

## Psychosocial Recovery for the disabled persons after 5-12 Earthquake a capacity building perspective



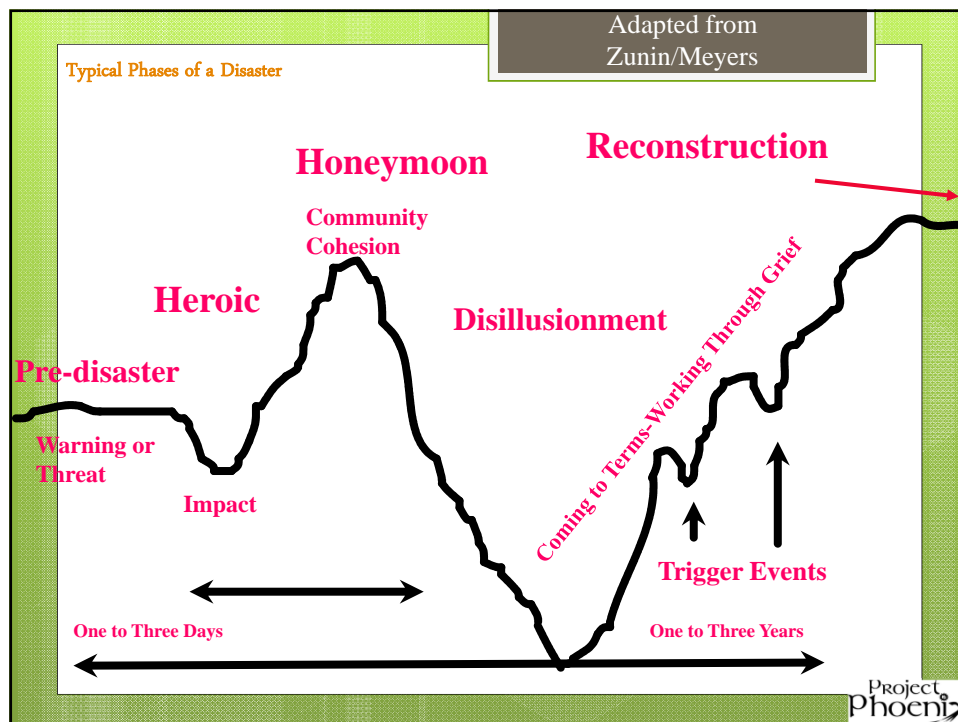
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## Outline

- Background for the Leigu Project
- Phases of recovery
- Considering different Approaches
- The traditional Mental Health Approach
- The Community Psychosocial Health Approach
- Capacity Building Perspectives
- SWAB Projects at Dujiangyan, BaYi and Leigu
- Monitoring Indicators
- Reflections
- Recommendations

## Background

- 5.12.2008 Sichuan Earthquake
- 88,000 people died
- The Benevolent Angels---social worker volunteers of the Social Workers Across Borders arrive Chengdu on May 17
- Partner with the Psychiatric Unit of Hua Xi Hospital to provide comforting services for the survivors
- 16 teams with 527 volunteers were sent



## Rao, 2006

- four phase model
- Rescue (heoric), 1st 2 weeks
- Relief (honeymoon), 2 - 6 months
- Rehabilitation (disillusionment) 1 - 2 years
- Rebuilding (reconstruction) many years
- Taiwan 921: up to 6 years
- different strategies at different stages

## Launching the Leigu Project

- 2009: 3-year service project
- Funded by Trust Fund in Support of Reconstruction in the Sichuan Earthquake Stricken Areas By HKSAR
- Aim: to provide psychological, emotional support for the victims of the earthquake and trainings for local social work students.
- 10 workers: 2 Hong Kong; 8 local

## Dujiangyan and BaYi

- Dujiangyan You Ai Integrated School (135 disabled children caused by earthquake)
- Medical Social Work at Chengdu Ba Yi (8-1) Hospital for 50 persons mainly adults disabled in the earthquake

## How to develop the SWAB services considering different post disaster work approaches

- Traditional mental health model
- Community health approach integrating group work and education
- Economic Redevelopment and self help
- Positive Psychotherapy
- Community Work and Organizing
- Psychosocial Capacity Building

## Traditional Psychological Interventions for Disaster

- psychological first aid
- critical incident stress debriefing
- triage for PTSD-Prevalence
- psycho-education
- the mental health model of post disaster intervention

## The ADAPT Model, Silove et al

- the ADAPT Model (Adaptation and Development after Persecution and Trauma)
- the need for a multi-level approach to psychosocial interventions that consider the individual, the family and the whole community.
- The framework of this model includes efforts to "Support indigenous systems that provide comfort and help" and "the presence of specialist mental health services".



## Ommeren et al 8 Principles (WHO, 2003)

1. contingency planning before the acute emergency,
2. assessment before intervention,
3. use of a long-term development perspective,
4. collaboration with other agencies,
5. provision of treatment in primary health care settings,
6. access to services for all,
7. training and supervision, and
8. monitoring indicators.

## Economic redevelopment

- o During the Post Emergency phase, the WHO experts agreed that it is appropriate for health workers to advocate economic re-development initiatives, such as microcredit schemes or income-generating activities as disaster-inflicted poverty becomes an evident ongoing source of stress and suffering. Mental health care provisions should utilize the general health care system to penetrate into the community.

## community work

- social action and social development is critical for long term recovery (Pyles, 2007)
- community organizing approach is indispensable for post disaster recovery (Zhang, 2010)

## Community self help

- Community workers can also be trained to assist primary health care staff to handle the heavy mental health case load.
- Community-based self-help support groups is valuable for problem-sharing, brainstorming for solutions or for more effective ways of coping (including traditional ways of coping), generation of mutual emotional support and promotion of community-level initiatives. (de Jong JTVM. 2002)

## Positive Psychotherapy

- Positive psychotherapy (PPT) contrasts with standard interventions for depression by increasing positive emotion, engagement, and meaning rather than directly targeting depressive symptoms. (Seligman et al, 2004)
- Studies also revealed that the occurrence of daily positive emotions serves to moderate stress reactivity and mediate stress recovery. (Ong, A. D. Et al, 2006).

## The Community Health Approach in different phases

- Impact: psychological support focused
- Resettlement: social groups and neighbourhood development, women handicraft work projects
- reconstruction: community education and positive psychology oriented
- exit: community groups and leadership developments



## psychosocial capacity building

- is intervention provided by professional and non-professional 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.

## PCB

- seeks to be sustainable over time and builds on the foundation of local capacities and resources. (Miller 2012, pg 191)
- It involves more mezzo and macro level activities than traditional DMH framework. (Miller, 2012, pg 199)

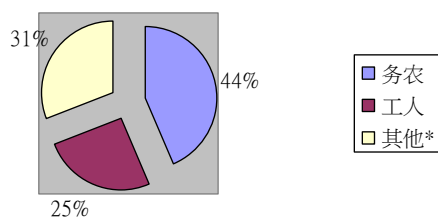
## Core PCB activites (Miller 2012, pg 217)

- collaborative planning and assessment
- community organizing and mobilizing
- economic recovery and psychosocial healing
- social network restoration
- teaching and psychosocial education
- consultation and supervision
- exit strategy for responders (Wessells, 1999, 2009)

## BaYi services

- around 65 clients
- 10 of them still remain hospitalized
- case and activities
- **Exit survey** on 55 discharged patients

## Occupation of patients before disaster



- farmers 44%, general workers 25%, Others: chefs, drivers, carpenters, teachers, small businessmen 31%
- personal income :CNY1800; family income CNY3000 per month.

## Income after disaster:

3 of them found work, another 20 have spouse working, 32 rely on public assistance.

Income source	No of Patients	Monthly allowances
Social security	40	100
Medical Insurance	1	1200
Occupational Accident Allowances	7	1626
Retirement funds	3	500
disaster relief	1	1200
working	3	1800

## Long term rehabilitation

Rehabilitaton program after discharge	number of patients (percentage):	Reason
Attending	12 (21.8%)	
Not attending	43 (79.2%)	70% reported <b>lack of funds</b> , others indicated "distance from hospital" a barrier, or <b>lack of transportation</b>

## You Ai Integrated school

- 135 disabled pupils from grade 1-9
- case services
- group services
- home visits
- integrated school activities

## focused group studies in 2012

- 80 pupils are divided into groups of "Hope", 2 sessions per group;
- content analysis was conducted on their reflections
- 8 pupils shown PTSD symptoms in 2008, 1 of them fully recovered, 3 of them still show symptoms, other 4 mild stress symptoms
- 20 reported difficulties in study, 2 of them thought that they can handle;

## social network - peers

- 32 reported that they made friends with other disabled children; 9 of them have friends of normal children;
- 2 of them reported being bullied by other disabled children;



## social network - teachers and school

- 4 reported intimate relationship with teachers, 6 reported "tense" relationship with class teacher;
- 2 thought that the school environment is "warm" to them, 8 thought "cool";
- 2 thought schooling is useful to them, 5 the opposite;

## social network - family and social workers

- 34 pupils reported good family relations, 11 problematic relations;
- 67 reported intimate relations with responsible case worker, 21 reported also intimate relations with other social workers;
- 1 mentioned tense relationship with social worker;

## self efficacy and hope

- 6 considered their future hopeful;
- 7 reported acceptance of their disability;
- 3 mentioned personal strengths

## 3 years in Leigu

- The premises
- The services
- The people:
  - Staff
  - Children
  - Women
  - Old people
  - Hong Kong Volunteers
  - Local volunteers

## Types of services

- home visits
- case and family services
- group work
- community psycho-education
- mass activities

## Services to vulnerable groups

- victims
- women
- elderly
- disabled
- school children and teenagers

## Services with special focus: Hope and Optimism

- Positive mental health education
- Flying with the Wings of Hope“乘着希望的翅膀飞翔小组活动”
- New Leigu, New Face---community publicity campaign 新擂鼓，新面貌社区宣传流动站
- Love me, Love life children traffic safety education campaign 我爱我、珍爱生命---儿童交通安全知识宣传活动
- Improve day by day Happiness Community publicity station 天天向上快乐生活社区流动站

**Table 1: Intervention methods at different stages of reconstruction**

Targets	Immediate Post Impact Phase	Resettlement Phase	Reconstruction Phase	Service Termination Phase
Elderly	Case Group	Case Group Health services	Case Group Participation	Home visits, Stress and Strength Survey
Disabled	Case Group	Case Group	Case Group	Home visits, Stress and Strength Survey
Women	Case & Group	Case, Group & Social (Note 2)	Case, Group & Support Network	Home visits, Stress and Strength Survey
Children and Youth	Case & Group (Note 1)	Case & Group	Case, Group and positive education*	Home visits, Stress and Strength Survey
Community At large	Condolences activities;	Cohesion (Note 3)	Optimism prog. (Note 4) Farming Social enterprises (Note 5)	Positive mental health education

\* Education on authentic values derived from Martin Seligman's 24 VIAs.

## Monitoring indicators

- Evaluative survey:  
case/group/community members
- Depression Scale (CES-D-10)
- Hope & Optimism Scale
- Satisfaction for Service Scale
- 193 valid responses

## Results: CES-D

- high level of general stress and significant level of mild depression are evident among the residents (screen in = scores 11 or above, or 86.6%, norm being around 35%)

CES-D	frequency	Percentage	accumulative frequency
0-10	35	18.7	18.7
11-20	127	67.9	86.6
21-30	25	13.4	100
Missing	10		
Total	197		



**Table 3: Respondents still experience Strong emotions and Intrusive thoughts ( n = 197 )**

10 respondents reported extremely unstable emotions, 20 reported unstable emotions;

10 respondents reported frequently experiencing intrusive thoughts, 8 very frequent intrusive thoughts in the last month.

Percentage of PTSD is around 4%, similar to most studies.

emotional	very strong	strong	Total
	5.1%	10.2%	15.3%
intrusive thoughts	very frequent	frequent	Total
	4% ( PTSD )	5%	9%

## Hope & Optimism

- majority of respondents scored more than 12 points in 6 items, namely optimistic about having better life, better housing conditions, better economic environment, father family relations, neighbor relations and better community services.

Hope and Optimism	frequency	Percentage	cummulative percentage
0-19	111	58.7%	58.7%
20-24	68	41.3%	100%
Missing	8		
Total	(N=197)		

### Satisfaction on services

- Residents show great **gratitude** to the social workers, 14.7% gave full score of 16 showing very thankful to SWAB.

satisfaction	frequency	percentage
below 12	107	54.3
13-15	61	31.0
16	29	14.7
Total	197	100

Relationship between  
Hope and Optimism and CES-D (n=180,  
17 missing):

There is a mild negative relationship.

Pearson's R	Value	Significance
	-.217	.003

Relationship between Hope and  
Optimism and Satisfaction of services  
(n=189, 8 missing):

There is a substantial positive  
relationship.

Pearson's R	Value	Significance
	.430	.000

## Post traumatic growth

- Silove (2002) reminded us that "one of the greatest errors is to over-rate the ability of outside helpers to understand and shape the recovery process and to under-rate the capacity of affected communities to draw on their own resources to guide and ideally lead these activities".

## Problems and limitations

- political sensitive area (eg no volunteers before and after Olympics 2008)
- donors led reconstruction Vs local participation
- physical rebuilt Vs comprehensive social and cultural redevelopment
- unfavourable to job creation and sustainable growth

## examples

- there are spacious elderly homes built by Canadian funds, but local elderly groups cannot use the facilities;
- fatansize for tourist town, shops are vacant while residents can only find job in other provinces;
- single elderlies with disabilities are left on high floors of apartments and cut off from social network;
- SWAB is not given any base to continue our services while for profit company rents the rehab center to run special day care.

## Summary

- from hospital to school to community - a lack of coordination and infra-structure
- social work is not involved in disaster management plan and thus socio-economic redevelopment

## Reflections

- "Timelines for reconstruction should be set by the community rather than conforming to deadlines driven by the sense of urgency"



## Recommendations

- Systematic time series assessment
- Social work and community volunteers collaboration
- Train the community trainers
- community organizing model

Thank you

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