

Aceh 14-10

today's events:

out with Dr. Mursyidah
back to Banda

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Dr. Mursyida. family started a foundation. her brother and sister are doctors too. built a home for orphans, a job training center, and something else (?). secretary of district is on their executive board. quick to laugh. broad warm smile. parents were teachers (her dad died a while ago). mother wanted her to be doctor. not for the money but to do something to help people in the community. her dream is to have a mental health system that goes from the community, to the puskesmas to the district hospital, and if necessary to the mental hospital in banda.

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Community meeting in Geulumpang Boron at the meunsasah (small community mosque)
large open room. pile of shoes at the door. roll out straw mats to sit on. outside there's a racket of ?? related to the rice harvest. machines to separate the bran? spreading the rice on tarps.

village leader: Mahdi Abdullah (blue shirt, mustache, intense brown eyes)
kader: Mukhlis (green button down shirt)
GP+ from the puskesmas: Dr. Lili Yuliani (orange tunic with gold design)
CMHN: Fitrissani (tan scarf, speaks some English, led the community meeting)
Dr. Mursyidah Lathief (blue tunic, white scarf)

as Fitrissani addresses the people from the village (almost all women--40-50?, but a few men too--5?) Abdullah talks with me. mental illness here is caused by family, social and economic problems. before the cmhns started coming to his village in 2005, a family with a mentally ill person would go to a traditional healer. if it didn't help, they would do pasung or send them to the mental hospital in banda. other people in the village would avoid the sick person and even shun there family. there was a lot of stigma. nobody cared about them.

he is very grateful for the cmh program. it's a different style of caring for people with mental illness. before, families were on their own. now almost everybody helps care for the patient and their family. people will give a patient a small job to do, like cutting grass for the cows. 20,000 IDR a day.

Dr. Lili: head of puskesmas. the cmh program is running well, but it needs more support. 3 cmhns for this subdistrict. 3 gp+. they have enough people, but they need better training. need transport (car, driver, gasoline). need better training for the kaders. better communication between kaders and cmhns. 2 of the 3 cmhns are volunteers, they're not getting paid for this.

support group meeting: today's topic is stress. each week a different topic. they ask me to stand up and say something to the group (!!). i introduce myself and thank them for welcoming me to their village. the leader brings me a green duck egg cooked in hot ashes, which i attempt to peel and eat, much to the amusement of the people.

i ask about life in the village. almost everyone is a rice farmer. some of the men find work doing skilled labor, or crafts, or driving taxi. some raise livestock. is it hard to make a living here? Abdullah says yes. hard to make enough money to buy everything they need. i ask about other causes of stress. a few of them volunteer their various health ailments.

Abdullah points to a man (M. Saleh, 32 years old) sitting next to him in a green shirt as a good model of the cmh program. . slightly unkempt (stray facial hair) he sits cross-legged and has a vacant stare. seems far away. out of it. he has been mentally ill for a long time (diagnosis unspecified) "due to economic difficulties," and was further traumatized by 2 beatings at the hands of Indonesian soldiers. in 2005. soldiers wanted to talk with him. but he is uncommunicative. when he didn't respond, they beat him. it happened twice. he is the eldest son in the family. he doesn't talk anymore. abdullah: "it's a hard mental illness, he has no spirit" but he's better now because he's doing activities. someone gave him a job to cut grass for cows.

Mikdar is 34 he hears voices and responds to them. jobless.

Syamah is 72. grandmother.

Salibiah is 70. has dementia and does activities repeatedly. forgetful. gets agitated by her thoughts. CMHNs talk with her to try to calm her. told people in the community to give her activities to keep her occupied, keep the agitating thoughts at bay.

all of the above have money problems.

CMHNs: go to the field once a week. typically see 4 to 5 patients in a village. important to do this because some patients can't come to the puskesmas. also important to support the families. most common problem: schizophrenia because of drugs.

ask for examples of people they helped: male nurse says he talked a woman out of her depression and she tried to kiss him. too bad she was ugly. [serious translation problems at this point, but i'm confident this was the gist of his story]

[this is a common theme: they attribute depression and anxiety to things like family trouble and economic problems. schizophrenia is caused by marijuana. trauma caused by conflict (but no cases from tsunami, which didn't cause much damage here). people everywhere seem somewhat proud of the potency of Achenese ganja, even though of course they don't smoke it themselves]

biggest problem, they say over and over, is the lack of long-acting injectable drugs. patients don't want to take pills. Fitrissani: always trying to convoke them to take the pills. try to tell them they're sweet tasting.

they all love their jobs. love helping people.