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Disability and health-related rehabilitation in international disaster relief
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• Belgium, Switzerland, Nanjing, China, Pakistan, Germany, USA

Injuries & Deaths
(Reinhardt, Li, Gosney, Rathore, Haig, Marx, & Delisa, 2011)

Odds Ratio
(Reinhardt, Li, Gosney, Rathore, Haig, Marx, & Delisa, 2011)
More survivals

- More injuries and survival brought long-term physical and mental impairments
- Related mental health conditions including situational anxiety and post-traumatic stress disorder occur concomitantly
- Demand for more rehabilitative interventions, for both physical and mental disabilities

Culturally Salient Personal & Environmental Factors Affecting Post-Traumatic Adjustment

- In my view, adjustment defines as “meeting the demands of the environment without sacrifices one’s own needs that enable one to have full participation in society”
- Personal & Psychological Factors: PTSD, Depression, Attribution bias, and self-stigma
- Social & Environmental Factors: Social Support, Mental Health Literacy, Stigma, and Attribution bias
- The Interaction effect on adjustment between these two sets of factors

ICF Model

PTSD

(Chen et., al, Hong et.al., 2008-2011)
PTSD Interventions

- Cognitive Behavioral Therapy (CBT)
- Exposure therapy: Control their fear in a safe way
- Cognitive restructuring: a realistic way to look at the event, to deal with shame and guilt
- Stress management: reduce anxiety and stress which can in turn reduce PTSD symptoms
- A current published CBT study on 2-yrs post earthquake found that the interventions reduce PTSD and depression symptoms and increase resilience among the experimental group (Chen et., al In-Press)

Social Support as a Moderator

- Deng Hong et al., (2009) reported PTSD 12.4% two months post earthquake, found low Perceived Social Support Scale was related to PTSD symptoms
- Jiao & Lam (2012): Study social support and depression on acceptance of disability among 100 native Chinese with spinal cord injury, Perceived Social Support negatively related to depression (i.e., higher PSSS, lower depression) $R^2=.203$, $p<.01$
- Found that perceived social support was positively related to adjustment to disability $R^2=.08$, $p<.01$

Depression as a Mediator

- When social support, depression combined to predict adjustment to disability, PSSS is no longer significant but depression is, $R^2=.323$, $p<.01$
- Depression seems to be the essential factor in the process of adjustment to disability
- Social support may not a buffer to depression nor a facilitator to adjustment when severe depression is present

Stigma

- Consists of three components: Cognitive (attitudes), emotional (prejudice), and behavioral (discrimination)
- Could be a major barrier for recovery
- Public stigma and self-stigma
**Public Stigma**

- Surveyed 1,000 employers from Chicago, Beijing, and Hong Kong (NIMH 2005-2010 over 15 studies)
- Attitudes towards 5 health conditions: Mental illness, HIV/AIDS, Alcohol and Substance abuse, Chronic illness, and Bone Cancer
- Chicago: Alcohol and SA, Mental Illness, HIV/AIDS, Chronic Illness, and Bone Cancer
- Beijing: Mental Illness, HIV/AIDS, Chronic illness, Bone cancer, Alcohol and SA
- Hong Kong: Mental Illness, HIV/AIDS, Alcohol and SA, Bone Cancer, and Chronic illness

**Attitudes towards Mental Illness**

- More negative than physical disabilities
- Danger and unpredictable behaviors are main concerns on mental illness from most employers
- Being one of the most discriminated groups due to fear, dangerousness, and unpredictability of behaviors
- Poor mental health literacy in Asian countries could be one of the reasons for high stigmatization
- Mental health literacy “is the knowledge and beliefs about mental disorders, which aid their recognition, management, and prevention” (Jorm, 1997).

**Self Stigma**

(Corrigan & Watson, 2002)

<table>
<thead>
<tr>
<th>Self-Stigmatized Group</th>
<th>Indifferent Group</th>
<th>Champion Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Self-Stigma</td>
<td>Average Self-Stigma</td>
<td>Low Self-Stigma</td>
</tr>
<tr>
<td>Low Self-esteem</td>
<td>Intact Self-esteem</td>
<td>High Self-esteem</td>
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<td>Low Self-efficacy</td>
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**Persons vs Environmental Attribution**

- Attributions
  ✓ Assigning causes, characteristics, properties to people, things, events, situations
- Person attributions more easily made than environmental attributions
- Insiders and outsiders differ in attributions
- Focusing on environmental factors allows disability effects to be seen better
Implications for Recovery & Resilience Building

- Use evidence-based interventions to treat psychological and mental health problems (e.g., CBT)
- There is growing interest in using Psychological First Aid “to make people feel safe and secure, connect people to health care and other resources, and reduce stress reactions”. There are guides for carrying out the treatment, it is yet unknown if it helps prevent or treat PTSD

Cont’d

- Put depression in the forefront of the treatment
- Reduce self-stigma and build better self-esteem, higher self-efficacy and autonomy and hope for recovery
- Provide choices and empowerment to family and individuals
- Reduce public stigma: education, contact, education + contact, protest
- Increase public mental literacy through education, early intervention
- System change to accommodate and enhance full participation in society for people with mental disorders

Thank You