

## Mental illness in rural communities - perspective from Sudan

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Mental illnesses are diseases that we cannot physically see or feel—they lie within the brain's chemistry. Acknowledging the mental illness of a friend or family member can be far more painful than simply hearing or studying about it. Having lived for two decades, I have witnessed many people suffering internally, breaking and even ruining their lives from the inside out.

Coming from Sudan, where mental health hospitals are called "hospitals for the crazy," I have seen how society treats mentally ill individuals. Many are left to live on the streets, labeled as "crazy." The first time I ever saw a mentally ill person was when I was a child. My grandmother told me to come inside the house, warning that if I didn't, the "crazy" homeless man in the neighborhood would kidnap me.

There are countless stories, both real and false, about these homeless individuals. People fear them, and mental health hospitals struggle to care for them due to a lack of funding for food and medication. As a result, they are left roaming the streets, harming themselves and posing a danger to those around them.

A depressing aspect of mental illness in communities in developing countries is how they tolerate and respond to it. Due to poor health awareness in villages and rural areas, any psychiatric symptoms are interpreted as signs of evil spirits. Those suffering from mental illness are taken to faith healers, who claim their condition results from the evil eye or black magic. Some even start living in faith healers' homes, seeking treatment. Rural villagers may trust faith healers more than psychiatric physicians or therapists. They often choose denial over acknowledgment, as they are unfamiliar with psychiatric medicine.

Due to the episodic nature of mental illnesses, some cases improve naturally over time. When this happens, it is often credited to faith healers rather than natural disease progression. This phenomenon is widespread in third-world countries due to a lack of medical knowledge and inadequate healthcare services in small communities.

One of the main problems is that people seek medical consultation too late in the course of disease. This issue affects all types of organic and inorganic diseases in rural areas, largely due to a lack of access and knowledge.

Relief from mental health stigma is a critical issue that requires immediate action worldwide, as many misconceptions must be corrected. Despite community health programs, these false beliefs persist. Many even believe that mental illness can be transmitted person to person.

Spiritual practices, prayers, and the reciting of religious verses are believed to protect against supernatural creatures, black magic, and envy. These beliefs often become intertwined with the symptoms of depression, anxiety, bipolar disorder, schizophrenia, and many other conditions.

My true understanding of mental health began in my fourth year of medical school when we started the psychiatry course. I immediately fell in love with the concepts—it was truly amazing how the human brain functions, and how hormones can disrupt it. However, visiting psychiatric hospitals was deeply depressing. Many patients were diagnosed too late and were only admitted after becoming a threat to those around them. Hearing their stories was heartbreaking.

The real tragedy of the situation hit home when I went on a university trip and witnessed firsthand

how villages handle and treat mental illness. Seeing patients locked up in rooms instead of being admitted to psychiatric wards was devastating.

I believe that community and national programs should be established to educate people about the

different mental health disorders. Empowering the community would help individuals, families, and large groups improve overall health in many areas. Initiatives that encourage patients to seek help and receive treatment would allow them to live healthier lives and obtain the human rights they deserve.