



Disaster Mental Health: Community Training

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September 1-2, 2008	Deyang, Sichuan Province
September 3-5, 2008	West China Hospital, Sichuan University, Chengdu
September 5-6, 2008	Du Jiangyan, Sichuan Province Schifang and Luo Shui, Sichuan Province
September 7, 2008	Shanghai Maritime University
September 8, 2008	Shanghai Mental Health Center



Disaster Mental Health: Community Training

Host: Mental Health Center, West China hospital

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DATE	PLAN	
AUG 31	India experts arriving	
Sept 1	Training in Deyang area, Sichuan Province – Team 1 Kasi	
Sept 2	USA experts arriving	
Sept 3 Lectures	Introduction – Dyer Decade of Disasters: Lessons from the Indian experience – Dyer, Kasi Abnormal reactions to trauma – when psychiatric intervention is necessary – Hall Normal reaction to abnormal situation – Kasi Basic Techniques of Psychotherapy – whole faculty	(West China Telmedical Center and 2-4 telenet sites)
Sept 4 Lectures	Rebuilding Community: Techniques of Psychosocial Care – Kasi How a Child Grieves - Mehta Vulnerable Populations: women, children – Bharath Life Skills for Mental Health Professionals and Life Skills for Teachers – Bharath East-West Perspectives – Dyer, Bharath, Wei Preparing for the Next Disaster – Hall	
Sept 5 Lectures	Training in Du Jiangyan, Sichuan (team 2: Bharath, Meththa) Training in Schifang, Sichuan (team 3: Dyer, Hall)	
Sept 6	Visits to disaster villages, Dujiangyan and Luo Shui	
Sept 7	Trauma in Everyday Life – Shanghai Maritime University – Dyer	
Sept 8	Somatoform Disorders and Psychotherapy with Non-psychothic patients – Dyer WHO Shanghai Mental Health Center	

Background

The 2008 Sichuan earthquake (四川大地震,) or "Great Sichuan Earthquake", which measured at 8.0, occurred at 14:28:01 CST on May 12, 2008, in Sichuan province of China. It lasted 120 seconds. The epicenter was 80 kilometers (50 mi) west northwest of Chengdu, the capital of Sichuan, with a depth of 19 kilometers (12 mi). The earthquake was felt as far away as Beijing (1,500 kilometers (932 mi) away) and Shanghai (1,700 kilometers (1,056 mi) away), where office buildings swayed with the tremor. The earthquake was also felt in nearby countries, including Thailand, Nepal, and India.

Official figures (as of July 21, 2008) state that 69,197 are confirmed dead, including 68,636 in Sichuan province, and 374,176 injured, with 18,222 listed as missing. The earthquake left about 4.8 million people homeless, though the number could be as high as 11 million. Approximately 15 million people lived in the affected area.

Strong aftershocks, some exceeding magnitude 6, continued to hit the area even months after the main quake, causing new casualties and damage, and these continued right up to the time of our visit in September.

Response of the Chinese government was immediate in terms of providing disaster relief, and international teams, such as our own, were welcomed with a minimum of delays. One man rescued from the rubble by a Russian team quipped that the earthquake was so strong it shook him into another country. This story illustrates the way Sichuanese people typically use humor as part of their resilience in the face of disaster.

The Sichuan Earthquake of May 2008 highlighted the urgent need for mental health services in the area affected by the earthquake. Moreover, this crisis has highlighted the need for community mental health services and education in China. Local mental health professionals as well as the Chinese government have been quick to respond to the need both for service and for training.

In the fall of 2005, I was invited to lecture at the Sichuan University in Chengdu and subsequently have been involved in providing Skype Internet supervision through the China American Psychoanalytic Association. After the earthquake, I received numerous requests to come back to provide training for the relief effort going on there. Also in 2005 around the time of the first anniversary of the Indian Ocean tsunami, I was privileged to see the efforts for psychosocial care of tsunami survivors in Tamil Nadu organized by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore (See "A Decade of Disasters: Lessons from the Indian Experience" by Sekar Kasi, Subhasis Bhadra, and Allen Dyer, *Southern Medical Journal* 100:9, Sept, 2007.)

The NIMHANS model, which formed the basis of our curriculum for Sichuan, is a community-based train-the-trainers model focusing on the psycho-social rehabilitation of disaster victims. It focuses on helping individuals by providing teams of trainers to rebuild disaster-affected communities. It is a model that has been extensively developed in a series of disasters ranging from natural to man-made disasters, notably the 2004 Indian Ocean tsunami, but also super cyclones, fires, earthquakes, riots, etc. Notably the efforts in the tsunami-affected villages of Tamil Nadu continue four years after the disaster. Psychological trauma does not heal quickly.

The Faculty and the Curriculum



Drs. Wei Jiang, Rishi Mehta, Dyer, Sekar Kasi, Jing Li, Glen Xiong, Stephanie Hall

The faculty and the curriculum are listed in the first two pages of this report. Colleagues came together from China, India, and the United States to offer lectures on principles that have been developed in other disaster situations. At the requests of our hosts, we were asked not to provide basic material, which would already be familiar to many of the trainees, but more advanced material.

Two members of our team, Dr. Charles Li, from Savannah, Georgia, USA, who has an extensive background in mental health administration, both in China and the USA, and Dr. Subhasis Bhadra, Director of Disaster Mental Health for a major NGO in India, with a special expertise in persons with disabilities, were unable to get visas in time for the visit.

Coincidentally and fortuitously, a team from Duke University was in Sichuan at the same time and joined efforts with us in Chengdu. Dr. Wei Jiang, Dr. Glen L. Xiong (now at UC Davis), and Mr. Yin Song provided translation, interpretation, and coordination of efforts. Their cooperation and friendship are most appreciated.

The lectures were delivered at the Mental Health Center of the West China Hospital, Sichuan University in Chengdu at the West China Telemedicine Center. We were told that lectures were broadcast to 15,000 participants at as many as 150 remote sites.

The Disaster Villages



Before and after the Chengdu lectures, we split into teams to visit the disaster-affected villages. Dr. Sekar Kasi, who arrived early, went to the Deyang area and Shifang to assess the situation. After Chengdu, Dr. Srikala Bharath and Richi Mehta went to DuJiangyan, where they trained volunteers at the Communist Youth Program. This was fairly intensive training in a village severely affected by the earthquake with major destruction and loss of life. Dr. Stephanie Hall and I went to Shifang with a team of counselors working with volunteers. The first day there, we provided training to doctors and nurses at the Shifang 2nd People's Hospital, damaged by the earthquake. Ceiling tiles had collapsed and wires were hanging down everywhere, but electrical mains worked, and so computers and PowerPoints were on. The next day we were taken to the village of Luo Shui, which had been virtually destroyed by the earthquake. Huge factories were in shambles, their chimneys toppled, ductwork mangled. The Rocket Middle School was a pile of rubble. A hospital was destroyed, and care went on in temporary buildings that were erected in two weeks. Buildings abandoned, market life went on in the streets.

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Dr Srikala Bharath

Mehta, Bharath and students

Dr. Hall and Zhengyu

Some of the most moving and personal accounts came from the counselors who were working with the volunteers. Their stories poignantly told of the extent of the

psychological trauma in the earthquake victims, as well as in those helping them, and of the ongoing work that will be needed in the months and years ahead.

One young woman told of a child she is working with, whose life was saved by a teacher who fell on her body. She lived for three days in the arms of her dead teacher before being rescued. She drew a clock on the wrist of her counselor with the hours 3 o'clock (about a half hour after the earthquake) but she couldn't talk about it. Many people had difficulty putting their experiences and feelings into words.

One boy rescued 12 of his friends and became a hero. But he lost an arm and a leg. Then everyone else went back to school, and he was bereft.

One man broke an ankle running away. He was in the hospital for two months dealing with surgical infection. The ankle got better, but he had trouble going back to work.

A police woman, training to be a psychologist, told of prisoners who asked to be shot, and prisoners who had refused to cooperate with the police, changing their minds and becoming cooperative.

Clearly those who did not experience immediate losses were also affected. Counselors talked about their complex emotions, wanting to help others, feeling spared and given another chance. One woman, who was on an airplane at the time of the earthquake, learned about the disaster from the pilot. Her grief was immediately accessible, but she was afraid to drive her car.

Evaluation and further needs

The welcome we received and the enthusiasm for our program could not have been more positive. "Thank you for what you have done for the Chinese people." "It is so kind of you to come and give so helpful lectures and we will be very glad to hear more cooperation in the future." "We will be glad to work with you to develop further programs."

The immediate response of the Chinese government to the disaster, the appreciation of the people, and their openness to humanitarian offers cannot be overstated.

Much more needs to be done in terms of providing basic skills and community organization. Notably the support for the volunteers and their own emotional needs in dealing with trauma victims, preparation for anniversary reactions (especially the first anniversary), and on-going community building and psychosocial rehabilitation will be ongoing needs for some time.

Acknowledgements

This has been a collaborative effort at every level. Most basically our sponsors, the International Medical Corps, the China American Psychoanalytic Association, and the Willowcliff Foundation, have provided financial, logistical, and moral support. Our universities have similarly added this humanitarian effort to their priorities and missions and enabled us to carry out this work: East Tennessee State University, National Institute of Mental Health and Neurosciences (Bangalore) and the Indian Government, Duke University, and the University of California at Davis. The members of the team and our

hosts have formed deep bonds of friendship, which far transcend national boundaries and mundane concerns, and will long endure. Hopefully they will be renewed periodically as well as remembered forever.