. The World Health Organisation (WHO) estimates that rates of common mental health disorders double in the context of humanitarian emergencies, from a baseline of about 10% to 20%, while people with severe mental health disorders are especially vulnerable in such contexts and need access to specialised psychological care[11].

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[3] Roberts B, Damundu EY, Lomoro O, Sondorp E. Post-conflict mental health needs; a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan. BMC Psychiatry 2009; 9: 7.
[4] IMC South Sudan, "Mental Health in Health Facilities; Situational Analysis and Strategy," 2013
[5] Ibid
[6] Nilson, A, 2005. Reintegrating Ex-Combatants in Post-Conflict Societies. SIDA.
[7] Winkler N. Psycho-social intervention needs amongst ex-combatants in South Sudan. Juba: Southern Sudan DDR Commission (SSDDRC) and the Bon International Centre for Conversion (BICC), 2010.
[8] Nilson, A, 2005. Reintegrating Ex-Combatants in Post-Conflict Societies. SIDA. (Kingma, 1999:8; Maynard, 1997:205, 207-10)
[9] WHO 2011, Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level EXECUTIVE BOARD EB130/9, 130th session, Provisional agenda item 6.2
[10] World Psychiatry. Mental health consequences of war: a brief review of research findings Feb 2006; 5(1): 25–30.
[10] World Psychiatry. Mental health consequences of war: a brief review of research findings Feb 2006; 5(1): 25–30.
[11] IMC South Sudan, "Mental Health in Health Facilities; Situational Analysis and Strategy," 2013

- A recent study provides evidence on the pervasive influence of demographic characteristics, living conditions, and violent and traumatic events on the general physical and mental health of a conflict-affected population in South Sudan, and highlights the importance of addressing all these influences on overall health[12].

Effects on population

All groups within a given population are potentially at risk of developing mental health concerns. However there are some groups who are frequently shown to be at increased risk. People, can at times lack the individual, familial, community and society support system to cope with individual experiences encountered in particular combatants, thus increasing the likelihood that without services, mental health actors will see an increase in pathologies. Currently, the military hospital has inadequate capacity to care for soldiers suffering from mental illness; cases are transported to Juba teaching hospital.

While soldiers may be exposed to a larger number and scale of experiences that could be traumatic in scope and frequency than the rest of the population, the population as a whole has suffered, in particular women and children. In many families the man is the decision maker, and when the conflict started in December and men ran to the front lines, women - who often had not had to cope at home alone, were left to fend for themselves. Some have since fled their homes due to the conflict.

The husband's departure can cause a great deal of stress for some women[13] and children, who must find alternative money and resources to pay for their and their children's survival. This struggle for survival has forced many women into employment activities they had not expected, such as survival sex; while exposing them to serious health implications. Over 93,000 people are seeking protection in crowded UN bases, where women and girls are not always provided with safe areas to live. Within the POC sites on these UN bases, overcrowding and poor lighting create conditions that can increase the risk of sexual violence, predominantly towards women and girls[14]. This change in living conditions often causes substantial psychological and social suffering in the short term, which if not adequately addressed can lead to long-term mental health and psychosocial problems[15].

Mental health treatment options in South Sudan can be improved

Despite the probable high burden of mental disorders in South Sudan, only few qualified mental health professionals exist. However, the reality is that most of the mental, neurological, and substance use conditions that result in high morbidity and mortality can be managed by non-

[12] Roberts, B. 2010. The influence of demographic characteristics, living conditions, and trauma exposure on the overall health of a conflict-affected population in Southern Sudan. BMC Public Health 2010, 10:518.

[13] World Psychiatry. Mental health consequences of war: a brief review of research findings Feb 2006; 5(1): 25–30.
[14] HRW, 2014. Rape and War in South Sudan, http://www.hrw.org/news/2014/05/19/rape-and-war-south-sudan
[15] Handicap International, 2011, Mental health in post-crisis and development contexts.

specialist health-care providers[16], as pointed out in the WHO Mental Health Gap Intervention Guidelines (mhGAP-IG) for countries with limited resources such as South Sudan.

What is required is increasing the capacity of the primary health care system for delivery of an integrated package of care by training, support and supervision[17]. The WHO world health report of 2001[18] highlights key issues to be addressed and includes the following recommendations which are still relevant:

1. Providing treatment through primary health care (PHC)
2. Making psychotropic drugs available
3. Giving care at the community level with community involvement
4. Educating the public
5. Involving communities, families and consumers
6. Establishing national policies, programmes and legislation
7. Developing human resources
8. Linking with other sectors
9. Monitoring community mental health
10. Supporting more research.

What is being done already?

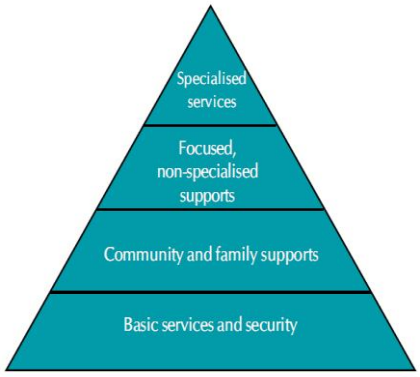

Figure 1. Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below.

Awareness of the mental health needs in South Sudan is continuing to increase and several agencies undertook mental health and psychosocial support assessments in early 2014, including IOM and IMC.

There are several international actors providing basic psychosocial care in the internally displaced persons (IDP) camps, while other agencies, such as Health Net TPO, are undertaking community based psychosocial support programmes in rural communities.

However, there are very few agencies offering specialised services for people with mental illness. Handicap International is soon to start project that include activities in the Juba Prison, Juba Teaching Hospital as well as community-based actions. MSF-Holland has provided some care for the people suffering from mental health issues in camps in Maban, but due to the other life-saving medicine that is required they have not been able to focus on this issue[19]. St Bakhita's is the only other service provider, based in Yei, Central Equatoria, providing professional mental health medical care.

[16] WHO Mental Health Gap guidelines.
[17] Ibid
[18] WHO, 2001. The World Health Report, Mental health New Understanding, New Hope.
[19] MSF-Holland, meeting in Juba.

WHO recently had a consultant in Juba for three months looking at the mental health needs, but currently they have no focal point in the country. A positive step is that, recently, RSS appointed (June 2014) a focal point in the Ministry of Health for a newly formed Directorate of Mental Health Services; the scope of this position remains to be seen.

Key Recommendations:

Republic of South Sudan (RSS)

1. **Support the implementation of basic mental health services as part of the Basic Package of Health & Nutrition Services** to address the common and prioritised mental health problems in South Sudan. The government should take action in line with the WHO Mental Health Action Plan, which stipulates the integration of mental health into primary health care.
2. **Make finance available for specialised training, equipment, drugs and personal to improve access to mental health services.** Currently there is no budget available for specialised mental health services or the newly established mental health Directorate in the Ministry of Health
3. **Implement findings from the 2001 WHO[20] world health report on mental health in South Sudan.** The Ministry of Health/ Mental Health Department must start working towards implementing the findings from the WHO world health report on South Sudan to improve mental health systems and reduce the burden of mental health disorders. In addition, South Sudan, as a WHO member state has committed itself to the WHO Mental Health Action Plans (2013); future efforts towards strengthening mental health care should be in line with that document.

Non-Governmental Organisations (NGOs)

1. **Expand mental health community services.** Non-governmental organisations should invest in capacity building of non-specialised general health care workers and specialised mental health professionals to improve access to services.
2. **Engage communities in mental health promotion and make mental health services accessible** by training volunteers and community health workers in community outreach and follow-up, reaching out to informal community supports (e.g. traditional healers) and creating entry points and referral pathways for mental health.

[20] WHO, 2001. The World Health Report, Mental health New Understanding, New Hope. This includes: , which include (1) providing treatment in primary health care (PHC), (2) making psychotropic drugs available, (3) giving care at the community level with community involvement, (4) educating the public, (5) involving communities, families and consumers, (6) establishing national policies, programmes and legislation, (7) developing human resources, (8) linking with other sectors, (9) monitoring community mental health, and (10) supporting more research

3. **Improve quality assurance mechanisms** through rigorous research and routine monitoring & evaluation of services. Policy makers should be informed about the further development of mental health care and psychosocial support in South Sudan.

WHO (World Health Organisation)

1. **Participate and play a leadership role in the mental health working group** and country coordination efforts to improve access to mental health care.
2. **Support the newly formed Mental Health Directorate** in the Ministry of Health with technical assistance to inform policy and programs while contributing to research formation.
3. **Create a long-term Mental Health Coordinator position (Psychiatrist)** within WHO to support government and non-governmental actors with training and technical skills development.
4. **Provide training** on mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialised health settings trainings with support from relevant NGOs.

Donors

1. **Continue to facilitate psychosocial support programs** in IDP and refugee areas while planning for longer-term engagement.
2. **Fund mental health professionals to come to South Sudan**. Mental health professional are desperately needed in South Sudan. Support is needed for NGOs and others to be able to bring in technical experts that are able to stay for extended periods, to start to engage in the treatment, training and policy processes in line with national and global guidelines (e.g. IASC, WHO mhGAP).
3. **Support mental health research**. There is a need for research initiatives in South Sudan that will improve medical personnel's access to information that can help improve treatments both in facilities and within communities.