Exploration of the Community Rehabilitation Service Model in Wenchun Earthquake Area

Submitted by: China
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Before earthquake in Sichuan
Before earthquake in Sichuan

Sport meeting one day before the earthquake in Beichuan Middle school
Earthquake happened

Ruin of Beichuan Middle school

Background after Wenchuan earthquake disaster

- Prevalence of PTSD:
  - Estimate from 10-30%
    - 19% 1 month, 11% 3 months, 22% in school students 6 months after the disaster.
  - Risk factors: severity of the disaster for individuals, mental health states before earthquake, proper support received after the disaster

- Violence affairs and suicide

- Present problems, such as: incompatible among the new community groups

- Present needs for reconstruction both for reality products level and for psychological level.
Needs for Mental Health Service in the Post Disaster Community

- Individual level:
  - Emotion, sleep, physical symptoms;

- Groups level:
  - Common needs in similar groups, Support inside the groups, Positive interaction in the groups;

- Community level:
  - Positive culture atmosphere, Support both psychological and reality products, and Health education;

- Society level:
  - Harmony, stable;

Establishing Integrative Mental Health Service Group

- Organizing integrative mental health service groups

- Training:
  - Service group staffs (Specialists and volunteers);
  - Local manage staffs;

- Setting up some model sites of community service, providing service
Goals:

- Detection and treatment for the mental disorder individuals, Preventing suicide and episode of other several mental disorders.
- Promote community people growth psychologically, promote social harmony.
- Set up the mental health service net work system in community under the leadership of the government.
Population Covered by Our Service

- Population covered directly:
  - Leigu Beichuan: 20,000
  - Hongbai Shifang: 7,000
  - Yingxiu Wenchuan: 6,000
  - Yutang Dujiang: 8,000
  - Mianzhu Shifang: 18,000
  - Total: 57,000
- Related population:
  - 170,000

Construction of Community Service

- Local related staffs
- Disaster people
  - Screen, Medical support, Psychological and social support, Health Education;
- Medical service
- Individual therapy
- Group therapy
- Culture support
- Special project
- Mobile out patients
- Case supervision by specialists
- Occupational therapy
Management of Community Service

- Long Term Service
  - 3 years plan: we have already finished 2 year’s
  - Enact long term and short term plans for service
  - Team meeting, at least once a month
  - In site service, every week
  - Living with the disaster people in the community during risk periods

Management of Community Service Net Work

- Each community has a stable support group
  - Team leader, assistant team leader
  - Core members
  - Non core members
  - Totally, 30-60 staffs and working in our system
- Integrate local people and foreign helpers
- Integrate different specializations
  - Psychiatrists, psychologists, social works
在擂鼓镇板房安置区设立华西医院心理康复服务站

社区服务站
Different task with differential specialized background

Psychiatrists

Psychologists

Different tasks with differential specialized background

Social works
Special groups (group therapy)

Embroider group therapy

Embroidering are not only embroidering
Function of “embroider”

- Express willing and affect
- 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

Baby with cleft lip

After repair operation

Summary:

Key points in the community rehabilitation service
Key points in the community rehabilitation service:

- Build a stable and systematic service network
  - Service can be continuous and effectiveness only through a stable network

- Depending on government’s power:
  - Power and trust
  - Specialized service need depend on the government’s power
  - Specialized service need respect government’s policies
  - Specialized service need feedback necessary information to government, so as to help the government make more adaptive policies, and to promote society harmony and individual’s mental health
Key points in the community rehabilitation service:

- The people who we served for is the center
  - Scheme design based on the needs of objects

- Systematically integrative with multiple levels
  - Individual, group, community, society
  - Medical, psychological, social support and spiritual understanding

Key points in the community rehabilitation service:

- Different resources need to integrate and take good use
  - Psychiatrists, psychologists, social workers, leaders and nature leaders
  - Hospitals, social groups, charity groups, government
Key points in the community rehabilitation service:

- Indigenization cultural resource approaches
  - Cultural methods: Language, expression, communication...
  - Cultural resource discovery: skills, stories, environments...
  - Respect and discover the local culture source, and try to use it in psychological reconstruct

- Growth approach:
  - Both Individual and population level
  - Both be served ones and service provider ones

So the crisis from the earthquake disaster, really give us opportunity to develop and grow....
Thanks...