

## **Sichuan Earthquake Initiative**

Report by A. Ka Tat Tsang, Director of the China Project,  
Factor-Inwentash Faculty of Social Work, University of Toronto

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### **Preparing for Action in Toronto**

The China Project started paying close attention to the 5/12 earthquake in Sichuan as soon as we heard about it. In the initial phase, we connected with our colleagues in China and other parts of the world to try to have a good assessment of the situation, and to find our role. Through countless emails and occasional web-based teleconferences, colleagues who were on site in Sichuan reported to us about the rapidly changing local situation, and the varying needs of people in the affected areas.

We started accumulating resources on trauma therapy, relief work, and community development brought to our attention from various sources, and soon built up a considerable collection of relevant materials, including treatment manuals and intervention guides.

Many community organizations in Toronto were actively involved in relief work and fundraising. Through liaising with these organizations, we felt that it was important to create a platform for community dialogue and collaboration. Therefore, on June 12, 2008, one month after the earthquake, we convened a community roundtable at the Faculty. 52 people representing major community organizations attended this meeting.

The meeting explored strategies for future involvement and received enthusiastic support from different groups who had done work in Sichuan. An overall approach was articulated in the [minutes of the meeting](#).

A number of subsequent meetings were held with community partners exploring direct intervention strategies in trauma treatment, community capacity building, and redevelopment. A number of tentative **proposals** were generated.

Before the roundtable, our colleagues at the Tsinghua University Department of Psychiatry were invited by the Chengdu Municipal Department of Health to help train the psychiatrists and front-line mental health professionals who were then swamped by the demands of traumatized earthquake victims. The China Project was invited to participate. We presented this request at the community roundtable and received strong encouragement to proceed with this particular initiative.

Through a generous gift by the [Fu Hui \(Canada\) Foundation](#), who had already responded to local request to send in tents, sleeping bags, and temporary shelters, we were able to start planning a joint training program with Tsinghua University.

Through meetings with community partners, it became clear that we needed to develop a long term strategy, with the initial training program in Chengdu as a starting point. In the July 29 meeting, it was agreed that I, as Director of the China Project, should try to accomplish the following in my upcoming trip to Sichuan:

- Design and deliver the training program for psychiatrists and mental health professionals working with earthquake victims
- Visit some of the most devastated areas that did not receive much media attention. Nanba was suggested as a possible site, depending on accessibility (road conditions were poor and the rainy season was starting)
- Explore the concept of a “community hub” outlined in a [proposal presented at the meeting](#) with local government and community organizations.

### **Visit to Some of the Most Devastated Sites**

I left for Chengdu on August 8, 2008. Together with Professor Jia Xiaoming (Beijing Institute of Technology) and Ms. Xu Bo (Tsinghua University), I visited the town of Nanba and other towns in Pingwu Xian. Ms. Rose Jin and Mr. Yong Wang of the Love through Education Foundation, who sponsored the rebuilding of a middle school in the town of Nanba, were most helpful in coordinating with local Chinese officials to facilitate the visit. University of Toronto undergraduate student, Steve Shi, also offered valuable information, advice, and assistance.

Some of the sites visited (Nanba, Shikan, Pingtong) were among the most devastated in the province of Sichuan. There were still people removing debris and digging out bodies with hand tools, and the need for immediate aid was acute. Shikan was practically reduced to heaps of debris. The primary school of Nanba was almost completely depleted, with a high casualty rate. The high school in Pingtong would not have the space and basic equipment and supplies when students return for the fall term. The entire town itself shifted 150 meters during the earthquake, and there was not much left. In the rural areas, students have to live in the school for they cannot travel long distance everyday. Thus, the school has to house and feed a significant proportion of the nearby communities. The school is central to the community, but food and living space for their students are not forthcoming. The principal of the school was totally stressed out. There were just insufficient temporary housing units (called *banfang* locally). They did not have cooking utensils and secured supply of clean water. There was no washroom except a temporary dug-out shed for the entire town.

In an earlier email to community partners sent from Sichuan, I emphasized the resilience of the local people, including the relief workers and military personnel. Many individuals demonstrated remarkable courage, compassion, and capacity during the most trying moments following the earthquake. Our training team was so impressed that we modified the theme of our training to reflect the dynamic interplay between trauma and resilience.

## Training Program in Chengdu

After the trip to Pingwu, I returned to Chengdu and started the training program. The program was jointly delivered by the [China Project, Factor-Inwentash Faculty of Social Work, University of Toronto](#), and the [Peter K. K. Lee Mental Health Research and Psychological Crisis Intervention Centre](#), Tsinghua University, and organized locally by the Chengdu Municipal Department of Health.

The first part of the program was a two-day TTT (Train the Trainers) workshop. The training team consisted of invited members from Canada, Hong Kong, and other cities in China, including specialists in trauma therapy, psychotherapy training, clinical social work, general psychiatry, clinical psychology, community psychiatry, counselling, child psychotherapy, group therapy, women-centered intervention, and community development. Many members of the team had previously worked in earthquake affected areas and had first-hand experience with the victims. The TTT workshop followed an open group deliberation process, and specified the purpose, content, and format of the training program for the participants. The program went extremely well, and members of the training team were very pleased with both the process and the outcome.

The second part of the program was a three-day training for the psychiatrists and mental health professionals who are working with earthquake victims in the affected areas. We followed an experiential learning approach, focused on effective learning and knowledge transfer. Lectures were kept to a minimum, allowing time for experience sharing, in-depth analysis of actual cases, and exploration of specific intervention strategies and skills. A meta-model for [managing multiple contingencies](#) in clinical practice, a model that I developed, was used as an organizing conceptual framework to integrate different clinical practice traditions and systems. It supports systematic treatment of the various domains of biology and body, motivation, emotion, cognition, behaviour, and person-environment interaction. The participants showed appreciation of the ecological perspective and the integration of psychosocial analysis with bio-medical knowledge.

Over 120 participants enrolled in the program, exceeding our expectation of 100 participants. The majority of the participants were psychiatrists working in major hospitals and specialized programs serving the earthquake victims. The program also attracted other medical specialists (e.g., orthopaedics), psychologists, psychotherapists, counsellors, nurses, social workers, and even media professionals.

To address the diverse learning needs of the participants, specialized workshops were offered in the evening on topics such as bereavement work, self-awareness, and community psychiatry. They were very well received.

Mr. Stanley Kwan came to the training program in Chengdu with his colleagues, Ms. Michelle Kam and Mr. Joseph Kung, of the Fu Hui (Canada) Foundation. He addressed the participants in the most heartening manner and his team brought very nice and thoughtful souvenirs.

Professional self-care and the management of vicarious trauma were emphasized throughout the program. Many participants have expressed appreciation of the richness and the depth of content coverage, and quite a few felt that they were helped personally and professionally. These participants

shared their experience of exhaustion, threat of burnout, and general negativity; and how the program helped them to regain equilibrium, a sense of purpose and pride, as well as energy and momentum.

Members of the training team shared a strong sense of accomplishment and gratification. They all felt connected to their colleagues who worked in the most aversive and challenging circumstances. It is the hope of the training team to provide participants with follow up support in terms of case consultation, provision of learning resources, and further training programs. The Chengdu Department of Health hopes that they can send all their professional staff to this training program if we are able to offer it in the future.

If the program can be repeated to cover the entire mental health staff under the jurisdiction of Chengdu, we can then design and deliver more advanced programs to train and develop a critical mass of practitioners with specialised knowledge and skills. They can then become trainers and consultants to support their colleagues in the system.

### **Long Term Community (Re)Development**

Apart from the training programs, members of the training team met with colleagues from other organizations and academic institutions serving the earthquake victims, including an umbrella organization for NGOs, the Institute of Psychology of the Chinese Academy of Science, University of Hong Kong, Beijing Normal University, and the All China Women Confederation. The magnitude and the extent of the suffering of the earthquake victims (estimated to be around 40 million, more than the entire Canadian population) have tremendous impact on everyone who has engaged with the devastating reality. There is a shared sense of commitment and readiness to serve. Most of the people are thinking of longer term community building and redevelopment. The idea of capacity building is espoused by almost everyone. There is a readiness for long term involvement, collaboration, and innovation. I am particularly impressed by the dedication and hard work of our Chinese colleagues, their insightful observation and analyses of the situation, and the wisdom and creativity reflected in their approach.

After Chengdu, I went to Jinan in the Shandong Province to work on ongoing initiatives of the China Project. Shandong Province has been assigned by the Central Government of China to support earthquake victims of Beichuan, whereas the city of Jinan is responsible for the town of Leigu. Colleagues in social work and psychiatry in Jinan are happy to collaborate with the China Project in building a mental health team that would serve both the earthquake affected areas in Sichuan and the residents of Shandong.

I am now in Shanghai, working on possible collaborative initiatives in knowledge transfer in the health sector in China. I will go to Beijing later in the month to meet with colleagues of Tsinghua University and the Beijing Institute of Technology to explore future strategy. I am looking forward to meeting with colleagues and community partners in Toronto when I come back in September.

## Acknowledgement

I wish to thank colleagues and friends of the Faculty for their generous support. Mr. Kar Wah Chan (Toronto) donated directly to the program and helped raise funds to cover expenses originally unanticipated. The government of Pingwu Xian provided transportation to the affected areas. Dr. Zhang Meng (Chengdu) treated the Training Team to a very special dinner featuring local mushrooms, apart from the many trips she offered and the errands she ran. Dr. Yang Rui (Chengdu) drove members of the team around, including a long trip to Dujianyan, another affected area. Ms. Florence Chu (Hong Kong) donated the cost of her airfare to support our future initiatives. The Chengdu Municipal Department of Health demonstrated fantastic hospitality.

Members of the training team took time off from their very busy schedules to help make the program work. The knowledge, experience, skills, and wisdom they brought to the program are phenomenal. Whereas it is not possible to acknowledge each of them individually for all the wonderful things they did, I wish to mention a few. Dr. Huang Xuezhu (Tsinghua University), who is expecting her baby child in the fall, took up the overall coordination of program delivery. She took care of hotel room booking, budget management, production of program materials, and ensured that everyone's needs were met. Professor Jia Xiaoming (Beijing Institute of Technology) provided professional leadership and shared her valuable clinical experience and insights. Dr. Sam Law (University of Toronto Department of Psychiatry) took initiative in designing and implementing the evaluation procedure and offered an evening workshop. Dr. Zhong Jie (Peking University), Ms. Au Kit-lin (Hong Kong), and Ms. Florence Chu (Hong Kong) also offered evening workshops.

Everyone worked very hard, had little time for relaxation or rest, and encountered some emotionally intense material. Professor Jia Xiaoming's graduate students Mr. Lu Dawei, Ms. Lei Yujia, Ms. Lou Jiakun, Ms. and Ms. Li Menglu provided exceptional organizational and logistical support. Mr. Guo Jianxiong, a social work teacher from Weihai, and Ms. Halina Cheng, a graduate student in clinical psychology from Hong Kong, joined the team as volunteers and added much to their wonderful work.

While we were working in Chengdu, our distance-education support team in Toronto helped produce training modules and offered expert input. The contributions of Professor Cheryl Regehr (Factor-Inwentash Faculty of Social Work, U of T), Dr. Clare Pain (Mt. Sinai Hospital Psychological Trauma Program), Shen Jianhua (University Health Network), and Teng Yanqing (Hong Fook Mental Health Association) significantly enhanced the capacity of the training team.

Sherlyn Hu, my assistant at the China Project Office in Toronto, has offered exceptional support to the Program. She coordinated the production and delivery of online training modules, and compiled an impressive repertoire of literature and training resources. She put in many hours of overtime work to make sure that we get what we needed here in China. Her dedication and quality of work exceeded all my expectations. I understand that she has been assisted by Catherine Tsang (no relative of mine), who is joining our MSW program in September, and Sam Wong, who manages the China Project website and offers excellent IT-related support.

Many colleagues and community partners have offered ongoing support in a wide variety of ways, and it is not possible to mention all of them. For example, Paul Heung provided leadership in

articulating our approach to long-term community building and redevelopment. Stanley Zheng and his [WEPAT](#) colleagues have been a consistent source of information and advice. Victor Wong of [CCNC](#) has strengthened our connection with many groups in the Chinese community.

There are so many individuals who have offered assistance and support through this process. I am pretty sure that I have forgotten to mention some of them. I hope these colleagues, partners, and friends would not mind.

## **My Hero**

I wish to finish off this report with the story of Mr. Fan, one of the drivers who took us to Pingwu. On the day of the earthquake, he spent 13 hours travelling on foot for 50 km through the hills to go to Nanba in order to offer help. He spent the next few days working in this community which was totally isolated back then. He spent most of his time recovering bodies from the debris, and assisting those severely injured, many of whom did not survive because of the absence of medical help. His olfactory sense was completely knocked off. He threw up many times, and cried “till there were no more tears.” He was sunburned over and over and “lost three layers of skin.” There was not enough food to go by, and he only ate three small dumplings on the first day. When Professor Jia and I suggested that his contribution be more widely acknowledged, he said, “We did what we had to do; and there’s actually not much that’s worth talking about.” He identified himself with many of the unsung heroes who put everything aside to offer help to the people who needed it. During the trip, we chatted, ate together, and joked. He demonstrated exceptional skills negotiating the rough terrain when roads could disappear into water, and potholes and landslides regularly punctuated our route. There was a sense of purpose and pride when he talked to us. He taught us the lesson of resilience and courage in the midst of destruction and trauma.