

Developing mental health and psychosocial support interventions in an extremely resource poor context: a case example from Southern Sudan

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The situation in Southern Sudan poses strong challenges for the development of Mental Health and Psychosocial Support (MHPSS) services. Local government structures are weak and the health care system is hardly functioning at the primary health care level in terms of human resource, infrastructure and medical equipment. To develop MHPSS in such a context requires a strong focus on capacity building of the local staff and awareness activities on the community level through participatory mechanisms. This article describes a programme in Yei River County in Southern Sudan that uses a public health framework, targeting different levels (individual, family and community), and includes both prevention and treatment. Despite the formidable challenges, the programme demonstrates that it is feasible to implement MHPSS activities in a resource poor, post conflict setting through a community based approach in which relief, rehabilitation and development are complementary.

Keywords: capacity building, multi levelled interventions, Southern Sudan

Introduction

Southern Sudan has suffered from decades of violence and structural underdevelopment. The country was engaged in a civil war from 1983 till early 2005 when a comprehensive peace agreement was signed between the government of Sudan and the Sudan People's

Liberation Movement (SPLM). Presently the Government of Southern Sudan (GOSS) is functioning, but to a very limited extent, especially at the lower administrative levels [state, county and *payam* (districts)]. Since January 2005 many former refugees have returned to their homes. Tension developed between the host communities and returnees due to disputes about land and possessions, and because the returnees were sometimes labelled as 'cowards' as they had not been involved in the liberation struggle. Inadequate public services such as education, health and justice further worsened the relationship between those who stayed and those who came back. Problems with the implementation of the comprehensive peace agreement and internal political and ethnic tensions within the Government of Southern Sudan complicated efforts for countrywide reconstruction and peace building. The failure to reach a peace agreement with the Lord's Resistance Army (LRA) 'renewed' old problems, such as: child abduction, rape, killing of innocent civilians and looting by LRA soldiers. One major problem in Southern Sudan remains the weak internal capacity to reconstruct the society, and this is reflected in many areas of basic needs and the protection of human rights. Three years after the peace agreement the government still depends

heavily on external support, especially in regard to funding, human resource and organizational capacity. There is a worrisome absence of reliable governance, and this poses strong challenges for the development of Mental Health and Psychosocial Support (MHPSS) services. Many people feel demoralized and have lost the basic sense of being part of a community. In such a context, much attention needs to be given to awareness raising activities on community level, to increase participation and local ownership of responsibility and mutual support.

Yei River County, with an estimated population of 293 000 inhabitants, is situated in the south west of the new country, bordered in the southwest by the Democratic Republic of Congo and in the south by Morobo County that, in turn, borders northern Uganda. The town area is home for approximately 175 000 people, half of them former refugees or internally displaced people (IDPs) (Southern Sudan Relief and Rehabilitation Commission, 2007).

Road conditions are bad; there are no tarmac roads, and many potholes and pits. In the relatively small centre of the town, dilapidated *mabati*-houses (with iron sheeted roofs) are to be found, surrounded by areas built with 'tukuls' (grass roof thatched huts). Since 2008, new permanent buildings and houses are being constructed. Hundreds of mostly young people are involved in small business, while formal jobs can only be found either in government institutions (education, health, and governmental departments) or with nongovernmental organizations (NGOs). Education levels are very low. Many young people roam the streets every day. Also, many refugees or returnees do not go back to their original homestead for reasons related to

the security situation, socio-economic conditions, or because their land is taken away (HealthNet TPO, 2008).

The programme in Yei

In the 1990s, the Transcultural Psychosocial Organization (TPO) started psychosocial and mental health activities with Southern Sudanese refugees (Baron, 2002). Later, when the situation in Southern Sudan became more stable, the organization initiated psychosocial and mental health activities in Southern Sudan itself. The project in Yei started after a mission in 2003 to assess the feasibility of establishing a new project in the Yei River County (Kortmann, 2003). As of 2006, the mental health and psychosocial programme in Yei has been funded by ECHO (the Humanitarian Aid Department of the European Commission). The programme uses a public health framework, targets different levels (individual, family and community), and includes both prevention and treatment. The intervention team consists of two registered psychiatric nurses, five psychosocial supervisors, two trainers and 13 psychosocial workers. All of the staff is Sudanese, and most are trained on the job, within the programme.

Interventions on multiple levels

The programme uses a model that targets mental health and psychosocial problems at a variety of levels: societal, community, family/household and individual. Intervention techniques and models are based on assessed needs, experiences in other countries, as well as based on the specific Southern Sudan situation. This is an area not only considered to be a post war country, but also needs to be recognized as a new young country still suffering from

its past, and hence lacking a clear direction for its future. For people with severe mental disorders and epilepsy a new component was added in 2008, the Mental Health Care Development Project, in which two experienced psychiatric nurses train primary health care staff on epilepsy and mental disorders. The patients are seen together by the general health care staff. Mental health care interventions include training of local health cadres on mental health, mental illness and epilepsy.

Societal Level

The programme works together with the local health authorities to put effort into influencing the development of a community based MHPSS policy at Ministry of Health level. It provides the Ministry of Health with data on the mental health situation. The programme also organizes large awareness raising activities. In October 2008 for example, the programme staff organized celebrations for World Mental Health Day, in which the Director General of Primary Health Care at the Ministry of Health in the Government of Southern Sudan participated. The programme staff advocated for basic rights of people with epilepsy and mental illness, not limited to health, education, food, or shelter. The director appreciated the initiative and promised to support the establishment of mental health care and psychosocial services.

Community level

These activities aim to increase the community ownership of interventions. They include awareness activities about the destructive impacts of: alcoholism, gender based violence, HIV/AIDS, violations of human rights, child abuse, and dependency

syndrome. They also promote social networks. All segments of the community are targeted: women, men, youth, children, local professionals, health workers and community leaders.

Specific activities include:

- *Public education* using all means available, such as posters and leaflets, campaigns, radio (local FM), workshops, forum theatre and group discussions;
- *Reactivation of local community structures*, whose activities contribute to healing and recovery, such as churches, clan elders, schools, youth groups, women's groups, local leaders;
- *Community workshops and meetings* to increase Community Participation in Psychosocial Helping (CPPH);
- *Forum theatre*, a psychosocial intervention to help make people more aware of problems that they may have not considered previously, and to engage the audience in possible solutions. Forum theatre scenarios are designed to stimulate audience participation through discussion, interactive role playing and shared experiences;
- *Training to build or strengthen capacity* of government officials, community based organisations, staff of NGOs, health workers, teachers, local leaders and other cadres through in depth transfer of knowledge, skills and attitude on mental health and psychosocial care for those with psychosocial problems and mental disorders;
- *Recreational and sport activities*: youths/ children are organized to receive training on life skills development, social behaviour and knowledge about adolescent reproductive health problems, including HIV/AIDS.

Case sample: the establishment of community psychosocial committees

In 2007 the psychosocial workers conducted a needs assessment in all communities in Yei County, including the far rural areas. Awareness workshops on the need for health care and social care (for example negative impact of sexual and gender based violence, alcoholism, drug addiction, lack of hygiene, lack of home based care, lack of social wellbeing, effects of dependency) followed the assessment. The staff noticed that the messages were received well, but that the people and their local leaders continued 'waiting' for the government and NGOs to solve their problems. Therefore, at the end of 2007, the programme started the establishment of community psychosocial committees, consisting of local leaders and traditional chiefs. These community psychosocial committees are trained on various topics, such as basic psychosocial assistance, taking initiative to analyse community problems and present ways forward to their community. The psychosocial worker functions as an advisor and supervisor to these committees, and provides technical know-how and support. This new approach, meant to advocate for self responsibility and self initiatives in the process from relief to development shows, to date, a quite positive impact.

relatives throughout the management process proved to be a major pillar for healing and, in the case of clients with severe mental disorders, are essential requirements for eliminating unnecessary physical restraint and stigma.

Case sample: assisting vulnerable people with epilepsy

In mid 2008 the programme initiated, in cooperation with the County Health Department, the successful delivery of blankets (donated by UNHCR) to patients with epilepsy that were left without any family or community support. To ensure that the blankets did not end up in the hands (houses) of relatives, or other community members, the programme staff carried out home based care assessments in order to register the people who were most needy. At the same time, the psychosocial staff, in close cooperation with selected health care staff, conducted awareness exercises to assure that the needy were not further stigmatized, and were considered to be human beings who should not be robbed of their small possessions. A radio programme also contributed to these sensitization efforts. Follow up visits of the programme staff shows that the action has been respected and is therefore successful.

Family/household interventions

This intervention involves informal support systems of family, friends, neighbours and peers. These interventions include: organizing families that share the same experiences into self help groups, family counselling and education. The involvement of the family in all stages of mental health and psychosocial care has been emphasized in all the models of care. Experience from the field has shown that involvement of the client's

Individual mental health and psychosocial interventions

Those with more complicated problems that cannot be addressed effectively at the community and/or societal level, are individually assessed. The interventions are tailored to meet the specific needs of the client, and the mental health and psychosocial support is provided by either the psychosocial worker or a psychiatric nurse. In March 2008, the first mental health clinic was opened in the

Case sample: an HIV positive woman who was rejected

A woman, aware of the promiscuity of her husband, wanted to go for a HIV test, as the radio has announced that such tests can be done in a voluntary counselling and testing centre. Unfortunately, she turned out to be HIV positive. She approached the psychosocial worker of Health-Net TPO Yei, who is based in a Primary Health Care Unit and expresses her fear over the reaction of her husband. She is aware of her low status as a woman in the community and fears she will be blamed in case her husband is also HIV-positive. She knows that she will be thrown out of the house, or worse, accused of trying to kill her husband. The programme psychosocial worker decided to mediate and accompanied the woman to her home, in order to intervene, in case the situation gets out of hand. During the meeting the tension is high, and it is clear that the man is not ready to admit he could have been the one infecting his wife. At the next visit of the psychosocial worker, it was revealed that the woman was still very scared and that her husband refused to talk about the issue, let alone go for testing. Two weeks later the woman was chased out of the husband's house. She was desperately looking for a place to stay. She left to go to relatives who lived outside of Yei River County. Two years later she is still alive, but her husband passed away at the end of last year. Her husband's family kept all properties.

scattered settlements, there is a great demand for further decentralization of the services to primary health care units (PHCUs). Since the establishment of the mental health clinics, the number of cases seen is on the rise. There are also increasing numbers of patients coming from the neighbouring counties of Morobo and Lainya.

Case sample: a man with strange behaviour

An adult male patient was referred by his family because of strange behaviour: undressing in public, walking naked and talking to himself. When the project staff visited the patient's place of residence, the patient was found chained, locked inside a room littered with faeces all over it. According to the family, the abnormal behaviour started four years ago. The patient was also destructive to property and violent to the people at home, especially the mother. He often wandered around for no clear reason. Following a psychiatric assessment, patient was put on antipsychotic medication. Two weeks later patient started communicating with the rest of family members and started to take care of his hygiene. Later, the patient came regularly with his mother to the Mental Health Clinic in the hospital to collect medication.

Yei Civil Hospital. Four other mental health clinics within existing Primary Health Care Centres in the *payams* became operational as well. The two registered psychiatric nurses, with involvement of the psychosocial workers and the health facility staff, form the human resource in this service delivery. The total number of patients reached 690 within one year. This meant that at least some mental health services were available in each district. Due to

Lessons learned

In the years that we have done our work in Yei River County we have achieved many of our goals. Although working in Southern Sudan is not easy, we have learned several lessons, discussed below.

- Locally trained community psychosocial committees prove to be effective in addressing their problems in the

Case sample: a student who is rejected by her stepfather

A 16 year old female student in the second class of secondary school, reported that her mother denied her knowing her real father from early childhood. The mother of this student was remarried to a different man than her father. The relationship between the girl and her stepfather soured. He refused to pay her school fees, as well as chased the girl away from his home. The case came to light after a psychosocial worker had delivered a psychosocial awareness talk to secondary school girls. The psychosocial worker obtained consent from the girl to talk to her mother. Through their discussions, she revealed the father's name. She had denied the girl knowing her father because he had abandoned the mother after getting her pregnant, while in school. The civil war in Southern Sudan left them not knowing where the other was living. With the help of the mother, the psychosocial worker managed to trace the father and connect him with his daughter. He accepted responsibility for his daughter and agreed to settle dowry on the in-laws. The father relocated his daughter to a new school, and the girl was proud to meet her real father and began a new life.

- community, with support from a trained psychosocial worker.
- Cultural practices also have a profound influence on decision making processes to seek psychosocial support services.
 - Community health care centres are critical to the success of integrated MHPSS programmes.
 - Primary health care forms the backbone of mental health and psychosocial care service delivery in the county. Not only are trained primary care practitioners identifying, treating and referring cases/

patients within the primary health care setting but with additional training. Some health care staff have become responsible mental health assistants.

- Primary health care workers must feel supported and able to refer clients. In the absence of community based service, identification of mental health disorders and psychosocial problems within the primary health care are highly frustrating for primary health care workers and clients alike, especially given that patients often refuse hospital referrals.
- The model allows many people with severe mental disorders to be treated within the community. Otherwise they would have to be hospitalised (which is hardly possibly) or may receive no treatment at all.
- Family support is a prerequisite to the successful improvement of patients with mental disorders, epilepsy and mental illness.

All achievements are still extremely fragile, as the political, social and economical situation remains very complicated. Despite the formidable challenges, the programme demonstrates that it is feasible to implement MHPSS activities in a resource poor, post conflict setting through a community based approach in which relief, rehabilitation and development are complementary.

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Your feedback is needed for the revision of the Sphere Handbook

Since the launch of its first edition in 2000, the Sphere Handbook (Humanitarian Charter and Minimum Standards in Disaster Response) has become a widely recognised tool for improving humanitarian response by nongovernmental organizations (NGOs) but also, increasingly, by United Nations agencies, host governments, donor governments and others.

The Sphere Board has decided to revise the Sphere Project Handbook. The new edition is being planned for publication late 2010.

Comments are being encouraged from national and international NGOs, UN agencies, donor, governments (especially those where disaster response frequently takes place), academic institutions and other humanitarian actors.

The current section on Mental Health and Psychosocial Support in the Handbook is in the Health Chapter, (pages 291-293, available at: http://www.sphereproject.org/component/option,com_docman/task,cat.view/gid,70/Itemid,203). The text consists of four psychological/psychiatric interventions and eight social interventions.

There are a variety of ways to make sure your and and/or your agency's experience, insights and technical expertise inform the Sphere handbook revision:

- 1) Provide your feedback in the new discussion group on the Network for Mental Health Psychosocial Support: (<http://psychosocialnetwork.net/Groups/sphere-handbook-revision-2010>).
- 2) Get directly in touch with the Focal Points for Mental and Psychosocial aspects
 - Mark van Ommeren, WHO, vnommerenm@who.int
 - Mike Wessells, Columbia University, mwessell@rnc.edu
- 3) Send the editors of the new Handbook your feedback, suggestions and recommendations by filling in the online Handbook Revision feedback form: www.sphereproject.org/content/view/473/279/ <<http://www.sphereproject.org/content/view/473/279/>>