Leading innovation in community health:
Scaling up mental health care in Haiti

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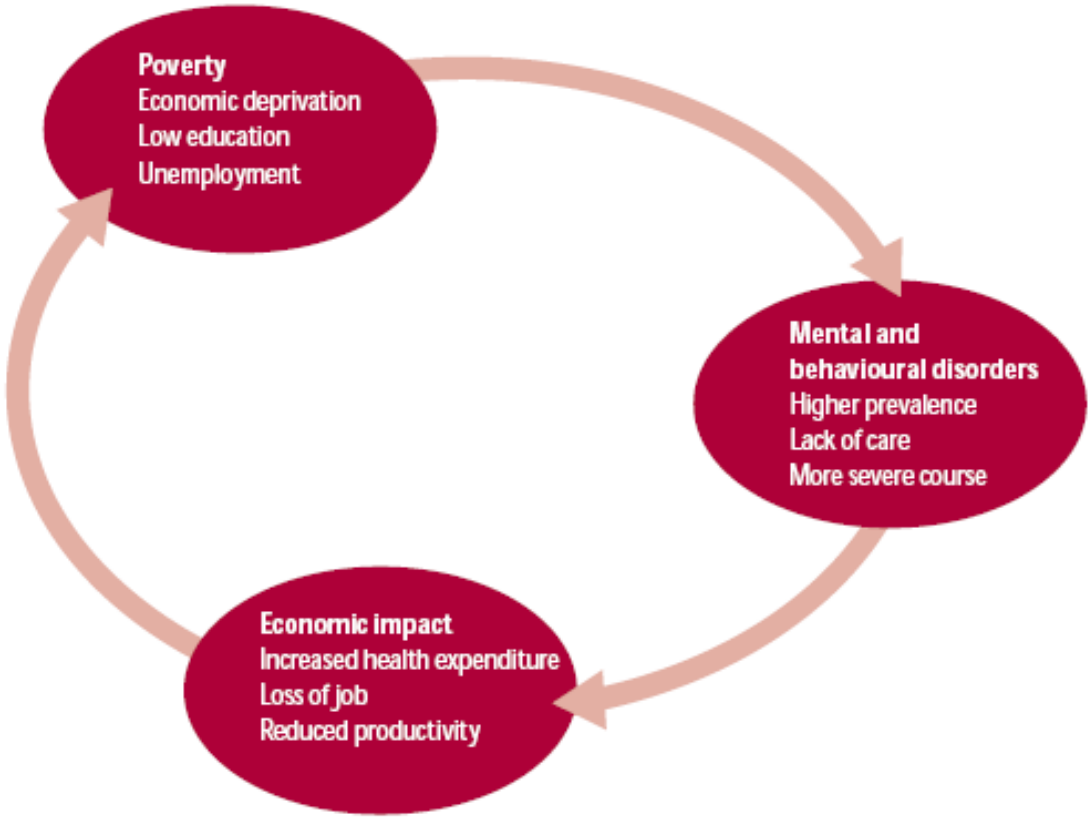
Key Messages

- Mental health is central to health and social development
- Design a system that lives up to these needs
- This is very possible to do
- Evidence and goals point to a needed *systematic* approach– using a community health-worker based "pyramid" of care
- Such an approach is being modeled in Zanmi Lasante for potential scale-up
- Hospitals, conceived differently, have a critical role in this
- Any “model”- as this one- has to logically lead to clear benchmarks and planning tasks so that GoH leads otherwise fragmented actors
- There are emerging networks eager to support this

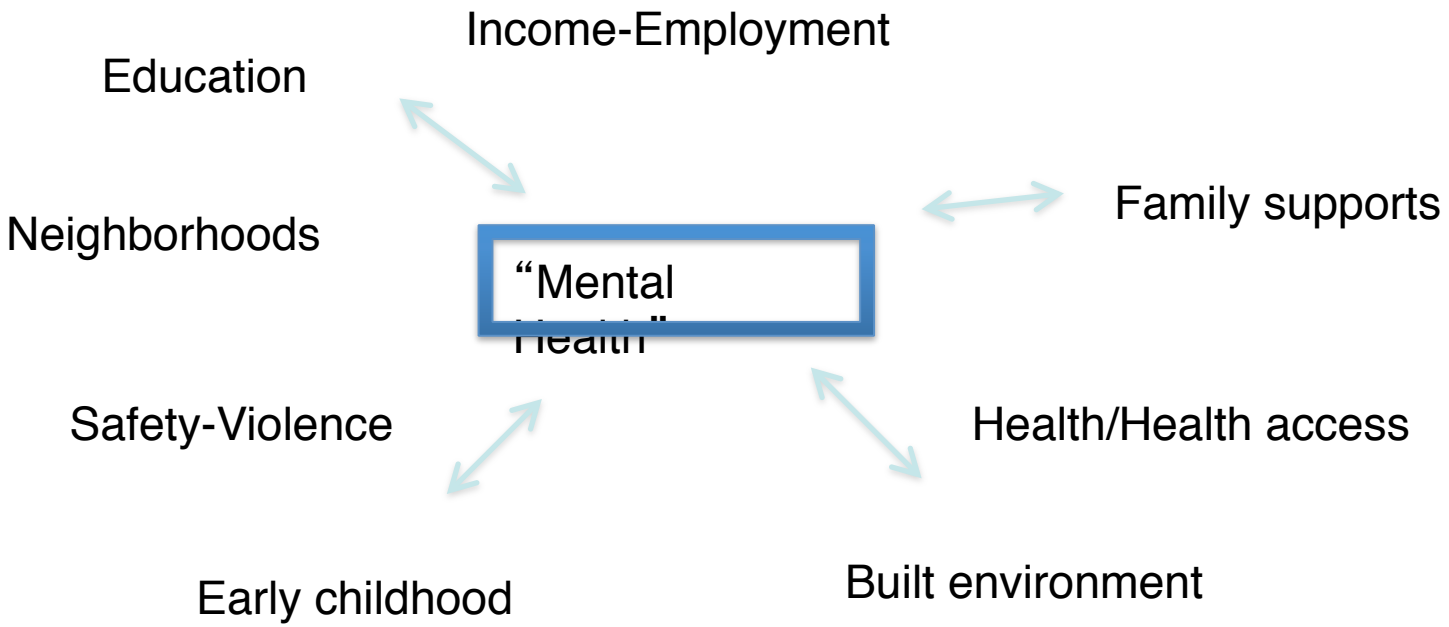
The Vicious Cycle of Social Challenges and Mental Conditions



World Health Organization: World Mental Health Report, 2001: p. 30

Mental health- Burden but also critical mediator

Think innovatively about structure: Deliver care in ways that follow the causal paths



A Systematic Planning “Model”

- Starting point is to describe the skillsets needed to provide a range of evidence-based care pathways, and *then* describe the kinds of workers across whom those skillsets are distributed, provided that:
  - As many of those skills as possible are arranged so they can be done by the least specialized worker, as close to the community as possible, with the right supports for them to be able to do so.
- This allows for as much overlap as possible within the roles and design of overall primary health care (which should also follow a health worker-based design).
- This allows a rapidly accessible career path entry opportunity and rapid workforce expansion
- This allows for adaptation along local practice and a basis for prevention and “cross-sector” work
- This specifies the tasks and expectations to align actors and develop benchmarks for GoH action

How?

Adhere to 2 guiding tasks:

- Get the skill-sets right- Establish a core “Pyramid of Care” as a flexible foundation for multiple care pathways and to coordinate large-scale implementation
- Follow 4 “Implementation Rules”

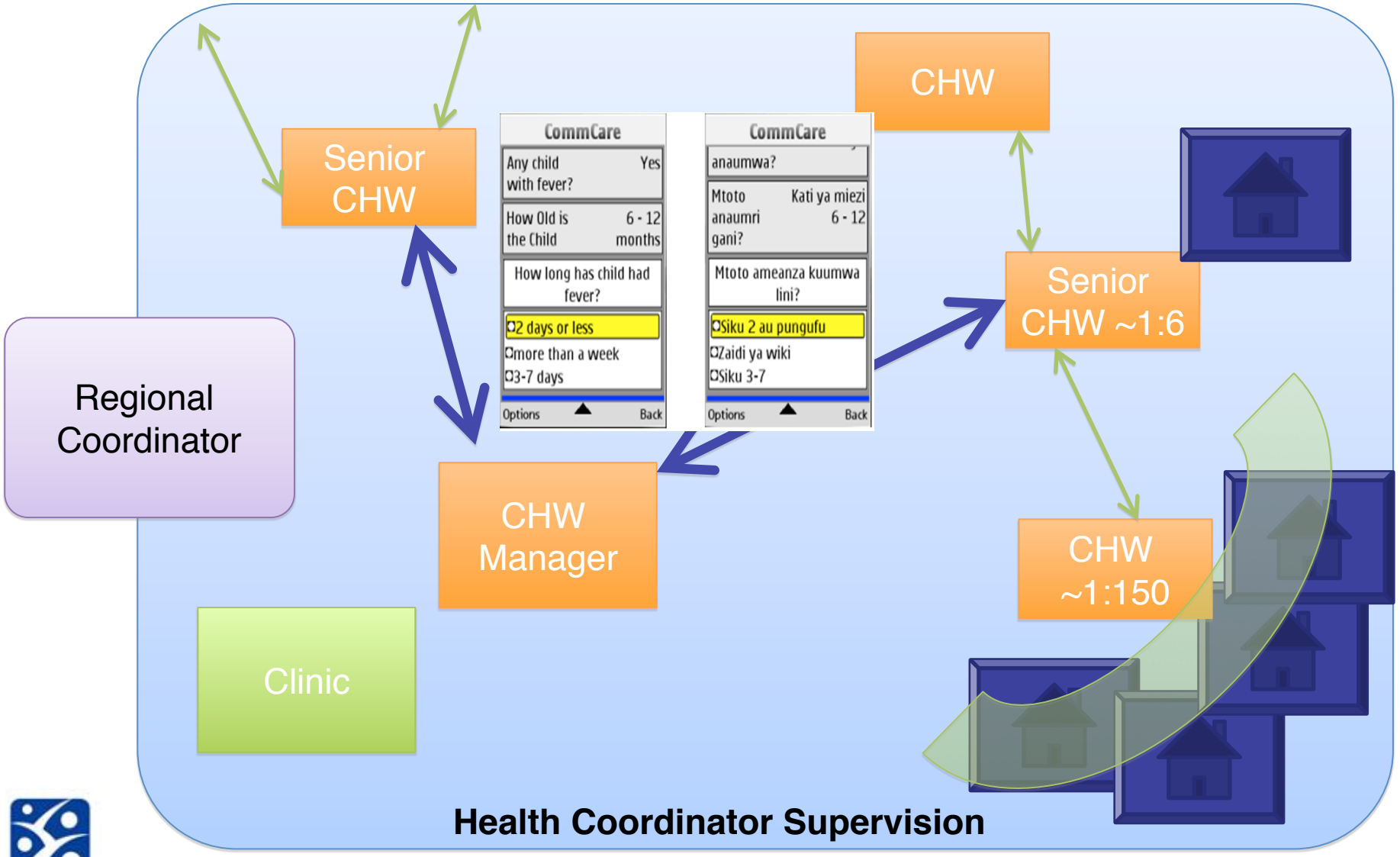
Skill Set “Packages”

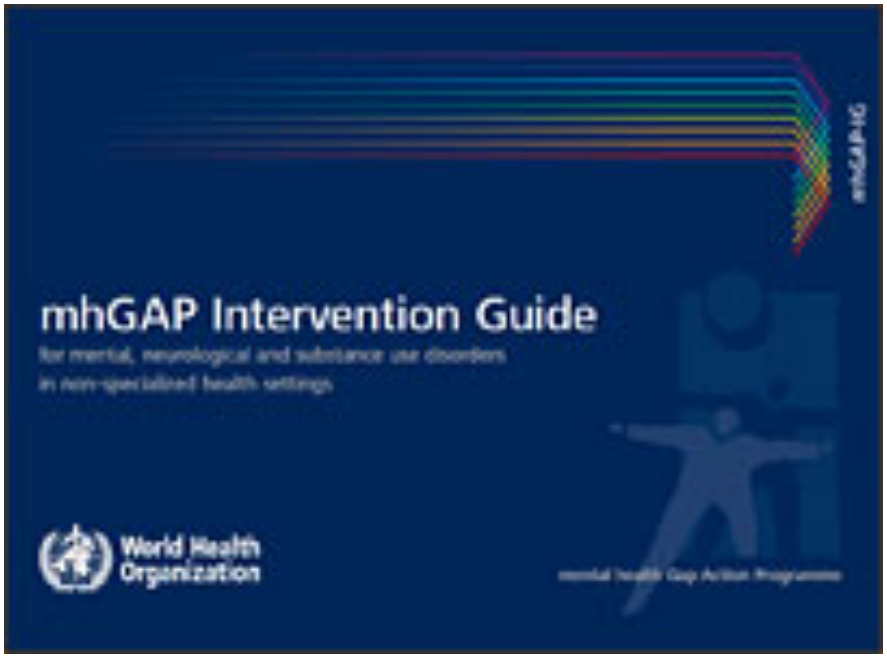
A few evidence supported skill sets can provide a foundation that carries a range of care pathways to span needed range of action

Implementation Rules

- Assess (and engage) context first
- Identify priority care pathways (and map them across "pyramid" skill packages and appropriately matched human resources)
- Specify decision support tools, supervision, and triage rules
- Use quality improvement practices

Transforming potential for care pathways with simple technologies





Mental Health

OBJECTIVES

Participants will be able to:

- Understand basic counseling skills.
- Conduct a clinical interview.
- Recognize serious psychiatric symptoms
- Deliver psychoeducation and provide basic counseling.
- Make secondary referral if necessary.

METHODS

Privacy

Psychological Case Study

Mahmoud is a 34 year old father of 4 children. He lives along with his children after having lost his wife from a premature death last year. He has been supporting his family with a part-time job in a nearby town. The job does not provide an adequate income to support his family. Mahmoud often feels stressed, sad, and hopeless.

Over the past several months, Mahmoud's friends and relatives have noticed a change in his behavior. He frequently complains of aches and pains. He does not understand why. He has a difficult time concentrating on his work. He spends less time with his children. His friends have noticed that he drinks more alcohol than usual but they do not say anything to him. People in the village are talking about Mahmoud which makes him feel more isolated.

Questions:

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ful to Mahmoud?

Role Play Exercise

CHWs practice counseling skills in a clinical case study.

Objectives:

1. Identifying a psychiatric problem
2. Using counseling skills
3. Making a thorough assessment
4. Obtaining background and context
5. Providing support and psychoeducation
6. Referring for further treatment as necessary.

NOTE: For Community Health Workers, confidential, health-related information includes
•Information obtained at the ***household*** .
* Information obtained from clients about their health at the ***clinic***.

Counseling Skills

Empathy: Ability to understand the other person's point of view, feelings, needs and situation. Willingness to see the situation through the other person. This may help the person feel less lonely and more willing to seek help.

Respect Acceptance of the basic dignity and worth of all humans. Showing respect may help the other persons feel less shame and despair about their situation.

Non-judgmental attitude: Refraining from passing judgment about the person. This requires being aware of one's own biases and values otherwise, empathy and respect may be undermined.

Empowering: Assistance to find resources (from themselves and in their community) Possible approaches include helping them to: 1) remember previous experiences when they were able to cope with serious challenges, 2) brainstorm options for dealing with the current problems and, 3) identify family and community members who can assist them in their recovery, as well as, and cope with their daily duties (e.g. self-care, child care, etc).

Practical: Being mindful about what realistically can and cannot be accomplished about the situation.

Confidentiality: Demonstration of respect for the trust and need for safety of the person by keeping the information discussed strictly to yourself and your supervisor. *Limits of confidentiality:* Conditions that a counselor may need to discuss information about a client with another professional or team member in order to get assistance.

Ethical conduct: Some examples include: i) do no harm; ii) be trustworthy; iii) respect a person's right to make his/her own decisions; iv) be truthful about skills or competence; v) be aware of one's own biases and prejudices.

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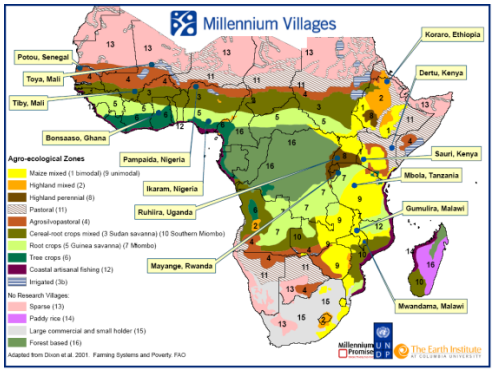
Messages to Convey:

- It is not the person's fault.
- It is common (many other people in the community may experience similar symptoms).
- It occurs everywhere in the world.
- It can occur at any age.
- It may occur and become worse when the person is going through major life changes or difficulties, serious disagreements with others, when a loved one dies, or during periods of loneliness.
- It can make usual work and family life difficult.

Effective and integrated mental health care, needs effective, rational design and staffing of primary health care

Numbers per cluster:



1 Clinic facility per Village

2 Nurses

~40 Community Health Workers

~150-250 ratio of households to 1 CHW

Assumes ~ 40+$/capita health care system

Features:

Emergency Medical System/Linkages for Villages à District Hospitals
Preventative and **Curative** Health Care in the Household and Clinic Facilities
CHWs are the key linkage between the community and facility-based health system, and are guided by decisions supports and triage rules, that target key needs and leverage other health resources
Partnerships with communities, NGOs, governments, organizations

Haiti

International boundary
Department boundary
National capital
Department capital
Railroad
Road

0 10 20 30 40 Kilometers
0 10 20 30 40 Miles

Tortuga
NORTH ATLANTIC OCEAN
Passage
Windward
Port-de-Paix
Môle Saint-Nicolas
Le Borgne
Cap-Haïtien
Montecristi
Limbé
Fort-Liberte
Bale-de-Henne
Les Trois Rivières
NORD-EST
NORD
Dajabón
Saint-Raphaël
Ennery
Gonaïves
NORD-EST
ARTIBONITE
Rio Artibonite
Riviere Guayamuc
Lafond
Marc
Hinche
Verrettes
Rivière Artibonite
CENTRE
Montrouis
Caribbean Sea
Île de la Gonâve
Canal de Saint-Marc
Péligre
Elías Piña
Mirebalais
OUEST
Baie de Port-au-Prince
Manneville
DOMINICAN REPUBLIC
Lago Enriquillo
Jérémie
Grande Cayemite
Canal du Sud
Dame-Marie
Port-au-Prince
Petit-Trou-de-Nippes
Pestel
Anse-d'Hainault
Léogâne
Pétionville
Bouquets
Jimaní
GRAND'ANSE
Miragoâne
Petit-Goâve
Kenscoff
Etang Saumâtre
Les Anglais
SUD
Trouin
Duvergé
Aquin
SUD-EST
Jacmel
Marigot
Belle-Anse
Les Cayes
Côtes-de-Fer
Bainet
Île à Vache
Port-Salut
Pedernales
Caribbean Sea

Hospitals as anchors

- National Centers of Excellence and Referral (rehabilitated, staffed, and re-defined missions for Mars & Kline and Beudet) and Department primary designated general hospitals with 5-10 inpatient psychiatric beds each will host key leadership functions of referral, quality review/ monitoring, and training/supervision for these pyramids.

Inside the Pyramid of Care

- Staffing and budgeting assumptions will vary depending on actual functional unit of organization, parallel development of a primary care health worker (CHW) –based capability, and on inclusion of preventive functions and a broadened initial layer of pyramid-eg to teachers, etc as providers/partners
- The ZL pilot can provide valuable information along with select large NGO experiences to date in specifying the resources needed for this model- and expected ZL-MSPP workshops could be an opportunity to explore first-step spread of that model to other areas
- Assuming hospital-"anchors" at the Department level and mobile and other "pyramid" staff estimated through population ratios at arrondissement levels, and based on experience in skilled health worker use and population coverage, a minimum target of 1:200 skilled CHW:household ratio, and 1:10- 1:20 ratio of mid-level mental health provider to CHW, and ~20-40 psychiatrists initially.
- Regionalization of small inpatient psychiatric beds/units within general hospitals and rehabilitation of Mars and Kline /Beudet and their staffing
- This does not include human resource needs for: institutionalizing training capacity in current Haitian teaching faculties, enhancing Monitoring & Evaluation infrastructure, adoption of quality improvement and services management and program evaluation practices and roles.

Aligning change and leadership

- This framework of delivery provides a set of tasks and targets that can align the fragmented work of multiple stakeholders around mental health
- These functions and elements can be translated into national and local level benchmarks as appropriate (eg % target worker type/population ratio-met, % CHW-referred cases- treated, etc) to enforce accountability and focus actions and expectations towards systems-building across actors and geographies

Supports to Achieve a Pyramid Model

- Ministry office for mental health integration
- Capable Haitian university/training faculties especially for training "mid-levels"
- Huge pool for potential Haitian workforce expansion
- ZL pilot
- Specific NGOs with broad, well organized primary care structure and reach, and/or mental health capacity agreeing to shared model
- International organizations for adoption and use of quality improvement/M&E methods and tools
- Rebati Sante Mental
- Caribbean Hub for Community Mental Health
- Partners for use of cellular other innovative mhealth technologies

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Model Scale-up Planning Scenario

Steering Group- Intergovernmental (key planning ministries, institutions)

Aligns with budget and other-sector and national planning

Addresses obstacles of Planning and Implementation group (P&I)

Oversees and gets reports from P&I

P&I Group- MSPP, key providers of mental health and primary care, training institutions and other-sector allied with model (eg Education)

Within this Model- identifies gap areas and recommends and then coordinates implementation of Workplan with:

- Targets-timelines
- Staging of implementation
- Identifies proven health implementation and improvement methods for the 10 Department Teams to use

Recommends benchmarks for success and implementation, quality, oversight

Department Teams

-Department MSPP, elected and community leaders, area health, etc

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