Mental Health in Haiti’s Central Plateau: Perspectives, Provisions, and Recommendations
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Team Members and Project Partners

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Emory Sustainability Initiatives

Populations Served
Several communities in Haiti’s Central Plateau
Zone: Lahoye
Central Town: Casse

Project Objectives

• To assess the potential burden of under-diagnosed mental health disorders in Project Medishare’s clinics and communities.
• To explore mental health perceptions, experiences, and beliefs in rural Haiti.
• To produce preliminary recommendations to healthcare providers and paraprofessionals about culturally specific mental health screening, diagnosis, and treatment.

Expected Outcomes

Short-term outcomes:
Adapted screening tools: Adapted instruments for identifying depression and anxiety in the US
Local screening tools: Locally developed instruments for function assessment and distress
Local model of mental health: Ethnopsychological understanding of mental health and ill-health

Long-term outcomes:
Referral and treatment program: Developed recommendations to be implemented in partnership with Project Medishare
Epidemiological study: Implement developed screening tools to assess prevalence of disorders

Project Timeframe

January – May 2010: Training with project advisers
May 2010: Meet with in-country partners to plan project implementation; identify case study patients
May – June 2010: Work in permanent and mobile clinics, interview patients, community members, and healthcare providers; focus group discussions
June 2010: Project presentation and discussion of future directions with in-country partners, community leaders, and research participants
August 2010: Develop executive summary for Project Medishare for Haiti
Fall 2010: Quantitative and qualitative data analysis

Proposed mental health care referral system

- Educate community on mental health and illness
- Screen and refer to clinic
- Provide symptom treatment
- Refer to social worker
- Hold psychosocial support group
- Coordinate with family/psychologist
- Provide psychosocial therapy
- Follow-up evaluations
- Prescribe medication and therapy
- Collaborate with psychologist

Progress to Date

• Completed 31 interviews and 10 focus groups
• Interviewed and observed 4 case studies, along with their family and community members
• Collected free lists from 61 participants, pile sorts from 30 participants, and surveys from 97 participants
• Outlined proposed mental health care referral system
• Developed codebook for qualitative analysis

Major Findings and Gaps

• Economic hardship and spirit attacks are commonly cited cause of mental suffering and illness.
• Persons with mental illness are commonly home-bound, as relatives are afraid that they may run away or hurt others or themselves.
• Healthcare staff blame the lack of supplies or referral system as a reason for not screening for mental illness.
• In clinics, somatic symptoms that may have been due to mental illness, such as sleep problems, were treated empirically for common physical causes.
• While psychosocial support groups have been established for patients with HIV or TB, similar care is not available for people with primary mental illnesses.
• There is a large gap in service between the most isolated communities and the most qualified psychosocial support figures.
• Despite increased importance placed on mental health among NGOs and the international community since the earthquake, it is unclear how this attention will impact service provision in the Central Plateau

Next Steps

Fall 2010: Coding and qualitative analysis of interviews and focus group discussions; quantitative analysis to validate screening tools
Spring 2011: Epidemiological study with referral to existing resources in cases of identified need
Summer 2011: In-country collaboration with Project Medishare to develop and begin implementation of referral and training program