A community based model of mental health care for the country of Haiti

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Summary
Due to the burden of untreated mental disorders and the 2010 earthquake, there was an urgent need for the integration of mental health services into the primary care system in Haiti. In close partnership with the Haitian Ministère de la Santé Publique et de la Population (MSPP), Zanmi Lasante (ZL) has built a community-based, integrated system for mental health care that now serves as a model for the country. Curricula, tool, and system development took place over several years, leading to successful clinical service implementation, along with a clear understanding of how to ensure buy-in from leaders and the role of supervision and data collection systems in ensuring high quality care. ZL is now focusing on strengthening existing systems through quality improvement initiatives, continuing to expand uptake of services within its catchment area, and sharing its materials and model within Haiti and across other Partners In Health sites.

Key messages and recommendations
- **Problem:** A large burden of untreated mental disorders, a devastating earthquake for Haiti, and the need to articulate, pilot, and scale up implementation a community based mental health care system in a country with very few specialists
- **Recommendation 1:** Successful clinical service implementation requires not only curricula tailored to providers but also context-specific care delivery tools and checklists
- **Recommendation 2:** Strong systems for sustained supervision and monitoring and evaluation are key to driving quality improvement in care and ensuring patient safety
- **Recommendation 3:** Incentives for performance, wellness activities, and professional development opportunities can help ensure successful uptake from care providers

Background
Haiti suffers from the highest poverty levels and health morbidity indicators in the Western Hemisphere and, five years after the 2010 earthquake, which killed approximately 300,000 people and injured and traumatized many more, continues to have very limited mental health services and very few mental health specialists. The prevalence of mental health disorders is not known in Haiti but is believed to be high. Only a small percentage of the national health budget is available for mental health services.
Zanmi Lasante (ZL) is a local organization that has been working in Haiti since 1987. It serves a catchment area of 1.3 million people, or more than 10% of the national population, through 11 government hospitals and clinics in the Central Plateau and Lower Artibonite departments, and has a long and robust history of working in partnership with the MSPP.

“Working in mental health gives me hope that things will get better.”

- Dr. Reginald Fils- Aime, 2014

Dr. Fils-Aime is a Haitian physician and was previously the Mental Health Physician Supervisor for Zanmi Lasante.

The innovation and implementation

In 2012, with support from Grand Challenges Canada (GCC) and in partnership with the MSPP, ZL set out to articulate and develop a comprehensive community-based mental health system of care to serve as a model for Haiti. This took shape through the development of curricula materials, care pathways, and care delivery tools for using a task sharing approach with non-specialist providers, and integrating all new services into the existing primary care system. Materials are tailored to physicians, nurses, psychologists/social workers, and community health workers and focus on four priority disorder areas:

1. depression
2. epilepsy
3. psychotic disorders
4. child and adolescent mental health

These priority disorder areas were identified through a qualitative needs assessment undertaken before implementation. ZL also developed and validated the Zanmi Lasante Depression Symptom Inventory, a culturally appropriate and effective screening tool for depression for use in this system and by all Haitian non-specialist providers.

Curriculum development, training, and implementation rollout took place from 2013 to 2015 and the system continues to grow into the present, with additional GCC funding to support the expansion of service uptake, refresher training of providers, strengthening of supervision and monitoring and evaluation systems, and ongoing advocacy for adoption of this model at a national level.

Case study: Jean’s story

Israma, a ZL Community Health Worker (CHW), is pictured above with a patient “Jean” (name changed), who had suffered from epilepsy for more than 20 years. Jean’s family had tried everything, including traditional healers and church, but she continued to suffer. Using mental health training and appropriate screening tools from ZL, Israma identified and referred Jean to a community site within the ZL system. Jean got pharmacological treatment from a physician and therapy from a psychologist, and Israma continued to check in with her for a few months. Now, Jean no longer has seizures and is thriving in her community.

Photo © Grand Challenges Canada.
Addressing challenges

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<td>Stigma</td>
<td>Stigma reduction activities by CHWs, training of providers</td>
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<td></td>
<td>• Task sharing, refresher trainings, collaboration with Mars and Klein</td>
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<td>• Identifying champions for mental health within ZL and beyond</td>
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<tr>
<td>Lack of providers</td>
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<td>Uptake from providers</td>
<td>Incentive payments for performance, wellness activities for providers,</td>
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<td>professional development opportunities</td>
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<td>Historically siloed mental health system</td>
<td>• Strong nurse and physician leadership for mental health</td>
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<td>• Integrating mental health care within the primary care system</td>
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<td>Risk to patients and need for patient safety</td>
<td>Strong system for sustained supervision</td>
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<td>Need for good data</td>
<td>Clear protocols for mental health data collection, measurement and</td>
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<td>evaluation staff dedicated to mental health data</td>
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Impact

The degree of patient uptake within the ZL system demonstrates the acceptability and feasibility for application of this model elsewhere within Haiti. In addition, these results imply it may be useful to adapt this model or materials from ZL to other contexts.

- From 2013-2015, ZL recorded:
  - 10,835 mental health patient visits
  - 1,935 patients diagnosed with depression
  - 1,360 patients diagnosed with epilepsy
  - 990 patients diagnosed with a psychotic disorder
  - 1,004 patients with suicidal ideation
- ZL is currently undertaking the following activities to provide a comprehensive view of the patient experience at ZL, to drive quality improvement, to be further assured of patient satisfaction, and to further define its impact:
  - Rollout of an anonymized database to collect clinical and functioning outcomes for mental health patients across its entire system
  - A qualitative study assessing experiences of care of patients with psychotic disorders
  - A cost effectiveness analysis
  - Facility assessments of mental health operations across its system
Acknowledgements

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Publications


Recommendations

**Recommendation 1:** Successful clinical service implementation requires not only curricula tailored to providers but also context-specific care delivery tools and checklists

System development includes: the development of context-specific materials and tools for providers to use in care delivery; creation of mechanisms for sustained clinical supervision; meaningful monitoring and evaluation components; collaboration with the government; and work outside the health system in the community and other sectors.

**Recommendation 2:** Strong systems for sustained supervision and monitoring and evaluation are key to driving quality improvement in care and ensuring patient safety

After training, sustained supervision is critical to making sure lessons have been understood, boosting the service provider’s confidence in giving mental health treatment and providing quality services. This supervision, focusing primarily on case discussion and observation of interactions with patients, can be given in person or over the phone. Being able to feed data and results back to providers and project managers helps improve service quality.

**Recommendation 3:** Incentives for performance, wellness activities, and professional development opportunities can help ensure successful uptake from care providers

Professional development opportunities represent an important driver related to motivation, and a lack of professional development opportunities in mental health can be a challenge in finding champions for mental health service delivery. Mental health care providers may also experience burnout, particularly in a task-sharing system as providers learn and take on an expanded scope of work – incentives for good performance, wellness activities, and connections and capacity building within educational institutions are all helpful in fostering non-specialist champions for mental health.