The Program in Global Mental Health Program at the Icahn School of Medicine at Mount Sinai enhances access to mental health care for people in East Harlem and around the world. Our program develops, trains, and educates ISMMS students, residents, and faculty to provide mental health services to those who need them most.

Haiti Global Mental Health Summer Program

Blean Girma, ISMMS MPH Class of 2019
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Blean and Emma outside of the children’s classroom where they stayed during their time at HaitiChildren.

This summer we traveled to Williamson, Haiti as our global mental health Applied Practice Experience. We were hosted by an orphanage, HaitiChildren, in the mountains of Arcahaie. Throughout our down-time we often played soccer, listened to music, and spent time with the children. Among our favorite activities involved attempting to learn Haitian Creole.

During our project we assessed six idioms of distress in the Williamson community, a project built on a foundation of previous research conducted two years ago by medical students, Alex Lichtenberg and Mengxi Shii. Using a Cognitive Behavioral Therapy (CBT) approach, we conducted individual interviews as well as presented to large groups about the potential benefits of CBT. Our goal was to develop a foundation of community members interested in participating in a mental health clinic for the community as locally based peer counselors.

Unfortunately, due to the political climate that escalated during our trip, we were evacuated at the start of our third week. However, we collected meaningful data about the mental distress members of the Williamson community were experiencing. We found that the majority, if not all, participants welcomed the idea of starting a mental health clinic and learning more about the use of CBT as a method for alleviating some mental distress. Although we know CBT cannot solve all of the issues Haitian people face, we can say from first-hand experience, that providing psychological tools to foster autonomy and a safe platform for individuals to share their stories can make a huge difference.

Program Partnerships:
- Jarabacoa Hospital, Jarabacoa, La Veg Province, Dominican Republic
- Grenada Ministry of Health
- HaitiChildren, Williamson, Haiti
- The Minds Foundation, in collaboration with GMERS Medical College and Sumanddeep Vidyapeeth University, Gujarat, India
- The Aftermath of the Great East Japan Earthquake of 2011
- The Carter Center and the Ministry of Health, Monrovia, Liberia
- Belize Ministry of Health
- East Harlem Health Outreach Project
- Dilley Pro Bono Project, Dilley, Texas

Our Mission
We spent two months working at the South Texas Family Residential Center (STFRC) in Dilley, TX, a small town located 70 miles south of San Antonio. The STFRC is a federal immigration detention center that holds a maximum of 2,400 women and children who are seeking asylum in the United States. Our project involved interviewing mothers about the mental health and behavioral status of their children. We also spoke with older children about their own mental health. This work allowed us to not only document the current status of mental health among the children, but also provided a space for the women and children to talk about their thoughts and feelings, which they often do not have the chance to do since most of their time in detention is devoted to working on their asylum cases. Our work culminated in a written report to be used by our partner organization, the Dilley Pro Bono Project (DPBP), to advocate for their clients in immigration court.

We had the privilege of working with mothers and children who show tremendous strength and resiliency after being treated horribly by people in their home countries, on their journeys to the United States, and once they arrived here in the US. They trusted us with their stories and we are extremely grateful to have been given the opportunity to talk to them about mental health. We also had the chance to share the pure joy felt by many families who had learned that they had passed the first step of the asylum application process and would be leaving the detention center.

Our side projects included a Photovoice project for the DPBP volunteers, which allowed us to gather a set of photos that capture the volunteer experience and also served as a debriefing exercise for the participants. We also created a standardized tool to allow volunteers to better document the medical symptoms of their clients. In our free time, we enjoyed attending weekly “Big Table” discussions with DPBP volunteers and exploring San Antonio on the weekends.