

# #WITHOUTBORDERS

*A journal of what your support is making possible*



**MSF and  
mental health**



“By integrating mental health services into our programmes, we seek to make healthcare more holistic.”



© Deepak Sharma/MSF

Dear Friend of MSF

A little more than three years ago, I was in Nepal coordinating MSF’s emergency response in the aftermath of the deadly earthquakes. As you will remember, MSF focused its efforts in remote mountain districts that were the hardest-hit. Earlier, I managed MSF’s programmes in South Sudan, where MSF provides essential and emergency medical care for people affected by ongoing conflict, and in Myanmar, where, at the time, we provided antiretroviral treatment to more than 30,000 people living with HIV/AIDS. Despite their obvious differences in terms of the needs of patients, these programmes had one element in common: mental health.

Today, mental health permeates all areas of MSF’s work. You will find our counsellors providing psychological first-aid in the aftermath of earthquakes, helping survivors of sexual violence cope with trauma, and assisting people living with drug-resistant TB and their families adhere to treatment and overcome stigma. Mental health has become such a pillar of our work because we do not see healthcare as being about saving life and limb alone; it’s about healing the mind as well. By integrating mental health services into our programmes, we seek to make healthcare more holistic.

This issue of the donor magazine presents a snapshot of MSF’s mental health programmes across the world, including India. We also trace the evolution of mental health in MSF, and share with you the experiences of an Indian psychologist who worked in Tajikistan among children with TB. I hope these stories will deepen your understanding of the work your contribution sustains, and renew your commitment to MSF.

Yours Sincerely  
Peter Paul de Groot



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# SITUATION REPORT

Every day our teams provide emergency medical care to people affected by conflict, epidemics, disasters and neglect. Here we bring you updates from some of our projects around the world.



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## BANGLADESH

25 August marked one year since the beginning of the exodus of Rohingyas in the wake of Myanmar Army's 'clearance operations' in Rakhine State. More than 706,000 Rohingyas fled to Bangladesh, joining over 200,000 others who had fled after earlier waves of violence. However, the denial of their legal status, coupled with unacceptable living conditions in haphazard makeshift camps, continues to trap refugees in a cycle of suffering and poor health. Over a one-year period since the exodus began, MSF provided over 656,200 consultations, equivalent to more than two-thirds of Rohingya refugees, in 19 health facilities or mobile clinics.

## DEMOCRATIC REPUBLIC OF CONGO (DRC)

The 10th Ebola outbreak in the DRC was declared on 1 August in Mangina, North Kivu, near the city of Beni and the Uganda border. Our teams immediately began mounting a response against the virus alongside the Congolese Ministry of Health. In the days that followed, experienced MSF staff arrived from across DRC and around the world to help train local staff, and work alongside them in order to care for the sick and prevent the outbreak from spreading. MSF treated 65 patients diagnosed with Ebola in the first month of intervention – 80 per cent of the total number of confirmed patients hospitalised in Ebola treatment centres so far during this epidemic.



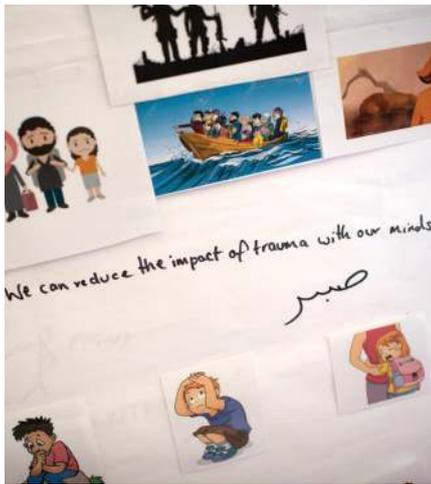
© Sara Cretai/MSF



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## INDIA

Kerala's worst floods in nearly a century left many dead and lakhs displaced in relief camps across the state's 14 districts. In response, MSF launched relief activities in some of the worst-affected districts. In Wayanad and Idukki, our teams distributed hygiene and shelter kits to families living in relief camps. In Pathanamthitta, our team of doctors and nurses provided medical consultations for fever, diarrhoea and skin infections. We also intervened in the water and sanitation situation in Wayanad and Ernakulam districts, and supported the Ministry of Health's response to an outbreak of leptospirosis through a donation of the antibiotic doxycycline.



© Robin Hammond/Witness Change

## GREECE

People trying to reach Europe via Turkey and the Aegean Sea have been trapped for an indefinite period of time on islands in Greece as part of the EU-Turkey deal. In Lesbos's Moria camp, there are more than 9,000 people in a space capable of holding 3,100 people. A third of the camp's inmates are children.

"These children come from countries in war, where they have experienced very extreme violence and trauma. Rather than receiving care and protection in Europe, they are instead subjected to ongoing fear, stress

and episodes of further violence, including sexual violence," says Dr Declan Barry, MSF's medical coordinator in Greece.

MSF teams provide medical care and mental health support outside the camp and run a clinic for severe mental health cases in Mytilene, the capital of the island. In light of the severe mental health situation, MSF recently called for the emergency evacuation of all vulnerable people, especially children, to the Greek mainland and within the European Union.

## MEXICO

In September 2017, several states in Mexico were affected by earthquakes which left hundreds dead, thousands injured, and many people homeless. In response, MSF deployed seven teams across Oaxaca, Puebla, Morelos, State of Mexico and Mexico City in an intervention that lasted more than two months.

Mental health services were a crucial aspect of the intervention. In Puebla, for instance, MSF teams found that survivors were affected most by the loss of all their belongings and, in many cases, by the deaths of family members and neighbours. As these are small communities, the deaths had an enormous impact on all residents, which made the individual and group mental health interventions provided by MSF all the more relevant.

# Healing Minds MSF and mental health

Catastrophic events such as war and natural disasters not only affect people's physical health, but also their mental well-being. That is why mental health services have been an important component of MSF's emergency work for over two decades. Today, our mental health teams work in nearly 50 countries with people who have lived through difficult or traumatic experiences – ranging from victims of natural disasters to survivors of sexual violence and people living with life-threatening diseases. To mark World Mental Health Day, we bring you a snapshot of the work your support enables.



© Sara Creta/MSF

## DEMOCRATIC REPUBLIC OF CONGO

The North Kivu region of Democratic Republic of Congo that borders Rwanda and Uganda has been in a state of constant unrest since the mid-1990s. In Mweso, a small town in the region, MSF has been providing mental healthcare to local communities and people displaced by conflict since 2009. The team consists of psychosocial counsellors drawn from the communities surrounding Mweso. Coming from the same communities as their clients, the Mweso team understands all too well the social taboos around mental health, as well as the traumatic events people are subjected to on an almost daily basis. Conflict, armed robberies, and sexual

and domestic violence are just some of the issues people face in North Kivu.

The mental health team uses theatre as a psycho-educational activity to make people aware of their problems and how to overcome them. Alongside, the team also provides therapeutic counselling for traumatic experiences such as sexual violence, psychological first-aid, psychosocial stimulation for nutrition, individual counselling and support groups for people living with conditions such as HIV, TB and diabetes, as well as referrals for psychiatric care.

## JAMMU AND KASHMIR

Years of conflict in Jammu and Kashmir have taken a toll on people's mental health in the state. According to a survey conducted by MSF in 2015, nearly 1.8 million adults (45 per cent of the adult population) in the Kashmir Valley show symptoms of significant mental distress. This is compounded by the stigma associated with mental illness.

In response, MSF has been providing free,

high-quality counselling to people affected in the valley since 2001. Currently, our teams provide counselling services at hospitals in four districts – Baramulla, Bandipora, Pulwama and Srinagar. To combat the stigma associated with mental illness, MSF teams also raise awareness on the importance of mental health and the need for availability of mental health services in the valley.



## DELHI

MSF has been working in Delhi's Jahangirpuri area since November 2015 to treat survivors of sexual and gender-based violence (SGBV).

MSF views sexual and gender-based violence (SGBV) as a medical emergency. Survivors of SGBV require immediate medical care in order to limit some of the serious consequences to their health, such as unwanted pregnancy and sexually transmitted infections. Violence can also affect the mental health of survivors, and lead to anxiety, depression and post-traumatic stress disorder.

In addition to treatment of injuries and prevention of HIV/AIDS, unwanted pregnancy, sexually transmitted diseases, our teams offer psychosocial support to reduce the risk of psychological complications which can occur as a result of violence.

## MAHARASHTRA

In Mumbai, MSF has been running a clinic since 2006 to treat patients with drug-resistant TB. Highly drug-resistant forms of TB are much harder to cure than drug-sensitive TB as the standard TB drugs don't work, and the limited treatment available involves long, complex, toxic and expensive treatment. This takes a toll on patients psychologically as much as physically. MSF believes the fight against TB requires a comprehensive, patient-centric approach. That is why in addition to new drugs, we provide psychosocial assistance to help patients cope with stigma, depression and the side effects of their medication. Our counsellors help patients remain motivated through the course of an extremely difficult treatment.

MSF also runs a programme to treat drug-resistant TB, HIV and hepatitis C in Manipur. Here too, we provide counselling to ensure a successful outcome for patients.



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# Healing Minds: MSF and mental health **In Photos**



© Bruno De Cock

## Peru, 2001

A team of MSF psychologists implemented a support program to address the mental impact of the June 2001 earthquake



© Sebastian Bolesch

## Gaza, 2004

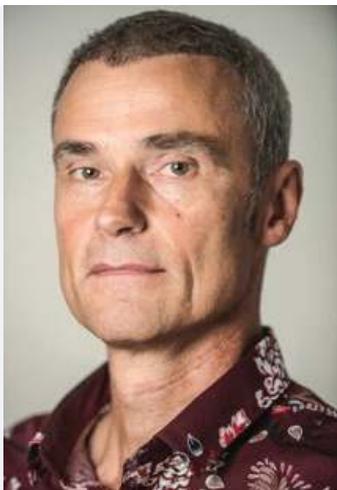
An MSF team counselling a child. MSF continues to provide medical and psychological assistance to people affected by the ongoing conflict in Palestine.



© Olivier Lasser

## Guatemala, 2005

Tropical storm Stan hit Guatemala and El Salvador in October 2005, leaving more than 100 people dead. MSF's intervention focused on water and sanitation activities, as well as mental health assistance to people who lost their family and property.



Kaz de Jong is the head of the staff care unit in MSF. Previously, as mental health advisor, he led the development of mental health programmes in areas affected by conflict and natural disasters. He has also authored MSF's mental health guidelines (2005, 2011).

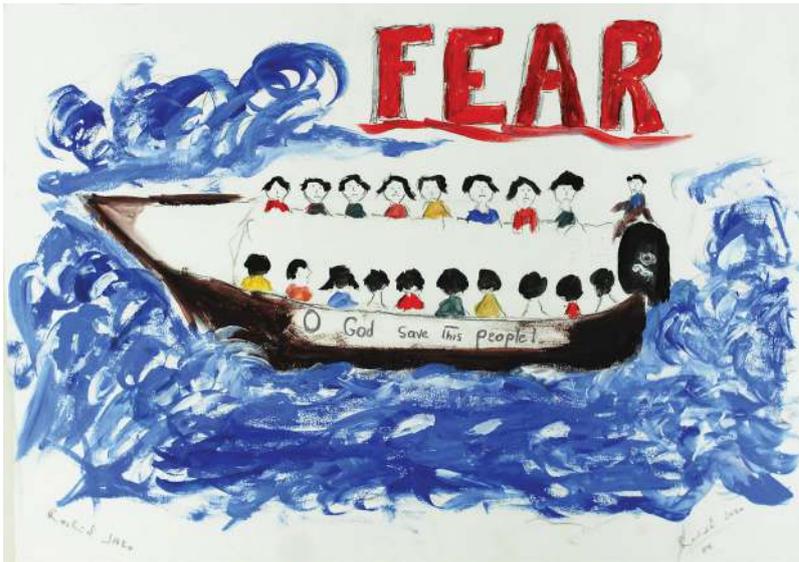
## How has mental health evolved in MSF?

I joined MSF in 1994 as a mental health officer in Sarajevo during the Bosnian war. At the time, there were hardly any mental health services in MSF. Today they are an integral part of our work – as standalone programmes and as part of medical programmes on TB, HIV/AIDS and sexual and gender-based violence. This evolution has come about because we've been able to demonstrate the extent of mental health needs and scientifically prove that our beneficiary programmes are effective in meeting those needs.



### Indonesia, 2005

The destruction caused by the Indian Ocean tsunami lived on for months in the minds of those who survived. MSF helped children cope with the trauma through games and other recreational activities.



### Malta, 2009

An illustration made during a group mental health exercise carried out by MSF to help refugees and migrants cope with psychological trauma



### Nepal, 2015

MSF psychologist Kamini Deshmukh leads a psycho-education session in the wake of the earthquake in Nepal.

## What has been the biggest impact of MSF's work on mental health?

Since MSF is an emergency medical humanitarian organisation, the bulk of our programming is in mass conflict settings. In such settings, thousands of people are affected by traumatic events. In order to address the mental health needs of people in these settings, MSF has typically used a community-based approach. In a community-based psychosocial approach, people from the community provide information and education about services, tackle stigma, and identify patients in need of psychological support.

Today, many organisations use community-based psychosocial

approach to help people improve their mental health and their lives, particularly in low-resource settings. To me this has been one of the biggest contributions of MSF in the field of mental health.

## How do you see the future of mental health in MSF?

Mental health will continue to be an integral part of MSF's interventions. But I think our psychosocial interventions can be more aligned with the knowledge that already exists in the particular community. This will help us create new intervention possibilities and techniques in order to help people improve their mental well-being.



© Wendy Marijnissen

A 5-year-old living with MDR-TB holds up her star chart. She gets a sticker every time she takes her medicine properly. Incentives like these are used to help children take the drugs they need during their treatment.

# Tajikistan: Helping children fight TB

*Ruchi Brahmachari, a clinical psychologist from Mumbai, looks back on her time in Dushanbe, Tajikistan.*

Initially, I was a little apprehensive. I have worked as a clinical psychologist before, but never with people living with tuberculosis (TB).

Tajikistan is one of 27 high multidrug-resistant TB (MDR-TB, or TB that is resistant to first-line drugs) burden countries in the world (WHO). MSF runs a paediatric TB programme in the country, providing diagnosis and treatment to children living with TB.

I spent nine months in the capital Dushanbe, as part of the mental health team. It was a steep learning curve for me, but I began to pick up the pulse of the project soon.

“The mental health team organises regular group sessions with children involving development stimulating activities, such as storytelling, drawing, handicrafts, or in the form of games.”



© MSF

The treatment for TB is a long and uncomfortable process, and can lead to side effects such as nausea, anxiety, palpitation, headache and gastric issues. The mental health team’s responsibility is to provide nutritional and psychosocial support keep the patients motivated through an arduous treatment course.

Since the treatment for MDR-TB can take up to two years, it keeps children from going back

to school and affects their overall physical and mental development. For example, 4-5 year olds undergoing treatment won't go to school till they are 6-7 years old. We had children in the inpatient unit who couldn't tell red from yellow, or yellow from blue. Many of these children also come from very impoverished homes and thus do not get developmental stimulation even at home.

To ensure that a child's development does not suffer during the course of the treatment, MSF runs a therapeutic play programme for children. The mental health team organises regular group sessions with children involving development stimulating activities, such as storytelling, drawing, handicrafts, or in the form of games. These sessions serve as a channel for them to counter the emotional stress of being away from home, deal with the isolation of having lost their parents to TB in many cases, and simply know more about how to cope with their illness.

Once in the inpatient unit we had a group of seven kids between one and three; they were children who had begun to walk when they

came to us but had regressed because of hospitalisation. To get them back to walking we worked with mothers showing them how to stimulate the child. The tendency for parents is to carry their child because he is sick, so whatever opportunities there are for him to reach his development milestones get further reduced.

Typically, in hospitals one is always advised that if you are sick you stay in bed. But for us it was really important to educate the parents that, 'if your child has the energy it's ok for him to go and run about; if he is unwell, he will stop himself.'

I also worked proactively on patient education resources. It was also my way of coping because I liked the creative process; when things were getting challenging, that was my escape. Just before I left, we finished a board game where we made these cards to say, for example - 'I take my drugs every day at the same time', and anyone drawing it would move forward 3 spaces.

We wanted to engage with the children by not simply sitting and lecturing them, but

in an age- appropriate way. The game was the best way to reinforce messages you want patients to understand.

I also advocated for getting a full time trained teacher in the hospital who could properly address the children's need for education, help them develop the social skills necessary, and further motivate them to go back to school. Just before I left, a teaching vacancy was announced in the hospital.

These are changes I am proud to have been associated with. Their treatment would still go on, but through some of our interventions we were able to make sure that not all of their childhood was lost to disease. That is immensely gratifying.

*The MSF-Ministry of Health programme in Tajikistan aims to demonstrate that treating children for TB is feasible and that the disease, including its drug-resistant forms, can be successfully diagnosed and cured. In 2017, 190 and 53 patients began their treatment for TB and MDR-TB respectively.*





**Sreejith Nair**, a public health professional from Kerala, is in **Ukraine**, where MSF provides medical and psychosocial care to people affected by conflict



**Shazeer Majeed** and **Dev Lakshmeesh**, general surgeon and emergency physician respectively, are in **Syria** responding to the medical needs of people affected directly and indirectly by the longstanding conflict



**Animesh Sinha**, a TB doctor from West Bengal, is in **Belarus**, where MSF provides medical and psychosocial care to people with drug-resistant TB

# Meet Our Doctors

Every year, MSF India recruits medical, paramedical and non-medical professionals from Central and South Asia to provide medical care in more than 65 countries. In 2017, 151 such professionals went on international assignments.



**Samreen Hussain**, a doctor from Jammu and Kashmir, is in **South Sudan**, providing essential and emergency care to people who need it the most



**Rachna Pande**, a doctor from Madhya Pradesh, is in **Kenya**, where MSF offers care to refugees, slum dwellers and people living with HIV



**James Solomon Jesudasan**, a maxillofacial surgeon from Tamil Nadu, recently returned from **Nigeria**, where MSF provides surgical and psychosocial care for children living with noma, a disfiguring and often deadly infection

# The money I donate to MSF annually is money well-spent



**DR SADIA KHAN**  
KOCHI

I came to know about Doctors Without Borders / Médecins Sans Frontières (MSF) 19 years ago through a Pictionary game where my friend drew out a man with a stethoscope in dots and dashes. I lost the game, but MSF, fortunately, went ahead and won the Nobel Peace Prize that year. It also won the admiration of a generation of trainee doctors like me, and made us realise that providing medical care to people who need it the most requires commitment and unflinching dedication.

So donating to MSF was a foregone conclusion. It was the least I could do for an organisation

which provides healthcare to the most needy. Over the years I have followed MSF's work on multidrug-resistant tuberculosis in Mumbai and malnutrition in Bihar and Jharkhand. I have come to believe that the money I donate to MSF annually is money well-spent. Last year, I was involved in a fundraiser for MSF; it made me realise the difficulties the fundraising team goes through. I would, therefore, recommend MSF to every acquaintance willing to donate for a charitable cause. Without the participation of private donors, MSF would not be able to continue the awe-inspiring humanitarian work that they are involved in currently.

## OTHER WAYS TO SUPPORT MSF



### Refer a friend

As our supporter, you understand our work and what we stand for. Do you know anyone who is as passionate about saving lives as yourself? Put us in touch.

### Legacy giving

By remembering MSF through a legacy in your will, you will make a unique commitment to a cause that can make a real difference to people's lives.



### Refer your organisation/company

Your organisation can help make a difference in a number of ways:



#### Corporate social responsibility (CSR):

By directly supporting our projects in India

#### Employee engagement programme:

By enabling us to inform employees about our work, and what they can do to help

#### Payroll giving programme:

By setting up a structured process of supporting our projects through a payroll giving programme

#### Run for MSF in marathons:

You and your colleagues can run for MSF and raise more awareness about your organisation and our work by participating in a marathon in your city

**Please write to [sougata.pal@new-delhi.msf.org](mailto:sougata.pal@new-delhi.msf.org) or call +91-9810335159 for more details**



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