Psychosocial response to the Haiti earthquake: the experiences of International Organization for Migration

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This article briefly describes the International Organization for Migration's (IOM) immediate psychosocial response to the January 2010 earthquake in Haiti, and aims to substantiate some of its underlying principles. The interconnectedness of activities at the national and inter-agency coordination, direct intervention and capacity building levels are illustrated, with particular regard to the specificities of the Haitian culture, and of the pace of the overall humanitarian intervention.

Keywords: earthquake, Haiti, Inter-Agency Standing Committee, International Organization for Migration, mental health, psychosocial support

Earthquake consequences: a background

The earthquake that struck Haiti in January 2010 greatly damaged the country. The government estimates that more than 300 000 people were killed, and some 300 000 wounded. The exact number of casualties will probably never be known. More than 105 000 houses were destroyed and over 208 000 were damaged. Three million people have been affected, of whom, according to the government, more than two million are living in 1300 improvised settlements. Over 20% of the capital Port

au Prince is damaged, and many towns on the city's outskirts have been almost entirely destroyed (Office for the Coordination of Humanitarian Affairs (OCHA), 2010).

A massive international relief effort was rapidly put into place, but was severely hampered by logistical and coordination challenges. One month after the catastrophe, the humanitarian situation was still dramatic: more than 80% of camps lacked a managing agency, more than half of the displaced population lacked suitable shelter, reports of very occasional distribution of food in many independent settlements, water and sanitation facilities not up to standards and numerically insufficient in most sites, and a vague resettlement plan, while the rainy season was approaching and the first storms were showering the camps (*New York Times*, 2010).

Displacement due to natural disasters requires major adaptations, as people need to redefine personal, interpersonal, socio-economic, cultural, and geographic boundaries. This implies a redefinition of individual, familiar, group, and collective identities, roles and value systems, and may represent an upheaval and a source of stress for the individual, the family and the communities involved. This causes considerable psychosocial distress that needs, primarily,

to be considered normal consequences in abnormal situations. Providing psychosocial assistance in educational, cultural, community, religious, and primary health settings aims to reduce psychosocial vulnerabilities, and prevent their endemisation. This may, in turn, result in long term mental problems, and social pathologies (International Organization for Migration, 2009).

International Organization for Migration psychosocial intervention in Haiti

The International Organization of Migration (IOM) initiated an *'Emergency Psychosocial Assistance'* project with activities on all four levels of the intervention pyramid as described by the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Inter-Agency Standing Committee, 2007). This encompasses activities that aim at direct intervention for survivors, as well as activities aimed at capacity building and coordination (Table 1).

Direct interventions (support to the population)
In the first 10 weeks this included:

a) The establishment of psychosocial mobile teams, providing community mobilisation, psychological first aid, group and individual counselling, creative problem solving workshops, support groups and educational and recreational activities in camps with earthquake survivors. The teams consist of a psychologist, a social worker, an animator-artist, an educator and a team leader. Until April 2010, these served 30000 direct beneficiaries. The team members receive supervision and training from IOM staff and staff of the Departments of Psychology of the University of Haiti;

b) Facilitation of Haitian creative and animation groups to organise events and creative problem solving workshops. This included forum theatre sessions,

Table 1. Mental health and psychosocial support interventions by IOM in Haiti

Capacity Building		Direct Intervention
*Provision of specialised trainings in trans-cultural models, and attachment theories for mental health professionals	Specialised services	* One psychosocial mobile team providing psychosocial sessions for the patients in Beudet Psychiatric hospital. *Shelter for the clients, *referral of vulnerable cases to International Medical Corps
*Trainings in PSS approach, systemic and family models for psychologists, social work Departments of Psychology	Focused, non-specialised support	*Individual, family and group counselling in 21 camps
*Trainings in psychosocial approach, Systemic and arts-based models for professional animators and activists	Community and family supports	*Support groups, creative problem solving sessions, recreational workshops, trainings in funerals in absence of corpses, events, in 21 camps
*Inductions for general humanitarian actors and community leaders in PSS approach and DO NOT HARM,	Basic services and security	*6 Psychosocial Mobile teams deployed in 21 camps providing psychological first aid, recreational activities, and info on access to basic needs
		*Liaise between CCCM cluster and MHPSS working group to refer specific needs

(Professional Masters in psychosocial response in disasters)

(Conduct a Midterm psychosocial needs assesment)

during which problems such as *domestic violence increase after the earthquake*, and *conflicts generated from food distribution* were presented to the population of the camps, and solutions are found in an interactive way;

c) Family tents were distributed to the inpatient residential psychiatric hospital Beudet, which had been severely damaged during the earthquake. One of the teams visits the hospital on weekly basis to provide missing psychological and recreational activities for the remaining patients. The hospital cannot provide referral for cases identified in camps, due to logistical and professional gaps. Nevertheless, protection of its residents was considered a priority.

Capacity building activities
These included:

a) Training for psychosocial teams in psychosocial approaches, principles and guidelines on psychosocial interventions in emergency displacement, psychological first aid, community mobilisation, arts-based interventions, early detection of possible severe psychological reactions and pre-existing conditions.

b) Training for psychology students of the University of Port Au Prince;

c) Training in art therapy as a response to disasters for animators and educators of 'Place Timun', a psychosocial initiative for children living in camps;

d) Training on psychosocial responses to disaster and arts based interventions for local staff of faith based nongovernmental organisations (NGOs).

Support to national coordination
This included, among other things:

a) Co-chairing and providing secretarial assistance to the IASC Mental Health and Psychosocial Support (MHPSS) working group in Haiti, which involved 90 psychosocial actors. The working group promoted the relevant *IASC guidelines* and developed matrix mapping of service providers, materials for community messages, workshops for community leaders and inductions of psychosocial agencies. Meetings and workshops were conducted with religious leaders, in order to devise psychosocial consistent spiritual messaging;

b) Providing MHPSS guidance and referral for agencies in the Camp Coordination and Camp Management (CCCM) cluster. This included introductions on psychosocially aware provision of humanitarian assistance (do no harm) for camp managers, humanitarian workers, military, and community activists.

Reflections on mental health and psychosocial needs in post earthquake Haiti

A first evaluation was conducted by IOM, through brainstorming, based on Papadopoulos' systemic trauma grid (Papadopoulos, 2002) with 200 community activists, academics, professionals and students, many of which are living or operating in the camps. The trauma grid systematises self-reports from the respondents, highlighting their psychosocial needs, the resilience factors to be respected and supported and the developments activated by the adversity on which to build the psychosocial responses on the individual, family, group, and community levels.

No comprehensive data are available on the prevalence of severe disaster-induced distress and/or disorders. In the first six weeks

of activity, our colleagues from the International Medical Corps identified less than 50 severely distressed cases in need of specialised psychiatric services. Our own IOM teams have, so far, identified and referred 16 such cases in 30 000 assisted individuals.

Socio-cultural stratifications

Haiti is often associated with the culture of vodou. However, the Haitian socio-cultural system encompasses several subcultures. A westernised culture, with the upper and most educated classes cohabiting with strongly religious (catholic and protestant) middle class values, and a cosmologic, vodou informed lower class majority (McGill University, 2010; Caribbean Country Management Unit (CCMU), 2006). Faith based organisations, and certain academic environments are often very critical towards the vodou value system. With most of the camps hosting lower class populations, the mobilisation of professionals and civil society in providing assistance may also mobilise sub cultural clashes with the beliefs of most beneficiaries. Therefore, the IOM psychosocial programme encompasses the active participation of the camp inhabitants in the design of the intervention, the creation of forums between academics, professionals and traditional practitioners, and religious leaders.

Family

In the past, families were organised around the *lakou*, which defines both the courtyard around which the members of an extended family live, and the extended family itself (Nicolas, Schwartz, Pierre & Donnelly, 2009). The system has been challenged by urbanisation, migration, and loss of social connectedness, but *lakou* is still a fundament of Haitian society (McGill University,

2010). Urbanised communities tend to recreate it in the urban suburbs, and the same happens among university students moving to the capital. During our brainstorming sessions, the revitalisation of the *lakou* system after the earthquake was identified as one of the main resilience factors. IOM therefore advocates considering using *lakou* in the planning of new settlements, both in the selection of the population to be reallocated in the same camps, and in the physical organisation of spaces in courtyards. Such organisation could indeed provide protection and support to orphaned and unaccompanied minors, female headed households, and vulnerable elderly populations. The new settlements were designed accordingly. From a therapeutic point of view, the centrality of the family called for systemic and family counselling, rather than an individual one, even though individual counselling was still offered.

Religion and identity

Religion plays a crucial role in the definition of individual and collective identities in Haiti, and it is therefore a strong resilience and response factor. Eighty percent of the population are Catholics and 20% protestants, but people from lower classes are likely to adhere exclusively, or in combination with other religions, to vodou. Identity within vodou is characterised by a *'cosmocentric'* rather than *'anthropocentric'* vision of the self. Wellbeing is the result of the harmony that an individual is able to create within his/her context and the natural world. This encompasses a universe of spirits, ancestors, and materialisations of the so-called *'invisible'*. A strong collective and spiritual component is embedded in the concept of individual identity, which is defined by *'belonging to'*, more than by the uniqueness of the self. The IOM programme therefore

gives particular attention to spiritual matters, avoiding the use of westernised body/mind identity paradigms, and using more collective than individual settings, modalities and objectives.

While religious beliefs can help in accepting natural disasters, they also support the idea that these can be caused by the rage of family ancestors (*lwas*), or the revenge of God towards certain individual and collective behaviours. Sadly, many religious leaders used this concept to call for a stricter adherence to religious principles by believers. This has provoked a strong sense of guilt in the faithful. The development of alternative public messaging, and the engagement of religious leaders in providing supportive spiritual messages have been at the centre of our work as co-chair of the IASC group.

Death

For many Haitians, the world of spirits, ancestors and the deceased and the world of the living, are closely linked. The spirits of the African and family ancestors directly influence the emotional wellness of families and individuals. The vodou practitioners can establish communication between the living and the dead, and practices of black magic include the revivifying of the *zonbi* (soul) of dead persons to possess other individuals. Such a close affective relation between the two worlds leads the people to give high importance to funeral ceremonies, and the care of the graves. Many families, who could not celebrate proper burial rituals, feel guilty and distressed by possible possessions and retaliation from those who did not receive proper burial. In response, the IOM, together with religious leaders, developed guidelines for the organisation of rituals in the absence of corpses, and teams were trained to train families in this matter.

Creativity

Art is very popular among all layers of society in Haiti, particularly dance, music and movement. In vodou, music and dance play an important role. Different ritual drums, dances and rhythms are associated to different *lwas*, and characterise the dedicated ceremonies (Gray, 2004). Drum music and dance involve individual bodies, and as such facilitate the body/mind connections and relaxation and expression. Additionally, they usually happen in a group circular setting, therefore reinforcing the group ties, and through their codified forms connect the individual and the group to the cosmological forces and the *'invisible'* sphere, giving containment to the sense of loss. Hence dance, animation, arts and drama based interventions were included by IOM among the community mobilisation and stress relief activities.

Determinants of access to mental health

Half of the Haitians do not have access to formal healthcare (CCMU, 2006). The rural population accesses primary health care thanks to faith based NGOs, and mainly refer to traditional healers. Among all classes, emotional matters, and psychiatric uneasiness are dealt with within the family, or religious context. Lower class Haitians will generally seek help from *houngan* (traditional spiritual leaders) and only turn to mental health professionals if behaviour is already unacceptable within their context. Upper class Haitians are more likely to refer to a combination of herbalist care and prayers (McGill University, 2010).

More serious forms of depression among the lower classes are likely to be associated with spells or possession. In these cases, vodou practitioners are involved, and community ceremonies are celebrated to heal those possessed. If the person is freed by the

spirit, he/she can be initiated into the vodou priesthood. Therefore, possession may bring someone a higher level in society and the discrimination between the person and the possessing spirit attributes the *'problem'* to the entity, and not to the individual, thereby avoiding stigmatisation.

As for posttraumatic disorders, the country specific literature is poor, and mainly relates to family violence and individual, not mass, trauma. However, some of the studies found that *'the effects of trauma are seen, not only in local variants of disorders of anxiety, depression, and PTSD'* (McGill University, 2010). There is professional consensus not to popularise professional terms such as trauma and depression (IASC Reference Group on MHPSS, 2010). On the contrary, those terms among the Haitians are used without medical connotations, to define respectively the general state of vulnerability faced by individuals after disaster, and the normal sadness due to events.

The humanitarian crisis induced distress
Haiti has a long history of natural disasters, but the capacity of the country to respond is very limited. The earthquake found the international agencies highly unprepared. Many of the indicators of stress in the camps, including powerlessness and anger, may be associated with the so-called response trauma (Allen, 1996). This is connected to the lack of adequate support from international and governmental agencies, which can be as distressing as the traumatic experience itself.

Conclusion

In responding to the psychosocial and mental health needs of the population in post earthquake Haiti, it is important to take a broad approach that includes more than just providing direct services, such as counselling. The response should also include capacity building, coordination and advocacy. In the volatile context of the post disaster situation, we have to facilitate effective and non violent coping mechanisms of the survivors themselves, and to promote participation of the survivors through the use of creative problem solving tools.

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