HURRICANE DORIAN RESPONSE
Grand Bahama Rapid Mental Health and Psychosocial Support (MHPSS) Situational Analysis
September - October 2019
**Goals**
In light of the impact of Hurricane Dorian and request from The Bahamas Ministry of Health (MoH) to provide medical assistance on Grand Bahama (GB) island, IMC conducted a Rapid Mental Health and Psychosocial Support Situational Analysis to identify essential needs, services, and actors, as well as to inform potential support in the MHPSS sector and design of a tailored response plan and activities.

**Methodology**
A rapid assessment was conducted from 15\textsuperscript{th} to 26\textsuperscript{th} September and involved a mapping of MHPSS actors and referral pathways, assessment of needs, stressors, cultural considerations and coping strategies. Rapid assessment tools were adapted from UNHCR/WHO (2012) MHPSS Assessment Guide\textsuperscript{1} and used in collecting data through Key Informant Interviews with six mental health and medical staff of Grand Bahama Public Hospitals Authority (PHA) and five Focus Group Discussions with affected community members. As well as this additional information was gathered through conversations with community members through IMC Temporary Static Medical Facility at High Rock and Mobile Medical Team outreach activities in mid and east GB.

**BACKGROUND AND CONTEXT**

Hurricane Dorian, a Category 5 storm, moved to Grand Bahama on 2\textsuperscript{nd} September and lasted 36 hours. Wind speeds of 180 mph and gusts of up to 220 mph were recorded, making it the strongest hurricane in modern records for the northwestern Bahamas. Satellite imagery indicated that 76-100\% of homes between High Rock in the Middle of GB and Sweetings Cay in the very east of the island, have been destroyed\textsuperscript{2} This information was verified by IMC teams during field visits to the affected areas. Following the devastation caused by Hurricane Dorian, the Bahamas were left severely affected. Most parts of mid to east GB have been left without power, running water, access to food or medicine. Thousands of people have been left homeless, and living in or looking for, accommodation with family and friends or temporary shelter provided by National Emergency Management Agency (NEMA) at local high schools. Up to 70\% of houses in east GB are reported to have been condemned by the Government, however most community members encountered, stated that they plan to return to live in, and as soon as possible begin salvaging, repairing and rebuilding, indeed many have already began and between 16\textsuperscript{th} and 23\textsuperscript{rd} September many homes were visibly being repaired by their owners. Community members have shared that they have heard that the government is planning to permanently relocate residents from the worst affected areas, causing additional worry and fear, especially among older residents who have lived in these areas their entire lives, and whose homes have belonged to their families for generations.

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\textsuperscript{2} https://reliefweb.int/sites/reliefweb.int/files/resources/20190910-85-OCHA-Situation-Report-2.pdf
Many residents from the worst affected areas have temporarily relocated to USA, Nassau and other parts of The Bahamas, with the majority to Freeport. This is causing overcrowding in Freeport, increasing prices on goods, as well as pressure on property market and rising prices for accommodation.

Due to the hurricane, seven out of fourteen health facilities are functioning, 6 are non-operational and one (Rand Hospital) is partly functioning³.

**GRAND BAHAMA MENTAL HEALTH SERVICES**

The Public Health Authority (PHA) provides inpatient, outpatient, community and home-based mental health services. Inpatient care is provided at the Diah ward at Rand Memorial Hospital (RMH), outpatient at Pearce Plaza in Freeport, High Rock, Pelican Point, McCleans, West Point and 8 Mile Rock. The team normally consists of four psychiatrists, one psychologist and two social workers, as well as psychiatric nurses based in some health facilities. Two psychiatrists are currently not working since the hurricane, leaving one consultant and one resident. The mental health team have identified almost all persons who were patients prior to the hurricane, though many have been displaced and some have left GB. The team has contacted and made referrals or provided follow up care in as much as possible. The team did not cease operating during the hurricane and staff stayed at RMH psychiatric ward to care for two remaining inpatients.

INITIAL PRIMARY OBSERVATIONS

Findings by Geographic Area

West End: visible damage from Dorian and previous hurricanes, also dilapidation and signs of poverty. Residents stated that the economic situation was difficult prior to the hurricane and there is minimal availability of jobs. West End Clinic closed when the hurricane hit, and reopened on 23rd September.

8 Mile Rock: not much visible damage, one of the least affected urban areas in terms of physical damage. However local residents stated that though they were not as heavily impacted as other parts of the island, it is such a small population that everybody was affected in some way, either directly or vicariously.

Freeport: visible damage mainly on the outskirts of town. As the largest town on the island, with the most available accommodation, a massive influx of displaced persons, primarily from east GB, has temporarily resettled here renting accommodation, living with family, friends, or in shelters. The sudden increase in population has added considerable strain on medical services and increased the cost of living, food and accommodation prices. As of 23rd September, 75 people are staying at two still functioning shelters in Freeport.

Free Town: all homes damaged to different extents, very few residents remained during the hurricane or returned since. Some residents are coming during day time to salvage belongings and begin repairs on their homes, while returning to stay in Freeport in the evening and overnight.

High Rock: many buildings completely destroyed and badly damaged. Approximately 30% of residents remained during the hurricane or returned since. Local health clinic has been completely destroyed.

Pelican Point: majority of buildings either badly damaged or destroyed, very few residents remaining.

4 https://reliefweb.int/sites/reliefweb.int/files/resources/PDC_TC_Dorian_Freeport_Grand_Bahama_The_Bahamas_Shelter_Status_23SEP19_1200EDT.pdf
Mccleans Town: majority of buildings either badly damaged or destroyed, very few residents remaining or returned since the hurricane. IMC liaising with PHA and Rubicon to make the clinic viable as soon as possible, Tesla have provided solar power system for the clinic.

Sweetings Cay: unable to reach as of yet due to transportation issues and time limitation. Up to date information received from PHA that 27 residents have returned. No health clinic is open. Before the hurricane a nurse attended the clinic full time, with a local medical doctor attending clinic one day per month.

Findings regarding Infrastructure & Basic Needs

Food access: No shops or restaurants are yet open in east GB, a temporary food distribution point has set up in High Rock by World Food Kitchen, offering free cooked food, drinks and snacks for local residents, labourers, volunteers and humanitarian staff.

Water: no running water in east GB, a few households have small wells but the water is not always potable. The Rotary Club are delivering large containers of drinking water to the affected areas

Electricity: no electricity in east GB as of 25th September. Reports that power lines will not be replaced soon as it would not be cost effective, relative to the current population and the risk that future storms could damage or destroy the replacement. A few homes have small generators, but due to the demand prices are very high and not affordable for many families.

Environmental Impact: UNOCHA warns of the less visible yet harmful environmental impact of the hurricane and the damage it wrought, with the island covered in debris and hazardous materials. “Damaged industrial complexes, power plants, fuel and chemicals storage facilities, petrol stations and electrical grids can potentially leak toxic material”, providing additional health risks to community members. 5 IMC staff have seen part of this damage at Burmah Oil Terminal, east of High Rock, where six out of nine oil containers had the rooves completely destroyed by the hurricane and visible oil spill surrounding the complex and for up to five kilometers north of the terminal.

Economic Impact: many residents in the east of GB, where many were employed in the tourism and hospitality industry prior to the hurricane, fear that they will not have jobs to return to as employers are reluctant to rebuild hotels, restaurants and resorts. Most businesses in mid and east GB have had their premises by the hurricane and very few have resumed business and employment.

Transport: most roads on the east of the island are passable as of 25th September.

5 https://unocha.exposure.co/averting-a-second-killer-wave
Telecommunications: no telecommunications available on east GB until 25th September; IMC set up open Wifi, but with limited reach, for High Rock community. Aliv network have started dispatching Cell on Wheels (COWs) to east GB, including High Rock and McCleans to provide coverage.

PROBLEMS AND STRESSORS

Grief and Loss: for family members, friends, neighbours who have died or are still missing. A month after the hurricane around 600 persons have been listed missing, and in the initial weeks of confusion and lack of communication capability, there was hope that the missing would be found. However, after two weeks the population has started to accept that the missing are presumed dead, causing an additional wave of grief. People also grieve the loss of their communities, social systems, livelihoods, homes, school, etc.

Difficulty sleeping: many community members encountered have stated that sleeping is something very difficult to attain, unable to “turn off their mind” or relax when they have nothing to do. Many have stated that their coping strategy is to keep busy, however possible, to keep their mind focused on a task and not accept or give time to their thoughts, as they are too difficult and painful.

Stress: from trying to take care of children and family members, while being displaced taking care of those that are displaced, repairing homes, worrying about money and not having a job to go back to.

Loss of home and property: most residents of east GB had no property and home insurance prior to the hurricane, all costs for rebuilding will be the responsibility of the homeowner unless external assistance is provided. Residents of east GB were not prepared for the hurricane,

especially and had not kept savings in case of the event. Many of those displaced and otherwise worry about the future, even if they rebuild their homes, another hurricane such as Dorian can leave them in their current situation again.

**Overcrowding:** for those who have been displaced, large amounts of people are living in one home as temporary accommodation is expensive, or people who have taken in displaced family members not having enough space to accommodate the numbers in their homes.

**Protection concerns:** overall stressors and lack of employment opportunities were stated as contributing factors to negative coping mechanisms and an increase in the incidence of domestic violence, gender-based violence and, along with displacement, child protection concerns also.

**Limited support mechanisms:** displacement has uprooted many and changed their lives overnight. Lost loved ones and separation from community and family have left individuals with less support than they had prior to the hurricane.

**RESPONSE**

PHA mental health team are providing services as usual, despite not having two of their regular psychiatrists. They are overburdened and exhausted and have requested temporary replacement psychiatrist and psychologist to provide compassionate leave and support to current staff in meeting the mental health needs of the population. MoH to provide temporary cover for one psychologist and one psychiatrist beginning 7th October.

IMC have partnered with PHA/MoH to support MHPSS implementation on GB.

This will take the form of improving access and referral pathways through training for health facility staff, community outreach and awareness raising activities. IMC has set up a temporary primary healthcare clinic at High Rock and providing medical and MHPSS support, including strengthening referral pathways, training for service providers and community engagement and mental health messaging, at five other health facilities, with plans to support at an additional three.
**Identified Actors**
Samaritans Purse providing secondary healthcare services in Freeport, near to Rand Hospital. World Central Kitchen are providing cooked meals, water and snacks at designated distribution points around the island.

Caritas is planning to establish a community center that can be used for mental health services in a non-stigmatising way and provide a culturally sensitive entry point to MHPSS.

Team Restoration have provided some community outreach activities with volunteers, supervised by a Bahamian psychologist. It is unclear whether these activities will continue past 30th September.

IsraAid is planning to set up child friendly spaces in Freeport, MHPSS Specialist arriving in GB on 28th September.

**MHPSS Coordination Mechanisms**
In efforts to complement the national MHPSS coordination group in Nassau being led by the MoH with initial support from the IASC MHPSS RG, IMC and Caritas have established an MHPSS sub-Working Group for GB to allow for more in-depth collaboration. Unofficial coordination meetings have taken place between actors, first official meeting took place on 29th September and since then a weekly meeting takes place. Actors that are interested in attending the SWB meetings can contact the current coordinators Eoin Ryan at eryan@internationalmedicalcorps.org, Aimie Lyons aimee.Lyons@crs.org or Andria Spyridou aspyridou@internationalmedicalcorps.org and on the local number 823-8269.

**CHALLENGES**

Stigma is reported as the major barrier to accessing and accepting mental health services. Mental health team is based in the psychiatric ward of RMH and community members associate it with persons with severe mental disorders. It is difficult to engage with community members even through outreach services and there has been an identified need by service providers for increased community based MHPSS services and entry points to service provision.

Medical and mental health service providers are overburdened, continuing to work and serve others throughout the emergency, as well as being affected by the hurricane themselves. MoH is arranging staggered compassionate leave for staff.

Displacement, especially for mental health patients with chronic and severe conditions requiring ongoing treatment and support. Though most patients of RMH in and outpatient services have been located, many are displaced and in between moving from one accommodation to another.
SUMMARY AND RECOMMENDATIONS

Improving referral pathways to MHPSS services: strengthening all current pathways and identifying and establishing new ones in order to improve access for all those who need it, especially in light of the expected increase in prevalence of persons with mental health conditions and psychological distress due to the impact of the hurricane. Local mental health service providers have stated the necessity for establishing as many health facility and community based entry points to MHPSS services.

MHPSS training for health care providers and service providers: to improve skills for self-care, providing basic support, identifying persons in need of additional MHPSS services helping to strengthen referral pathways.

Supporting MHPSS coordination efforts: MHPSS Sub-working group for GB to streamline efforts, avoid duplication of activities and support and improve the quality of service provision. The participation of the public hospital authorities, and representatives of the social work services are invited to the meetings and will be supported in leading the group in the near future.

Establishing a community center: in which to provide mental health, psychosocial services and other community related activities to reduce the stigma attached to mental health service provision and improve access, providing an additional entry point to services in a more culturally acceptable way.

Addressing and supporting local systems which respond to Protection concerns: including increasingly reported prevalence of gender-based violence and child protection concerns.

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**Provision of portable solar chargers:** for population who do not have electricity supply and may not for some time, as energy suppliers have stated that power will not return to east GB for some time. This is an essential need for the population to contact and communicate with loved ones, family members and service providers.

**Awareness raising of MHPSS issues and services:** including messaging on what are normal reactions to adversity, how to support those who are having difficulties coping and how to access services, including the utilisation of media, social media and trained community volunteers.

**Employment opportunities:** through humanitarian and aid initiatives, hiring local Grand Bahamians as much as possible to support the response efforts. In the most affected areas, those who have remained have little to no employment opportunities. Locals in High Rock come to the clinic sometimes for the company and express desire for a purpose and a need to fill their time during the daytime. NGOs could utilize these people, through training and supervision, to provide community-based MHPSS activities in their locality and support their community members.