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# Strengthening the future of Haiti : mental health needs of children in Fonfrede, Haiti : a project based upon an investigation at Capracare

Jaimie A. Colica

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Jaimie A. Colica  
(CapraCare, Fonfrède, Haiti)  
Strengthening the  
Future of Haiti:  
Mental Health Needs of  
Children in Fonfrède, Haiti

### **ABSTRACT**

The Haitian earthquake of 2010 led to an influx of problems for an already struggling nation. The current study is an exploratory study on the mental health and behavioral needs of children and the supports currently in place in one rural Haitian community approximately 120 miles from Port au Prince. Thirteen adults who had caretaking roles within the community participated in in-depth interviews focused on the needs of children, supports offered and the culture of their community. Most participants pointed to a lack of basic needs being met as the culprit for children's struggles including acting out, sadness and difficulty concentrating. According to residents, services to address the needs of children are close to non-existent. Participants were able to identify some universal cultural and religious ideals that could be used to support sustainable services in the future. The hope is that the results of this study will be used in part to create a sustainable model for children's mental health within the Fonfrède community that is tailored to the needs of the people living there. While this study was focused on one specific community, many of the struggles impacting the children of Fonfrède are not unique as children across Haiti struggle with the task of growing up in the poorest nation in the Western Hemisphere. If this is successful this model could be used to implement services in different parts of the world following traumatic events.

**STRENGTHENING THE FUTURE OF HAITI:  
MENTAL HEALTH NEEDS OF  
CHILDREN IN FONFRÈDE, HAITI**

A project based upon an investigation at CapraCare, Fonfrède, Haiti, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2013

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## **CHAPTER I**

### **Introduction**

Haiti is often seen as a struggling nation, the poorest country in the Western Hemisphere that has been plagued by a history of oppression and misfortune. What history books cannot truly capture though is the spirit and resilience of the people of Haiti or the rich culture that thrives under the harshest of conditions. Often when people from developed countries work in developing nations they make the assumption that their way of conducting mental health work is the correct way. The focus of this project is to explore the mental health and social needs of the children in Fonfrède, a rural Haitian community, following the devastating earthquake of 2010 and to look to community members for ways to create sustainable and culturally relevant mental health services using the strengths of the community.

This project was done with the assistance of CapraCare, a community based organization in the town of Fonfrède that aims to help residents with the myriad of needs they face living in Haiti. CapraCare is a non-profit community health organization based in Fonfrède in the southern part of Haiti. The organization strives to help school-aged children 5-19 and their families by providing professional medical care, basic mental health services, education and recreational activities to help offset the difficult living conditions of their community and the devastating effects of the 2010 earthquake. Many of the community members in Fonfrède struggle with poverty, hunger, unsanitary living

conditions and loss related to the earthquake among numerous other stressors. The organization trains local community members to carry out these services, many of which would not otherwise be available in the community.

In recent years there have been many natural and man-made disasters that have impacted many people around the world. This has led to an influx of research examining the risk and protective factors for developing stress reactions following exposure for both people directly involved and the people that respond to these disasters. The majority of these researchers have focused on the psychological impact that exposure has on people (Alexander & Klein, 2009; Mitka, 2011). There is currently a debate in the disaster mental health field as to what is the best way to aid those who have been affected by disasters (Howard-Ruben, 2001; Miller, 2012; Yandrick, 2003). Specifically, the debate looks at the sustainability of relief efforts and how effective interventions are in aiding in the recovery of individuals and communities following a disaster. With the increasing globalization of our world there has also been a debate about the best way to implement mental health services across the globe so that services are culturally appropriate and sustainable in different communities and cultures (Miller, 2012).

While people continued to have this debate, the earthquake in Haiti forced disaster relief workers and aid organizations to respond to the very pressing needs of the people affected. Response efforts in different parts of the country depended on the organization that responded to and was involved in that area (Bailey, Bailey & Akpudo, 2010). In the town of Fonfrède, in Southern Haiti, community members were trained to deliver limited mental health services through the previously mentioned non-profit organization CapraCare. Currently there is not a universal mental health care system



within the country and there is a severe shortage of trained mental health professionals to provide care for the over 10 million people who reside in Haiti.

A few months after the earthquake some very basic mental health services were implemented at CapraCare under the guidance of an outside disaster response professional to help community members following the earthquake and with their mental health needs in general. The services were limited to an eight-week program focused on loss for children and limited trainings on the nature of posttraumatic stress disorder and ways to take care of oneself (J. Pierre-Louis, personal communication, February 10, 2013). The services were implemented based on a training of trainers model, aimed at training community members in ways to help one another cope with the aftermath of the disaster. This approach was implemented so that the supports provided could be sustainable after outside consultants left the country (Miller, 2012). However, according to community leaders very limited services were actually offered and little to no services exist to this day, three years following the earthquake. These services very rarely reached the children of Fonfrède, the community in which my research is based. As a result, based on conversations with community leaders, this study is focused on the current mental health needs of children in the community three years after the earthquake and the best way to serve them and support their mental health as they continue to grow and struggle with the everyday challenges of growing up in a resource deprived nation and community.

Despite careful planning for reasons beyond the control of consultants it appears that very few services are still in place today. Three years post-earthquake, community leaders and staff members at CapraCare, the only organization focused on physical and

mental health in the area, are at a place where they can manage many physical and life or death situations stemming from the earthquake and would now like to shift their focus to managing mental health issues that arise, especially among area children. Organization leaders discuss with area teachers children who are struggling in school, but the limited knowledge of the mental health field and lack of resources of area people greatly limits the capability of adults to understand how best to help the community's children.

In addition to the earthquake many of these children have had to deal with difficult life stressors, which may be compounding the effects of the earthquake. I will investigate this by using a qualitative approach in which I will interview adults in the community. Their perspective on the mental health needs of children in the community and how to best help these struggling children will form the basis of information gathered. The hope is that these results will then be used in planning and implementing the mental health services that are offered by CapraCare for area children both directly at the organization and within local schools. In addition to the research outlined within this paper, a survey about the general mental health needs of adults in the community is also being conducted that will be used by CapraCare in conjunction with the results of this study to create a sustainable model for mental health services in Fonfrède.

This exploratory study is focused specifically on the mental health needs of community children, mental health services already in place and perspectives about services needed with the assumption being that community members would best be able to identify needs and direct services that would be most appropriate for the children. In addition the culture of the community was explored in order to best guide the implementation of future services so that they can be culturally appropriate and thus have

a better chance of being accepted by the community. The findings of this study are based on qualitative interviews with 13 adult members of the community in Fonfrède.

Participants either worked within the schools or were general community members who were parents. The research is focused on exploring their opinions on the complex needs they saw within their community and how they felt they could best be addressed.

Figure 1. Map of Haiti



(Proyecto Prioritario, 2007)

## **CHAPTER II**

### **Literature Review**

The purpose of this study is to gain an understanding of the general mental health needs of the children in the rural Haitian community of Fonfrède three years following the devastating earthquake on January 12, 2010. In addition, the aim of the study is to understand what services are currently in place to support children and the perceived effectiveness of these services, as well as to gather opinions about what services are needed. Finally, I will examine the culture and important contributing factors in the community of Fonfrède in order to gain a deeper understanding of outside influences that could impact the sustainability and success of future mental health services that are currently in the early planning stages.

The literature review will be broken up into three main sections; the history of Haiti, the situation in Haiti since the earthquake leading up to the present and theories of mental health disaster relief models that could inform future mental health work in Fonfrède. The first section will give an overview of the history of Haiti including important factors that have influenced the country and led it to where it was when the earthquake struck in January of 2010. The next section will give an idea of what has occurred in the country since the earthquake with a focus on mental health services and service delivery. The final section will provide a brief overview of different models of disaster mental health and discuss what model was implemented at CapraCare following the earthquake. According to current community members this model is not currently being implemented at this time, but it is important to understand what has

previously been applied in this community and the opinions community members have about its effectiveness.

### **Before the Earthquake**

**History of Haiti.** The devastating effects of the earthquake on the people of Haiti began long before the earthquake actually occurred. “This is the case in Haiti. Social and economic deprivations, with all its ugly ramifications, had pervaded these people before the devastating earthquake” (Bailey, Bailey and Akpudo, 2010). Haiti has a very long and often complicated history. It became the first independent Latin nation and the first Black-led republic in 1804, but a history of colonialism and the social structure that accompanied this is still evident in Haiti to this day (James et al., 2012). “Haiti is marked by a powerful class hierarchy based on education, language, economic background and culture” (World Health Organization, 2010, p.3)

This freedom was not easily won either. The island was originally Europe’s first new world settlement and the people already living there were completely wiped out within a generation due to the pathogens brought over by the Europeans. The land was very prosperous though and so the Europeans brought over slaves from Africa to tend to the land. The slaves eventually outnumbered the Europeans and a bloody revolt led to their freedom in 1804 (Farmer, 2011). Despite this freedom Haiti was surrounded by nations, which still had very active slave trades and thus relations with other nations became quite tense. In addition, the church, as well as neighboring nations did not recognize Haiti’s sovereignty greatly limiting Haiti’s access to trade across the Atlantic (World Health Organization, 2010).

Twenty years after winning their freedom the French required Haiti to pay 150 million francs for damages from the earlier revolts. Haiti repaid these debts for over 130 years, depleting an already cash strapped nation of even more resources. During the 1900’s Haiti also

experienced occupation from the United States and harsh mandates from its occupier. By this time there was a small elite ruling class that controlled much of the power. During this time Haiti experienced many harsh dictators and military rulers who perpetuated this system of inequality to where it was when the earthquake struck in 2010 (Farmer, 2011).

**Social Ecology of the Earthquake.** When trying to plan a response to any disaster it is important to understand the social ecology of the disaster. Social ecology is a framework that can be used to understand current problems by examining past history and problems that existed prior to the disaster (Miller, 2012). Inherent within a social ecology framework is the understanding that in order to solve the current situation one must examine and deal with past social problems (Bookchin, 2007). In order to understand the dynamics of the earthquake in Haiti in 2010 it is important to understand the social ecology of the country prior to the earthquake. Understanding the history of Haiti is crucial to understanding the effect the earthquake had on the country.

Prior to the earthquake many Haitians lived on only a few American dollars a day and the literacy rate in the country was only about 53%, with the rate being slightly higher in the capital and lower in more rural areas. Approximately 72% of the population only had a primary school education and only 1% of the population had a university level education (World Health Organization, 2010). The majority of schools in Haiti were run by organizations other than the state including religious organizations and churches and non-governmental organizations. The official language of Haiti is French, but the overwhelming majority of the population does not read, write or understand French. French is used mainly by the very small upper class and Creole is the language of the masses (Farmer, 2011). In addition to a divide among languages spoken, there is also a great divide between classes and a very large income inequality. The

unemployment rate in Haiti ranged from 36% to 49% depending on where a person lived within the country (World Health Organization, 2010).

The country produced very little of its own food and relied heavily on imports from other countries, making the country dependent on other nations for this basic necessity. There was also a long history of deforestation, which makes much of the country vulnerable to hurricanes and other storms. There was a lack of modern sanitation and access to clean drinking water. The public sector had also fallen into disrepair leaving systems such as schools, hospitals, housing and government municipalities severely lacking in the services they were able to provide. A system had developed in the country where private organizations have been able to meet the needs of the wealthy people, but the vast majority of people living in Haiti have been provided with less than adequate services creating a very divisive atmosphere (Farmer, 2011).

Basic services such as electricity and indoor plumbing although severely lacking throughout the country were more readily available in urban areas such as Port au Prince, than they were in the more suburban and rural areas of the country. This also applied to services such as hospitals, doctors and other medical services including mental healthcare. According to the World Health Organization's report (2010) a little less than half of the population in Haiti had no access to formal healthcare. This number rises dramatically in rural areas of the country and areas that are fortunate to have services are often limited to basic primary health care services. The majority of people value the services provided by doctors, but they are unable to access services primarily due to cost or a lack of transportation. In terms of mental healthcare, prior to the earthquake the number of professionals in the country varies greatly depending on the source. According to the World Health Organization's report (2010) "counted [in 2003] 10 psychiatrists and 9 psychiatric nurses working in the public sector. Moreover, these professionals mostly

work in Port-au-Prince, to which Haitians must travel to receive mental health services” (p.18). A study done by Nicolas et al. (2012) on the other hand found that there were 100 psychologists, almost 50 social workers, 30 psychiatric nurses and 20 psychiatrists. Despite these much higher numbers this study found that the majority of these professionals were still located primarily in urban areas and many people lacked access to their services for the same reasons discussed in the WHO report. This discrepancy could be due to a number of reasons including different standards and inclusion criteria, difficulties in reporting standards or a number of other factors.

There is currently no data from a reliable source on the prevalence of mental health diagnoses in Haiti within the community (Budosan & Bruno, 2011). Mental health is often seen very different in Haiti than it is in the United States. Mental health problems are not seen as a genetic defect or the result of a difficult environment, but rather may be seen as due to supernatural forces such as a curse. “Mentally ill people may be seen as victims of powerful forces beyond their control and thus receive the support of the community. However, shame may be associated with the decline in functioning in severe mental illness and the family may be reluctant to acknowledge that a member is ill” (World Health Organization, 2010, p.12). In addition, many mental illnesses manifest themselves in terms of somatic complaints due to differences in how mental illness is seen.

Prior to the earthquake many people in Haiti had been exposed to a variety of traumatic events including loss, violence and natural disasters due to the instability of the country and its vulnerable location. The effects of these traumatic events were felt by both adults and children throughout the country. The World Health Organization (2010) found that, “The climate of terror in certain parts of the country creates chronic insecurity, aggravated by the violence experienced by children in school or at home. The effects of violence on the psychological



development of children may be serious, including: delays in development, social difficulties, affective disorders, behavioral problems, or educational difficulties” (p.15).

**Culture in Haiti.** Haiti has a very strong and complex culture that often influences many different aspects of people’s lives. One of the most important aspect of Haitian culture is the family. Family plays a central role in people’s lives and this includes not just the nuclear family, but often extended family, friends and neighbors. Family members are often relied on in general, but especially so in times of stress and conflict. Men are seen as the ultimate authority in families, but they are often absent leaving many women to run households throughout the country (World Health Organization, 2010). In addition to the importance of family, the idea of discipline for children is also stressed within the culture. According to the World Health Organization’s 2010 report on culture and mental health in Haiti, “Children are raised with great discipline, and physical correction is often used in Haitian households. When children violate the rules or disobey, corporal punishment such as spanking, beating with a switch or a belt is considered an acceptable form of punishment (p.5). This sense of discipline and obedience also extends to children when they are at school.

Another very important part of Haitian culture that greatly impacts people’s lives is religion. People in Haiti subscribe to a variety of religious beliefs with the most prominent being Catholicism followed by Vodou and a variety of Protestant religions (Jordan, 2010). People’s religious convictions affect various aspects of their lives including beliefs, school choice, politics, moral codes and interactions with health care professionals. Many people practice some form of Vodou including people who also are identified as having another primary religion (World Health Organization, 2010).

In addition to being a religion Vodou is also a healthcare system with its own doctors, diagnoses and remedies for a variety of ailments. Vodou can be seen as the reason behind people's struggles and ailments including mental health related difficulties. Religion in general also serves as a support system and place for guidance within Haiti (Nicolas et al. 2012). Many people look to their pastors or spiritual leaders for answers to their struggles and for guidance in difficult times (World Health Organization, 2010). Budosan and Bruno (2011) suggest that people turn to spiritual leaders for medical and psychological care because it is familiar, but also because it is less expensive and more accessible than more traditional medical services.

### **Haiti Since the Earthquake**

When a disaster occurs it disrupts the status quo of life. Depending on the scale of the disaster the lives of individuals, families or entire communities can change in an instant. Researchers have reported varying degrees of stress reactions (Horowitz, Stinson & Field, 1991) and increased rates of posttraumatic stress disorder (PTSD) compared to the general population (Mitka, 2011) in people who have experienced disasters firsthand.

In addition to psychological reactions, disasters have numerous other effects on people's lives. The earthquake profoundly affected the people of Haiti. There were the short-term effects of the disaster including many people that sustained crush injuries and the lack of proper resources needed to treat these patients. For those lucky enough to survive the earthquake uninjured there was the immediate need of food, water and shelter. Tent cities sprung up all around the capital, but conditions were often deplorable including a lack of proper shelter, poor sanitation and unsafe conditions for women and children. Many people were forced to move out of the city and into more rural areas that were often unknown to them (Farmer, 2012).

As the days passed by the less imperative needs of the disaster began to show including no way to educate children because of the loss of their schools and teachers. In addition there was a loss of the already lacking government and public infrastructure, as well as a loss of millions of jobs. These difficult living conditions including no housing, poor sanitation and no jobs forced many people to flee the city. The ways people were impacted by the earthquake were overwhelming to all those involved (Farmer, 2012).

Since the earthquake there has been an increased focus on mental health in Haiti (Farmer, 2011). Different organizations and groups of people have attempted to implement mental health services throughout the country in different ways (Budosan & Bruno, 2011; Jordan, 2010; Raviola et al., 2012). Many of these organizations have started performing some basic needs assessment in order to ascertain what is needed and what would be appropriate ways of implementing services in order to make them as sustainable as possible. Overwhelming findings (Budosan & Bruno, 2011) have shown that mental health problems are being reported more in primary care settings in the years since the earthquake and many Haitians agree that there is a widening gap between the need for services and what is available to them.

One group, Cordaid, a Dutch nongovernmental organization (Budosan & Bruno, 2011) took the approach of implementing mental health services in primary care as this is what is most often readily available throughout the country. This was carried out by conducting psychoeducational trainings with lay people and primary care workers in order to increase awareness and ability in how to treat mental health issues. Other NGOs and governments in other parts of the world, with some success, have used this approach due to the fact that it is affordable, cost effective and provides good follow up (Budosan & Bruno, 2011). As these same researchers found “well integrated mental health and psychosocial support that builds on existing

capacities and cultural norms reaches more people, and is more likely to be sustained once humanitarian aid engagement ceases” (Budosan & Bruno, 2011, p. 232). Nicolas et al. (2012) describe some improvements made on the national level in terms of mental healthcare regulation including a code of ethics, formation of a regulatory body and a framework for what needs to occur to strengthen the system. In addition, the first conference held by this regulatory body focused on mental healthcare in Haiti following the earthquake (Nicolas et al., 2012).

Despite these promising findings about successful mental health issues, these studies are not without their problems. The issue with many of these studies on mental health is that pre-earthquake measures are not often available and are often limited in their scope and external validity is lacking (Jordan, 2010). Without consistently strong and valid research findings it is difficult to secure program funding, thus leading to an inability to sustain them. Despite this, many organizations continue to work on this issue and are doing what they can to bring mental healthcare to Haiti in a way that is sustainable and culturally appropriate.

### **Theories on Disaster Relief**

Currently in the literature on disaster relief efforts there is no consensus on the best way to respond to the psychosocial needs of people following a disaster or traumatic event (Miller, 2012). One school of thought relies on Critical Incident Stress Management (CISM) and the use of debriefings. The goal of CISM is, “to mitigate stress and prevent post-traumatic psychopathology.” (Barboza, 2005, p.50) This is done through debriefings that focus on providing closure to the traumatic experience and normalizing reactions to the events. The American Red Cross and other relief organizations use this style of dealing with people who have experienced trauma.

In recent years there has been a more critical examination of CISM and whether it is effective in helping people following a traumatic event (Howard-Ruben, 2001; Yandrick, 2003). The debate in the field is focused on whether talking over traumatic events that have just occurred is helpful or harmful to people (Choe, 2005). Much of this research has focused on this in the context of a western model of mental health rather than from a more global perspective that takes different cultures and their ways of life into account. Taking these differences into account could change the thought on the best way to support people following a traumatic event.

As the debate over the best way to respond to the needs of people following a disaster continues, it is important to keep in mind certain models and theories that frame disaster response and the multiple needs and strengths of people. There are many different pieces of a person's life, which come into play when a traumatic event occurs (Miller, 2012) and it is important to incorporate all of these aspects when planning how to best respond. By using an ecological model of disaster management, response efforts can incorporate all levels of a person or community that are affected by the traumatic event. When a disaster occurs people also have many sources of both risk and resilience that need to be accounted for when planning a response. By examining theories of social capital one can frame the disaster response by understanding the strengths and weaknesses of the community or people affected by the disaster (Durant, 2011). Theories surrounding capacity building of people and communities (Miller, 2012) and the positive effects of using community strengths and resources were employed by the model implemented at CapraCare.

When the earthquake struck Haiti in 2010 organizations stepped in to meet the needs of the people of Haiti. The type and quality of services provided was very dependent on where a person lived and what organization, if any, happened to come to their community. Some

communities received just one psychiatrist or other mental health workers from abroad (Louijas, 2010), while other communities received whole teams of workers that set up more comprehensive services (Budosan & Bruno, 2011; James et al., 2012). Foreigners with the best intentions of helping people in need implemented most of these interventions, but possibly without much consideration about what the long-term impact of implementing these services would be. This was not the approach of all services though. In her article, Jordan (2010) discussed the importance of conducting a careful assessment of services and resources in order to tailor services to Haitian culture.

**Psychosocial Capacity Building.** Psychosocial capacity building (PCB), as defined by the people who implemented the program in Fonfrède, Haiti:

is [an] intervention, provided by professional and nonprofessional people, both local and from the outside, that constitutes a multisystemic, culturally grounded, empowerment- and resiliency-oriented approach designed to help individuals, families, social groups, and communities recover from a disaster...seeks to be sustainable over time and builds on the foundation of local capacities and resources (Miller, 2012, p.191).

This model is implemented using information gathered from understanding the social ecology of Haiti and the earthquake. With this information interventions can be planned that are most appropriate for the people in need and are guided by those affected rather than outside experts. The model uses a training-of-trainers model to allow community members to be the ones to provide direct interventions to the larger group (Miller, 2012).

The main goal of this model of disaster relief is to help communities recover following disasters taking the culture of a community into mind. This is achieved by building on people's inherent sources of resiliency to help them cope with the fallout from the disaster they have just

experienced. Researchers have shown the importance of support networks following a disaster and PCB aims to build off this knowledge by aiding people in rebuilding or finding new social networks if necessary. In addition to the psychological needs of people following disasters PCB works to rebuild these social networks in order to connect people with their sources of resiliency that existed prior to the disaster (Miller, 2012).

Social connections and sources of resiliency are reestablished using certain activities tailored to the specific community impacted by the disaster. These activities are planned in collaboration with local leaders and community members in order to best understand the needs and sources of resiliency within the community (Miller, 2012). It is important to keep community members as part of the process throughout the recovery effort. By working in this collaborative way to aid in recovery individuals are also working towards their own healing process by strengthening their social ties. Another important aspect of PCB is psychosocial education in which local community members can be trained to provide support and bring information to their communities. By doing this the people implementing the model are local community members and outside professionals can be used in a consultation role rather than providing direct interventions (Miller, 2012). This helps contribute to the sustainability of the intervention as outside professionals have a limited amount of time in which to spend with the affected community.

**An Application of PCB.** Staff at CapraCare following the 2010 earthquake implemented parts of this psychosocial capacity building model (Miller, 2012). The goal of CapraCare is:

to provide access to medical care, mental health services, and health and nutrition education services regardless of the ability to pay. Our comprehensive approach helps students, parents, and the community combat the wide range of physical, psychosocial

and environmental needs that arise from difficult daily living conditions in Haiti  
(CapraCare, 2012)

The organization did and continues to do this by empowering community members and working with them to learn the necessary skills to thrive. This is done through a variety of programs including a community health worker training program, youth development and recreation programs, a school health education program, mental health programs and skills training.  
(CapraCare, 2012)

This model is not without its challenges though. While careful attention is paid to training local people to carry out services there is still a withdrawal of expert opinions at some point. If there is not sufficient buy in from trainers or a level of understanding and confidence surrounding the material there can be a drop off of services due to issues with trainers and a lack of people to implement services. It appears that this is one struggle that people at CapraCare faced in the years following the earthquake and the implementation of this model (J. Pierre-Louis, personal communication, February 16, 2013). There is also the issue of sustainability. While the model tries to be sustainable by having people within the community provide services and making the services as culturally applicable as possible there is much more that goes into the sustainability of a program. One piece that worked in favor of sustainability was that trainings were conducted with the help of a translator in Creole, the primary language spoken by the people the trainings were targeting. Based on the social ecology, Haiti was in a very difficult place prior to the earthquake and social conditions have continued to deteriorate further. There is a lack of funding and support from the public sector for numerous reasons, which makes sustaining a comprehensive mental health program quite difficult. Without constant supervision from trained professionals there is also an inability to respond to all the situations that may arise.



Lastly, while the model tries to incorporate the local culture into the interventions the bottom line is that this model is still the idea of professionals from a developed nation and thus there is some inherent bias towards these ideas. The next section contains the methodology for the study including participant characteristics, recruitment and design of the study.

## **CHAPTER III**

### **Methodology**

The purpose of this study is to examine the mental health needs of children in Fonfrède, Haiti and the supports available to them at this time. This exploratory study aimed to ask adult community members in Fonfrède about the emotional and behavioral needs of children, the services currently offered to aid in these needs and the culture of their community in order to better inform the creation of a sustainable mental health model currently being developed by CapraCare, a local organization within the community.

A qualitative approach with open-ended questions was used in order to allow participants the opportunity to expand on questions without the constraints of a survey and to allow the researcher the freedom to ask follow up questions in order to get the richest information possible. By asking participants to answer open-ended questions they were able to fully express themselves and the needs they were witnessing. Since the mental health model at CapraCare is just in the beginning phase of planning I felt it was appropriate to gather a more in depth, though smaller, amount of information allowed by qualitative research to guide the creation of the mental health model.

Due to my limited knowledge of the community, the local languages and its needs, as well as the fact that there is no known study of the needs of children in this community, open-ended questions allowed the participants to express their own narratives of their community and their experiences. According to Rubin and Babie (2012) “Qualitative research methods are more

likely to tap the deeper meanings of particular human experiences, and generate theoretically richer observations that are not easily reduced to numbers” (p.40). This approach also allowed my participants to paint a vivid picture of the needs in their community, which I in turn am able to use to convey these needs to the reader.

### **Sample**

Participants for the study had to fit certain criteria in order to be considered for participation in the study. Participants had to be parents, teachers, principals or community leaders. Participants had to be from the town of Fonfrède or its surrounding communities in Haiti. If participants did not live in Fonfrède they had to work within the community. All participants had to be 18 or older and have experience caring for children within the community including direct caretaking of everyday needs, such as parent or guardian, education of children, including teachers or principals, or more informal guidance and mentorship roles of children, such as community center leaders, sports coaches and other adults in charge of caregiving of children. Participants had to speak English or Haitian Creole as their primary language due to my own and my translator’s language constraints. Participants were excluded from the study if they were under 18 or had no prior experience working with children living in Fonfrède.

The desired sample size for the project was 12 participants. The actual sample size for the project was 13 participants who participated in in-person interviews within the town of Fonfrède. There were four males and nine females all of whom were Haitians. Four of the participants lived in neighboring communities, but worked in Fonfrède and the rest lived in Fonfrède. The primary language for all participants was Haitian Creole. In addition two participants spoke English as their second language. Eight of the participants had a college diploma and one of those participants was currently working on their master’s degree in

education administration. Five of the participants left school prior to high school graduation and at least one of those participants thought that she had left school as early as third grade. All of the participants stated that religion was important to them and identified as Catholic, Baptist, Protestant, Pentecostal, Adventist and Jehovah's Witness, with the majority of participants practicing Catholicism. Eight of the participants worked in schools, with six of those being teachers and the other two being school principals. One participant was a cultivator, one was a seller and the last three were not currently employed. All of the participants were parents with the exception of one teacher who did not have children.

### **Recruitment**

The recruitment process began prior to my arrival in Fonfrède and was carried out by staff members of CapraCare at this time. They approached local schools to inform them of the study and let them know when I would be arriving in Haiti. Once I arrived in Fonfrède I spent a day getting to know people within the community and introducing myself to school leaders at three primary schools in the community. While meeting with the school leaders I provided them with information on my study, gave an informed consent and a sample of my questions and addressed any concerns they had about allowing themselves and their staff to participate. I then used any lists CapraCare kept of community members as well as word of mouth and snowball sampling to recruit interested participants for my study at the schools I approached and within the community at large. I told interested people, with the help of a translator, in Creole about my project and scheduled times to meet if they were interested in participating. At this time I also discussed with them my screening criteria to assess their appropriateness for inclusion in the study. All participants who approached met criteria for the study and agreed to participate.

CapraCare does not have an Institutional Review Board thus I used the Institutional Review Board at my school. Approval was granted from the Institutional Review Board at Smith College School for Social Work. (Appendix A). In addition, CapraCare and the organization's executive director expressed agreement to collaborate in the study and assist with recruitment of participants (Appendix B).

### **Procedure**

Once recruited participants showed up at CapraCare Headquarters or the designated school during their scheduled time. All teachers and principals were interviewed within their schools during school hours. All interviews with teachers and principals took place in a private classroom within the school. Due to the way schools are constructed in Haiti most of the classrooms were part of an open-air building and the room was quite loud due to children in adjacent classrooms. Interviews with parents in the community took place at the CapraCare headquarters during community clinics. All interviews took place in private in the back of the building.

At this time participants were provided with an informed consent form in their primary language and a translator was available to assist me in answering any questions participants had regarding the study or consent form (Appendix C and D). Three participants were illiterate and the informed consent was read to them. One of the participants did not know how to sign his name so he made a mark on the form to indicate consent in addition to giving verbal consent.

Individual interviews were conducted with each participant with a translator present. The primary language of most of the residents in Fonfrède is Haitian Creole. Due to my very limited knowledge of Creole and the fact that my primary language is English I used translators provided by CapraCare. I had two different translators for my interviews due to availability and both men

received a stipend for their time. Upon completion of the interviews participants were provided with the name of a specific person or persons at CapraCare to contact if they experienced any discomfort from participating in the study and needed to speak with someone further. No phone number was provided as many, if not all, participants did not have phones, but they were told to find the designated staff at the CapraCare headquarters.

During the interviews basic demographic information was collected only for the purposes of having a general understanding of who participated in the study (Appendix E). Participants were then asked to discuss what their role is in the community and specifically with the children in the community. Questions then focused on their opinion on the needs of children, common struggles and about any supports already being offered to children who are struggling. Lastly, questions focused on the strengths of the community and possible ways to support children (Appendix F). All interviews were audio recorded by myself with the consent of participants. Interviews ranged in length from 20 to 45 minutes depending on how in depth participants went in responding to the questions.

In addition to asking the participants I interviewed I also obtained any relevant information from records kept by CapraCare specifically related to mental health needs or services of children in the community already collected or provided. These records included outlines and handouts from previous mental health trainings conducted by CapraCare, as well as one page flyer on mental health topics handed out in the past to CapraCare staff members. This was done with the assistance and permission of the executive director of the organization. This will all be used to gain a deeper understanding of the mental health needs of children in the community, what services may already be in place and the most appropriate way to support the children and those who care for them.

As with any study there were certain risks to participants, but all measures have been taken to minimize risks to participants. The first risk to participants could have possibly come in my initial contact with them since I was a person they did not know coming from a different country to ask them questions about their work and community. For this reason I did all of my recruitment with a member of the community who was familiar with the participants and I stated my connections to CapraCare during the recruitment and data collection process in order to reassure people of my connection to a trusted community organization. Participants may have also been at risk of being distressed by discussing their community and the mental health needs they see, especially if they brought up the earthquake or other life stressors. A few participants did discuss the earthquake and other distressing topics, but I did not ask specific questions about their experiences with disasters and did not delve further into sensitive subjects when brought up by participants. Some of the participants being interviewed are in a unique position in that they are trained teachers and community leaders who have had some very limited training in mental health, but they are also community members that have experienced many of the same stressors as the people they are trying to help. CapraCare is the only place to receive mental health services within a reasonable distance of Fonfrède and so people were reminded by me that they could access the staff of the organization if they felt they needed to talk to someone following the interview.

There are also certain benefits that participants could have received by participating in the study. By participating in the study participants were able to share their story and experiences. They were also able to highlight the hard work they have been doing within their community and discuss how they are helping their fellow community members, specifically the children in the community. Participants may have also benefited in that the information will be

used to understand the mental health needs of children in the community and what services, if any, are provided and then used to make adjustments as necessary so that CapraCare can provide targeted mental health services to the schools and community at large.

Participation in the study was completely voluntary and participants were able to withdraw at any time during the interview process, but no participants chose to do so. Participants were also free to not answer any question during the interview process if they were uncomfortable, without withdrawing completely from the study. All participants answered every question in the interview. If a participant completing an interview had wanted to withdraw, all information connected to them would have been destroyed. People who had wished to withdraw from the study had to have done so during the time that I was in Fonfrède due to logistical difficulties of withdrawing upon my return back to the United States. The final date for people to withdraw from the study was February 23, 2013 though no participants chose to do so.

In order to protect participant's privacy the people that translated and transcribed my tapes have been asked to sign an assurance of research confidentiality (Appendix G). Only first names were used during the interview process. The names of people will be kept confidential and changed when reporting any quotes. The community of Fonfrède is relatively small and thus any identifying information will be changed so that participants cannot be identified by comments made.

### **Data Analysis**

Upon returning to the United States interviews did not need to be translated as English translations for everything said during the interviews was already done during the interviews. The English pieces of all interviews were transcribed. Once transcribed, the interviews were manually coded. Coding was done using a thematic content analysis method. In doing this,



inductive codes were created while reading through the data. The goal was to find meaningful connections between the varying opinions of the participants to answer questions about the main goals of the study: the mental health needs of community children, services provided and the cultural context of the community.

## **Chapter IV**

### **Findings**

The purpose of this study is to gather information on the mental health needs of children in the rural Haitian community of Fonfrède. This information was gathered by speaking to a variety of adult community members who have daily interactions with children in the community. This chapter presents findings of this qualitative research based on the 13 interviews conducted during my field research in Fonfrède. All quotes included within the chapter are verbatim from translations of those interviews. The interviews covered four main topics including participants' view of the struggles of children, current services offered, opinions on new services needed and information about the values and culture of the community.

All participants prior to the interview filled out a brief demographic questionnaire, which was translated into their native language of Haitian Creole. Participants were asked their age, gender, number of years living in Fonfrède and their role with children in the community. In addition participants were asked about their marital status, their religion and language spoken. Lastly, the participants were asked whether or not they had any previous exposure to mental health trainings or services for children in order to assess their familiarity with the concept.

Following completion of the demographic questionnaire the interviews began. The first section of the interview was focused on the struggles of children in the community from the perspective of the participant. Participants were asked about general struggles as well as the struggles of children specifically related to their emotional and behavioral needs. If participants

identified struggles they were then asked if they had any insight into what was causing those struggles. In thinking about understanding the needs of a particular population it is vital to understand the needs as the larger community sees them, not necessarily how someone who may be trained in mental health sees them as an outsider. Community members can provide vital information on the struggles experienced by children as well as the reasons for the struggles that someone who is not from the community may never think to ask about.

The next section of the interview focused on current services and supports offered either within the schools or the community in general to help children who are struggling in some way. Participants were asked to identify specific supports and describe what needs these services addressed. Participants were asked to discuss who they felt was responsible for managing and helping children who are struggling in order to see if there are any community ideals about who is responsible for the children. I felt that it was important to understand community perspectives on services offered as I envisioned that many of the services currently in place were established by outside organizations and it was important to understand the recipients' perspectives on the scope of services offered.

After discussing current services the interview then focused on what participants envisioned as changes to existing services or new services that could be implemented to address the emotional and behavioral needs of children. Participants were asked to give their opinions on the current services including how effective they were in accomplishing their mission and if the services were sufficient enough in order to address the needs they were seeing within the community. If they had previously said there were no supports available in the community participants were asked to give opinions on new services and supports they would like to see made available in their community. While this information will not solely reflect possible new

services offered due to community members possibly being unable to think of certain services that would be helpful due to a lack of exposure, it is still vital to understand what community members see as being helpful moving forward. When considering how to best help children in the community, it is important to have buy in from the adults within the community as they will be the ones who influence how successful programs will be with the children. This is especially salient when focusing on younger members of the community as they are dependent on their guardians and other adults in their lives.

The final section of the interview aimed to understand some basic information about the culture of the community being examined. Participants were asked questions about community support for children and people in general as well as any general norms and ideals about how children should behave. Participants were also asked to describe the impact of loss on children and the community and how loss is discussed with the children they are responsible for on a daily basis. Finally, participants were asked to explain the impact of culture and religion on their community and how it impacts the lives of the children raised there. By understanding some of these broad factors that impact the everyday lives of children and how the adults who support them think, others may be better able to understand the context for the struggles seen within the children. Understanding this information may also aid the staff members at CapraCare in tailoring their mental health interventions in a way that is culturally appropriate and therefore hopefully more sustainable than interventions that would not take the context of the community into account.

### **Demographic Data**

This chapter contains findings from 13 interviews conducted in Fonfrède, Haiti with adults from the community who have daily interactions with children. Four of the participants

were male and nine were female. All of the participants were native Haitians. The participants ranged in age from 20 to 50. Six participants stated that they were currently married and one was married, but separated. Three participants were single and the remaining three were widowed. Five of the participants lived in neighboring communities, but worked in Fonfrède and the rest lived in Fonfrède. Of the people that lived in Fonfrède one had been there less than a year, two had lived there five years or less, one lived there for more than ten years, but less than twenty and two participants had lived in the community for between 20 and 25 years. The remaining two participants stated that they had lived in Fonfrède for their entire lives.

The primary language for all participants was Haitian Creole. In addition two participants spoke English as their second language. Eight of the participants had a college diploma and one of those participants was currently working on their master's degree in education administration. Five of the participants left school prior to high school graduation and at least one of those participants thought that she had left school as early as third grade. All of the participants stated that religion was important to them and identified as Catholic, Baptist, Protestant, Pentecostal, Adventist and Jehovah's Witness, with the majority of participants practicing Catholicism.

Eight of the participants worked in schools as educators, either as teachers or school administrators. One participant was a cultivator, one was a seller and the last three were not currently employed. All of the participants were parents with the exception of one educator who did not have children. Of the 13 participants, four stated that they had prior training in mental health. Of those four, one said they had received training at church, one received training at CapraCare and the other two said the training was from a previous job. All of the participants who had prior training in mental health worked within the schools.

## **Emotional and Behavioral Needs of Community Children**

**Children's Struggles.** In speaking with the participants of my study many of them were able to identify ways that children in the community are struggling. The biggest struggle that was noticed by participants was acting out. Ten of the 13 participants mentioned at least once that one of the biggest issues they noticed was children who acted out. The majority of these participants said the majority of the acting out they noticed fighting or aggression in some other manner. Along with acting out three participants discussed a lack of discipline in children or an unwillingness to work with discipline set out by adults. As participant 2 stated, "Most of them are always aggressive. They want to fight each other sometimes."

After acting out the next most discussed struggle that participants noticed in children was sadness. Six participants discussed that either their own children or the children they worked with in the schools were often sad. Two participants discussed their own children who always cried and often wanted to isolate. One of the participants identified her daughter's health concerns and pain as the source of her crying. The other parent was unable to pinpoint any reason why her son was always sad. She stated, "I have one of mine who is always very sad...he's always crying. Even if you don't beat him he's always crying." The other four participants that discussed sadness cited a variety of reasons including loss of a family member or problems at home or in school. In addition to sadness three other participants discussed children who struggled with other emotions. One participant discussed noticing that many children in her class seemed scared, specifically related to having to move up to the next grade in school. One participant noted that they saw many children who were angry. Lastly, one participant discussed noticing children who were traumatized by the earthquake and discussed how their lives were changed. "Because there is some of them you know was in Port-au-Prince

you know when they're out at the earthquake. And then you know they still have that cycle about them you know like you know traumatized...the children are far away. They're not they're not here. You know their mind is away over.”

The third most cited struggle among children in the community was an inability to concentrate. All four of the participants who discussed difficulty with concentration as a struggle were school employees. They discussed children who just stare off during lessons or are busy doing other things while they should be paying attention to what the teacher is saying. Tied to an inability to concentrate one of the participants discussed noticing that she has a few children in her class who are always falling asleep. One school employee stated that he felt many children he worked with lacked motivation to learn or be in school and a parent noted that they noticed many lazy children around the community.

In addition to the emotional and behavioral struggles of children, participants also noted how there are certain children in the community that have struggles more related to developmental delays. Two educators noted that they have noticed some children in their classes who do not have a capacity to learn, no matter how much work is done with them. Three participants discussed children in the community that either could not walk or talk despite being the age at which children of average development are able to meet these milestones.

**Reasons for Struggle.** After each participant discussed the struggles they were seeing in children they were asked to give their opinion on reasons behind those struggles. Participants discussed a variety of possible reasons for why children in Fonfrède are struggling. Numerous participants cited children's basic physical needs not being met as one of the main contributing factors. Four participants mentioned children not having access to enough food during the day. In my observations of Fonfrède it was not hard to imagine that this was the case. To my

knowledge there were no stores of any kind in which to buy food within the town. While walking through town the only option for buying food was people who would sit on the street corners and sell things, often candy. These sellers would also strategically place themselves in front of each school. Participant 2 said,

Um the biggest problem is that when they are in school and they are getting back home they think that they won't find something to eat. They won't find food at home and they are always worrying about that. That's why sometimes they are not concentrating on what the teacher is saying because they don't know where they will find something to eat after school. That's the biggest problem. And uh we can do nothing for that. Because we don't have the money and we don't have anything. And as you know if we are hungry we cannot learn in school and the children won't be able to concentrate on what the teacher is doing.

Participant 3 said, "Sometimes they spend a day without eating and that's how it goes. Friends feed us. For example this one this morning he go to school without eating anything and the educator even give him something to eat".

One of those participants also discussed the lack of clean water available to children as an issue. In Fonfrède all water comes from community wide wells that people must walk to and pump themselves. Pumps were spread out, but luckily most schools had pumps within walking distance. One of the primary schools did not have a pump so children went all day in the heat without water. Another school had a pump, but it was dirty so the water was over-chlorinated. When I went to this school and was offered a glass of water the first thing I noticed was the overwhelming smell of chlorine and then realized that these were the lucky children because they



at least had something to drink. Another participant discussed in general how parents are unable to provide for their children.

In addition to the basic physical needs of children not being met, participants also discussed a lack of resources and opportunities within the community of Fonfrède and among the families living there. Two participants discussed a lack of health services including doctors and medicines, which leads to poor health in many children and a lack of security in their physical well being. While in Fonfrède I was able to participate in a weeklong medical mission and was able to provide medical care to children at schools and to the general community. Many children had numerous ailments that in the United States would be cured within days. Many children were struggling with skin infections and blisters that covered their bodies. Many children also suffered from headaches and stomachaches. In addition there were numerous children who were suffering from a variety of infections that were caused by poor hygiene. One participant also discussed a lack of mental health services in Haiti. Participant 9 said, “In Haiti they have a lot of difficulty. They have only two psychologists for the whole country.”

In Fonfrède, and Haiti in general, there is a high unemployment rate and three participants discussed their inability to find a job, resulting in unstable circumstances for their children. One of these participants discussed not having stable housing for her children due to her inability to earn a steady income. Participant three said,

From my home they they are um sometimes sad. I think it's because I don't have the opportunity to take care of them all how I should be. I think that's why they are always sad and they don't have what they want or what they need. Um the place they have us where I am right now is a is a mad house and sometimes when the owner come to ask me

to leave the house and the children feel very sad and they are always paying for that...I'm not doing anything for now cause I don't have a job. I don't have anything to do.

Two participants discussed an inability to send children to school due to a lack of money to pay school tuition as an issue. Many of the schools in Fonfrède are private schools that have higher tuitions than the public school. In addition all children wear uniforms, which parents must buy, regardless of which school they go to.

While the majority of participants cited basic physical needs and a lack of resources as main contributing factors a few participants felt that higher level needs of children were not being met particularly in relation to their parents, thus contributing to their struggles. Three participants cited general problems at home as a contributing factor to children's mental health needs. One of these participants specifically discussed violence and fighting in the home that children are exposed to frequently. Another participant also discussed how they felt many of the children she worked with in the school were exposed to many bad examples at home and from other adults in the community, which led to their acting out.

Half of the participants felt that many of the children they saw or worked with in the community had parents who were not involved either because they did not want to be or because circumstances made it so they were unable to be involved. One of these participants discussed how he noticed many children were missing the affection they craved from their parents and that it contributed to their struggles. Participant 9 said,

The behavior...that you know the behavior is because it is a because most of the time you know that the parents are not around. Mother or the father so they really you know they rely on their grandmother or their grandfather and then they don't have you know the affection the real affection that they need. Ok? The affection that they need because the

parents sometimes they're in Port-au-Prince in the capital looking for work or farther and things like that. So they don't have somebody you know to really embrace them. And then they feel like they feel lost.

While this participant discussed parents who had to move to other parts of the country for work, one participant discussed how even parents who live in Fonfrède with their children fulltime are often working very long hours and are unable to be there for their children. Participant 11 said,

You know know because you know it's it's a school in the countryside it's not in the city. Most of the time the parents in the early in the morning they'll go to the garden, they'll go to the field ok, taking care of the their needs. And then the kids most of the time you know they're responsible on on themselves. Ok. So when they're coming to school they don't show good behavior.

One teacher felt that the absence of parents was a more conscious choice. Participant 11 said,

I mean she say that it's hard to say that but sometimes she feels like you know the parents they don't really need the schooling for the children but they send the children there you know to get away the children you know so they could do to their own business and their own activities. You know because it's the children they have she has a feeling that the children you know embarrass them you know drop their activity. So they send the children away you know to give them a piece of mind. She say that you know the parents you know they have less concern about you know the the kids you know going to school.

She went on to give an example of why she thinks this was the case more than once in her classroom over the years. She continued,

Because sometimes the student does something wrong in school and then you send the student home to bring the parents, the parents don't care. They don't go. And then the

the kids stay home a week or two and then she has to send another kid you know in the neighborhood to tell the children you could come back to school because the parents they don't want to come. Ok. So she say that creates a some problems. Because sometimes the kid could stay home for the rest of the year and then the parents they don't care. And then she say she concern surely she can't let that happen. The children lost a year because of of the negligence of the parents.

An additional two participants, both of who were parents cited the loss of their respective spouses as a significant factor in their children's' struggles. One participant also felt that parents were unable to be involved because many parents were very young, almost children themselves. She felt that many adolescents and teenagers were having children very young and they do not have the capability to support their own children. He said,

But it's the kind of because of the poverty, some mothers some parents mothers, especially mother they have a the very child you know at an early age you know, 13, 14, 16 years old. Ok. So they don't they're not they don't have education for themself you know to educate the kids and then they don't have anything you know financially to help the kid so what they do you know they rely on somebody else on the department to coming to help them and then that's all they give them another child. You know and then that's what happened you know but it's there is no resources the children you know they're just going in the street back and forth because they don't have no no parent has no maturity or formation you know to help to give em good education.

Despite the impression that many parents were uninvolved I did speak to a few parents who wanted to be involved, but felt they were unequipped to help their children for a variety of reasons. Participant 12 said, "You know he learn from his experience that you know he doesn't

know how to read and write. So he like to you know his children you know to do better than he is. Ok. But the thing is sometime you know he struggle you know to to do his best for the kids but it cannot happen.” Another father discussed wanting to help his own children and other children in the community, but because of an inability to find a job he could not help anyone.

### **Community Supports Available and Vision for What is Needed**

**Current Community Supports.** When discussing current supports available to children the overwhelming response from participants was that there are no supports available. Eight participants stated that there were no supports within the town of Fonfrède that were able to help children who were struggling with mental health or other issues. When asked if there are any supports available participant 7 simply said, “no we don’t have.” Participant 5 echoed this in saying, “No not yet. I don’t know if they will have it, but not now.” From my own observations it was hard to know if there were any supports. With the exception of CapraCare I did not see any other organization during my time that could be considered a support outside of schools and churches.

While the overwhelming majority of participants felt there were no services available a few participants felt there was some limited support. Two participants were aware of CapraCare and felt that they helped them with providing medical services every once in a while. Another educator discussed an organization that “adopted” a few children within the school and helped them financially, but she said this support was limited. She said, “They are helping few like you know they pick up two or three children you know they sponsor they pay the scholarship for them...pay the school for them, help them you know financially, things like that.”

In addition to the limited support received from outside organizations two educators identified the schools as a support for children. One educator discussed how the school tried to

support children, but they often had very few resources provided by the government and thus children were often left to support themselves. Another educator discussed training he had received at a previous job, which he used to help children who were struggling, but it was not enough to have just one person who was trained to support struggling children within the school. Participant 6 said, “Personally, I had information on mental social health. I can help some children but the community don’t have the capacity to do that. So I myself I’m trying to do the best I can to help them. Cause I have the training.” Even from participants who were able to identify supports within the community the majority felt that these services were not adequate to address the multitude of needs they were witnessing in the children they were raising or working with on a daily basis.

**Responsibility to Help.** Following discussions on the struggles of children and what leads to those struggles all participants were asked whose responsibility it was to manage and help children who were struggling. Participants interviewed had very mixed opinions on whose responsibility it was to help children who were struggling. Five of the participants, all of whom worked in the schools, felt that it was the school’s responsibility to help children who were struggling. Three of these participants felt that they had very limited involvement from parents and thus they were the ones who had to support these children. Participant five said, “That’s my responsibility to help them cause I’m working with them, but sometimes I call the parents to help them. To let the parents know that they need help, but it’s my basic responsibility to help them.”

On the other hand two participants, both of who are parents and general community members felt it was solely their responsibility to manage and help their children if they were to struggle in some way. When asked whose responsibility it was participant 4 responded, “Their parents support him. Like for example mine I’m trying to support him but we don’t have

anything else.” Participant four expressed similar sentiments and said, “It’s parents to do that to try and educate their children.”

In contrast to the two groups that felt it was either the school’s responsibility or the parent’s responsibility a group of participants felt that it had to be a joint effort in managing children who were struggling. Four of the participants interviewed discussed how it was both the school’s job and the parent’s job. One of these participants also discussed how the church and larger community must get involved as well. As participant 8, an educator, stated,

Yea but whatever you know the behavior that they have in in the class that’s one part of me you know to take care of it. But you know parents have to get involved too. And in a in other parts you know you have to get it from the church. Religion has a big role to play with that too. Another part you know you know the the the year the press the journal the journalists you know the television you know and the press has to has to motivate you know the realities.

Participant 11 also expressed similar sentiment about how it must be a group effort to help children. Also an educator in the community schools, she stated, “You know this not only the role of the educator or the parent or somebody else. You know? There’s all of em have to get together you know to make the kids what they want it to be. What they hope the kid to be.”

Two of the participants did not understand the question when asked whose responsibility it was to manage children who were struggling. The question was repeated and then asked in a different manner, but they said they did not understand and the interviews proceeded without them answering the question.

**What Needs to be Done.** In understanding the struggles of community children it is also important to understand what the adults in the community feel is necessary to help them.

Participants' answers varied on what they felt was needed to help children based on what they identified as the problems discussed above. Five participants discussed the need to have children's basic needs met. They discussed the need for consistent access to food and medical services as well as clean clothes. Another participant discussed the need for children to just be clean and safe in general. One participant also raised the need for jobs for parents as they felt without jobs for the parents they would be unable to ever provide for their children. Participant 13 said, "But if I don't have any money. But what I'm going to do nothing? So I I just see the problem, but I can't do anything for the problem." Two participants discussed the need for opportunities for children to enjoy themselves so that they can be happy and have fun in life. One educator discussed how her students love celebrating Flag Day with a marching band and baton twirlers and she wished there were more opportunities like that for children to have fun. From my observations there did not seem to be many opportunities for fun. When I saw children throughout my time in Fonfrède they were either in school or walking around the community. At times I did see children smiling and creating games with each other, but there was often nothing other than their own imaginations in which they could have fun.

In addition to tangible needs being met many participants also discussed the need for education in both children and parents. The opinions on the type of education needed and whom it should be geared toward varied, but overall five participants felt education was needed. Three participants felt that education should be geared towards the children and should help them become prepared for life and teach them how to behave in society. One educator also discussed the importance of providing trainings for parents so that they are better able to help their children. She said, "I think um they should have a training for the parents so that they can they may know how to treat their children and teach them how to be in when they are at school, how



to be when they are in society so that they may have a good behavior when they are coming at school. That's what I think is going to help them." In addition to educating the children and parents one participant discussed how she wished there would be trainings for the educators as well so they would know how to handle problems that arise with their students. "In my opinion I think that if I were able to help them that would be better for me to help because if I get the information so that how to treat those children I would be better," participant 5 said.

Lastly, participants discussed the need for positive adults who were invested in the well being of the children in each of their lives. One participant discussed how important it was for children to have positive role models that they could look up to and learn how they should live their lives from these people. Participant 11 said,

So the kid could have you know a role model. You know somebody to follow to to follow you know to what what they give the but you know they has to be able you know to conduct themselves you know well you know before the kids. That's right she say that's not only talking, but you know they have to show them how to do it.

One educator also discussed how vital it was that children's parents become involved with what is going on in their lives. He said, "They need a concern. You know from the parents' first. For the parents to be integrate in every activity of the of the children." Another educator also discussed the need for parents to become more involved. She said,

The kids spent five hours in here and then when the kid go home nobody home to to receive the kid. Just take you know the bag and throw it in the house and then go outside doing whatever she uh her or she wants to do. And then coming back late at night. And the parents is not there you know for them. She says if at least the parents you know could share a little time in the childrens ok when they coming home in the afternoon you

know they have at least something to eat, things like that. But the parents sometimes coming home at nighttime and the kids coming in and there is nobody home to receive them.

Two other participants discussed how important adults were in showing children understanding for what they are struggling with and creating opportunities for them to have their needs met and find success in life. All of these participants agreed that adults were vital in helping children get their needs met.

**What Supports Would Help.** When asked what changes to supports or new supports would be helpful eight of the participants who said there were no supports available felt like children needed help in the ways discussed earlier in the what is needed section, but they were unable to identify specific programs beyond what they had already discussed. Four additional participants felt that the services and supports currently offered were satisfactory, but that they were not enough. One of these educators discussed the importance of creating supports for the teachers so that they were better able in turn to focus on their students and help them when they were struggling. She said,

The thing is you know what they receive you know from the from the state from the Board of Education for their own needs is not enough cause sometimes they're coming here, they want to help the children. They have they have they have all the preparation to help the children, but they have to think about their own problem. Because like you know she struggle here with the child you know for to see what she can do the child, at the same time she's thinking about home. What she going to give her own her own children you know later on to eat, because what they receive you know as a salary is nothing...she has no resources for that. You know? And then she say that's created a lot

of problems you know in her mind. And then when she could if she has a better life you know she could dedicate herself you know to children that she's she's she's a instructor.

Another educator discussed the importance of creating programs to support parents and teach them. She said, "Motivate the parents. Make the parent understand that you know today they're going but the childrens supposed to replace them. Yea if we not try if we're not doing that you know the society is going off the board." The one educator who stated he had mental health training said, "I think that we I need more support more people to help me that they have you need to make change...I think they need some people who have a training to help with a mental problem."

### **Culture of Fonfrède, Haiti**

**Community Support.** In addition to discussing supports provided by the community participants were asked about general attitudes of support from community members towards children and families. Two participants said they did not live in this community and only came in the morning and left in the afternoon so they were unsure of what community support was like in Fonfrède. A few participants felt that there was community support for children and families in Fonfrède, but the majority of participants felt there was no community support and most of these people felt very strongly about this.

Overall three participants felt that there was community support for children and families. One teacher cited the fact that whenever there was a community meeting there were always people in attendance who were willing to listen and participate. She said, "When they have a meeting you know when they have a meeting everybody coming together." In addition to coming together for meetings, two participants felt that community members supported children and families by encouraging children to go to school. One educator said she noticed community

members in the morning that did not have children of their own sitting outside and yelling at kids to get to school if they were dawdling about on their walk. Participant 10 said, “When she come in in the morning when the kids are outside before class and then she find out that there’s other people in the community here living around here tell the kids you know go back in school go inside go inside. Things like that. So that’s been you know their their concern in there.” The other educator felt similarly that community members helped with school in whatever way they could whether this was a small task in the classroom or lending needed objects to community members.

The remainder of the participants felt that the community was not supportive. Their reactions to this question ranged from the more mild response of people just can’t do it, to some very strong opinions about everyone being out for themselves in Fonfrède. When discussing this question, most of the participants who felt this way became very impassioned and emotional talking about the lack of community support. One educator felt that people in the community just don’t have the capacity to help others. She said, “In the community we we don’t have the capacity to help children like that.” Three other participants felt it was that people wanted to help they just did not have the capability to do so because they were struggling themselves in many ways. All three of these participants seemed to be expressing a genuine desire to help others, but feeling powerless to do so. Participant 13 said, “The community of Fonfrède they have it in mind to to help one another, yea to fight one another they have it in mind. But they don’t have possibility to prove it.” Another community member expressed similar sentiments. Participant 5 said, “Um generally they they don’t have the opportunity to to help them each other cause we don’t have the capacity to do that. So each person so they try to um get their get themselves out of a problem but we don’t help each other very.”

Three participants flatly responded that there just was no community response. One parent said, “They don’t help children...If you have you do for you children but we don’t need it we don’t find help here.” The remaining three participants, all parents in the community, expressed very strong opinions that not only is there no community support, but there is a strong attitude that everyone is out for just themselves and therefore there is no help or support from the general community for children and families. One father said,

So uh surely I don’t I don’t see anything surely because because you know they are in misery, but everybody so do something themself. Ok but there is nobody who think about the community, exactly about the kids coming out exactly. But if I have my kid, but I think for mine. If you have yours, you think for yours and nothing more...But I didn’t have any possibility I supposed to stay in myself.

Another parent in the community expressed similar sentiments about being the only one who is looking out for her children. She said,

The community don’t support children but parent themself if you have the possibility you try to support your children but the community don’t who have nothing. Uh sometimes I need to pay the house where I’m living and when I don’t have the money for that the owner kick me out and uh and I go to I go into church to sleep with them.

This mother went on to discuss how sometimes the orphanage helps but she doesn’t find it easy to accept their help. She spoke in a very matter of fact tone about this lack of support, but the sadness and hopelessness was evident in her eyes. The last parent I spoke to about this expressed how no one ever asks her how things are going and if they are struggling. She said,

They don’t have support in the community. If my if the children have a problem here he is alone with his parents or the community don’t help us. Like that’s only you who try to

ask me how is how is things how is things going and how I'm living, but in nobody else ask me for those things. That's only you.

All three of these parents because very impassioned when discussing the lack of support from the community. While the one father tried to understand why everyone was out for him- or herself, the two mothers really struggled with anger about never finding help and support from others.

**Ideals about Children.** In asking participants about any important ideals in their community related to children they gave a very wide range of answers and most of them were not answering the question asked. My understanding of this is that many of the participants did not understand the question and this is not a relevant topic in their culture or I was not asking the question in a way that made sense to them. For all of the participants I did break down what ideals meant in other words, but still many participants did not understand. Two participants stated flat out that they did not understand and asked to move on to the next question. A separate two participants stated that there were no important ideals within their community about children.

When asked about ideals three participants discussed important community events that were important to children. They discussed the importance of these events culturally, but also because they create opportunities for children to have fun and show their support for one another. Participant one stated, "We use sometimes to help the children is what we have we used to make some fun for. Make them have fun together. And without each other we support each other."

The remaining four participants discussed ideals that they felt were important about children to them. One parents discussed wanting his kids to grow up better than he did. He said, "I'd like them to grow up in another way in different manner but I don't have the possibility to man, to help them with that." Another parent discussed how the only important ideal they could

think of was that parents are responsible to provide for their children and give them everything they possibly could to help them live. An educator expressed similar sentiments in that it was important to help children. One participant took this further saying it was important to support children's mental health. Her response was, "To the support mental health. That's it."

**Impact of Loss.** When asking community members about loss of people and things and its impact on children it was clear that loss has a huge impact on the children of Fonfrède. One of the common themes among participants is that loss creates a lot of sadness in both the children and in the community in general. They discussed how it is a small community and when someone dies the whole community is affected. Participant 5 said, "That's made that's made the community feel very sad. If of when we lose a young children like if it was around 15 or 14 years old, we lost them that makes the community very sad. So we feel very sad when we have someone." A few educators went on to discuss how their children who lost family members were very sad and this impacted their ability to concentrate in classes and thus their grades often suffered as a result. One educator also discussed how he noticed personality changes within kids who have lost parents. He said, "That same thing you know if a child lost a lost his parents you know like that and that's hurt him you know and then become sad and sometime you know you can tell the reaction of the children. You know you you don't know him anymore." Another educator discussed how it was a big impact on their school. She said, "Yes that affect them a lot. Um especially in this year. We have lots of children lost their parent and this month we have three children who lost their parents. So it affects them a lot."

In addition to the sadness experienced by many children a few participants also discussed the impact of the earthquake on the children and how losses tied to that have impacted them in the last few years. One participant discussed how a few of his students lost parents in the

earthquake and they themselves were living in Port-au-Prince at the time. He said how in addition to losing parents they also had to relocate to the countryside to live with other family members and they were dealing with the loss of their previous lives as well. He said,

You know they lost their parents in the earthquake. Or any other way, they were in Port-au-Prince you know in school, and then they lost their parents, they say they have to coming back here you know and then you know that's kind of loss for them. You know. So all they got to do you know help them you know.

Another participant echoed this same sentiment discussing how children who lost family members had to move and then their remaining parent had trouble finding jobs in Fonfrède and so there was a lack of resources for the children including food and clothes.

In talking about the impact of loss on the community a few participants discussed how loss impacts children differently depending on how old they are when they lose someone close to them. Two participants talked about how many small children lose people in their lives but they are unable to understand loss and that they will never see that person again so it is hard to understand how it impacts them. When thinking about older children and how it impacts them these two participants discussed how these children are better able to understand what is going on and thus they see a lot of the sadness and difficulty in school performance as discussed above.

Finally, an emerging theme when discussing the impact of loss was that some people felt very isolated and alone when they lose someone close to them and they felt that there is no support available from other community members when this happens. They discussed how when a parent dies the other parent tries to do their best, but they are often left on their own to do this with no outside support. One participant said, "The community don't don't support each other where someone is dead, but the parent try to do his best. But the community doesn't help."



Another participant expressed similar sentiments saying, “Um when when they don’t have the community don’t super help us each other when we have someone who is who is dead, but their parent try to do their best to the way he can for the for this person. But the community don’t support each other when someone die.” Notably both participants that felt this way were widows and were currently raising multiple children on their own in the community. Overall when discussing loss there was a heavy feeling of sadness projected by the participants and it was clear loss is a big part of life in Fonfrède.

**How Loss is Discussed.** When talking to the participants about loss they all had a lot to say about the impact of loss that I became curious as to how they saw loss and how they spoke with the children they raised or worked with about what they were experiencing. Most participants had similar ideas about how to talk to children about loss. A few participants spoke about loss in a religious way and said they would explain it to children in that sense meaning they would talk about God’s plan for people and how everyone has to die because it is God’s plan. Another group of participants talked about how they would tell children that death is something that happens to everyone. Some people then felt it was important to tell children about life going on and valuing those that have passed. Overall, despite varying views on death, most participants discussed needing to comfort children and let them know that there are people available to help and support them through this time.

In discussing ways to talk to children about death three participants felt strongly that it was important to explain death in a religious manner and the reason behind it. One man said when he explains death to his children he puts it very simply. He said that he tells them, “God give and God take.” He then said he has gone on to explain the different reasons why people

may die. One participant, participant 11 went into more detail about how religion impacted what she would say to children. She said,

The way she talk to them you know she comfort them. She teach them you know the work of God, ok, how the Bible say that you know because of our original sin ok that's what create death and then because that's not what God create for us. You know? That's sin create death and then she teach them you know that uh they're all be resurrected, they will everyone would be risen in the end, ok. So they have a that's a hope of the resurrection and then some that person goes today they will go again and then in the end everybody will go. Ok. So there is in that's the only comfort that she could give them. She say she's them like you know when they lose those who loss the parents you know at the earthquake or any other way, she teach them you know that you know she teach them how to have a good life you know. So if they have good life they could meet their parents again you know in the other world, in the other world.

Participant 9 stated similar ideas about telling children about original sin. She said,

This is a this happens from the first scene you know of of the from Eve, Adam and Eve from the first scene, since then you know we all has that problem because we all going to lose somebody. You know because that's what you know from that time you know the creation of the death the death has been created because eh today it's your parents, tomorrow it could be mine, tomorrow it could be somebody else.

Even with participants that had a very religious base to how they would talk to children about death they said they would discuss how death can be unpredictable, but the one sure thing is that everyone will die. Four other participants expressed this sentiment as well, saying that when they talk to children they tell them that everyone in life dies. One educator said she has

told her students, “Today it’s it’s it’s your mother, tomorrow it’s another kids mother, and even me as a teacher I have to go too. Ok? So that’s the way it is in life.” Another teacher discussed what happens when her students come to school after they have lost someone and how her basic message is one of comfort and that we all die. Participant 10 said,

Ok there is a when un when something, uh when they find out you know the kids have lost something because when the kids here you know when you lose somebody close to you, your mother, your father, you know they don’t they don’t wear the regular uniform they come in with a black clothes. Then when the teacher see that and them find out what’s going on? Did you loss somebody? Yes. They say well I lost my dad, I lost my my mom, and then the teacher start talking to them you know ask them were they sick and for how long and things like that. Ask them a lot of questions. And after that you know she say well we talk to them we give them comfort. You know tell them you know their life is this way you know that’s life you know. They’re gone now. We have to go. Everybody has to go.

One mother simply said she tells her children, “We all have to die one day.” Many of these participants said they speak frankly to their children about the realities of life and death. A father said he has told his children, “Your momma is there, your sister is there you know and then it happen you know they die, so we have to you know cope with it and then keep going on.”

As with many of the participants no matter how they talked to children about death they felt it was always important to comfort them, show them support and tell them to figure out how to cope and keep living life. One educator discussed how she tells children they are supported in this time. Participant 6 said she tells her students, “We try to make them feel that he is not alone. We try to make them feel that it’s not the end of everything. Or life continue and we try to make

them that make them see that we are with him and he can count on us to help them.” One educator said all he can do is, “try to comfort them and make them know that we are here to help them and that’s all we can do.”

**Religion.** Upon arrival in Fonfrède one of the first things an outsider would notice would be the abundance of churches in a very small area. As I walked through the main intersection in the middle of town and on two of the corners there are religious institutions, a Catholic Church on one corner and the town’s Catholic primary school on the other. When you walk a few meters further on the main road there is the Baptist church. For a small community there appears to be multiple options for worship. At each of these locations there are people gathered in their doorways. It’s Monday, not a typical day of worship, but people seem to be congregating around the places of worship. This continues throughout the week. In addition half of the schools in the community are religiously based.

In talking to participants they were split on the degree that religion impacts their lives. Eight participants felt that religion and church play a very large role in their community. Many of these participants felt that children had school and they had church and those were the two things were they learned about life and kept busy so they could stay out of trouble. Participant 2 said, “With that school and the church they they start to learn some new things and they start to learn some new ways to handle with people and handling some situations. And I think that the school and the church play a big role in this community because they bring change.” Another participant echoed similar ideas about religion and church teaching children new things. He said, “And by religion they can come to church and the pastor can teach them some good things so that they may know they don’t have to do this or they don’t have to do that.” One teacher

discussed how she felt children learned a lot from church about the work of God, but she felt many more of them needed to go and learn more. She said,

In a religious uh domain now like uh they have to read the Bible with the kids you know. Teach them the word of God. Ok so because she say that you know there is a lot of them you know young very young you know already have relation sexuals sometime and they don't even finish elementary school they already have a baby on their hands. Ok. So all they need to have a people you know talk to them teach em the Bible, teach em the Word. Like you know say you know that the body is a is a their body is a temple of God you know so they could know when and where and how you know they use their body.

Another teacher also discussed how not only does religion teach children things, but it also has a big impact because a lot of times it influences which school parents decide to send their children to since they can choose from a few different religious schools, as well as the national school.

When discussing religion three participants felt strongly that religion does not play any role in their lives. They all felt that religion does nothing to help them when they are struggling and thus it had no place within their lives. Notably, all three of these participants were parents who had previously discussed how the community was not supportive or helpful in general when they were having a hard time raising their children.

In addition to more mainstream religion two participants also discussed the impact of Vodou on children in the community. They told how Vodou was outlawed in the country, but that some people still practiced it, especially in the countryside. Both participants said that whether Vodou impacts children is often heavily dependent on their parents' beliefs about it. Participant 12 said, "He's a Vodou man. You know he believe tom tom tom you know and the Vodou man and things like that. And then he say some children they don't like it. Or some

children because of their parents you know they they they like it.” Whatever the religion may be the majority of participants expressed strong opinions about the impact that religion had on their lives on a regular basis.

**Culture.** In discussing culture with the participants many of the participants did not have strong opinions about the impact of culture on their everyday lives. I am unaware if this is because people did not understand the question, but no one asked for clarification or said they did not understand. Another possibility is that it was lumped in with the question about religion which plays a very strong role in daily lives or possibly culture is not something that is thought about in Haiti the same way it is thought about in the United States as an influencing factor in peoples’ lives.

Of the 13 participants I interviewed only three really discussed culture and it was not in great detail. Two participants stated that culture was important because it created enjoyable activities, which allowed children to have fun at times and celebrate different events. One participant went into more detail and explained some important cultural events. Participant 11 said, “In Haiti you know the culture play a bigger role, because you got the Mardi Gras and Carnival and they have another one they call Ra Ra. Ok. So that’s a that’s a social activity, outside activity. The kids you know loves that kind of stuff.” Overall it seems that culture is not something most of the participants thought much about, at least in the way I was asking it.

### **Summary**

This chapter presented the findings from interviews conducted with 13 individuals who were over 18 years of age, lived or worked in Fonfrède and had some sort of caregiving role with children in the community. This sample was fairly representative of the population of Fonfrède that has regular contact with children with half the participants being parents and holding other

community jobs and the other half of the participants working as educators in the school. There was also a relatively even split between genders and a diversity in religions represented. While the age of the participants was on the younger side, this is probably due to my lack of access to older community members in the settings I was conducting my interviews.

When asking participants about the struggles of the children many of them talked about children who were struggling with their emotions, particularly sadness, or their behavior. They spoke of children who were angry and aggressive with others. Participants also spoke of children who could not concentrate in class and those who had more physical and developmental delays. Participants were very insightful about the reasons behind these difficulties. They came up with many reasons ranging from a lack of basic living necessities to struggles at home and in their community that impact their daily lives. Many participants pinpointed difficulties with absent parents due to one reason or another. While these struggles appear to be numerous many of the participants expressed positive attitudes about the future. One mother said she tells her children, “I take him and try to talk to him and let him know that life is, life is difficult but we have to handle it. Yeah I let him know that today is like that we never know tomorrow. Tomorrow can be a better day so we have to always have hope.”

In trying to discover any current community supports or services available the majority of participants felt that there were no services available to help children who were struggling. A small number of the participants were aware of services or organizations that could provide limited support. Of these participants none of them felt that the services currently offered were enough to address the numerous needs they were seeing in community children. Many participants in the interviews were able to come up with ways that they would like to see things change and what needs to happen in order to help children including education for children,

teachers and parents. Participants also discussed the importance of positive adult role models for children. The biggest need to help address the issues they were seeing was helping children to have their basic needs met including food, water, clothing, shelter, love and support. Participants were torn over whose responsibility it was to help these needs be met, whether it was the parents, the school or the community who needed to support struggling children.

The final section of the interview explored the culture of the community in Fonfrède. When asked about community support participants were divided on how much support they felt was available to help children and families. Some participants felt there was some community support, but others felt very strongly that there was no community backing. The reasons behind this varied from people wanting to help, but they are just unable to, to people are completely unwilling to help others around them. The impact of loss was then discussed and it is clear that the loss of people and things has a strong influence on children's lives as many of them have experienced loss of some kind and adults notice the impact it has on children including sadness and difficulties with school. Participants discussed how they talk to children about loss and many of them used religion, while others were very straightforward and told children that everyone must die. The overwhelming response though was to provide children with comfort and support in their difficult time. Religion was discussed as an important factor to many participants, while culture appears to play a less important role in their lives.

The following chapter will discuss in detail the findings from this chapter and relate these findings to the relevant literature previously discussed in this paper. In addition, the relevance to the field of social work and any possible implications for the field will be examined. Finally, the chapter will conclude with limitations from this study and questions that arose leading to possible future questions to be explored in this field.



## CHAPTER V

### Discussion

The purpose of this qualitative research is to attempt to gain a better understanding of the mental health needs of children in Fonfrède, Haiti, the services currently available to them and the cultural climate within which new services would be implemented. Thirteen adult community members from Fonfrède were asked to discuss their experiences with children living in their community and about specific aspects of their community and its culture. This chapter reviews the findings of the study and makes connections between the current findings and past literature in relation to mental health needs of children in Haiti. It is broken down into four sections; key findings, limitations, implications and suggestions for future research.

#### Key Findings

**Needs of Community Children.** While discussing the needs of the children in Fonfrède it is clear that many children are struggling in a number of ways and the causes of those struggles are quite varied. The biggest concern noted by participants in the current research was children with acting out and a lack of discipline. Participants felt that children were very aggressive and would fight with one another in addition to not listening to authority figures. These findings are in contrast somewhat with past research that discusses the importance of discipline in Haitian families (World Health Organization, 2010). This report discussed the importance of authority figures and how corporal punishment was often used to keep children in line. This was consistent with my own observations as I saw teachers hit students and one teacher even made a

joke about needing the switch she was carrying throughout our interview to keep the children in line. Despite the instances of discipline being enforced that I witnessed participants did not see results from this strong sense of discipline. These findings could point to a number of things. First, children could be receiving inconsistent messages from different adults in their lives and thus they have not yet developed a strong sense of good behavior. Another possible reason for this could be that many parents are struggling with other things in their lives such as jobs, money, food and providing shelter for their families, which must take precedent over discipline. A few participants also discussed the increasing media influence over children that portrays images of violence and glorifies aggressive behavior with other people. It appears that despite the strong discipline discussed in past research other outside factors are influencing children's behavior and overpowering the cultural ideal of discipline.

The second most mentioned difficulty faced by many children in Fonfrède was expression of sadness. Participants were split on whether there was a reason for these emotions within the children. Some participants discussed hardships children have faced in their lives that have contributed to this sadness including loss of family members, exposure to the earthquake and medical problems. This is consistent with past findings (Horowitz, Stinson & Field, 1991) that sadness was a typical response to traumatic events such as the ones discussed above. Sadness is a typical response to a traumatic event for children, but with the right support children may be able to regain their lives and not develop PTSD as was found in other studies (Mitka, 2011). In contrast to participants that were able to point to a precipitant for children's sadness, some participants felt like there was no cause that they could point to for children's sadness, rather they felt there was no reason for how children were acting. One possibility is that this sadness is biological and these needs are not being addressed because there is a lack of mental

health infrastructure and services within Haiti (World Health Organization, 2010), but there is currently no data on prevalence of mental health diagnoses so it is unknown if this could be the cause for the sadness seen in so many children (Budosan & Bruno, 2011). Another possible explanation is that children are faced with many harsh living conditions including lack of food, shelter and general safety, which causes unease. This was discussed by participants in the current research as well as in findings of past studies (World Health Organization, 2010). More research is needed into the causes of this sadness in children if the causes are to be addressed rather than just creating services to help children with their feelings.

The third most common struggle cited by participants in the current research was issues related to concentration. Participants also associated this to children who fall asleep or lack motivation to do schoolwork. These issues related to concentration could be due in part to a number of reasons participants discuss including a lack of food and water. This problem is corroborated in past studies, which show a lack of basic necessities in Haiti (Farmer, 2011). In addition, participants discussed the long walks children had to make to school in the morning in what I observed was often very hot weather as a possible reason. These long walks coupled with a lack of adequate food and water could be leading to dehydration and other ailments resulting in students being unable to focus properly on their studies. While this is not an easy problem to fix it does point to possible tangible solutions in the form of food or access to water that could be looked into by people in the community.

Many possible reasons were discussed as causes for children's struggles in Fonfrède, but an overarching theme of a lack of resources was present throughout people's responses. This lack of resources was also a common thread as the cause for multiple problems. This is consistent with past findings that Haiti as a whole lacked many basic resources for its people

which is due in part to a long history of oppression and poor central management (Farmer, 2011; Bailey, Bailey & Akpudo, 2010). In addition to basic needs not being met a few participants also discussed violence within the homes as an issue that caused problems for children. In past research (World Health Organization, 2010) it was shown that in Haitian culture men are seen as the ultimate authority and parents often discipline their children by corporal means. This may point to physical force being used in the home as a part of life. While this may not be the norm in other nations, it appears this may be so in Haiti, but just as in other countries where this violence is not the norm it appears that it may be having a negative impact on children. This points to possible trainings for parents and families about domestic violence and discipline. It will be necessary if CapraCare does decide to do trainings along this line that they are done by people in the community and takes cultural norms into account as this would make the trainings more likely to be accepted by the community (Miller, 2012).

Finally, the current study's participants saw the lack of parent support as a contributing factor to children's struggles. They discussed parents either being unavailable physically due to death or having to work in other parts of the country or parents being physically present, but emotionally absent. This is inconsistent with past findings that family is a central part of Haitian culture (World Health Organization, 2010). It is possible that more difficult economic times have put increased burden on families or this ideal of family support is missing within this particular community for some reason. As past research has found (World Health Organization, 2010) in many Haitian families fathers are absent for a variety of reasons leaving many households to be run by mothers. This was the case for a few participants interviewed. In households where there is only one parent it may put increased pressure on this parent to provide financially for the family, leaving emotional needs to go unmet. This finding also points to a

possible role for CapraCare in conducting events geared towards bringing families together or creating other community events that allow for celebration and the joining together of families in a positive atmosphere.

**Community Supports.** In talking to participants about current services available within the community to support children who are struggling the majority of participants felt that there are no services available. Many of these participants simply stated that there are no programs to help children. Despite this strong response from participants a few were able to identify some supports available including school and a select number of nongovernmental organizations. Despite being a common gathering place and where children spend the majority of their time most of the participants did not identify school as a possible support. This could be due in part to many adults lack of a positive school experience as past research has shown (World Health Organization, 2010), almost half of the population is illiterate and almost two thirds never made it past primary school. The reason behind a lack of knowledge surrounding services of NGOs is due in part to their own scattered services and a general lack of central management. These are issues that have plagued Haiti since before the earthquake (Budosan & Bruno, 2011; Nicolas et al., 2012) and while they have shown some improvement the response to people who are struggling is still quite piecemeal. The lack of knowledge about the services of CapraCare demonstrates a huge hurdle for the organization and an area for growth. As CapraCare continues to expand and create more services for community members it is vital that they advertise what they are doing and put on more events to get their name out in the community. If community members become more familiar with the work of CapraCare they may be more willing to engage with the organization as familiarity and trust is important within Haitian culture.

While many participants felt there were few services, if any, available for children many of them struggled to come up with new services that would be helpful. While they were unable to describe specific services many participants referred to the causes of problems they discussed earlier in their interviews stating that these things would be helpful including access to basic needs such as food, water and clothing, as well as education. It appears that while participants were unable to name specific services they were very capable in expressing what their needs were. It is feasible to think that with the information provided on the needs of the community and the knowledge of CapraCare staff certain programs can be created to target the needs of children within the community. As Miller (2012) discussed it is important to take into account the culture and climate of the community within which services are to take place in order to make them more successful.

**Culture in Fonfrède.** When participants were asked to discuss the impact of culture on their lives many of them did not appear to understand the question or said that culture did not play a large role within their lives. This is in contrast to findings from previous research that shows culture is in fact quite strong in Haiti and plays a large role in people's everyday lives (World Health Organization, 2010). When asked about certain aspects of culture including religion, the impact of loss and ideas about how to discuss loss, ideas about supporting one another and discipline almost every participant was able to discuss in detail how these different aspects of culture impacts their lives. This may point to the fact that culture does indeed play a large role in Haitians' lives as past research shows, but the way in which it was asked in the current project was culturally inappropriate and thus the majority of participants did not understand what was being asked. In addition, another explanation could be that due to the long-

lasting harsh conditions of living in Fonfrède many people have lost touch with Haitian culture, but still hold strong to certain aspects of past culture.

In breaking down the different aspects of culture there are consistent findings in the current study with past research. Most notably is the importance of religion for people in Haiti. Past research has shown that religion plays a large role in the lives of many Haitians (Jordan, 2010). The majority of participants discussed the large impact that religion has on their lives including as a community of people, source of support and by providing needed things to community members such as food and other assistance. In addition religion appears to play a large role in children's lives as about half of the students in Fonfrède attend religiously based schools. This is also consistent with my own observations that there are many religiously based institutions within the community and that many people were often gathered around these places of worship despite the day of the week. In many places around the world people only gather around houses of worship on the Sabbath or holy holidays, but it appears that in Fonfrède religiously based institutions are not just about religion, but are a place of community for those that belong. It appears that as in past literature (World Health Organization, 2010) this strong connection to religion is part of the culture for many people in Fonfrède. When I think of culture part of what makes up a group of people's culture is their religious practices and thus I believe that many people in Fonfrède have a strong culture, they just do not identify it as such, possibly for reasons stated above. If I had asked more detail or asked follow up questions to why participants did not feel they had a strong culture it is possible I would have found out more information about their thoughts on this topic.

Contrary to past findings (World Health Organization, 2010) a few participants felt that religion did not have a role in their lives. As noted earlier these participants discussed a lack of

community support in general and were also widows raising children on their own. All of these participants expressed intense emotions when discussing the lack of support they feel and thus I did not feel it was appropriate to ask further questions about the lack of religion in their lives. It is possible that these participants were angry and upset due to their perceived feelings of isolation and abandonment by their community and church following the death of their spouses and thus they have rejected religion. Past research (Jordan, 2010) has shown how religion can be a positive impact in Haitian's lives following a tragedy, but it appears that for these three participants I interviewed, religion was not a source of comfort as it is for many other Haitians.

Another difference between the current study and past literature is the presence of Vodou in people's lives. Past research has shown that Vodou plays a very large role in many Haitian's lives, not only as a religious practice, but also as a healthcare system and a support system (World Health Organization, 2010; Nicolas et al., 2012). In the current study only two people mentioned Vodou at all and both in the context of other people who practice it, never as a practice that they subscribed to themselves. These two participants were consistent with past findings that in expressing opinions that Vodou is practiced more in the rural areas compared to the urban areas of the country (World Health Organization, 2010). The lack of participants who discussed Vodou could be due to the stigma that has been attached to Vodou in recent years as a religious practice specific to poorer people (World Health Organization, 2010). Due to my connection to CapraCare, possible perceived connection with the local schools, my origin from the United States and possibly because of my skin color, participants may have been reluctant to discuss these Vodou practices with me.

In addition to religion, past findings have shown that community support and the presence of extended family and friends is a very important part of the culture in Haiti (World



Health Organization, 2010). In the current research many participants did not feel as if people within the community or even their own extended family supported them. A few participants did discuss asking their family members for help occasionally, but said they did not ask them for help on a regular basis. A few of the participants discussed people being unable to support or help one another because they were often so preoccupied with helping themselves. As past research has shown (World Health Organization, 2010; Bailey, Bailey & Akpudo, 2010) the situation in Haiti was dire prior to the earthquake of 2010. The literacy rate was quite low, unemployment was high and the infrastructure of the country was crumbling. With the earthquake in 2010 these circumstances became even more difficult as the current research shows, people's lives were devastated by loss of life, shelter and jobs as many from the local community were in Port-au-Prince during the earthquake or had family there. In addition, new people and family members fled to communities like Fonfrède to escape the harsh conditions of the capital. It may be possible that the current findings of little support from the community are the result of an already stressed country of people being pushed beyond what they are able to handle. Knowing this is how people feel is important for those who are working within the community. In the past, support of one another and extended kin networks has been found to be a very positive factor in people's lives in Haiti. According to psychosocial capacity building (Miller, 2012) it is important to help people rebuild these networks following a disaster. It appears that helping people to reestablish ways to support one another could be a possible place for community workers to start in strengthening the community of Fonfrède.

The last factor looked at in the current research about the culture of Fonfrède was the impact of loss and how adults speak to children about loss. In a country that struggles so much in so many different ways and after the earthquake of 2010 in the recent past it is not surprising

that many participants in the current study found that loss has a very large impact on children's lives. It appears that the biggest impact of loss on children in the community is a sense of sadness and this may translate into difficulties in school or shifts in their mood and personality. It seems that if there was a way for individuals to intervene earlier when a child loses someone it might be possible to help mitigate some of the factors causing the further difficulties that teachers and parents are currently seeing. It seems as if support systems could also play a mitigating role in the development of problems for children after a loss. As past research has shown (Miller, 2012) a support system is vital in helping people recover following a traumatic event. In talking about the way people discuss loss with their children the current findings are in line with past research as many participants said they would use religion to discuss loss with their children including discussing an after life and good morals. This is consistent with findings from the World Health Organization (2010) report that shows the importance of religion for many people in Haiti.

### **Limitations**

While this study does provide valuable insight into the needs of the children of Fonfrède there are some limitations of the study. The first limitation is that due to time constraints of only being in the country for 9 days and other barriers conducting work in a foreign country only 13 participants could be interviewed for the study. While these 13 participants were relatively diverse it is possible that different information would have been gained by recruiting a more diverse sample. I was unable to recruit any participants older than 50 and thus my findings are limited to the opinions of younger and middle aged adults. By interviewing adults older than 50 it is possible that I would have been able to gain a different perspective on the needs of children and the culture within the community. Other than age my sample was quite diverse for the area

of Fonfrède including gender, marital status, education level, occupation and number of years living in the community.

An additional limitation is the language barrier between the participants and myself. Two different translators were used during the interviews. Both men generously donated their time to help translate during interviews, but neither was a professional translator. Due to this and my own lack of ability to speak Creole it is possible that certain aspects of the interviews may have been lost in translation as this is often a possible risk in conducting research with a translator. Every effort was made to capture every word spoken by the participant, my translator and myself. Even if no words were lost, it is possible that certain inflections or tones were unable to be captured. The different cultural contexts and difficulties in translating certain concepts into Creole or English may have contributed to some richness of the interviews being lost in translation.

A third limitation is that the interviews were conducted in an open-ended format which led to some questions being asked in a different order or follow up questions being asked of some and not others based on the organic flow of the conversation. Based on how participants responded to certain questions were asked different follow up questions in order to elicit further detail from them. While this could possibly lead to certain information not being collected from every participant this format allowed participants to fully express themselves and to provide answers in a way that was meaningful to them. In addition this format also allowed for great depth and variety within participants answers, as they were not limited in what they were able to discuss.

Lastly, there could be some bias among participants due to my connection to CapraCare in both a positive and negative direction. Prior to starting my interviews with people I did make

my affiliation to CapraCare known in order to assure them of my connection to a known organization in the community as I was told this would help ease people's fears of talking to an unknown individual (Josh Miller, personal communication, August, 2012). This information could have caused people to withhold information or talk more depending on their previous contact with CapraCare. Despite this possible bias I felt that it was important to make my connection to CapraCare known due to my limited time in Fonfrède, which did not allow me to build relationships of my own within the community prior to starting my research.

### **Implications**

This study has implications first and foremost for CapraCare and the community of Fonfrède. By gaining a deeper understanding of the needs of children in the community the staff and volunteers at CapraCare will be better prepared to create programs targeting the primary needs of the children. While they are currently planning to institute mental health services, many participants discussed the need for basic necessities to be met, this could lead to possible programs CapraCare could implement in order to try to address this need. In addition many participants discussed the importance of education for children, parents and teachers. This could help CapraCare plan trainings and other educational events aimed at these different populations in order to meet the needs of the community.

Beyond CapraCare and the community of Fonfrède this research provides information, which could be useful in helping people understand the needs of children a few years after a large-scale disaster. It highlights the main struggles of children and important ways to address these struggles including meeting basic needs and having stable systems in all parts of the child's life. While it would be important to research the individual culture of each community so that services can be culturally appropriate, the findings of the current research can help with planning

disaster relief strategies and understand questions that could be asked in future needs assessments following a disaster in order to elicit the most useful information. In addition, this information could be useful for clinicians working in the United States as there are large groups of Haitians in diaspora in a few major US cities.

### **Suggestions for Future Research**

The current project has aided in creating a basic knowledge base of the needs of the children of Fonfrède, what services are wanted and what the culture of the community is in order to better assist in the creation of mental health services. One suggestion for future research in this area would be to attempt to speak to the children themselves about their needs and what would be helpful. The perspective of adults gained by the current study is valuable in that they have a unique perspective on what the needs of children are, but it would enhance the current findings if the voices of the children themselves could be heard as well.

In addition, it would be helpful if the current research could be used in conducting other needs based assessments in other parts of Haiti. As the country works towards rebuilding their infrastructure and mental health system in particular it will be important to know what each community sees as it's needs and what is the culture within which new services must fit. Currently the research on difference community needs in Haiti is piece-meal and it is vital that one central governing body create a set of standards and protocols for mental health services in order to best meet the needs of all individuals in Haiti that are struggling with mental health issues. Finally, if this work is successful in providing a guide for assessing needs throughout Haiti it could also possibly be used in future instances of disasters that impact large groups of people in places where mental health services are not readily accessible or are disrupted by the disaster.

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## Appendix A

### Human Subjects Review Approval Letter



School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

February 5, 2013

Jaimie Colica

Dear Jaimie,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting study.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Kline Pruett" followed by a flourish.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.  
Vice Chair, Human Subjects Review Committee

CC: Andrew Jilani, Research Advisor

**Appendix B**  
Organization Letter of Participation



P.O BOX 1408, NEW YORK, N.Y 10276 • INFO@CAPRACARE.ORG • WWW.CAPRACARE.ORG

December 22, 2012

Smith College School for Social Work Lilly Hall Northampton, MA 01063

To Whom It May Concern:

CapraCare gives permission for Jaimie Colica to locate her research in this agency, CapraCare. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) performs a review of the research proposed by a Jaimie Colica.

CapraCare will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

CapraCare is a 501(c) 3 non-profit organization whose mission is to develop sustainable community health programs assisting school-aged children 5-19 years old and their families living in Fonfrède, Haiti, having a population of 20,000 and devastated by the 2010 earthquake. CapraCare provides a host of professional services ranging from access to healthcare and social services, to low-threshold mental health education and counseling. Our programs are making an impact by saving lives and transforming communities, while re-building and maintaining a lasting local capacity in Haiti.

If you require any further information, please do not hesitate to contact me.

Sincerely yours,

Jean Pierre-Louis, MPH

Founder/Executive Director

## **Appendix C**

### Informed Consent – English Version

Dear Participant,

My name is Jaimie Colica and I am a master's level student at Smith College School for Social Work in the United States. I am conducting a study on the mental health and social needs of the children in the Fonfrède community. I am interested in finding out what things children struggle with and what would be most helpful to support them. I also want to know ways the community currently supports mental health needs of children. The results of this research will be used as part of my master's thesis and for possible publication as an article. The results will also be shared with the staff of CapraCare to help make the mental health and social services the best they can be.

- Your participation in this research is requested because of your involvement with children and students in the community. If you are interested in participating in this study you must be:
- At least 18 years old
- Either a parent, guardian or have a role in working with children in the community

Interviews will be conducted with the help of a translator. If you choose to participate I will interview you one on one with the help of a translator. The interview will take about one hour. I will ask questions about your role with children in the community, what you see as difficulties children face and your opinion on what is needed to support children in the community. All of the interviews will be audio recorded. The interviews will be translated into English and transcribed with the help of a transcriber back in the United States. The transcriber and translator will sign a confidentiality statement, which is a letter saying they will keep all of the information you provide in the interview private and confidential.

The risk of participating in this study is that you may be reminded of difficulties or sad memories that could cause you discomfort. It may also be difficult for you to talk about your experiences with someone who is not from your community. The staff at CapraCare will be available to talk with you after participating in the study, if needed. Participating in the study may benefit you through having the opportunity to talk about your experiences and the work you have been doing to help children in your community. The results of this study may also benefit your community by improving the mental health and social services offered to the children of Fonfrède and surrounding areas.

The information you provide through participating in the study will be kept confidential, meaning all names and identifying facts will be disguised in all reports and presentations of the results. Besides myself, the only people who will have access to your name or other personal information will be the translator and the person who transcribes the audio-recorded interview – both of whom will sign a confidentiality pledge stating they will keep all material they hear or read to themselves. I will keep the audio recording of the interview and typed record of the interview for three years in a locked and secure location on my computer. Paper forms, such as this one, will be kept in a locked suitcase while I am in Haiti and in a locked box within my

home. After three years, all information will be destroyed unless I still need them for research or presentation. In this case, I will continue to keep them secure and locked on my computer until they are no longer needed.

The choice to participate in this study is yours to make. If you decide you do not want to participate anymore for whatever reason you may pull out from the study. You can do this by informing me that you do not wish to continue and I will destroy the files of your interview. If you choose to withdraw from the study you must do so by February 23, 2013. You may also refuse to answer a question during the interview if it makes you uncomfortable. If you have any concerns about your rights or question about the study you can contact me through the CapraCare staff. You can also call the chair of the Smith College School for Social Work Human Subjects Review Committee.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

If you have any questions you may contact me through the staff at CapraCare. You should keep a copy of this form for your own records.

Thank you for your participation!

Participant Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Researcher Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Appendix D**  
Informed Consent - Haitian Creole Version  
Fomilè pou patisipan

Mwen salye tout moun,

Mwen se Jaimie Colica, mwen se yon etidyan kap fè metriz mwen nan Smith College for Social Work ki nan peyi Etazini. Mwen ap fè yon etid nan lokalite Fonfred sou sa ki gen rapò ak sante mantal avèk kisa yon timoun gen bezwen nan yon sosyete. Mwen enterese nan konnen kont kisa timoun yo ap goumen pou yo viv pi byen ak kisa ki ap pi bon pou ede yo. Mwen vle konnen tou kijan kominote a fè pou ede timoun yo nan sa yo bezwen pou yon bon sante mantal. Rezilta etid sa ap edem nan yon memwa map ekri pou metriz mwen an epi tou li ka pibliye sou fom yon atik nan jounal. Mwen ap pataje rezilta etid sa tou ak manm CapraCare yo pou yo ka bay pi bon sevis nan kominote a nan pwogram sante mantal la avèk nan lòt sèvis yap pote bay popilasyon Fonfred la.

Mwen mande patisipasyon nou nan rechèch sa paske se nou menm ki konn kisa timoun ak etidyan kap viv nan kominote a gen bezwen. Moun ki enterese patisipe nan etid sa dwe:

- Gen 18 lane pou pi piti
- Yon paran oswa yon gadyen oswa yon moun kap travay ak timoun ki nan kominote a

Etid sa ap ka fèt pa mwayen kesyon mwen ap pozew devan yon moun kap tradwi pou mwen. Si ou chwazi patisipe nan etid la, se mwen sèl, ou menm ansanm ak moun kap tradwi pou mwen an kap la. Seyans kesyon sa ap dire inèd (1h) tan konsa. Mwen ap gen poum pozew kesyon sou kijanw ede timoun yo nan kominote a, ki pwoblèm ou wè timoun yo rankontre ak kijan daprè ou ou panse yo kapab ede timoun sa yo. Map anrejistre tout konvèsasyon an sou kasèt. Map fè yon moun edem tradwi li nan lang angle ak ekri konvèsasyon sa yo sou papye lèm rive Etazini. Moun ki ap edem tradwi ak moun ki ap edem ekri sou papye konvèsasyon yo ap siyen yon papye ki di yo dwe kenbe enfòmasyon sa yo sekre.

Pwoblèm nou ka rankontran pandan etid sa li ka fèw sonje pwoblèm ou konn konfronte nan lavi a oswa move souvni ki ka rann ou mal alèz. Li kapab difisil tou pou pale eksperyans ou avèm paske mwen pa yon moun kap viv nan kominote a avèw. Manm Capracare yo ap disponib pou pale avèw apre etid la si li nesesè. Mwen espere etid sa pral edew ansanm ak kominote a. Patisipe nan etid sa ap benefik pou ou paske lap baw opòtinite pou pataje eksperyans ou ak travay ou konn fè pou ede timoun nan kominote w la. Rezilta etid sa pral pèmèt yo amelyore sante mantal ak sèvis yap bay timoun nan popilasyon Fonfred la ak lot kominote ki nan lantouraj li yo.

Enfòmasyon ou ban mwen pandan patisipasyonw nan etid la ap rete sekè sa vle di tout non ak sa ki ka fè yo idantifye yon moun ap degize nan tout rapò ak prezantasyon rezilta yo. Bò kote pam, moun kap gen aksè pou li wè nonw ak lòt enfòmasyon pèsònèl sou ou ap moun kap edem tradwi a ak moun kap ekri konvèsasyon mwen te anrejistre sou kasèt yo sou papye – tou de (2) moun sa yo ap siyen yo papye angajman ki di yo dwe kenbe sekre tout materyèl yo li oubyen yo tandè. Mwen ap sere tout konvèsasyon mwen te anrejistre sou kasèt yo ak sa mwen te ekri yo

yon kote ki an sekirite epi ki gen kle sou odinatè mwen pandan twa (3) zan. Map mete tout enfòmasyon mwen ekri sou papyè tankou papyè sa nan yon malèt ki klete pandan mwen an Ayiti epi lè mwen rive lakay mwen nan yo bwat ki klete. Mwen ap efase tout enfòmasyon sa yo aprè twa (3) zan si mwen pa gen bezwen yo ankò pou rechèch oubyen prezantasyon. Si mwen gen bezwen yo pou rechèch ak prezantasyon toujou, map toujou kenbe yo kote ki an sekirite epi ki gen kle sou odinatè mwen jiskaske mwen pa gen bezwen yo ankò.

Patisipe nan etid sa dwe yon desizyon pèsònèl. Ou gen dwa pou pa patisipe oubyen pa kontinye nan etid la pou nenpòt ki rezon ou genyen. Wap jis dim ou pa vle patisipe ankò poum ka efase tout dosye ki gen enfòmasyon ou te ban mwen pandan konvèsasyon yo. Si ou chwazi kite etid la ou dwe fè sa anvan 23 fevriye 2013. Ou gen dwa tou pa deside reponn yon kesyon si kesyon sa metew mal alèz. Si ou ta gen kesyon sou ki dwa ou genyen nan etid la oubyen nenpot lot kesyon sou etid la ou ka kontakte mwen dirèkteman nan adrès oubyen poze manm CapraCare yo kesyon yo. Ou ka rele tou direksyon lekòl map fè metriz la ki se School for Social Work Human Subjects Review Committe a nan nimero.

**SIYATI W AP PWOUVE OU LI AK AKSEPTE ENFÒMASYON KI EKRI PI WO NAN FÈY SA EPI OU TE GEN OPÒTINITE POU POZE KESYON SOU ETID LA, SOU PATISIPASYON OU AK SOU DWA OU GENYEN NAN ETID SA EPI LAP DI TOU OU TE DAKÒ PATISIPE NAN ETID SA.**

Si ou gen nenpot ki kesyon ou ka kontakte mwen sou adrès oubyen kontakte manm CapraCare yo. Ou dwe kenbe yon kopi fomilè sa pou ou.

Mèsi pou patisipasyonw !

Siyati patisipan \_\_\_\_\_

Dat \_\_\_\_\_

Siyati moun kap fè etid la \_\_\_\_\_

Dat \_\_\_\_\_

**Appendix E**  
Demographic Questionnaire

First name: \_\_\_\_\_

Children? \_\_\_\_\_

Gender: \_\_\_\_\_

Marital Status: Married    Single    Divorced    Committed Relationship    Other

How long have you lived in Fonfrède? \_\_\_\_\_

What is your job or role in the community? \_\_\_\_\_

What is your primary language? \_\_\_\_\_

How important is religion or your spirituality to you? \_\_\_\_\_

If it is important, what religion or spiritual practice? \_\_\_\_\_

Have you had previous exposure to any mental health services offered to children in the community? Yes    No    Unsure

**Appendix F**  
Interview Protocol

1. What is your role in the community?
  - a. In what capacity do you interact with children in the community?
2. Please describe what you perceive to be the mental health needs of children.
3. How are children who are struggling emotionally or behaviorally typically managed?
  - a. Who deals with children who are having a hard time?
4. Are there any supports available for children who are having difficulty?
  - a. What are they?
5. For each of these supports do you find them to be helpful?
  - a. Why or why not?
6. How does your community deal with loss?
7. Do you feel people in your community support the children?
8. What do you feel are new services or changes to current services that could support children with their emotions?
9. Does culture or religion play a big role in the community?
  - a. In what ways?
10. What are ways your community helps one another?
11. Are there any additional materials or things you feel I should know about the mental health of children in the community or the services offered to them?



**Appendix G**  
Translator and Transcriber Assurance of  
Research Confidentiality

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional translator and transcribers for this project shall sign this assurance of confidentiality.
- volunteer or professional translator or transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also to be kept confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, Jaimie Colica, shall be responsible for ensuring that all volunteer or professional translators and transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

**PLEDGE** I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Jaimie Colica, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

Date: \_\_\_\_\_