



STATE OF MENTAL HEALTH IN HAITI POST-EARTHQUAKE: The case for a Modern Mental Health System as a Mediator of Sustainable Economic Development and Social Stabilization

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POST EARTHQUAKE MENTAL TOLL

THE HAITIAN MENTAL HEALTH SUMMIT

EARTHQUAKE AS DISASTER

“A serious disruption of a society, causing widespread human, material, and environmental losses, which exceed the capacity of the affected society to cope, using only its own resources.”

UN 1992

RESPONSES TO DISASTER

- Primary focus: PHYSICAL TRAUMA
- Limited (if any) focus on Mental Trauma

Responses to Mental Consequences In Haiti

Were inadequate due to:

- Stigma affecting recognition & seeking care for mental/emotional problems
- Limited mental health resources in Haiti

Responses to Mental Consequences ctd...

- International/expatriates responses not culturally sensitive
- Scattered and uncoordinated interventions (NGOs etc...)

OUR RESPONSE:



HAITIAN MENTAL HEALTH SUMMIT **Colloque sur la Sante Mentale**

June 26-27, 2010, Miami, Florida

Goals of the Haitian Mental Health Summit

- Increase awareness of mental health situation in Haiti and among members of Haitian in Diaspora
- Develop specific strategic goals and action plans for working collectively in addressing mental health needs of Haitians
- Create network of MH professionals and stakeholders aimed at addressing mental health needs of Haitians.

Working Session at the Summit



Principal Supporting & Participating Organizations

- American Psychiatric Association
- Haitian American Psychiatric Association
- Individual Haitian psychiatrists
- University of Miami, School of Educational psychology

Summit Planning Committee and the Main Sponsors



Participating Organizations

- Haiti Ministry of Health & Public Health
- Zanmi Lasante (Partners in Health)
- Hopital Psychiatrique de Beudet
- Mars & Kline Psychiatric Hospital
- University D'Etat d'Haiti
- Centre de Psychotrauma (URAMEL/IDEO)
- Petionville Club Camp Videos

Haiti Leadership in Mental Health



Participating Organizations ctd...

- Kids First Psychological Services
- Haitian Mental Health Network (Boston)
- Haitian American Psychiatric Association
- Black Psychiatrists of America
- World Psychiatric Association
- Association of Black Psychologists
- The North America Network (Haitian Mental Health Coalition)

Participating Organizations ctd..

- NYU School of Medicine
- SUNY Downstate School of Medicine
- PIH (Harvard School of Medicine)
- U of Miami, School of Education
- Florida International University
- Haitian Neighborhood Ctr (Sant La)
- Switchboard of Miami Crisis Hotline

Participating Organizations ctd..

- Konbit Sante
- National Institute of Mental Health (NIMH)
- Pan American Health Organization
- American Psychiatric Association

Haitian Mental Health Summit Participants at the University of Miami, June 26-27 2010



SPONSORS

- APA (Lindenman Grants for Disaster awarded to
Illinois Psychiatric Society
Florida Psychiatric Society
Brooklyn Psychiatric Society
- Additional funding from GeoCare Inc & American Psychoanalytic Association

HAITIAN MENTAL HEALTH SUMMIT:

Next Steps

- Formation of MH TASK FORCE to follow up on Summit Objectives
- Facilitation of formation of Haitian Psychologists Association
- **Rebati Sante Mentale**: an organization charged with following up on Summit goals objectives
- June 2012 Summit in Haiti

REBATI SANTE MENTALE, Inc.

- By Laws & Budget: developed
- Board Formation: done
- 501C3 Non profit: complete
- Website: in process
- Facebook presence: done
- Search for Executive Director/grant writer
- Fundraising activities and grant applications: planned
- Register as an NGO in Haiti to monitor and supervise our projects on the ground: planned

REBATI SANTE MENTALE:

Projects & Achievements

In collaboration with:

- MSPP, advice the government on mental health related issues
- Assoc. of Haitian Psychologists,
- HAPA, training seminars for medical students in Haiti (planned).
- U of Miami School of Educational Psychology
- FIU (Dr Castellanos) to train residents in psychiatry in Miami hospitals (planned).
- Private donors to help with Reconstruction of Mars & Kline and Beudet Psychiatric Hospitals (planned).
- Private donors to help build a private non-profit Neuro-Psychiatric and Neuro-Surgical Institute with ER, ICU, Trauma & Stroke Units including a Rehab Department and operating suites. This will be an academic facility for teaching, research and private practice (planned).

REBATI SANTE MENTALE:

achievements to date

- In collaboration with APA “OMNA”
Haitian Mental Health Forum (Boston
Oct 17, 2010)
 - Haitian Studies Association(Brown
University)
 - Coordination with UN Association of
Greater Chicago Health Task Force

REBATI SANTE MENTALE

Achievements to Date

- Contribution & Participation in MSPP development of plans for mental health services in Haiti
- Representation to first Congress of Haitian Psychologists
- Development of plans for rehabilitation of psychiatric facilities in Haiti
- Initial development of plans for community health clinics in Haiti

REBATI SANTE MENTALE Targeted Projects

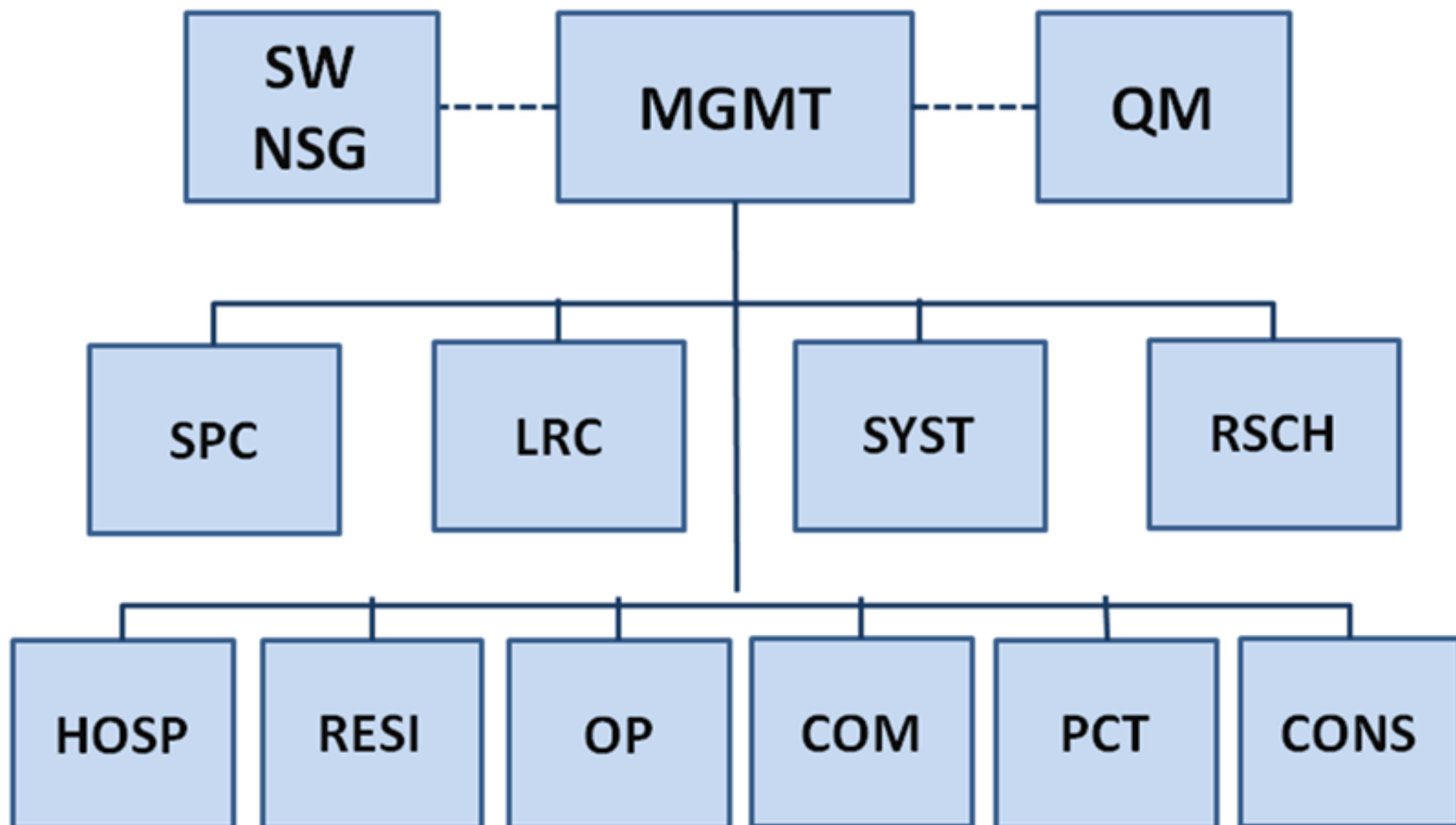
- HAPA en HAÏTI pour “REBATI MENTALE HEALTH” (Tropnas-Douyon) Starts training seminar for medical students.
- Train Teachers as Therapists (TAT) (Dr Husain, U of Missouri)
- Train Primary Care Physicians as Psychiatrist (PAP)
- Joint Training projects of residents with Dr Castellanos (FIU)
- APA OMNA in Brooklyn, NY May 2012
- Pyramids of care network for the entire Haitian territory with Dr Gary Belkin (NYU) in collaboration with Partners in Health, WHO and Univ of Miami Anthropology Department (Drs Page & Marcelin) started in the Central Plateau (ongoing).
- Healthcare management training for healthcare administrators planned by Dr Belkin's NYU group (planned).

Rebati Sante Mental targeted Projects (continued)

- Private donors to help with reconstruction of Mars & Kline Psychiatric Center: 60 beds for outpatient, acute and intermediate inpatient care up to a month for adolescent, adult and geriatric patients (planned).
- Private donors to help with reconstruction of Beudet Psychiatric Hospital: 120 beds for long term care, forensic unit, day hospital, outpatient, domiciliary, nursing home and rehab (planned).
- Private donors to help build a private 60 bed non-profit Neuro-Psychiatric and Neuro-Surgical Institute: with ER, ICU, Trauma & Stroke Units including a Rehab Department, neurobiology & electro-physiology labs, neuro-imaging & operating suites. This will be an academic facility for teaching, research and private practice (planned).

Haiti Mental Health System (proposed)

The MHBS Programs



Haiti Mental Health System (proposed)

- MHBS---Mental Health & Behavioral Sciences
- SW---Social Work
- NSG---Nursing
- MGMT---Management
- QM---Quality Management
- S & VPC---Suicide & Violence Prevention Coordinator
- LRC---Long Term Recovery Coordinator
- SYST---System Analysts

Haiti Mental Health System (proposed) (continued)

- RSCH---Research
- Hosp---Hospital
- RESI---Residential
- OP---Outpatient
- COM---Community
- PCT---PTSD Clinical Team
- CONS---Consultation

FACE THE PROBLEM: INVEST IN MENTAL HEALTH

It is cost effective
and it is a right!



WHO/NMH/VNMHD/2011.1

SCALING UP SERVICES



Mental Health Gap Action Programme Intervention Guide

A comprehensive, evidence-based, easy-to-follow, guide for delivering mental health care interventions in primary care and community settings.

Cost-effective interventions exist

Current mental health spending in low- and middle-income countries is US\$0.30 per capita.



**Investment
needed:**
US\$3-4
per capita



Result:
for every US\$1 million
invested, 350-700 healthy
years of life restored

Depression treatment in primary care is as cost effective as antiretroviral treatment for HIV/AIDS.

There are successful, affordable and cost-effective interventions for other mental disorders such as schizophrenia, alcohol use and epilepsy.

TIME FOR ACTION If you are:

A concerned citizen/person with a mental disorder

- Support and mobilize people with mental disorders in your country to self-organize and advocate for change.
- Educate yourself and raise awareness about mental health and human rights issues.
- Advocate for increased funding for mental health to improve access and quality of treatment and care.
- Promote positive attitudes, non-discrimination, and equal opportunities for people with mental disorders. Volunteer to help.

A health-care provider

- Respect the dignity and promote the rights of people with mental disorders.
- Ensure provision of good quality mental health care within the health care system and community.

A policy-maker

- Identify new resources for mental health, e.g. increasing tax on alcohol and tobacco may increase resources for health.
- Reallocate investment from large hospitals to primary health care and community mental health care.
- Foster inter-sectoral collaboration. Adopt and promote mental health policies, laws and services that support comprehensive education, employment, housing and social services for people with mental disorders.

A donor, foundation or NGO

- Include mental health in all health-related programmes.
- Advocate for policies that promote the rights of people with mental disorders.
- Support the development and functioning of services in primary care and the community.



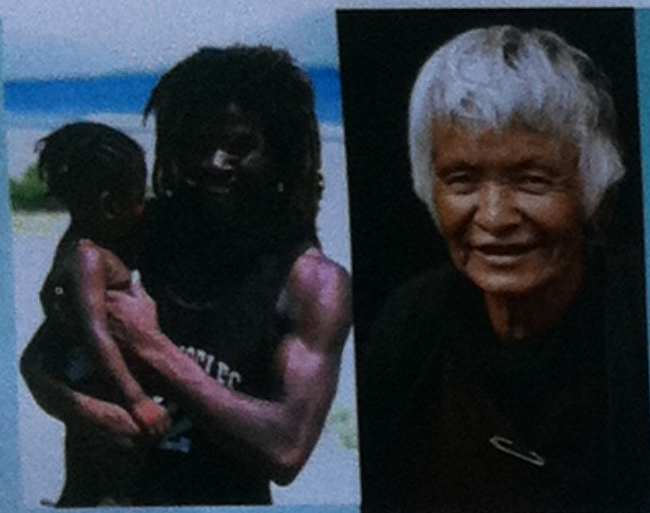
World Health
Organization

INVESTING IN MENTAL HEALTH

Is it worth it?



http://www.who.int/mental_health



THE FACTS

Depression

is the leading cause of disability worldwide

33%

of countries have no mental health budget

1 in 4

people will be affected by a mental disorder at some point in their lives

Every 40 seconds

someone commits suicide

4 out of 5

people with mental disorders in developing countries don't receive treatment

Almost 50%

of all mental disorders begin before the age of 14

2.5 million deaths

per year are due to the harmful use of alcohol

50 million

people worldwide have epilepsy

THE BURDEN OF MENTAL DISORDERS

The burden of mental disorders gives rise to huge social and economic consequences to individuals, their families and whole communities or populations.

Neuropsychiatric disorders cause 1/3 of years lost due to disability worldwide and account for 13% of total disease burden.

80% of the global burden of disease due to mental disorders is found in low- and middle-income countries.

Among all disabilities, mental disorders are associated with the highest rates of unemployment, between 70% and 90%.

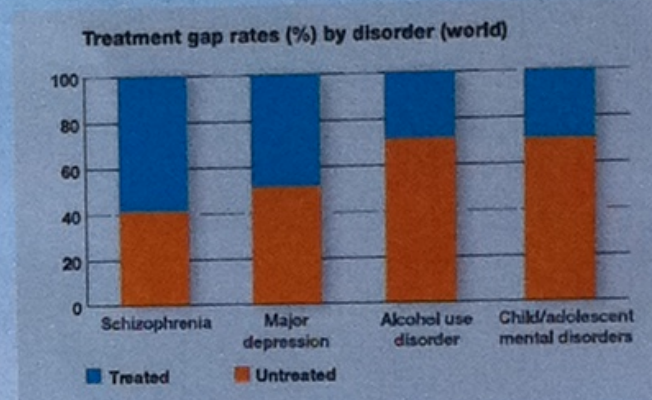
"If someone has a broken arm, you feel sorry for them. But when (the problem) is psychiatric, people don't know how to react because they can't see anything.

But just because you can't see someone's pain, it doesn't mean they don't need your care and support."

Samoan woman with bipolar disorder, 29 years old, Auckland, New Zealand

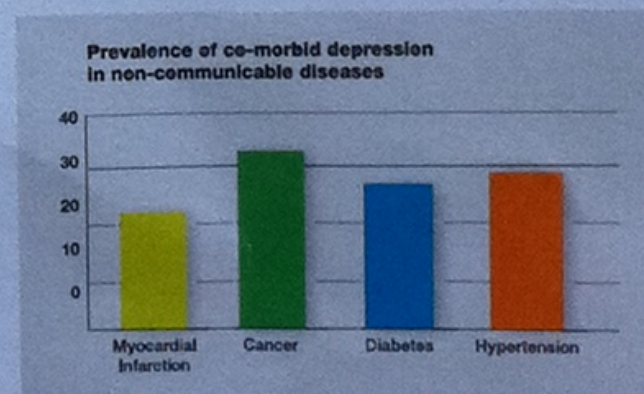
THE SERVICE GAP

Mental health services are inadequate in most countries. 80% of people with mental disorders in developing countries do not receive treatment.



Mental disorders and other health conditions

Mental disorders are closely related to a range of other priority conditions including HIV/AIDS, maternal and child health and non-communicable diseases. Up to 63% of HIV-positive people in low- and middle-income countries also have depression.



People with co-morbid depression are three times less likely to comply with recommended treatment plans, resulting in higher health-care costs and increased risk of disability and mortality.

LITTLE INVESTMENT

Low- and middle-income countries spend less than 2% of their total health budget on mental health.

In addition, lower income countries allocate a smaller proportion of their health budget to mental health than higher income countries.



Wrong investments?

Example 1

80% of the mental health budget in developing countries is spent on mental hospitals that treat only 7% of patients. However, the majority of people with mental disorders can be successfully treated through mental health services integrated into primary care and the community.

Example 2

The service gap for children and adolescents is much higher than for adults. This is in spite of the fact that providing services to children and adolescents often prevents lifelong disability.

How to develop a self sustainable Mental Health System in Haiti? Where do we start? Let's start with children.

- Invest in children the future and the foundation of the country by developing a "children national fund" (the Children Defense Funds project)
- Adopt a "No child left behind" policy and start with early childhood development with daycare, good nutrition and access to clean water for all (Charter Schools Network project).
- Protect children from illness, trauma, abuse, slavery and neglect by establishing a parents and surrogate parents program (the HOME project)
- Invest in universal education and encourage all children to learn up to three languages in addition to creole to prepare for global competition (the Global Competitors project)
- Invest in children mental health mental retardation prevention to improve children self-esteem with tutors, mentors and volunteers (the Peace Corps or the Pride project and Women's Health or Healthy Pregnancy project).
- Encourage innovation and science programs to prepare children for global competition (the IQ project)

UNICEF STATISTICS ON HAITIAN CHILDREN POPULATION

- Population (thousands), Total 2009, under 18. -- 4316
- Adolescent Population (aged 10-19), Total, 2009. -- 2282
- Primary School Population (aged 6-10), 2009. -- 770
- Population (thousands), 2009, under 5 -- 1259

UNICEF Indicators of Women Health in Haiti

- Antenatal care coverage (%), at least once, 2005-2009 -- 85
- Antenatal care coverage (%), at least four times, 2005-2009 -- 54
- Delivery care coverage (%), Skilled attendant at birth, 2005-2009 -- 26
- Delivery care coverage (%), Institutional delivery, 2005-2009 -- 25
- Delivery care coverage (%), C-section, 2005-2009 -- 3
- Low birth weight rate (%), 2005-2009 -- 25
- Maternal mortality ratio, 2005-2009, reported -- 630
- Maternal mortality ratio, 2008, adjusted. -- 300
- Maternal mortality ratio, 2008, lifetime risk of maternal death: 1 in: 93

Table 1 Overview of core indicators for Haiti:

Population 9.5 millions

GNI/capita 1,150 US\$

% urbanization 39%

% people living in cities greater than
100 000 inhabitants 31%

Population below the poverty line (national) 65% (1987)

Population below the poverty line (international, <\$1/day) 54
(2001)

Under age 5 mortality rate 80/1000 live births (2006)

Life Expectancy 61 years (2006)

1 WHO. Public health risk assessment and interventions.
Earthquake: Haiti January 2010. WHO/HSE/GAR/DCE/2010

2 PAHO Environmental Health Country Profile Haiti 2004

Table 2: National Health Indicators for Haiti.

Private expenditure on health as percentage of total expenditure on health Per capita government expenditure on health (PPP int. \$) 65 (2006)

Per capita government expenditure on health at average exchange rate (US\$) 29 (2006)

Given the high demand for basic health services, it is highly improbable that the Government of Haiti will provide support to programs for improving working conditions in Haiti without substantial support from the outside.

Table 2: National Health Indicators for Haiti (cont'd).

Total expenditure on health as percentage of gross domestic product 8 M 65.8 (2006)

Per capita government expenditure on health (PPP int. US\$)
65 (2006)

Per capita government expenditure on health at average
exchange rate (US\$) 29 (2006)

Given the high demand for basic health services, it is highly improbable that the Government of Haiti will provide support to programs for improving working conditions in Haiti without substantial support from the outside.

Table 3: Health Care Workforce Indicators

Number of nursing and midwifery personnel: 834 (1998)

Number of physicians: 1949 (1998)

Nursing and midwifery personnel density (per 10 000 population): 1 (1998)

Physicians density (per 10 000 population): 3 (1998).

Ratio of nurses and midwives to physicians: 0.4 (1998)

Table 3: Health Care Workforce Indicators (cont'd).

In addition to scarce resources the health care system suffers from emigration of trained personnel to other countries. A summary of the current state of the Haitian health care system pre-earthquake: " The health system in Haiti is serviced by the public sector (Ministry of Public Health and Population and Ministry of Social Affairs); the private for-profit sector;

3 WHO Statistical Information System (WHOSIS) accessed at <http://apps.who.int/whosis/data/Search.jsp> on Thursday, March 04, 2010

Haiti Mental Health Care Indicators Post-Earthquake

- Mars & Kline Psychiatric Center in the Ouest Dept (60 beds units) (destroyed)
- Beudet Psychiatric Hospital in the Ouest Dept (150 beds) (destroyed)
- 3000 NGOs in total but 800 for healthcare and few for mental health.
- 15 Psychiatrists
- Pediatricians
- 1949 Primary care physicians
- 200 Psychologists
- 200 social workers
- Nutritionists
- Psychiatric nurses
- Psychiatric LPN's
- teachers (15,000 primary schools)
- Case managers or healthcare workers

Haiti Mental Health Care Indicators Post-Earthquake

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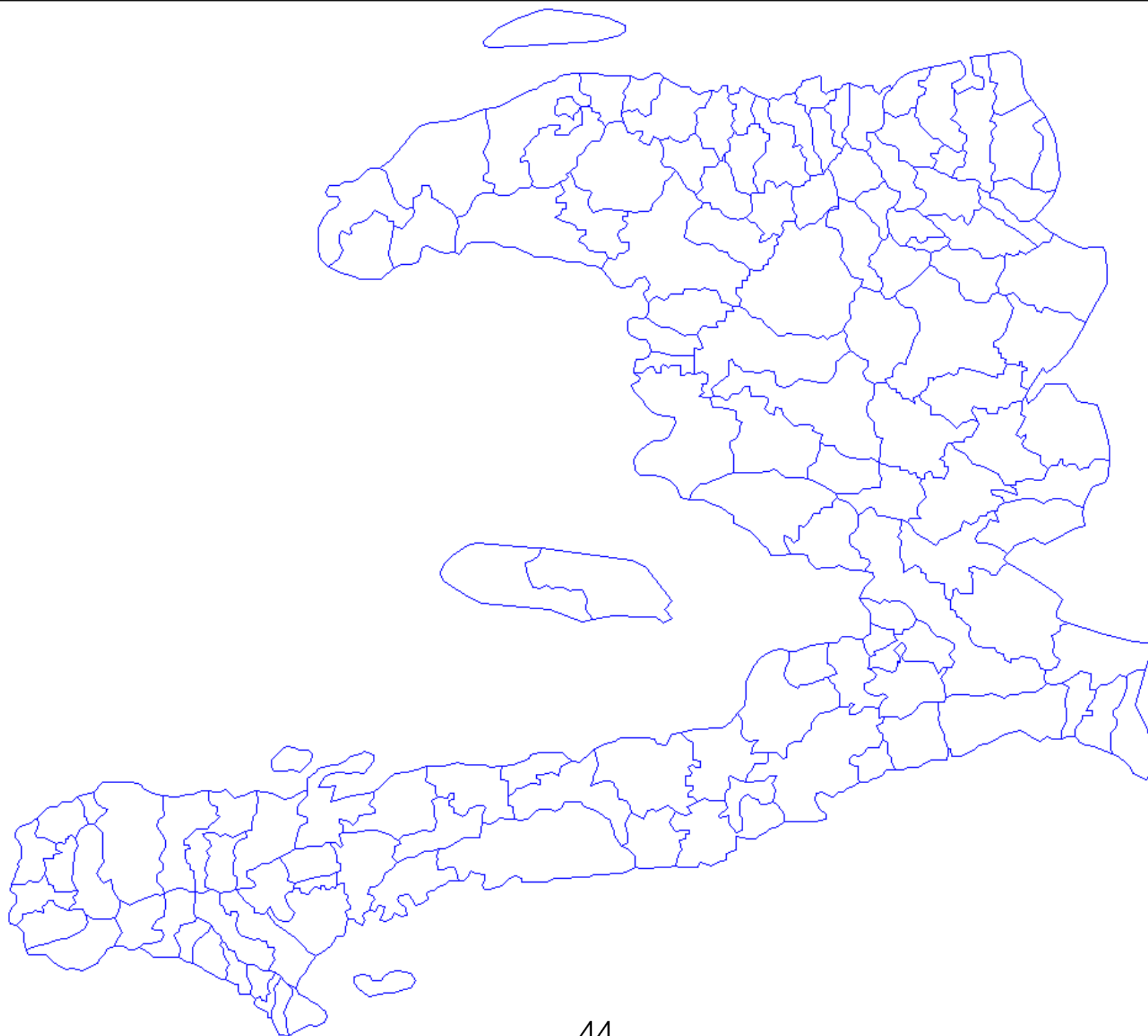
Haiti Departments (10)



Haiti Arrondissements (42)



Haiti Communes (140)



Pyramid of Care



Haiti

- International boundary
- - - Department boundary
- ★ National capital
- ⊙ Department capital
- +—+— Railroad
- Road

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



Inside the Pyramid of Care

- Tactical Unit of Preventive Care & Human Development (TUPC & HD). Ten per arrondissement.
- Home Based Primary Care team (HBPC). Ten to 20 per TUPC & HD unit.
- Case Manager (CM) or Health Worker (HW) or Accompagnateur (A) or Tutor (T). Ten per HBPC team. Each CM will have 20 cases. One visit per week.
- Psychiatrist (1 per Pyramid of care)
- Teachers (1000 per Pyramid of care)
- Psychologist, Social Worker, Pediatrician, OBGYN and Primary Care (1 of each per TUPC & HD unit)
- Nurse (1 per HBPC team)
- Nutritionist (1 per HBPC team)

Proposed Infrastructure

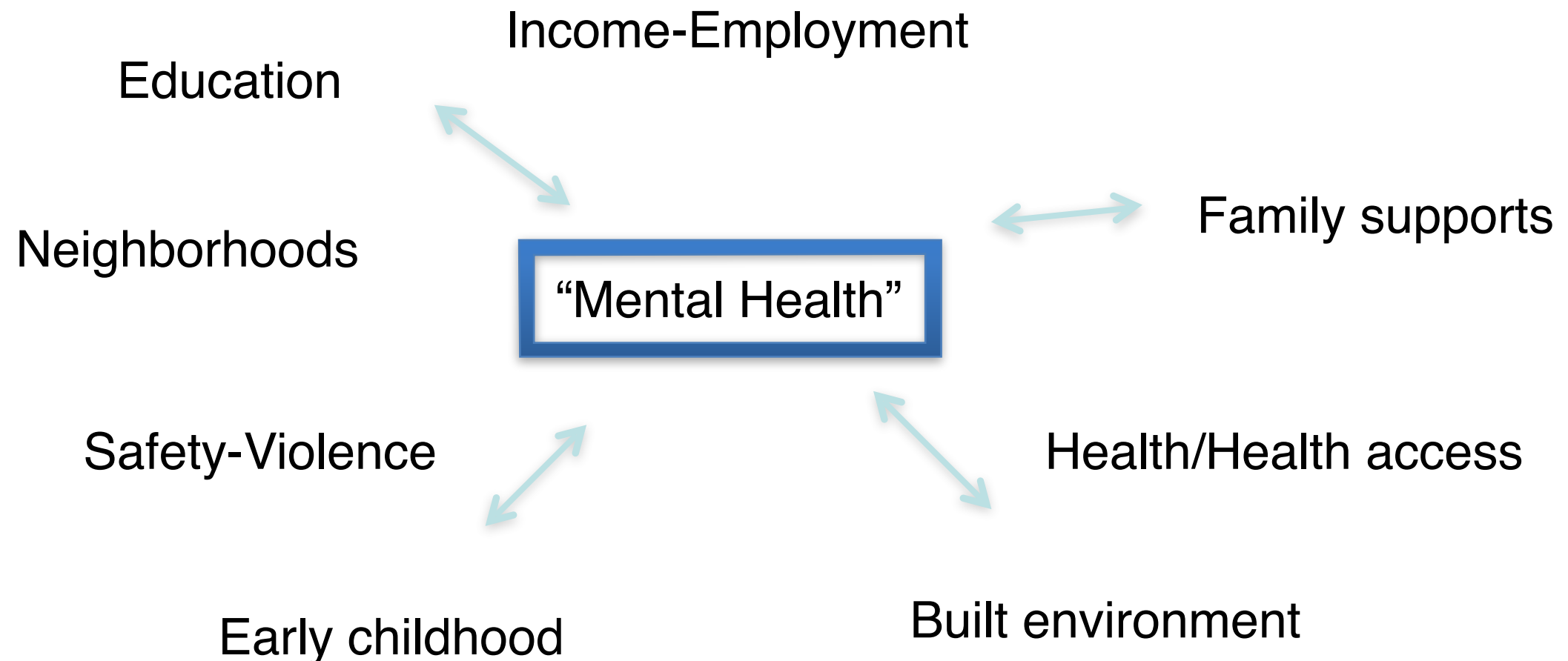
- Mars & Kline Psychiatric Center (60 beds) for acute and intermediate care (\$3-6 M)
- Beudet Psychiatric Hospital (120 beds) for long-term care and rehab (\$6-12 M)
- Neurosciences and Psychiatric Institute (60 beds) for acute and intensive care of Psychiatric, Neurological and Neurosurgical conditions (\$3-6 M)
- Psychiatric Units (20 beds) in each of 9 other departments for acute and intermediate care (\$1 M each for \$9 M total)
- Psychiatric Units (5 beds) in each of 42 arrondissements or counties for acute stabilization (\$0.25 M each for \$10.5 M total)
- Pyramid of cares for mobile clinics (each per county for 42 total) to cover all 140 districts or communes (staffed with 1 to 2000 healthcare workers or case managers per pyramid of care with salaries of \$1000/month).
Estimates of 42 to 84,000 new jobs.

Proposed Infrastructure (cont'd).

- Academic Villages in green spaces (from preschool through Baccalaureat I & II and 2 years of college prep. One village per department. They will be run by 10 School boards from the private sector (1 for each department) and funded through endowments, tuition and government subsidies.
- Network of Charter schools in green spaces (from preschool through Baccalaureate I & II). Ten charter schools per arrondissement. They will be run by parents associations and cooperative.
- Network Daycares for preschoolers in green spaces to be developed by private entrepreneurs and subsidized and supervised by the government. That will create jobs at the commune level.
- Charter Schools and daycares will be run by the private sector (i.e., cooperative of parents and surrogate parents or adopted parents). They will be subsidized by the government through a charter schools and daycare tax (i.e, Charter Schools Protection Funds). There will be financial aid available, but parents who can afford to pay will provide a flat tuition fee (tax exempt) to contribute to the "Charter School Protection Funds" (CSPF).

Mental health- Burden but also critical mediator

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



Proposed 20,000 Professional Staff

- Management boards (10) with chief psychiatrist, psychologist, nursing, social work and administrator.
- Total of 100 psychiatrists for 10 departments (10 per Dept) with salaries of \$5000/month.
- Total of 600 nurses for 6 per psychiatrists (60 per Dept) with salaries of \$2,500/month.
- Total of 1200 LPN for 2 per RN (120 per Dept) with salaries of \$1,500/month
- Total of 1000 psychologists (1 per 200 preschoolers) with salaries of \$3,500/month
- Total of 1000 social workers (1 per 200 families) with salaries of \$3,000/month
- Total of 16,000 teachers (1 per 20 preschoolers) with salaries of \$2,000/month
- Allied professional like pediatricians, OBGYN, nutritionists

Education and lower Infant Mortality rate correlate with mental stability, higher life expectancy, wealth and economic growth

- Germany: population of 80 M, GDP is \$40,000 pc in an Area of 350,000 km² with life expectancy of 77 years for men and 82 years for female and infant mortality rate of 3.5 per 1000 live births.
- Switzerland: population of 8 M, GDP is \$75,000 pc in an Area of 41,000 Km² with life expectancy of 79 years for males and 84 years for females and infant mortality rate of 4 per 1000 live births.
- Sweden: population of 9.5 M, GDP is \$48,000 pc in an Area of 450,000 km² with life expectancy is 79 years in males and 83 years in females and infant mortality rate is 2.8 per 1000 live births.
- Singapore: population of 5 M, GDP is \$44,000 pc in an Area of 700 km² with expectancy of 79 years for males and 83 years for females and infant mortality rate is 2.3 per 1000 live births.
- Japan: population of 128 M, GDP is \$44,000 pc in an Area of 378,000 km² with life expectancy is 79 years for males and 82 years for females and infant mortality rate of 2.7 per 1000 live births.
- South Korea: population of 49 M, GDP is \$21,000 pc in an Area of 100,000 km² with life expectancy in late 65 years for males and early 70 years for females with on infant mortality rate at 4.5 per 1000 live births.
- Rwanda: population of 11 M, GDP is \$1,300 pc in an Area of 26,000 km² with low life expectancy rates are 57 years for males and 60 years for females and high infant mortality rate with 70 per 1000 live births. Literacy rate is 71% (58% higher since 1978).
- Haiti: population of 10 M, GDP is \$1,200 pc in an Area of 28,000 km² with life expectancy is 60 for males and 63 for females and infant mortality rate with 64 per 1000 live births. Literacy rate is lower than 50%. Most Haitian households lack running water (75%).

Haiti is too Small to fail: Budget, Jobs and Funding Sources for a self sustainable mental health system

- Infrastructure and construction costs: \$32-44 M for (creation of thousands of construction jobs)
- Training of professional staff \$100/month (\$0.5 M/month i.e., \$6 M/year) for 5 years
- Training of teachers \$50/month (\$0.5 M/month i.e., \$6 M/year) for 5 years
- Training of case managers \$10/month i.e., (\$420-840,000/month i.e., \$5-10 M/year) for 5 years
- Professional salaries per month: \$30 M (\$360 M per year). These employees will contribute to the Haitian treasury by paying taxes.
- Healthcare workers salaries per month: \$42 M to 84 M (\$420 to 840 M per year). These employees will contribute to the Haitian treasury in taxes.
- Create a tax for the children defense fund
- Create a health insurance of \$10/month premium per child
- As MINUSTAH is phasing out part of the funds from their budget (\$1 billion/y) may be secured to help pay the training and salaries of the professional staff for the next 5 years and renewable every 5 years.
- Sliding scales of payments schedules for family who can afford to pay for care and education.



THANK YOU

***On behalf of the planning committee of
the first Haitian Mental Health Summit
and the Board of REBATI SANTE
MENTALE***



HAITIAN MENTAL HEALTH SUMMIT
Colloque sur la Sante Mentale

June 26-27, 2010, Miami, Florida

