

## Our Mission

**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.**

### Getting Through the Pandemic at HaitiChildren

*Susie Krabacher, Co-Founder and CEO, HaitiChildren*



One of HaitChildren's doctors gives vitamin and supplement intake details, and the staff make a trip to the villages prepared with medications to enhance access to care.

#### Program Partnerships:

Instituto Terapéutico y Psicológico para la Familia, Jarabacoa, Dominican Republic

Grenada Ministry of Health

AMPATH, Kenya

HaitiChildren, Williamson, Haiti

The Minds Foundation, in collaboration with GMERS Medical College and Sumandeep 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

Human Rights Work with Migrants, New York, New Jersey, and Texas

Life around the world is so different than it was only one year ago.

HaitiChildren (HC) began plans to protect our children and staff from COVID-19 in early March. We set up a sanitation station at the entrance of the HC Village. All staff members were required to remove street clothes, shower, wash hair, put on sanitized uniforms after having temperature taken. Any person showing symptoms was not allowed to enter. The staff agreed to then stay on campus in two-week shifts. We have identified zero cases of COVID-19 among the 119 children though approximately 10 employees stayed home and isolated after calling in with symptoms.

We faced several residual challenges. Our 119 children felt the effects of isolation the same as many here in the US and across the world have experienced. However, during this time in Haiti, our situation was often compounded by gang activity and political violence. HC experienced main roads being blocked by burning tires and burning vehicles surrounded by armed bandits who would delay passage for several hours make a one-hour passage from Port au Prince to HC Village in Arcahaie into a 4-6-hour trip. The uncertainty of when and if desperately needed supplies and medicine would reach the campus at all. In all cases, our supplies and staff have arrived without physical harm. However, the emotional stress from these dangers with the constant concern of keeping the virus outside of the orphanage has contributed to an environment of fear and anxiety that the children can feel. Recently one of our precious children lost his battle with sickle cell anemia.

The local morgue did not want to pick up his remains claiming fear of the virus. An extra fee was offered, and his body was taken to the morgue.

HC partners with doctors and students at the Icahn School of Medicine at Mount Sinai's Program in Global Mental Health. They work with HC's child psychologist, Dr. Phara. After the funeral, it seems the entire campus fell emotionally apart. Haiti is a country that seems to mourn "once" and "hard" when it is devastated by an event or in this case many events that seemed to happen all at once. This team of doctors is working to get the children to talk about their fear, anxiety, and depression.

In Haitian culture, it is not considered favorable to talk about one's self openly. It is as if you are giving a secret away about yourself that may be used against you. The COVID virus is seen by many as a curse. Some believe that only foreigners can get it. In many cases, people who have symptoms call it the flu so that they will not be ostracized.

HC medical staff have distributed over 75 gallons of sanitizer and 1843 masks, 30 gallons of Clorox while educating thousands of village neighbors in prevention through the protocols that science has proven effective.

I thank the doctors and students at Mount Sinai as well as HC's entire medical team. I believe lives have been saved through this collaboration.

**Faculty**

- Cindy Aaronson, PhD
- Amy Aloysi, MD, MPH
- Ben Angarita, MD
- Rachel Fischer, MD
- Ludwing Florez-Salamanca, MD
- Vicki Gluhoski, PhD
- Gary Katzman, MD
- Jeffrey Kleinberg, PhD, MPH
- Daniella Loh, MD
- Glenn Martin, MD
- Anna Rosen, MD
- Elizabeth Visceglia, MD
- Hiwot Woldu, MD
- Robert Yanagisawa, MD

**PGY-3**

- Timothy Becker, MD
- Dhruv Gupta, MD
- Peter Joe, MD
- Khushbu Majumdar, MD
- Brittany McCoy, MD
- Honey Win, MD
- Sumedha Purkayastha, MD

**PGY-4**

- Olivia Gibson, MD
- Anne Hart, MD
- Tomas Restrepo Palacio, MD
- Brice Reynolds, MD
- Adelle Schaefer, MD
- Ciarah St. Paul, MD
- Ankur Upadhyay, MD

**Check out our Program in Global Mental Health Website!**

<https://icahn.mssm.edu/education/medical/md-program/global-mental-health>



The inpatient psychiatry unit at Moi Teaching and Referral Hospital in Eldoret, Kenya (left) and services provided by the county at Indangalasia Dispensary, a community health clinic in rural western Kenya.

I landed in Nairobi in March of this year, eager to spend a month focusing on adolescent mental health resources in western Kenya. After multiple delays, the connecting flight to Eldoret was cancelled -- a reminder of the need for flexibility in global health, which would become a refrain of my time in this beautiful and culturally rich country.

I eventually found my way to Eldoret, where I worked with Kenyan and North American members of AMPATH, an organization originally formed in 1990 in response to the HIV/AIDS epidemic. AMPATH's successes in research, education, and clinical medicine paved the way for recent expansion into the treatment of chronic illness, including mental health.

While in Eldoret, my attending, Dr. Elizabeth Visceglia, and I joined the psychiatry consult liaison team, engaged in didactics with medical trainees, and led training sessions, including a case conference focused on trauma in teenagers. We met with key stakeholders in adolescent mental health, including psychiatrists, pediatricians, nurses, social workers, researchers, and chaplains working in the hospital system and the community. Despite interviewing people with many different backgrounds and approaches to care, clear themes emerged on the wish list for adolescent mental health programming: it should be developmentally-informed, accessible, and involve the community.

Community-based care sounds logical in theory, particularly in western Kenya, where communities are often small and tight-knit. Community dispensaries provide HIV medications, vaccinate children, and deliver babies. However, initial attempts to integrate mental health education into schools and other community settings were not always welcome, largely due to stigma regarding mental illness. One psychiatrist shared her experience of watching patients go without care, as their families categorized mental health issues as purely religious. In response, she began to meet with religious leaders, eventually leading to invitations to give edu-

cational and destigmatizing talks at religious meetings for adults and teenagers.

Access to media is also decreasing stigma. One psychology trainee shared her own entry into the field of mental health after watching a TV series featuring a psychologist as its protagonist. Similar themes emerged among teenagers in the adolescent health clinic; although the concepts of individual therapy and medications for mood disorders still seemed foreign to many, they took a particular interest in therapy groups featuring instagrammable content, such as salsa dancing and yoga. These groups provided an entrance to the clinic and allowed teenagers to develop non-threatening relationships with providers and peer mentors.

The leaders working in adolescent mental health in western Kenya seem to have built their own little community. It is not a large group, but its members are bright and inspiring, not only providing quality care to individual patients, but advocating for increased access to care in culturally-informed and religiously-sensitive ways. I was fortunate to be invited into this community for a brief period, to support their initiatives, explore future collaborations, and engage in the kind of bi-directional learning that takes place only through experience. I have only one complaint about my time in Kenya: it wasn't long enough. Nothing short of a global pandemic could have convinced me to end this experience prematurely.