



My name is **Caitlin Cockcroft** and I am the **Project Coordinator** for a Psychosocial project in **South Sudan**. I work for **HealthNet TPO**, a Dutch non-governmental organisation (NGO) which provides health and mental health support to people affected by conflicts and disasters in fragile states. I have been in South Sudan for a year and a half, but with both international and national NGOs, working in both mental health

and communications. My passion lies in psychology and understanding human behaviour in order to help improve situations for people who are suffering, or more importantly to empower them to help them improve their own situations.

I applied for the **Mental Health in Complex Emergencies** training in Ethiopia with backing from my organisation HealthNet TPO. They were a supporting partner in the implementation of the training, along with UNHCR and International Medical Corps (IMC) under Fordham University. I felt very lucky to be involved in the training although it did come at a busy point in the implementation of the project I run, which meant my mind was elsewhere until I physically got into the hotel room at Pyramid Resort in Lake Bishoftu, Debre Zeit. I arrived late in the pitch black with my South Sudanese colleague, Boniface Duku. He has been my motivation and inspiration for the time I've been in South Sudan with HealthNet TPO, and by the end of the training he'd become similar for the other participants.

Waking up in the morning and opening the curtains to see the absolutely stunning views was enough to get me invigorated for the training, and allowed me to step out of

my South Sudan work mindset enough to mentally prepared for the ten days of intensive learning ahead. During the training I met people from all over the world, from a variety of organisations, working in a multitude of countries – from Syria to Nepal to the USA. It was a great way to build a network of professionals with decades of experience in the humanitarian sector and/or within mental health. I have a contact list now with people I am likely to call on in the near future, and in the longer-term, for support, research partnerships, to answer queries regarding projects, to provide support for future proposals, to guide with funding and donor relations, and to generally provide the boost in morale that the mental health in emergencies ‘world’ needs. It is a difficult arena to work in, as it is often underfunded and underwhelming. The actual activities are often difficult to plan, difficult to implement and especially difficult to gain funding for. To have people who have similar experiences or are likely to face similar experiences in future, who have found pioneering or innovative workarounds or ways of dealing with unprecedented circumstances is an invaluable gift to result from the training. So, my main takeaway from the training is that it is a fantastic way to develop compatible friendships and networks for future professional ventures. Of course that’s not the only benefit of the training.

Personally, given the fact I work in one of the most underdeveloped countries in the world running a psychosocial project (partially because providing mental health services in hospitals or health facilities is not feasible because of poor infrastructure, lack of psychotropic drug availability and limited trained staff), the training was beneficial on many levels. Some of the benefits I took away were immediate and extremely gratifying to have a platform from which to provide information and suggestions, and some will be longer-term and will likely involve further planning and consultations with the people I met during the training. For the short-term, I was able to take away ideas regarding integration of mental health services into primary health care. It’s something that HealthNet TPO have been involved in in the past, but it essentially hasn’t worked because

the health systems are too weak to support the integration. There is no money for mental health services. No one knows what mental health is. People who ‘act crazy’ are tied or chained to trees, or locked in the few prisons in the country. Psychotropic drugs are unavailable or there and out of date because no health staff know what they’re for. The health staff that are there, are not trained in identifying cases of mental health, so they often prescribe incorrect medication or no medication at all. This is the state of mental health services, and seeing no way out of the country was fairly depressing, in the colloquial sense. But being able to hear from experts sharing their personal experiences in similar countries was something great, for now and for future.

I think the other main things I took away were the importance of coordination, not only for mental health and psychosocial support services but between the two – ensuring that one overarching platform could actually be involved in both. This, again, is something that could be improved in the context of South Sudan. Also, the focus on a strengths-based approach to working was something that I will never forget. *Being able to work with community resources, current resiliency and encouraging individuals to utilise their support networks already in place – this is something that will be the focus of all my work in future. We spend too much of our time focusing on people’s weaknesses, the problems and challenges they face, and how we can parachute in, provide and leave. I like that the conversation is changing especially with regards to mental health. We can’t be the savior who comes and treats and leaves. Much of the work can be done at the ground level, within the community. We can prevent mental health issues from developing or worsening by ensuring that people have, and use, their community support systems.* But this means awareness-raising, it means basic services have to be available: basic training, basic health facilities with basic medication. We are not there yet, but with trainings such as this I think it confirms that there are professional communities willing and engaged to commit their time to making a positive change to this sector.