



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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