

MENTAL HEALTH



Rohingya boat wreck survivors receive counselling from a UNHCR psychologist in Kutupalong refugee camp, in October 2017.

PHOTO: UNHCR/ROGER ARNOLD



Children, too, had been witness, or even subject, to horrific violence in Myanmar.

PHOTO: UNHCR/ROGER ARNOLD

THE CRISIS INSIDE

Rohingya refugees in the camps still struggle with mental health issues as their past traumas recede but daily stressors in their new environment take a toll

MALIHA KHAN

Just over a year ago, a large number of Rohingya refugees from Myanmar crossed the border into Bangladesh and crowded into and around existing refugee camps. While struggling to secure food and shelter for their families among hundreds of thousands others, they were grieving for lost family members and having to leave their homes behind.

It was more difficult to diagnose their mental health then. "They [refugees] were going through different stages of grief and stress at the same time—the stories they related were of traumatic experiences such as losing family members, seeing their homes and land destroyed, and having to walk so far to get to Bangladesh," says Anita Saha, a clinical psychologist who has been working in the camps in Ukhaia and Teknaf for the past two years.

"We've seen many cases of post-traumatic stress disorder (PTSD) and other stress-related disorders," says Saha. Refugees also experience depression, anxiety, flashbacks, panic attacks, and insomnia. The causes result from past trauma as well as more immediate issues in their new surroundings, such as women suffering from increased domestic violence and abandonment in the camps.

Studies conducted among the Rohingya refugees confirmed this. Causes of PTSD ranged from traumatic events such as losing their land and homes, suffering beatings, and being forced into hiding, among others. These were, of course, triggered by their immediate situation in the camps where they faced hunger, were unable to move freely, and still felt unsafe and insecure.

"Within refugee situations, we commonly see shifting patterns of mental health issues. In the very beginning, mental health issues are strongly related to acute stress and acute grief, [but] refugees are also very much focused on surviving," says Peter Ventevogel, a UNHCR psychiatrist and expert in mental health in refugee settings.

"In intermediate stages, like now in Cox's Bazar, one would expect that many refugees will be able to go on with their lives, but a subgroup of people will show persistent symptoms of depression, PTSD, and anxiety. They need more focused support such as psychotherapeutic interventions," he adds.

Saha supervises 11 mental health service centres run by the women and children's affairs ministry in the camps.

Such therapy requires time to absorb and practice. Other coping strategies were regularly taught to help refugees manage their stress. Severe cases, of course, required psychiatric treatment.

The one-stop crisis centre, where we met, has 10 clinical psychologists on staff and is situated near the entrance of Kutupalong megacamp.

Saha has treated many cases of severely

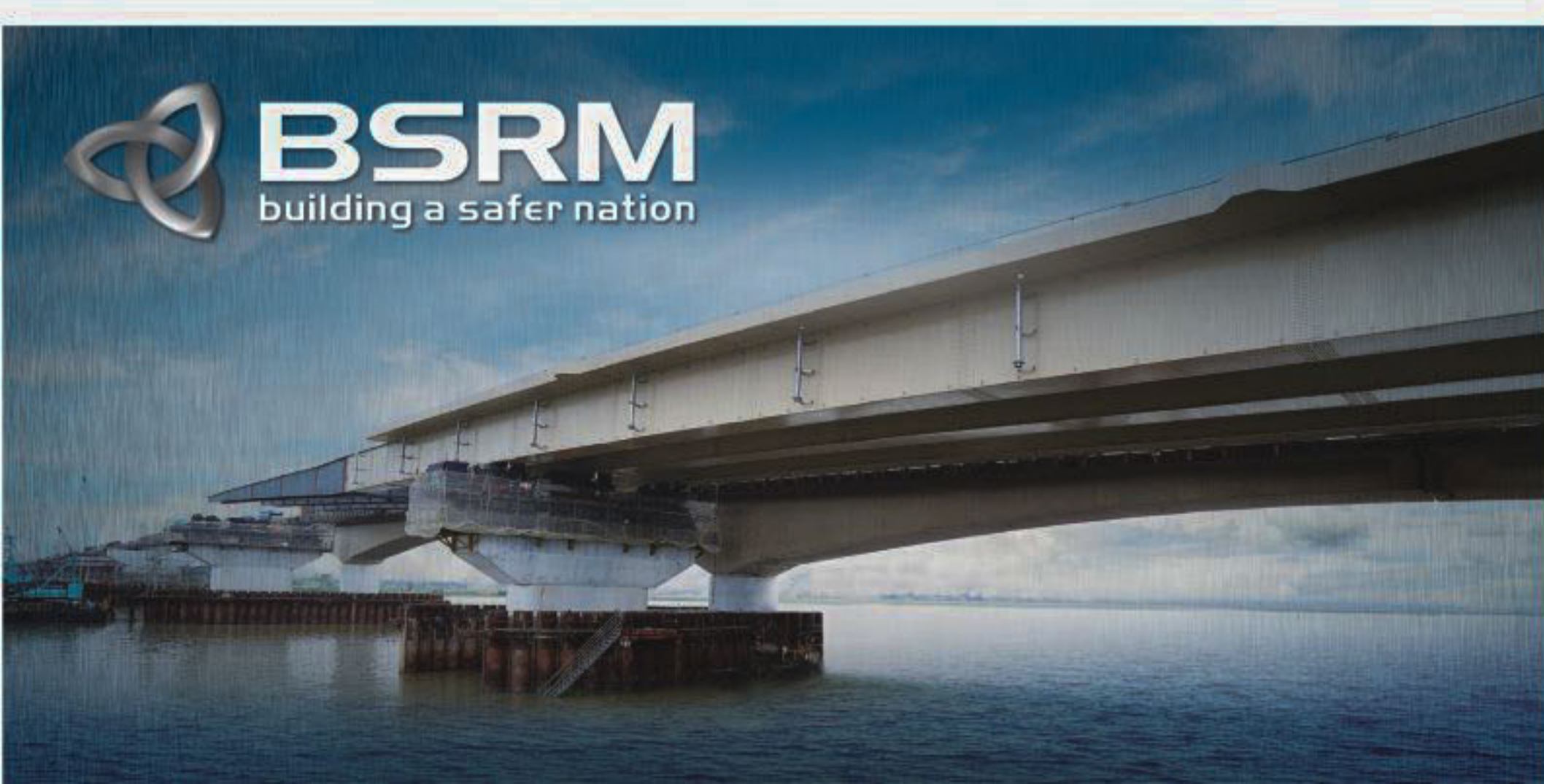
traumatised patients who require ongoing treatment. "They are still in those memories and cannot adjust to the present. They're having flashbacks," she says.

For such cases of PTSD, Saha said their main approach was cognitive behavioural therapy (CBT) and particularly, trauma-focused CBT. The latter utilised techniques to return them to their previous state (with normal thinking and functioning) and involved conducting up to 16 one-on-one therapy sessions with patients.

Such therapy requires time to absorb and practice, explains Saha. Other coping strategies were regularly taught to help refugees manage their stress. Severe cases, of course, required psychiatric treatment. "They were not in any state to adopt techniques and needed medication urgently in order to become stable," says Saha.

Children, too, had been witness, or even subject, to horrific violence in Myanmar and for them, therapeutic play sessions were offered at child-friendly spaces and counseling centres.

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