

**Espere Mental Health Hurricane Response:
Long-term relief in the wake of Hurricane Matthew**
Project Description

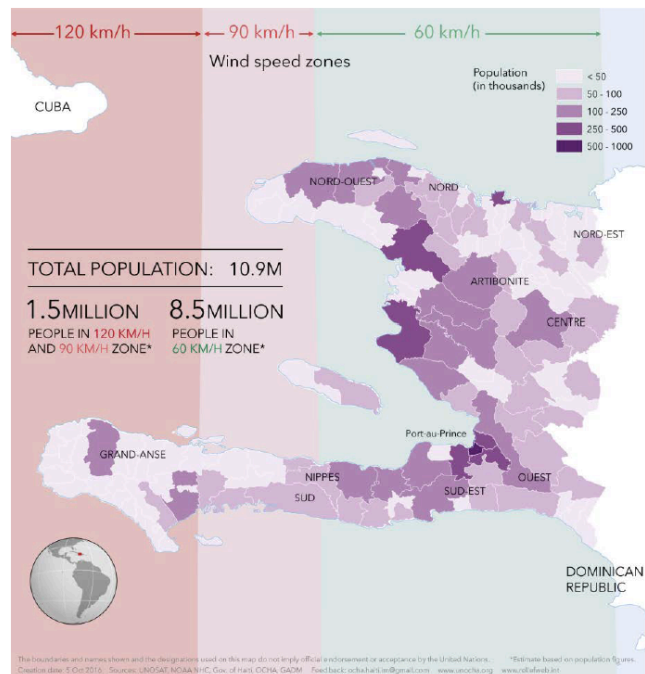
Objective and Need for Assistance

Hurricane Matthew was a Category Four hurricane that crossed Haiti’s southwestern peninsula on Tuesday, October 4th and was the largest hurricane to hit Haiti in 50 yearsⁱ. We know that tens of thousands of people have been displaced, and hundreds of homes have been damaged and destroyed. In the southern cities, towns, and villages most affected by the hurricane, people are taking refuge in makeshift shelters in places such as schools and soccer stadiums, at times housing hundreds of people.

As people begin the recovery process, relief leaders are asking for psychosocial support as an immediate need alongside food and water, even while many people are still in temporary shelters. In the short term, trauma can stop people from acting to meet their needs; in the long term, people can suffer from post-traumatic stress disorder (PTSD) and other mental illnesses after life has physically returned to normal. Research by Leah James, Ph.D., and Soulaje Lespri Moun (SLM) after the 2010 earthquake in Haiti, found that respondents who displayed PTSD symptoms of avoidance (avoiding activities, thoughts, or feelings associated with a traumatic or hurtful event) were less likely to prepare for subsequent tropical storms or other disasters. They observed that other psychological factors such as perceived risk and vulnerability, depression, and trust of sources of disaster information were significant in regards to disaster preparednessⁱⁱ.

Women and girls are often some of the most vulnerable people affected by disasters. James et al. (2012) observed, “Women are disproportionately burdened by social factors, such as poverty and domestic and sexual violence, that commonly contribute to mental health problems, and are considered at increased risk in emergency contexts (IASC, 2007; WHO, 2000).”ⁱⁱⁱ Among many forms of violence, sexual assault is likely to spike post-displacement, as it did in tent communities following the 2010 earthquake. There is a particular need for psychosocial support for women, as well as dedicated attentiveness for trauma related to gender-based violence.

Espere’s mental health workers are trained in Psychological First Aid, needs assessment and various psychosocial interventions that can help people work through their trauma or PTSD, and offer basic coping techniques to help people move forward in the wake of disaster. While reports, and with them needs, are changing daily, Espere is preparing to help. In this document we provide an introductory overview to our plan to offer psychosocial services to those in Haiti affected by Hurricane Matthew. Though needs and our plans will continue shifting with the changing landscape, we share this document with you to keep you informed of our intentions, needs and capabilities.



Map shows populations in different portions of Haiti and the respective wind speeds they were subjected to during Hurricane Matthew. Source: UNOSAT via OCHA Haiti Situation Report 01 Hurricane Matthew 05 October 2016.

Goal: Haitians affected by Hurricane Matthew process their trauma and PTSD securing greater peace of mind.

Objective:

- Conduct group counseling sessions in hurricane shelters to allow people to process their experiences and reactions in a supportive environment.
- Offer simple coping techniques that people can utilize at home and share with friends and family.
- Connect clients with our partner organization to address needs outside of our services.

Methods:

- Directors reach out to local and international partners to coordinate recovery and communicate each other's strengths and needs.
- Emergency all-team meeting called to clarify and coordinate mental health intervention.
 - Everyone receives refresher training on the United Nations High Commission for Refugees (UNHCR) Mental Health First Aid intervention and needs assessment.
- A detailed 6-month intervention plan is created by Clinical Services Director with input and approval of staff. Intervention plan may be updated weekly based on the specific needs of clients.

Mental Health Interventions may include:

Clinical Services:

- Psychological First Aid for children and adults during the acute crisis phase in urban shelters and rural communities
- Psychoeducation groups on stress management to encourage healthy coping skills and reduce the risk of addiction, suicide, domestic abuse, and PTSD.
- Support groups for first responders to reduce the risk of vicarious trauma and PTSD.
- Counseling groups addressing topics including survivors of sexual assault grief and loss, trauma, women's, teen's, and children's support groups.
- Individual counseling

Psychosocial Services

- Ensure a holistic approach to trauma informed care by educating people on health topics including cholera prevention, nutrition, hand-washing, sanitation.
- Create child-friendly spaces within the shelters.
- Provide psychosocial tools such as small toys, soccer balls, art supplies to children, and dominoes, playing cards, solar-powered radios to adults in urban shelters and rural communities to reduce the risk of depression, anxiety, trauma, and other mental illness that can develop from inactivity and adjustment issues.
- Team members travel to hurricane shelters in devastated areas and conduct individual and group mental health support with those living in the shelters
 - Provide some provisions to shelter food pantries to assist with the needs of our clients. (Culturally it is important to offer this kind of support in order to gain trust and respect among the people whom we intend to offer mental health services)
 - Continue building a referral network to connect people to other agencies providing health, food, shelter, and other types of support.
- Team members meet to debrief after each day in the shelters, and once again upon return to Port-Au-Prince for mutual coping, learning, and evaluation of the intervention.

Prospective Budget for Hurricane Response Project

65 Haitian Gourdes = 1 US Dollar

INCOME SOURCES

- Individual contributions
- Corporate gift
- Partner contributions
- In-Kind

	One week	6 months ¹	Percentage	Notes
COSTS				
SALARIES				
5 Mental Health Workers	300.00	3,600.00	32%	\$7.50 per focus group/2 focus groups per day/4 days .
Director of Counseling	30.00	360.00	3%	\$3 per hour/10 hours of planning per week.
Subtotal	330.00	3,960.00	35%	
PROGRAM COSTS				
Transportation	120.00	1,440.00	13%	\$20 per person round trip/5 Mental Health workers, 1 program director.
Lodging	150.00	1,800.00	16%	
Solar lantern/phone charger	46.15	46.15	0.4%	One time purchase of 2 lanterns, for stay in regions without electricity.
Water	123.20	1,478.40	13%	\$15.40 for 20 individual bags of potable water/2 sets of 20/4 days.
Food	100.00	1,200.00	10%	Food staples (rice, salt, oil) for client shelter food pantry.
Psychosocial tools (children’s toys, cards, dominos, radios)	50.00	600.00	5%	to adults to reduce the risk of mental illness that can develop from inactivity and feelings of hopelessness.
Subtotal	589.35	6,564.55	58%	
MISCELLANEOUS COSTS				
Monitoring and Evaluation	30.00	360.00	3%	\$3 per hour/10 hours per week.
Unforeseen Cost	50.00	300.00	3%	Such as price increases for the above or additional language interpretation.
Subtotal	80.00	660.00	6%	
Total	999.35	11,184.55	100%	
BENEFICIARIES	64	768		8 participants per focus group/2 focus groups per day/4 days .
Cost per beneficiary	\$15.61	\$14.56		

¹ 12 weeks of intervention spread over 6 months

Organizational Capacity

Since August 2014, Espere has been working in Haitian hospitals, schools, and clients' homes. Between January and May of 2016, Espere staff interacted with 53 clients in either one-time interventions or ongoing counseling relationships, and has continued to grow this quarter. Espere has active partnerships throughout Haiti and internationally that inform mental health interventions daily. Every week the team meets to discuss the past week's work, and plan for the coming week. This provides committed time for ongoing mutual learning.

Each of our three directors holds an advanced degree in a relevant field - Health Psychology, International Disaster Psychology, or International Development, informing our work with technical expertise. Our team of Haitian mental health workers brings essential expertise in Haitian culture and Haitian perceptions of mental health. The Director of Clinical Services and the Director of Outreach have personally provided on-the-job training for all of our mental health workers. This has ensured a consistent mental health implementation, and provided individualized support to our staff. Our team includes male and female mental health workers, all of whom are knowledgeable about Gender-Based Violence, which enables us to reach a larger swath of the population, addressing taboo subjects in a culturally-sensitive and safe way. All directors and staff have volunteered time to Espere without compensation, demonstrating not only an ardent passion for helping others, but also a belief in the effectiveness of our work.

We know about the powerful effectiveness of group counseling in Haitian shelter communities thanks to work done by our partners, SLM, after the 2010 earthquake. They recognized that group counseling can be a particularly effective intervention in a country like Haiti which tends to have a more communal culture (in contrast with the more individualistic culture of the United States, where private one-on-one counseling sessions are typically favored). After a communally-experienced trauma, such as a hurricane, the need for communal mental health recovery is all the more pertinent. We have learned from our partners after the earthquake, and from our own experience at the Hospital for Occupational Accidents, Illness, and Maternity (OFATMA), about the effectiveness of simple one-time sessions, which focus on validating experiences and teaching simple coping mechanisms that do not require the assistance of professional mental health workers.

Espere is socially and structurally well positioned to provide mental health services in the wake of Hurricane Matthew in Haiti and help those traumatized by this storm to reclaim their peace of mind. We hope that you will consider being a part of this important work. We look forward to sharing our journey with you.

i Rebecca Hersher. 'The Situation ... Is Truly Catastrophic'; Hurricane Matthew Slams Into Haiti. NPR The Two-Way. Oct. 4, 2016.

ii James, Leah E. A pilot assessment of psychological factors associated with Hurricane Sandy preparedness in post-earthquake Haiti. Quick Response Grant Report series; 246. 2013.

iii James, L. E., & Noel, J. R. (2012). Lay mental health in the aftermath of disaster: preliminary evaluation of an intervention for Haiti earthquake survivors. *International journal of emergency mental health*, 15(3), 165-178.