

FIC BRAIN Webinar Full-text Transcript

“Developing Research Capacity for Mental Health Interventions for Youth in Haiti”

**Presented by Dr. Giuseppe Raviola, Partners in Health
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Giuseppe Raviola: My name's Giuseppe Raviola and I direct mental health for Partners in Health. And here on the video you can see our team. And here to the far right is Father Eddy Eustache who is the PI from Haiti and next to him is Professor Anne Becker from Harvard Medical School. And then to the left of Anne, we have Ermaze Louis, one of our social workers, Director of Social Work and Social Assistance. And next to her Tatiana Therosme who is one of our psychologists here in Cange. And next to her is Emmeline Affricot, one of our psychologists in Lascahobas. And next to her Jennifer Severe, one of our physicians. And there is Dr. Reginald Fils-Aime, one of our physicians. And to Dr. Fils-Aime' left is Dr. David Grelotti, one of psychiatrists at Partners in Health. And so these are just some of the team who are involved in the project. So basically I'm going to give -- I'm going to try to give like a 15-20 minute overview leading up to a discussion with Anne and Pere Eddy and the team and...okay. So when we decided to put this proposal together, and we gratefully received funding to develop research capacities for mental health interventions for use in Haiti, we recognized that there was a high mental health need in Haiti after the earthquake. We felt that supporting the needs of youth was a major priority and we had a limited capacity to do that. And we also felt that this was a wonderful opportunity to build mental health clinical capacity and then to help research capacity into what Zanmi Lasante does and into a mental health program that grew significantly after the earthquake and I'll explain some of that. Fundamentally, we felt that the Partners in Health ZL, the community-based model, with its proven record for community-based care would potentially be an effective way to think about delivering youth mental health services. And we thought that the best way to start would be through the school system. So we're located -- I'll use my new pointer skills. We're located right here in the Central Plateau of Haiti. The catchment area of Zanmi Lasante covers about 12 percent of the national population, about 1.3 million people. And of course, the earthquake happened here in Port-au-Prince. After the earthquake, Partners in Health and Zanmi Lasante responded that most of the medical infrastructure and health camp infrastructure in the Central Plateau remained intact with the earthquake. So the Partners in Health mission statement talks about a preferential option for the poor and our

mission being to provide that preferential option to the poor in health care by establishing long-term partnerships with sister organizations based in settings of poverty and achieving two overarching goals, bringing the benefits of modern medical science to those most in need and serving as an antidote to despair. And that model is based on five principles of community-based care which we call the platform which fundamentally was developed originally for the care of HIV and TB in the 1980s. And that includes access to primary healthcare, free healthcare and education for the poor, community partnerships, addressing basic social and economic needs and serving the poor through the public sector. Other components of that model include the program of social and economic rights which really is the core of our social assistance program, food and nutrition, employment, water and sanitation, and education. And so as you can see here, essentially those red dots denote each Zanmi Lasante Hospital. There are 11. The southernmost one, Mirebalais is where we will be building a new hospital. And then if you look at Port-au-Prince after the earthquake, Zanmi LaSante took responsibility for providing care in four IDP settlements for a population of approximately of 100,000 people. And so the healthcare system in the Central Plateau and in the Artibonite region was comprised of approximately 5000 Haitian staff, 2500 community health workers, as I mentioned serving a catchment area of about 1.2 million people. So some of the projects we've had going on have included a mental health systems scale-up in Haiti through PIH and ZL which has included the close relationship with the Haitian Ministry of Health with the idea that we would try to compile a community-based system of mental healthcare within the ZL catchment area, something that ZL had not been doing previously and really nobody in Haiti had been doing. Also, with the construction of this new hospital in Mirebalais, we've advocated strongly for the development of a mental health service at that hospital including a mobile team that will serve as an expert clinical consultation team for the system of care. And then, the NIMH R21 on school-based mental health which we feel will play a critical role in the development of child adolescence and mental health services over the long term. So the R21 has three major goals extending mental health case finding capacity to schools in central Haiti and endowment of Haitian educators with information and skills that will enhance their capacity to respond to youth at risk for mental illness, and enhancing youth access to appropriate psychosocial support and mental health services in central Haiti by adopting the locally successful accompagnateur model which is the community health worker model to the school setting. You can see here the team is comprised of a significant group of people at ZL.

And these people on the left, most of them are the people who have -- who are formally part of the team. You know, they have gone through all of the paperwork and approvals as well. But there's other people as well who we've trained who are going to be coming on to our team as we move forward. And on the right here, you can see our Harvard Medical School team lead by Anne Becker, myself, Mary Kay Smith Fawzi, Joia Mukherjee, who is also the Medical Director at PIH, Norma Ware, Nina Muriel, Eugene Beresin, Claire Hampton. And I'll have to introduce you to the Haiti team as we move forward with this discussion. And so, you know, part of the challenge has been to integrate mental health into the health system strengthening work of Partners in Health and to do that in a way where service delivery really sets the priorities and those priorities are really identified by our ZL team improving the quality of care and evaluating what we're doing, innovating and improving evidence around the interventions and programs we're thinking to develop and bringing those problems and interventions and solutions to those problems to scale and hopefully being able to use our successes to inform advocacy and policy. And really identifying research as a key component to doing that and that has been consistent with what Partners in Health has been trying to do which is to leverage every service delivery and implementation project with research and training and education. Paul Farmer, whose one of the founders of Partners in Health has become the chairman of the Department of Global Health and Social Medicine at Harvard Medical School. And this R21 I think really represents the idea of the feedback group of really supporting service delivery and locally driven means through research and doing that through effector arms or implementers such as Zanmi Lasante. I just want to say that from 2006 to '08, there was an important NIMH R21 which led to the development of a support group for children and families affected by HIV that's now called Tout Timoun se Moun and that project had a very important impact on the care that was being provided at ZL. It also led to the retention of three psychologists by ZL and really the base of activity which led to the development of ZL Psychosocial Program which has been led by Father Eddy and Ermaze Louis Pierre. Father Eddy came to ZL in 2005. Ermaze might have been 2004. And so you can see here that there were quite significant psychosocial services being offered prior to the earthquake with a particular focus on HIV and TB. So with the earthquake, significant mental health means were identified by us. This is a picture -- this is at the National University Hospital in Port-au-Prince. That's the nursing school in the background. Those lockers were from the fifth floor of the nursing school. The entire second year class died and I

was just struck by -- I mean, the reason I picked this picture was because of this gentleman sitting in front of the hospital. You know this is right around the corner from the main psychiatric hospital. There are two lock psychiatric hospitals in Port-au-Prince. They received a fair amount of press because I think that the conditions that have been identified at those hospitals kind of laid there. One of the major challenges in global mental health generally which is with the global burden of mental disorders is estimated to be at 13 to 15 percent. Generally, ministries of health and government spend between two to four percent. And in low income countries, that number can approach one to two percent and generally those resources tend to go into locked facilities like this. So the earthquake, you know, in some way opened the window to really picking up at decentralizing mental health services. And what we've tried to do is support the ministry of health in thinking about how to do that in a number of ways. And of course, you know, one-and-a-half million people were displaced to IDP settlements. There were thousands of casualties. And so Zanmi Lasante found itself both responding to acute needs in the Central Plateau but also in Port-au-Prince. And of course, many at-risk groups were identified months after the earthquake. Something we identified early on was that child and adolescent means were significant and how were we going to build the capacity within ZL to be able to address those in a safe evidence-based and culturally sound way? So in the first couple months after the earthquake, we undertook a significant capacity building project in mental health services. We tried to do our best to provide support to our own staff including memorial ceremonies at sites that Father Eddy and Ermaze Louis lead. And within three months after the earthquake we hired 14 new psychologists, a number of new social workers, and we significantly increased the human resource capacity within ZL to provide dedicated mental health services. We built up our clinical psychopharmacologic formulary. We started to develop evaluation protocols. We identified the need to have strong mentor and support around mental health services. So we have Dr. Grelotti here for a year who is providing significant support to the team as well. This is Ermaze, one of our social workers. These are the memorial ceremonies within two months of the earthquake that the team provided. These were quite a few of our new staff who we've hired and trained who are now part of this research study group. We provided services in IDP settlements in Port-au-Prince. Eight of the psychologists were placed in those settlements. And we engaged in a high level of community outreach around providing mental healthcare, both embedded with other teams such as the rehabilitation team but also providing some dedicated mental health services in

the community. And we've identified, you know, over the last year continued challenges of course with Cholera. Interestingly, those group interventions that came out of that initial R21 were able to be adapted to provide support to people affected by the Cholera epidemic which it turned out had a very strong mental health component given that people who were recovering from Cholera were facing a lot of stigma. And you know many of them were not being allowed back home. And so there was a very effective group intervention that was developed by the team at that time. Neurologic care is a huge issue. This is a girl who fell into a fire with a seizure recovering in the hospital in Hinche. And we're having huge issues around epilepsy and neurologic care. You know the treatment gap for neurologic illness and epilepsy is something between 75 to 80 percent. And then of course child and adolescent issues. ZL and PIH took responsibility for a significant number of children with developmental disabilities who were found when the earthquake happened in the university hospital. These children are at the orphanage that ZL is now supporting called Zanmi Beni. And we've seen incredible strides for them just in terms of their developmental trajectory. And then after the earthquake many people flooded to the hospitals, the ZL hospitals and lost everything. So settlements formed near the hospitals, and so there were large populations of people who had suffered significant injuries. And so our social workers and psychologists also provided services in those camps. And so essentially, we tried to use the platform of you know the PIH/ZL platform originally developed to address HIV and TB to start to build more dedicated mental health services. And in the upper right, you can see that we increased our psychologists and social workers and provided a whole bunch of dedicated mental health services and also started to bring social workers and community health workers into the care of people with mental disorders. Although we are trying to do that in a more dedicated way. We've developed a locally valid and reliable depression screen for use by community health workers so that community health workers can start to screen, refer, and even care for people with mental disorders. We're developing a manual with Elena Radeli from Colombia for a toolbox of skills for community health workers. And one of our psychologists here in the room, Tatiana is moving on to being our training coordinator for community health workers. So you can see here based on the cutoffs on that depression screen, we can start to refer into the system people with higher scores on that depression screen will be referred to social workers and psychologists. And more and less acute triage decisions can be made which will include physicians prescribing medications potentially and we have built our

psychopharmacologic formulary significantly. But also, training psychologists and social workers in a personal therapy which is evidence-based treatment for depression. So we're beginning that process of training and the manuals are being completed this week actually. So that has been exciting and interesting and that's our thinking. That we want to be able to provide evidence-based services over the long term. And so this is our team a couple of months ago. The team is very dynamic, very committed, very dedicated. And we identified soon after the earthquake that child mental health needs and school-based mental health would be a priority for us and the opportunity to apply for the Brain Disorders in the Developing World Grant was very exciting. Fundamentally, three major aims for this project. One, evaluating the perceived burden of mental illness in school-going Haitian youth, the associated unmet need, and relevant school and community-based priorities and capacities. And we will do that through community based participatory research with educators, parents and youth. Aim two, deliver didactic training specific to epidemiologic, social science and implementation research on mental disorders in Haiti. And Zanmi Lasante will host its first Haiti-based and Haitian-led mental health research workshop in January of 2013. Aim three, applying this didactic research training to development, implementation and evaluation of a novel school-based pilot mental health intervention in Haiti. And that will include educator training, epidemiologic assessment and case finding, and implementation of school-based navigation to mental health services. And so in January, we had our first Implementation Science in Mental Health Research Retreat. It was a three day meeting of over 30 leaders at ZL. There were six or seven psychologists and social workers but we had people -- physicians, we had nurses -- we had people from a range of roles and sites, all very interested, so it was very exciting to be able to bring you know sort of a general review and understanding of implementation science through the mental health program to a broader audience as well within ZL. And so we spent time discussing mental health challenges in Haiti, introduction to implementation research, epidemiologic study designs, qualitative research methods. On day two, looking specifically at the grants or aims, design and timeline. Talking about reliability, validity and mental health assessment, review of mixed methods, developing valid mental health measures, examples of quantitative measures, sampling and recruitment strategies, ethical considerations for research on mental health in youth. And then informed consent, types and examples of error in epidemiologic studies, development of group presentations and actual group presentations. And so here's Anne Becker who is one of our PI's.

And so there's a lot of excitement. I'm just going to finish right now with my part by providing just the basic introductions of the people who are in this room. So here's Professor Anne Becker from Harvard Medical School. Here's Father Eddy Eustache, our PI here at ZL. Father Eustache is a psychologist and a priest. I'm not sure, do you like that picture up here, Eddy? And so Anne and Pierre, Eddy have been a very dynamic and excellent team. As I said, there's been not only just a lot of excitement but a lot of sophistication and thinking around the issues that have been brought up. Here's Ermaze Louis providing an overview of the mental health situation in Haiti. Here's Weslow Wambare, who is actually the director -- the clinical director of ZL right now who has gotten a background in public health -- a Master's in public health who gave the talk on sampling and you know some of our various team members. So this is Elysee Noesil who is a psychologist in Mirebalais. This is Emmeline Affricot, a psychologist in Lascahobas. This is Tatiana Therosme, our psychologist in Cange. And I'll just say that these are three excellent psychologists. As we build the hospital in Mirebalais, all three of them will be moving to serve at Mirebalais and will be filling in their spaces at the other sites as we have tried to have a psychologist at each of the 11 hospital sites. And Tatiana, as I mentioned before, is going to become our director of training and curriculum at ZL for the community health worker trainings that we're going to be doing and essentially task shifting work. This is Dr. Fils-Aime who is a star physician at ZL, who has directed the MDR-TB Program based here in Cange, who really in his spare time has been doing home visits and providing backup -- medical backup to the mental health team. So he is formally moving to our team in the next month. And this is Dr. Jennifer Severe who is also a star physician at ZL, who runs our program in Dominican Republic. And she will be moving to our team as well and aspires to be a psychiatrist. And we're talking about five -- generally, about five to ten psychiatrists in Haiti serving ten million people. This is Ermaze Louis Pierre, a social worker. Did I mention he also directs the social assistance program at ZL? And here in the back raising his hand, there's Ernst Origene, our social worker from Mirebalais. And this is Marie Floye Chipps, a teacher and educator in Cange. She is also one of the Cange investigators on this grant. And here's Erick Alexis Georges, who is our coordinator for the study. And this is Gregory Adolphe, who is our more general mental health program coordinator. And this is Joel Malebranche, who is our PIH coordinator working with the team. And here is Dr. David Grelotti who is a PIH psychiatrist. And also future scientist, very interested in a whole bunch of things but who actually has spent some time with our program in

Wauzutzuz doing this assessment for around orphans and vulnerable children because Partners in Health fundamentally is facing a crisis around orphans and vulnerable children in Wauzutzuz so we're hoping that he will be staying on essentially as a full-time researcher next year with us. And then this is me. There's not many pictures of me in existence and I look a little too sly here but -- so I direct mental health to Partners in Health and I also direct the program in Global Mental Health and Social Change at Harvard. And I also work half-time at Children's Hospital Boston and direct the quality and improvement program in child psychology at Children's. And fundamentally just to close, this R21 process has been a wonderful experience for us and an opportunity to enhance the quality of research and care. But also, it's been interesting in terms of raising the profile of mental health means. We had a recent visit with Secretary of Health and Human Services, Kathleen Sebelius, really thanks to this grant. And we were able to arrange a focus group for her with some of our patients and with the members of the team in this room and so that also was very exciting. So maybe now, I've taken about 26 minutes. Why don't -- I can open it up to questions and I can also hand the mic over to Anne and Eddy who are over -- I can push here on the screen and who are on video. And so I'm going to turn off the -- so I'm going to sit here now and manage the microphone. Thank you.

Anne Becker: In the meantime, we just want to say hello on behalf of the team, some of whom are still on their way up here this morning and actually caught us on a landmark day for the study because just as we were listening to Giuseppe's wonderful presentation here, Eddy got a text that our final, final, final IRB approval was received which was to add all the training personnel to the study. So we're excited and actually I'm expecting to run two focus group discussions today.

Father Eddy Eustache: Oh right again. That's true. We highly appreciate it.

Anne Becker: So and also just to build on what Giuseppe said, as you heard him explain very nicely and pretty thoroughly, the mission here is Zanmi Lasante and all the Partners in Health is to leverage all service delivery -- all clinical service delivery with research and training. And that was really the large point or the foundation of our collaboration between Harvard Medical School, the Department of Global Health and Social Medicine and the mental health team here at Zanmi Lasante. And also as you heard, Haiti is in an unusual situation where after the

devastating losses of the earthquake, the vast mental health needs in the country were suddenly more visible to -- we have some guests arriving -- they were suddenly more visible and there was tremendous political will. And so the resources for mental health delivery were actually built, you know as you heard from Giuseppe, quite quickly. There was a rapid response but part of what we worried about was that there wasn't yet a culture of help-seeking or truth-finding and so the grant really was designed to involve the voices of the community, both the clinicians, the teachers, and the parents and the youth to learn how we could help youth at-risk for PTSD depression, other kinds of distress, much of the earthquake related, some of it not. How we could help them navigate, possibly through teachers accompagnateur to the services that now are fit.

Father Eddy Eustache: In addition to what Anne just said, that the most interesting part of the project to me is for staff in the benefit aspects. Sorry -- the research culture is being promoted. And that would be a good plus gravy. Because in the past years, we have not been used to this idea of looking to what maybe a source of knowledge are the people. Now, we are slowly but surely implementing this kind of mentality and I think it will be a good plus for our future in Haiti.

Giuseppe Raviola: So there was a question. What is your mental health outcome metric? How are you measuring your impact? That's a great question. Our goal is to be able to measure our impact. So fundamentally, we have a quality improvement and monitoring evaluation team both at ZL and PIH. We are working with them right now to really -- fundamentally, our mental health services have not truly been integrated into the sort of the core package that is offered by PIH and ZL, and so that has been part of our goal. And so that has required a lot of collaborations with multiple groups within PIH and ZL which include MNE, EM -- electronic medical record people, the training and curriculum folks, the community health team. And so that's been an ongoing process. What we've done is we've tried to provide our psychologists and our social workers with as much supervision around the care of patients at the hospital level. And we've been careful about bringing community health workers into the provision of care until we feel that we have the tools to follow progress. And so what we decided was that we would start with depression as a priority condition and that we would use both that depression screening tool as one outcome metric for the care of depression. But the goal over time is to add true care

pathways for psychotic disorders and epilepsy. And also for child and adolescent mental health disorders, which we expect over the next couple years that this -- that the tools that come out of this project will be important to informing that process.

Anne Becker: And -- so in addition to some of the broader outcome goals within the clinical services here, I do just want to speak too some of the narrow outcome measures in this particular study just to clarify. So the study is envisioned as -- we set it up essentially as a process so that it begins with a committee processing and identifying the best intervention. In order to get that started, our model has proposed a school day of teacher training so teachers would be equipped with basic skills to assist with navigation of troubled youth to care services. Our specific outcomes will be right now and we'll see if that's ratified by the focus group that's going to be connected today is to do predisposed assessments of training of the teachers and then the t outcome will be once we've done case finding will be whether or not we were able to successfully pair youth identifier at-risk with a trained P2 and whether or not they were able to complete the recommended follow-up care which would be either a clinic visit or a certain number of meetings with a teacher. And then of course, the post assessment where we would not just be on what knowledge they obtained but also what their experience of the process was, whether or not it was per diem, whether or not it added a burden, whether or not it imposed a burden on the children or families and we'll be debriefing these as well.

Father Eddy Eustache: And what we've been developing we've got an opportunity in the future. For instance, when we have the most active youth who have been exposed to some kind of trauma or horrible conditions, we may actually refer them to the psychologist -- try to measure the impact of the quality of services they have been receiving.

Anne Becker: Indeed. Our guests have arrived from focus groups so maybe we have time for one more person?

Dale Weiss: Thank you. I just wanted to thank you for a really interesting presentation. It's just amazing all the work you're doing there and I wish you the best of luck with that. This is just -- you know, obviously you can see this system works really well. And we did it just really a lot for

this purpose so that people could communicate and collaborate internationally. And we had a really good team that works on it and a lot of support. So you can read a little bit about the purpose of it and what it does. And hopefully it will be there to help you with this project in the future.

Giuseppe Raviola: Thank you.

Krystyna Isaacs: So Kathy, did you have any closing words and then I think we're done.

Kathy Michels: Just to say thank you to everyone. This was, you know, on the part of, you know, the team that, you know, International Collaboratory and the team here and everybody here is waving. I mean this was just -- it actually -- those of you on the call don't realize it actually took a lot just to get to this point and it worked out great. And just thank you to everyone. And this is a wonderful program. I'm really privileged to have been able to come here and see it and participate. So thank you everyone for participating. Again, it will be archived so if you want to go back and look at any part of it and see the presentations, you will be able to later. Thank you very much. And Anne, did you want to say something?

Anne Becker: Yes. I just wanted to -- I didn't want to close without on behalf of all of us, just saying our huge thanks to Kathy for her support of this project and also to LeShawndra Price, who is our program officer. And I don't know if she had a chance to be on today but we really really appreciate everything and I know everyone on the team sends their messe on peut. Thank you.

Kathy Michels: Thank you. I think with that we'll be signing off. Thank you everybody.