Meeting The Needs of Disaster Victims & Rescuers in China

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Population Demographics
(2010, National Bureau of Statistics of China)

- Total: 1.37 billion (mainland 1.34 billion)
- Gender: M:F = 105:100
- Age: 0-14 yrs 16.6%
  15-59 (working age) 70.1 %,
  60 and over 13.3%
- Urban: 49.7%
- Household size: 3.1
- Literacy: 95.9%
Economy

• Reform 1978: planned economy → market economy
• In 2010, GDP per capita: USD4,382, ranked 94 in the world [IMF]
• Poverty line: 1,196 Yuan/capita/year [USD 185], 43 million people live below the poverty line
• 150 million people live under the UN’s one dollar per day poverty line
• Health expenditure: 5.13 % of GDP in 2009
十三亿是一个很大的数字！
Any small problem × 1.3 billion = very big problem
Any big aggregate / 1.3 billion = very tiny figure
The Post-Disaster Emergency Response System in China
4 Levels of Response to 4 Kinds of Incidents

• In 2006, the Stage Council issued the National Emergency Response Program for Public Incidents
• In 2007, the Emergency Handling Law was implemented
• Public incidents are divided into: natural disaster, accident disaster, public health incident and social security incident
• Alarm level: classified according to overall assessment of severity, urgency and further risks
  – Extremely high: level I (Red)
  – Very high: level II (orange)
  – High: level III (yellow)
  – Moderate: level IV (blue)
4 Ministries in Charge of 4 Kinds of Incidents

- Natural disaster: Ministry of Civil Affairs
- Accident disaster: Office of Work Safety Committee, Department of Safe Production Coordination of State Council
- Public health incident: Ministry of Health
- Social security incident: Ministry of Public Security, the Army

Post-disaster psychosocial interventions – unclear responsibility: meeting between the Ministry of Civil Affairs and the Ministry of Health on the June 1st, 2011
China: a disaster-prone country

• In China, about two hundred million people suffer from natural disasters each year, which account for more than 1/6 of the whole population.
• Annually, economic loss due to disasters is more than 100 billion Yuan [USD 15.4 billion]
Mental Health Resources in China

• In 2009, 637 mental hospitals with 191,225 beds. 1.43 beds per ten thousand people, increased from 1.19 in 2007. 16,756 doctors and 32,082 nurses in 2009.

• Average length of stay: 49.4 days for public hospitals, 37.0 for private hospitals

• 40 thousand new beds since 2007. → staff shortage!

Edited by Dept. of Public Mental Health, Peking University Institute of Mental Health
Peking University Institute of Mental Health (PKUIMH) and Disaster Response in China
Peking University Institute of Mental Health
(co-located with National Center for Mental Health, China-Center for Disease Control [NCMH-CCDC])

• Takes responsibility of organizing and providing technical support and training on prevention and management of disaster in national level

• In 1994, the first psychosocial intervention team was sent to disaster site by the Ministry of Health
Field Studies and Interventions by PKUIMH

• Studies on disasters started in 1988
• Intervention started in December 1994
• National training started in June 2000
• Facilitate national policy making from 2003
Cases of Field Studies and Interventions by PKUIMH

- Lancang earthquake, Yunnan Prov, Nov. 1988
- Klamayi fire, Xinjiang Prov, Dec. 1994
- Zhangbei earthquake, Hebei Prov, Jan. 1998
- The Yangtze River flood, summer 1998
- Luoyang fire, Henan Prov, Dec. 2000
- Dalian air crash, Liaoning Prov, May 2002
- Mountain-climb accident, Peking Univ., Aug. 2002
- SARS, Beijing, 2003
- Homicide in kindergarten, Beijing, August, 2004
- National Mental Health Response Teams, 2005
- Wenchun earthquake, 2008
- Yushu earthquake, 2010
- Yingjiang earthquake, 2011
Lancang Earthquake, Yunnan Province

• Nov 6, 1988, two intense earthquakes in Richter scale of 7.6 and 7.2 consecutively happened
• 748 persons died and 3491 persons were seriously injured, over 750,000 dwellings collapsed
• The study of mental status of the victims was conducted 3 months after the earthquakes.

(Li Shuran, Chinese Mental Health Journal, 1991)
Dec 26, 1994, a big fire happened in Klamayi, 323 people were killed, including 288 school pupils; 180 were seriously wounded, nearly all 9-14 years old.

Lessons learnt from Klamayi fire

• For the first time recognized the difference between crisis intervention for the population and clinical work with patients

• training is essential for all support workers

• media can take an active role but news reporting on this issue was under strict supervision

• follow-up studies are needed despite the difficulties and obstacles
In Jan. 1998, an earthquake of 7.2 on Richter scale struck Zhangbei, Hebei Province. The team surveyed 3 and 9 months after the earthquake on Quality of Life of the victims on rates of Acute Stress Disorder and PTSD, vulnerability factors and time course.
Major findings: Post-traumatic stress disorder

Zhangbei Earthquake:

• The prevalence rates of PTSD within 3 months and 9 months later were 18.8% and 24.4% respectively.

• The village with a higher level of initial exposure to the earthquake and a higher level of post earthquake support had a lower frequency of PTSD than the village with a lower level of initial exposure to the earthquake and less post earthquake support, i.e. the prevalence rates of DSM-IV PTSD within 9 months for the two villages were 19.8% and 30.3% respectively.
In summer of 1998, historic floods hit the river valleys of Yangtze, Songhua and Nen. Over 223 million people were displaced, 3,004 people died and 4,970,000 dwellings collapsed. Direct property loss was over 166 billion Yuan [USD 25.6 billion].

3 and 9 months after the flood, the survey team visited two communities suffering different levels of flood damage, in the middle to lower reaches of the Yangtze, 564 villagers were surveyed.
Learning through research:

• First well designed research of psychological impact of nature disasters in China

• Understanding of the WHO principle
  – the resourcing of disaster rescue work should target the identified need
Training

Supported by WHO 2000, has introduced and translated a set of training materials, including:

• 500,000 character manuals
• 4 video tapes
• Training slides
• National workshop

Luoyang disco fire, Dec 25, 2000, 308 young people were killed.
4 days after the fire, the first aid team arrived at the site and started the collective training of local rescue personnel.

Long queue waiting to identify their relatives’ bodies.
Learning through obstacles:

• Ministry of Health not permitted to be involved in psychological intervention after the disco fire because the Office of Work Safety Committee is responsible for accidental disaster

• Tried to establish contact with media, but they showed little interest
Evening of May 7th, 2001, a passenger plane of Northern Airline of China crashed into the sea near Dalian. All 103 passengers and 9 crew died.
On the next day, the intervention team arrived Dalian for individual support, group debriefing, training for local doctors and media report work
Learning from Dalian intervention:

- Media reporting enhances the mobilisation of resources
- The lacking of proper attitude, knowledge and skill of crisis intervention among local psychiatric hospitals
June 2002: International Seminar on Disaster, Mental Health & Media

• September 11 and its consequence (Mr. Felton)
• Discussion: role of media at a time of trauma
• Confronting the psychological impact of terrorism (Mr. DuFour & Dr. Gordon)
• Effective community response models & how to develop a local response (Dr. Gordon & Mr. DuFour)
• Media and Mental Health (Prof. Marten deVries)
• Integration of Mental health component into disaster relief: challenge and current practice (Ma Hong)
August 2002, at Mt. Xixiabangma, a snow collapsing accident happened to the student mountain climbing team from Peking University, 5 members were missing. All the survivors received intervention immediately after returning school in Beijing.
The Significance of Training
“Anti-SARS War”
Doctors and Nurses in PKUIMH, 2003
Health Education for the Public during SARS

- Open letters to residents in communities, SARS patients, medical staff and their relatives
- Articles, lectures, TVs, Newspapers, flyers, etc
- Caring cards for patients
- Mental health consultation hotline
WELCOME PARTICIPANTS TO THE
PROGRAM STUDY VISIT & TRAINING WORKSHOP ON PSYCHOSOCIAL
RESPONSE SUPPORT FOR CHILDREN IN DIFFICULT CIRCUMSTANCES

UNICEF-BEIJING CHINA in cooperation with CHILDHOPE ASIA PHILIPPINES

November 16-24, 2003
BAYVIEW PARK HOTEL MANILA
Further Progress:

• For the first time our suggestion about dealing with cadavers was accept by government (A letter of condolence with death certificate sent to the family member).

• For the first time we visited Philippines together with officials from Ministry of Civil Affairs to find out how developing countries can organize their own psycho-social intervention.
The incident in Beida Hospital kindergarten, August, 2004

One child died and 17 persons (including 14 children) were injured by a patient with schizophrenia

Sunflower program
Further Progress:

• For the first time, the governments (Ministry of Education, Ministry of Health) invited a psycho-social intervention plan to be added into the overall medical plan after Social Security Incident disasters.
The First Training without a Foreign Teacher, July 2004
Establishment of Psycho-Social Intervention Teams in China for Natural Disasters, 2005

- Four teams sent to four provinces
- 21 doctors from 8 provinces
- Technical support: Dr. Xiangdong WANG of WHO, Yufeng WANG, Jin LIU
- Training: all got special training, half of them provided on site intervention
- Team leader: Dr. Hong MA
2005. June 6, Shalan Heilongjiang: violent flood, 105 pupils died

3 month later: group intervention
Further Refinements:

• For the first time UNICEF support with their
• Fund to school rebuilding together with team
• Building of psycho-social intervention.
• For the first time we learn from the kids:
• Singing, dancing and playing games are beneficial
Psychosocial Response to Sichuan Earthquake, 2008
Programs after Sichuan Earthquake
May 2008

First aid, psychosocial response to Sichuan earthquake

Protection and Assistance to Vulnerable Population Affected by the Earthquake in China

Early Recovery and Disaster Risk Management Program.

Study on post disaster basic mental health service needs, supply and inter-agency collaboration
8th day
Mianyang, Sichuan
organized chaos!
First aid, psychosocial response to Sichuan earthquake
Training supported by AusAID
Protection and Assistance to Vulnerable Population Affected by the Earthquake in China

- USD231,874, funded by the Finnish Government
- Provide technical support, supervision and psychosocial supports for survivors of earthquake in Sichuan province to strengthen county level health services workers’ ability and to help vulnerable groups
- explore the multi-agency collaboration psycho-social support systems and service referral mechanisms in the community.
Seismic zone and the hardest hit areas by Google

Where we went to...
Survey Method and Tools

1. Basic Information Table
2. The PTSD Checklist- Civilian Version, PCL-C
3. Self-rating questionnaire, SRQ-20
4. Professional quality of life, PQL
5. Knowledge, attitudes and practices survey questionnaire, KAP
6. survey on supply-side and demand-side of psychological services
7. M.I.N.I.
8. Pre-, mid-, post-training/ intervention outcome rating scale
Lessons learnt in Sichuan

• The communities had no experience in coping with severe disaster and its impact on people and society.
• Many community leaders lacked authority to direct a coordinated public emergency response.
• Further improvement of the community services and rehabilitations system should be an effective approach to respond to major disasters.
Suicide after Sichuan Earthquake

Traditional poison:
equal parts honey and Chinese green onion
Summary Information Cards
Participating in training
Early Recovery and Disaster Risk Management Program
Challenges

- Very low awareness by victims of crisis intervention approach
- Mental health professionals and volunteers generally lack psychosocial intervention knowledge, skills and practical experiences
- Ethical concern: most “research” done in Sichuan was without Institutional Review Board (Ethics Committee) approval
- Governments tried to use the psychosocial intervention team to help them solve compensation conflicts
- No one knows what are the most appropriate interventions and measures — difficult to evaluate
Challenges (cont’)

- Cultural issues e.g. lack of interpreters, taboos regarding topic of suicide
- In such catastrophic earthquake, which agency will administer the psychosocial intervention?
- Where can we get evidence based information about psychosocial interventions?
- Who pays for the psychosocial intervention team?
- Which one will take the role for negotiating foreign aid?
- How to best work with volunteers?
- Can the village doctors be the main force to deliver mental health services in the long term?
Challenges (cont’)

• Orphans’ rights
• Disabled person
• Burn out of government officials
• Suicide prevention
• Further traumatisation
• Medical staff issue
125 staff died in two hospitals in Beichuan County, Sichuan Province.
Thank You!

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