It is with great pleasure that we can announce the creation of a Mental Health and Psychosocial Support (MHPSS) Network in South Sudan. The MHPSS Network will provide support to all organizations that are involved in providing MHPSS services in South Sudan. The network will foresee capacity building activities, take on an advocacy role for MHPSS in South Sudan and contribute to information sharing among organizations.

The engine behind the network is the MHPSS Technical Working Group (TWG). This group consists of MHPSS experts selected by the protection cluster, GBV sub-cluster, child protection sub-cluster, health cluster and the education cluster. The members of the MHPSS TWG come from UN agencies, international NGOs, national NGOs and from different line ministries.

The TWG is a replacement of the former MHPSS Coordination Group (2016-2017) to ensure wider and more systematic participation of all the stakeholders. The creation of the MHPSS network structure was facilitated by Michael Copland of the Child Protection Area of Responsibility and Dr. Hanna Fahmy of the Interagency Standing Committee. They visited South Sudan and consulted partners in February of this year.

During the course of this year, state level MHPSS TWGs will be aligned with national TWG. Existing local MHPSS working groups will be supported.

The current MHPSS Technical Working Group is playing an important role towards achieving key standard functions, such as mapping of resources, facilitate and coordinate interagency joint activities, disseminating global guidelines and tools, and exchanging information and knowledge. Therefore, the active participation and contribution of all relevant agencies is invaluable for achieving these objectives.

Birth of the MHPSS Network, South Sudan

MHPSS TWG Chair Koen Sevenants (IOM)
The national level Technical Working group is chaired by Koen Sevenants. He is a Doctor in Child and Adolescent Psychology. He has 23 years of experience in the humanitarian and development context.

The TWG is co-chaired by Dr. Esubalew Haile, Psychiatrist (International Medical Corps) and Ms. Ismahan Ferhat (UNICEF).

MHPSS TWG Co-Chair, Ismahan Ferhat, Child Protection Specialist (UNICEF)
The Co-Chair Ismahan Ferhat is working for UNICEF in South Sudan as Child Protection Specialist with a special focus on Case Management and Family Tracing and Reunification. She is one of the MHPSS Task Force (TF) Co-Chair on behalf of UNICEF. Ismahan has been working in the field of child protection in emergencies for the last 8 years. Her experience will help in linking the MHPSS TF initiatives with to case management systems currently being developed in South Sudan.
Do you have a story to share? Do you use an innovative MHPSS method that responds well to the needs of the population we serve? Do you search answers to specific questions? Share it with us, and we can publish it in our next newsletter. Send all materials to before 30 May 2018 to ksevenants@iom.int. Thank you!
Epilepsy and its myths

Dabi Igyem Gideon

Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations, and sometimes loss of awareness. Anyone can develop epilepsy. Epilepsy affects both males and females of all ethnic backgrounds and ages.

There are many ancient myths about epilepsy, and some of those superstitions still remain. Epilepsy was thought to be caused by witchcraft, insanity, possession by demons and feeblemindedness. Epilepsy is even often perceived as a mental illness or contagious disease.

In some communities in South Sudan, the sweat, breath, blood, sperm and genital secretion of people with epilepsy are also considered to be highly contagious. This leads to unacceptable responses such as running away from a person experiencing a seizure due to irrational fears of contamination from bodily fluids.

Death, drowning, burning and other injuries may result from such situations. Discrimination and exclusion are daily frustrations for people living with epilepsy. Discrimination on the grounds of epilepsy manifests itself in all spheres of life, including health care and educational systems, employment, and social and family life.

Children with epilepsy often face discrimination and isolation at school resulting into low self-esteem and under-achievement at school.

What do we need to know about epilepsy?

- Epilepsy is not contagious
- Epilepsy is a public health concern in South Sudan
- Most causes of epilepsy in South Sudan are preventable
- Epilepsy can be treated
- People living with epilepsy can enjoy better lives and contribute to social and economic development

What we can do to help a person with epilepsy?

- Do not restrain as this can make the seizure more severe.
- If the person is moving around, remove dangerous, sharp or hot objects from the area.
- Stand behind the person and gently guide him or her away from danger.
- Force nothing between the teeth. The outdated practice of putting an object in the mouth to prevent the person from swallowing the tongue is not appropriate. The tongue cannot be swallowed. A hard object can increase damage to the tongue from biting, and a soft object can become lodged in the throat, causing suffocation.
- Help remove loosen neck-ties, belt, shoe laces or wrist watches.
- If the seizure lasts more than 5 minutes, call an ambulance.
- When the seizure is over, let the person rest.
- Provide water to wash up after seizure.
- Speak kindly and re-assure the person.

Emotional distress or trauma?

Traumatic experiences, such as rape or conflict, often involve a threat to life or safety for an individual or those around them. During and after such events it is highly likely that a person will experience emotional distress.

This is a normal reaction to an abnormal event. Emotional and psychological distress may include intrusive flashbacks of the stress event, withdrawal, nightmares, the inability to concentrate, and other reactions.

In the case of young children this may include bedwetting and clinging to parents. There can also be physical symptoms such as headaches and nausea. However, within a few days or up to a month following the traumatic event, and if a degree of safety and normality returns, these reactions should subside.

Psychological trauma is a more severe and longer term emotional response that occurs as a result of a traumatic event or series of events. It is the result of an overwhelming amount of stress that completely exceeds one’s ability to cope, or integrate the emotions involved with the traumatic experience.

It can shatter a person’s sense of security and make them feel that they are helpless and surrounded by danger.

Trauma reactions can include difficult memories, nightmares, anxiety, upsetting emotions, feeling disconnected, numb and unable to trust other people, over a prolonged period of time. Such responses can interfere with a person’s everyday activities and functioning as well as their relationships with others. They may also use negative coping mechanisms such as drinking alcohol heavily or taking drugs.

When the mind is overwhelmed by trauma, it finds it hard to store the event or events as memories. For a traumatized individual, the event may continue to be experienced as if it is in the present or still happening because the brain has not been able to process it into the past.

In these severe cases, where the person continues to feel this way for several months, they may find it beneficial to seek help from a mental health professional if available.

Did you know?

In every newsletter we will address one topic about which there is often stigmatization or misunderstanding