PROTECTING AND ASSISTING POPULATIONS AFFECTED BY GANGS' VIOLENCE IN HAITI

Assessment of suicidal behavior in the Metropolitan Area of Port-au-Prince and recommendations for suicide prevention

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INTRODUCTION

This assessment of suicidal behavior (suicides, suicide planning and attempts) among Internally Displaced Persons (IDPs) in the Metropolitan Area of Port-au-Prince (ZMPAP) aims at highlighting the link between the migratory situation of Haitians and suicide risk. This risk is part of a complex context, with a charged history and a strong and anchored culture that must be taken into account when designing suicide prevention interventions.

The research work carried out on the historical, social, cultural and religious context in Haiti shows convincing data on mental health issues having a link to the migratory journey and impacting suicidal behavior.

This assessment was used to shed light on the current situation in the country and offered an ethnocultural lens of mental health issues. The theoretical contributions were complemented with a field survey. Semi-structured interviews conducted with key informants involved in supporting IDPs in the ZMPAP, discussions with targeted groups, particularly with IDPs and host communities' members, as well as sites visits contributed to enriching, updating and contextualizing this primary study.

The analysis of the data collected provides an updated overview of the Haitian population's representations of suicide and mental health, as well as the identification of risk factors. It also provided a description of the impacts of displacement, and the manifestations of distress and suicidal behavior. This analysis finally contributed to identifying some of the available resources and parts of the limitations in supporting IDPs.

With the aim of contributing to the collective effort necessary to reduce the risk of suicide among IDPs of the ZMPAP, this assessment suggests intervention methods structured around three specific axes:

➔ Strengthening the capacities and technical skills of state services in the areas of mental health and suicide prevention;
➔ Strengthening the psychosocial well-being of internally displaced people in Port-Au-Prince;
➔ Improving specialized mental health care and reducing suicide risk

MIGRATION IN HAITI

Like all countries, Haiti has experienced and continues to experience waves of voluntary and forced migration, internal and international, or circulatory. However, the Haitian territory is mainly a country of emigration, with a stock of emigrants which is growing and has more than doubled in recent decades. The number of emigrants increased from 520,000 (7.4% of the population) in 1990 to nearly 1.2 million Haitians in 2015, or nearly 11% of the population. Political instability, economic oppression and/or natural disasters have amplified emigration flows.

In recent years, political instability and economic difficulties, among other things, have contributed to an increase in clashes between gangs and caused a situation of generalized insecurity in the country and more specifically in several municipalities in the PAP Metropolitan Zone. The deterioration of this social and economic climate resulted in an increase in violence and therefore an increase in internal displacements. At the end of 2023, there were 313,901 internally displaced people in the country, 55% of whom were children (IOM - DTM, 2023).

This presentation summarizes the main findings from the discussions and observations during the field mission which completed and clarified the data collected during the desk review.

It highlights the plurality of causal factors as well as the chain reactions, the aggravating factors, leading to a deterioration of psychosocial well-being and an alteration of mental health, which can have the fatal outcome of the transition to the suicidal act.

Although it focuses on the causes and consequences for IDPs, it highlights the fact that host populations as well as front-line responders can themselves be affected by the situation, and also contribute to improving or deteriorating the psychological and emotional situation of IDPs.
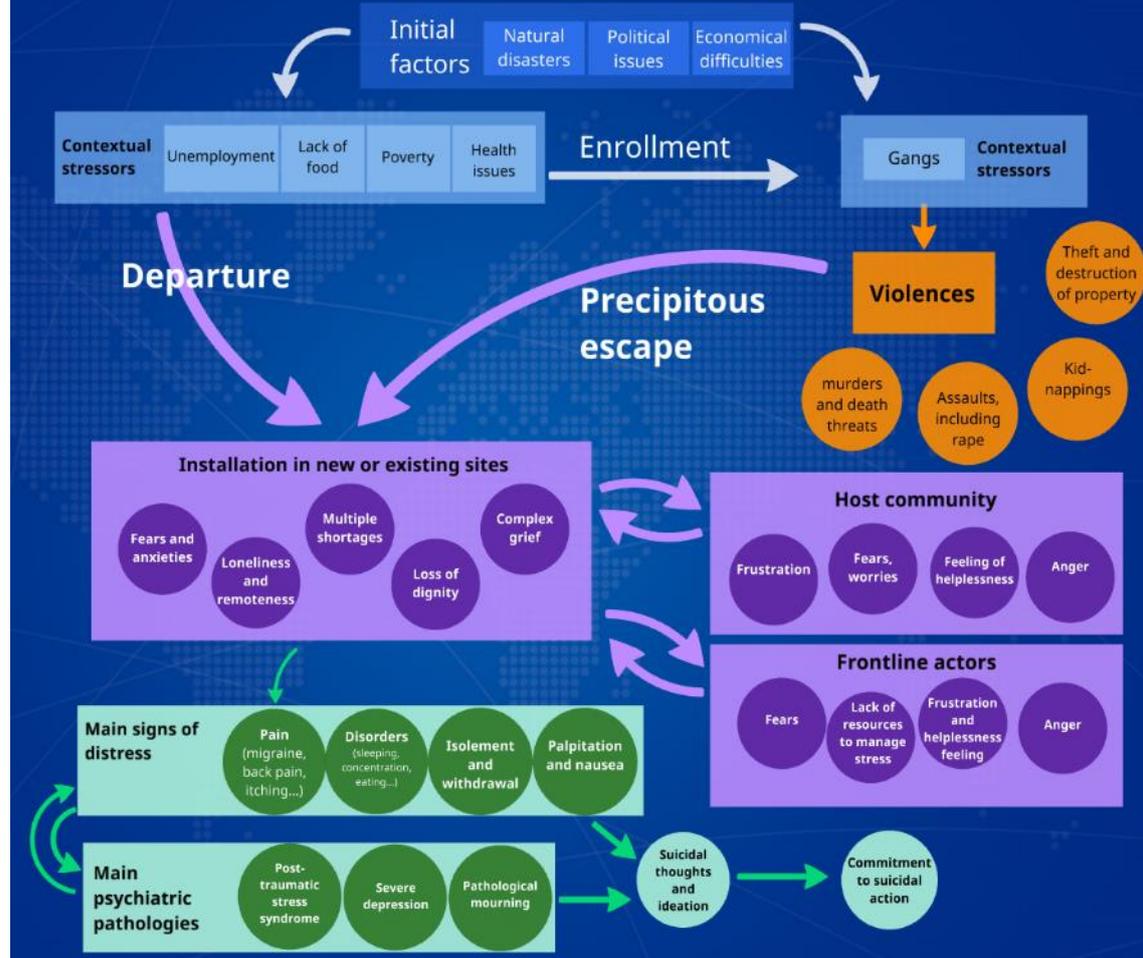
CONTEXTUAL STRESSORS

The Haitian context and the events that regularly strike it represent many risk factors that negatively impact mental health and psychosocial well-being of the population.

Three initial factors were identified as having a particularly negative impact (direct and indirect) on the psychosocial well-being of the Haitian population. They are linked together and have a strong and negative impact on each other, generating for a long time a vicious circle in which the country has been locked: political, economic factors, and those related to natural disasters.

At the political level, the Haitian government has always been fragile and struggles to implement a policy favoring the well-being of its population. The 2010 earthquake further destabilized the country and its government, which failed to cope with the difficulties and increased tensions within the population, as well as crime, going as far as the assassination of the president.

The economic difficulties resulting from the history of the country, its management and the multiple challenges that Haiti has faced are very significant. Intrinsically linked, economic and political factors weaken the population, creating gaps in terms of access to education, employment, food, care, including mental health care which nevertheless prove necessary.

Added to these difficulties are the multiple natural disasters which regularly hit the country. Earthquakes, hurricanes, floods, epidemics... The population, already weakened by the context of poverty, is finding it more and more difficult to cope and to plan positively for the future.

This context facilitated the emergence of gangs. In opposition to the government or to make money, several gangs formed, supported by various and heavily armed trafficking networks. The poverty of the populations can also contribute to facilitating the enrolment of new members, attracted by the money allowing them to provide for basic needs which the context does not help them to meet.

These gangs cause widespread violence, thefts, murders, kidnappings, destruction... All of these factors lead to either the voluntary departure of neighborhoods where they have lost everything, they had followed the bankruptcy of their business, or, more and more often, the flight from neighborhoods destroyed by gangs.
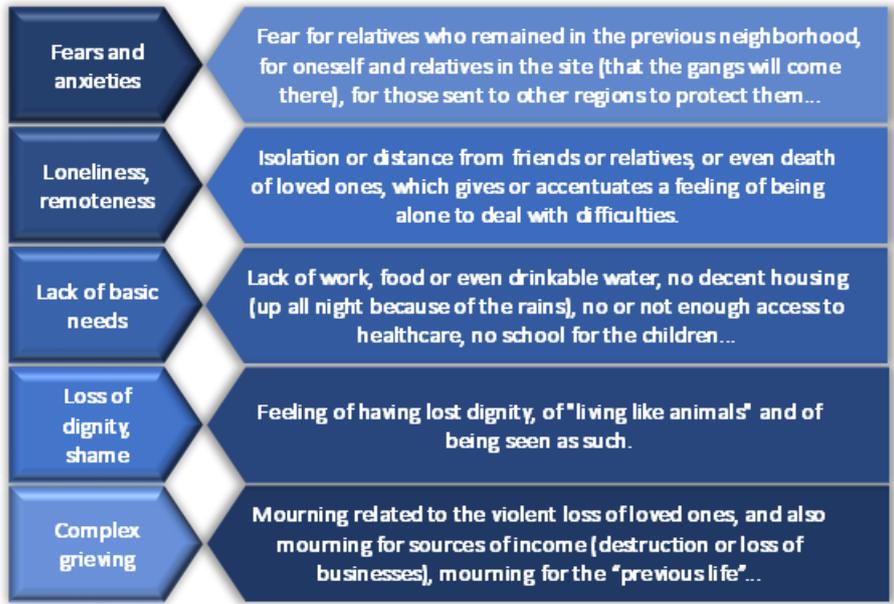
Life in the IDP sites

There is a significant number of Haitians leaving or fleeing their neighborhoods for fear of attacks or because they have already suffered attacks, or because they are looking for resources to survive. These people settle in with host families or, more and more frequently, in existing or spontaneously created sites.
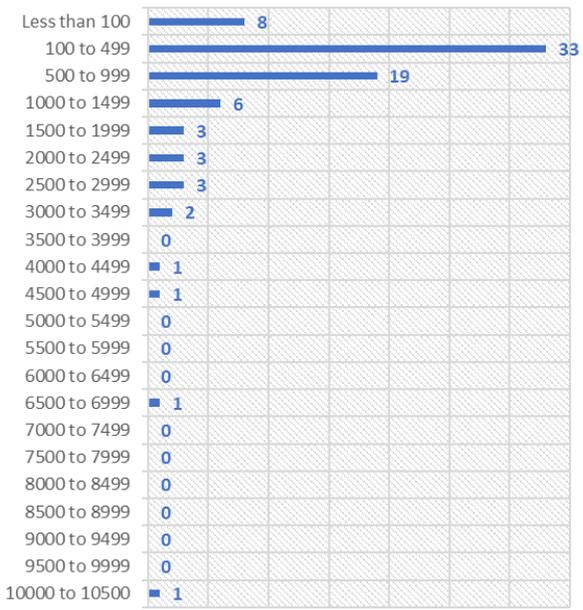
When they arrive at a site, most people are in situations of significant anxiety and many have suffered serious trauma.

These people must then face an arrival and installation that is stressful and fraught with uncertainty. Most took little or no possessions with them when they fled, many wonder about how they will be able to feed themselves and their families the next day, how to sleep, most often with a very strong feeling of insecurity.

Once settled, prospects often remain gloomy and a difficult daily life sets in. Inactivity, multiple shortages and unsanitary conditions accentuate the negative impacts on the mental health of people who often also have to manage the trauma linked to their flight.

Fears and anxieties	Fear for relatives who remained in the previous neighborhood, for oneself and relatives in the site (that the gangs will come there), for those sent to other regions to protect them...
Loneliness, remoteness	Isolation or distance from friends or relatives, or even death of loved ones, which gives or accentuates a feeling of being alone to deal with difficulties.
Lack of basic needs	Lack of work, food or even drinkable water, no decent housing (up all night because of the rains), no or not enough access to healthcare, no school for the children...
Loss of dignity, shame	Feeling of having lost dignity, of "living like animals" and of being seen as such.
Complex grieving	Mourning related to the violent loss of loved ones, and also mourning for sources of income (destruction or loss of businesses), mourning for the "previous life"...

Number of sites according to the number od IDPs living in

Range	Number
Less than 100	8
100 to 499	33
500 to 999	19
1000 to 1499	6
1500 to 1999	3
2000 to 2499	3
2500 to 2999	3
3000 to 3499	2
3500 to 3999	0
4000 to 4499	1
4500 to 4999	1
5000 to 5499	0
5500 to 5999	0
6000 to 6499	0
6500 to 6999	1
7000 to 7499	0
7500 to 7999	0
8000 to 8499	0
8500 to 8999	0
9000 to 9499	0
9500 to 9999	0
10000 to 10500	1

Displaced persons are most often grouped with people from the same area who have fled at the same time. They gather in a church, in a public square, or on the side of a road. In some cases, they are taken care of by the municipality and "installed" in a defined location. It is common for these displaced people to be "dislodged" from a space, sometimes in a brutal way. They then join an existing site or create a new one.

Data collected at the end of December 2023 showed that 41% of sites were at risk of eviction. The anxiety generated by this threat increases the stress of households living in these sites, deteriorates their self-esteem and alters their dignity. These situations further deteriorate the already fragile mental health of these displaced people.

In addition, these sites vary greatly in size, which can also have an impact on daily life. The largest sites are often supervised by certain authorities and coordinated by government actors such as the Département Sanitaire de l'Ouest (DSO).

The lives of the people living in these sites, although very precarious and of poor quality, have some differences, including the fact that the larger ones, which are generally more visible and better managed, are better covered by humanitarian actors. It is therefore more common to find assistance and protection services, especially in the areas of health and sometimes mental health.

Host community

The presence of displaced persons on improvised sites in streets, public squares or other places has an impact on the inhabitants of the neighborhoods.

Many people living near these sites try to help because they feel uncomfortable seeing these destitute people, especially when the rain soaks all their belongings and prevents them from sleeping. They often feel helpless when seeing these many people in need, powerless in front of the extent of the needs they see. They are also angry at the miserable situation in which the displaced have been for so long.

The presence of women with children, sometimes very young, is particularly difficult for some of these members of the host communities. There are indeed a lot of young people in the sites: young people (under 18 years of age) represent 52% of the displaced population, including 33% who are between 0 and 5 years old according to last data from IOM (DTM, 2023).

Another vulnerability mentioned by these host communities and presented as difficult to bear concerns the elderly. 10% of the IDPs surveyed at the end of 2023 are over 60 years old. The lack of access to food or health care for these particularly vulnerable people is a real threat to their lives and is all the more difficult to accept.

The host populations therefore show unease and pity for these displaced people, wishing they could be relocated to places where they would have better living conditions. Some other host community members want this relocation because they fear the presence of these displaced people. This fear is fueled by the dread that gang members will be hidden among the IDPs, and also because they are worried about potential diseases linked to unsanitary conditions. Some want IDPs to leave because their presence disturbs them.

There is therefore often an ambivalence in the statements of some members of the host communities, between pity, willingness to help, fear and anger.

Some of the host communities' members sometimes threaten or even behave in verbal and even physical violence towards the IDPs. These behaviors exacerbate the situation of the displaced in terms of the stress they cause, and the even more serious damage to their self-esteem.

Front-line workers

Front-line workers are confronted with the distress, uncertainty and despair caused by the current situation in Haiti, and they are therefore subject to significant stressors.

The climate of violence in PAP causes population movements that are difficult to anticipate for the actors involved, and leads to discontinuity of interventions, increasing restriction of accessible areas and limiting access to health care facilities.

The widening gap between the increase in needs and the decrease in resources, particularly in access to basic needs, as well as the lack of qualified mental health professionals, is a major stressor that generates feelings of frustration, helplessness and anger.

In addition to material and human shortages, front-line workers are also facing the limits of their mandates: their action targets certain populations and may exclude others, which regularly leads them to make discriminatory choices within the populations in need. The same applies to intervention areas, which are determined according to different criteria and do not cover all sites.

The political decisions applied on the sites may prevent the sustainability of these living spaces, confront IDPs with a growing precariousness and maintain them in deplorable living conditions.

The analysis of the data reflects a feeling of powerlessness and uselessness vis-à-vis the people they cannot take care of because of the imposed framework and the limits of their mandate.

ABOUT MENTAL HEALTH

The majority of research agrees that clinicians need to include a cultural and religious dimension in their practice so as not to exclude a significant portion of the Haitian population (Auguste & Rasmussen, 2019). It is common for Haitians to downplay their mental health problems and attribute them to God or spirits (Bibb & Casimir, 1996). Also, psychological disorders are rarely understood as individual problems and more often interpreted by the influence of forces external to the individual. In particular, by representing psychological malaise through the negative intention of a jealous person, people in difficulty preserve their self-esteem by valuing a characteristic of their personality that may have been an object of lust (Auguste & Rasmussen, 2019).

According to the information collected from various key informants, the perception of mental health has changed a lot in Haiti, especially since the 2010 earthquake. Indeed, following this disaster, a significant number of NGOs provided support to Haitians and many set up psychosocial and mental health support.

Concerning signs of distress, the workers involved in mental health mentioned that they have mainly observed the following:

Physical: sleeping disorders, eating disorders, extreme fatigue, headaches, muscle tension, back pain, etc.
Emotional: mood swings, anger, sadness, anxiety, feeling no emotion, loss of hope, etc.
Mental: difficulty concentrating and paying attention, disorganized thoughts, intrusive and involuntary thoughts, hesitations, memory loss, nightmares, etc.
Behavioral: risk-taking, hypervigilance, verbal and/or behavioral aggressivity, excessive tobacco and alcohol consumption, withdrawal and isolation, etc.

From the point of view of beliefs, a voodoo priest interviewed also identified anger as a manifestation of distress, identifying different causes such as being "caught" by a spirit. This is important because for many Haitians, this spiritual cause of trouble requires different or complementary treatments to those typically provided by institutional aid and support services.

« toutotan tèt pa koupe li espere met chapo »
"As long as the head is not cut off, it has the hope of wearing the hat" (Haitian proverb)

The issue of **suicide** is often problematic in Haiti; representations and conceptions can vary considerably.

While the definition of suicide is relatively homogeneous in defining the act of taking one's own life, there are variations related to values, beliefs and religions. For example:

➔ For Christians, suicide is frowned upon. Some acts could therefore be concealed (the person did not commit suicide but had an accident).
➔ According to voodoo beliefs, people can be possessed by a spirit that incites them to kill themselves. Thus, it is not a suicide since the death is caused by the spirit and not by the person.
➔ In cultural representation, Haitians are strong and resilient. They have always resisted. So, they don't commit suicide, they cope. In this depiction, too, a suicide could be interpreted as an accident.

Suicide is not always perceived as alarming in Haiti, with the idea that this problem is more that of Westerners and that it does not concern Haitians. However, testimonies show that the number of people with suicidal thoughts is extremely high (almost all displaced people encountered during this assessment think about it or have thought about it, or even attempted suicide).

On the other hand, a significant number of these same people know people who committed suicide. The methods used to end one's life are most often chlorine drunk with water, or an overdose of drugs (mostly cited by women). Some mentioned hanging, and a few indicated self-immolation.

These testimonies show that suicide is a reality in Haiti. Difficulties are increasing, tensions and violence are worsening, and resilience is weakening. The risk of suicide is therefore real and worsens with the duration and deterioration of the situation.

Thus, referring to Joiner's model (Joiner Jr. et al., 2009), which mentions the feeling of being a burden to others, the feeling of exclusion and loneliness, and the possibility of ending one's life as a whole creating a significant risk of death by suicide or attempts, it appears that a growing number of Haitians are in the zone of high suicidal risk.

They feel that they cannot cope on their own, that they are dependent on assistance, that they are a burden. Many feel lonely (some mentioned the loss of their husbands and the loneliness they feel as a result). The rejection felt, and sometimes the acts of violence suffered to get them to leave this site, increase the feeling of exclusion, of not belonging to the Haitian community.

Death is increasingly seen as a deliverance. Available drugs and chlorine are seen as the ultimate means of dealing with suffering. Resources to cope are insufficient for a large number of the displaced. Death is seen less and less as a weakness, and more and more as a solution. In this situation, the risk of suicide appears to be very high.

In its report on mental health in Haiti in 2011, the WHO (World Health Organization (WHO), 2011) states that "although notable efforts were undertaken after the various natural disasters, including the earthquake of January 12, 2010, the present analysis by the IESM/WHO Haiti reveals a structural weakness in the mental health system both at the level of legislation, human, material and financial resources, as well as in advocacy and planning at the national level. »

In 2019, an article published on the ayibopost.com website analyzed how "the lamentable socio-political and economic situation and the absence of a mental health policy are leading to an increase in mental disorders in Haiti." (Hadson the Archangel, 2019).

According to this article, the country does not have a mental health policy planned according to the needs of the population. Successive governments have failed to make mental health a priority. For example, less than 10 per cent of the national budget is allocated to health and 80 per cent of this is allocated to the payment of salaries. As a result, the budget allocated to mental health represents less than 1% of the overall public health budget.

The resources of displaced people to cope with their difficulties are limited. However, there are several sources of support and assistance that were mentioned by the people interviewed, although they have limitations in their possibilities of intervention.

NGOs and UN agencies

NGOs and UN agencies were cited as the source of aid that the displaced rely on most. The assistance and support provided by humanitarian organizations, NGOs or the United Nations (including IOM) are identified as essential for these very vulnerable people. Water, food (WFP), health care (IOM and partners), hygiene (IOM again) are the basic elements of survival. Additional actions, such as the psychosocial support provided by some organizations, including IOM partners, are also seen as very positive. They help to support displaced people in their daily lives, to cope with difficulties while feeling less alone and listened to.

However, several limitations were identified, hindering the proper support of IDPs. These include access, which is made difficult by the violence, but also the complex identification of sites requiring interventions, or coordination between actors to ensure a good distribution of presence and therefore good coverage of interventions. In addition, strict targeting of beneficiaries can be discriminatory. The lack of financial and human resources, and the lack of specialized skills were also pointed.

State Authorities

There are several levels of intervention by the Haitian state authorities concerning mental health and psychosocial support. Here are some of the suggested or existing interventions, at different levels, that can contribute to suicide prevention and mental health care:

At national level:
▪ Update the National Mental Health Policy
▪ Secure the necessary funding for the implementation of the policy
▪ Strengthen knowledge of mental health at all governmental levels
▪ Have tools to monitor the implemented actions
▪ Strengthen inter-ministerial collaboration to reduce the risks associated with the deterioration of mental health (health, education, water and hygiene, housing, work, etc.)

At department level:
▪ Strengthen coordination between actors to ensure a presence to meet all basic needs (including mental health) in all sites
▪ Improve referral systems from sites to specialized structures when needed and counter-referral to facilitate follow-up when returning to the site, if necessary
▪ Increase the number of health centers offering mental health care

At local level:
▪ Identify and list sites to ensure access to essential services, including mental health
▪ Facilitate the relocation of displaced persons to areas that allow for a minimum of hygiene, dignity and comfort
▪ Improve the access to education for children located in temporary sites
▪ Ensure the safety of IDPs in the sites

It is essential that all of them work in a coordinated and complementary manner. Preventing the risks of deteriorating mental health and taking care of those who need it is everyone's responsibility, at different levels (multi-layered approach).

Religious and beliefs

Beliefs and religion play a very important role for Haitians. They can be seen both as responsible for the misfortunes that befall them and as a solution to solve them. Those met at the sites often highlighted religion and other Church members as a key source of support in coping with daily challenges. Talking, praying, meditating are actions mentioned as "do good".

Traditional practitioners are also among the identified resources. As for Voodoo, it is more discreet, even hidden, and yet very present. It is now more and more accepted that Haitians can have recourse to traditional practitioners provided that the most serious problems are taken care of by modern medicine. Several actions have already been taken to facilitate the complementarity of the two approaches, particularly in the context of pregnancy and childbirth monitoring.

This connection can be important in the context of mental health, because the importance of these beliefs and the credit that is given to the healing power of voodoo rituals can help Haitians, especially the displaced, to cope with their difficulties, to relieve guilt, to find support and effective resources.
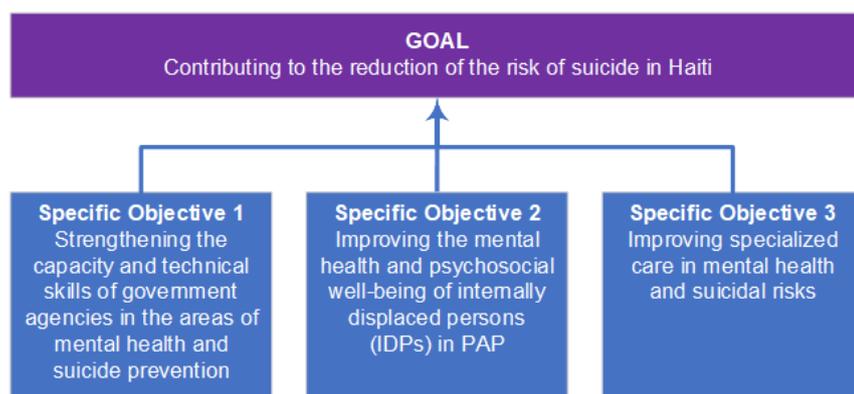
The succession of multiple crises is undoubtedly affecting the mental health of the people of Haiti. This deterioration in mental health can have multiple negative consequences, whether on the individual or on those around him, but also on the community as a whole: depression or even suicide, substance use, intra-family and intra-community violence, economic consequences related to the inability to work, school failure for the youngest, etc. Moreover, as the WHO report (World Health Organization (WHO, 2011)) stated: "For both patients and families, the social consequences of mental disorders range from unemployment to the disintegration of the social network, including stigma and discrimination and a poorer quality of life."

As a result, psychosocial and mental health support interventions are essential both to reduce short-term impacts and to mitigate long-term negative consequences. Preventing and identifying suicidal behavior and providing better care for those affected can, among other intervention modalities, contribute to psychosocial well-being and positive individual, family and community development.
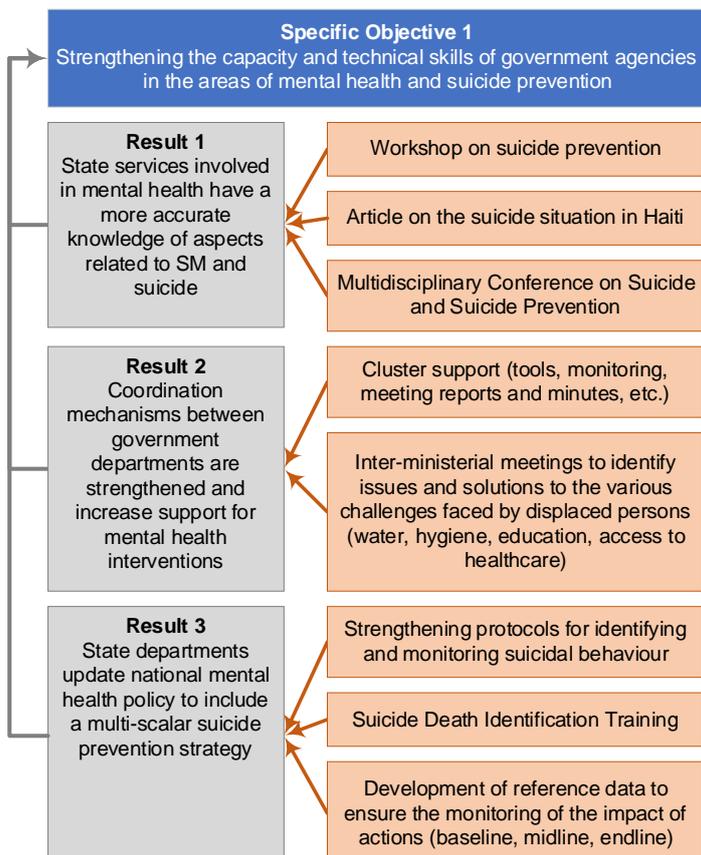
In view of all the elements collected and analyzed during this assessment, it appears that **suicidal risks are very high in Haiti, and particularly among IDP**s.

It therefore seems important to implement multi-layered prevention measures involving various actors and a complementarity of actions. These interventions should aim to strengthen knowledge, support systems and MHPSS care to prevent distress consequences, including suicide, and to better support those affected by distress, such as depressed persons, those who attempt suicide, those whose loved-ones committed suicide.

GOAL
Contributing to the reduction of the risk of suicide in Haiti

Specific Objective 1
Strengthening the capacity and technical skills of government agencies in the areas of mental health and suicide prevention

Specific Objective 2
Improving the mental health and psychosocial well-being of internally displaced persons (IDPs) in PAP

Specific Objective 3
Improving specialized care in mental health and suicidal risks

IOM's assessment and actions specifically target IDPs, who are particularly at risk of deteriorating mental health and suicidal behavior. Yet, the interventions proposed here aim to contribute, in a more comprehensive way, to the collective effort to reduce the risk of suicide in Haiti. The aim is to strengthen both prevention and care measures and thus reduce the suicide rate in the long term. This objective requires strong collaboration between multiple actors and could be broken down into three specific objectives.

Each specific objective can in turn be broken down into several expected results, which can be achieved through the implementation and completion of several activities. The proposal for these different divisions is presented as follows:

Specific Objective 1
Strengthening the capacity and technical skills of government agencies in the areas of mental health and suicide prevention

Result 1
State services involved in mental health have a more accurate knowledge of aspects related to SM and suicide

- Workshop on suicide prevention
- Article on the suicide situation in Haiti
- Multidisciplinary Conference on Suicide and Suicide Prevention

Result 2
Coordination mechanisms between government departments are strengthened and increase support for mental health interventions

- Cluster support (tools, monitoring, meeting reports and minutes, etc.)
- Inter-ministerial meetings to identify issues and solutions to the various challenges faced by displaced persons (water, hygiene, education, access to healthcare)

Result 3
State departments update national mental health policy to include a multi-scalar suicide prevention strategy

- Strengthening protocols for identifying and monitoring suicidal behaviour
- Suicide Death Identification Training
- Development of reference data to ensure the monitoring of the impact of actions (baseline, midline, endline)
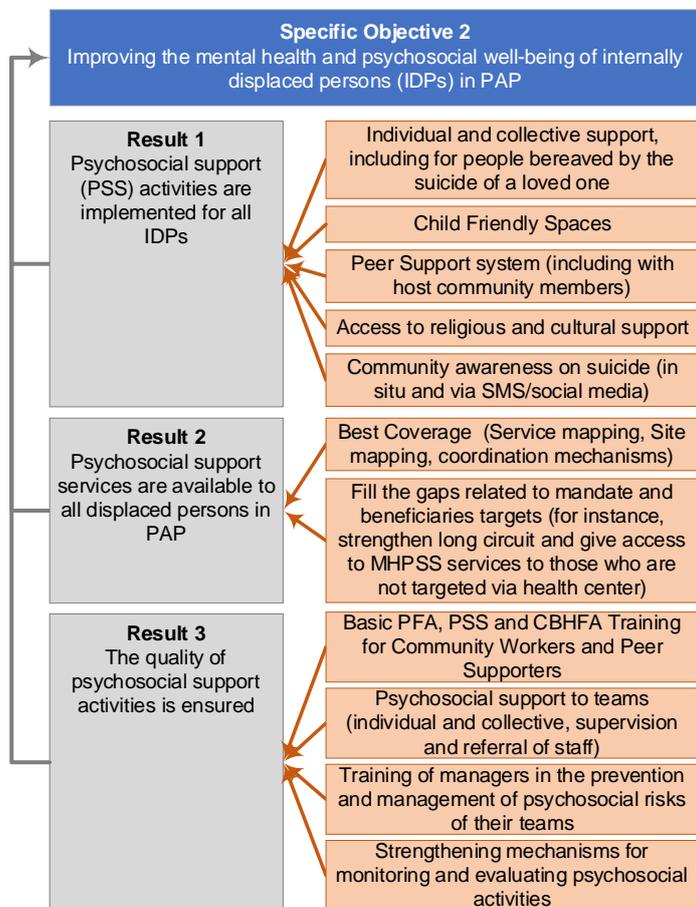
Strengthening the capacities and technical skills of state services on mental health and suicide prevention involves first developing knowledge on these topics by targeting more particularly key actors and decision-makers in the government. Workshops, articles based on the elements identified during the assessment and a multidisciplinary conference on suicide, its prevention and postvention could contribute to the achievement of this result.

Secondly, it is necessary to strengthen the coordination of state services, which govern the coordination between the various actors and organizations involved in suicide prevention. Actions that can contribute to this include support for the existing clusters (mainly protection, health, MHPSS…), as well as support for the organization of inter-ministerial meetings focusing on suicide prevention.

Finally, it is essential that state departments update the national mental health policy to include a multi-layered suicide prevention strategy. Based on up-to-date data, the definition of such a suicide prevention strategy anchors mental health in a comprehensive public health policy. Several actions are necessary to achieve this, such as those specified opposite.

The achievement of this result is essential to ensure a comprehensive and effective approach and implies the participation of all actors to ensure advocacy in this direction and support the government authorities for the implementation of the necessary actions.

Specific Objective 2
Improving the mental health and psychosocial well-being of internally displaced persons (IDPs) in PAP

Result 1
Psychosocial support (PSS) activities are implemented for all IDPs
- Individual and collective support, including for people bereaved by the suicide of a loved one
- Child Friendly Spaces
- Peer Support system (including with host community members)
- Access to religious and cultural support
- Community awareness on suicide (in situ and via SMS/social media)

Result 2
Psychosocial support services are available to all displaced persons in PAP
- Best Coverage (Service mapping, Site mapping, coordination mechanisms)
- Fill the gaps related to mandate and beneficiaries targets (for instance, strengthen long circuit and give access to MHPSS services to those who are not targeted via health center)

Result 3
The quality of psychosocial support activities is ensured
- Basic PFA, PSS and CBHFA Training for Community Workers and Peer Supporters
- Psychosocial support to teams (individual and collective, supervision and referral of staff)
- Training of managers in the prevention and management of psychosocial risks of their teams
- Strengthening mechanisms for monitoring and evaluating psychosocial activities

Specific objectives 2 and 3 relate more to the implementation of preventive and management activities in the areas of mental health and psychosocial support, one more oriented towards community actions, the other more focused on specialized interventions.

Specific Objective 3
Improving specialized care in mental health and suicidal risks

Result 1
Qualified staff to provide mental health and suicidal risk care are available in health centres
- mhGAP training
- Support to universities to increase the availability of qualified HR on mental health
- Training on suicide prevention and care modules

Result 2
Specialized mental health and suicide prevention care is available and accessible
- Recruitment of specialized staff in health centers, hospitals, and mental health units
- Reinforcement of mental health hotlines (staff training, extension of time slots therefore more staff, technical and logistical reinforcement, etc.)
- Information on mental health services available (communication campaigns)

Result 3
Collaboration with community services is strengthened for care that is part of a continuum of care
- Interdisciplinary working group (including traditional practitioners)
- Referral and counter-referral mechanisms
- Awareness/training of health workers in surveillance of suicidal behaviours and risks

All the suggested activities aim to strengthen the well-being and mental health of the IDPs and, more generally, of the entire Haitian population. They also take into account the well-being of workers in order to limit the consequences of professional stress on themselves and on the implementation of interventions (in particular by reducing absenteeism and turnover). Several of the activities are aimed at the availability of qualified human resources, through various training courses and support to universities to strengthen the future workforce in the field of mental health. Finally, the proposed community activities aim to strengthen everyone's knowledge and good practices to improve mental health and reduce suicidal behavior.

MAIN RECOMMENDATIONS AND CONCLUSION

The unstable Haitian socio-political context and the strong presence of violent gangs have been causing internal population movements for several years. Impacts of the situation and context on mental health are multiple and affect various people affected in Haiti.

Internally displaced persons (IDPs) are the most exposed to stressors and express fear, anxiety, and significant shortcomings, including in meeting their basic needs and ensuring their safety. The presence of displaced people leads to a multitude of feelings such as frustration, fear, worry and anger among the host communities. Front-line workers also testify to feelings of fear, lack of resources to manage stress, frustration and helplessness at being confronted with the distress of internally displaced people and the lack of means to deal with it.

The results of the evaluation emphasize the major and decisive importance of the presence of NGOs and UN agencies. However, this presence is subject to many challenges that make the assistance offered by these organizations sometimes insufficient, or not sufficiently accessible to some of those who need it most.

This assessment highlighted the fact that the risk of suicide is high in Haiti and that there is an urgent need to put in place preventive measures. These measures involve interventions at different levels (global and local, institutional, and non-governmental, etc.), community-based and specialized, coordinated and multi-stakeholder interventions.

The compilation of the elements read, studied and collected during the assessment led to formulate some main recommendations that are believed as important to take into consideration in suicide prevention actions:

➔ Update mental health policy and developing a national suicide prevention strategy
➔ Obtain baseline data and tools to monitor the evolution of the situation
➔ Strengthen human resources specific to mental health and psychosocial support
➔ Ensure that all essential needs, including those in MHPSS are taken into account
➔ Optimize intervention coverage
➔ Develop peer support
➔ Rely on digital communication methods by controlling possible biases
➔ Haitian representations must be taken into consideration

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