



Healing Haiti's Invisible Wounds: *Mental Health Response to the January Earthquake*

Policy brief: No. 2

On 12 January 2010, Port-au-Prince and much of southern Haiti were decimated by a powerful earthquake (magnitude 7.0). Hundreds of thousands are now confirmed dead and the millions of victims who survived are facing homelessness, grief, and inadequate food, water, and healthcare. The physical devastation in the wake of this event is enormous and obvious; the emotional damage is similar in size, but far less visible.

As survivors of a large disaster, the Haitian population in the affected regions are now at increased risk of developing long-term mental health disorders, including depression, anxiety, post-traumatic stress disorder, and substance abuse. All of these illnesses can be debilitating, decreasing the productivity potential of people suffering from them, and they can include psycho-somatic symptoms, physical complaints of emotional origin that will lead people to seek out physical medical assistance at a time when health infrastructure is already overwhelmed. The long-term impact of trauma-related mental health disorders in individuals can be severely negative; the implications this carries when an entire society has experienced trauma cannot be ignored. A targeted mental health response is clearly needed, including evaluation, near-term intervention, long-term intervention, and preparing the community for future disasters.

What is Trauma and Why Does it Matter?

Traumatic stressors include all incidents outside of the usual range of situations a person deals with and they all involve experiencing intense fear for one's own safety or that of a loved one². Although life for most Haitians prior to the earthquake was characterized by deep poverty, food insecurity, and political instability, the earthquake itself was far beyond the usual range of situations even these put-upon people encountered. Survivors now live in a constant state of intense fear for their own safety and that of loved ones, particularly since the region continues to experience large aftershocks. Adding to the stress, food and healthcare are in short supply, increasing the likelihood of deaths caused by malnutrition, opportunistic infection, and disease generally. Essentially, survivors of the quake have experienced the significant trauma of the quake itself, and continue to experience the traumatic stressor of life in a third-world disaster area.

A wide range of disorders have been found in populations following exposure to a traumatic event³. These include strictly emotional or mental disorders such as post-traumatic stress disorder (PTSD), depression, and generalized anxiety disorder (GAD); organic, physical disorders resulting from injury that inhibit the victim's cognitive functioning; and psychically-linked somatic complaints and physiological disruptions or alterations affecting the brain and nervous system.



Trauma victims are also at increased risk for substance abuse, early death, and suicide⁴. These disorders inhibit the social and occupational (i.e., economic) capacity of the people suffering from them, thereby making the challenge of reconstructing or reinforcing southern Haiti's crumpled social, economic, and political institutions even more daunting than if the victims and responding policy-makers were facing only physical effects of the earthquake.

Statistical Prevalence of Post-Traumatic Disorders

Not everyone who experiences a traumatic event will develop a full-blown trauma-related illness. However, acute stress disorder, a short-term anxiety disorder consisting of "abnormal behavior that interferes with survival"⁵ in times of crisis or danger (such as the situation in Haiti at this moment), can occur in the vast majority (as high as 80%) of people exposed to a stressor.⁶ It has been further found that if these symptoms persist, they can develop into PTSD, a long-term, often chronic anxiety disorder.⁷

Furthermore, in studies of populations who experienced a mass trauma such as that of the earthquake in Haiti, incidence rates of PTSD and other psychopathologies were significantly elevated over the rates of populations who had not experienced such an event. For example, studies of refugees have returned PTSD prevalence rates of more than 50%, in addition to other psychological disorders,⁸ and a study of several Beirut neighborhoods affected by widespread civil conflict found that over one fifth of people who had experienced a fatal event (e.g., the loss of a loved one) developed PTSD and that PTSD was more likely to occur comorbidly with depression than to occur individually.⁹

Although each situation and culture is unique, previous research indicates that responding policy-makers and aid agencies working in southern Haiti should be prepared to encounter a society experiencing very high rates of PTSD and other psychopathologies. Since, as discussed previously, these disorders can have negative impacts on people's ability to participate in development and reconstruction initiatives, it is critical that health responders in particular work to first evaluate the incidence of trauma-related disorders and then to treat these problems in a culturally-sensitive, efficient way.

Recovering from Trauma: Factors that Can Influence Outcomes

Scientific research with trauma survivors has revealed that there are factors that can either increase or decrease the likelihood that someone will develop a trauma-related mental illness following traumatic exposure. The severity and nearness of the trauma are strong indicators of whether or not a person will develop PTSD (e.g., did someone experience a car accident or an earthquake, did they witness something bad or were they a victim themselves). In the case of interest to this brief, Haiti, hundreds of thousands of people have experienced first-hand an intense traumatic stressor, one that is compounded by the secondary traumas of continuing to live in unsafe conditions and, for many people, witnessing things like the death of a loved one. People who have experienced severe trauma, such as the one that has occurred in southern Haiti, are most likely to develop chronic disorders.¹⁰ Thus, the population in this area is at increased risk for long-term mental illness.

There are also pre-exposure factors that have been identified as potential mediators of pathological outcome. These include education level at time of exposure (increased education is a protective factor), family and personal mental health history, previous traumatic exposure (including experiences like family violence and prolonged food insecurity), and age at time of exposure (younger people are at higher risk for developing all manner of psychological difficulties immediately after trauma exposure and longitudinally, as well).¹¹

Haiti's pervasive poverty, recent history of violent political instability, and numerous natural disasters (including hurricanes and mudslides) prior to the earthquake all combine to create a populace that has likely been traumatized previously, making them more susceptible to trauma-related illness now. The fact that most Haitians are wholly uneducated deprives them of an additional protective factor. Port-au-Prince's *enfants de rue*, or street children, have seen their already significant numbers swell as more and more children are orphaned or abandoned in the wake of the quake (prior to the quake there were an

estimated 50,000 children living on the streets of Port-au-Prince, and quite possibly more considering that UNICEF reported 380,000 orphaned or abandoned children in Haiti before the quake). This group's young age, history of precarious living conditions, lack of education, and likely traumatic exposure prior to the earthquake will make them especially vulnerable to developing trauma-related illnesses.

Post-trauma factors can play a mediating role in pathological development. Level of perceived control over one's life (which is quite low at this moment for most people), the presence or absence of additional stressors (financial, physical health, interpersonal, etc., all of which are likely to be issues for the average earthquake victim), the speed with which a person is able to access health services after a traumatic event, and the presence and extent of social networks, can all influence one's likelihood of developing a psychological disorder as a result of trauma.¹² Among these factors, the most influential is often the social network; a larger, stronger social network can be a vital protective element. Although Haitians normally have a strong sense of community and especially of family obligation, these potential sources of assistance have been weakened by the deaths of family and friends and the relocation of others. It will be extremely important to assist victims in reinforcing what is left of their social networks or, in some cases, building entirely new ones. Additionally, increasing the number of medical staff and equipment on the ground can only help, particularly if mental health workers are available to augment the services provided by physical health workers. Ensuring that people receive prompt medical care could also assist in increasing their perceived level of control, which can decrease their likelihood of developing a trauma-related mental illness.

In essence, Haiti at this moment lacks almost all protective factors, while there is an abundance of risk factors. This makes it far more likely that a significant percentage of the survivor population will experience a trauma-related mental illness in the future. It is therefore imperative that organizations responding to this crisis anticipate this need and work efficiently to establish culturally-appropriate treatment and intervention services.

Mental Health in Haiti: Specific Issues

The issue of what is 'culturally appropriate' can be somewhat nebulous, but it is an important consideration nonetheless. It is important to have an understanding of social norms and public perception of mental health issues while developing psycho-social programming. In the case of Haiti, there is a widespread stigma against mental illness; anyone professing to have an emotional disturbance is perceived as being 'crazy.'



Therefore, it will be necessary to not just start treatment services, but to prepare the population with some psycho-education initiatives, using clinics and food distribution points to inform people about trauma and how it is not unusual to experience psychological distress afterward. Also, psycho-social, rather than strictly psychological, intervention methods may be more appropriate in this case for two reasons: First, because of the sheer number of people affected, it is not feasible to attempt individual counseling for everyone. Second, more socially-oriented therapeutic activities (e.g., group counseling, advocacy meetings, network building, or even sports) not only reach more people, but they can increase feelings of solidarity and empathy, they assist in promoting the very important social support network previously discussed, and they are less likely to be perceived as something clinical meant only for 'crazy people'.

Mental health practitioners working in this region should acquaint themselves ahead of time with Haitian social and spiritual practices (including Voodoo) in order to have some understanding of how their clients may be thinking and feeling at this time. In particular, issues related to death, the afterlife, and what happens if someone is not buried 'properly' are likely to be sources of extreme stress for many survivors, as well as potentially putting them at risk for experiencing complicated grief, a persistent, severe depressive state that often follows the untimely, unnatural, or unexpected death of a loved one. Also, most Haitians are devout Christians (either Catholic or Protestant) and frequently seek and find solace with religious leaders. It will be important for mental health practitioners to both set aside any prejudices they may have about religion and also for them to reach out to religious leaders, as they will be an ally in reaching people in need and encouraging them to seek help.

Creating a Post-Disaster Continuum of Care for Trauma Victims

It is critical that even at this early stage of assistance, those involved in the effort are or become aware that the mental health needs will be massive, and that if these needs go unaddressed, rebuilding southern Haiti will be even more difficult than imagined, due to the negative social, economic, and physical health consequences of untreated mental illness. Many relevant lessons have been learned from academic research in the fields of clinical and community psychology, as well as the mental health response to past mass disasters including the September 11th terrorist attacks, Hurricane Katrina, and the Asian tsunami of 2004. Previous research and experience have all demonstrated that it is important to plan and enact a mental health response to the Haiti earthquake in a prompt, organized manner.



Any assistance effort is of course dependent on the amount of human capacity and funding available, but in order to effectively manage the mental health consequences of this disaster, a well-ordered timeline of responsive programming will be needed. The following timeline is somewhat idealistic in that it envisions a tightly coordinated mental health response that is not always possible under such extreme conditions, as well as incorporating a policy-building aspect that may not be feasible in the near future. However, it is generally quite practical, drawing on suggestions made by professionals in community health, lessons learned from the use of psychological first aid after Hurricane Katrina, and focusing more on developing individual and group capacity and life skills instead of on traditional therapeutic methods that can be time- and resource-consuming and may not be culturally appropriate in this setting. To policy-makers, funding agencies,

and responding organizations, the following timeline - which is by no means rigid - is suggested:

0-3 months post-earthquake Mental health should not be (and so far is not) a priority in and of itself. Focus should be on providing physical security (shelter, food, water, medical treatment), with only limited attention to emotional injuries. Physical medical personnel working in primary healthcare settings should be prepared to provide some psychological first aid to people presenting with symptoms such as nightmares, physical pain without physical cause, etc. This can include giving patients a brief orientation to relaxation techniques, identifying specific triggers that cause these symptoms, or helping people identify resources available to them, such as friends and family, food distribution points, etc. This will help decrease some of the negative symptomatology and enhance a person's perceived level of control, which has been shown to decrease the likelihood of a person developing chronic trauma-related illnesses.

3-6 months post-earthquake Mental health specialists should begin providing specialized services, with plans developed for adults, children, and families. Mental states and prevalence rates could /should be evaluated using subjective and standardized measures; this can be accomplished by surveying patients at medical clinics and/or through visits to the encampments throughout southern Haiti where most people are now living. If possible, these evaluations should be done in a coordinated, consistent manner, either through the formation of a mental health cluster (an organization of all agencies and actors providing mental health services) or by having one organization spearhead mental health initiatives. This will reduce duplication of services and, more importantly, help ensure that the population receives regular, reliable service instead of sporadic, unpredictable bursts.

Mental health specialists should also begin networking with religious leaders, community elders, and physical healthcare providers in the area. An explanation of services and psycho-education (specifically, raising public awareness and understanding of trauma and its effects) initiatives should be undertaken with the participation of these community leaders. This will assist in promoting the available services and making sure that people who may be in need are reached through one channel or another. Also, affiliation with such groups can help reduce the negative stigma attached to receiving mental health services; if someone's pastor or another respected figure assures them that they are not crazy if they seek help for their symptoms, they are more likely to do so.

6-12 months post-earthquake Mental health services should continue, adapting as they go along to the changing needs

of the clients and the changing situation. If possible, people should be encouraged to seek work, to participate in rebuilding efforts, and/or to go to school; in essence, they should attempt to re-establish or start for the first time an active, regimented, productive schedule. This will help increase a sense of control and will provide a much-needed sense of normalcy. Building on the lessons delivered through psycho-education programs, community trainings could/should begin, wherein people are taught how to prepare for future disasters, including hurricanes, floods, and mudslides as well as earthquakes. Topics can include keeping a food and water store on hand, creating an activation network (similar to a phone tree, but involving in-person contact in the event that phones do not work) that groups can use to organize themselves, and identifying and/or building places that can provide shelter in the aftermath of future disasters. A smaller program could focus on training select community members in how to provide first aid - physical and psychological - to other people during and after emergencies. These trainings will serve the dual purpose of increasing social support and solidarity, while also giving people life-saving skills to apply in the future. A coordinated effort to establish a modern, practical public mental health policy in Haiti could also be undertaken at this time. Although this work will continue for quite some time, it will be critical to seize the momentum created by this tragedy to ensure that Haiti is better prepared in the future to identify and properly treat its citizens who are experiencing mental illness, whether trauma-related or not. In addition to skilled mental health professionals, this effort will need to include government officials, lawyers, and community leaders, among others.

12-18 months post-earthquake Mental health services should continue as needed, but as clients begin to overcome their emotional wounds, programs focusing on empowerment, community organization, and appropriate methods of advocacy should begin. This will assist in facilitating a long-term societal recovery, not just individual. Public mental health policy initiatives should continue, as well.

Beyond 18 months All of these activities will likely need to continue indefinitely, as it will be quite some time before southern Haiti is able to rebuild, which means that the people residing in this area will be spending a protracted amount of time in extremely difficult living conditions, even by Haitian standards. Some Haitians may never develop a trauma-related illness and of those that do, a number will recover within the first year to eighteen months. However, the ongoing nature of this crisis is such that for many people, they may need psychological and psycho-social support for an extended period of time. Responding actors need to be prepared to maintain a long-term presence in this area, even in the face of frustration, resistance, and hardship.

Haiti's Long, Hard Road: Working toward Emotional as Well as Physical Recovery

Much of the population of southern Haiti will experience at least an acute trauma response, and the percentage of the population affected by long-term trauma-related mental illness will be significant. While care for physical needs is at this moment (three weeks after the event) of primary importance, it is necessary that responding actors begin planning even now for how to address the mental health fallout of this unprecedented disaster. Although it will take time to finalize the details of how to provide mental health assistance, on what scale to do so, and when certain activities should begin or end, what is indisputable is that at this very moment, awareness of these issues must be present and that at least some of the aid dollars being allotted now must be directed toward supporting a long-term mental health response. Otherwise, a Haitian society already scarred by decades of unrest, food insecurity, and deep poverty will find it enormously difficult to overcome their invisible wounds and participate in a meaningful, lasting way in the physical recovery of their much-beloved country. For though many of them will survive and will return to their old means of scraping together a living, they will be mired in the patterns of withdrawal, pessimism, and fear that characterize most trauma-related illnesses, leaving a population that is alive, but unable to envision a better future, let alone help build one.





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- ⁴ *Ibid.*
- ⁵ Solomon, et al. (1996), "Acute Posttraumatic Reactions", p.102.
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- ⁹ Karam (1997), "Comorbidity of Post-Traumatic Stress Disorder and Depression", pp.83-84
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