Mental health services in South Sudan

The health and humanitarian situation in South Sudan is grim.[1] We want to highlight the precarious condition of mental health services in South Sudan. Studies from post-conflict South Sudan report rates of depression as high as 50%.[2] A study of South Sudanese ex-combatants found that 15% reported wishing they were dead or had thoughts of self harm, and 36% met the criteria for post-traumatic stress disorder.[3]

In October, 2013, we were invited to deliver basic medical training in mental health at the Juba Teaching Hospital, Juba. We delivered 2-week courses, on the basis of the WHO Mental Health Gap Action Programme training programme, which includes mental health, neurological disorders, and substance misuse disorders. About 50 recently qualified interns participated.

Juba Teaching Hospital is the only public medical facility in the country that treats mental illness—with only 12 beds. The day we visited the psychiatry ward there were six inpatients, but there were 95 mentally ill people in the local prison. Although the inpatient ward treats the more severe cases, the ward has only a handful of nurses with minimal training, only a few psychiatric drugs available, and even sedatives are scarce. Fortunate patients might receive chlorpromazine or diazepam, whereas patients in the local prison receive no medication at all. There is only one psychiatrist, two clinical officers, and no community psychiatric nurses. There are only six nurses working in the outpatient and the inpatient clinic at the Juba Teaching Hospital.

With the recent upsurge in violence, the situation is going to get worse for the population, particularly for people with a mental disorder.

We call for donor countries and non-governmental organisations to do more for the mentally ill in South Sudan.

We declare that we have no competing interests.

*Ashok N Singh, Shobha Singh
ashok.singh@lpft.nhs.uk

Department of Psychiatry, Pilgrim Hospital, Boston, PE21 9QU, UK

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Africans in south China face social and health barriers

The increasing number of migrants from Africa to Chinese megacities changes the composition of these cities and creates new health-service needs. The largest African diaspora in Asia resides in Guangzhou.[1] Estimates for the population of Africans living in Guangzhou vary greatly—ranging from 20 000 who have temporary residency status[2] to 130 000 when including short-term and irregular migrants.[3] These numbers are most probably underestimates: the size of this population is difficult to discern given the transient nature of the community. Racial discrimination, restrictive visa policies, and poor access to health care are key issues affecting migrants' quality of life.

Racial discrimination fuels worse mental health among African migrants living in China. Discrimination and stigma affect health by increasing stress and depriving access to needed services and protective resources.[4] Many Chinese people maintain stereotypes toward Africans partly due to the minimal contact they have with them but also because of the colour of their skin. For some, Africans are viewed as having a propensity to violence and posing risks to public health through spreading diseases.[5] Discrimination is seen in business interactions and in their daily life (to rent apartments, to take a taxi, to go to restaurants).

Many Africans are granted only 30-day visas and have their requests for visa renewal denied. Most trade activities require longer than 1 month, leading to visa overstay and legal vulnerability. The constant threat of police passport checks causes stress and anxiety.

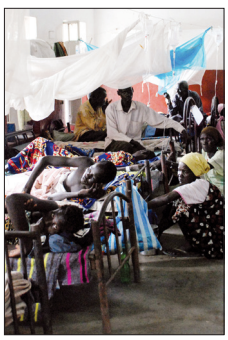
According to our fieldwork with African community members and leaders, Chinese policy is to fine and detain irregular African migrants without deporting them back to their home countries. And for others, being denied re-entry into China can lead to permanent separation from their children. Children from Chinese mothers will be given their mother's last name to establish hukou (household registration system in China), which leaves migrant fathers without legal means to establish paternity.

Chinese health reform has overlooked foreign migrant health coverage. Providing Africans medical care is consistent with China's health-care reform,[6] but the system has failed to close the treatment gap. Chinese doctors are not trained in culturally adapted care or in the management of specific diseases affecting Africans, and translation services are unavailable. By contrast, some Chinese medical teams have provided aid in Africa for more than 50 years—using their experience could partially address these health disparities.

Partnerships between China and African countries create economic opportunities. Decreasing racial discrimination through increased intercultural exchanges, revising visa policies, and improving access to health care could improve African migrants' lives.

We declare that we have no competing interests.

*Brian J Hall, Wen Chen, Carl Latkin, Li Ling, Joseph D Tucker
brianhall@umac.mo



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