

- The prevalence, incidence, pattern and trends of mental illnesses are not adequately known due to limited sources of information.
- Mental health services coverage is low. Outside of Khartoum State, the service is limited to nine urban areas and services are almost absent at provincial and district levels; there is no coordination across centres.
- Mental illness still carries a social stigma and help-seeking tends to happen only at late stages of illness.
- Patients with psychiatric disorders consult spiritual healers first. Psychotropic drugs are not available at an affordable price. Children with psychiatric disorders are often taken to see paediatricians and general practitioners.
- Long-standing conflicts and political instability causing large-scale population displacement have resulted in an increase in immediate and future health hazards, particularly in populations who are living in temporary settlements.
- Some 150–200 qualified Sudanese psychiatrists have moved abroad, and this brain drain is a persistent and continuing problem.

What is needed now

In order to ensure there is sufficient and effective provision of mental health services to the population affected by the civil conflicts in all parts of Sudan, community surveys should be carried out, to determine the prevalence of different mental disorders and specific service needs. A holistic approach needs to be adopted to ensure delivery of efficient care packages to all affected individuals. Such care packages should take into consideration the basic needs of individuals, such as suitable accommodation, clean water, electricity and good ventilation. The physical health needs of the population must also be addressed adequately in order

to improve their mental health. Other needs, such as education, finance and a sense of security must be met to ensure a good response to any psychological help that can be offered. One suggestion has been to introduce mobile community mental health units to refugees in camps, to assess and address any mental health needs. Mental health professionals – psychiatrists, psychologists, social workers and nurses – should be present in each unit, with all the necessary resources to provide a community-based service. A local in-patient unit should be available for patients who need to be hospitalised.

Although various international organisations have been working hard to provide services for displaced persons and refugee populations in Sudan, there is still a significant gap between the services provided and actual demand. The situation is likely to deteriorate further following the outbreak of civil war in South Kordufan (in Sudan but close to the border with South Sudan) and the Upper Blue Nile regions (in South Sudan) in addition to the ongoing conflict in Darfur.

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Mental health law profiles

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Empires come and go. Both Hungary and Serbia were part of the Austro-Hungarian and Communist empires. Although these empires have gone, on the evidence of the reviews published in this issue, their legacy, in terms of culture, law and institutions, remains. The authors highlight that, on the negative side, this legacy includes stigma and the neglect of people with mental illness, although these are hardly exclusive to these countries.

Effective protection in law, including guaranteed access to mental health services, is an essential component of ensuring parity between physical

and mental illness. The contributions to this issue on mental health law profiles differ in focus, with Kurimay and Vizi focusing on such provision in law as exists at present and advocating change for the future, while Lecic Tosevski *et al* demonstrate the complexities of attempting to change the law, something that must always happen in political contexts and with political processes. In this context, the 'Enhancing social cohesion through strengthening community care' project as part of the Stability Pact for South Eastern Europe appears noteworthy.