

Mapa Operaciones MSF México y Centroam

Médecins Sans Frontières (MSF) – Holistic Model of Care in Trauma-Informed Care for Survivors of Torture and Ill Treatment: The experience of Mexico's projects with key population



Objectives

The experience of Mexico's rehabilitation Programme for survivors of torture, ill-treatment and Internal-displacement-related trauma in humanitarian settings within key population.

Holistic Model of Care in Mexico for Functional Rehabilitation

The factors: Complex trauma, Use of substances, personality Disorders and MH emergencies

Context

MSF IN MEXICO IN 2025

In 2025, as migration dynamics in Mexico shifted sharply, Médecins Sans Frontières (MSF) adapted operations to provide care to people remaining in the country, as well as local communities.



Pilars of the Context, Study and TIC intervention

Background

Study design and data sources

Study population and eligibility criteria

Programme delivery and clinical data collection

Measures and instruments

Statistical analysis

- Retrospective cohort study used routinely collected clinical data from 672 patients enrolled
- strictly adhered to MSF ethical protocols
- Health Management Information Systems (HMIS),
- confidentiality, it was exempted from full review by the MSF Ethical Review Board and the Ethics and Committee of Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz (INPRFM). All study procedures were performed in accordance with the Declaration of Helsinki.





The holistic model of care: functions like a OPD day hospital, individual consultations, group therapy and peer support sessions. Crisis management and deescalation, we refer to ER in case of suicide intention/acute psychosis/aggressiveness.

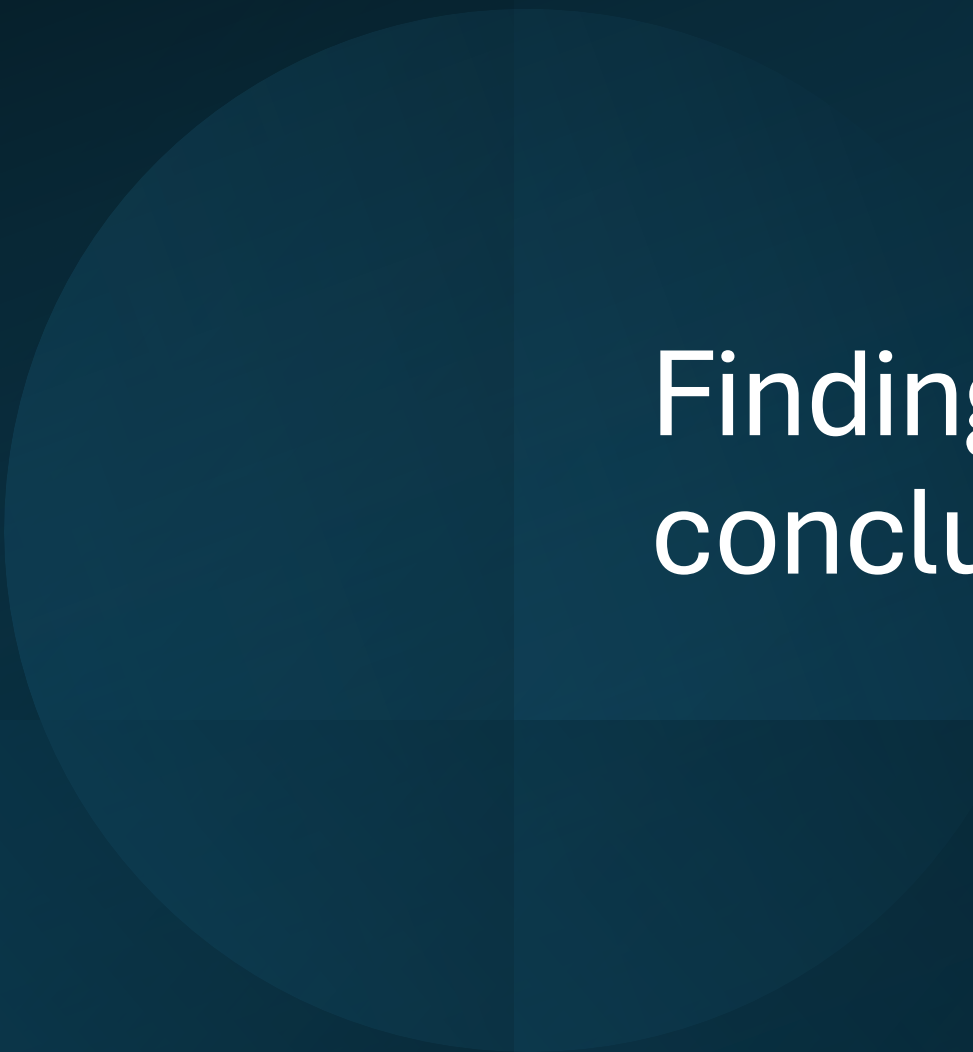
Medical Team: 2 MD, 3 PSY, 2 SW, 1 Physiotherapist, 2 Cultural mediators, 1 Occupational therapist. 1 Psychiatrists, 1 case management-MH manager.

Non-Medical Team: 2 watchmen, 2 drivers, 2 cleaners, 2 cooks, 1 Project Coordinator, 1 Log base, 1 HR-Admin.
24/7 direct contact with ER psychiatric ward





CAI provides free care including primary medical attention, psychological and psychiatric support, physical therapy, social integration support., Occupational therapy, physiotherapy, recreational and psychoeducational activities, and referral pathway to specialized health.



Findings, outcomes and conclusions

The most frequent events the patients were exposed

Main event group					
Sexual violence	27 (18.9%)	116 (81.1%)	97 (67.8%)	34 (23.8%)	143
Torture	1 (1.5%)	66 (98.5%)	23 (34.3%)	43 (64.2%)	67
Kidnapping	21 (16.2%)	109 (83.8%)	61 (46.9%)	65 (50.0%)	130
Other forms of violence	66 (23.7%)	212 (76.3%)	136 (48.9%)	132 (47.5%)	278
Separation / Loss	17 (70.8%)	7 (29.2%)	10 (41.7%)	14 (58.3%)	24
Medical / antecedents	3 (23.1%)	10 (76.9%)	3 (23.1%)	9 (69.2%)	13
Other	6 (40.0%)	9 (60.0%)	12 (80.0%)	3 (20.0%)	15

Clinical Diagnosis as a Predictor of number of sessions

Predictor	OR	95% CI	p-value
Gender (ref: Female)			
Male	0.91	0.51–1.60	0.734
Other	1.54	0.19–12.64	0.687
Age group (ref: ≥25 years)			
≤ 15 years (Children)	1.45	0.66–3.19	0.352
16–19 years (Adolescents)	1.04	0.30–3.59	0.951
20–24 years (Young adults)	0.69	0.31–1.52	0.357
Clinical diagnosis (ref: Anxiety disorder)			
PTSD	0.55	0.15–1.98	0.364
Depression	0.47	0.12–1.88	0.289
Other disorders	0.52	0.13–2.11	0.358
Baseline CGI Severity (ref: Mild–Moderate)			
Severe	0.48	0.27–0.87	0.016

Measures and Instruments

- The model adjusted for gender, age group, clinical diagnosis, baseline CGI severity, type of traumatic event, and session category. Model calibration was $p = 0.83$), and discrimination remained strong (AUC = 0.85).

Final adjusted logistic regression model
predicting improvement



LTFU and Adherence outcomes

24.8%, $n = 167$

almost half of the patients abandoned within the first three sessions.

Conclusions

SOITs present heterogeneous therapeutic needs, with response profiles ranging from faster (11 sessions) to very slow responders (22–23 sessions).

Baseline severity, PTSD diagnosis, and age predicted both outcomes and LTFU risk.

Retention emerges as a key modifiable leverage point for mental health service design in SOIT populations.