

TIEMS 2020

**Health
+
Mental Health
Emergency
Responses in
Wuhan to
combat the
COVID-19**





*We can never prepare ourselves
100% when disasters strike.*

**presentation by Social Workers Across
Borders (SWAB)**

at TIEMS 2020


*Johnston Wong, Lina Lai, &
Candy Zhou*





UN World conferences of disaster risk reduction (WCDRR)

the Yokohama Strategy and Plan of Action for a Safer World	1994
the Hyogo Framework for Action Plan 2005–2015	2005
the Sendai Framework for Disaster Risk Reduction 2015–2030(SFDRR)	2015



International Endorsement of The DM (or EM) Cycle



Elaboration of Disaster Management Cycle

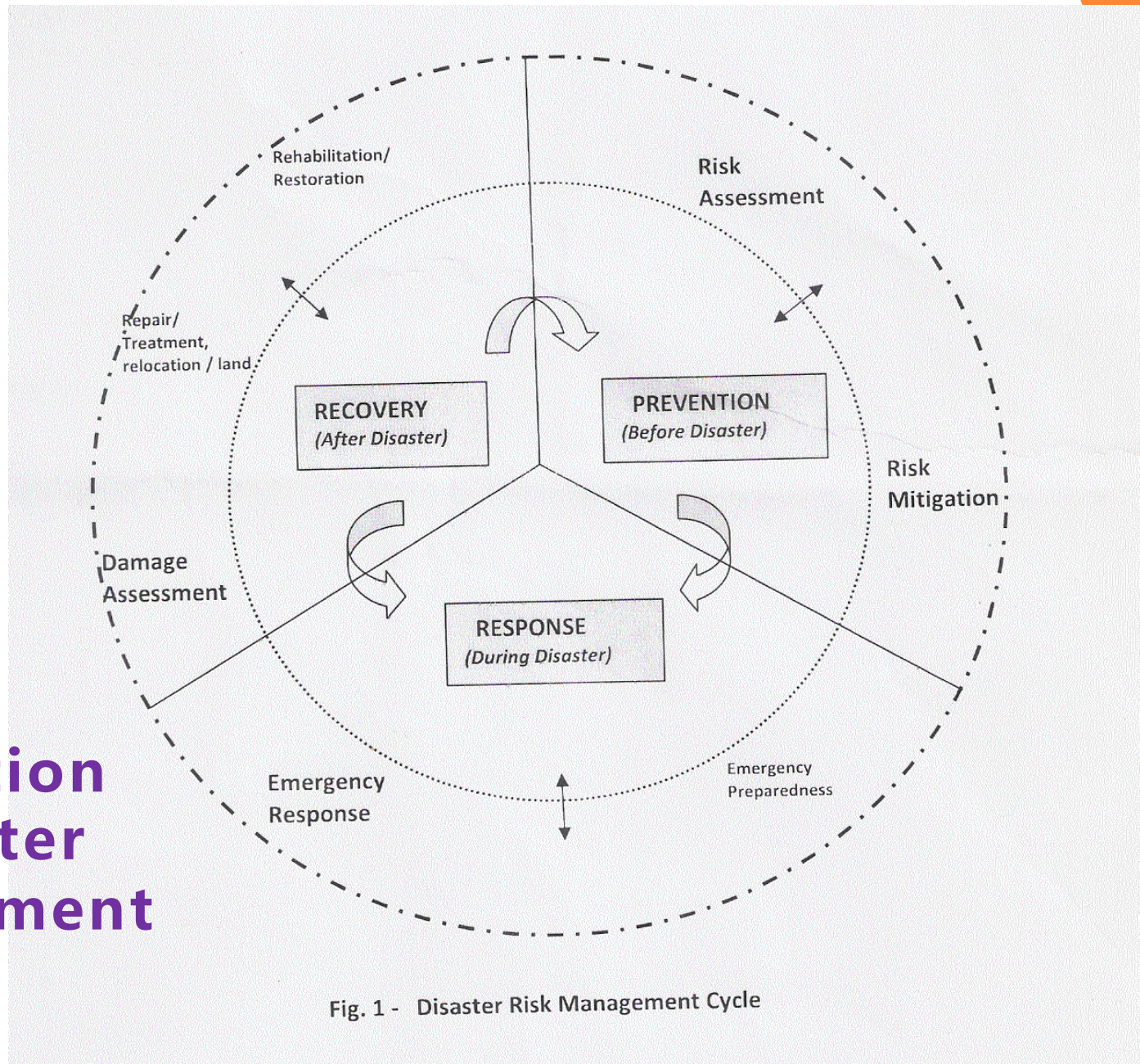




Fig. 1 - Disaster Risk Management Cycle



Contributions of the DM Cycle Theory



Promoting Paradigm Shift from

- **reactive** disaster **response** to **proactive** national **plans**
 - relying not on **linear mechanism** → but on **circular DDR system**
 - focus shifted from **RESCUE** → **assessing** risks, identifying **vulnerability**, conducting **risk reduction**, and further to **capacity building** and **building resilience** in the communities.
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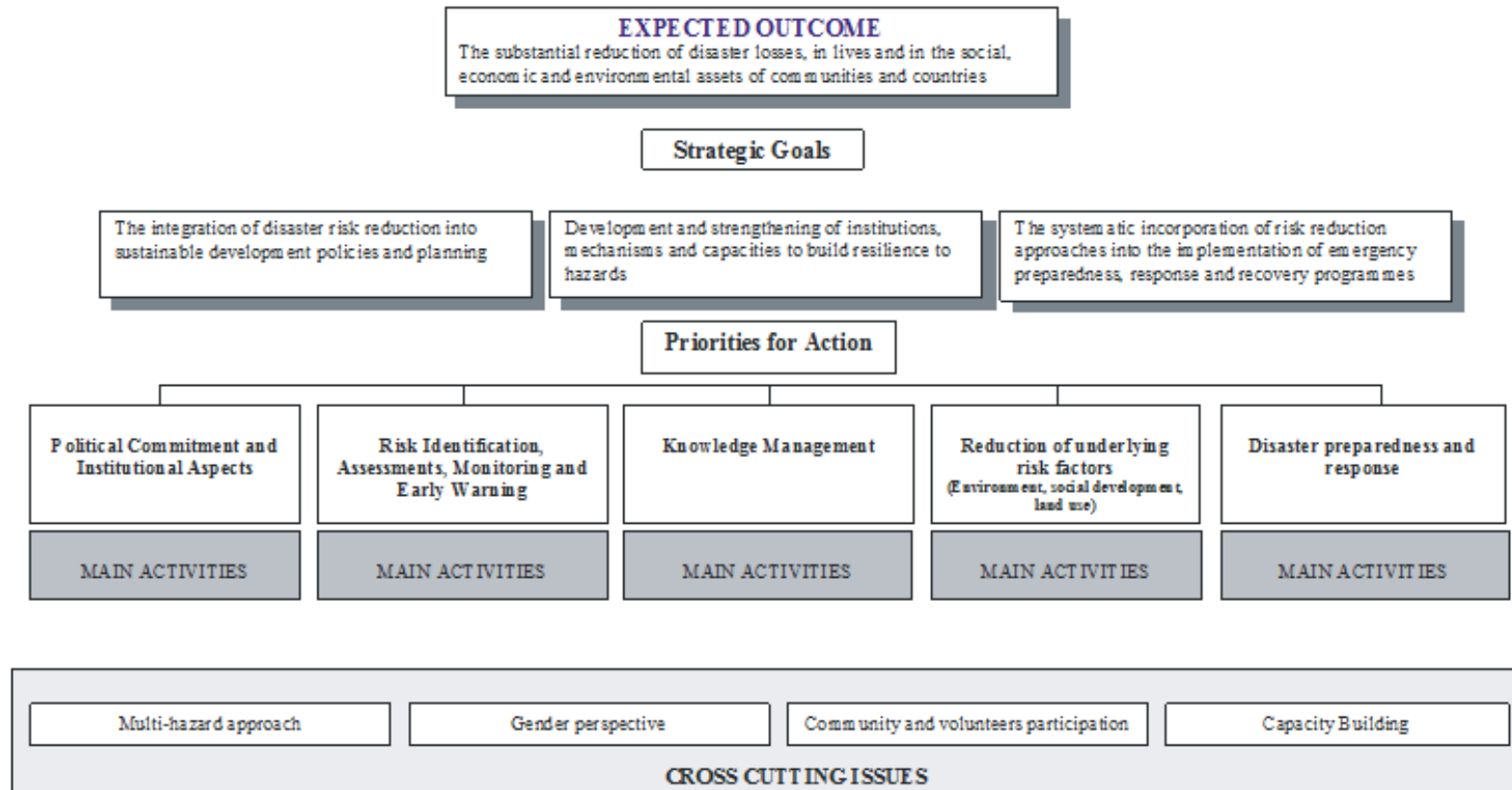
ISDR

The ISDR promotes the following **four objectives** as tools towards reaching disaster reduction for all:

- **Increase public awareness** to understand risk, vulnerability and disaster reduction globally.
- Obtain **commitment from public authorities** to implement disaster reduction policies and actions
- Stimulate **interdisciplinary and inter-sectoral partnerships**, including the expansion of risk reduction networks
- Improve **scientific knowledge** about disaster reduction



Hyogo Framework of Action (HFA)

Structure of the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters (HFA)
 Related to expected outcome








Questioning HFA?

- Are we really adopting a balanced approach?
 - Have we put too much emphasis on government coordination power?
 - Shall we build our strengths more on self help and mutual help ?
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Health Emergency and Disaster Risk Management Framework (WHO , 2019)

- This Health Emergency and Disaster Risk Management (EDRM) Frameworkemphasizes the **critical importance of prevention, preparedness and readiness, together with response and recovery**, to save lives and protect health. It outlines the need to work together because **EDRM is never the work of one sector or agency alone**. It shows how **the whole health system can and must be fundamental** in all of these efforts. Dr Tedros Adhanom Ghebreyesus
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Vision of Health EDRM

- the **“highest possible standard of health and well-being** for all people who are at risk of emergencies, and **stronger community and country resilience, health security, universal health coverage and sustainable development”**.
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Outcomes of Health EDRM

- that “countries and communities have **stronger capacities** and systems across health and other sectors resulting in the **reduction of the health risks and consequences** associated with all types of emergencies and disasters” .
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Core principles



- **risk-based approach;**
 - **comprehensive emergency management (across prevention, preparedness, readiness, response and recovery);**
 - **all-hazards approach;**
 - **inclusive, people- and community-centred approach;**
 - **multisectoral and multidisciplinary collaboration;**
 - **whole-of-health system-based;**
 - **ethical considerations.**
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Major components and Functions



- **POLICIES, STRATEGIES AND LEGISLATION**
 - **PLANNING AND COORDINATION**
 - **HUMAN RESOURCES**
 - **FINANCIAL RESOURCES**
 - **INFORMATION AND KNOWLEDGE MANAGEMENT**
 - **RISK COMMUNICATIONS:**
 - **HEALTH INFRASTRUCTURE AND LOGISTICS:**
 - **HEALTH AND RELATED SERVICES**
 - **COMMUNITY CAPACITIES FOR HEALTH EDRM**
 - **MONITORING AND EVALUATION**
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Paradigm Shifts

From	To
Event-based	Risk-based
Reactive	Proactive
Single-hazard	All-hazard
Hazard-focus	Vulnerability and capacity focus
Single agency	Whole-of-society
Separate responsibility	Shared responsibility of health systems
Response-focus	Risk management
Planning for communities	Planning with communities



Multisectoral and multidisciplinary collaboration





- “The health sector needs to have strong relationships with the many actors who have a role to play in managing risks of emergencies to health. These include urban planners, civil engineers, operators of hazardous facilities, climate information providers, animal health professionals, the media and emergency services”.
 - “Effective coordination among many disciplines in the health community is also required, such as emergency medicine, disease surveillance, **mental health**, nutrition, water and sanitation, health information management and many more”.
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Questioning Health-EDRM





- Are we really adopting a people centered approach?
 - Have we put too much emphasis on physical health treatment and recovery?
 - Shall we built our capacities on mental health and well being?
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The Understanding Gap

- There is a perennial **gap between theory and practice**, between **academia and active professionals** in the field of disaster management. This gap means that valuable lessons are not learned and people die or suffer as a result.
 - Alejandro Lopez-Carresi et al., *International Lessons in Risk Reduction, Response and Recovery*
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Traditionally, the EM Cycle is
**Technological + Organizational +
Economical Approach**

- Himayatullah Khan, Laura Giurca Vasilescu and Asmatullah Khan: **Disaster Management CYCLE – a theoretical approach**
 - Christo Coetzee¹ Dewald van Niekerk: **Tracking the evolution of the disaster management cycle: A general system theory approach**
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We need a new approach: an integrated “social, + psychological, + community” centered model

- **Resilience** as the ability to cope or adapt to change is crucial in responding to disasters;
- **Community empowerment** is central to disaster interventions and requires the development of social capital on the basis of: Trust and empathy, Reciprocity and mutuality, Accountability, Solidarity, Collective action, Power-sharing and ...

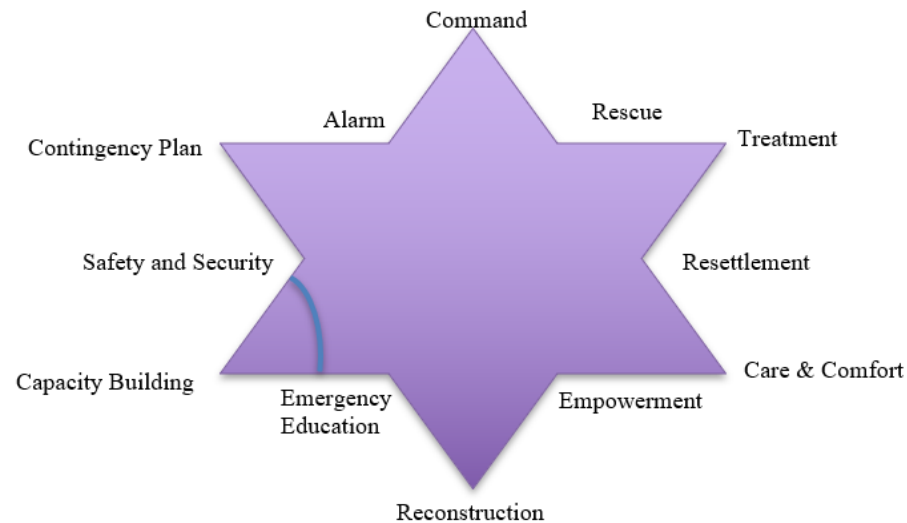
• **Lena Dominelli, Durham University**




In 2019 TIEMS Annual Conference

Presentation :

Revisiting the Disaster Management Cycle Theory, analysing Response Practices in City Disasters of China, and advocating for an Integrated and Holistic Model of EM Hexagon







EM Response System in China facing new challenges

Impact of the Wenchuan Earthquake
**points to the need of integrating
psychological crisis intervention into
Emergency Management**

- Ma, 2008. Psychological Crisis Intervention in Emergency Management.



- 马奔 应急管理中的心理危机干预与重建: 以汶川大地震为例








The concept of disaster psychological interventions is advocated

“Government should explore **psychological responses** on top of **material responses** in disaster”.

- Bao , 2008. Social Psychological Intervention in Government emergency response mechanism.
 - 包晓 , 论政府应急管理中的社会心理干预机制
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- **Emergencies can bring serious psychological trauma to the public and cause social unrest.**
 - **Psychological crisis intervention is characterized by complexity, classification and follow-up.**
 - **It includes psychological crisis prevention mechanism before, during and after emergency.**
 - **The key lies in the leading responsibility of the government.**

- **Song, 2017.** On the Construction of Long-term Mechanism of Psychological Crisis Intervention in Emergency Management in China.

- 宋晓明, 重大突发事件心理危机干预长效机制的构建
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Disaster strikes again, this time the Pandemic of COVID-19

- When China was attacked by the COVID-19 in January of 2020 we thought that we can draw from our **experiences from SARS**, a similar public health crisis for China happened in 2003, and could handle this outbreak competently. Surprisingly, we found that he **COVID-19 is totally different from SARS**, in its way of spreading among the population and threatening the healthcare systems.
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City locked down and disaster responses of Social Workers across Borders (SWAB)

- On **January 23, 2020** announced by the Epidemic Prevention and Control Headquarter of Wuhan that the citizens should not leave Wuhan without special reason by land, by water or by air. This is actually a result of the plan made by the **CPC Central Committee** a day before to implement **comprehensive and strict control over personnel outflow for the whole Hubei province and particularly the city of Wuhan**. This is the milestone of the **impact stage** of the epidemic as there are many warnings deliberately circulated from different sources four to six weeks ahead. SWAB was immediately drawn to action.
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Pan et al. (2020) Huachong University of Science and Technology Report (5 sub-periods, Dec to March)

1. Firstly from December 8 to January 9, there were no intervention.
 2. The second period, from January 10 to 22, was characterized by massive human movement due to the Chinese New Year holiday.
 3. From **January 23 the city was shut down** meaning traffic restriction and home quarantine, which was practiced until February 1.
 4. Then from **February 2 to 16 centralized quarantine and treatment** were adopted.
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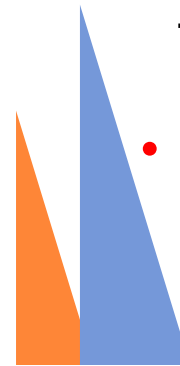
Flattening the curve

5 Finally from February 17 to March 8 when the study was concluded, universal symptom survey was conducted for all residents in Wuhan.

- In this period a total of **32,583 confirmed cases** were recorded with most cases occurred between January 20 and February 6, with **a spike on February 1**.
 - It is obvious that the **centralized quarantine and treatment** were extremely effective in bringing the daily records of confirmed cases down even though a **comprehensive testing was provided after February 17**.
 - Not until **April 8 the Wuhan shut down of was terminated**.
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SWAB offered Crisis intervention training and supervision to psychological counselors

- SWAB provided crisis intervention training, followed up supervisions were offered to volunteer groups composed of health professionals, psychological counselors and social workers who are recruited all over China to support through on line counseling the suspected patients quarantined in hotel or home.
 - Later the services were extended first to patients admitted to cabin hospitals, then to discharged ex-patients who returned to their communities, and then to the Chinese community in South Korea.
 - **50 sessions of supervision** averaging 2 hours each to more than **20 volunteer groups**.
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Early Actions

Date	Actions
Jan 22	SWAB published the Article on website “ Social Workers to respond to the Novel Corona Virus 2019 Appeal ”. We advocates that social workers must rise to meet the challenges of this epidemic to protect and help the vulnerable groups;
Jan 25	Web based training provided to the first batch of professional volunteers for Wuhan including medical students, social workers and psychological counselors , on “ Crisis Interventions through web based platforms ”;
Jan 29	Second web based training for professional volunteers of Wuhan on “ Community based Crisis Intervention ”.
Jan 30	With the support of a Hong Kong Charitable Fund, SWAB was able to donate 120 Life Support Respirator and delivered them to 13 hospitals in Wuhan . Some medical protection supplies like hats and shoes wraps were also sent to these hospitals timely.
Feb 6	A special web based training for social workers in Dong Guan, Guangdong Province, on “ Community Prevention, Preparedness and Crisis Intervention ”;

**Feb 7
onwar
ds**

Provide **supervision services to 120 professional volunteers** groups including members of medical students, social workers and psychological counselors. In order to do so **16 experienced social workers with CISM basic training** were recruited to serve as supervisors, also on voluntary basis. Up to April 15, we have conducted more than **38 sessions** of group supervisions, averaging one hour per session.

Feb 8

Two Online courses on Crisis Intervention, one for Social Work Teachers the other for healthcare social workers were released through East China Institute of Technology Publishers. The series is **commissioned by the China Association of Social Work Education**. Each series compose of 5 lectures, one hour each in duration.

Feb 15

An online training on **Community Crisis Intervention** was delivered to social and community workers serving Wuhan. The **Model of AtCER** was formally introduced. **Concepts of positive psychology** were also discussed and experiences were shared on how to apply these concepts to promote community recovery in the Town of Leigu after the Sichuan earthquake.

Feb 19

Web based supporting services were began to serve those **Hong Kong residents who have to stayed in Hubei**. This is organized directly by SWAB office at Wuhan which has a small team of 3 social workers.


further actions

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|----------|---|
| Feb 20 | Social Work support were provided to 5 other groups of Hong Kong residents in Hubei. A total of 20 social workers who have Hong Kong experience were recruited to help. Hong Kong residents have a lot of anxiety in these days as they also experienced difficulties in getting daily supplies like milk powder, masks and prescribed medicine. |
| Feb 24 | SWAB with its Wuhan office launched a support services to more than 50 Rural Older People's Welfare Homes neighboring the City. Need assessments were conducted. Disinfection supplies were given to 23 of these homes in addition to emotional support for their residents as well as staff. Basic Food including eggs and rice seeds donated by Wuhan local merchants were also delivered to these homes. |
| March 26 | Supervision services to Wuhan social work agency in Bai Sha community. |
| April 5 | Extended supervision services to volunteer groups helping Chinese communities in South Korea. |

1. a prolonged shocking and frightening impact phase with high infectivity and initially also high fatality (deceased rate dropped only after more abundant medical supplies were in place);
2. a difficult gap period of two weeks before remedy phase was possible after the government mobilized resources nationally. It is very long for those who got seriously ill;
3. Hard facts of reality left no time for grief and condolences as life must go on;
4. the most common and striking emotions are **FEAR, HOPELESSNESS, GRIEF, GUILT AND SHAME**, across the various phases;
5. community mental health projects to counteract **"Shame and Stigma"** must be launched to facilitate recovery.






Characteristics of COVID-19

- it is a painful sickness; (short of breath)
 - it is a family sickness; (pain of loss)
 - it is a community disease; (guilt n shame)
 - it has a high fatality rate if detection is late, for patients with complication sickness, and when medical equipment is inadequate;
 - it is a mobilization challenge more than a preparedness issue;
 - it is a psychological problem more than a physical health problem.
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Psychological reactions of people in Wuhan


- Researchers found that the needs presented to the hotline services after the outbreak of SARS in 2003, were mainly **information seeking, availability of resources and then personal problems and emotions** (Leung & Wong, 2005). The three aspects form the most frequently raised concerns by help seekers in hotline services, one followed the other as SARS crisis moved beyond the impact stage.
 - A similar pattern was witnessed in the Wuhan web-based counseling services reflected by our supervision records. It is important to point out that though the **presenting problems at the early stage were informational and resource needs, they are inseparable from emotional needs expressed in terms of anxiety, fear, helplessness, despair and exhaustion.**
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Community mental health approach



- Up to March 12, there were altogether 44491 verified cases of corona viruses from the city of Wuhan. Six city districts have recorded more than 5000 ex-patients. (Hubei Health Commission, 2020)
 - Community leaders and youth volunteers can be trained to identify and report people who exhibit depressive symptoms. Community Health and Mental Health Educational and Promotional Projects should be launched as soon as possible.
 - Crisis Intervention in these complex situations is definitely challenging to all disaster workers.
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The call for an integrated “social +, psychological +, Community” centered model



- **Resilience** as the ability to cope or adapt to change is crucial in responding to disasters;
- **Community empowerment** is central to disaster interventions and requires the development of social capital on the basis of: Trust and empathy, Reciprocity and mutuality, Accountability, Solidarity, Collective action, Power-sharing and ...




• **Lena Dominelli, Durham University**





lessons learned from Wuhan's Psychological EDRM

• THIS IS A DIGITAL WARFARE

- psychological intervention is greatly assisted by digital technology; it pulls professional human resources from whole country;
 - it allows social workers and counselors to assist even in **RESCUE**, by helping to identify asymptomatic cases;
 - it allows psychological services to provide medical information (**EMPOWERMENT**) and facilitate the matching of medical resources with the most needy;
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PERFECT EXAMPLE OF WHOLE COMMUNITY APPROACH

• THIS IS A PSYCHOLOGICAL WARFARE


- it allows for psychological **CARE N COMFORT**;
- **PREVENTION N RECOVERY** it facilitate hospice care and grief therapy, it helps to prevent post traumatic stress disorder and facilitate recovery

• THIS IS A COMMUNITY WARFARE

- it is a community lock down, community workers provide assistance to disadvantaged groups **COMMUNITY SUPPORT**;
 - it is a **COMMUNITY CAPACITY N EDUCATION** campaign
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Benefits of the EM Hexagon

- integrating social psychological crisis intervention with other EM sectors;
 - providing specific areas of concentration to different professionals;
 - providing a framework and platform for interdisciplinary collaboration.
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