

## Sudan's silent emergency: why mental health must lead reconstruction

Abdelrhman Ibnomer Elsharif<sup>1</sup>

<sup>1</sup>Medical Student, Faculty of Medicine, University of Gezira, Wad Medani, Gezira state, Sudan

**Email:** Abdelrhman Ibnomer Elsharif (ibn3mer7@gmail.com)

**Date submitted:** 25-July-2025

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

To the Editor,

As a medical student from Sudan forcibly displaced by the war, I have witnessed the dual tragedies of this conflict. First came the physical destruction that shattered our universities and displaced a generation of future healthcare professionals.<sup>1</sup> Now, as a fragile stability returns, we are faced with a second, more insidious tragedy: the invisible wounds of psychological trauma that threaten to define my generation.<sup>2</sup>

Recent studies on Sudanese university students paint a grim picture. The conflict has inflicted moderate to high levels of psychological distress on the vast majority of students, with stress (75%), anxiety (68%), and depression (60%) now endemic.<sup>3</sup> This crisis of the mind is a profound barrier to our ability to learn, to hope, and ultimately to rebuild the very healthcare system our nation so desperately needs. This is compounded by a near total collapse of formal care, with all 12 of the nation's psychiatric hospitals having been forced to close.<sup>2</sup> Nearly 65% of students report having no support networks, and very few have sought professional help, often because they do not know where to find it.<sup>3</sup>

However, despair is not an option. Recovery is possible, but it requires a strategic and proactive approach that moves beyond traditional clinical models. We, as Sudan's future physicians, can and must be at the forefront of this effort. Based on emerging evidence and inspiring local initiatives, we can champion three concrete actions:

### 1. Systematically Train Healers at All Levels:

The most sustainable action is to embed Psychological First Aid (PFA) and trauma-informed care into the core curriculum of all health professional schools.<sup>4</sup> Simultaneously, we must equip university educators with basic psychosocial

**Citation:** Ibnomer Elsharif A. Sudan's silent emergency: why mental health must lead reconstruction. *Educ Health* 2025;38:308-309.

**Online access:** [www.educationforhealthjournal.org](http://www.educationforhealthjournal.org)

DOI: 10.62694/efh.2025.408

Published by The Network: Towards Unity for Health

training, turning them into mental health gatekeepers who can support and refer students in distress.<sup>4</sup>

### 2. Empower Culturally Grounded Community Care:

We must champion the peer-led models that have proven effective. This means providing direct funding to community-based volunteer networks and supporting student-led resilience circles. Also we must Establish Mental Health and Resilience Unit in universities. These efforts should integrate culturally relevant healing practices, such as storytelling, art, and music, which promote collective recovery in ways clinical settings cannot.

### 3. Build a Modern Support Infrastructure:

We must engage the Sudanese diaspora to provide telepsychiatry and virtual training (WhatsApp/SMS counseling lines) connecting our local needs with global expertise.<sup>5</sup> This grassroots network must be supported by a national policy shift.

All the above actions need to take place alongside mental health awareness and Anti-Stigma Campaigns. We call on the Ministry of Health and international donors to formally recognize and fund youth-led psychosocial programs as essential infrastructure

This is our call to action to universities' leadership, the Sudanese Ministry of Health, and international partners: Prioritize mental health in all post-conflict recovery and reconstruction funding. Invest in training us, the next generation, to be agents of healing. The physical rebuilding of Sudan is a monumental task, but it will be meaningless if we do not also heal the minds of the people who will call it home. Let us turn our collective trauma into a source of profound strength and build a future where mental health is recognized as the bedrock of a resilient nation.

### References

1. Hassan, E., Konozy, E. Navigating Sudan's education system through turmoil and conflict. *International Journal of Educational Development*, 2024; 109 <https://doi.org/10.1016/j.ijedudev.2024.103088>
2. Mohammed F.E.A., et al. Sudan's forgotten generation: confronting the mental health crisis. *BMJ Global Health*. 2025 Jun 2;10(6):e017518. <https://doi.org/10.1136/bmjgh-2024-017518>.
3. Suliman M. The devastating impact of university closures on the mental health of university of Khartoum students: A quantitative exploration. *Clinical Case Reports and Studies, BioRes Scientia Publishers*. 2025 9(6):1-13. <https://doi.org/10.59657/2837-2565.brs.25.240>
4. Satti, A., et al. Adaptive strategies of a medical school during Sudan's armed conflict. *Education for Health*. 2024; July 29. <https://doi.org/10.62694/efh.2024.111>
5. Yeo G, et al. The effect of digital mental health literacy interventions on mental health: Systematic review and meta-analysis. *Journal of Medical Internet Research* 2024; 26:e51268. <https://doi.org/10.2196/51268>