



## Short Communication

## Sudan's unmet mental health needs: A call for action

Sheikh Shoib<sup>a</sup>, Osman Kamal Osman Elmahi<sup>b,\*</sup>, Mohd Faizan Siddiqui<sup>c</sup>,  
Randa Ahmed Abdalrheem Altamih<sup>d</sup>, Sarya Swed<sup>e,\*</sup>, Eman Mohammed sharif Ahmed<sup>f</sup>

<sup>a</sup> Department of Psychiatry, Jawahar Lal Nehru Memorial Hospital, Srinagar, Kashmir, India

<sup>b</sup> Faculty of Medicine, Ibn Sina University, Khartoum, Sudan

<sup>c</sup> International Medical Faculty, Osh State University, Osh City, Kyrgyzstan

<sup>d</sup> Kabul University of Medical Sciences, Kabul, Afghanistan

<sup>e</sup> Faculty of Medicine, Aleppo University, Aleppo, Syria

<sup>f</sup> Department of Obstetrics and Gynecology, Nile Valley University, Sudan

## ARTICLE INFO

## Keywords:

Mental health

Sudan

COVID-19

Humanitarian crisis

## ABSTRACT

Multiple humanitarian and economic crises in Sudan, including a 22-year civil war and the Darfur genocide in 2003, have resulted in over two million fatalities, food shortages, famine and widespread internal displacement. and the COVID-19 pandemic have culminated in the compromise of mental health services. The Sudanese government had declared a state of emergency on October 25th, 2021 which augmented the current humanitarian crises through further restriction of access to essential services. In an effort to curb the mental health crisis, new service delivery models led by educational institutions in collaboration with non-governmental, regional and international organisations.

## 1. Introduction

Sudan's 22-year civil war between northern (mainly Arab) and southern (primarily Sub-Saharan African) populations resulted in the deaths of 2 million people due to civil warfare and malnutrition, making it Africa's deadliest country. On January 9, 2005, the Comprehensive Peace Agreement (CPA) went into effect, marking the end of two decades of peace talks aimed at finding a long-term solution to the war that had split North and South Sudan. Following that, a fight for control of the oil-rich town of Abyei erupted. Darfur, in northern Sudan's far west, has been wracked by war since 2003. According to the UN, between 200000 and 400000 civilians, especially women and children, have been killed in Darfur. Furthermore, the Sudanese civil war has wreaked havoc on other parts of the country, resulting in water and food shortages, and eventually famine [1]. Hundreds of thousands of people have been forced to flee their homes as a result of the problem. In conflict-affected countries, prevalence rates of mental health disorders are rising, affecting early major proportions of their populations [2–4].

Health services, particularly mental health treatment, have been impeded by the country's economic crises and civil instability. Sudan's civil wars have been linked to an increase in mental diseases such as

depression and post-traumatic stress disorder (PTSD), particularly among children and women. However, because of the high incidence of violence, the government altered its financial priorities and paid even less attention to mental health. Given the high prevalence of mental disease among victims of conflict and violence, mental health care in the country's war zones is severely lacking. In order to appreciate the current situation of the mental health system in Sudan, it is necessary to consider the majority of the population's socioeconomic position and poverty, as well as the huge proportion of illiteracy, particularly among women.

The impact of the COVID-19 pandemic and current humanitarian crisis on mental health in Sudan.

Sudan's continuous upheaval has thrown the country into disarray. On October 25, 2021, emergency declarations were made, restricting access to crucial services even more. The supply chain for vital commodities has been impacted (particularly food and medication). Sudanese citizens fear that their severe humanitarian situation may worsen. The number of vulnerable individuals may increase as the country suffers several crises, including the COVID-19 and economic crisis, the climatic catastrophe, and wars that are causing mass displacements across the country and adjacent areas. A never-ending series of

\* Corresponding author.

\*\* Corresponding author.

E-mail address: [saryaswed1@gmail.com](mailto:saryaswed1@gmail.com) (S. Swed).

**Box 1**

Recommendations to improve the mental service access in Sudan.

- Ψ Mental health therapy is now unavailable, inaccessible, and expensive in the Sudan. The lack of mental health insurance and unequal access to care are causing worry. Integrating mental health services into primary care is critical for making mental health therapy more accessible and available.
- Ψ Stronger political and management leadership is required: norms and legislation exist in the majority of countries, but they have little impact. Their use should be closely supervised and adequately monitored.
- Ψ Sudan has a scarcity of mental health professionals and human resources. Teachers, employers, general practitioners, social workers, and employment service caseworkers are often the best at detecting mental health issues early on. They must be informed and provided with a clear avenue to seek help from mental health professionals. Patients who require hospitalisation should be able to go to a nearby in-patient institution.
- Ψ As a result of Sudan's civil wars, community surveys should be done to accurately measure mental health issues and treatment needs.
- Ψ Develop culturally suitable and in-language mental health promotion tools. Initiate and expand regional mobile mental health clinics. Develop culturally suitable and in-language mental health promotion tools. To provide psychological first aid and assistance, keep the toll-free hotline operational. General practitioners can use telepsychiatry services to connect with experts.
- Ψ Develop and evaluate psychometric instruments. Make a long-term strategy for growth. Create a one-of-a-kind mental health care framework for Sudanese. Pilot programmes for psychotherapy intervention should be conducted.

catastrophes is impeding recovery [2].

13% of secondary school students in Khartoum State suffer from depression or anxiety. Prenatal mental diseases have been recorded in 23% of primary care institutions and communities in Sudan's capital, Khartoum. Internally displaced people had a greater prevalence of mental diseases (53%) than non-displaced people, including major depressive disorder (24.3%), generalised anxiety disorder (23.6%), social phobia (14.2%), and post-traumatic stress disorder (PTSD) (14.2%). Internally displaced individuals have a 1.5% prevalence of significant mental diseases; there are no statistics on attempted or completed suicides, or drug and alcohol misuse. Individual diagnosis and screening took approximately a year for the health authorities to diversify. Health services have been impacted by the outbreak. Hospitals have been forced to close due to high infection and death rates among healthcare workers [3].

## 2. Challenges and recommendations

Despite the fact that a Mental Health Act was drafted in 1998, Parliament did not pass it until June of this year. Sudan's 2008 updated mental health policy promotes improving quality, finance, and monitoring methods, according to a summary of the Act's components. Another study from 2009 suggested that the country's mental health care system be overhauled. These publications were highly influenced by the WHO regional office and Sudanese psychiatrists [4]. According to the WHO mhGap study, Sudan requires six therapists for every 100,000 people. Within a decade, the number of mental health specialists in Sudan must more than quadruple, from 1.6 per 100,000 people [5]. To attain this goal, new service delivery models are required. There may be a need for early intervention in both urban and rural populations. Sudan's intellectual and scientific institutions should lead these changes in collaboration with regional and international organisations. Due to the country's lack of help, important psychotropic drugs have been scarce in Sudan, contributing to the country's high prevalence of mental illness among its 43.85 million citizens. As a result, boosting Sudan's human resource ability to provide mental health treatment is a big undertaking. The Ministry of Health used the World Health Organization's Mental Health Gap Action Programme (mhGAP) Intervention Guide to create an intervention plan [6–9].

Sudan can perform short baseline in-country surveys that focus on values, beliefs, resiliency, health promotion, and recovery to design a model that suits local needs. For Sudanese people and communities, this latter approach will result in improved care, results, and overall mental health services [10]. The following is a list of recommendations that could be implemented in Sudan to address mental health issues:

## 3. Conclusions

Due to a multisectoral response plan and partnerships with ministries, academics, non-profit and civil society organisations, and communities, Sudanese health officials were able to deliver crucial mental health and psychological support services across the country during the COVID-19 outbreak. More efforts are needed in Sudan to guarantee that mental health issues are adequately treated.

### Funding

No external funding was received for this study.

### Availability of data and materials

Not applicable.

### Ethics approval and consent to participate

Not applicable.

### Consent for publication

Not applicable.

### Registration of research studies

Not applicable.

### Author contribution

All authors have participated in writing and reviewing the manuscript.

All authors have approved the final draft of the manuscript.

### Guarantor

Sarya Swed.

### Declaration of competing interest

The authors declare that there is no conflict of interests.

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