Experiences of crisis intervention for victims of disasters in China

LU Qiuyun

Abstract The major disasters that have occurred in China during the past two decades are reported. The disasters include: earthquake, flooding, fire, traffic accidents, or medical disasters. The experiences of how to develop mental health rescue teams, how to provide psychiatric care in a crisis, and how to carry out research into the mental health of victims are elaborated. From the survey, it has been demonstrated that prompt and adequate intervention will significantly reduce the negative impact to the victims from the disaster or trauma. The need for cultural considerations for providing disaster-related intervention is stressed as well.

Key words: crisis, disasters, trauma, victims, intervention, mental health care, China

INTRODUCTION In China, many people fall victim to natural disasters of various kinds. Because of China’s large population, sometimes the total number of victims may exceed nearly 200 million people per year. This figure does not include the trauma due to man-made accidents, traffic accidents or violence. Thus, the total number of victims of disasters is huge, and it cannot be ignored. Providing crisis intervention is a challenge to mental health workers.

In order to meet the challenge and demand, the Institute of Mental Health in Peking University has engaged since the 1980s, many emergency mental health workers to provide crisis intervention for victims of disasters. Through such involvement, we have gained the clinical experiences and also the opportunity to study the victims of disasters.

The major disasters that we have been involved in since the 1980s include the following: Unnan province, Lancang earthquake (1988); Urumuchi, Kelamayite major fire disaster (1994-1995); Hebei province, Zhangbei earthquake (1998-1999); Yangzi River flooding (1998-1999); Luoyang 12-25-00 major fire disaster (2000-2001); Dalian airplane-crash disaster (5/7/2002); Peking University students mountain disaster (2002); SARS epidemic disaster (2003); Peking University Hospital kindergarten disaster (2004).

SOME MAJOR DISASTERS IN CHINA

Urumuchi, Kelamayite major fire disaster (1994-1995)

The fire occurred in a theater attended by school children on December 8, 1992. From the fire, 323 people died. Among them, 288 were students. A total of 130 victims were hospitalized for major injury, mostly students also.
The staff of the Institute of Mental Health of Peking University were called upon to participate in the joint crisis intervention, and provide the care for the victims’ families on site for one month. The intervention programs provided were: home visits, counseling of families who had lost family members (mostly parents who had lost their children) to help them go through mourning process; out-patient counseling services for victims’ families at the general hospital site, hotline telephone counseling for help-seekers, through TV programs provides mental health education and knowledge on how to deal with disasters, through newspapers and magazines providing mental health knowledge and guidance; the training of local mental health workers on site on how to provide intervention; and carry out on site surveys and studies. From the survey, it was found that 81 people suffered from PTSD (Post-traumatic stress disorder). The major symptoms manifested were: severe depression – 48 cases (60%); agitated behavior – 17 cases (21%); a semi-stupor state – 11 cases (13%); and dissociative stages – 5 cases (6%). A one year follow-up study revealed 25% of the parents suffered from PTSD.

Hebei province, Zhangbei earthquake (1998-1999)
In January 1998 in Zhangbei of Hebei Province there occurred a 6.2 level earthquake, when 1.36 million houses collapsed. In addition, 2.46 million houses were damaged, becoming dangerous to live in. In addition to the intervention service, studies were carried out by our team at 3 months, 9 months, and 17 months after the disaster occurred. The results of the follow-up survey showed that, overall incidence rate of acute stress disorder (ASD as defined by DSM-IV) was 6.1%. The incidence rate was compared between two villages in the disaster area. For victims who lived in a village which encountered more severe damage from the earthquake but received immediate rescue work with adequate support, the incidence rate of ASD was only 1.8%. For victims who lived in a village which encountered less severe damage from the earthquake but received less adequate rescue and support, the incidence rate of ASD was 12%. In addition to the immediate and acute stress disorder, the incidence of post-traumatic stress disorder (PTSD) was studied systematically through the follow-up study. The results indicated that the overall incidence rate for PTSD was 18.8% in 3rd month post-trauma, and 24.4% in the 9th month post-trauma. It is interesting to note that, for the two villages compared, the village that received adequate support had a lower rate of PTSD. Nine months after the earthquake, for the people in the village that received more adequate support, the incidence rate for PTSD was 19.8%; while the people in the other village which received less support, was 30.3%. This illustrates that immediate and adequate support will significantly reduce the occurrence of PTSD.

Yangzi river flooding (1998-1999)
In the summer of 1998, there was a historical major flooding that occurred in China, involving the areas of the Yangzi River, Songhua River, and Nen River. The total number of victims of the flood was 22.3 billion people. A total of 3,004 people lost their lives, and a total of 4.97 million houses were damaged. The estimated economic loss was about 1,666 billion RMB (about 200 billion US$). The mental health team from the Institute provided mental health work for the crisis intervention care of the survivals.

Luoyang major fire disaster (2000-2001)
On December 25, 2002, there occurred a major fire at the shopping center located in a high building at the Dongdu of Luoyang City. A total of 308 people lost their lives from the fire incident. Four days after the incident occurred, the mental health team from the Institute arrived on site for crisis intervention. Besides providing care of the survivors, short-term training courses were offered collectively to the physicians and health care workers. Provided also was the supporting care for the health-related rescue team members.
SARS epidemic disaster (2003)

In 2003 when the endemic of SARS occurred in some areas of China, many mental health workers joined the large scale mental illness prevention work. The care and intervention was for the patients as well as for the health-related workers. This care and intervention made direct contributions to the work against the endemic of SARS. It was historically the first time the psychiatrists and psychologists from the mental health prevention team worked on a large scale worked for an infection-related incident. The mental health team participated in the public health initiative to manage the outburst of the medical disease.

The major works performed by the mental health team were: to provide counseling and support for the patients on the infectious ward of the isolation hospital, to offer individual counseling and support for the physicians and nurses who were working on the isolation hospital, and to carry out group counseling (CISD) for nurses who were working in the high-risk emergency unit. In addition, counseling was provided for people in the community through hotlines and the internet. Furthermore, consultation was given to the government on how to carry out supportive psychological work.

In the mean time, the effect of the group counseling (CISD) for nurses was studied. As part of the study, the Impact of Events Scale (IES) and the Symptom Check Inventory (SCI-90) were administered to nurses before and after they received the group counseling (CISD). Results indicated that the total score for IES reduced significantly. For SCI-90, the obsessive and depression factors were high before the intervention; but after the intervention, the score for various factors reduced, particularly the depression factors. It shows that group counseling was preventive of trauma-related stress.

COMMENTS

During the past two decades, there has been a gradual rise in awareness amongst Chinese government officials of the need for focused disaster intervention. Also noticeable was the obvious increase of media reports relating to natural disaster and human-related trauma, with an emphasis about its impact on mental health, reflecting increased awareness about the importance of the quality of human life. Our team’s experiences and studies have supported the fact that prompt and adequate intervention will significantly reduce the negative impact from the disaster or trauma.

We recommend the need to develop disaster intervention teams systematically at different sites of the country to provide emergency intervention services if a crisis does occur in different regions at any time. There is the need to provide formal and special training to all health-related workers on how to offer care and intervention if a disaster occurs. This is based on the fact that disasters always involve many victims and there is a need for a large group of staff to provide the needed immediate care and intervention. Finally, there is the need to study and to improve how to provide disaster intervention which is culturally-suitable for the victims.

CULTURAL CONSIDERATIONS

It is a challenge for us to consider and to develop culture-relevant intervention to meet the people’s cultural background. Considerations must be given to the following issues, namely: an understanding of one’s philosophical attitude toward the life, injury, and death in general; consideration of the victim’s cultural perception and reaction towards the occurrence of disaster; utilization of culturally provided rituals for mourning the deceased; and making use of culturally available social support for the trauma and disaster.