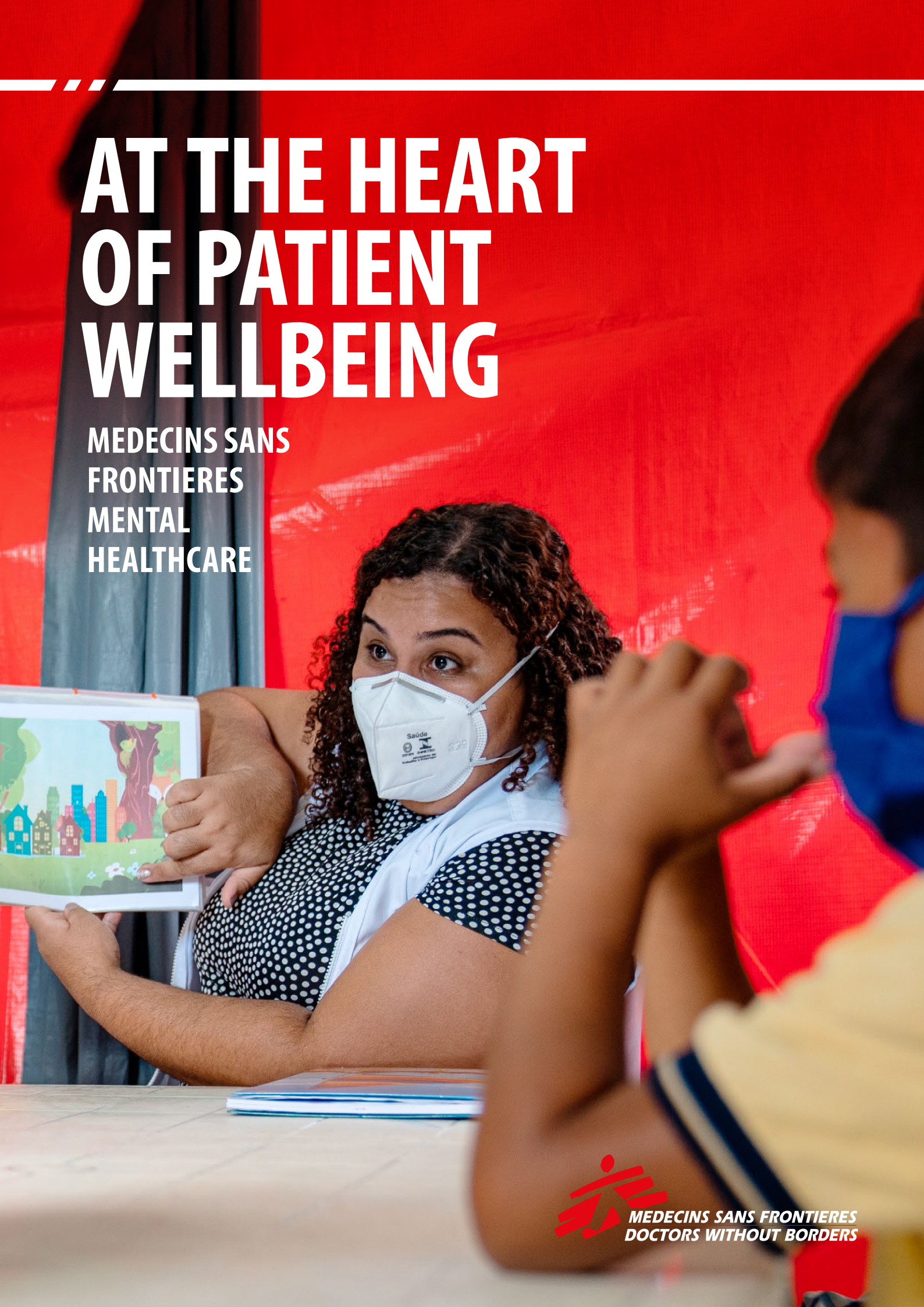
AT THE HEART OF PATIENT WELLBEING

MEDECINS SANS FRONTIERES MENTAL HEALTHCARE



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

230 PER CENT INCREASE
IN MENTAL HEALTH CONSULTATIONS IN THE LAST DECADE

349,500 MENTAL HEALTH CONSULTATIONS
PROVIDED BY OUR TEAMS IN 2020

54 COUNTRIES
WHERE WE PROVIDE MENTAL HEALTHCARE

LESS THAN 10 PER CENT
OF PEOPLE IN LOW – AND MIDDLE-INCOME COUNTRIES CAN ACCESS MENTAL HEALTHCARE

Médecins Sans Frontières mental health counsellor Amin Al-Badri plays with Malak, who is being treated at our Mother and Child hospital in Houban, Yemen. Amin provides psychosocial support to children and plays games with them to help relieve their pain and create a sense of happiness and security. Many of these children have no toys at home due to their family's financial situation. © Nuha Haider/MSF, 2021

Médecins Sans Frontières first provided mental healthcare in Armenia, after the 1998 Spitak earthquake. Today, mental healthcare is at the forefront of our projects from Latin America to Africa, to Asia and the Mediterranean Sea, as well as across Europe.

NOT A LUXURY

In the past decade, Médecins Sans Frontières mental health support has come a long way. Our generous supporters have been at the heart of this transformation.

Worldwide, around one in four people will suffer from a mental health problem during their lifetime, yet roughly 60 percent will not seek help. This percentage is likely to increase dramatically when factors such as violence, persecution, the need to flee, disasters or a lack of access to healthcare are involved.

In the past 10 years, mental health consultations have risen by 230 per cent in our projects. This enormous increase illustrates the

"THEY HAVE ALL GOT A NIGHTMARE TO TELL"

Psychologist Malcolm Hugo gives a moving account from his most recent assignment in the refugee camps on Lesbos, Greece, and discusses the importance of mental health support to help people cope:

"It usually takes a good reason to leave your country, to pack up everything, leave your family, and leave your home. People do not come just out of the blue. They have all got a nightmare to tell you.

What you do in the first hours, days, and weeks of a disaster is psychological first aid, focusing on safety and social needs for people. It is very traumatic, people have lost family, they are confused, still in shock.

Whether it is women that have been raped, men that have been tortured, they have all got a horrific history before they come. And then the journey here is not easy – they are often abused, particularly women."

"Mental health treatment is not a luxury. That is why it should be included among primary healthcare services, and be made available to everyone" – Rima Makki, Médecins Sans Frontières mental health program manager, Lebanon

shift in our approach, as well as the psychological pressures brought by the horrors experienced by adults and children alike.

The COVID-19 pandemic has increased the scale of need, and inequalities in access to mental health services in the countries where we work.

Our commitment is to providing mental healthcare to people who may not be able to access treatments that are effective or accepted by communities. This includes psychological first aid in emergencies, mental health support for those with a physical condition, and standalone psychosocial and psychiatric care. With your significant support, together we can ensure mental healthcare is expanded in our projects.

Thank you for helping our patients to mend their invisible wounds at some of the most difficult times in their lives.

FEAR, STIGMA & TABOOS – BREAKING DOWN BARRIERS

Mental healthcare is an essential part of our medical care. However, crucial barriers like fear, stigma and social taboos still exist that prevent people from accessing the services they desperately need, as Marcos Moyano, Médecins Sans Frontières mental health team lead, explains:

"We have to address the global health needs and the entire medical conditions, as we all know that recovery of the body cannot happen without mental health and vice versa. Physical health and mental health are like both sides of the same coin."

Attitudes to mental health have come a long way, but lack of access to care is still a big issue. Marcos adds:

"As there are almost no organisations providing this care in the contexts where we work, we have to create our own mental health programs. I think being able to quickly deploy specialised mental healthcare is something that sets Médecins Sans Frontières apart."

How do we tackle these barriers? Marcos continues:

"In the last decade, there has been significant progress in terms of awareness of mental health needs and the gap that exists in the provision of good-quality care.

We run training sessions for key members of the community including health staff, community leaders and teachers. We know that these can help start to correct their misunderstandings about mental health and help them further develop their knowledge, as it will help them to identify people who may need support.

Another way of reducing stigma, which we normally see in the places that we work, is when people who are receiving care start seeing improvement in their mental health conditions.

These combined actions slowly give communities space to openly talk about mental health issues and the importance of accessing mental health services. In the end, it is essential to have a service that effectively provides care for people which will make the difference for them."

This woman from the Democratic Republic of Congo, aged only 16, is a survivor of sexual assault. © Newsha Tavakolian/Magnum Photos, 2021

SEXUAL VIOLENCE: EXPOSING THE TRAUMA

"Nobody asks these women how they feel" – Olga, mental health counsellor, Central African Republic (CAR)

As our teams often witness, feelings of shame and isolation mean people affected by mental health problems go without the help and support they need and deserve. By providing care to the most marginalised, we can help them move beyond the borders of silence.

Since we launched the Tongolo project in the Central African Republic capital Bangui in 2017, more than 6,000 sexual violence survivors have benefited from medical and psychological care, as well as a safe place to share and be heard. *Tongolo* means star in Sango, the local language, chosen as a name of hope.

The stigma of sexual violence causes many situations of distress, suffering and change for survivors and their families, even beyond the trauma of the assault itself, says mental health specialist Gwladys Ngbanga-Yema. She explains how she and her colleagues at the Tongolo project are helping survivors overcome the challenges:

"Stigma is a thorny problem in our society because of the socio-cultural weight it carries. Stigma affects the psyche of survivors and can result in social exclusion, isolation and a downward spiral.

Here psychologists and psychosocial counsellors provide emotional support during survivors' treatment and care, helping them to rebuild their lives through talking about their suffering and emotions during our sessions together."

PATIENT STORIES

THE FOUR MUSKETEERS

Survivors of sexual violence can walk a lonely path. Psychologist Gisela Silva Gonzalez shares a story about four women who have come together to find support and resilience in the Tongolo project:

"In all the emotional difficulty that exists after the sexual assault, there is a space where survivors can come and share their pain, and we welcome them with kindness.

"I tried to end this [suffering], and I decided to end my life because people in my neighbourhood told me that an assaulted person is no longer a person."

These are the words of one of our patients.

What happened, in this case, is no exception, this person is in great pain and on top of that, they have to face something even heavier and more difficult: the gaze of others. When sexual violence has been perpetrated in a community of several people, returning to the same place can revive the events.

She continues to say with her last strength and between her tears: "It is not worth living on. If I am no longer a person, what then am I?"

"You are a woman, a mother, a sister, who has been assaulted, who has gone through something difficult and unexpected," we tell her.

"Now you are sad and in pain – which is very legitimate – but the strength that remains within you to seek help and overcome it is very precious."

Stigma has a psychological consequence that is sometimes even more difficult than the event itself. However, this heaviness is easier to deal with when survivors have someone on their side within the family and their community, who can shatter the idea that life stops because of what they have been through.

The act of legitimising the feelings that survivors are experiencing is essential in helping them overcome the trauma.

In most cases, we can do this during individual consultations. However, there are other cases where what is needed is support within the expertise of other survivors. That is when group counselling is a good strategy.

We group the survivors together according to the type of aggression they have experienced, their emotional state, their age and their immune status, in order to maintain a sense of similarity that is beneficial for the survivors.

This woman who was in a state of despair, who did not know who she was after the assault, said that she was afraid of the result of her HIV test and that was what worried her the most.

"But what was the result of your test?"

"It was negative," she replies.

"Me too," the others casually reply with a smile of relief and emotion.

"But I am also frustrated and angry that these people took my body without asking."

"Yes, I am angry too."

"I am also scared and angry, but we are here together, we are going to get through this together. I believe in you, do you believe in me?" One woman motivates the group.

"Yes," say the others.

"We arrived together, we will leave together, we will not leave anyone behind. We are safe, we are already here," she adds.

"The worst is already over. What remains is that we have our futures for our children," answers another.

The sharing, listening, caring and empathetic looks of the other survivors brought about a metamorphosis from death to life.

The validation of emotions increases their courage to speak out and to break their silence after the event. It is also their mutual support that helps transform suffering, sadness, hopelessness, and stigma into a much more valuable tool: resilience."

PUTTING PATIENTS FIRST

Natalia, a DR-TB survivor with psychologist Volodymyr Lychagin at her home in Korestan, Ukraine. © Oksana Parafeniuk/MSF 2021

Mental health is an essential component of treatment for potentially devastating diseases such as tuberculosis (TB), HIV, and Ebola. Our teams work collaboratively to break down the fear, stigma and discrimination that can haunt patients and their families.

UKRAINE "THEY TOLD ME TB WAS A SLOW DEATH"

In Ukraine, the number of people with drug-resistant tuberculosis (DR-TB) has become a significant public health challenge. In Zhytomyr, two hours from the capital of Kiev, our teams work with the Regional TB Dispensary to treat DR-TB patients and help them get back to their lives, families, and careers sooner.

DR-TB patients must endure lengthy and gruelling treatment plans, and many struggle to adhere to their medication for the full 9 to 12 months needed.

They can struggle with economic stress, loneliness and stigma, and sometimes psychiatric side-effects from medication. DR-TB can be cured, but only if patients are able to complete their treatment.

As Iryna Yakymuk, Médecins Sans Frontières psychiatrist in Ukraine says, coordinated patient support among doctors, nurses, TB specialists, psychologists and social workers should be a central part of their treatment:

"The goal of eliminating TB remains unreached, driven by multiple factors, including a lack of patient adherence to treatment.

Mental health is one of the main reasons for this. Psychiatric and drug addiction diseases, as well as psychological problems such as stigmatisation and self-stigmatisation, isolation, and social deprivation, all negatively affect patients' adherence to treatment."

Counselling and social support can help patients to continue their treatment even when they begin to lose hope. This patient-centred approach also prioritises the individual needs of people receiving care. Natalia, a DR-TB survivor, explains:

"When I got TB, I lost the will to live. My grandparents had told me that TB was a slow death. During the treatment, I felt ill and tired. I lost a lot of weight, too.

I was irritable, I was depressed but my psychologists, Vova and Lesya, counselled me. I used to speak with them about my family, my aspirations and how to recover."

Patients also face practical challenges. In our program, psychologists work alongside patient support teams consisting of nurses and social workers, who understand and resolve potential barriers to continuing treatment, ranging from unpaid pensions to lack of gas or heating in homes. Natalia continues:

"People are scared of hospitals due to fear of how they will be treated by health workers, family or their community, and the high costs of treatment. I am now cured but there are still people who look at me differently. I ignore them. I am looking forward to living with my children and family again"

– Natalia

"Once I came home, I also received food parcels, hygiene kits, soap and detergents as part of my treatment. My condition improved, I gained weight and felt even hungrier than before falling ill. I want to tell all patients not to be afraid and to continue treatment."

A PIONEERING PAEDIATRIC HIV PROGRAM IN TAJIKISTAN

Javarbi spent 10 years as a nurse in our paediatric HIV project in Tajikistan, where supporting and educating the parents went hand in hand with care and treatment of their children:

"One of my most memorable patients was a boy of about 11. He was very sick for a long time, and his mother took him to a lot of doctors, but because his mother and father were healthy, they did not know that he had HIV. Finally, he was diagnosed, and his mother was in a very bad state as soon as she found out about his HIV status. She thought he would not be able to receive treatment, that he might die.

We invited her to come to see us for support. We paid for her transportation from her village to the city, where we had rooms to give confidential counselling and consultation. She stayed with us for three days, and as well as counselling, we educated her about HIV and antiretroviral drugs. After receiving this psychological support, she changed her thinking about HIV, and about her child.

During his treatment, as he began to get better, his mother began to participate in our focus group for parents of HIV positive children. The boy also participated in a group with other children his age. Because his mother no longer feared the stigma or discrimination, she began to talk about HIV and about her child openly with other parents, and they continued their conversations afterwards, either by phone, or in person. For me, that was a very rewarding outcome."

MALCOLM HUGO TESTIMONY – EBOLA

ADDRESSING STIGMA AND LONG-TERM PATIENT CARE

Psychologist Malcolm Hugo explains to a family member of a patient who just arrived at the treatment centre that there is a specific area for family to visit the patients. © P.K. Lee/MSF 2014

Psychologist Malcolm Hugo describes the importance of mental healthcare at a time of devastating disease. He recalls his assignment to Sierra Leone during the catastrophic Ebola outbreak that commenced in 2014:

"I went to Kailahun, near the apex of the border with Liberia, Guinea, and Sierra Leone, at the beginning of the Ebola outbreak. All of a sudden it exploded. There were literally truckloads of people as well as bodies coming in. Ours was the only treatment centre in Sierra Leone at that stage, and it was just tents – an isolation area and treatment area out of the town, with very basic services. Everything was fenced off, you had to keep your distance. But we would talk to patients over the fence.

In those emergency situations, you are not going to go in and do psychological therapy as the first preference. You have to think of other issues, safety, social considerations: do people have clothing, do they have toothbrushes? Do they have access to a phone? I made sure I got a phone put in there that they could use, made sure they had toothbrushes, very basic things, I suppose, but important to people. Often these things are overlooked."

The horrors of conflict, destroyed homes, displacement and living in overcrowded conditions add huge psychological pressures. Emergency mental health programs are a key part of our response during and after crises like these.

OUT OF SIGHT BUT NOT ALONE IN MOZAMBIQUE

People living in Cabo Delgado, northeast Mozambique, have been suffering violent attacks from armed groups since 2017, leaving almost 700,000 of them displaced, traumatised, and without access to essentials like water and healthcare. Médecins Sans Frontières medical coordinator Patricia Postigo says:

"The displaced people arrive in a worse psychological condition than physical condition due to everything they have experienced. Most walk for four, five or even ten days through the jungle. Often, they flee their homes with just the clothes they are wearing and with no money. They come across dead people – relatives or neighbours from their villages. They tell you that they cannot get these images out of their heads.

And something that is fundamental: people need psychosocial support to address what they have suffered. One of our priorities is to provide this service."

"People tell you that they cannot get these images out of their heads"

– Patricia Postigo, Médecins Sans Frontières medical coordinator, Cabo Delgado, Mozambique

PATIENT AND STAFF TESTIMONIES

A mental health session is conducted with people who have sought shelter in the Nangua camp for internally displaced people. These sessions are used to help those displaced by the armed conflict in Cabo Delgado to talk about their experiences and get support for issues like PTSD. © Tadeu Andre/MSF 2021

In Mozambique, Médecins Sans Frontières staff conduct mental health sessions in the camps for people to talk about their experiences and get support for issues like post-traumatic stress disorder (PTSD). Maria Chavez, medical team leader, explains:

"The health of a person is also their mind, and all of the people here have suffered very traumatic experiences to do with the armed conflict. They have lost relatives, loved ones; sometimes they do not even know if their families are still alive, which is even worse because they cannot contact them."

This is the support that we continue to implement, trying to expand our capacity to be able to reach more people with this care.

"My heart still does not feel like going back" – Auli, displaced person

"We left home in Macomia when the attacks started. We took refuge on the beach. It was where people slept, where people survived. But despite this, they caught us.

We made signs of being scared to warn others, so they could flee and not be killed. During the confusion I took the chance to escape with my family.

After five days, although our village was big, nobody was left. Everyone had gone. We thought about where to go to hide. When we arrived at the town of Montepuez, we were brought here to the Nicuapa resettlement centre.

I am afraid, so I am not going back to Macomia. My heart still does not feel like going back. I would like help to change the situation of my family. I have been like this since I left my home, with just these clothes. I do not know how I managed to survive.

I would like the war in Cabo Delgado to end. Not to slow down, but to finish. So that one day I can go back to eat the fish I left behind."

PALESTINE: THE NEVER-ENDING LOCKDOWN

In Nablus city in the West Bank, people have lived through many years of occupation, including restrictions to daily movement. The psychological impact appears through symptoms of anxiety, depression, and post-traumatic stress disorder. In a culture where mental health problems are not often expressed due to stigma and lack of information and appropriate care, Médecins Sans Frontières is helping to address the needs. Sydney psychologist Scarlett Wong, who was mental health activity manager there, reports:

"Stigma is a barrier itself, stigma around the belief that for some people mental health means you are not strong of mind. I was therefore surprised at how well accepted some of the ideas around mental health were in the West Bank. I think it is to do with the awareness that we have created in the last 18 years there, our presence and the community trust we have forged. The local staff are just so passionate.

Trust is a huge thing in the West Bank because the power dynamics are tricky. Our program is the place to go for mental health support because people trust that we will care for them, take their anonymity and their confidentiality very seriously, and put their safety and their security at the highest level. We have a six-month wait list, and the demand comes from people recognising that there is a need for mental health.

Médecins Sans Frontières has been able to foster, develop and recruit high level clinical psychologists – and in the West Bank it is really hard to find a psychologist. There is 0.7 of a psychologist per 100,000 people, whereas in Australia, it is around 95 per 100,000. We are doing an internship program this year to continue to develop more psychologists that are trained properly, so that we can improve on that number."

CHANGING FUTURES IN PALESTINE

4 year old Hala is visited by her sisters and cousin at Al-Awda hospital, Gaza. © Virginie Nguyen Hoang/MSF 2021

In Palestine, children regularly experience intense violence, and as a result can suffer hidden scars. Psychologist Scarlett Wong recalls a positive outcome for one of her youngest patients in Nablus, in the West Bank, a young boy who had witnessed his mother and aunt being beaten:

"I cried so much when I heard this story. The idea of a young boy watching this is horrifying. He was brought to our clinic after his family noticed a change in his behaviour. He had stopped making eye contact, and had regressed in his speech. Because of this, the initial recommendation was to send him to a school for children on the autistic spectrum. That is what would have happened with this child, because there are no resources in the West Bank to do a proper assessment of autism, whereas in Australia it is a thorough process.

I wanted to hold off on this very drastic kind of intervention. I sat through a few of his assessment sessions, and eventually said to the clinical psychologist, "I actually think it is a trauma response". That was because of a few little things – how he would look at me and smile, the little social cues I gave, like offering my hand to him, and him giving me something.

After several sessions with the psychologist, he started acting like a normal child again, and she was able to reframe his symptoms. That changed the whole dynamic in the family. He went from a place of being an outcast child who was isolated and ignored because of his behaviour, to a position of where we were able to help the family understand that it was a trauma response. We were able to conduct play therapy with him and his mother, and the family changed how they responded to him. The trajectory of the child changed and that is because of our presence – that we were able to provide knowledge about developmental disorders that places like Palestine just do not have. He was able to go on to have a normal life and the loving care of his family."

Psychologist Malcolm Hugo talks to a woman whose daughter has been mentally ill for years.
© Sebastian Bolesch/MSF 2005

PSYCHOLOGICAL FIRST AID IN THE AFTERMATH OF DISASTER

Médecins Sans Frontières provides psychological first aid (PFA) to communities experiencing high levels of distress in the aftermath of natural disaster, trauma or critical incidents.

Adelaide psychologist Malcolm Hugo has completed 23 field assignments, including responding to the 2004 tsunami in Southeast Asia, the 2010 Haiti earthquake, the 2014-16 Ebola outbreak in West Africa and conflict in Syria. He describes the importance of delivering PFA:

"PFA is what you do in the first hours, days, and weeks of a disaster. It involves several processes, focusing on safety, social needs for people, whether they have housing and clothing, checking out the hygiene situation, and whether they have shelter, fresh water.

You also talk to people about what sort of psychological effects they might experience. Obviously, it is very traumatic, people are confused, still in shock.

Following the 2010 earthquake in Haiti, safety was of primary concern. Do children have an adult to look after them if their parents are dead? Do people have access to shelter? Also, safety issues of women who are alone, in terms of sexual attacks. Unfortunately, in some of these situations there is no law, and you have to look at a whole lot of safety issues.

From a psychological perspective, PFA is giving people information about what to do when they are feeling really stressed, because some people get so upset that they start to disassociate. People have seizure-type behaviour. Teaching them grounding techniques, for example, to just feel the chair they are sitting in, touch their legs, feel their feet on the ground, can bring them back.

When you get a bit further down the track, you try to address the trauma. People usually initially experience what is referred to as acute stress disorder, when they are not sleeping, maybe having nightmares, distressing memories that keep coming in. They might be really hypervigilant about noise. And in Haiti and Aceh, there were a lot of aftershocks, so the slightest sound would often trigger people to get really upset. You get an increased startle response. You talk to people about how to manage the fight-or-flight response that they experience.

A lot of these symptoms are expected and fairly normal. But it is when people have still got those symptoms a month or two later that, for the want of a diagnostic term, post-traumatic stress disorder can happen. That is usually the time you can start addressing the trauma, when people are ready to talk about it, are a bit more stable to address it if it is still a problem.

A lot of people recover. Obviously, they still have really bad memories, and they are grieving, they lost loved ones, but they get back to functioning. Most people do, most of us are pretty resilient, really."

The Gemmayze area of Beirut, once packed with bars, cafes, galleries, and other businesses, was heavily damaged by the blast that annihilated the nearby port area on August 4th, 2020. © Mohammad Ghannam/MSF 2020

LEBANON AFTER THE BLAST

"It feels as if the explosion happened a few moments ago"

A year and a half after the Beirut explosion, people's need for medical and mental healthcare is still enormous.

Nearly two-thirds of patients consulting with Médecins Sans Frontières' mental health team in Beirut show symptoms of anxiety and depression. Rima Makki, mental health program manager in Lebanon says:

"Even though many people have by now treated their physical wounds, secured their external environment and basic needs – like housing, electricity, water – many still cry at night, or they are startled by any slight sound, like that of a pen dropping. They can feel that something is not right. In the past in Beirut, society and communal networks – family, friends, neighbours – would have normally been the first point of informal support for a troubled person. Today, these networks are all equally impacted. People do not know who to go to, so they are turning to mental health specialists."

ALI, NURSE:

"It is impossible to forget the very moment of the explosion. Sometimes when we go back to where it happened, we feel like the house is going to shake and that we will hear the blast again. It feels as if the explosion happened a few moments ago. As a nurse I worked in an ambulance converted into a mobile clinic. We changed wound dressings and provided primary care. The needs were enormous at the time. We do not know how much we covered, but there were injuries we could not get to – psychological wounds caused by the explosion."

SARA TANNOURI, PSYCHOLOGIST:

"On 4 August 2020 at 6.08 pm, I was just about to leave my house. As soon as I closed the door of my car, I heard a loud noise and felt as if the air was being sucked out of the car. Seconds later, shattered glass and debris were falling like heavy rain. The blast had destroyed everything in sight.

I felt completely stuck to my seat and my body felt paralysed from shock. A few seconds of piercing silence were followed by a strange mix of alarms and screams of help and distress from neighbours who I could see covered in blood, looks of confusion and fear on their faces.

Amidst the chaos, I could hear my mother screaming my name and finally I shook off my paralysis and ran back into the house to assure her that I was alive.

We began to look around at our surroundings in disbelief: how could our comforting place have been violated so disruptively? Had we survived this safe and sound, or had it not yet ended? Even if we had survived, who had not? I felt overwhelmed and fell into a general state of panic. To overcome these feelings, I needed to make myself useful.

The day after the explosion, I received a call from the Médecins Sans Frontières team in Beirut asking me to join them in the humanitarian response as a psychologist.

I felt I needed to use whatever expertise I had to contribute to the response and to help my own community in its most dire times. I provided psychological first aid and mental health support to people affected by the blast.

The presence of Médecins Sans Frontières in some of the most impacted areas of the city sheds light on how much mental health support was needed – and is still needed now.

Having been through a very similar experience to the patients has enforced a strong feeling of empathy."

SHATTERING THE SILENCE

For millions of people, mental health is now something to no longer keep silent. The fact that in the last decade, mental health consultations in Médecins Sans Frontières projects have risen by 230 per cent reflects this transformation. While the numbers of patients seeking mental healthcare is escalating, and our projects continue to grow, your support enables us to amplify the voices of people who are too often dismissed and ignored. Here is a snapshot of the courage, hope and resilience your support makes possible.

MSF Mental Health Unit in Dagahaley Hospital, Kenya. © MSF 2021

PALESTINE

A WAY TO BECOME EVEN STRONGER

Marilen Osinalde, psychologist, Palestine:

"Asking for psychological aid is a way to resist, to become even stronger – to not give up, even if the reality becomes worse every day. This is where Médecins Sans Frontières can help.

We offer free and confidential support. There is a committed team of local staff who assist their community and create a healthy place where people can share their pain and be understood. We help our patients to develop psychological tools and find the mental strength that let will let them continue with their lives and overcome the pain.

For people living in a constantly violent environment, finding psychological strength is a way to resist."


© Juan Carlos Tomasi/MSF 2019

LEBANON

"I HAVE REGAINED MY SELF-ESTEEM"

Hiyam is a 50-year-old Lebanese mother who has devoted her life to her children. She sought care for her mental health at our clinic in Beirut when she realised how her marital problems were affecting her relationship with her children, as well as their mental health:

"The only thing I regret now is that I delayed seeking mental healthcare. I tried to find solutions on my own, but I was clearly unable to do so. My desire to be alone grew stronger, while my ability to tolerate my children and to communicate with them decreased. I used to be full of energy, but now I am always tired, nervous and crying all the time."

The care Hiyam received was crucial for her relationships.

"I have changed a lot and I am so glad that such treatment is available here in Arsal. I feel much more energetic and no longer afraid of leaving my comfort zone. Bit by bit I have regained my self-esteem."


© Mohammad Mardini/MSF, 2021

TAJIKISTAN

SHINING A LIGHT ON A NEW PROJECT

Tajikistan has one of the highest numbers of multidrug resistant tuberculosis (MDR-TB) patients in the world. Our new Zero TB project, set up in the southern Kulob region last year, aims to eradicate the disease. At its core, the program has a strong mental health component, to raise awareness and lower the barriers to receiving care, explains Western Australian psychologist Trudy Rosenwald:

"The eradication of TB means that there is no more than one case per million people, so in the whole of Tajikistan, there should be no more than nine people with TB. At the moment in Kulob, the rate is 83 per 100,000. So, there is a long way to go.

Prior to this project, Médecins Sans Frontières ran a project to address the high incidence of paediatric HIV in the region. As well as addressing the unhygienic medical practices causing blood contamination, they managed to overcome the stigma and discrimination through mental health service provision, education, talking with parents, convincing them.

The paediatric HIV project was very successful, and it was handed over to the Ministry of Health (MoH) in 2020. By then we had built an excellent reputation, so the MoH accepted the proposal for this new project.

We are approaching it in a new way for Médecins Sans Frontières. This is a pilot project to empower and skill up the MoH staff and help with essential resources, but not to the point where you create dependency. By the time we are finished, we can walk away because they do not need us anymore. The skills have been transferred.

This project is very much about addressing the almost complete lack of knowledge and understanding about mental health. It is about giving people information about tuberculosis, to transfer knowledge and skills, insights, and methods, and to empower all those involved in physical and mental health provision. A lot can be done for these people, and they deserve it.

The second day I was on the job, I jumped in the car with the new nurse manager who was going around all the health centres in the villages, to introduce himself and the project. I told them that we were providing training and what the purpose of the project was. I also told them, "Médecins Sans Frontières is doing mental health. What kind of mental health do you do?"

Initially they responded, "No mental health services." So, I then asked what they did when they talked with a TB patient or HIV patient, to support them, to ask how they were feeling, what they were thinking. They said, "We do talk with them, to tell them it is important to take the medication, to listen to people's troubles." So, there is an element of mental health.

I said, "Well, you are already providing some mental health, so you already have some skills. Would you be interested in adding to the knowledge and the skills you already have?"

"Absolutely."

They were pleased to have somebody listen to them, to listen to what the barriers were, and how they were coping with truly, extremely limited resources. The motivation of the staff there is humbling. It warms your heart to see and hear it, how they continue day in day out with such limited resources.

This project is going to be of such huge benefit to the people here: Zero TB. Just to be able to eliminate the curse of TB, something that is curable, something that is preventable, and yet is so rife in this place.

Of course, Médecins Sans Frontières needs the resources too, to be able to do these kinds of projects. I think in Australia we tend to forget that these preventable diseases, that lead to death if you do not treat them, are still around in the world. But this is such an achievable goal, and that is what makes me feel so positive.

VOICES FROM TAJIKISTAN

JAMSHED, DRIVER:

"It is important we are here"

Jamshed is a driver in the Zero TB project, transporting staff to hospitals and to home visits with patients. He is another long-term employee who previously worked in the HIV project, where he witnessed the transformation that happens when barriers to care are removed:

"There were patients who did not talk about their disease, but after counselling by Médecins Sans Frontières specialists they participated in focus groups, both the parents and their children too. They could talk openly about their disease or ask questions, they started treatment and took their drugs."

JAVARBI, NURSE:

"We believe in the future"

Javarbi has worked as a nurse for Médecins Sans Frontières in Tajikistan since 2011. She supported patients in our successful paediatric HIV program in Kulob, and is now helping deliver the Zero TB program:

"This area is a high-risk hub, and we know from our experience that there are many TB patients. But we believe in the future. With the support of the donations Médecins Sans Frontières receives, we hope to continue to treat TB patients here, to pay more attention to mental health, to prepare our counsellors and have trainings so they can train others. Our people fear stigma and discrimination. Many of them do not want to talk, do not even want to ask about the disease they have, to go to the doctor, to know about treatment. If a young girl in Kulob has TB, she does not want others to know, and her mother does not want others to know because she has hopes for her daughter's future. She wants her daughter to be married. That is why it is important to prepare our counsellors, to give them tools to work with the patients, to invite them to be treated, to come to find out."

EASING THE TRAUMA OF DISPLACEMENT FROM HOME

For people who have already suffered the psychological trauma of conflict or crisis, being forced from home and caught in the limbo of displacement can cause them to develop more severe problems. To support them, enhance their functioning and respect their dignity, our teams use a holistic combination of clinical care and community-based activities. Often this work is carried out by local counsellors trained by Médecins Sans Frontières, with psychologists or psychiatrists providing technical support and clinical supervision.

"You are dealing with people who just do not know what their future is. In a way, it is worse than being in jail. These people do not know whether they are going to be sent back."

– Malcolm Hugo, Médecins Sans Frontières psychologist

RESPONDING TO INCREASING NEEDS IN BANGLADESH

The impact of targeted violence in Myanmar, when hundreds of thousands of Rohingya refugees were forced to flee to Bangladesh in 2017, has now combined with the daily stresses of living in the overcrowded camps. The COVID-19 pandemic as well as recent violent clashes have added even more pressures. As the refugees' mental health needs have escalated, our teams have responded to a 60 per cent increase in patient numbers in Cox's Bazar over the past year.

Symptoms they are seeing include flashbacks, anxiety, panic attacks, and insomnia. Specialists provide support through individual, family and group counselling sessions, focusing on coping mechanisms and building resilience.

As Médecins Sans Frontières mental health activity manager Kathy Lostos explains, the situation is not hopeless. There are steps that can be taken to improve the situation for those living in the camps, and in turn, their mental health:

"The best thing to improve mental health outcomes

Akhtar lives in a refugee camp for Rohingya near Cox's Bazar, Bangladesh. © Yusuf Sayman/MSF 2021

is to restore a sense of safety. Having some degree of control or autonomy over one's future is a determinant of creating a sense of safety.

This includes things like including communities in decision-making processes or creating a sense of autonomy and control over one's future. This serves to mitigate the long-term effects of trauma."

GREECE

Specialist support for people experiencing longterm displacement

Médecins Sans Frontières teams on the Greek islands of Lesbos and Samos have reported overwhelming numbers of people suffering from serious mental health conditions while being contained on the islands. Our specialists focus on the needs of victims of violence, survivors of torture and sexual violence. Marcos Moyano, mental health team lead says:

"The people we support in these projects have their resilience and coping mechanisms, but with all the suffering they have been exposed to, they often have among the worst mental health needs we have ever seen."

PATIENT STORY

© Evgenia Chorou/MSF 2021

VOICES OF THE DISPLACED – GREECE

Yasin, nine, from Afghanistan lives in a makeshift shelter on Lesbos with his parents and three-year-old brother. He visits our paediatric clinic once a week with his father Mohtar, to consult with a child psychologist. Yasin suffers from nightmares and is constantly afraid that something bad will happen to him. When he grows up, he wants "to help children like his psychologist".

Mariam from Afghanistan has lived on Lesbos for two years with her husband and two-year-old daughter, and has recently given birth again:

"The living conditions continue to be difficult. We are in a bad mental health situation. I wish we could move freely, so that I could take my daughter to a park. She is not a child who likes to play with friends, to laugh, to speak and play with dolls. All there is in her mind is the violence she has witnessed here. My wish is to get better psychologically, for me and my husband to work and to live like normal people."

Ali is from Syria, where he was beaten and tortured. He has lived on Lesbos for two years:

"If there was no war in Syria, I would have never left my country. I have been held in prison there and I have been beaten so hard, that now I have a blood clot in my head. I have also been exposed to bombardments with chemicals and gun powder. When I came here, I had a heart stroke. As a sick person, I feel that I am going from bad to worse day by day."

PATIENT AND STAFF TESTIMONIES

PATIENT STORY FROM SCARLETT WONG, MENTAL HEALTH ACTIVITY MANAGER IN PALESTINE


Scarlett Wong © MSF 2021

"People here do not like to use the word resilience, because resilience implies that they are okay. I think it is more acceptance, and actually a sense of hopelessness too that I saw. This story is an illustration of that.

I went to see a family who lived in a remote village, who were grieving because their eldest son had been killed. It had been filmed. His teenage brother was depressed and not going to school. I asked this timid little boy, who looked more like 12 or even 10, "What are you doing with your day? You are not going to school, what is happening?" He told me he just stayed at home, watching reruns of the video footage of his brother.

I looked at his mother who was crying, saying, "I have only got one son left. I just want him to live, but he is so depressed."

Then I turned to the boy and said, "I know you want to watch it, and it is really hard. I am not going to tell you not to, I am not going to tell you things you know. But what else could you do? Could you do a little bit of something else?"

He replied, "The problem is I love seeing my friends, but my friends go to the checkpoint every day and throw stones."

I remember thinking, what do you do? You are stuck. You cannot go to the checkpoint with your friends, even though that is what you want to do, because you do not want to break your mother's heart.

"What do you think your brother would want for you?" I asked. He replied that his brother always urged him to study hard. So I asked him what he wanted to be when he finished school.

Now, if you ask any child, anywhere in the world, that question, they have an answer – an astronaut, a writer, a doctor. He looked at me like I was asking a crazy question – his mother too. That is when I realised that in Palestine, people do not think in terms of three, five, ten years. They just think about today and tomorrow, because that is all they have.

That is what I mean about hopelessness. Life is so unpredictable there, and you just have to be grateful for today. So when I talk about acceptance, yes, it is more acceptance than resilience, and there is a hopelessness. But they are also such a peaceful, loving people.

I leant into the boy's grief, rather than avoiding it or minimising it. I just listened and validated him. I asked him and his mother and sister to talk about the good memories, the bad memories, all the memories they had of their brother and son. I could see after our sessions that he had changed a lot. We worked on different ideas about how you can honour and love, and that it is okay to show your grief – but that you can show it in a way that meets other values that are important to you.

We talked about how he could have his friends over to the house more often, so that they had somewhere to go. And from sitting in his room, staring at his phone all day, he was then able to go on and get a job in a local eatery.

You never know how much of it is you as a clinician, and how much is the natural course of progression. But through giving them the space to express their grief, and talk about the love they had for their brother and son, the family then had room to find a way to move forward.

In Nablus, we, as Médecins Sans Frontières, are the only ones who do what we do. The independent funding we receive is so appreciated by the local staff and by the people we assist. Because of it, these people are not alone, their stories are heard, are resolved, or improved."

"THE EYES OF A CHILD"

Millions of children flee their homes each year in search of safety. As our teams witness, many of them are travelling alone, making them among the most vulnerable groups we treat. Without the protection of family members or caregivers, they experience difficulties in accessing services, and face daily stresses that put their mental as well as their physical health at risk.

Humanitarian affairs officer Julie Melichar recalls a haunting moment on board our search and rescue ship the Geo Barents, during one of our recent responses in the central Mediterranean. The team rescued 367 people in less than two days – more than 40 per cent of them under the age of 18, and 140 of them travelling alone:

"You see all of them wearing blue masks, covering half of their face, and a black beanie that we give them when they first come on board. And suddenly your eyes meet those of another person, and you realise actually that this is a child on a ship, and he has just crossed the world's deadliest migration route, and he is here without any mother, without any father, without any family member.

During this rotation, there was a very high number of unaccompanied minors on board – 140 – the highest number that has ever been rescued by the Geo Barents. Unaccompanied minors are leaving and trying to cross the central Mediterranean for many different reasons. I heard many tell me they are trying to escape forced enrolment in the army, some are fleeing from conflict and war. But what all of them told me was they all went through Libya, where they faced abuse, extortion, physical and sexual violence.

When we know how extreme it is for adults to try the sea crossing, we cannot imagine how difficult it is for a child. They are playing now, they smile and befriend each other, they seem like any other young people. But they are no longer just children or teenagers – not after what they have been through. We know that they have deep scars inside that will not heal by themselves.

This is why such a vulnerable group cannot be forgotten once they arrive on land. They must be granted specialist protection, given safe shelter suitable to the needs of children, and provided with medical and psychosocial services."

A young girl rescued on November 15, is drawing on a blackboard of Geo Barents' deck.
© Virginie Nguyen Hoang/HUMA 2021

RESPONDING TO THE SILENT EMERGENCY

BEYOND THE TRAUMA

With more people than ever before displaced by the trauma of violence, persecution and conflict, the expansion of mental healthcare to all our patients is a priority for Médecins Sans Frontières.

From war-wounded and traumatised children in the Middle East, to families fleeing conflict and making perilous journeys across Africa, Central America and the Mediterranean Sea, we can only help heal their hidden wounds with your support.

Your gifts ensure we can continue to expand our care and develop highly skilled teams of psychologists and counsellors to help heal their invisible wounds. As mental health team lead Marcos Moyano says:

"In the years to come, we will continue to encounter tremendous levels of human suffering linked to man-made and natural disasters, which will challenge the capacity of governments and organisations to effectively respond.

In contrast, the resilience of communities, and the strength of local organisations and volunteers will play a key role in protecting and supporting those in need."

Your compassionate support will help us urgently respond now, to help people regain their hope and look to the future after everything they know has been destroyed.

By helping our teams to support people to build their resilience and strengthen their communities, you play a key role in protecting and supporting those in need. We cannot thank you enough.

"We unfortunately cannot change people's difficult reality, but we can help them look at things in different ways. We can let them know that they are surrounded by people who care about them, and that there is life, that there is strength, that there is something beyond their trauma"

– Gisela Silva Gonzalez, Mental Health Specialist, Central African Republic.

A mental health session is conducted with people who have sought shelter in the Nangua camp for internally displaced people. These sessions are used to help those displaced by the armed conflict in Cabo Delgado talk about their experiences and get support for issues like PTSD. © Tadeu Andre/MSF 2021

MEDECINS SANS FRONTIERES
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Médecins Sans Frontières psychologist Heloisa runs a mental health group activity with migrant children in a mobile clinic in Pacaraima, Brazil. © Mariana Abdalla/MSF, 2021

50 YEARS OF HUMANITY