

AMHA Disaster Mental Health Intervention System

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キーワード：

disaster, mental health, intervention

Effective Disaster Mental Health Intervention (also known as crisis intervention) is applied with a comprehensive understanding of psychological responses for the diversity of disaster victims and rescuers. With which teams of crisis responders are trained to provide survivors supports for psychological comfort and aftermath reconstruction in multicultural and multi-disciplinary approach. It is evidenced that a timely crisis intervention can minimize the loss and trauma experienced by survivors, and to speed up recoveries for individuals and communities.

Typhoon Morakat hit Taiwan on August 8th 2009, the majority of the victims and survivors were from different ethnic groups which included Han, Pengpu and other aboriginal groups such as Paiwan, Bunun, Rukai, Puyuma and Tsou. Different languages, cultural values, and pre-crisis life experiences within these groups have complicated the rescue work and aftermath reconstruction. It was critical for government policy makers, service providers have well understanding the concept of crisis response and disaster mental health in order to provide adequate supports to speed up survivors recoveries (psychologically or daily lives).

Morakat Typhoon aftermath, AMHA CRT (Asian Mental Health Association Crisis Response Team) joined Morakat Typhoon Rescue Alliance headed by Taiwan

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Red Cross, utilized Emergency Response Concept and expanded it into supporting aftermath reconstruction. AMHA CRT accompanied Xiao Lin Village Survivor throughout their first Chinese New Year after disaster, a sensitive family gathering holiday, to prevent survivors' self-destructions resulting from "survivor's guilt". AMHA CRT has held over 40 trainings, trained over thousands of volunteers how to do crisis response. It has effectively prevented 90% of 600 frontline workers from developing PTSD. AMHA CRT identified misdiagnosis of mental health symptoms, which has saved Department of Public Health over millions of Taiwan dollars in crisis mental health treatment. In order to serve best interest of survivors, AMHA CRT has demonstrated the importance of collaborating with various counterparts across governmental, private and non-profit organizations, despite the possible conflicted interest in supporting survivors.

AMHA's Crisis Responders have utilized the following twenty-two subjects to effectively help survivors alleviate sense of hopelessness and move forward to future reconstructions. Starting from 2012, AMHA will travel to townships and cities in Taiwan to train local volunteers and promote local emergency response preparations.

1. (Enhance) Helper's self care and work motivation
2. Understanding different types of crisis: disasters, events
3. Insight of the needs and roles of victims, frontline workers and policy makers
4. Trauma reaction - internal factors
5. External factors impact trauma reactions
6. Utilize Crisis Intervention (CI) techniques: verbal /non-verbal
7. Empathetic listening, adequate companionship
8. Provide group intervention
9. Ethnics and cultural values
10. Spiritual and religious influence
11. Death, loss and grief
12. Trauma reaction/ intervention – children, adolescence, young adults and families

13. Trauma reaction/intervention -older adults, special needs and caregivers
14. Helper's stress reactions
15. Crisis responder's self care
16. Body relaxation techniques and brain work exercise
17. Community pre-crisis planning and aftermath rehabilitation
18. Coordinate local Crisis Response Team (CRT)
19. Working with media during crisis situation
20. Aftermath community rehabilitation/ social disruption assessment
21. Training community volunteers
22. Long-term stress reaction/grief counseling

The concept of Disaster Mental Health requires time to learn and adapt into our daily life and community response plan. I hope my presentation of AMHA's work in Morakat Typhoon and aftermath will encourage all to recognize the value of Disaster Mental Health Intervention and adapt the intervention techniques in your community.