

# The Volunteer Connection



Winter 2011-12

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## Addressing Global Mental Health Needs

### *“No health without mental health”*

The World Health Organization (WHO) reports that more than 450 million people suffer from mental disorders; many more have mental problems. In an article published by *The Lancet Mental Health Series* in 2007, it was estimated that some 14% of the global burden of disease can be attributed to neuropsychiatric disorders. Up to 30% of the global population will suffer from mental disorder and of those people, at least 2/3 will receive inadequate or no treatment. The report goes on to state, “...there can be no health without mental health. Mental disorders increase risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk for mental disorder, and comorbidity complicates help-seeking, diagnosis and treatment, and influences prognosis.”

WHO defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. That can often be a difficult task in the developed world but in developing countries - where the stress of daily life may consist of backbreaking chores, poverty, disease and, often, violence - being compounded with natural disasters such as drought, flooding, earthquakes, famine, etc. can severely affect mental health. In many countries, a lack of understanding often leads to those with mental disorders being shunned or stigmatized in other ways.

*The Lancet Mental Health Series* notes that about half of mental disorders begin prior to age 14 and that some 20% of the world's children and adolescents have mental problems or disorders. Unfortunately, it is also the case that in areas of the globe with the greatest number of young people, there are the fewest resources available to address mental health issues. Indeed, it is common in countries with low to middle incomes for there to be only one child psychiatrist for every 1-4 million people.

In a call for action issued by the Lancet Mental Health Group it was estimated that basic mental health services could be provided through community health workers for as little as \$2 per person annually in low income countries and \$3 - \$4 in lower middle income countries. Yet, this remains a hurdle for many countries, due to the lack of understanding about mental disorders, a priority on public health services, a resistance to decentralizing mental health services, and a lack of workers trained in mental health care.

**“Up to 30% of the global population will suffer from mental disorder”**

*continued on page 6*



**Health Volunteers Overseas • Improving Global Health Through Education**

## News & Events

LETTER FROM THE EXECUTIVE DIRECTOR



*“Do not go where the path may lead, go instead where there is no path and leave a trail.”*

—Ralph Waldo Emerson

Dear Friends,

On August 1, HVO turned 25! In late 1984, Dr. Ralph Crawshaw first challenged his colleagues to make a substantial difference in the lives of their counterparts in developing countries by volunteering their skills and knowledge. Who would have imagined that some 25 years later, the trail of HVO assignments is nearly 8,000 and over 4,350 volunteers have served? Fifty-one countries, ranging from Afghanistan to Zimbabwe have hosted volunteers, and the requests for volunteers keep coming. Three new program sites have been established this year.

In those 25 years, much has changed throughout the world, in technology, and in medicine. What hasn't changed is the enthusiasm, dedication, and commitment of our volunteers, who remain as focused as ever on our mission of education and training. Please join me in celebrating the work of these volunteers, with the support of our wonderful donors, by sharing your stories and photos for our website. Click on the special 25th Anniversary page, and be sure to submit your favorite photos in our contest. Celebrations in various forms will occur throughout the coming year so stay tuned for updates. Many of our sponsor associations plan to honor HVO at their annual conferences, in their newsletters, etc. so we will share that information as it becomes available.

In the meantime, many thanks for 25 terrific years! Let's plan for the next quarter of a century to make even further gains in improving the quality and availability of global health care.

Sincerely,

*Nancy*

Nancy A. Kelly, MHS  
Executive Director

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## Active Program Sites

CURRENT VOLUNTEER OPPORTUNITIES

### Anesthesia

Ethiopia .....	2 - 4 weeks
India .....	2 - 4 weeks
Malawi .....	2 - 4 weeks
Peru.....	1 - 4 weeks
South Africa.....	2 - 4 weeks
Vietnam .....	2 - 4 weeks

### Dermatology

Cambodia .....	2 - 3 weeks
Costa Rica .....	1 - 2 weeks
India .....	2 weeks
Peru.....	1 - 4 weeks
Uganda.....	3 - 4 weeks

### Hand Surgery

Honduras .....	1 week
Peru.....	1 - 2 weeks

### Hand Surgery/Hand Therapy

Nicaragua .....	1 week
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### Hematology

Cambodia .....	2 - 4 weeks
Peru.....	1 - 4 weeks
Uganda.....	2 - 4 weeks

### Internal Medicine

Bhutan .....	1 month
Cambodia .....	2 - 4 weeks
India .....	2 - 4 weeks
Peru.....	2 - 4 weeks
Uganda .....	1 month

### Nurse Anesthesia

Bhutan .....	1 month
Cambodia .....	2 - 4 weeks
Ethiopia .....	2 - 4 weeks

### Nursing Education

Cambodia .....	2 weeks
India .....	2 - 4 weeks
Tanzania.....	3 - 4 weeks
Uganda.....	3 - 4 weeks

### Oncology

Ethiopia .....	2 - 4 weeks
Honduras.....	1 - 4 weeks
Vietnam .....	1 - 4 weeks

### Oral Health

Cambodia .....	2 weeks
Honduras.....	2 weeks
Laos.....	1 - 2 weeks
Nicaragua .....	1 - 2 weeks
Peru.....	1 - 2 weeks
Rwanda .....	2 weeks
Samoa.....	2 weeks
St. Lucia.....	2 weeks
Tanzania .....	2 weeks

### Orthopaedics

Bhutan .....	1 month
Cambodia .....	2 - 4 weeks
Cameroon .....	1 month
China .....	2 - 4 weeks
Costa Rica .....	1 week minimum
Ghana.....	2 - 4 weeks
Malawi .....	1 month
Moldova.....	2 weeks
Mongolia.....	2 - 4 weeks
Nicaragua .....	2 weeks
Peru.....	2 week minimum
St. Lucia.....	2 - 4 weeks
South Africa .....	1 month
Tanzania.....	2 - 4 weeks
Uganda .....	1 month

### Pediatrics

Bhutan .....	1 month
Nicaragua .....	2 - 4 weeks
St. Lucia.....	2 - 4 weeks
Uganda .....	1 month

### Physical Therapy

Bhutan .....	4 months
Ethiopia .....	2 - 4 weeks
Guatemala .....	1 - 2 weeks
Haiti .....	2 - 4 weeks



Photo courtesy of Jake Pritchard

*Volunteer Mary Pritchard –  
Physical Therapy - Bhutan*

### Physical Therapy

India .....	2 - 4 weeks
Peru.....	2 - 4 weeks
St. Lucia.....	2 - 4 weeks
Suriname .....	2 - 4 weeks
Vietnam .....	2 - 4 weeks

### Special Projects

#### Emergency Medicine

Bhutan .....	1 month
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#### Mental Health

Bhutan .....	3 months
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#### Pharmacy

Uganda .....	1 month
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### Wound Management

Cambodia .....	1 - 2 weeks
Peru.....	1 - 2 weeks

**Please Note:** New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: [programs@hvousa.org](mailto:programs@hvousa.org) or 202-296-0928. Visit the website [www.hvousa.org](http://www.hvousa.org).

## News & Events

HVO MEMBERS IN THE NEWS

### APTA Honors Dr. Stevens-Lapsley

Congratulations to Jennifer E. Stevens-Lapsley, PT, PhD! She was the recipient of the *Margaret L. Moore Award for Outstanding New Academic Faculty Member*, which was announced at the June 2011 meeting of the American Physical Therapy Association.

### IRA Rollover Extension

A recent tax act has extended Individual Retirement Account (IRA) rollovers to charitable organizations such as HVO through December 31, 2011. Individuals who are age 70 ½ or older can make tax-free distributions of up to \$100,000 per taxpayer from IRAs (either traditional or Roth) that are transferred to charities. For more information on this opportunity please consult your tax and/or financial advisors. **Remember this opportunity expires December 31, 2011.**

### Golden Apple Award

On World Health Day (April 7), HVO announced the winners of the sixth annual Golden Apple Award. This award was created by the HVO Board of Directors to recognize the extraordinary educational contributions of volunteers. Each of these volunteers has demonstrated a strong commitment to HVO's educational mission through their work on curriculum development, teacher training, didactic or clinical training, or the enhancement of educational resources.



The 2011 honorees are:

- Laura L. FitzPatrick, MD
- C. Frits Hunsel, PT, LMBT
- Michelle James, MD
- C. Neil Kay, BDS, MS
- Isador Lieberman, MD, MBA, FRSC(C)
- Fredric V. Price, MD
- Vidya Swaminathan, PhD

Congratulations to each of them and many thanks for their dedication to education!



*A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries.*

When you write or review your will, please consider leaving HVO a charitable bequest as an investment in HVO's future. You may bequeath a specific amount of money or a percentage of your estate. Another relatively simple option is to designate HVO as the beneficiary of a life insurance policy or the assets of a retirement plan.

If you are interested in creating a charitable bequest in your will or in discussing some other charitable aspect of your estate planning, please contact Nancy Kelly at [giving@hvousa.org](mailto:giving@hvousa.org). If you have already made a charitable bequest, please let us know! We will honor all requests to remain anonymous.

Thank you to the following people who have made such a commitment:

- |                             |                         |
|-----------------------------|-------------------------|
| Anonymous (3)               | Richard Coughlin, MD    |
| Kim Dunleavy, PhD, PT, OCS  | Germaine Fritz, DO      |
| Dr. & Mrs. David Frost      | Elaine Goodall, PT, MEd |
| Nancy Kelly & Michael Hagan | Paul Muchnic, MD        |
| Celia Pechak, PT, PhD, MPH  | James Pembroke          |
| Steven Stoddard, MD         | Dr. & Mrs. Harry Zutz   |



## News & Events

MAKING AN IMPACT



### Health Volunteers Overseas

Included in the 2010-11  
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Photo courtesy of the APTA

*American Physical Therapy Association President Scott Ward, PT, PhD, presented HVO Executive Director Nancy Kelly, MHS, a certificate during the House of Delegates closing ceremonies, June 2011.*

### Telemedicine with Honduras

*Dr. Linus Chuang shared the following update on the oncology project in Honduras:*

The idea of having a remote tumor conference with Honduras came after a trip in May. We have since conducted two meetings a month, one on gynecologic cancer and the other on breast cancer. The conference is conducted using [www.gotomeeting.com](http://www.gotomeeting.com). The presenters and discussants are able to present their case and teaching presentations from their own computers. Initially we thought the meetings would be held once a month, but the residents requested that we expand to two times a month. The conference is conducted on the first and last Friday of the month, with each session lasting about 1-1.5 hours. This conference is coordinated primarily by HVO volunteers, with two breast cancer experts who are not HVO volunteers. During the conference, 1/2 hour is dedicated to an in-depth case presentation and discussion, with the remaining time devoted to a focused topic lecture. Our cases and teaching materials are available to all volunteers on a shared folder on Dropbox.

We are excited about the support of this program by members from the Society of Gynecologic Oncology. Any other interested volunteers are welcome to participate in our remote tumor conference. We are also looking forward to expanding this remote conference with the future sites in Ethiopia and Vietnam.

## News & Events

GLOBAL MENTAL HEALTH

### Global Mental Health *continued from page 1*



Photo courtesy of Chencho Dorji

One country that is striving to overcome these hurdles is Bhutan, where HVO has had a mental health program since 2009, thanks to the driving force of Dr. Chencho Dorji of the Department of Psychiatry at the Jigme Dorji Wangchuck National Referral Hospital in Thimphu.

“In 1999, Dr. Dorji became Bhutan’s sole provider of psychiatry, addiction, and epilepsy medical services for a nation of 700,000 people. Since then, Dr. Dorji has been working 10-12 hour days, 6-7 days a week, for more than 12 years,” according to Charles E. Thompson, MD, HVO Program Director, and Assistant Professor of Psychiatry at the University of Washington. Dr. Dorji’s interest in the field started from a personal perspective at a very early age.

Chencho Dorji grew up in what was at the time the world’s third-poorest nation, a tiny Himalayan country that considered the mentally ill to be suffering the necessary consequences of unwholesome acts in past lives. Those whom the village lamas or herbalists could not cure were marginalized from village life and lived short, tragic lives. There was no code of rights or ethical treatment for the mentally ill, and no infrastructure to support them or their families. In his teens Chencho Dorji took on total responsibility for the lifelong care of his brother, who suffers from schizophrenia, rather than allow the inevitable tragedy to unfold his brother’s life.

**“Basic mental health services could be provided through community health workers for as little as \$2 per person annually in low income countries and \$3 - \$4 in lower middle income countries.”**

**“Crucial to his project was community support, using primary health workers, to identify, treat, and refer those in the community with mental disorders to the national infrastructure.”**

In a country that has developed rapidly over the last 50 years, while trying to maintain its cultural and religious roots, Dr. Dorji recognized that the need for mental health care was great, as was the skepticism and resistance he would face. He developed a pilot project that was an innovative combination of local advocacy, education, case identification, training of treatment providers and initiation of modern treatment for psychiatric patients. In addition, he launched a groundbreaking and proactive public awareness campaign through the Bhutanese print and broadcast media to put mental health on the national agenda. Crucial to his project was community support, using primary health workers, to identify, treat, and refer those in the community with mental disorders to the national infrastructure.

In the project’s first two years alone, more than 300 severely mentally ill patients were identified and started on medication. More than 60 health workers received important capacity development through mental health training. Critically, more than 500 community leaders, traditional healers and government civil servants were oriented to modern mental health concepts.

Today, basic psychiatry services are available at all the district and primary health care centres all over the country. Essential psychotropic drugs including anti-epileptic medications are available at all levels of health care and



## News & Events

GLOBAL MENTAL HEALTH

provided free to all patients. From almost no patients seeking treatment in 1997, more than 5000 new psychiatry patients registered for treatment in various health centres in Bhutan in 2010....Moreover, a rights-based approach to mental health, including for persons with drug and/or alcohol addiction, now receives regular coverage from the Bhutanese media.

Dr. Dorji's skills, commitment, and perseverance have certainly built a strong foundation for mental health care in Bhutan. His project, "Introducing Modern Mental Health Care Services to Traditional Bhutanese Society" was the recipient of the 2009 Changemakers Global

Competition Award for innovative ideas, and he was nominated this year for the Prize of Geneva for Human Rights in Psychiatry.

HVO is now working with Dr. Dorji to develop Bhutan's child psychiatry services. Although this is currently HVO's only mental health project, the work that Dr. Dorji has championed in Bhutan can certainly serve as a model for other countries as understanding increases that there is "no health without mental health."

*Charles E. Thompson, MD, contributed to this article.*

### Resources:

World Health Organization <http://www.who.int/mediacentre/factsheets/fs220/en/index.html>

The Lancet

<http://www.thelancet.com/series/global-mental-health>

The Lancet Series on Global Mental Health brought together leading experts from the Institute of Psychiatry, Kings College London, UK, The London School of Hygiene and Tropical Medicine, UK, and, WHO to highlight the gaps in mental-health services worldwide, and to formulate a clear call to action.

For more information on advocacy for global mental health programs, contact the World Federation for Mental Health at [www.wfmh.org](http://www.wfmh.org). They have been strong promoters of World Mental Health Day (October 10); this year's theme was "The Great Push: Investing in Mental Health."



Photo courtesy of Michael Unger



## Reflections from the Field

### *Eric Fornari, MD (Edward Blair Memorial Fellowship) · Orthopaedics · Malawi*

I had a very diverse clinical experience in Malawi. Approximately half of my clinical time was spent on the wards participating in teaching rounds. Rounds were attended by various professionals, including medical students, interns, registrars, therapists and nurses. It was important to keep in mind that everyone had varying levels of orthopedic knowledge in order to provide appropriate education. Rounds were very interactive and served as a critical time for hands-on teaching. Topics covered all areas of orthopedics, including how to take an appropriate history, conduct a physical exam on an orthopedic patient, application of relevant clinical anatomy, interpretation of radiographs, general management principals of specific conditions and fractures, as well as the timing and role of operative intervention.

One of the things I was continuously struck by was the spectrum of pathology. Some were unique to my time in Malawi, while others were quite similar to conditions I was used to treating at home. I found all of these operative experiences were extremely educational. I was forced to approach the operative management of orthopedic conditions from a different perspective, sometimes needing to improvise and figure out how to make do with the resources at hand. This was a lesson that was taught time and time again by all of the talented surgeons with whom I worked.

### *Edward Ringel, MD · Internal Medicine · Bhutan*

The cases in the ICU were quite challenging. There was a heavy burden of neurological injury from vehicular accidents and falls. Overwhelming abdominal sepsis was common, and unusual cases included full-blown eclampsia, tetanus, and a low velocity penetrating brain injury with an arrow from a recreational archery accident. “Firsts” included the first bedside bronchoscopy performed in the country, the first use of continuous paralysis and sedation (used in our tetanus patient), and the introduction of physical therapy services for bed-bound ICU patients.

While there, I also participated in the management of a mass casualty event when a bus rolled down a cliff. Without question, the most memorable incident was this mass casualty event. I have never seen such an effective, spontaneous response to a critical situation in all my 35 years of involvement in the US medical system.

### *Melanie B. Thomas, MD · Oncology · Honduras*

Most of my time was spent with the surgical oncology residents at Hospital San Felipe, a medium-sized public hospital where most of the oncology patients are currently seen. The residents are a wonderful group – very eager to learn and actively seeking new knowledge to enhance their training. They have excellent critical thinking skills, are very collegial, and dedicated to practicing in Honduras.



# reflections...

## *Lena Dohlman, MD, MPH · Anesthesia · South Africa*

It was also common to have 7 or 8 C-sections in a 24 hour period - none of which were low risk. Due to the lack of prenatal care in the districts and the late presentation of problem pregnancies to Nelson Mandela Referral Hospital, a majority of the C-sections were on patients who had either pre-eclampsia or eclampsia. Maternal deaths were still quite common compared to US hospitals but it seemed not to be due to mismanagement at the NMH, but more to the advanced state of the maternal complications when the patient arrived for care.

## *Michael W. Unger, DDS · Oral Health · Honduras*

The morning after our arrival, Dr. Norma (as she is affectionately called), took us to join a group of dental students who were going to a rural orphanage, to perform whatever dentistry was possible. The enthusiasm of these students was overwhelming. They brought their own instruments and supplies that were previously sterilized. Clorox and water were used to re-sterilize used instruments. The students were enthusiastic about performing any surgical procedures necessary, as well as examinations, cleanings and fluoride treatments. This visit was one of the highlights of our assignment. I would encourage future volunteers to partake in this worthwhile outreach program at the orphanage.

## *Alyssa Schaffer, MD (AFSH Fellowship) · Orthopaedics · Uganda*

I learned much and grew from the experience as I struggled to learn how best to interact with people in a different culture and operate effectively using fewer resources than those to which I am accustomed.

## *Emily Berry, MD · Oncology · Honduras*

The most memorable moment for me was instructing the two most junior level residents in an abdominal hysterectomy. They were so pleased to be operating, to be operating with a peer, and to get some formal surgical instruction. One resident, the first female surgical oncology resident to be trained in Honduras, told me that she would “never forget this day” at the end of the surgery.

## *Bryan Gunnoe, MD · Orthopaedics · Tanzania*

...the best preparation advice from Dr. Crawford was to be flexible, open-minded and patient. I learned quickly that the most important place to apply these attitudes was with myself. It was a bit overwhelming to negotiate my way around a large, busy facility, and to find a welcoming avenue down which I could drive my self-aggrandized vehicle of enthusiasm and expertise. I am not used to being lost in a hospital, not knowing my place, sticking out because of my complexion, and not having my role or capabilities generally recognized or explainable. Needless to say, the anxiety and self-consciousness had to go before I could be of use to anyone.

## ADA-HVO Initiative

### Update on the ADA/HVO Haiti Adopt-a-Practice Initiative

As a result of the January 2010 earthquake, over a third of the dental offices in Port-au-Prince were destroyed and others suffered serious damage. As most of Haiti's dentists are located in the capital, this was a severe blow to oral health care. The ADA/HVO Adopt-a-Practice Initiative was developed to help dentists rebuild their practices and their lives. One crucial component of this project is that, in return for the donation of assistance, the dental practice is obligated to provide no-cost services to the community. This stipulation means that in addition to reaching Haitians who might not be able to afford dental care, an awareness of community service is developed.

The ADA/HVO Project Management Committee met in the spring to assess the status of the initiative. To date, about a third of the needed funds have been received. One of the first activities was the purchase and installation of dental chairs at the dental school in Port-au-Prince.


The committee reviewed seven practices nominated by the Haitian Dental Association and selected four to receive assistance. The primary request was for equipment donations and, through a bid process, a dental supply company with distribution services to Haiti was selected. Basic packages of office equipment have been assembled and will be delivered this fall. The remaining three practices have been asked to provide

**“Basic packages of office equipment have been assembled and will be delivered this fall!”**

additional information to ensure that their buildings have been fully repaired before equipment is provided. As more dentists become aware of the initiative, the Haitian Dental Association will collect additional requests for consideration by the ADA/HVO Project Management Committee.

Funding is greatly needed and donations of any amounts are appreciated. Dental practices in the US and Canada are encouraged to adopt a Haitian practice, in the amount of \$10,000. For further information, please contact the HVO office at [giving@hvousa.org](mailto:giving@hvousa.org).

ADOPT-A-PRACTICE  
Rebuilding Dental Offices  
in **HAITI**




**In January 2010 an earthquake devastated Port-au-Prince, Haiti.**

Today, nearly a third of the dental offices remain destroyed. Without help, most Haitian dentists will be unable to rebuild their practices. Join the ADA Division of Global Affairs and Health Volunteers Overseas (HVO) to help raise \$350,000 to rebuild dental practices in Haiti.

Donate today!

Visit [ada.org/goto/international](http://ada.org/goto/international) for more information, or donate at [www.hvousa.org](http://www.hvousa.org).  
Health Volunteers Overseas, 1900 L Street, NW #310, Washington, D.C. 20036, 1.202.296.0928.  
Please make checks payable to Health Volunteers Overseas, memo line: ADA/HVO Haiti.



Health Volunteers Overseas  
Improving Global Health Through Education

ADA American Dental Association®

Shared Global Resources



## ADA-HVO Initiative

### An ADA-HVO Initiative

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### ADOPT-A-PRACTICE Rebuilding Dental Offices in HAITI

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## Special Thanks

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*...to the following individuals and companies who have so generously donated teaching materials, equipment, supplies, and other support:*

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