

# Protecting Children in Disasters Project

Stage One (April 2007-March 2008)



Children at Dutou Market, Guangdong, 2007

## Evaluator's Report February 2008

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## Executive Summary

The pilot project drew together an array of health administrators, government officials, mental health professionals, practitioners, teachers, community workers and researchers from both Australia and the People's Republic of China (hereafter 'China' or 'PRC') over the course of 2007.

Their joint concern was to design and test a practical training program to facilitate improved outcomes in mental health first aid preparation and recovery for children (6-12 years) in communities confronted with disaster. The program aimed to build community resilience in the advent of disaster by providing a simple set of core information and practices targeted at children's mental health.

This stage of the project was designed to marshal current medical knowledge of mental health first aid and recovery for children into the broader conceptions of best practice in mental health post disaster. It sought to ensure that this expert knowledge could be embraced and implemented by a broad cross section of community members and readily communicated to their local peers.

The materials resulting from the collaboration were designed to provide straightforward user-friendly guidelines for action in order to build capacity in mental health literacy among communities who may lack access to stable or well-resourced disaster-response infrastructure.

The project aimed to demonstrate that international collaboration is able to effectively integrate expertise from a global pool of experts into an existing government program for health and education. The pilot program showed that it was possible to enhance existing local strategies, avoiding duplication and with limited cost produce self-sustaining mechanisms for advancing children's well being within contexts of community stress. The investment and outcome of the project would be maximised if the project were to be further developed to include the extensive rural hinterland of China and other locations around the Asia Pacific region.



Beijing University's No. 6 Hospital



Medical Staff Offices

## LIST OF RECOMMENDATIONS

1. The pilot project should be extended to rural areas of China since these are the most vulnerable and least supported communities. Because of their distance from government disaster infrastructure they require strong community-based first aid protocols in the advent of disaster.
2. The pilot project should be extended to include countries other than China over the next 2-3 years. This upscaling would enable the valuable lessons learnt from the China-case to be extended to other countries with similar developmental but different cultural and political contexts.
3. The materials from the project (for example, the first-aid booklets, training manuals for facilitators and the key protocol documents) be made available to a broader audience, perhaps by the development of a website with downloadable sets of materials.
4. The first aid and recovery protocols developed should be reproduced using a variety of media (cartoons, posters, dramas on video, song on audio) to ensure that when program participants return to their communities they are able to effectively communicate with people from a diverse range of literacy levels.
5. The delivery methods and materials should be refined to provide scope for training with 'cohort audiences' (e.g. a group of teachers, another of urban parents, another of rural parents, another of community workers). This type of streaming could potentially meet the needs, interests, literacy and learning skills of particular groups more effectively.
6. Strategies could be further developed to better enable integration of the materials into the Ministry of Health's (MOH) schools program to ensure long term sustainability of the project. While initial interest has been shown by the MOH, such plans are likely to require engagement of inter-departmental and government agencies, roundtable discussions and consensus building.



West Lake, Hangzhou Autumn 2007

## Background and description of the Project

The “Protecting Children in Disasters” project is an initiative of Asia-Australia Mental Health and is funded through the Australian Agency for International Development (AusAID) Humanitarian Aid section. It is managed by Asia-Australia Mental Health (a consortium of the University of Melbourne and St Vincent’s Health), in partnership with the National Institute of Mental Health Peking University. The timing of the project coincides with important initiatives within China’s MOH in advancing responses to mental health practices.

Children are particularly vulnerable immediately after major disasters. Their mental health needs are often ignored and this is potentially detrimental to their short-term and long-term well-being. The “Protecting Children in Disasters” project aims to enhance knowledge within communities of key intervention strategies by providing simple, step-by-step approaches that can be implemented immediately by teachers, community leaders and parents.

The project brings Australian and Chinese mental health practitioners together in a dynamic community-focussed project aimed at enhancing outcomes for children’s mental health in the event of disasters. In brief, the project aims to:

- Promote cooperation and knowledge sharing on mental health between Australia and China
- Produce clear and simple materials to provide advice to non-specialist community members and educators about appropriate support for children (age 6-12 years) during and post-disaster.
- Facilitate locally developed, sustainable mechanisms for ensuring the knowledge generated in project participants is viable and self-perpetuating into the long-term.
- Develop materials and programs that fit in with existing government and health initiatives.
- Establish a model for implementation of similar projects in other locations.

The first stage of the project (March 2007-January 2008) focussed on materials development and delivery trials. Australian and Chinese practitioners undertook a number of meetings to devise the materials, recruited community members to pilot test materials in focus groups. In this process they also engaged support from key stakeholders in China.



Children at the Hangzhou training site  
November 2007

## Purpose of the evaluation

The Evaluation sought to determine the

- effectiveness,
- efficiency and
- appropriateness

of the activities undertaken in Stage One.

We considered the progress and outcomes in the light of:

- the quality and content of the materials produced (i.e. deployment of internationally-accepted principles and frameworks and their applicability to the Chinese context)
- the reactions to the materials and programs from community participants
- the ability of the project to be duplicated in other locations (globally and nationally)
- the quality of the relationships established between collaborators from China and Australia



Women waiting for a bus, Hangzhou, 2007

## Outline of Methodology

The Evaluation Team comprised Professor L. Edwards and Dr Chen Minglu.

In compiling this report the evaluators assessed:

- Materials produced for the collaborating parties to facilitate their interactions and interchange (such as minutes of meetings, scoping documents, program schedules, agenda in both Chinese and English)
- Materials produced by the collaborating parties for end-users in pilot implementation (draft training materials, final training materials, feedback forms in both Chinese and English)
- Conduct of meetings of collaborating parties (direct observation of processes, interactions)
- Conduct of pilot implementation (direct observation of the two pilot site's processes)
- Discussions (either in groups or one-on-one) with members of the collaborating teams and community participants

This range of data was sought in order to triangulate findings from one section of the project with other aspects.

## Profile of participants

Well over 150 people have been involved in this project during the first stage.

The central participants include the following:

### **Asia Australia Mental Health**

- A/Prof. Chee Ng, Director, International Unit of Psychiatry, The University of Melbourne, St. Vincent's Mental Health
- Ms Julia Fraser, Director, Leadership & Community Programs, Asialink, The University of Melbourne
- Ms Margaret Goding, Director, St Vincent's Mental Health
- Ms Yue Li, Project Officer, Asialink, The University of Melbourne
- Ms Bronwen Merner, Project Officer, International Unit, St. Vincent's Mental Health
- Ms Jenny Smith, Manager St. Vincent's Mental Health

### **National Institute of Mental health and Chinese Psychiatry Association**

- Dr Ma Hong, CEO, National Institute of Mental Health, Peking University
- Prof Wang Minjie, Director, Nanjing Brain Hospital, Child Mental Health Research Centre
- Dr Wang Xiuzhe, President, Shenyang Mental Health Centre
- Dr Li Min, Special Doctor, Medical Psychology Dept, Hangzhou 7th People's Hospital
- Dr Yang Hui, Physician, Chongqing Mental Health Centre
- Dr Lu Jianping, A/Prof, Shenzhen Mental Health Institute
- Dr Li Wenhui, Doctor-in-charge, Mental Health Institute, Xiangya 2nd Hospital, Central South University
- Dr Guo Yanqing, A/Prof, Child Psychiatrist, 6th Hospital of Peking University
- Dr Zhang Qiuling, Child Psychologist, 6th Hospital of Peking University
- Dr Cheng Wenhong, Vice Director, Dept of Child & Adolescent Psychiatry, Shanghai Mental Health Centre
- Dr Li Xiaolong, Director, Clinical Dept, Wuhan Psychology Hospital

### **Community members involved in the Training the Trainer trials:**

The parents, teachers and community workers involved were recruited from areas near the hospitals. The teachers often specialised in moral and physical health. The community workers were members of the local neighbourhood committees charged with ensuring the well being of locals. Parents included those whose children had experienced a personal trauma as result of disaster and those interested in being better equipped in the event of one occurring.

Beijing: 6 parents, 10 Teachers and 7 Community workers Neighbourhood Committees

Hangzhou: 6 parents, 8 Teachers and 7 Community workers from Neighbourhood Committees.



Community members, researchers and medical practitioners at Beijing No. 6 Hospital for the "Training the Trainer" Program

## Outline of stages

At the major meeting points outlined below the materials (such as powerpoint slides, lecture notes and agendas and minutes, reports and appraisals by participants) were available in bound booklet format in both English and Chinese. These have formed an ongoing record of the progress of the project and provide considerable detail about its evolution, and the staging of the cooperation between parties involved.

### **March 2007: Guangzhou**

The team met in early 2007 to outline the parameters of the project, draft materials for first aid and recovery protocols and the training-the-trainer program.

A bi-lateral steering committee was established at this meeting and a contract to undertake the project was signed by both sides.

During this meeting the participants:

- Introduced members of the teams to each other including the circulation of CVs
- discussed their existing experiences of children's mental health in crisis situations
- provided an overview of existing local and national programs of action in crisis situations,
- shared knowledge of international materials on disaster-related materials, textbooks and training,
- identified the gaps in services, knowledge and materials available for community use
- identified the range of materials through which the key first-aid principles could be disseminated.
- Allocated research tasks to individuals and teams in order to carry the project forward (e.g. literature reviews, interviews with survivors of disasters, draft key information kits)

The meeting moved between small group discussion and large group presentations to enable broadest range of participation from as wide a number of participants.

### **May 2007: Shanghai**

The Chinese Psychiatrist Association conference provided a venue in which the materials developed in the interim were workshopped and reviewed.

Tasks allocated in March were appraised and drafts were discussed in groups. The project was also introduced to a broader audience of the members of the Chinese Psychiatrist Association

During the meeting the participants:

- Reviewed the interviews with end-users (i.e. teachers and survivors of disasters such as the Yunnan earthquake in Ning'er).
- Evaluated the literature review of Chinese work on disaster mental health prepared
- Evaluated the draft of the "key information on children and mental health in disasters" that had been distilled since March in the light of the end-user interviews and literature review
- Allocated tasks for preparing the training-the-trainer modules, materials and programs.

### **August 2007: Beijing**

This meeting reviewed the drafts of the key information and was evaluated for its likely utility in schools and community forums.

A series of alternative delivery modes were devised to ensure that the materials developed were able to be flexible to suit changing circumstances (e.g. presented in lecture format at conferences, school staff meetings and neighbourhood community meetings or workshopped at training-the-trainer events)

### **September 2007: Shanghai**

This meeting coincided with the World Psychiatrist Association Regional Meeting that was held between 19-25 September.

Key tasks undertaken included:

- Appraisal of the final drafts of the materials
- Confirmation of the processes and schedules for operating the pilot programs
- Finalising the train-the trainer program using adult learning methods
- Compilation of detailed list of resources required to run the pilot events.

### **November 2007: Beijing and Hangzhou**

In these two locations the pilot training-the trainer events drew together key partners from Australia and China, and end-users (parents, community leaders and teachers). The programs involved a commitment of a full day from all end-users. The activities included:

- Individual introductions and outline of personal goals and learning outcomes to start and finish the day
- Group projects in problem solving based on case-studies concluding with “report-back to whole room” provisions
- Lecture format with powerpoint slides summarizing key information to spur discussion or summarize findings
- Question and answer sessions
- Circulation of draft handbook on “mental health for children in disasters” for comment by participants
- Evaluation forms were completed at the end of the program.

### **January 2008: Beijing**

Appraisal of the project in a meeting with key researchers and medical practitioners.

They reflected upon the following:

- The summary of the experience and outcomes from the field trials of the materials and train-the-trainer events
- How to improve the train-the-trainer program (including venue layout, materials presentation, attributes of facilitators, skills and interests of participants, feedback from participants)
- The scope for assessing the benefits of the program in actual disaster situations where the interventions are applied (in conjunction with local and provincial authorities)
- The potential for this model of adult education to be extended to other areas of public health interventions

保护受灾儿童

## Discussion of Key Findings and Recommendations

The program of meetings and events and the sustained interest from the impressive array of leading government and medical figures involved was a testament to the enthusiasm and commitment from both the Australian and Chinese sides. The project leaders secured and sustained high-level support for their projects from within the MOH in Beijing. The researchers ensured that the program dovetailed with existing community health and education programs operating by the MOH and in so doing, the ‘Protecting Children’s Mental Health in Disasters’ project modelled successful international cooperation. Similarly, their engagement with the Chinese Psychiatry Association ensured that key practitioners of mental health from around the nation were also involved in the materials development and roll-out of the training-the-trainer programs. The planning and timing of key meetings was designed to coincide with major national and international conferences in order to maximise outreach and collaboration among the broadest possible mental health practitioner communities (in addition to those events noted above in China, a report also is to be given to the World Psychiatric Association Congress held in Prague in September 2008).

At all stages of the projects design and implementation there was cooperation and equal sharing of responsibilities between the Chinese and Australian partners. Facilitators for the workshops and training-the-trainer programs included members from both sides, the presence of MOH officials at the commencement and closure of the key events ensured that government imprimatur continued to build over the course of the program. The judicious use of interpreters at key points and the sustained availability of bilingual materials ensured that language issues did not hinder exchange of ideas. The high quality of the relationships built through this project suggests that long-term benefits for both the Australia and Chinese health sector would emerge with further investment. The return on the initial investment of funds spent will be maximised if the project was now scaled up to include the extensive rural hinterland of China and other locations around the Asia Pacific region. The strong links with key mental health practitioners, NGOs and governments, built by Asia Australia Mental Health around the region suggests that similar successes could be achieved in countries other than China.



Children’s playground, Shanghai

Central to the success of the project was its continued emphasis on mutual learning and the value of local expertise in the adaptation of international protocols to the Chinese context. The collaborative nature of the project was evident in the initial conceptualisation of its scope, in the discussion about materials design and implementation, in the roll-out of the training programs and in the post-implementation evaluation.

The spirit of shared learning and shared knowledge building was also fundamental to the success of the training-the-trainer programs. Parents and community workers enthusiastically participated in feedback and appraisal sessions. They also noted that this was the first time they had been involved in an interactive learning style involving “students” in such an active fashion. The dominant learning environment in China is teacher-focussed and is designed to provide the “one correct” set of answers to any given problem. Many of the participants especially in the urban setting spoke positively about the value of sharing their experiences and opinions with others in a semi-structured environment and a number said despite initial discomfort that they felt that it helped embed the knowledge more firmly. It is clear that for this style of learning to work in a Chinese context facilitators needed to devote time to explaining the method in order to put participants at ease. The delivery of the program must be flexible to local learning needs and contexts and be integrated into existing school and institutional systems of crisis management.

On completion of the program, participants in the training-the-trainer program were assured of departing with a strong sense of their own ability to provide mental-health first aid and recovery for children. It provided a rich balance of practical step-by-step procedures, user-friendly information about the impact children feel, the specific vulnerabilities children face in disasters and the long-term consequences for communities that are unable to support children in the early post-disaster events. The use of disaster case-studies drawn from natural (earthquake, flood, fire, typhoon), man-made (war, attacks on schools, stampedes, car accidents) or life cycle (death through illness) ensured that participants in the training-the-trainer programs were able to identify with the breadth of the utility of the first-aid they were learning. This clearly enhanced the deep-learning that was taking place during the sessions.

All community participants in the trial programs were motivated by a strong desire to help



children and rationalised their participation in the stigmatised area of mental health on this basis. As a result, one significant consequence of the training-the-trainer programs was that the myths and prejudices against mental health were dismantled and key symptoms of mental distress and basic strategies for managing these gained wider knowledge. In this respect, a broad message about mental health was spread among the population through the use of “helping our children” caveat.

Recreation Room, Beijing No. 6 Hospital

The program demonstrated that through international collaboration, premised on a commitment to achieve concrete, sustainable community-based outcomes can also produce innovative methodological and theoretical advances for the public health and development field. The merger of mental health protocols to disaster management is innovative in literature on development and community resilience-building. This project has demonstrated that a simple and effective set of protocols could be easily integrated into existing response mechanisms around the world, regardless of the level of economic resources available. As a program designed to be self-perpetuating and building local, grass-roots knowledge, the ‘Protecting Children’s Mental Health in Disasters’ project demonstrated its potential to responsively adapt to local cultural conditions.

## Summary of Key Findings

- The pilot project demonstrated that simple and effective programs and protocols on children's mental health during and after disasters can be designed and delivered to key community members in urban China. It suggested that with appropriate presentation and redesign, the materials would be strong tools for ensuring sustainability of the program after the initial intervention occurred.
- Cooperation and trust between government health authorities, mental health practitioners and researchers is crucial to the success of the program and to ensure that it enhances and not duplicates existing programs and policies. The project has built these relationships within urban China and is now poised to extend into the more difficult terrain of rural and remote regions of that country.
- The clarity and conciseness of the materials in concert with the compartmentalised step-by-step nature of the training delivery structure was central to the effective dissemination of the knowledge among parents and community workers. The learning gained from this process and the principles formed to underpin it have the potential to be extended to other contexts. In particular, this program demonstrated that in order to transmitting knowledge useful in times of crisis people need to have an understanding of key concepts of first aid that will provide strategies for speedy management in periods of trauma and chaos. The recovery elements of the program would also help ensure that the longer-term psychological effects of disaster are addressed well after the acute disaster response has been withdrawn.
- The researchers had successfully distilled culturally appropriate content and devoted considerable time to explaining processes during the implementation days. This ensured that the training-the-trainer mode of instruction (group work, interactive, using case-studies and a problem-based approach of knowledge sharing), was effective despite it being regarded as "alien" or unfamiliar to many of the participants in the programs. The lessons and strategies learned from this process stand to enhance skills building across a range of other development contexts if the project is extended in its reach.
- The people involved in the training programs were targeted for their ability to return to their local environments (schools or neighbourhood committees) armed with the skills and confidence to integrate the key principles and first aid actions into their existing crisis management plans. For example, schools have evacuation procedures but the program participants are now able to extend support to students further by moving beyond their immediate physical safety to their psychological safety in order to minimise long-term harm to their development. Participants were able to utilise their learning in developing good response plans, and articulated their confidence in being able to train others. The targeting of key individuals with influence or access to existing social structures is crucial to the sustainability of the program and would well be a model that could be used in other public health and safety interventions. These potential trainers in turn are likely to be able to reach many community members who would not otherwise have any exposure to training in mental health literacy.
- A further challenge will be to take the program to locations without the financial and educational resources of Beijing and Hangzhou. These are both extremely wealthy cities within the Chinese nation and have a higher-than-average level of education among the population. The program needs to be tested in a range of different locations in order to ensure that it is suitable to people with less intellectual and financial resources.

## Conclusion

The project's first year is a remarkable success. Working collaboratively with a complex set of competing interests within the bilateral context is fraught with opportunities for delays. However, the "Protecting Children's Mental Health in Disasters" project serves as a model of best practice. Both sides maintained dedication to the project and mobilised their respective resources to ensure that the project could proceed smoothly and in a timely fashion.

The complexity of bringing schools, hospitals, research institutes and the key relevant Ministry into the project cannot be underestimated. The energy required to develop good will among such a diverse range of bodies should not be squandered. Indeed, maintaining the momentum from this rare constellation of cooperating institutions is crucial. The good will developed will no doubt have flow-on benefits to other joint programs between China and Australia outside of the Mental Health arena.

The success of the collaboration between the myriad participants in this current project augurs well for the expansion of a similar program to other national case studies in countries where Asia-Australia Mental health has already established networks. The materials development process was crucial to ensuring support for the roll-out of the pilots and the content developed would form a strong basis upon which other groups would be able to adapt the principles to their own experiences, developmental stages, and cultural contexts.