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The mental health of the refugees also has consequences for future generations. A 2017 report on the Rohingya refugees in Bangladesh noted that poor mental health due to trauma and PTSD coupled with a lack of opportunities and hope for their children was likely to result in an "unconscious lack of childcare".

PTSD and depression are not unique to newer refugees [who arrived post-August 2017], but is also present among older refugees who have been living in the camps for decades. A survey in the registered refugee camps in Kutupalong and Nayapara in 2017 found that this was due both to trauma from their experiences in Myanmar and their continued displacement (with the accompanying struggles). These were compounded by a lack of specialised mental health and general psychosocial services in the camps.

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"Daily stressors" in the refugees' immediate environment, as compared to past trauma in Myanmar, was found to have a much stronger and more direct effect on depression. Depression was found to occur more frequently to women and older refugees.

"In protracted settings such as was the case in the old camps with registered refugees one sees that the role of daily stressors becomes bigger and bigger, as people get demoralised and lose hope," says Ventevogel, one of the authors of the study.

Psychologists are not the only ones to receive patients with mental health issues. In the camps, refugees would present with physical issues which mental health workers say are somatic symptoms (physical distress which can occur if trauma is kept inside) at the hospitals and counselling centres. In the 2017 study in the registered camps, over half the refugees had somatic complaints—such as medically unexplained headaches and back pain.

A family doctor volunteering at a field hospital for women run by the Hope Foundation in the camps says, "We see patients here every day, most of whom have mental health issues such as PTSD. They are still mentally scarred from the violence they suffered back in Myanmar." Most patients come because they get no sleep at night, she adds.

There is no term for mental illness in the Rohingya language, and refugees generally tend to speak about whether they are in a peaceful state or not. Jamil, a 26-year-old refugee in Kutupalong, told Médecins Sans Frontières (MSF) that he had lost weight and energy since coming to the camps, as he was "not peaceful". Another refugee, 40-year-old Mabia, said she constantly recalls what happened back in Myanmar. "I will never forget what happened in Myanmar. Sometimes it comes back to me. I feel unhappy when I think about it. I can't sleep and I have body pains. I get dizzy when I think about it."

Some turn to traditional healers and religious leaders. Others, however, are taken care of by family members, forgoing formal help altogether.

Those who have no one, have nowhere to turn to. At Balukhali camp, we witnessed one woman who was mumbling incoherently outside an army tent. A female Rohingya volunteer from her block, assigned to watch her, followed her there and was trying to take her back home. The woman dropped onto the ground, refusing to go. "She has no family members to look after her. We don't know why she comes here every day," says the volunteer.

When asked why patients like her were not receiving the care they need, Saha says they are forced to rely on patients' families to be the primary caregiver as they are unable to do this themselves for such a large population. "For those requiring psychiatric care, a caregiver is urgent to ensure the patient is taking their medication on time. It is a long-term process," says Saha.

PHOTO: UNHCR/ROGER ARNOLD

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Refugees experience depression, anxiety, flashbacks, panic attacks, and insomnia.