

The story of a Rohingya refugee: becoming a community psychosocial volunteer

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Abstract

Following violence in Arakan State in Myanmar in August 2017, many Rohingya refugees arrived in Bangladesh with tremendous mental trauma. They also arrived with health problems, along with psychosocial distress shaped by their experiences in Myanmar. Mental health conditions and psychosocial problems have made life more precarious than ever to them. To come to another country (Bangladesh) and to adjust here was a major change to their lives. However, people can also be resilient in the face of adversities and some are able to continue and thrive in the context of perspective hardship. In this personal reflection, the first author, Mr. Arafat Uddin, shares his experiences as a community psychosocial volunteer at the makeshift refugee camps in Bangladesh. He describes his own experience as a Rohingya refugee and shares his personal experience of becoming a psychosocial volunteer. He has also reflects on his role as a community psychosocial volunteer, discusses the challenges he faces, describes perceptions of the community around his work, and shares his future expectations. In the last part of this piece, Hasna Sumi, a female Bangladeshi psychologist with UNHCR, describes her experiences in training and supervising community psychosocial volunteers.

This personal reflection contains the life history of Arafat Uddin as told to Hasna Akter Sumi, Psychosocial Associate with UNHCR's Mental Health and Psychosocial Support team in Cox's Bazar. When the call for papers for this special issue was launched, Sumi had the idea to record a life story from the perspective of a Rohingya refugee. She works closely with a team of Rohingya psychosocial volunteers and asked who among them would volunteer to share their story. Arafat willingly came forward. Sumi and Arafat sat together on 29th April and 2nd May 2019 in camp 4 in Kutupalong Mega Camp. They spoke in the Rohingya language. Arafat told his story while Sumi wrote it down in an English version. The various drafts of this article were discussed with Arafat and he has given his consent to publish this story.

Keywords: Bangladesh, community psychosocial volunteer, coping, refugees, Rohingya, stress

THE STORY OF ARAFAT

Introduction

My name is Arafat Uddin. I am twenty-five years old. Since September 2017, I have been living in Kutupalong in Bangladesh, which is the largest refugee settlement in the world. I have stayed more than one and half years here as a refugee. Honestly, I never thought I would end up in this crowded settlement with my family, searching for food, shelter, health and security. It is a long story how I became a refugee in this camp so far from my own country, Myanmar. I have been struggling with managing the stress I developed after experiencing the violent events in Myanmar. My father was caught and jailed, and my family and I had to leave him behind. The Bangladesh government, with

the help of United Nations agencies, has given us opportunities to regain our lives in this country. Managing stress and dealing with the memories of what happened to us in Myanmar is often hard for me and for many other refugees. I am sharing here my personal reflections of how I became a refugee and then a community psychosocial volunteer (CPV) to serve my community.

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BECOMING A REFUGEE

I was born in 1994 in Myanmar. I am the oldest son and I lived with my parents and relatives. Our family members lived next to us and we formed a joint family group living together. We were rich. We had rice fields of our own, our own car and several motorcycles. I was able to follow higher education in Myanmar and was working as a medical assistant. Then, suddenly, all things became scattered. We still do not know the reason behind why it happened, nor the reason why they tortured us.

The day was 25th August 2017. Like every day, I returned home from the hospital at the end of the working day. Suddenly, at night at around 11 or 12 PM, I heard an explosion in the distance. Upon hearing this frightening sound, my whole family rushed inside the village because our house was close to the entrance point of the village. Later that night, between 1 and 2 AM, we again heard sounds of explosions, but now accompanied by sounds of rifle fire. My family and I passed the night in tremendous fear. In the morning, we could still hear the sound of explosions. We were heading towards our house when we saw a group of soldiers approaching. At that time, my father was in our house and the army caught him and dragged him out with them while they kept beating him. We could not do anything and just watched helplessly as it was happening.

After my father was taken away, all of us in the family became very weak. We felt so helpless and we could not decide what to do. How could we bring our father back? What should we do? Our relatives made us feel even more frustrated. They said that nothing could be done to bring him back and that if we would try to do something, the army would kill him. I was very worried and angry at the army. I considered approaching the army people and ask them why they did these things to us. But I could not do this. Because the army was continuously firing, I was unable to go near them. Suddenly, along with firing, they started setting houses on fire and started burning everything. We felt trapped because they came from all sides and there was no way to escape. But there was a river next to our village, with another village on the other bank of the river. The people from our village crossed the river instantly and in great fear. From the other side we saw our village burning. Nothing was left standing. We were unable to come back to our village anymore. The saddest thing was that when they started burning the village, there were still homes with people in them, who had not been able to cross the river. These people were burned alive in their own houses, along with their children! We stayed for two days in that other village and then escaped to another village. But after two days that village was also attacked and we had to move again to yet another village. After three days, this village was also attacked, and we moved towards the big river from where we were able to cross by boat. On 1 September 2017, we reached Bangladesh.

FACING CHALLENGES IN THE HOST COMMUNITY

My family and I were in Shah Porir Dip, an island on the Bangladesh side of the Naf River. We tried to set up

shelter amidst the other refugees but faced tremendous problems. We could not understand the local dialect, so it was hard to communicate with other people, even for basic questions like where we could go, where the refugee camp was, where we could find a place to make shelter and how to find materials for the shelter and so on. We also faced severe problems in terms of food, because the food that was served was not suitable for us. We never had the habit of eating such food back in Myanmar. The result was that we remained hungry even after we received food. Moreover, some people behaved rudely to us when they were distributing food. There was no systematic approach to the distribution of food and this led to chaotic situations. I witnessed people fainting in the long queue to collect food.

After a while, we were transferred to Kutupalong. We spent some days in a community shelter with many other families, with almost no privacy. I was very worried about my mother and sisters sleeping in open spaces, with lots of men in close proximity. For several nights I could not sleep because I had to guard my family at night. One of the biggest problems was using the communal toilets, even though they were separated for males and females. I had to guard my family whenever they were using the toilet by standing in front of the toilet. We had almost no possessions. We arrived here with the clothes we were wearing and continued using the same clothes. Some clothes were donated by some kind, Bangladeshi people from the host community, but these got stolen eventually. Living as a foreign community in a country with a large host community group was never easy. After facing many challenges, we could make our own shelter in the camp with materials provided by UNHCR. Now we can, at least, survive with security and privacy.

BECOMING A COMMUNITY PSYCHOSOCIAL VOLUNTEER

After some time, the people in my community expected more from me, as I was the only person in my community who was trained in health care. At some point I was elected to be a '*majhi*' who was supposed to be the guardian of a certain group in the community. As a community leader, I worked hard to inform our needs and sufferings to those who could help us, including UNHCR and other organisations. UNHCR worked with the *majhi* to evaluate community problems. I had always believed in my mind that my father would be proud of me if I were to be able to help people and support the community. This motivated me day after day to become more active and help the people as much as I could.

On the path to becoming a community leader, I faced some problems with the older refugees who had already been living here for many years and were not happy with the new arrivals. Sometimes, I asked them why they felt irritated with us: '*you and I are the same – we are all refugees*'. Then they said, '*no, we are not the same. We came here earlier. Before you came, we were getting more privileges than now.*' However, I tried to remain strong and stay

motivated to become a person who would help others in the community.

One day, I learned that the humanitarian organisations were looking for people who were interested in helping their communities and they were offering financial incentives for that. As I had to care for my family and was also interested in developing my skills to help people, I was very attracted. I became a medical assistant in an organisation called OBAT Helpers, a health care organisation. I was mostly engaged with doing laboratory assistance work like X-rays and echocardiograms (ECGs). I was also engaged in explaining the medicine prescriptions as given by the physicians to the people. After ten months, OBAT Helpers closed their operations and I got to know about another national organisation (Gonoshasthaya Kendra) that was funded by UNHCR, which was looking for paid volunteers to do psychosocial work within the community. I became interested and joined them as a CPV.

MY ROLE AS A COMMUNITY PSYCHOSOCIAL VOLUNTEER

After I became a CSV, my perceptions regarding the mental health of the people in my community was reshaped. After following several trainings on facilitation skills for communities, communication skills and also some specific topics like *'peace of mind'*, *'journey of life'* and trainings about *'anger management'*, I had a better understanding of how people suffer mentally after the violent events they experienced in Myanmar and also from the stresses of living as a refugee. I learned so much that I could use, such as managing my own stress, as well as helping my family and the community in the management of their stress. I slowly started to understand what mental health is, and how important it is.

While working with OBAT Helpers, I was often distracted and sometimes forgot what I had to do. In my own home, I saw that my mother was always nervous and thinking about my father. She did not speak to us and kept silent most of the time. My younger sister was so sad that she used to sleep most of the day. Then I realised how important it is to learn to live with the situation and understand and manage our feelings. If we cannot manage the tension in ourselves, there will never be peace among us. And I changed my life. I started praying to God, listening to music, gossiping and joking with friends and stopped thinking about past events.

Now I am a happy person and have a clear idea about the journey of my life. One of the lessons I learned from being a CPV is that what happened to us in the past should not prevent us from moving forward with the current situation. Being involved in psychosocial work changed my whole life and that of my family and influenced me to help others.

At some point, I also started taking care of the mental health issues in my own family. My mother was very distressed all the time. She had completed eight classes of school in Myanmar and was able to teach children. So, I got her a job in a community school to teach children. In school while teaching children, no one can remain silent

and she had to laugh and talk with the children, which would help her to be distracted from her own worries and that made her more active. My sister was also educated and is good in English. Eventually, I also managed to enrol her in another organisation as a translator. She became very happy and active.

All this change started when I changed my perceptions of life and my way of thinking that came from me becoming a CPV. I managed to learn so many new things, after I had learned how to cope with the adverse situations and be healthy in my mind.

CHALLENGES OF A CPV

As a refugee I faced certain challenges in becoming a successful volunteer. At first, even after being invited, many people in the community did not want to participate in our sessions. Others came, but did not continue when they realised that the sessions took more than two hours. It was tough to make people understand the importance of our sessions. After hearing from others that it was an effective session and they learned many new things that are applicable to their situation, people started to come to the sessions and stay. Sometimes I heard people saying to one another, *'you should go to these sessions, it is more important than other work because after these sessions you will be able to understand what peace of mind is'*.

In the beginning, people in our workshop used to quarrel and fight, because they had different opinions. We had a very hard time making them understand the rules and targets of community workshops, such as respecting each other, committing to maintaining confidentiality, trying to be attentive, and not arguing with each other in the workshop, etc.

Some used to say, *'how can a person from the same community, and who is also a refugee, lead a workshop and teach us?'* I used to convince them by saying that I was trained by UNHCR and wanted to share that knowledge with my community. Eventually people became interested and wanted to hear. Sometimes I also faced challenges because people asked me questions that I could not answer, such as *'when will we be able to go back to our own country?'* and *'how will the repatriation happen?'* Such questions can be really challenging to answer. We also faced challenges particularly with the men because most of them were eager to find work and to earn money rather than attending a workshop. However, these challenges are lessening.

COMMUNITY PERCEPTIONS OF PSYCHOSOCIAL WORK

At first it was not clear to people in my community what psychosocial work or mental health was all about. They always thought about what they were going to say, and they were not sure what to share. Talking to each other about their own problems was not acceptable for them. But incredibly, during the workshops, they gradually changed and experienced how sharing and talking to each other can make you feel better and more at peace. They realised that if there is a mental problem, there are places where they can

get help through counselling. One man in my group mentioned that he used to beat his small child when the child started crying, but that this did not bring good results. Now he realises that even children may suffer from mental stresses and that by being supportive, parents can help a child to manage it.

I also noticed that after mental health training and workshops, people are better at managing their anger, which was a massive problem before within families. People used to quarrel a lot and fight with each other, but in the workshops they learn how to cope with their anger in better ways. The feedback from the community was astonishing. Many are now requesting more workshops in the future because they realise that learning these skills can make their life easier. Now when we organise a session, they receive us with pleasure, and they feel at peace when they see us. I am very happy that the work of CPVs can help to change ideas in the community about mental health.

THE FUTURE

We came from Myanmar in a helpless state, hungry and without shelter. Bangladesh has given us a chance to regain our lives, but I do not want to stay a 'refugee' my whole life. I still miss Myanmar and have many fond memories of the safe and peaceful family life I had there. I still believe that in the end I will be the most peaceful when I can go back to the country where I was born. I want to continue volunteering for the psychosocial activities that I am doing now because by doing this work, I am at peace and I am happy that I can do something for my community to make them feel better. Even if someday I go back to my country, I will use all this knowledge that I have learned about mental health. I love my work and want to continue growing, both as a person and as a helper.

PERSONAL REFLECTIONS OF THE CO-AUTHOR, HASNA SUMI

Here I will try to share my roles both as a supervisor and a trainer and portray my experiences and challenges while working as a psychosocial associate in UNHCR in Cox's Bazar in Bangladesh. I started working with UNHCR at the beginning of the refugee influx in November 2017. Initially we started with managing the emergency by providing psychological first aid directly to affected people who were just entering the country. Later when the situation stabilised somewhat, we started to strengthen our mental health support to families and communities. That is when we felt the need to build up a CPV group in the refugee community. Within our team, I focused on training of CPVs and worked with them on how to convey basic mental health information and identify people with mental health conditions.

Working with the Rohingya community on topics regarding mental health was never easy. I had to better understand the needs of the community and ascertain the kind of services that they might need. Working with community volunteers was the most valuable experience for me. The level of interest they expressed during trainings was

marvellous. The volunteers became so interested during these training sessions that they were searching the Internet for more information. While working with UNHCR, I came to realise that how privileged I am, coming from a well-established and educated family in Bangladesh. I believe the refugees have so much potential and they can improve their situation and livelihood, given the right opportunity. During the implementation of these trainings in the community, I found the participants were very interested and willing to help others. Now, they work as a wholesome team of volunteers and try to understand each other and work in the community and within their own families. They also now understand the value of having a psychologist in the health facilities who is ready to give support to people they refer.

The role of the psychologists at the health facility and community level is very important. Psychologists are the focal persons for mental health and psychosocial support (MHPSS) in the health centres. They work together with the other medical staff and CPVs. In their workshops or in their community, CPVs identify people in need of more support, and refer them to the psychologist in the nearby health centre. The psychologist does an initial assessment and makes a treatment plan which often consists of counselling. The psychologists are being trained in various treatment options, including *integrated adapt therapy* (Mahmuda et al., 2019). In some cases, the psychologist refers the person to doctors for medical or psychiatric diagnosis and to prescribe medication if needed. The doctors in the health centres have been trained to identify and manage mental disorders and are supervised by a psychiatrist (Tarannum, Elshazly, Harlass, & Ventevogel, 2019). The psychologists work together with the CPV to take care of the client in the community. If there are protection concerns, they sometimes conduct home visits to ensure the protection of the beneficiaries. In the health centres, some patients directly come to the doctor who then refers them to the psychologist for counselling. So, in the health posts, the psychologist works as a bridge between the community and the facility. Psychologists also work collaboratively with other actors to integrate mental health services in the health centres. They attend coordination and referral meetings and sometimes conduct awareness raising sessions in the camp to increase the knowledge of mental health services and the availability of medication and psychotherapy. They train the CPVs on specific issues and closely monitor and supervise their work.

Psychologists work with more than 10 CPVs in every health centre. Sometimes the CPVs face personal problems or work related issues. Psychologists in such cases are willing to help them and support them to cope and manage their problems. Initially it was difficult to find refugees who would be able to understand the idea of CPVs and their roles and responsibilities. During their initial training, many were not aware of the ground rules of training. It was challenging to create easy and authentic training modules for them. Firstly, they received training on different topics and skills. For example, they received training on the identification and referral of mental health cases,

facilitation skills for group sessions, peer support groups, communication skills, psychological first aid and other topics. Through this training, they gained knowledge and also learned to cope better with their own problems. We also worked with them on developing skills to create stronger relationships with their community. By doing community workshops they can help people in their community to function better (e.g., the ability to carry out essential activities for daily living). Community workshops provide people with a space to talk with each other and to share problems and learn new ways of solving problems.

These workshops lead to increased community mobilisation and engagement. The workshops help them to better understand mental health conditions, know about available services and how to access them. Through monitoring and supervision we can also identify gaps in our services. We can also analyse our volunteers' skills and whenever we find need of further refresher training, we arrange it. Based on monitoring and supervision, we have also developed referral pathways and reporting systems that can help us to understand our programmes better.

As a psychologist and representative of the UNHCR mental health team, I have been doing this work now for one and half years and the outcome is quite satisfactory. The level of interest and devotion of the CPVs is really remarkable. Now they understand themselves better, their friends and families, and they have a clearer idea when and

where to refer clients. As a psychologist my efforts will be to continue delivering the best support to them as part of a helping movement of psychosocial activities within this big community here in Bangladesh.

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Conflicts of interest

Both authors are, or have been, involved in the humanitarian response for Rohingya refugees in Bangladesh. The views expressed in this article are those of the authors and not necessarily those of the institutions that they serve.

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