

As of December 26, 2010
**ESF Earthquake *Rehabilitation and Sustainability*
Efforts in Haiti**



ESF's mission is to, *“build cultural connections one person and one community at a time.”*

ESF responded to both the local and global needs of the Haitian community abroad since January 12, 2010 and we continue to provide daily and monthly resources of food, medication, and supplies along with primary and public health care services and education. **That being said, ESF have supported over 15,000 people, mostly with curable illnesses, employed over 75 Haitian community members; retaining the continued employment of 15 persons, continued support for a private education of 3 children at AMSAI, an AMURT School, providing 100's of pounds of food to up to 300 children monthly, will officially open an ESF Office January 25, 2011, submitting our official registration as a NGO with MSPP (Minster of Health) and so much more! *This all equals economic stimulation and sustainability for the family unit and community.* ESF is now 3 years young but have supported over 80 outreach efforts, 9 have included medical missions to Senegal, W. Africa, Jamaica, and Haiti!**

We continue to send a special thanks to all of the volunteers, their family and friends who are assisting in the Haitian Rehabilitation Efforts. ESF understands the commitment that it takes to make a volunteer organization work effectively so we truly rely on your generosity to continue our grass roots efforts in effectively addressing local and global problems.

ESF Team Haiti Group E: December 15-21, 2010

- **Pictures from Team E:** <http://esfteamhaitigroupe.shutterfly.com/>
- **Goals of mission:** To serve the Haitian people, triage, diagnosis, treat and manage patient care in an acute and public setting under a rehabilitation state, post disaster relief. **Mission Accomplished Successfully!**

Core team members included: Benedick Guillaume, RN, ESF Team Leader, Dr. Brinda Kantha-Sullivan, Dr. Marcel Dosso, Marie Joseph Dosso, RN, Marie Joseph, Tarik Khan, RN, Crystal Taylor, PsyDc, Berth Bartolin, Elizabeth Lewis, Lara Lechtenberg, Charles Williams, RN, Shonta D. Collins, RN, Founder and President of ESF.

- **Sites:** Camp Toto in Delmas 75, Coram Deo in Delmas 31, The Center for Accommodation and Health and Camp Sineous in Delmas 33, and the Foundation Sens Universal et Damabiah in Delmas 48, Ecole Shalom in Croix Des Bouquets;
- **Partners:** Yele Haiti, Project CONCERN International (PCI), Samaritan Purse, The Center of Accommodation and Health, AmeriCares, Sean Penn's JP HRO, AMURT, Life is Good-Haiti, the Philadelphia, regional and national communities from NY to Arizona;
- Recipients include patients that received care in a public health (mobile) and clinical settings.
- Patient population included men, women, and children with various disorders and infections, acute and chronic conditions, malnutrition, dehydration, and mental illness;
- Patient population included men, women, and children with various disorders and infections including, worms, secondary infection, sexually transmitted infections, fungal infections, diarrhea, chronic conditions, malnutrition, cold and flu, mental illness like stress, anxiety, depression and Post Traumatic Stress Disorders (PTSD);
- Assessments performed by ESF professional members made recommendations to grow ESF's mental health and wellness outreach, student and internship programs and evaluation of best practice standards for medical professionals. Please see Mental Health Assessment Below, written by Crystal Taylor, M.S., PsyDc and Birth Bartolin, M.A. *Additional supports to be posted soon;* and
- With local and global support, ESF was able to distribute over 250 toys, 300 blankets, 400 lbs of fresh vegetables from local farmers, co-support and host a Christmas party for over 250 kids and community members, and so much more. This was all made possible through the support of Yele Haiti, Haitian American

Caucus (HAC), Project CONCERN International (PCI), Life is Good-Haiti, Dr. Steve and Nicole Pedron, Amy Joe Baldi and her community and local and national support in the United States; THANKS!

ESF Team Haiti Group D: September 13-21, 2010, “V-Gifts for Life”

- **Pictures from Team A:** <http://esfteamhaititeamgroupd.shutterfly.com/>
- **Goals of mission:** To serve the Haitian people, triage, diagnosis, treat and manage patient care in an acute and public setting under a disaster relief environment. “V-Gifts for life,” vaccination campaign successfully immunized the Haitian children and young adults with Tdap and Tetanus vaccines. **This was made possible through the support and donations from Happy Home Charity. Mission Accomplished!**

Core team members included: Robert Rathmann, RN and ESF Team Leader, Dr. Marc Louis, Dr. Marcel Dosso, Julie Brooke, RN, BSN, Cara Sottie, RN BSN, Chris Rathmann, non-medical, Shonta D. Collins, RN, Founder and President of ESF.

- **Sites:** Camp Toto in Delmas 75, The Center for Accommodation and Health in Delmas 33, and the Foundation Sens Universal et Damabiah in Delmas 48,;
- **Partners:** Happy Home Charity, Maxim Healthcare, The Center for Accommodations and Health, and Life is Good-Haiti, and the regional and national communities.
- Recipients include patients that received care in a public health (mobile) and clinical settings.
- Patient population included men, women, and children with various disorders and infections, acute and chronic conditions, malnutrition, dehydration, and mental illness;
- Patient population included men, women, and children with various disorders and infections including, worms, secondary infection, sexually transmitted infections, fungal infections, diarrhea, chronic conditions, malnutrition, cold and flu, mental illness like stress, anxiety, depression and Post Traumatic Stress Disorders (PTSD). Selected persons were immunized if they met the criteria established by the Center for Disease Control (CDC) and World Health Organizations (WHO); and
- The team also provided the children backpacks filled with school supplies and necessary personal hygiene products to children based upon greatest need. The challenge is that we did not have enough supplies to share with all the children. The schools supplies were donated by the local Philadelphia children at the



<http://www.ExplorersSF.org>

Building Cultural Connections, One Person and One Community at a Time

William Hunter Elementary School and Boys and Girl Scout troops in NJ, under the leadership of Brenda Yost, RN.

December 2010 Haiti Mission- Mental Health Report

Berth Bartolin, M.A.

Crystal Taylor, M.S.

The following report reveals the original objectives of the mental health component of the ESF December mission and provides detailed information regarding which objectives were met and how they were implemented. In addition, the report contains qualitative data gathered from clinical observation and discussions with program leaders regarding the mental health presentation and needs of the individuals in the particular population they serve. Furthermore, the data reveals ways in which those leaders/staff feel ESF can best support the mental health needs of their communities during our future missions. Lastly, this report provides recommendations and suggestions for ways in which ESF can improve implementation of our mental health outreach in the Haitian communities we serve.

OBJECTIVE

The purpose of the mental health mission was to provide mental health support to adults and children who have experienced major life changes as result of 2010 Earthquake in Haiti. The following is a list of the intended areas of focus.

- Address individual, family and community perception of trauma.
- Utilize body scanning, mindfulness, spirituality, play and art techniques to address psychosomatic symptoms associated with trauma in children and adults.
- Identify healthy ways for adults/caregivers to communicate resiliency when coping with stress and trauma and to continue utilizing these methods
- Explore the role that children play in helping community heal/cope with trauma

INTENDED INTERVENTIONS

A. Body Scanning and Mindfulness Techniques in Structured Group Format

Group Demographics

Male and Female Adults (all ages)

Male and Female Children (all ages)

Format

Structured groups

Intended Procedures

Implemented Procedures

Guide adults and children in identifying somatic areas that are uncomfortable	√ This procedure was successfully implemented in adult groups at the Center
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throughout their body.	for Accommodations and children groups at Camp Toto.
Participants will share how they typically attempt to relieve somatic symptoms and from feeling “dekouraje” (discouraged).	√ This procedure was successfully completed during adult groups at the Center for Accommodations.
Engage in a full body scanning and mindfulness (suggested by participants) to address somatic concerns.	√ This procedure was successfully completed at both the Center for Accommodations and in the children’s groups at our clinic in Camp Toto.
Brainstorm alternative ways to find those same reliefs now. (i.e., group prayer/herbs/socialization with family/peers/playing with children in the community etc.)	X Patients did not distinguish between remedies they used prior to the earthquake and those they use now, so the focus remained on discussing current coping strategies and psycho-education regarding mindfulness
Help participants develop “safe signs” to ask for support when “dekouraje” (discouraged)	√ This procedure was successfully completed amongst the adult groups at the Center for Accommodations; however clinicians did not refer to them as “safe signs” but did address ways to ask for support.
Offer participants opportunities to share prayer and additional words to share strengths.	X Patients were offered the opportunity but did not share additional thoughts.
Suggest that if they feel “dekouraje” and have somatic discomfort they may want to try these again with relatives and friends.	√ This suggestion was followed with the adult groups at the Center for Accommodation.

Additional Data and Analysis Regarding Structured Groups

- Overall, the structured groups worked well when implemented but were difficult to administer at certain clinics due to availability of staff/translators and the structure of the facility/clinic.

- The original procedures seemed most easily implemented with the adult groups; however, the main objective of relieving psychosomatic symptoms was still addressed and successfully completed with children’s groups. Due to the children’s unfamiliarity with addressing emotional issues and mental health concerns, it seemed most beneficial to introduce children to the concept thru movement activities (indirect body scanning) in an effort to release tension in the body and provide a fun, enjoyable experience for the children.

- Although structured groups were not implemented at the orphanage, Foundation Sens Universal et Damabiah or the school, Coram Deo, the mental health clinicians present on the mission spoke to the staff and directors of the sites about their mental health concerns. Both sites felt that the children could benefit from structured groups to help reduce

anxiety and psychosomatic symptoms. In addition, staff felt children could also benefit from individual consults to address more specific, individual concerns.

B. Individual and Family Sessions

Individual and Family Demographics

Male, Female, Children, and Families (all ages)

Format

Individual and Family Sessions

<u>Intended Procedures</u>	<u>Implemented Procedures</u>
Clinicians will offer sessions as needed with participants initiating service.	√ Individual and family mental health consults were completed at the request of the patient or doctor during clinics at The Center for Accommodations, Camp Toto, Camp Sinias, and Foundation Sens Universal et Damabiah.
Explore safety and brainstorm ways to integrate safety in daily life.	√ Clinicians assessed safety concerns and provided coping strategies to increase or maintain patient’s feelings of safety.
Explore reported symptoms associated with anxiety and grief such as isolation from loved ones.	√ Clinicians explored symptom presentation and provided psychoeducation to the patients understand the link between anxiety and grief and their impact on the mind and body.
Help participants develop “safe signs” to ask for support when “dekouraje” (discouraged)	√ Clinicians helped patients identify people within their family and/or community that they can seek out for help.
Employ play techniques (i.e. drawing and coloring) to help children explore and identify their current emotions, and encourage them to explore and draw about things that provide them joy and comfort.	√ This procedure was implemented with the children at Foundation Sens Universal et Damabiah.

Additional Data and Analysis Regarding Individual and Family Sessions/Consults

- Overall, mental health consults seemed to be the most widely used method of treatment during the mission.
- Patients seemed open to discussing their concerns and seemed to understand and accept the recommendation made by clinicians (*Please see below for a more detailed explanation of the overall symptoms presentation of the populations served*).

- Family sessions seemed to occur more frequently with children, and parents/guardians appeared open to recommendations and were willing to guide their children in implementing recommended coping skills (i.e. mindfulness techniques and relaxation strategies).

C. Preliminary Assessments of Post Trauma Symptoms

Individual Demographics

Male and Female Children (all ages) involved in the orphanage and/or activity programs
Adults (all ages) that are seen for mental health consults

Format

Gathering data through observation and interviews with patients and staff

<u>Intended Procedures</u>	<u>Implemented Procedures</u>
Therapists will observe children's interactions with peers and staff.	√ Therapists observed child behavior at the Center for Accommodations, Camp Toto, Camp Sinias, and Foundation Sens Universal et Damabiah, and Coram Deo
Therapist will observe and interview adults during individual consults	√ Therapists interviewed adults during individual consults at the Center for Accommodations, Camp Toto, Camp Sinias, and Foundation Sens Universal et Damabiah, and Coram Deo
Therapists will interview the staff of the children's programs and gather information regarding their behaviors and/or symptom presentation.	√ Therapists spoke with the staff and directors at Foundation Sens Universal et Damabiah, and Coram Deo regarding the children's behavior and/or symptoms since the Earthquake.
Therapist will engage one on one with children to observe their individual behaviors, communication skills, and mental status.	√ Therapists completed this procedure during their individual and family consults at Camp Toto, Camp Sinias, and Foundation Sens Universal et Damabiah
Develop a pre and post survey for the staff to complete for each child that attends the day programs, in order to assess the children's behaviors.	√ Therapist spoke with staff and directors at both Foundation Sens Universal et Damabiah, and Coram Deo regarding the pre-evaluation questionnaire that was devised by the therapist on the mission.

Additional Data and Analysis Regarding the Presentation of Post Trauma Symptoms

- Most of the patients seen for MH consult during the December mission expressed experiencing the following symptoms post the 2010 earthquake:

- A lack of concentration
 - difficulty sustaining attention
 - headaches
 - increased muscle tension (specifically in neck, chest, and back area)
 - rapid heartbeat
 - Feeling discouraged
 - Hyper-arousal (i.e. feeling easily startled on a regular basis)
 - Worry about living conditions
 - difficulty sleeping
 - increased fears about limited resources
 - feelings of hopelessness regarding employment and educational activities.
 - A few patients described frequent memories of traumatic events (sounded similar to flashbacks but more information is needed)
- The staff at Foundation Sens Universal et Damabiah described the children's presenting behaviors since the earthquake as follows:
- Numbing
 - Parroting
 - Impaired speech
 - difficulty sustaining attention
 - The staff at Foundation Sens Universal et Damabiah was in support of the mental health consent and behavioral evaluation form we devised and felt both tools will help address the mental health needs of the children they serve.
- The director at Coram Deo described their children's presenting behaviors since the earthquake as follows:
- Decrease in academic grades
 - Increase in aggressive
 - Worry about living conditions
 - Grief regarding the loss of loved ones
- The staff at Sens Universal et Damabiah, and Coram Deo both expressed interest in ESF providing MH workshops for their staff to teach them how to address the children when concerning behaviors arise.
- ESF clinician observations regarding adults at Center for Accommodation, Camp Toto, Camp Sinias and Foundation Sens Universal et Damabiah were as follows:
- A lack of concentration
 - difficulty sustaining attention
 - Impaired speech
 - headaches
 - increased muscle tension (specifically in neck, chest, and back area)
 - rapid heartbeat
 - Moderate affect

Future Recommendations and Plans for ESF's Mental Health Outreach in Haiti

- It is recommended that ESF develop a written introduction to be read to groups of patients as they enter clinic, which explains that mental health services will be offered along with the traditional medical services. This introduction should contain brief psychoeducation addressing the benefits of mental health treatment, the manifestation of psychosomatic symptoms, and the connection between the mind and physical pain/discomfort. Lastly the introduction should give a brief explanation of the types of intervention therapists may utilize to address their concerns and inform them that both individual consult and groups are available.
 - **Intended Benefit:** Increase awareness of Mental Health and to help patients make a more informed decision about whether or not to seek treatment.
- It is further recommended that patients be alerted when they receive their number that they can partake in group therapy sessions or individual mental health consults after they fill their prescriptions at the pharmacy.
 - **Intended Benefit:** Clients are aware that their comprehensive treatment can continue beyond receiving medication.
- In future missions ESF team members should be briefed regarding mental health efforts as well as psychosomatic symptoms that may be associated with mental health.
 - **Intended Benefit:** Team members will be able to make additional referrals regarding mental health options.
- The mental health clinicians working with ESF plan to make changes to the children's evaluation form, based on behaviors observed during the mission, and to translate the form into Creole in an effort to utilize the evaluations on the next mission.
 - **Intended Benefit:** Forms more culturally appropriate.
- In addition, as suggested by a site we service, ESF will translate the mental health consent form into French as well, so there is both a Creole and French version available.
- It is also recommended that ESF develop workshops and written materials in collaboration with Haitian staff and leaders to educate and increase awareness about mental health symptoms and how they can provide support to people in their community and to those who may be experiencing symptoms.
 - **Intended Benefit:** Staff and community members in Haiti can continue to provide these services and consult with ESF members regarding any changes or concerns as needed.
- It is also recommended that ESF establish and maintain relationships with mental health professionals in Haiti, specifically those serving the areas affected by the earthquake.
 - **Intended Benefit:** mental health providers already rooted in the community can serve as consultants and primary source of supports for ESF mental health professionals.

- Given the need for mental health services to remain a focus of our health care treatment in Haiti, it is recommended that at least 1 mental health professional be present on future ESF missions.

Conclusion

In Summary, the mental health component of the December 2010 mission was a success, which is evidenced by the vast number of objectives we were able to complete during our mission. However, this initial effort was only the beginning and will require changes and improvement in order to sustain and grow our mental health outreach. ESF feels it is important to gather additional data and continue to explore ways that we can best serve the mental health needs of the Haitian community.

Future Global Programs and Projects

- **ESF Team Haiti Group F**, March 13-19, 2011. This team is being led by ESF Team Leaders Dr. Kelly Eberhardt and Robert Rathmann, RN, and Jr. Leaders, PCOM 2nd year Medical Students, April Elder and David Pierre;
- **ESF Team Haiti Group G**, June 2011. This team is being led by ESF Team Leader, Jennifer Leary, EMT/PFF; and
- **ESF Team Haiti H**, September, 2011. This team is being led by ESF Team Leaders Julie Brooke, RN and Cara Sottile, RN.
- **ESF Team Haiti I**, December 2011 (TBA): Special Occasion Planned





