International Medical Corps

Rapid Mental Health & Psychosocial Support Situational Analysis: Haiti

August – September 2021

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Section 1: Objectives

The primary objectives of this rapid mental health and psychosocial support (MHPSS) situational analysis are to:

- understand the perceived and identified sources of psychosocial distress among community members affected by the earthquake in Haiti (with special focus on International Medical Corps' area of operation);
- identify key needs for MHPSS services, traditional ways of coping, help-seeking behaviors and barriers to accessing support services;
- determine existing MHPSS actors and services, as well as gaps in services; and
- share recommendations for MHPSS programming as a part of the humanitarian response, and advocate for increased investment in MHPSS initiatives in Haiti.

Section 2: Methodology

The methodology for this assessment included a desk review, interviews with key informants and focus group discussions with residents in one affected community (Aquin[1]) in the Sud (South) District.

A **desk review** of current relevant documents included:

- OCHA Humanitarian Response
- Haitian Ministry of Public Health & Population (MSPP) 2014—Mental Health Component of the National Health Policy
- WHO Mental Health Atlas 2017—Haiti
- PAHO/Zanmi Lasante 2016 unpublished report, "Assessment of the Mental Health System in Haiti: Needs and Perspectives"
- Zanmi Lasante/Partners in Health publications
  - Raviola G. et al. (2012). Mental health response in Haiti in the aftermath of the 2010 earthquake: a case study for building long-term solutions. Harv Rev Psychiatry. 2012 Jan–Feb;20(1):68–77. https://doi.org10.3109/10673229.2012.652877
  - Raviola, G. et al. (2020). Development of a comprehensive, sustained community mental health system in post-earthquake Haiti, 2010–2019. Global Mental Health 7, e6, 1–12. https://doi.org/10.1017/gmh.2019.33
- WHO/PAHO (2010). Culture and Mental Health in Haiti: A Literature Review. Geneva: WHO
- International Medical Corps internal documents from 2010 MHPSS emergency response program

Interviews and general discussions were held with five key informants (four male, one female). Key informants included:

- Coordinator of Mental Health Unit, Ministry of Public Health and Population (MSPP)
- Mental Health Director, Zanmi Lasante/Partners in Health
- Medical Director, Hôpital Centre de Référencement d'Aquin (referral hospital)
- Psychologist, Aquin
- National staff member, IMC Haiti

[1] Designated location by MSPP Director General

Two in-depth **focus group discussions** were held with approximately three dozen community members in Aquin. Participants were adults, mixed males and females, from different age groups.

Section 3: Background & Context

3.1 Humanitarian Context in Haiti

The Haitian culture and tradition is rich, strong, proud and resilient. However, the country and its citizens have had a tumultuous history—of violent and traumatic uprooting from Africa during the slave trade, and of hundreds of years of colonial rule, intervention and exploitation by different foreign powers. Additionally, it has experienced longstanding political unrest and dire economic problems, and remains one of the poorest countries in the world. Haiti also has faced multiple natural disasters over its history, including the devastating earthquake and subsequent cholera outbreak in 2010 and Hurricane Matthew in 2016. Then in 2020, the COVID-19 pandemic began, straining an already difficult daily life. In July 2021, the president was assassinated—with an investigation still underway.

On August 14, a devastating 7.2-magnitude earthquake struck the country's Tiburon Peninsula, leaving approximately 650,000 people in need of emergency humanitarian assistance. As of September 14, more than 2,200 people have died, some 12,200 have been injured and hundreds remain missing. Additionally, more than 135,000 homes and 66 health facilities have been destroyed or severely damaged, especially in the hardest-hit areas of Sud, Grand'Anse and Nippes.

3.2 Mental Health Policies, Strategies, Workforce and Financing in Haiti

Key resources that inform on the national mental health policies, strategies, workforce and financing in Haiti include:

- **The Haitian MSPP 2014—Mental Health Component of the National Health Policy**
  - Includes a national mental health inventory that covers demographics and religious beliefs, characteristics of the mental health care system, the mental health workforce, mental health financing, and a summary of the achievements and weaknesses of the mental health system
    - Indicates that the MSPP established the Mental Health Unit in November 2011, with the aim of promoting universal, comprehensive and equitable mental health care, in line with the national health policy and linked to a strategic national mental health plan for operationalization
    - Outlines that there is a dearth of specialized mental health care providers to meet the country's needs, with mental health care being overly centralized in urban areas
    - Identifies that only approximately 1.5% of the national budget is allocated to mental health care
    - Recognizes that gaps include an inadequate network of MHPSS services, monitoring and data collection, research, human rights and laws
  - Defines the vision, mission, values and principles of the Mental Health Component of the National Health Policy
  - Indicates that the health system is setting up integrated mental health network to ensure the prevention, early detection and treatment of mental disorders, with

interventions across professional, community and family levels to achieve deinstitutionalization and reintegration
    - Enforces that there is no health without mental health, and expresses a commitment to quality mental health care that promotes human rights
- Outlines the objectives
    - Advocates for the integration of mental health into all levels of healthcare, to make mental health care more easily accessible at the community level
    - Addresses the need to reform the prison system so that those with mental disorders can more effectively and humanely access mental health care
    - Defines minimum standards for substance-abuse treatment
    - Promotes approaches that include community awareness-raising and psychosocial support, alongside mental health care
- **The WHO Mental Health Atlas 2017—Haiti**
    - The World Health Organization (WHO) estimates the burden of mental disorders to be: a) 3,148.7 disability-adjusted life years per 100,000, and b) 11.7 suicide mortality rate per 100,000
    - Confirms the existing mental health policy, with a high rating for being in line with human rights covenants; however, it also notes that it does not define a plan for child or adolescent mental health in particular, and identifies a gap for mental health legislation
    - Offers figures on the mental health work force, noting there are no child psychiatrists identified
    - Provides figures on both inpatient and outpatient mental health care, identifying 14 mental health outpatient facilities (none non-hospital or specifically for children or adolescents; inpatient care includes two mental health hospitals and one psychiatric unit of a general hospital)
    - Identifies that regarding mental health promotion and prevention, there is a free support line (#100) for suicide prevention

3.3 MHPSS Coordination

- Collaboration between MSPP Mental Health Unit, Civil Protection Department (DPC), PAHO, UNICEF and UNFPA
- The MHPSS Working Group was established in January 2021; the Terms of Reference is in the process of being finalized and will then be disseminated
- Effectively coordinating with new actors responding to the earthquake-induced emergency, with weekly remote meetings on Thursday mornings (9:00 to 10:30 a.m. local time)
- Ongoing 4Ws MHPSS service mapping underway; there is one version for longstanding MHPSS actors, and another version for MHPSS actors responding in the earthquake-affected south
- Contact: Mr. René Domersant, Coordonnateur de Santé Mentale, MSPP, rdomersant@yahoo.fr

Section 4: MHPSS Assessment

4.1 Assessment Results

4.1.1 Current Problems and Stressors Among the Affected Population

Generally

- "Everyone is suffering"
- Stress and anxiety
- Fear; scared of being inside; distressed by ongoing tremors and loud noises
- Loss and grief
  - "I saw death right in front of me"
  - Lost people, homes, belongings, crops
  - For those who lost a child or their home: "You can see it in their faces"
  - "Spending all your money and savings to build a house and it's all destroyed in seconds … Imagine"
- Feeling "lost"; "It's like I'm losing my mind"
- Impatience/losing temper
- Headaches
- Gastrointestinal pain ("kidney problems")
- Shelter needs; sleeping outside
- Poverty, while prices of commodities are rising
- Concerns if they or loved ones can get access to needed healthcare
- Feeling neglected/abandoned in time of need
  - "We haven't received any aid from the government or anyone"
- "People have lost faith in themselves"
- Living day-to-day: "Everyone is for themselves" and not able to help one another, as "we don't know what tomorrow will bring"
- "It's a total disaster for us"
- "We have to start over, which is always difficult"

Women

- Scared of walking outside at night
- Gender-based violence, especially rape
- Mothers watch children suffering while they too are suffering
- Concern that no one is able to do enough to help children
- Concern about how children will be when the new school year starts
- Not talking, even if spoken to; unresponsive
- Talking to themselves
- Losing weight

Men

- "Thinking a lot"; down/depressed
- If a house is destroyed, preoccupied thinking about how to fix it
- Less to do
- Sleeping more
- Less interest in physical intimacy

Children

- Acute fear, e.g., reactive to loud noises and running away
- Distressed
- Gender-based violence, especially rape, including incest
- Exploitation and abuse, especially in "reste-avec" temporary-caretaking situations
- Loss of appetite
- Sleeping less
- Physical symptoms, e.g., diarrhea
- Not listening to parents; "lost"
- Not playing

Most Vulnerable

Children; older people

Grief and Bereavement

Normally, the deceased are taken to the morgue, and a funeral is arranged; family and community members come together to commemorate and support one another

With the earthquake, there was a rush to bury, and no time to convene others to grieve or support

For the missing: they are assumed to be dead, but we cannot fully grieve if there is no burial (some bodies were found, but could not be recognized)

The costs to arrange for a burial can be prohibitively expensive

Coping

Coping Mechanism	Helpful?	Possible?
Religion/going to church	√	Depends; many churches were damaged/destroyed
Community cultural events (song, dance, comedy)	√	Less so, with the pandemic and damage to centers
Income-generating projects	√	No; no resources
Supporting oneself (alone)	√	Yes
Playing (children)	√	No; no park or playground or safe space or toys
Playing cards or dominos (men)	√	Yes
Live music	√	No
Watching a soccer game or chicken fight (men)	√	No
Canoe races at the beach	√	No
Substance use (marijuana; alcohol)	X	Yes

Existing Support Services (Aquin)

According to all focus group discussion and participants in Aquin, as well as the one psychologist working there, there is not a single psychosocial support or mental health service delivery point in their commune; no safe spaces or recreational activities where children can play; and no point of care, including traditional healers or voodoo priests, for those with mental health or substance-use conditions.

A 52-year-old female named Christelle* presented with headache, difficulty breathing and a decrease in appetite. Upon further assessment, she began weeping, and revealed that she was home with her grandson at the time of the earthquake, which caused the ceiling to come crashing down on her, injuring her and tragically killing her beloved grandson. The medical staff determined there was no medical etiology of the symptoms, and concluded she was facing grief. Staff presented the patient with a psychoeducation pamphlet (in Haitian Creole) on loss and grief as well as on positive coping mechanisms. Because she could not read, an interpreter read the messages to her. Thereafter, she was asked if there was anyone in the community who could support her, and she said there was not. In fact, she said she could not even get enough food when she was feeling hungry. As there was no known referral point that could address her basic needs such as shelter and food, or provide any support services, staff told her that International Medical Corps would shortly be setting up community psychosocial support at the site, and that she would be welcome to come back in a few weeks' time to receive much-needed support.

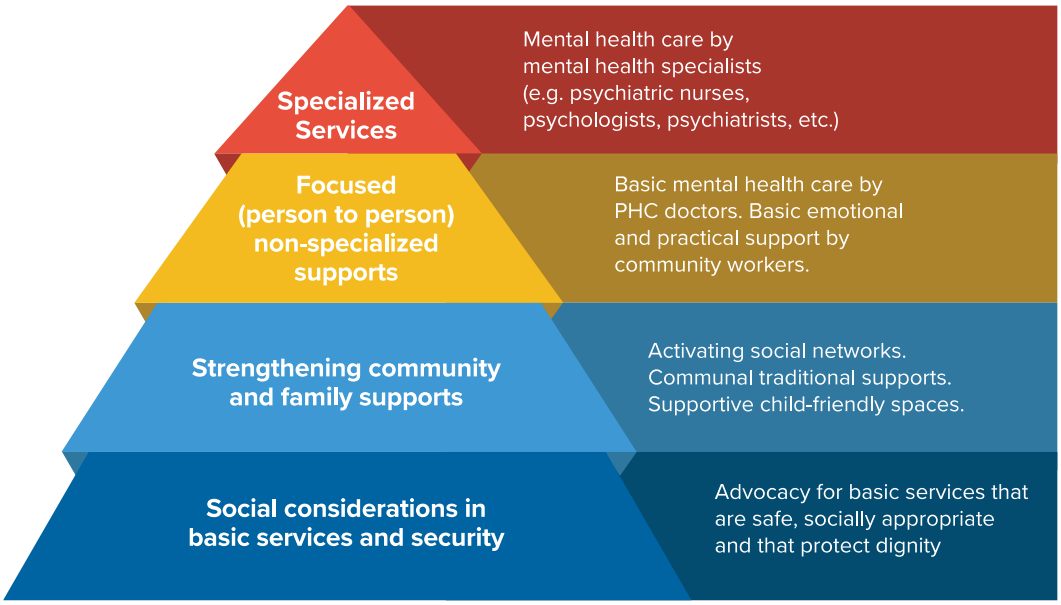
**Name changed to protect confidentiality.*

4.2 Summary of Findings

An analysis of findings indicate that the earthquake exacerbated already-adverse living conditions, economic troubles and protection risks, including:

1. many significant socioeconomic stressors that are preventing residents' ability to meet basic needs such as shelter, food, water and access to healthcare;
2. significant protection-related concerns, such as rape;
3. a decrease in community socialization or support activities, in part due to the pandemic and in part due to a lack of community associations or centers, and structural damage to many buildings;
4. psychological sequalae after the earthquake, such as loss, grief stress, anxiety and hypervigilance, resulting ongoing emotional distress;
5. a perceived lack of any social services for basic needs, or psychosocial or mental health care services for adults and children;
6. Significant mental health treatment gaps, including a dearth of mental health workforce
7. Lack of case management services or referral points to address basic needs, including shelter, food, protection and psychosocial support

Section 5: Recommendations



1. Significant efforts should be dedicated to **implementing comprehensive MHPSS services, across all four layers of the IASC MHPSS Intervention Pyramid.**
2. Prioritization should be placed on **helping the most vulnerable access services to address basic needs**, including shelter, food, water, healthcare, protection and overall dignity. This requires ongoing service mapping as well as the establishment and strengthening of referral pathways, including strong links to protection, gender-based violence, and child protection actors.
3. **Community-based psychosocial support initiatives should be supported**, including bringing families together, create safe spaces for children and adolescents, and support adults, including mothers/caregivers. Initiative also should focus on bringing people together around common experiences—such as loss, grief, stress and anxiety—for psychoeducation, reinforcement of positive coping mechanisms and fostering of mutual support (e.g., referencing IOM's Manual on Community-Based MHPSS in Emergencies and Displacement).
4. For those who have recently lost loved ones, or whose loved ones are still missing, there should be advocacy for **access to appropriate religious and cultural supports, including mourning rituals**.
5. **Refurbishment of churches** should be supported for communities whose churches were damaged or destroyed, so they can safely practice religious traditions.
6. **Individual psychosocial support services** should be provided by trained community members (e.g., trained in Psychological First Aid, I Support My Friends, Doing What Matters in Times of Stress) for adults and children.
7. There should be advocacy for longer-term efforts to **effectively address the treatment gap in providing advanced mental health care services**. Actors should:
    a. **Integrate mental health into the healthcare system.** Mental health integration across all types of healthcare systems for decentralization and greater access should be prioritized in the Mental Health Component of the Haitian National Health Policy. WHO advocates that every primary healthcare center should have at least one health professional trained in how to identify and manage mental disorders. Key training and implementation materials include the WHO/UNHCR Mental Health Gap Action Program (mhGAP)—Humanitarian Intervention Guide (HIG) and accompanying Operations

Manual, and International Medical Corps' Toolkit for the Integration of Mental Health into General Healthcare in Humanitarian Settings.

b. **Invest in training and supervising non-mental health specialists in evidence-based, scalable psychological interventions** so they can safely deliver a basic level of psychological support under clinical supervision. Key interventions include Problem Management Plus (PM+) and Group PM+; Group Interpersonal Therapy; Common Elements Treatment Approach.
c. **Support the Ministry of Public Health and Population's MHPSS** Unit through effective communication, collaboration and coordination, to ensure that efforts are in line with the existing national health policy, and additionally identified priorities.