

Mental Health Relief Efforts in Haiti: Are We Learning From the Past?

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P psychological first aid may not always be helpful. In *Crazy Like Us: The Globalization of the American Psyche*, Ethan Watters argues that in the wake of the 2004 Indian Ocean tsunami, the influx of Western mental health specialists did more harm than good [1]. Western psychiatric definitions of post-traumatic stress disorder (PTSD) displaced indigenous beliefs about psychological trauma, which may have undermined the traditional resilience, coping, and survival strategies of these coastal communities. Since then, a number of medical anthropologists and mental health providers have second-guessed Western psychiatry's attempt at providing mental health relief efforts in countries affected by the tsunami [1].

Fast forward to January 12th, 2010, when a magnitude-7.0 earthquake hit Port-au-Prince, Haiti. Humanitarian relief efforts came swiftly, providing search-and-rescue teams, food and water supplies, security forces, and emergency medical care. According to Richard Mollica, a Harvard professor who researches mental health responses to disasters, in the coming months there will be "hundreds of organizations—big, little and small—doing mental health work in Haiti" [2]. However, he warns, "they will all have their own agenda, and their own donors, and their own goals" [2]. Good intentions abound, to be sure, but are relief efforts paying attention to cultural differences surrounding mental health in Haiti? So far, the answer appears to be a tentative "yes."

Psychological Aftershocks: What to Expect

In the aftermath of the earthquake, mental health providers have tended to two groups of survivors. The first group includes Haitians with pre-existing psychiatric conditions who are vulnerable to losing access to care, medication, and familial support. The second group includes people from the general population who have developed psychological issues as a result of acute trauma and prolonged stress. Although this article will focus on mental health interventions for the latter group, it is important to keep in mind how the plight of the former group

is affected by the attitudes underlying these interventions.

For Haitians who develop trauma-related mental illnesses, symptoms may not completely match those set forth by Western psychiatric diagnostic manuals. Research conducted by Dr. Mathieu Bermingham, a Haitian-American psychiatrist, suggests that for Haitians, "mental health problems such as depression or anxiety might manifest as vague aches and pains that have no apparent physical cause" [3]. This form of psychological distress—termed *dépression mentale* in Haitian Creole—is the closest analogue to depression as understood in Western psychiatry [4]. Although mental health providers are likely to encounter patients with symptoms that match those of PTSD, they should avoid overlooking culture-bound expressions of mental distress.



Pushing for Cultural Sensitivity

Not wanting to repeat the cultural clumsiness exhibited in the 2004 Indian Ocean Tsunami relief efforts, many organizations swiftly issued cultural guidelines for providing mental health services in Haiti. The New Paltz Institute for Disaster Mental Health distributed a "Tip Sheet on Haitian Culture" for all foreign mental health specialists working in Haiti [5]. In a similar measure, the International Medical Corps published "Brief Mental Health Guidelines for First Responders in Haiti" [6]. The World Health Organization (WHO) commissioned a 20-page literature review on mental health in Haiti, which addresses topics such as family and gender relations, traditional forms of healing, and traditional

explanatory models of mental illness [4]. The Mental Health and Psychosocial Support Network published the paper on its website and, in a description that bluntly underscores its purpose, recommended that all non-Haitians providing mental health support should read the paper "to avoid faux pas, harm or simply ineffective programming" [7]. The number of such publications demonstrates that mental health providers are being strongly advised to respect cultural

contexts in order to provide the most effective care.

Not only are mental health workers encouraged to familiarize themselves with Haitian culture, they are also expected to exercise caution and humility. This is because Western psychiatric treatment strategies may not necessarily be effective in all situations. For instance, the International Medical Corps' guidelines remind mental health workers that "not wanting to talk does not equal denial" and "debriefing may not be therapeutic or appropriate" for children [6]. In addition, Haitians may not accept psychotherapy because solving personal problems is viewed as a family or religious matter, so they may not be willing to disclose intimate or domestic problems to strangers or professionals [4].

In addition to respecting social boundaries, Haitian culture experts are also encouraging the incorporation of traditional healing methods and spiritual explanations. Many Haitian Vodou healing rituals, for example, involve feeding and caring for the spirits of ancestors that live within the sick and injured who, in turn, benefit from these rituals by receiving nourishing food and extra attention [4]. According to Dr. Frantz Raphaël, "those intervening (in Haiti) must be brought to rethink practices in psychiatry and mental health according to a vision of integration, notably cohabitation between Creole and Western medicine in clinical interventions" [8]. In the concluding paragraphs of the WHO-commissioned review, the authors suggest that mental health specialists should avoid an "either/or" stance that "forces patients to choose between biomedicine and traditional healing" [4]. Instead, they should work collaboratively with families and community leaders to achieve psychological healing.

A Practical Approach

In contrast to the situation after the 2004 tsunami, many mental health interventions in Haiti are addressing mental health in a broader scope. For instance, Leah James describes the psychosocial support that she and her team provide in a group setting: "we outline basic coping strategies for both kids and adults," she writes [9]. "We talk about prayer and about social support and about talking to children about the earthquake, about set-

ting rules and routines, and about holding children to help them feel safe" [9].

In addition to providing broader, more practical forms of support, mental health interventions are also expected to tackle the social determinants of mental health, such as food security, housing, and employment. "Haitian patients may expect a concrete plan of action at the end of any encounter," suggests the WHO-commissioned literature review" [4]. "Neutrality and lack of feedback may be seen as a waste of their time. Concrete action could include assisting with practical needs for food and clothing" [4]. In essence, mental health workers in Haiti may need to double as social workers in order to have the greatest impact on the population's mental health. In particular, creating employment opportunities and re-integrating individuals back into society may be a potent mental health intervention in itself.

Dr. Raphaël suggested that an "alternative solution to transcultural Haitian psychiatry is occupational therapy," where individuals can "engage in a productive life that helps them in their recovery" [8]. Helping earthquake survivors feel reconnected with their communities through meaningful work can reduce the likelihood of mental health problems farther down the road. "One of the things that you see in an environment like (Haiti) is the loss of the sense of the future, and that is one of the most traumatic aspects," argues Dr. Thomas Insel of the National Institute of Mental Health [10]. Addressing social needs such as housing and employment can help restore that sense of the future.

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Finding Strength in Numbers

The earthquake effectively wiped out Haiti's institutional support system for mental health. What little remains of this system can be found in two psychiatric triage tents outside the collapsed Mars and Kline Psychiatric Center, the country's only hospital for acute mental illness [11]. In the absence of any institutional or governmental framework, it would be wise to invest in informal social networks that, according to Dr. Raphaël, "are already very strong" in Haitian culture [8].

Addressing mental health issues in a community-like setting is already proving to be an effective strategy. Leah James illustrates the Haitians' positive response to a group counseling session.

"From the back (of the crowd)," she writes, "a tall man announces that even with clean water there will still be psychological and emotional problems...and groups like this can help. Others agree, and the focus of the yelling shifts. Now there is ardent agreement about need for more groups" [9]. This enthusiasm for group counseling is supported by the observations of

Marie Pierre-Victor, a social worker who oversees the mental health portion of a Boston clinic that provides assistance to Haitian immigrants. She found that "most survivors don't like to talk one on one, but are eager to talk in a group" [12]. Mental health interventions in Haiti should harness this cohesive energy, and use it to build a social support system that will remain strong enough to meet the mental health

needs of Haitians until institutional support systems can be rebuilt. In addition, these community gatherings provide an environment that fosters social exchange between isolated survivors. If held consistently and regularly, these meetings can reestablish a sense of community for Haitians who have lost their familial ties in the earthquake.

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Have We Learned From the Past? Mental health providers trained in the United States and Western European nations have been encouraged from all sides to exercise cultural sensitivity and caution in diagnosing PTSD in Haiti earthquake victims. This is a great departure from the mindset

of many mental health teams who rushed into Indian Ocean coastal communities in 2004 and administered treatment for PTSD without considering cultural factors in mental illness. Understanding a culture's unique reactions to devastating events and trauma allows Western interventionists to provide better aid, more effectively for trauma victims. By combining the desire to reach out to fellow humans with a respect for their societal influences and cultural

traditions, we take a step towards providing the best humanitarian effort possible. ■

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