

Local staff are key to psychosocial support in South Sudan

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Figure 1. MHPSS training in Unity State (credit: Medair, Rob Rass)

Simon was living alone on the edge of the village. He worked by himself on building his tukul away from his family, gathering long grasses to prepare the roof. He stopped cutting his hair and was doing his own cooking. Each day he walked to the borehole to collect water and could sometimes be seen talking to himself.

Simon lives in Unity State, South Sudan, where recurring conflict and brutal violence have caused people to flee for their safety several times. As recently as mid-2018 people saw their homes burned, witnessed the killing of family members and destruction of livelihoods, and experienced rape and abduction.

In some places his isolation would go unnoticed, but in South Sudan's social, community-based culture, Simon's behaviour was unusual. Young men generally stay with their families until marriage, communities come together to build the traditional houses, and men keep their heads closely shaved.

James Gatguok, a Psychosocial Support Assistant with Medair who lived in Simon's village, began to visit Simon while he worked on his tukul. Together the men straightened the poles and tied them tightly. After several visits, James was able to talk to Simon about visiting Medair's health clinic but the man declined, insisting that he wasn't ill.

Riët Kroeze, Senior Mental Health and Psychosocial Support Advisor (MHPSS) for Medair, says that even in contexts where specialised services are limited or non-existent, humanitarian agencies can provide care suitable for the majority of people.

"Violence, fear, and uncertainty create chaos, and lacking the basics of life affects people emotionally, but not everyone is impacted in the same way," says Riët. "There are several mental health and psychosocial activities that can be implemented in humanitarian settings; each one adapted to the culture and the needs of the community."

Restoring support structures and creating awareness around positive coping mechanisms can be all the support some people need to maintain mental and



Figure 2. “This programme is new, even for us,” says Medair’s James Puoch in South Sudan. “We see the benefit; people are saying their lives are being changed. There has been so much suffering in our area and Medair is the first to offer this type of programme here.” (Credit. Medair/Sue O’Connor)



Figure 3. Michael, a nutrition officer, talks with a woman whose baby is receiving treatment in Unity State, South Sudan. Delivering all services in a way that promotes mental health and social well-being is part of helping communities recover from emergencies. (Credit. Medair/Sue O’Connor)

psychosocial well-being. Care Groups, parenting support, and cultural activities can have a profound impact on helping a community recover from shock.

In South Sudan, where mental health support is relatively unknown and specialised services are very limited, local health staff are trained in delivering MHPSS services (Figure 1). Implementing the mhGAP-HIG (mental health Gap Action Programme Humanitarian Intervention Guide) equips non-specialised health workers to follow a thorough clinical decision-making process. The guide is a practical tool and addresses the clinical assessment and management of mental, neurological and substance abuse conditions, specifically for areas affected by humanitarian emergencies. (Figure 2.)

To support Simon in South Sudan, James Puoch, a Psychosocial Support Officer for Medair, made a point of going to the borehole.

“Because James Gatguok had visited him every evening to help with building the tukul, we learned that Simon had lost many people,” said James Puoch. “He didn’t trust anyone. Finally, when I met him at the borehole, he agreed to come to the clinic.” Simon was assessed by a Medair health worker, and received treatment for psychosis. After the treatment began, James Gatguok maintained contact with Simon.

“Initially we talked to him daily and, over time, he began to behave more like his former self. He even asked James Gatguok to shave his head for him!” says James. Simon has since been able to rejoin his community. “If you see him now, he is talking to people and he visits the market. He is looking to get married now!”

“When dealing with any emergency, you need to provide for the basic needs – restoring health care, ensuring access to clean water for example – but if you’re not also addressing the psychosocial well-being of the population, it will be difficult to rebuild the community,” says Riët. “You cannot expect people to rebuild a broken community with a broken mind.” (Figure 3).

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