Mapping Changing Territories: Developing an Expanded School Mental Health Network in a Post-Earthquake Chinese Context

Timothy Sim, PhD [Corresponding author]
Assistant Professor, Department of Applied Social Sciences
The Hong Kong Polytechnic University
Kowloon, HONG KONG
Tel no.: 852-27665015
Fax no.: 852-2773 6558
Email: sstit@polyu.edu.hk
The deadly earthquake that ravaged Sichuan and its surrounding regions on May 12, 2008 recorded one of the highest casualty rates in China’s modern history: 87,449 people perished (as reported in the December 2009 operations update of International Federation of Red Cross and Red Crescent Societies. The earthquake displaced about 15 million people, requiring the building of 5 million new homes (International Federation of Red Cross and Red Crescent Societies, 2009). One of the most controversial issues that generated much media attention and parental outrage was the alleged shoddy construction of schools in disaster-affected areas, as many students were victims of collapsed buildings. It was estimated that 13,616 educational institutions were fully or partially damaged (Jiang, Wang, & Liu, 2008). According to official records, 5,335 students died and another 546 students sustained severe handicaps (Bai, 2009). But many, particularly parents, argued that the death toll of school children was much higher than the reported statistics.

In response to the tragedies, many social workers, psychologists, counselors (including those who were ill-qualified), and do-gooders rushed to the disaster-affected areas to offer aid to the children. This paper reports on a school mental health project that was developed in the context of post-Sichuan earthquake recovery and reconstruction. We hope to contribute to the dearth of literature on social work practice in China. Much had already been written on the growth of social work education in mainland China since 1980s (see e.g., Leung 2007; Yuen-Tsang & Wang, 2002) but little on the practice of social work. As our three-year project (2009 to 2011) is still in its initial phase of operation, this article serves to provide a practice update.

The Department of Applied Social Sciences, at the Hong Kong Polytechnic University, was one of the early responders to the 512 earthquake. One week after the earthquake occurred, a team of faculty members organized training of volunteers to assist in post-disaster recovery. In collaboration with several non-government organizations (e.g., the Hong Kong Boys and Girls Club, Save the Children [China program]) and four Sichuan universities that offer social work programs, we organized children’s summer activities in six locations in Sichuan, from June through August 2008, in
tents and make-shift buildings. We mobilized 13 local social work teachers and 70 students who were mostly social work undergraduates, reaching out to a total of 1,440 children on a daily basis, through balloon sculpting, games, sports, story telling, drawing and a host of other activities. Our initial efforts were geared towards meeting the immediate psycho-social needs of children in post-disaster situations through social-recreational activities (Gaffney, 2006; Jabry, 2003; Rosenfeld, 2005), as well as to assist with the childcare arrangements of parents and guardians who were busy restoring their livelihoods and rebuilding their homes.

**Long-term Needs of School Children**

Unlike other short-term disaster relief work with the children during the summer of 2009, we decided to continue with our work in Sichuan. Building on our preliminary understanding of the needs of children who participated in the summer activities, we systematically carried out a two-month needs assessment, from October to December 2008. We conducted individual and group interviews with students, parents, teachers, and principals, covering 12 schools in Mianzhu and Wenchuan counties. We identified seven groups of students with special needs: (a) Students who had incurred severe bone fractures, head injuries, and amputation as a result of the earthquake and were not able to return to school; (b) Students who had been injured and/or amputated but returned to school; (c) Students who had lost one or both parents in the earthquake; (d) Students who expressed psychological or behavioral problems related to the earthquake (e.g., Post-traumatic Stress Disorder); (e) Students who lacked supervision or attention due to the death of parents or work of parents (e.g. “left-behind” children); (f) Students who had to live in school over the week days as their homes were far away from school; and (g) Students who were boarding in schools, as the entire school was relocated, due to the serious damage of school buildings.

To respond to the needs of the children we decided to initiate and develop school social work in February 2009, using the principles of expanded school mental health. We solicited the generous financial support of several professional and philanthropic organizations and raised about
US$500,000. The organizational mandate of most of these financial partners was mostly related to mental health or the welfare of children. In selecting the five target schools in the two counties surveyed, we were especially cognizant in reaching out to those with a high concentration of children with needs as described above, particularly schools with high casualty rates and lacked support from other social services or non-government organizations.

**Rationale and Aims of Expanded School Mental Health**

The rationale for adopting the “expanded school mental health” model (Lever et al., 2006) is based on our belief that family-school-community partnerships and cross-disciplinary collaboration are pivotal in meeting the developmental needs of the school students we intended to serve. In serving the children, we worked closely with their family and schools, recognizing systems feedback and influence. We were mindful of post-earthquake living environment in which the students had to adapt to, such as living and studying in sheltered housing, within neighborhoods and towns with booming construction work, and where many local residents were busy rebuilding lives and economies. In our work we also aimed to facilitate community involvement, wherever possible, particularly those who were interested to volunteer their services.

As faculty members of the Hong Kong Polytechnic University we were not able to station ourselves full-time in Sichuan. Furthermore, we wanted local participation and ownership, particularly with the long-term goal of handing over the project to local partners. We sought the collaboration of three Sichuan universities that offered social work degree programs, tapping into a local network of resources and building on familiarity with local culture and socio-linguistic competence, as we consider those who could speak or understand Sichuanese dialect an asset. A social work or psychology lecturer from each of these universities was appointed to be the local supervisors for the five social work stations. One supervisor oversees three stations in the same locality whereas the other two supervisors oversee one station each in different localities. These supervisors had been actively involved with our work since the summer of 2008, as well as the needs
assessment at the end of 2008. We recruited eight new social work graduates and two rehabilitation therapists to be on the mental health team. In addition, we appointed eight consultants, with a mix of social workers, rehabilitation therapists, and life educators from Hong Kong, Taiwan, and Singapore to provide on-going supervision and training for the local supervisors, social workers, and rehabilitation therapists.

Project Implementation and Documentation

The programs and services—in the areas of rehabilitation, case management, group work, and life education—had been evolving over the past one year. Though the focus on rehabilitation was clear cut, given the needs of children with a disability, we experienced initial difficulties as social work and rehabilitation were not well established, even prior to the earthquake. For instance, when we first approached one of the school principals, he had little knowledge of what social work is and was wary about rehabilitation therapists going into his school. We obtained his and the parents’ consent to visit those students with rehabilitation needs, in their own homes. Over time, the school was able to witness the results of the persistent work done with the children and is now willing to provide space and time for our social workers and therapists to work within the school. With regards to casework management, we had to tread carefully as the local supervisors and social workers were inexperienced in counseling and casework. Consequently we did not actively promote the use of casework, but the social workers were tasked to provide befriending services. In running groupwork, the supervisors and social workers were provided with both in-service and on-the-job training by one of our Hong Kong consultants. The life education program was introduced more recently, in November 2009, again after the supervisors and social workers had gone through training by a team of life education trainers from Taiwan. Unlike other life education programs that were often developed to tackle drug abuse or teen pregnancy issues, the life education program in the social work stations was developed, in response to the life-threatening earthquake that occurred and aimed to develop a better appreciation of self, others, the environment, and life itself.
Though school mental health is not a new idea internationally, the Sichuan Expanded School Mental Health Network is a new development in the Sichuan post-disaster areas. As such we conscientiously sought to document the work done. Instead of an outcome-based evaluation that was more suitable for established programs, we used process evaluation to facilitate program modification and replication (Sim & Ng, 2008). This entailed documentation of participants, program activities, staffing, service usage, and stakeholders; in other words, description of the program implementation. Process evaluation also involved program monitoring through obtaining feedback from students, teachers, parents, staff, and consultants to ensure that the programs were on track, or where program changes were needed, to better meet identified needs and program goals. Where documentation was concerned, the Network’s consultants, local supervisors, social workers, and rehabilitation therapists had been conscientious in keeping participation records, writing logs and diaries, recording minutes and notes of meetings, writing observation notes and reports, and keeping track of email correspondences.

**Unique Characteristics of the Network**

There are several unique characteristics of the Network. Firstly, the Network uses an outreach approach. Since the schools did not invite us, we have to invite ourselves. We literally knock on the doors of the principals, teachers, and parents to solicit their trust, support, and participation. Secondly, the Network focuses on multiple dimensions, that is, the physiological, psychological and social developmental needs of the students, their family members and teachers, with an emphasis on connecting the school, family, and community. Many of the teachers are themselves victims and survivors of the earthquake, having lost loved ones and properties. Some of our work involved restoring their mental health. In 2010, a “Life’s A Dance” group, using the principle of inclusion (Jaeger & Bowman, 2005; Norwich, 2008), was set up to promote the integration and acceptance of students with a disability in the school, family, and the community. Thirdly, the Network emphasizes the need to engage different stake holders such as governmental
Sichuan Expanded School Mental Health Network

and non-governmental organizations in Hong Kong and mainland China, universities in Hong Kong and mainland China and overseas partners. Each stakeholder has different resources—financial, political, human, and material—that they can offer to the Network and we access these with their kind support. Fourthly, while this Network is social work led, it recognizes the need for cross-disciplinary collaboration, which includes professionals in pediatrics, physiotherapy, psychology, and education. Fifthly, as the Network develops the practice of social work and rehabilitation therapy in mainland China, careful attention is paid to “capacity-building” principles by being people-centered, participatory, and sustainable (Cox & Pawar 2006). However, it does not take us long to realize that “capacity building” is not one way only. It is much more dynamic and interactive in that the trainers and consultants’ capacities have also been stretched by the Sichuanese, whose resilience is noteworthy.

Last but not the least, the Network attempts to be context and culturally relevant (Gray & Coates, 2008). Where appropriate, we use various art forms that were culturally meaningful, such as guo-zhuang (an ethnic minority dance) to facilitate the therapeutic recovery of adults of ethnic minorities and nian-hua (New year pictures, which are a traditional Chinese art form) to engage students in need.

**Practice Reflections**

The map is not the territory [Bateson, 1972]. We are unfamiliar with the territories involving the needs of the children and the policies of the schools after the earthquake in Sichuan. More importantly, these territories have continued to change, rather rapidly. For instance, we initially work in schools sited in temporary, sheltered housing and live among the children and their families in such housing. In one locality, as the new homes are ready and the sheltered housing is to be abandoned, the staff is given short notice to move out quickly and find alternative accommodation. It can be quite stressful working under such conditions. Some of the conceptual maps we have chosen to bring with us to Sichuan after the 5.12 earthquake, such as the expanded school mental health model, have been useful in navigating our way in serving the Sichuan school children. But the
maps need to be modified along the way as we explore school social work in Sichuan, and the larger territory of mainland China. For example, our project workers live in the schools. It is difficult to draw boundaries between personal space and professional space. We hope to contribute in updating and constructing a set of maps that best describes the terrain of school social work in China, as in developing “best practices”. Ultimately, we hope to develop a school social work model that may be relevant for meeting the needs of school children not only for post-disaster situations but also in non-disaster situations in China.

[This article has been submitted to the journal SOCIAL WORK, please do not cite without permission]
Reference


