

**Curiosity becomes passion, and passion becomes a career: A
reflective essay**

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Introduction

As a person I have always been curious and always asked questions. At times, this nature gave me troublesome experiences but also led me to my destiny. The time I was doing my internship after finishing MBBS in Bangladesh in 2016, everyone I knew was almost certain about which speciality they wanted to pursue. Meanwhile I wanted to know what was out there. Hence, I travelled to Nottingham all the way from Dhaka to pursue my Masters in Public Health at the University of Nottingham. What I learned this year went beyond the academic element. I realised that in our Bangladeshi culture, we are encouraged not to ask questions, not to critique. This is why Bangladesh's social changes are very slow, and health services are not up to standard as well.

After completing my master's degree, I returned home. I started working as an honorary medical officer at the internal medicine department at Dhaka Medical College in January 2018. Later in the year, I was selected to participate in a Cambridge Advanced Short Course on Chronic Non-Communicable Disease Epidemiology organised by the University of Cambridge and the Institute of Epidemiology, Disease Control and Research (IEDCR). My experience in this course convinced me that I want to work for the hard-to-reach community, for challenging populations, and live outside my comfort zone. Hence, I joined the International Rescue Committee (IRC) for Rohingya displaced populations at Cox's Bazar in Bangladesh as a Sexual and Reproductive Health Manager. In the course of this essay, I will show how working as a humanitarian has led me to psychiatry and why clinicians from this specialty need the willingness to volunteer even on a small scale for the community. Because taking a small and collective approach can make a huge difference to people's lives.

Life as a Humanitarian

The day I started going to Rohingya camps, I felt how blessed I am to be free. Large families lived in a confined space that was not very secure. They were in terror: terrified about what happened to their family and friends in Myanmar, terrified about the changing culture, scared of losing their language and their own culture. Working with this population was a big challenge for me because gaining their trust was not easy. Under the United Nations Population Fund (UNFP) fund, we, IRC provided holistic sexual and reproductive health (SRH) services to the reproductive age group of Rohingya girls and women and also host women at Women Friendly Spaces (WFSs). To do that we partnered up with MUKTI, which is a local non-profit organization (NGO) in Cox's Bazar.

Historically, the Rohingya women who visited WFSs were not there only to receive family planning or to receive treatment for sexually transmitted diseases (STDs), but also to relax, to have a break from their tiny home, and to share their feelings and thoughts with one another. I saw women reading the holy book, the Quran; some were doing handcrafts, some were just sitting in a corner, some were waiting to get SRH services, and some were there to seek psychosocial

support. We were aware of cases of domestic abuse, as well as sexual abuse. There is no doubt that life can be very challenging for a woman or child living in a conflict zone or in a refugee camp. It can also be found from several research that women in refugee camps and conflict zones are more likely to suffer from harm, unsafe environments, and lack of access to health care (Donnelly and Muthiah, no date). There was, however, one thing that was incredibly interesting. In my service as a humanitarian worker over the course of a year, I have never once come across a client who had attempted suicide or self-harm, and I find this to be a fascinating finding. There is growing evidence to suggest that people living in war- and conflict-affected areas have a high prevalence of depression, anxiety, and post-traumatic stress disorder (PTSD) (Charlson et al., 2016; Lim et al., 2022). Moreover, women are more likely to attempt suicide and self-harm than men (Bommersbach et al., 2022). This made me think about how they coped with it and how beautiful the human mind is! This is when I was certain I wanted to build a career in psychiatry.

A year of humanitarian service gave me a lot. It provided me with a sense of purpose. It made me empathic, gave me the skills to implement health services according to the needs of the target community. It also taught me how to engage with challenging populations. As well as this, I was honoured to be the author of the WHO/IBP Network and Knowledge Success Implementation Stories - Why Men Should Be Included in Voluntary Family Planning: A Success Story from Rohingya Refugee Camps, Cox's Bazar, Bangladesh. This paper can be accessed by clicking the following link:

https://d1c2gz5q23tkk0.cloudfront.net/assets/uploads/3084328/asset/IRC_Bangladesh_HighRes.pdf?1618934960.

The aftermath of the humanitarian service

In January 2020, I began working as an honorary medical officer in the Psychiatry department at Bangabandhu Sheikh Mujib Medical University (BSMMU). During that time, I was contacted by a youth-led organisation, Light to Life, where I was invited to give a presentation to their targeted audience, young adults. In response to that opportunity, I offered my voluntary support and delivered a presentation on Stress Management & Suicide Prevention. The Facebook link to this presentation is below:

<https://www.facebook.com/Lighttolife.org/videos/723317348468993/?app=fbl>.

Aside from that, I volunteered to serve as a moderator on the Facebook page of 'Moner Khabor'. 'Moner Khabor' is a monthly mental health magazine in Bangladesh. It is an easy way for anyone who works in the mental health sector or for organizations that are dedicated to mental health to advertise their services. Social media is also effective for raising awareness of mental health issues (Latha et al., 2020). Please visit this link to learn more:

<https://www.facebook.com/groups/1434465913456320>.

This volunteer experience provided valuable insight into the idea of conducting a research project. I am a co-author of a journal titled 'Attitudes of mental healthcare professionals and media professionals towards each other in reducing social stigma.' You can access the journal at: <https://onlinelibrary.wiley.com/doi/10.1002/jcop.22823>.

After working at BSMMU for six months, I came to Manchester to pursue my second master's degree, Clinical Skills in Integrative Psychotherapy at Manchester Metropolitan University. Unfortunately, I witnessed a national lockdown due to Coronavirus disease (COVID-19) in the United Kingdom (UK). It was difficult for me and everyone I knew. In this regard, when I was given the opportunity to choose my dissertation topic for my master's degree, I decided to focus on the mental health of a marginalised and challenging group of people. And I chose undocumented migrants as my research audience. At the moment, I am working on getting my dissertation published in a peer-reviewed journal.

As I studied at Manchester Metropolitan University, I started working as a Diverse Communities Engagement Officer (part-time) at Trafford Carers Centre. I continued in this job role until December 2022, while taking the Professional and Linguistic Assessments Board (PLAB) exams. By working with the Black, Asian and minority ethnic (BAME) carers in the Trafford municipality, I became familiar with how their struggles, experiences and needs differ from those of the White population. Now that I have completed my PLAB journey and got GMC registration, and am in the process of clinical attachment at Pennie Care NHS Foundation Trust, this community experience will help me understand patients from their perspective.

The question now is, how can I contribute voluntarily without affiliation with an organisation? Recently, I educated an individual who was posting a Facebook post about supernatural phenomena of "Jinn". He/she claimed to have witnessed the Jinn experience of an employee's wife. Many comments suggested recording these events to spread the Islamic message. As part of my response, I explained that this might be a case of a mental health crisis. I also explained that taking the patient to a traditional healer like 'Ojha' instead of a hospital can have serious adverse effects. Ultimately, the person who posted the Facebook post took my opinion into consideration and was convinced to speak with the woman's family. As such, I believe it is possible to volunteer while working towards career goals even when not affiliated with an organisation. Volunteerism is best described as a free, non-profit activity that serves the greater good (Güntert et al., 2022). Thus, we can always contribute from our level of knowledge and experience which can be useful to others.

Conclusion

As for me, I still have a long way to go. I found my passion through the humanitarian service and am working towards it. My current goal is to enter core psychiatry training in the UK.

In the future, I want to work for humanitarian organisations. There is a saying that once a humanitarian, always a humanitarian. I am looking forward to the journey ahead. During this time, I would like to continue volunteering on a smaller scale, either as part of an organisation or individually. As a matter of fact, I truly believe that small, collective steps can make a huge difference in our world.

References

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