Overview

- Background & History of Crisis/Disaster in your country
- Community Mental Healthcare & Priorities
- Progress Achieved to Date
- What are the current needs?
- Progress achieved so far & what is still lacking.
- Explain how current system can be further improved.
- Plans moving forward

Background & History of Crisis

- China is the 3rd largest country, 9.6 million km²
- China is one of most countries affected by disasters
  - affecting more than 200 million people every year
- Disasters become an important restricting factor for economic and social development.
- Types of natural disasters occurring in China
  - which include floods, droughts, meteorological, seismic, geological, maritime and ecological disasters, forestry and grassland fires
Background & History of Crisis

- More recent crisis & disasters:
  - 1976 Tangshan earthquake, 240,000 death
  - 2008 Wenchuan earthquake, 77,587 death and missing
  - 2013 Yaan earthquake, 196 death

Great Tangshan Earthquake
- Time: July 28, 1976
- 8.2 on Richter magnitude scale, last 14~16 seconds,
- Death toll: 240,000-255,000
### Background & History of Crisis

#### Tangshan Earthquake
- **Time:** May 12, 2008
- **Magnitude:** 8.1 or 7.9 on Richter magnitude scale
- **Death toll:** 69,195 people, with 18,392 missing

#### Wenchuan Earthquake
- **Time:** April 20, 2013
- **Magnitude:** 6.9 on Richter magnitude scale
- **Death toll:** 196 people

#### Yaan Earthquake
- **Time:** April 20, 2013
- **Magnitude:** 6.9 on Richter magnitude scale
- **Death toll:** 196 people

#### Specialties
- **5 years after Wenchuan earthquake**
- **Same area with Wenchuan earthquake**

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### Background & History of Crisis

#### Wenchuan Earthquake
- **Time:** May 12, 2008
- **Magnitude:** 8.1 or 7.9 on Richter magnitude scale
- **Death toll:** 69,195 people, with 18,392 missing
Background & History of Crisis

- Differences among the three:
  - 1976 Tangshan earthquake:
    - Hardly no psychology support
  - 2008 Wenchuan earthquake:
    - Post disaster psychological intervention was attentioned by public
    - A lot of related job had been done
    - Not organized enough
  - 2003 Yaan earthquake:
    - Better prepared and organized than ever

Community Mental Health Model & Priorities (Slide 1)

- Community mental health models in China
  - Initially founded in 1950’s in Shanghai
  - Following 30 years: developing unbalanced, lacking mental health community service in most rural countryside, mainly depending on natural social support network
  - Recent 10 years:
    - “686” program: focus on management for psychosis in community setting
    - Post disaster community mental rehabilitation service

Community Mental Health Model & Priorities (Slide 2)

- Chinese priorities in supporting mental healthcare and building resilience post-crisis
  - Government take the key role in post-crisis supporting mental healthcare and building resilience
    - Power
    - trust

Community Mental Health Model & Priorities (Slide 3)

- Identify challenges in mental health services to support mental health of the population post-crisis.
  - Not enough number the subjects of service providers
  - Indigenization:
    - Integrate western psychology into the intervention process serving for the people in rural or nationality
Progress achieved so far & what is still lacking (slide 1)

- examples of training programs that have yielded positive results to build capability
  - Multidisciplinary team was built by continue training programs on post disaster psycho rehab skill by Hong Kong YF
  - Dr. Jiang Wei’s group from Duke gave supervise to the team members; Professor Mark Yang’s group gave retreat program to the service providers
  - Prof. Weining Chu Chang’ comprehensive support

Progress achieved so far & what is still lacking (slide 2)

- examples of intervention programs that have yielded results to improve population mental healthcare post-crisis stage
  - General programs:
    - health education, screening, group and individual intervention or even medicine treatment
    - PTSD group and growth sky group

Progress achieved so far & what is still lacking (slide 3)

- examples of intervention programs that have yielded results to improve population mental healthcare post-crisis stage
  - Special programs:
    - Embroider group
    - Grief group → weave group → pregnant group → baby support group

Explain how systems can be further improved

- Leadership training program since the government take the key role.
- Sharing the existing training collaboration with regional partners.
  - Invite their parents the teachers to participate the training program for school children
Plans moving forward (Slide 1)

• Develop working group for mental health care in the communities

• Integrate post disaster community mental health service and routine community mental health service

Plans moving forward (Slide 1)

• Integrate post disaster community mental health service and routine community mental health service
  
  – Health education, let community people understand psychological reaction at post-crisis stage
  
  – Conduct variety of cultural activities in community based on the positive psychological philosophy, to improve resilience
  
  – Early detection and psychiatric rehab service in community

Plans moving forward (Slide 3)

• Resources and support
  
  – Building effective community mental health care service programs based on the present resources, and then seeking for the more resources from government and NGO, etc. to build more effective service

  • Clubhouse for psychosis in community
  
  • PSR program for schizophrenia with high function

Thank you
Special groups (group therapy)

Embroidering are not only embroidering

Function of “embroider”

- Express willing and feeling
- Find linkage to indigenization culture and feeling of support
- Find reality income, and self value
- Trauma repairing

From weaving group to pregnant group

“The disaster people’ needs is the most priority
Baby Support group

After repair operation

Baby with cleft lip

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抗逆力
创伤后应激障碍（PTSD）
创伤后应激障碍（PTSD小组）

抗逆力

PTSD