

Report on
Mental Health in the Haitian Community Forum

June 4, 2004

Sponsored by:

The National Haitian American Health Alliance (NHAHA), in collaboration with
Kingsbrook Jewish Medical Center and the Brooklyn Research Foundation on
Minority Health

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FORWARD

The idea for a forum to host community forums to share and assess experiences from health providers and clients begin with NHAHA's strategic plan entitled "Healthy Haitians 2010". NHAHA is an emerging organization created for the purpose of fostering a shared agenda and collaboration among its members both nationally and internationally with the goal of strengthening the Haitian community's capacity to better address health disparities among Haitians.

The Healthy Haitians 2010 recently launched as a new initiative has the goal of developing and implementing a community health plan in the Haitian community with respect to Healthy people 2010. The initiative is the first step in NHAHA's community Planning agenda. The goal of the agenda is to assess needs within the Haitian service community to determine gaps in services and improve the quality of health and health related services for individuals of Haitian descent. Other health indicators of focus include Responsible Sexual Behavior, Infant Mortality, and Chronic Diseases such as Heart disease, cardiovascular disease, Obesity, Hypertension and Diabetes. They will be addressed in other forums. The Mental Health forum was the first in the series.

This report summarizes the proceedings of the forum. It was compiled by Yanick Sanon Eveillard, NHAHA Vice-Chair in consultation with Danielle Fignolé Benjamin, International Health Consultant, and NHAHA Board member.

ACKNOWLEDGEMENTS

NHAHA would like to express deep appreciation to Claude Colimon, Minority Health Consultant for the Office of Minority Health New York region for supporting this effort. Without her support and commitment, this endeavor would not be possible.

Thanks to Kingsbrook Jewish Medical Center staff: Dr. Georges Casimir for his participation and valuable contributions to the planning of the forum and to Marie Faustin-Valme, for helping with the logistics for the forum.

We also want to thank Georgette Beal and Nadine Juste- Beckles who helped with facilitating the discussions; to Carine Jocelyn, for her unwavering support of NHAHA's initiatives; and Dr. Hazel for his guidance. Thanks to all the participants who took time out of their busy schedules to attend this event. Their commitment and dedication to Haitian health is greatly appreciated.

We want to give special thanks to our Speakers. Their informative presentations were crucial in helping our understanding of the current Mental Health barriers facing the Haitian community.

SPEAKERS

Dr. Eustache Jean- Louis, NHAHA Chair, Executive Director, Center for Community Health, Education & Research (C-CHER), Boston; **Dr. Georges J. Casimir**, Psychiatrist, Vice President of Medical Affairs, Kingsbrook Jewish Medical Center, Brooklyn; **Dr. Roosevelt Clerisme**, Psychiatrist, Private Practitioner, Queens; **Birdette Gardiner-Parkinson**, Clinical Social Worker, for the Caribbean Community Mental Health Program, Kingsbrook Jewish Medical Center, Brooklyn; **Janet Rose**, Social Worker, Crisis Intervention Center, Kings County Hospital, Department of Psychiatry, Brooklyn.

INTRODUCTION

The National Haitian American Health Association organized a one-day Mental Health forum held in Brooklyn, NY at the Kingsbrook Jewish Medical Center on June 4, 2003. The objective of the forum was to discuss debate and collect data from providers, consumers and other health advocates on the issues relevant to mental health in the Haitian immigrant community. Participants included psychiatrists, consumers, and public health professionals, as well as project managers and community leaders from the New York area. Over forty attendees participated in panel discussions; presentations were made by psychiatrists and social workers who practice and work with Haitian clients in the New York areas. They informed about the issues, challenges, barriers and elicited from the discussions, recommendations for improvement. A list of the attendees can be found in Appendix C.

PROGRAM GOALS

The mental health forum was designed to gauge community's knowledge, and attitudes towards Mental Health; to raise awareness on these selected health issues; to gather baseline data on Haitians for these health indicators; to identify barriers and challenges to addressing these issues; to survey available resources and identify gaps in services; to discuss possible solutions to address identified gaps; to empower, inform, educate, organize and begin to mobilize the Haitian community and to plan a course of action for addressing the identified issues.

PLANNING

NHAHA's New York caucus in collaboration with Kingsbrook Jewish Medical Center planned the mental health forum. Although the planning was done mostly virtually, a wide range of partners and professionals were contacted and

substantial support was provided by the Haitian Women's Program and Kingsbrook Jewish Medical Center. NHAHA's advisory board was involved in most of the discussions particularly with regards to the forum's format and content.

The Forum was designed to elicit answers to the following:

Issues and Concern:

- What are the problems?
- What are the consequences?
- Who is affected?
- How are they affected?
- Are there related issues of concern?
- Are these issues of widespread concern?

Barriers

- Who or what might oppose efforts to prevent or solve the problem?
- Can they be involved effectively?
- What are the other limits on effective prevention/treatment?
- How can the barriers and resistance be overcome?

Resources for Change

- What resources are needed?
- What local people or groups could contribute?
- What monies and materials are needed?
- Where might they be obtained?

Alternatives and Solutions

- What are alternatives for addressing the problem, given the anticipated barriers?

Both the planning committee's discussions and the project planners' inputs were merged into a framework for the conference which included: a selection of clinicians practicing in various mental health settings; Hospital-based outpatient clinics and emergency care; private practice psychiatry clinics and community-based settings. The methodology adopted was to provide the guidance and expertise of a Haitian-American expert in the area, in order to frame the question of Mental Health in the community; a focused discussion panel including both health providers and consumers for individual perspectives, and smaller discussion strategy groups, which brainstormed and developed action steps.

AGENDA (see appendix A)

The forum began with a welcome from Dr. Eustache Jean Louis. He was followed by Dr. Georges Casimir who presented on the mental health issues in the Haitian community. They were followed by the panel discussion consisting of Dr. Clerisme, Mrs Gardiner-Parkinson and Ms. Janet Rose. They gave the audience concrete overview of their experience and perspectives on providing mental services to the Haitian community. They shared challenges, identified gaps in services and proposed relevant solutions.

After a lunch break, the audience members were asked to prioritize the goals and then divided into small discussion groups and brainstormed on relevant strategies.

Focus Discussion Panel

The panel participants gave a 15-20 minute presentations on their work with this population. They gave a description of their work setting, and the characteristics of the Haitian population that they serve. They discussed the barriers to care, the challenges and proposed possible solutions. This forum followed a standard format that has been developed for that purpose. (Appendix B.

The goal of the panel discussion was to distill the experience and information the participants brought from their practice and turn these into strategies for the community to address. A recorder took notes and made a list of the salient points highlighted by the presenters throughout the forum. Depression, Adjustment disorder, Anxiety were cited as the major diagnosis for that client population. These were shared with all attendees during the review sessions following the panel discussion.

PERSPECTIVES ON BARRIERS TO ACCESSING AND PROVIDING MENTAL HEALTH SERVICES TO HAITIANS

The information received from the presenters and all the discussions yielded a wealth of information. The salient points were compiled and separated into the four categories of client and providers' barriers, and gaps in services.

Client Barriers-

- Belief systems where clients' understanding of the condition is different than that of the provider with regards to cultural and spiritual beliefs.
- Mistrust of conventional medicine.
- Misinformed and not having the right information on the illness.
- Financial cost to the individual having to access the care i.e. those self-employed, not medical coverage.

- Barriers Facing Immigrant women
- Lack of understanding of the mental health system.
- Time not always taken to assess the Haitian patient.
- Need to be sensitive to the cultural differences.
- The language barrier becomes a problem for both the patient and the Practitioner.
- Stigma for both the person and the family. Will sometimes avoid programs where other Haitians frequent.
- Not enough Haitian therapists to appropriately serve the community.
- Lack of health insurance;
- Negative attitudes of front-line mental health workers

Provider Barriers: The barriers most frequently cited by immigrant serving organizations were:

- Financial cost of medications
- Non-acceptance of a diagnosis
- Compliance with medications
- Dealing with the belief systems
- Unwillingness to involve other family members
- Under-representation of immigrant community members at local and state decision-making tables.
- Health workers untrained in the provision of culturally-competent services;
- Lack of staff members who reflect the demographic/ethnic diversity of immigrant communities especially in in-patient settings;
- Misunderstanding of the Haitian culture and their health belief model

Gaps in Services

- Lack of community education about available services
- Lack of linguistically-competent mental health services

- Lack of facilities that can meet the needs of the Haitian patient i.e. Day treatment programs).
- Inflexible health clinic hours;
- Lack of culturally sensitive services,
- Lack of mental health centers therefore, not understanding the role of the mental health providers
- Financial cost to the individual having to access the care i.e. those self-employed, not medical coverage.

STRATEGY PROPOSALS TO TRANSCEND BARRIERS TO ACCESSING AND PROVIDING SERVICES

- Hiring staff members that reflect various ethnic/demographic elements within the community.
- Training a culturally competent staff.
- Training interpreters and providing linguistically competent services;
- Make information about services more readily available.
- Streamlining the service delivery process.
- Strengthening partnerships between Mental Health providers and community-based immigrant serving programs.
- Advocacy for enhanced Mental Health service delivery at the state policy level.
- Provide mental health services targeting Haitians at the community-based level
- Provide training on understanding the Haitian client.
- Raise awareness on the Mental Health needs of the community.

ACTION PLAN

The proposed strategies were reviewed and fell under four major clusters of intervention: Research, Education, Provision of information, and Service Provision. The small group discussions focus on these four interventions. Participants selected their own groups. They each had between 8-10 individuals. Each group was asked to review the information gathered up to that point, consider the available resources and existing providers to formulate concrete goals and develop strategies to meet them. Each small group reported information from their discussions to the entire gathering.

1) PROVISION OF INFORMATION & EDUCATION

Goal: To provide education and demystify the illness through forums through Radio, Churches, newsletter, and website by:

- Utilizing NHAHA to host conferences and seminars on Mental Health that gather providers from all the regions to network and share best practices.
- Working with Boston and Miami to provide these types of educational forums.
- Educating and training service providers to conduct this form of outreach, on the culture of this population.
- Developing a training module on “how to provide mental health services to the Haitian client”.
- Creating a directory of service providers in the community. Targeting the community via social marketing.

2) Service Provision

GOAL: DEVELOP A COMMUNITY MENTAL HEALTH PROGRAM IN BROOKLYN BY:

- Establishing a strong culturally appropriate community-based mental health program to provide counseling, support and treatment to clients in the community by:
 - a) Writing a proposal
 - b) Establishing a policy group
 - c) Develop community support
 - d) Utilizing media to sensitize population
 - e) Establishing program
- Adopting an Intensive Case Management clinical Mental Health team approach
- Providing Education & awareness
- Keeping Mental Health included in routine physical exam
- Encouraging young Haitians into Health sciences majors

3) Research

GOAL: TO DEVELOP A DATABASE AND ESTABLISH BEST PRACTICES BY:

- Creating a clearinghouse of relevant studies on Haitians (for example, the Brookdale Behavioral study on Haitians)
- Supporting the conduct and publication of studies on Haitians
- Assessing the research needs of the Haitian population

4) Advocacy

GOAL: RAISE AWARENESS OF THE MENTAL HEALTH NEEDS OF THE HAITIAN COMMUNITY

- Fostering collaboration within the community to speak in one voice
- Creating partnerships with mental health providers in the community
- Hiring bilingual staff

- Facilitating communication between community providers, clients and their families
- Informing and educating policymakers, mental health institutions on the needs of the Haitian population
- Advocating to institutions on the needs to hire bilingual staff and making interpretation services easily available to clients

CONCLUSIONS

The meeting concluded with shared reflections on the day's dialogue.

- Many forum participants expressed a sense of self-empowerment.
- Attempts were even made to start a sustainable mental health committee in the community.
- Providers welcomed the opportunity to share and network.
- The attendees were also provided thoughtful comments about the meeting on the evaluation forms.

Representative Samples of Evaluation Comments:

- Very well organized meeting. What a great idea!
- This was one successful meeting.
- The presenters were great and everyone got the chance to participate.
- We should built on this successful forum and take it one step further.
- We should have more of these types of meetings.
- Will this forum be an annual event?
- This was very informational to me.

Much remains to be done before the community can tackle the goals outlined in this report. However, the lessons learned at this forum give some guidance as to the directions and forms of the community's future efforts.

Appendix A

Mental Health in the Haitian community

Kingsbrook Jewish Medical Center

June 4, 2004

9:30 am-1:00 pm

AGENDA

- 9:30-10:00** **REGISTRATION/BREAKFAST**
- 10:00-10:15** **WELCOME**
Dr. Eustache Jean- Louis, *NHAHA Chair, Executive Director,*
Center for Community Health, Education & Research (C-CHER), Boston
- 10:15- 10:30** **MENTAL HEALTH ISSUES IN THE HAITIAN COMMUNITY**
Dr. Georges J. Casimir, *Psychiatrist, Vice President of Medical Affairs, Kingsbrook Jewish Medical Center, Brooklyn*
- 10:30- 11: 30** **PROVIDING MENTAL HEALTH SERVICES TO THE HAITIAN COMMUNITY**
- Panelists:** **Dr. Pierre Blanchard**,
Psychiatrist, Medical Director, Crisis Intervention Center, Kings County Hospital, Department of Psychiatry, Brooklyn
Dr. Roosevelt Clerisme,
Psychiatrist, Private Practitioner, Queens

Birdette Gardiner-Parkinson,
*Clinical Social Worker, for the
Caribbean Community Mental
Health Program, Kingsbrook
Jewish Medical Center, Brooklyn*

**11:30- 12: 30 DISCUSSIONS ON THE ISSUES AND PROPOSED
SOLUTIONS**

12:30- 1:00 LUNCH/NETWORKING

Appendix B

NHAHA “Healthy Haitians 2010” 2004 Goals

NHAHA is a new, vibrant national organization with the mission of improving the health and welfare of Haitians by enhancing communication, promoting and facilitating collaborative projects and fostering cooperative relationships among similar organizations through coordinated resource and information sharing, advocacy, capacity building and education. NHAHA has a broad national reach and continues to mobilize and enlist the participation of individuals and organizations that care about the health of Haitians.

NHAHA works toward its mission through the following strategies: Public Advocacy, Provision of Information, Annual Conference, Research Tools and Materials and Community Health Planning Development and Evaluation. One of NHAHA's first lines of work is the development of a community health assessment under the organization's Community Health Planning and Evaluation Strategy. NHAHA's approach is to engage a broad spectrum of constituencies and to build and sustain capacity for the assessment, reporting and maintenance of health in Haitian communities.

This year, NHAHA is active in implementing the "Healthy Haitians 2010". The goal of that initiative is to find concrete ways to change the outlook of Haitian health by 2010. The initiative will be the development of a community health plan. To that end, NHAHA's New York caucus is planning a series of public forums targeting community members, advocates, consumers and Providers in the community. The series will be in the form of public forums and will focus on these first five health indicators of:

- MENTAL HEALTH: JUNE 4, KINGSBROOK JEWISH HOSPITAL
- HIV/AIDS & STD's: TBA
- CANCER: TBA
- CHRONIC DISEASES (DIABETES, CARDIOVASCULAR DISEASES): TBA

These health indicators were selected because they represent the areas of great concerns for the Haitian community.

Goals

The primary goals of the public forums are the following:

- To gauge community's knowledge, and attitudes towards health disparities
- To raise awareness on these selected health issues
- To gather baseline data on Haitians for these health indicators
- To identify barriers and challenges to addressing these issues
- To survey available resources and identify gaps in services
- To discuss possible solutions to address identified gaps
- To empower, inform, educate, organize and begin to mobilize the Haitian community around these specific health issues
- To plan a course of action for addressing these health disparities in the community

Themes (Illustrative not exhaustive)

- Concepts of Health and Disease
- Haitian Culture and Health Beliefs
- Access to care issues
- Cutting edge and low cost options in disease management, care and treatment.

Forum Content/Format

The forums will ask the specific issues and concerns in selected health indicators of Mental Health, Responsible Sexual Behavior, Infant Mortality, and Chronic Diseases (Heart disease, cardiovascular disease, Obesity, Hypertension and Diabetes). These forums will be organized and publicized at different sites in the community to get real representation. Community leaders and diverse community leaders, Providers, consumers and individuals with interest, experience and expertise in the focused health indicators will be recruited to attend. Each forum will run for three hours each. We expect between 30-50 participants per topic.

A leader or group facilitator who is known and respected, who is neutral on the topic, who has good listening and group process skills, and who can keep things moving and on track will be designated to run each forum. A recorder will also be designated to take notes. Refreshments will be served. The program will follow the following agenda:

FORUM AGENDA

1. **Introduction-** Introduce NHAHA, other organizations involved in the initiative and the discussion leader, and Participants to introduce themselves.

2. **OVERVIEW OF SPONSORING ORGANIZATIONS:** PROVIDE A BRIEF OVERVIEW ON THE NATIONAL HAITIAN AMERICAN HEALTH ALLIANCE (NHAHA).
3. **OVERVIEW OF THE SELECTED HEALTH INDICATOR**
4. **REVIEW OF EPIDEMIOLOGICAL DATA INCLUDING:**
 - Incidence rate of health indicator in the community region
 - Prevalence rate of health indicator in the community region
 - Distribution of cases
 - Trends
 - Cases diagnosed
 - Deaths associated with the disease
 - Demographic information: Age, and sex
 - Social-economic data
 - Healthcare Utilization
 - Trends and Projections

If data not available, the following three questions will be asked:

Are these data obtainable? Does the community need to gather its own data? If yes, how data will be collected? Resources needed?

5. **Discussions** – A panel consisting of 3-4 individuals key providers will give a brief presentation and participate in the group discussion focusing on:

Issues and Concerns

- What are the problems?
- What are the consequences?
- Who is affected?
- How are they affected?
- Are there related issues of concern?
- Are these issues of widespread concern?

Barriers

- Who or what might oppose efforts to prevent or solve the problem?
- Can they be involved effectively?
- What are the other limits on effective prevention/treatment?
- How can the barriers and resistance be overcome?

Resources for Change

- What resources are needed?
- What local people or groups could contribute?
- What monies and materials are needed?
- Where might they be obtained?

Alternatives and Solutions

- What are alternatives for addressing the problem, given the anticipated barriers?

6. Conclusion

The forum will conclude with a summary of what was achieved and a preliminary plan of action. A written summary of brainstorming ideas will be mailed to all participants, with thanks, and with mention of opportunities for further involvement.

VII. OUTPUTS

At the end of the year, NHAHA will be producing the following outputs:

- ❖ An annotated inventory of major chronic illnesses in the community
- ❖ A sample obesity/diabetes, asthma or mapping by disease and community
- ❖ An inventory of Haitian-American Health Providers for each of the chronic illnesses.
- ❖ A list of Haitian American facilitators for this type of event.

VIII. PROJECTED OUTCOMES

- Mobilize the community to break the silence about these health issues
- Disseminate accurate information on these health indicators
- Help to set a Health Agenda for the Haitian Community
- Do priority setting and determine resource allocation.
- Promote and support appropriate health education, advocacy, research and care services to Haitians.
- Planning for an appropriate and appropriately located
- Continuum of care.
- Developing provider RFPs and subcontracts
- Increasing general community awareness

PLANNING COMMITTEE

Dr. Georges Casimir, *Psychiatrist, Vice President of Medical Affairs, Kingsbrook Jewish Medical Center, Brooklyn*

Dr. Ferdinand Zizi, *Psychiatrist, Kingsbrook Jewish Medical Center, Brooklyn*

Georgette Perez, *NHAHA Board Treasurer*

Marie Faustin-Valme, *Case Manager, Caribbean Community Mental Health Program, Kingsbrook Jewish Medical Center, Brooklyn*

Marie Carmelle Pierre-Louis, *Haitian Center's Council, NHAHA Board Member*

Carine Jocelyn, *Executive Director, Haitian Women's Program, NHAHA Board Member*

Yanick Sanon Eveillard, *NHAHA Vice Chair*

