



Haitian Mental Health Summit

June 26-27, 2010 • Coral Gables, Florida, USA

Executive Summary





Introduction

The Haitian Mental Health Summit (HMHS) was held on June 26-27, 2010 at the University of Miami in Coral Gables, Florida. The Summit was organized in response to needs arising after the devastating earthquake in Haiti in January 2010. Organizers of the event included the Haitian American Psychiatric Association, the American Psychiatric Association (APA), the University of Miami Miller School of Medicine, and the University of Miami School of Education, Department of Educational and Psychological Studies. The purpose of the Summit was to:

- Increase awareness of the mental health situation in Haiti and among affected members of the Haitian community in the Diaspora
- Develop specific strategic goals and action plans for working collectively in addressing mental health needs of Haitians in the Diaspora
- Create a network of mental health professionals and stakeholders aimed at addressing mental needs of Haitians

The initiative for the Summit came from Marie-Claude Rigaud, M.D., MPH, who (with the assistance of APA) spearheaded the convening of several conference calls of Haitian psychiatrists from across the U.S. and Canada. Discussions on the conference calls made clear the need to bring psychiatrists and other mental health professionals from Haiti and the Haitian diaspora together, face-to-face.

More than 60 professionals from academia, government, community-based and social service organizations, and medical and professional associations from the US, Haiti, and Canada participated in the Summit. Among them were psychiatrists, psychologists, social workers, other mental health professionals, social scientists, and medical students

Dr. Rigaud chaired the Summit, which was made possible with funding from the American Psychiatric Association, Illinois Psychiatric Society, Brooklyn Psychiatric Society, Florida Psychiatric Society, American Psychoanalytic Association, and GeoCare, Inc.

During panel presentations and break-out sessions, presenters and participants discussed the current state of mental health services in Haiti; US and Canadian assistance efforts; potential opportunities for funding and for collaboration; and recommendations for action.



State of the Mental Health System and Services in Haiti

The mental health system and services in Haiti were experiencing challenging circumstances prior to the earthquake. The catastrophic loss of life and injury and destruction of property associated with the earthquake posed tremendous difficulties and further strained the ability of Haitian mental health professionals to meet the mental health needs of the Haitian population in the wake of the disaster. Even prior to the earthquake, Haiti had been working to build sufficient capacity and improve the quality of mental health services. The lack of trained personnel to meet the needs pre- and post-earthquake and the loss of clinical facilities during the earthquake are daunting challenges.

Participants noted that several groups from outside of Haiti have provided assistance in varying forms to meet mental health needs since January 2010. These activities included direct services at the camps and hospitals (Hopital Fort St. Michel, Hopital Psychiatrique de Beudet, Justinian Hospital, and Mars and Kline Psychiatric Hospital,) and training of primary care practitioners and mental health professionals in disaster mental health. In order to maximize the reach of mental health services, some efforts focused on preparing community health workers or accompagnateurs to conduct triage and identify people with needs for more extensive mental health treatment. Faith community leaders with mental health experience have also been instrumental in the effort to help people post-disaster.

Participants also discussed the importance of providing consultation and direct support to health workers who themselves suffered trauma and loss as a result of the disaster. In addition, Summit participants felt that in order to provide effective service, it is best if providers are conversant in French and Creole and are familiar with Haitian culture. Reaching children and youth may require specific targeted outreach efforts. The video project conducted by Haitian youths with the aim of reaching out to children and parents was mentioned as an example of the type of effort that is needed.

Among the institutions and organizations providing mental health services to support Haiti post disaster are Universite d'Etat d'Haiti, Universite de Montreal, Haiti, Institut de Developpement Personnel et Organisationnel, Haitian American Psychiatric Association, Holt International, Project Medishare/University of Miami School of Medicine, University of Miami School of Education Department of Educational and Psychological Services, Harvard Medical School, New York University School of Medicine, Partners in Health and the Haitian Mental Health Network based in Boston, and Kids First Psychological Services.



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There may be additional organizations providing mental health services, training and support not mentioned here. Summit participants noted the need to identify all of these organizations and bring them together to coordinate and collaborate on efforts and to minimize duplication of services and achieve optimal harmony of initiatives.

Many questions remain regarding the Haitian mental health system or lack thereof, and its limited resources and minimal personnel. Specific questions that were posed during the Summit include:

- How can Haiti rebuild its mental health system?
- Does it have sufficient human resources?
- Who is going to do what?
- Which treatment will work for whom under what circumstances?
- Can general mental health knowledge be adapted culturally?
- When is the right time to refer?
- What tools are needed?

Given the limited mental health resources, collaborative approaches similar to Zanmi Lasante (pyramid of care) and Konbit Sante (mental health training for general health practitioners) may serve as models of promising practices to consider. Most importantly, whichever strategies are chosen, it is essential that Haitian mental health providers in Haiti lead the effort and that people and organizations from outside of Haiti take on an assisting/collaborative role.



US and Canada Efforts

A number of US- and Canadian-based efforts to provide assistance to Haitians were discussed at the meeting. The Haitian Mental Health Network (HMHN-Boston) based in Boston was mobilized after the earthquake. The multidisciplinary group of mental health professionals made visits to Haiti to conduct training on trauma, and provide services to Haitians, and held community forums to inform members of the Haitian community about their work in Haiti. The Haitian Neighborhood Center, SantLa, a social services organization based in Miami which serves the large Haitian American population, also served an influx of people from Haiti post-earthquake including those who received amputation as a result of devastating injuries. Switchboard of Miami offers crisis counseling services via a 24 hour hotline staffed by counselors who speak French and Creole. The University of Miami created the Healing Little Haiti project to assess the impact of the quake on Haitians in the Miami area. Florida International University sent a team of medical students to Haiti and is in the process of developing a program for medical students to provide services to Haitian families in Little Haiti in Miami. Haitian psychiatrists in Cornwall, Ontario, Canada, conducted a community event focused on mental health in the wake of the disaster. This initiative, called Cornwall: Hope for Haiti, was designed for Haitian families living in Canada.

Several international, national, and local organizations have pledged to assist in a Haitian-led effort to address the mental health needs of Haitians in Haiti and in the diaspora through the provision of culturally competent services and training in order to maximize healing and resilience in the aftermath of the earthquake, including: The American Psychiatric Association and its District Branches in Illinois, Florida and Brooklyn, NY; the Association of Black Psychologists; the Black Psychiatrists of America; the Haitian American Psychiatric Association; the World Psychiatric Association.



Opportunities for Funding

Participants discussed the necessity of Identifying potential funding resources to building an effective mental health program in Haiti. Possibilities include reallocating funds within the Ministry of Health and establishing a separate mental health budget. Additionally, partnerships with universities, foundations, and private companies can help support sustainable mental health program development.

Securing funding the short-term will allow for decreased long-term costs as people receiving services and treatment can become more productive members of the community. In addition, several of the recommended actions would contribute to a larger impact i.e., mapping could be a resource for other programs and future studies; investing in children's programs is an investment in Haiti's future; and collaborative care program strategies can serve as a tool for development in other countries.



Opportunities for Collaboration

One of the main intentions of the Summit was to develop a sustainable collaborative effort to maximize the mental health and well being of Haitian people in Haiti, the US, and Canada, now and in the long-term—hence the formation of the Haitian Mental Health Summit Coalition, comprised of all Summit participants. Among the chief opportunities for collaboration articulated at the Summit were:

- A mental health plan for Haiti
- Capacity and workforce building
- Mental health promotion
- Network development and resource sharing

These can be achieved through partnership with the Haiti Ministry of Health, as well as with Haitian hospitals (e.g. Justinian University Hospital, Hospital Fort St. Michel), and universities. International organizations (e.g., Pan American Health Organization (PAHO), World Health Organization (WHO), United Nations (UN), U.S. agencies (e.g., National Institutes of Health (NIH), state departments of public health) and international psychiatric associations (e.g., World Psychiatric Association (WPA), Dominican Republic Psychiatric Society) were also identified as vital partners. Other key stakeholder partners identified by Summit participants included:

- The media
- Humanitarian organizations
- Medical schools, schools of public health
- Community leaders and personages (clergy, school teachers, artists, sports figures, coaches, performing artists who appeal to youth, including hip-hop stars)
- Community health workers, accompagnateurs, traditional faith healers
- Private corporations
- Mental health providers -- psychiatrists, psychologists, social workers
- Multidisciplinary teams -- nursing, primary care, occupational and physical therapy, rehabilitation, child protective services



Recommendations

Short-term recommendations

- The most pressing priority voiced during the Summit was to partner with Haitian leaders and community-based organizations with a history of addressing mental health needs in Haiti.
- The recommended first step is to map existing mental health and inpatient and outpatient medical services in Haiti.
- Another short-term goal is work with the Ministry of Health of Haiti in developing specific strategic plans for working with Haitian mental health providers in Haiti in addressing the mental health needs of Haitians in Haiti.
- Increase accessibility of mental health services through a collaborative care model including faith healers, accompagnateurs, teachers, primary care providers, and mental health providers.
- Train-the-trainer programs were strongly supported as the best means of building capacity in Haiti and in the U.S. and Canada.
- Child-focused programs were recommended as a means of accessing adults as well as caring for the future of Haiti.
- Public health messages via radio and cell phones were recommended to increase public awareness of mental health issues.

Long-term recommendations

- The group identified supervision, mentorships, fellowships, and meetings of providers as long-term and continuous goals.
- Additional educational recommendations included translation of materials and expanded access to electronic journals and texts.
- Final priorities noted were the need to address compassion fatigue and vicarious traumatization among mental health providers and to sustain an interest in mental health in Haiti through regular media involvement.

Participants emphasized that all programs must take into account existing effective programs by community agencies and by Haitians or those with Haiti experiences and Creole or French language abilities.



Conclusion and Next Steps

While the massive and urgent need for mental health services in Haiti is evident and is expected to continue for some time, this meeting has made clear that there are numerous organizations and individuals throughout the region dedicated to helping the Haitian people and expanding the availability of linguistically and culturally appropriate mental health services.

This meeting has served as a starting point to focus and coordinate assistance from around the region to support and augment the services being provided by mental health professionals in Haiti.

At the conclusion of the event, participants agreed to develop a task force to guide the implementation of coordinated services and training in Haiti and the Haitian diaspora. The following individuals and organizations have agreed to serve on this task force:

Dr. Marie-Claude Rigaud, Chair (USA)
Dr. Jocelyne Pierre-Louis, Co-Chair (HAITI)
Dr. Vohra Abakook (PAHO, HAITI)
Dr. Gary Belkin (USA)
Dr. Pamela Collins (USA)
Dr. Richard Douyon (USA)
Father Eddie Eustache, LCSW (HAITI)
Dr. Louis Jeany Girard (HAITI)
Dr. Arshad Husain (USA)
Dr. Ronald Jean-Jacques (HAITI)

Myrtise Kretsedemas, LCSW, MPH (USA)
Dr. Roger Mallary (HAITI)
Dr. Claude Manigat (CANADA)
Mansour Masse, LCSW (HAITI)
Dr. Marjory Clermont Mathieu (HAITI)
Dr. Guerda Nicolas (USA)
Dr. Annelle Primm (USA)
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