

*Merry Christmas and a Happy New Year 2024!*

## MESSAGE FROM CHAIRPERSON

On behalf of the Health Professionals Council, I extend my greetings to all stakeholders and registrants in both private and government sector. I would like to take this opportunity to wish you and your loved ones a Merry Christmas and a joyous New Year.

During the Christmas season, there is no more opportune moment to contemplate and acknowledge your unwavering devotion and resolve. Several of you consistently arrive early and leave late at your workplaces. Some individuals visit their work place on weekends to guarantee timely and accurate delivery. Occasionally, your commitment comes at the cost of your personal time, affecting your interactions with family, friends, and loved ones.

All of the practicing Allied Health Professionals who have a valid registration in the nation exhibit varying levels of dedication, expertise, commitment, and strength, which determine the extent of our accomplishment. I would like to extend a warm welcome to our new member on the council, Dr. Cynthia Norshir, and also congratulate her on her appointment as the Chief Allied Health Officer (CAHO).

As we near the conclusion of this year, I am reminded of the significant influence that the recent tragedy can exert on our lives and professional endeavours. Nevertheless, when confronted with challenges, leaders frequently have the burden of accountability and the necessity to offer comfort and optimism to their people. In order to sustain our collective efforts and contribute to the betterment of our respective fields and the community at large, it is imperative that we remain united.

While you partake in the celebrations alongside your loved ones, exchanging gifts and coming together to rejoice, I extend my heartfelt greetings to you and your families for a secure and pleasurable Christmas, as well as a joyous New Year.

*May divine blessings and protection be bestowed upon all of you.*

Contributor: Morison Julie (HPC Chairperson)

On behalf of all the Allied Health Professionals and the HPC Board members we welcome Dr Cynthia Norshir. We know with your skills and experience you're a great asset to the council. Congratulations on your new role as the Chief Allied Health Officer! Our team is looking forward to sharing many successes.' Dr Noshir's office is based at the PS secretariat, Maison Hermitage.

*Welcome*



Morison Julie  
HPC Chairperson

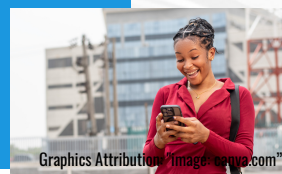


## CHECK OUT THE ONLINE THE REGISTER

WE KEEP A REGISTER OF ALLIED HEALTH PROFESSIONALS WHO MEET OUR STANDARDS FOR THEIR TRAINING, PROFESSIONAL SKILLS, BEHAVIOUR AND HEALTH.

[www.hpcseychelles.org](http://www.hpcseychelles.org)

**CHECK IT NOW**



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# IN MEMORY OF MRS WAHIDA PAYET OUR BELOVED COLLEAGUE AND FRIEND

Mrs Wahida Payet started working at the Ministry of Health on the 1st September 1989 after completing a degree in Physiotherapy in Germany.

During her time of service in the Ministry of Health Mrs Payet touched the life of many through her passion and her dedication in improving the functions of her clients. She never said no, when it came to offering her service. During her career Mrs Payet has engaged in various projects to improve the Rehabilitation services and this is a testimony of her 34 years of continuous service in the Ministry of Health. Due to her hard work Mrs Payet throughout those years was promoted from a physiotherapist to senior and principal physiotherapist. Her dedication to promoting rehabilitation she later took on more responsibility as the chief of Rehabilitation Services.

Mrs Payet played a key role in the development of the first national rehabilitation strategic plan in which she was convinced would be the catalyst to bring Rehabilitation services to greater heights. Recently she presented the strategic plan to senior management. We, who were there for the presentation, we remember how she kept saying “the plan will have to be implemented but mon pa pou la mwan, mon pa pou la” we took it lightly without realising that she was sending us a hidden message.

Her wish was that year 2024 should be the year for “Rehabilitation services”, her ultimate desire was that the ex NIHSS be converted into a Rehabilitation hospital as was previously. Only last week she was so happy to hear that her dream was to be realised and was so eager to initiate plans on how it should be. Mrs. Payet, we as Rehab services will do our utmost not to let you down.

Other than a hard worker, Mrs Payet “ti kontan fer fars i ti kontan koz bokou, e donn bokou gidans. Pou sa nou dir li mersi e nou pou mazin son bann parol. To us she was a friend, a colleague and our chief. On behalf of Ministry of Health especially the rehabilitation services we extend our sincere condolences to the family, stay strong and support each other. *Adieu Mrs Payet until we meet again!*



Late Mrs Wahida Payet  
Chief Therapist  
Rehabilitation Services



Contributor: Mrs  
Fiona Paulin and the  
Rehabilitation  
Services team



## AHP'S “AT THE RIGHT PLACE, AT THE RIGHT TIME, WITH THE RIGHT SKILLS”

*Allied Health Professionals during disasters and emergencies.*



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Often when people think of emergencies or disasters, doctors and nurses are the only health professionals that come to mind. Only few are aware of the group of allied health professionals (AHPs) who are also working directly with patients or who are supporting other health professionals and services. This clearly shows that the visibility of Allied Health Professionals remains low in comparison to other health professionals in Seychelles. Why is that?

December 7th 2023, Seychelles was under a state of emergency after flooding and an explosion. The Emergency Medical Technicians (EMTs) were amongst the First Responders on the different sites. The Clinical Laboratory Technicians, Technologists and Scientists were supporting medical doctors through diagnostic services, and preparation of blood products for safe administration when required. The pharmacy staff were dispensing prescribed medications. The psychologist team were providing psychosocial support. The radiographers were taking radiograph based on the prescription of medical doctors. Public Health Officers were involved in risk assessments on the fields. Some AHPs were engaging in national level meetings to mitigate the emergencies. Clearly, AHPs were “at the right place, at the right time, with the right skills” as resonated in this year’s international AHP theme day. Yet many of us often tend to forget about the contributions of AHPs.

Allied health professionals have been trained to provide services in their own right guided by their respective scope of practice. Moreover, AHPs services are provided in collaboration with other health professionals to address the country’s burden of disease. AHPs also play critical roles in all phases of emergencies and disasters i.e. prevention, preparedness, response and recovery. Let us therefore acknowledge the impactful and rightful skills of AHPs at the right place and at the right time during disasters and emergencies.



Contributor: Cynthia Noshir, Ph.D.

When addressing the topic of stress caused by a traumatic event, we define it as post-traumatic stress disorder (PTSD). Post-traumatic stress has specific characteristics that distinguish it from other types of stress. Through its definition, we can better understand what it entails.

### What is Post-Traumatic Stress Disorder (PTSD)?

It is a disorder that can occur following a traumatic event. A person who develops PTSD exhibits four major classes of symptoms:

1. The person continually relives the traumatic scene in thoughts or nightmares (re-experiencing symptoms). This involves reliving events that can manifest in various forms, such as sudden flashbacks or the intrusive and overwhelming intrusion of images or thoughts related to the event.
2. The person actively or involuntarily avoids anything that could remotely remind them of the trauma (avoidance symptoms).
3. The person is frequently on edge (hypervigilance symptoms) despite the absence of imminent danger.
4. The person harbors negative thoughts about the causes or consequences of the event; they feel constantly sad, angry, or ashamed; and they lose interest in activities that were once important to them (negative cognitions and mood).

### General Symptoms of PTSD

- Mental images, dreams, or recurring memories of the traumatic event
- Intense psychological or physical distress
- Avoidance of situations or conditions reminiscent of the event
- Altered mood or cognitive abilities
- Irritability, anger, or reckless behavior
- Sleep problems (e.g., due to a state of hypervigilance)
- Depersonalization (feeling detached from one's own body or mind)

### Development of Traumatic Disorders

According to the literature, 10% of individuals exposed to traumatic events develop post-traumatic stress disorder. Rates vary depending on the intensity and characteristics of the event (Yehuda, R., McFarlane, A., & Shalev, A. 1998). A person who has experienced a traumatic event may present with post-traumatic symptoms several months or even years later. The delayed onset of symptoms may follow a triggering event.

### Intensity and Duration of PTSD

The duration of post-traumatic stress is highly variable, with individuals experiencing PTSD in different ways. The intensity of the event can determine the duration of the trauma. As you can observe, any traumatic event leads to physical or psychological consequences, sometimes both.

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### Other Disorders Following a Traumatic Event

In the days following a traumatic event, victims may experience extreme fatigue and a lack of interest in their surroundings. The literature informs us that 30 to 80% of individuals with PTSD will experience a depressive episode (CASEY, P., & Strain, J. J. 2018). Other issues that may affect individuals who have experienced traumatic events include phobias and physical problems (fibromyalgia, sexual problems, and others) (RIMASSON, D. 2015).

### Building Resilience

Resilience not only indicates the absence of a disorder after a potentially traumatic event but also the individual's ability to derive benefit from adversity. However, the same person may not trigger post-traumatic stress disorder in one event but may exhibit symptoms in another event (Muckle, F., & Dion, J. 2008).

### Treatment of Post-Traumatic Stress

Psychological support is essential, which is why it is part of the primary treatment. The primary goal of specialized psychologists and/or psychiatrists is to work on the behavior of victims that prevents the traumatic memory from being processed like a regular memory.

### Cognitive and Behavioral Therapy

Cognitive-behavioral therapy (CBT) aims to readjust the patient's behavior by deconstructing their beliefs and shaping new ones that align better with the environment and the patient's personality. Thus, they regain adapted behaviors that are unique to them and with which they feel themselves. CBT is a valuable aid in overcoming trauma. This form of psychotherapy is particularly beneficial for victims of psychological shock by modifying their thought processes (cognitive approach) and their actions (behavioral approach) (Vancappel, A. 2021).

Regular physical activity also contributes to improved mood and self-esteem, reduced stress, and promotes the reconstruction of self-image.

### Respiratory Biofeedback

Respiratory biofeedback is a method through which individuals learn to regain control of their parasympathetic nervous system, primarily by regulating it through breathing. It is a mind-body technique that involves using visual or auditory feedback to control involuntary bodily functions. (Meuret, A. E., Wilhelm, F. H., & Roth, W. T. 2001).

### Relaxation techniques

Relaxation techniques can reduce stress symptoms and help you enjoy a better quality of life, especially if you have an illness. Explore relaxation techniques you can do by yourself (Norelli, S. K., Long, A., & Krepps, J. M. 2018).

Contributor: Mr. Inacio Simao HPC17/0588



## CARING FOR OUR VISION

### *The impactful Story of Jerome*

According to my experience I found that school children are at a higher risk with increasing myopia and the main bridge was the lack of knowledge and awareness of parents. I never believe the group eye screening campaigns.

Therefore I started my program to visit schools on my own account and educate the primary and preschool teachers on the alarming signals that could identify the children who need an additional support in seeing.

### **The Referral**

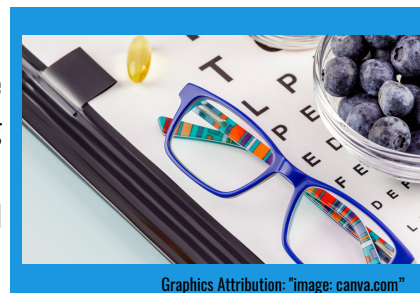
Master. Jerome was referred to me by a group of those teachers who participated in my awareness program. and it was his 9th birthday. According to the teachers from his preschool to primary P5, Master. Jerome was the most difficult student in all these days in class. Therefore obviously he was set aside under the label of not cooperating and poor response. ("Oh! Jerome... Don't talk about him." That's how they spoke about Jerome). I screened his vision and could not believe that he could not see 6/60 on the vision chart with both eyes. That means he has never been enjoying what is written on the teacher's whiteboard.

### **So what can we expect him to do in school?**

We found that poor vision is the reason for his poor attention in studies and misbehaving. After talking with his mom we discover that he was never a boy who enjoyed sports or any outdoor activities. Apart from that his dad who is not living with them, is supposed to be a person who wears thick spectacles. That morning I had to use all my refraction techniques and psychological tips to get his vision back to 6/12 with spectacles and to counsel his mom and motivate her for follow-ups. Today after two years of the combined effort of both parties, I see him with happy bright eyes with smart spectacles in his face with 6/6 vision in Right eye and 6/9 vision in Left eye.

*Dear Parents, Think out of the box, maybe the reason for your child to receive poor results, act with low performance and miss behave in the class is due to his poor vision. All what he/she need is an additional support in Vision- Support your child to see the world with his eyes. Let's work together to avoid preventable blindness of our kids. Bring them once for the Eyes screening before they reach the age 8.*

**Contributor: Optom. Kumari Ratnayake –HPC 16/0484**



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## EDUCATION AND TRAINING COMMITTEE -WAY FORWARD

*Dear AHPs*

We are happy to share that the CPD organized on 12th December 2023 by Optometrist Mrs. Kamari Ratnayake was a success. She spoke about 'Day to Day Eye & Vision Challenges' which was very informative and made us more conscious about taking good care of our eyes and that of our children. We thank Mrs. Ratnayake for her willingness to conduct the session that day.

The HPC takes this opportunity to encourage our AHPs to look forward and participate in our upcoming interesting CPDs which will start in January 2024 in collaboration with the Ministry of Health. This will be a very interesting collaboration and enrichment. So, keep a look out for the dates and reserve your seats early so that you don't miss out on the new exciting topics in the CPD programme, and to also choose your topic early so that you can become a presenter in the Programme. This programme will involve AHPs on Mahé and definitely those on Praslin and La Digue. We look forward to seeing you all.

On another note, the Education and Training Sub Committee wishes to thank all the AHPs who continue to remain abreast with HPC, with your registration and in making the effort to keep up with your CPDs.

*We wish you all a Merry Christmas and a Happy and prosperous new year*



**Contributor: Brigitte Gblimou (Ms)**

# THANK YOU



**November/December 2023**

Find us on 

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