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I. TEACHERS AS THERAPISTS (based on Dr Arshad Husain's program)

Program Overview: The program teaches teachers about how to identify mental health issues. The program was developed by Dr. Arshad Husain, U of Missouri (Advisory Board Member Rebaté Santé Mentale, Member APA Committee on Disaster) and has been implemented in various countries, more recently with flood evacuees in Pakistan and victims of the tornado in Joplin, Missouri. To date, 6,000 teachers and counselors have been trained around the world. The trainers utilize online technology as a mean of maintaining communication with the trained teachers and provide whatever support is needed.

Number of Volunteers: We will be implementing the program with 50 youths and their parents. Tutors are assigned groups of 3-4 kids with whom they meet several times a week. Thus, approximately 10 tutors (at a minimum) could serve as tutors for the youth program. For the parents program, depending on availability of time and skills, approximately 5-10 League members can assist with the program.

II. TRAIN THE TRAINERS

A. Project Implementation: A description of the aims, scope of work, and approach are outlined below.

1. Project Overview and Aims. The specific aims of the mental health component are to: a) train and provide ongoing support for health care providers, teachers, and community health workers in Haiti to identify, screen for, and offer support for mental health needs of patients; b) prepare a selected group of trainees to become trainers in identifying, screening for, and offering support for mental health conditions; and c) prepare selected health providers to provide more intensive services to patients. The program that will be employed in training and providing support to the personnel has been culturally adapted for use with Haitians, linguistically translated, and has been employed successfully in Haiti following a previous natural disaster. The developer of the cultural adaptation is Dr. Guerda Nicolas, a Haitian-American psychologist who is Professor and Chair of Educational and Psychological Studies at the University of Miami School of Education. Dr. Nicolas is also a member of the executive committee of Rebaté Santé Mentale and will be a member of the team, directing the mental health component for the proposed project and provide training and supervision. We will lead a team composed of Haitian-American mental health professionals including psychiatrists, psychologists, social workers, nurses and mental health counselors, all of whom are experienced in disaster response and providing mental health services. Rebaté has access to 12 such professionals across the US and Canada who have expressed a willingness to travel to Haiti to participate in this project. Implementation of the training program will require several trips to Haiti by selected members of the team. A team of five people will take two trips, each lasting one week, to provide the training. A team of two people will take two trips of one-week duration each for training of trainers. Two people will travel for three days duration on each of the remaining months for maintenance and supervision activities.

2. The Training Program. The purpose of the mental health training program is to provide the resources and support to help health care providers (physicians and nurses), other professional hospital staff (social workers, public health workers), health care trainees (medical students, residents, nursing students) their patients, and their communities cope more effectively in very difficult times. The Haitian Mental Health Capacity Program is grounded in a community empowerment framework that seeks the following key objectives:

Increase capacity and sustainability of mental health in Haiti by training health professionals and community psychosocial counselors in psychosocial programming and implementation

2. Train health professionals and community leaders to recognize symptoms of psychological distress in individuals
3. Train health professionals and community leaders to become trainers on how to conduct information sessions with other groups in their respective communities
4. Through the “train the trainer” model, we seek to increase community awareness about mental health issues and ways of seeking services for these issues

The training program integrates materials from the Human Problems in Major Disasters: A training Curriculum for Emergency Medical Personnel, created by NIMH along with the patient-centered culturally sensitive health care model (PCCSHCM) by Tucker (2007) in creating a model for use with health care providers working with ethnically diverse and linguistic immigrant populations. The NIMH training manual on emotional responses to disaster is designed for use by mental health professionals in the training of emergency medical teams whose job is to immediately respond to both large- and small-scale disasters as experienced in Haiti. The manual has been culturally adapted and linguistically and conceptually translated for use in Haiti. The program has been applied both in crisis and general care and was adapted for use in response to the recent hurricanes (Nicolas, DeSilva, Houlahan, & Beltrame, 2009). The training manual presents basic concepts in understanding disaster-related behaviors, to explain phases of such behaviors, and to outline post-disaster intervention strategies for mental health problems. The manual is divided into these sections: (1) conceptualizations basic concepts in understanding disaster behavior, focusing on stress resulting from the crisis, social supports at the time of the crisis, and coping skills of the individual victim; (2) phases of disaster-related behaviors, illustrated by a table listing typical reactions to stress for preschoolers, latency age children, preadolescents and adolescents, adults, and senior citizens; and (3) post-disaster intervention strategies for mental health problems in the acute phase, including special mental illness, drug abuse, and alcohol problems and disaster worker stress. This training is supplemented by the PCCSHCM (Tucker, 2007) that involves (a) training health care providers and office staff to engage in the behaviors and display the attitudes that make patients feel comfortable with, trusting of, and respected by the health care professionals involved in their treatment; (b) modifying the physical environment of the health care facility so that patients feel welcome there, and (c) training patients in behaviors and skills that increase the likelihood that they will be treated in a culturally sensitive manner by the health care professionals involved in their treatment.

Training is conducted in a 5-day course. We are proposing to train **200 service providers** including physicians, nurses, social workers, public health outreach workers, medical residents and students, nursing students, teachers, and community leaders. Through the training program, participants will develop a better understanding of the common mental health symptoms experiences after a disaster, the manifestations of these symptoms for individuals across different ages, genders and cultures in Haiti, and learn of effective responsive strategies to implement with victims of disasters. The implementation of this program will enable individuals to identify possible mental health problems in others so that they can offer support and knowledge, and facilitate early treatment. The information obtained from the program increases a patient’s recovery rates, as well as helps de-stigmatize the unknown factors that often accompany a mental illness. This program has been implemented in Haiti and Jamaica and shown to be effective in increasing participants’ recognition of symptoms of mental health issues, and improving individuals’ perception of mental disorders, efficiency and self efficacy. The mental health-training program has a built-in evaluation component. Personnel are evaluated on their knowledge base and their awareness of psychological issues at the beginning of the training, midway through program, at program completion, and at follow-up

booster sessions using a quantifiable questionnaire. A measure of psychological distress developed for the program is also administered to providers and patients (Nicolas, Artz, Hirsch, & Schmiedigen, 2009). *Training of trainers*. Part of the training protocol involves selecting a set of individuals who will receive additional training to serve as health educators to conduct the training program, thus ensuring an enduring capacity for addressing mental health. We propose to train **10-20 trainers**.

3. Evaluation Plan for the Proposed Project. Given the emergency situation in Haiti, we are currently unable to articulate a detailed evaluation plan for each component of the proposed project. However, processes for evaluating the impact of the project and for detailing lessons learned in implementing this disaster response are a high priority. Some quantitative elements that we aim to use in program evaluation include:

1. The administration of pre/posttest questionnaire to collect data on knowledge and psychological distress for the mental health component;
2. Number of persons hired and/or trained in the various components;
3. Assessment of competencies gained through training;
4. Comparison of number of patients served pre/post interventions
5. Measures of participants' satisfaction with training and services.

In addition to quantitative assessment, we will conduct interviews and focus groups to gauge the impact of and satisfaction with the project. Of particular interest are issues of cultural competence, satisfaction of the personnel with respect to their participation in the project. Dr. Nicolas, a researcher with over 15 years of experiences will lead the planning and implementation of the program evaluation. The evaluation plan will be designed in close consultation with other key personnel and after first hand observation of the facilities and resources.

4. Coordination and Logistics for the Proposed Program. Oversight for the entire project will be conducted by Drs. Marie Claude Rigaud, Richard Douyon, and Guerda Nicolas, who will have ultimate responsibility for implementation of the project and will be responsible for communication with IPS and APA. A steering committee will meet monthly to track progress, address problems, accommodate for changes on the ground with regard to needs and feasibility, and to plan for future initiatives to maximize sustainability and impact.

A. Budget Justifications and Proposed Budget Narrative

Expense	Est. cost
Airfare : \$500 x 11 people	\$5,500
Hotel (7 nights): \$89 x 7 nights x 11 people)	\$2,937
Meals:	
2 continental b'fasts: \$15 x 2 b'fasts x 50 people	\$1,500

2 lunches: \$25 x 2 lunches x 50 people	\$2,500
Breaks: \$10 x 2 breaks x 50 people (1 break per day)	\$1,000
Reception	\$2,500
Reception room fee: \$1,000	\$1,000
AV equipment: \$1200	\$1,200
Supplies & xeroxing	\$500
Planning conference calls (5)	\$300
TOTAL	\$18,937