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BUILDING BACK BETTER:

CASE STUDIES IN RESILIENCE BUILDING

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CONTENTS

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MENTAL HEALTH


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24 – 26 SEPTEMBER 2013, SINGAPORE
Leading Change,
Strengthening Resilience

SECTION 1: OVERVIEW

INTRODUCTION

Natural disasters such as earthquakes, tsunamis and floods usually strike without notice. Every year, different types of emergencies cause loss of life, shelter and infrastructure in Asia. International and national assistance in the form of the provision of shelter, food and money is rushed in to help victims manage the acute phases of a disaster and to mitigate its immediate effects.

However, the long-term impact on the mental health of those affected may be far greater than the physical challenges they may face. Affected populations are more likely to suffer from mental health problems such as post-traumatic stress disorder (PTSD) and other forms of psychological distress. Mental health plays a pivotal part in the overall wellbeing, function and resilience of communities in the recovery phase following a disaster. If communities are prepared for disaster and promote resilience as a component of emergency planning, this will help the affected population to return to normalcy faster. There will also be a lower risk of developing emotional complications associated with post-disaster trauma.

Communities are at the frontline of disasters. The World Health Organization (WHO) has said that the best form of disaster preparedness is to have a strong community mental health system in place that can be rapidly scaled up to meet the needs of people affected by the disaster. A community mental health service model provides for early detection of mental health problems, integrating and strengthening community-based care services provided by a multi-disciplinary team that could include psychiatrists, case managers, psychiatric nurses, social workers, psychologists and community leaders. This community-focused, community-led approach is consistent with the emphasis given to the community's frontline role in mitigating its own risks, in preparing itself for times of emergency, in monitoring the hazards inherent within its environment, as well as advocating better health services at local and national level (WHO, 2007).

Over the years, there has been a growing appreciation that reconstruction is an opportunity to "build back better". Simply rebuilding communities to pre-disaster standards will recreate vulnerabilities that existed before and expose the population to continuing devastation in future disasters. To "build back better", the 2007-2013 Hyogo Framework for Action (HFA) called for the "incorporation of disaster risk reduction" measures to develop capabilities that reduce risk in the long-term. This concept was further promoted through the WHO report "Build Back Better–Sustainable Mental Health Care after Emergencies" (WHO, 2013). The report provides detailed descriptions of how mental health reform was accomplished in disaster-prone countries across Asia, Europe and Africa. These cases of mental health reform provide evidence of how short-term interest in a population's mental health can be converted into sustainable, long-term systemic improvements for building resilience.

Observers have noted that post-disaster recovery is often plagued by significant time-gaps, a lack of continuous attention by international and national partners and declining resource commitments. Momentum tends to slow down in the post-disaster phase, making it hard to plan and implement reconstruction in later phases. Resilience building however is inseparable from disaster risk mitigation, preparedness response and capability building. Recovery needs to be approached in a cyclical fashion, where actions which strengthen resilience are taken before and after disasters occur, rather than a linear approach that limits recovery action to the aftermath of an event (UNWCDRR, 2015).

The "**Disaster Mental Health Programme for Communities in Asia**" **(the Programme)**, promotes ownership and sustainability of community mental health programmes through leadership training at national level and training-of-trainers at a local level to provide community training so as to encourage long-term capability building in disaster-prone areas in Sichuan province in China, Indonesia and Thailand.

The Programme, developed over three years with grant funding from Temasek Foundation in Singapore, promotes resilience building in community mental health systems in Sichuan, Indonesia and Thailand. Working in collaboration with the Institute of Mental Health, Singapore, the implementing partners are West China Hospital, Sichuan, China; Rumah Sakit Dr. Cipto Mangunkusumo, Indonesia and Galya Rajanagarindra Institute, Thailand.

A key principle in "building back better" is implementing reconstruction strategies in a highly context-specific approach, driven by factors unique to each region, country and community. Involvement by partners from initial needs assessment, to curriculum planning and development process is essential. In line with the principle of inclusion, the Programme promotes ownership by implementing partners at all stages of the project life-cycle, from planning and development, through implementation, monitoring and evaluation.

Over the years, the body of knowledge gained through global experience with major disasters has resulted in a number of key guiding recommendations to support "build back better". Deliberations at the Third United Nations World Conference on Disaster Reduction in March 2015 in Sendai continued to highlight "build back better" as a key priority in reconstruction post-disaster.

The 2015 Sendai framework advocates the inclusion of "recovery schemes to provide psychosocial and mental health services for all people in need" as a national priority in "building back better". At the global and regional level, the recommendation is to promote platforms for the sharing of experience and learning among countries and relevant stakeholders; and the dissemination of instruments such as operational guides, lessons learnt and best practices. The Programme has provided opportunities for regional leaders, institutions and key stakeholders from communities in China, Indonesia and Thailand to network and collaborate beyond its national borders.

Section 1 of this publication provides an overview of the Programme, including its aims and planned outcomes, and the context in which it has progressed. A summary of best practices and reports from implementing partners' training-of-trainers and community-based training are presented in Section 2. Section 3 provides reflections from the community on how disaster and crisis impact lives. Section 4 provides insights into partnership lessons and ways forward. In the hope of inspiring change in community mental health systems, this publication goes beyond aspirational recommendations by providing descriptions of how communities affected by disaster have strived to "build back better", which promises a much better future.

PROGRAMME OBJECTIVES, OUTCOMES AND GOVERNANCE STRUCTURE

FUNDING ORGANISATION

Temasek Foundation, Singapore

IMPLEMENTING PARTNERS

CHINA	West China Hospital, Sichuan University, Chengdu
INDONESIA	Rumah Sakit Dr. Cipto Mangunkusumo, Jakarta
THAILAND	Galya Rajanagarindra Institute, Bangkok

EXPERTISE ORGANISATION

SINGAPORE	Institute of Mental Health, Singapore
	National Healthcare Group

KEY OBJECTIVES OF THE PROGRAMME ARE:

- To develop effective and sustained leadership to drive planning, development and implementation of integrated mental health services in communities affected by disasters.
- To equip mental health (medical, nursing and allied health) and community-based professionals with the skills to build and manage multi-disciplinary teams in community settings for capability building in the recovery and reconstruction phase post-disaster.
- To train mental health (medical, nursing and allied health) and community-based professionals to develop and deliver culturally relevant training programmes to promote emotional resilience as well as well-being in communities such that they are better prepared for disasters and the resultant trauma.

PLANNED OUTCOMES OF THE PROGRAMME ARE:

✓ Increased Capabilities

Level 1 – Leadership Development

Undergo leadership development in policy planning, development and implementation of integrated mental health services in Asian communities affected by disasters (i.e. 40 leaders per implementing partner).

Level 2 – Training-of-Trainers

120 master trainers comprising psychiatrists, psychotherapists, psychiatric nurses, family physicians, social workers, psychologists and community leaders, equipped with the necessary skills to conduct contextually relevant training programmes to community partners and agencies (i.e. 40 master trainers per implementing partner).

Level 3 – Community Training to build resilience and mental well-being

For each master trainer trained, at least five community members (such as teachers, community and social service groups, volunteers) will be trained to support community resilience education programmes to promote emotional resilience and mental well-being in communities so that they would be better prepared for disasters and their traumatic impact. Up to 600 community-based members will be funded for training in China, Indonesia and Thailand (i.e. 200 per implementing partner).

✓ Increased Capacities

Contextually relevant training-of-trainers training packages, consisting of curricula and case materials to be developed for use and documentation, for three countries – China, Indonesia and Thailand.

✓ Institutional Change

Community mental health framework and practices for pre- and post-trauma are translated into practice for delivery of integrated care in the community. A sustainable training model to build community resilience and promote mental well-being in the population is developed.

GOVERNANCE STRUCTURE

Governance can be defined as the processes deployed to effectively oversee, coordinate and report planning, implementation and evaluation of outcomes.

Given the unique nature of the "Disaster Mental Health Programme for Communities in Asia" with the inclusion of three implementing partners across borders, i.e. China (Sichuan), Indonesia and Thailand, the governance framework was structured to ensure stakeholders' involvement, engagement and transparency for timely and effective decision making to drive positive outcomes.

To ensure clarity in accountability, there was a single programme owner i.e. the Institute of Mental Health (IMH), Singapore which received grant funding from Temasek Foundation, Singapore. Approval was given for IMH to enter into memorandums of understanding (MOU) with three implementing partners, West China Hospital (Sichuan, China), Rumah Sakit Dr Cipto Mangunkusumo (Indonesia) and Galya Rajanagarindra Institute (Thailand) to carry out the programme at local communities. Working in partnership with implementing partners, IMH provided resources and expertise to support leadership programme development and curriculum.

Programme Board: A Programme Board, chaired by Chairman, Medical Board, IMH, was set up to oversee overall implementation. The Programme Board is assisted in its task by three Steering Committees representing projects in China, Indonesia and Thailand. The purpose of the Programme Board was to provide strategic and specialist advice to the chairs of the Steering Committees, and to ensure that overall programme and funding requirements were met. The Programme Board also chose to delegate day-to-day decision-making, particularly tactical and operational decisions during the implementation phase, to the Steering Committees. In general terms, where an element of work was in delivery–it was delegated to the Steering Committees but where it was in the planning or outcome management, or related to funding, it remained within the remit of the Programme Board. The Programme Board provides leadership, direction, management and strategy to the Steering Committees to ensure that programme requirements and outcomes are met.

Steering Committees: Steering Committees are the primary drivers in ensuring progress in the planning, implementation and evaluation phases. Steering Committee members have the responsibility of delivering the objectives of the Programme. Steering Committee members, drawn from the leadership of all three implementing partners, have always been in place, although the composition (of members) changed over time. The Steering Committee was also a forum for the exchange of ideas, and for discussion and learning for partners. For consistency in roles and responsibilities, terms of reference were made common across the three steering committees. The respective Steering Committees ensured aligned objectives, successful conclusions and timely outcomes.

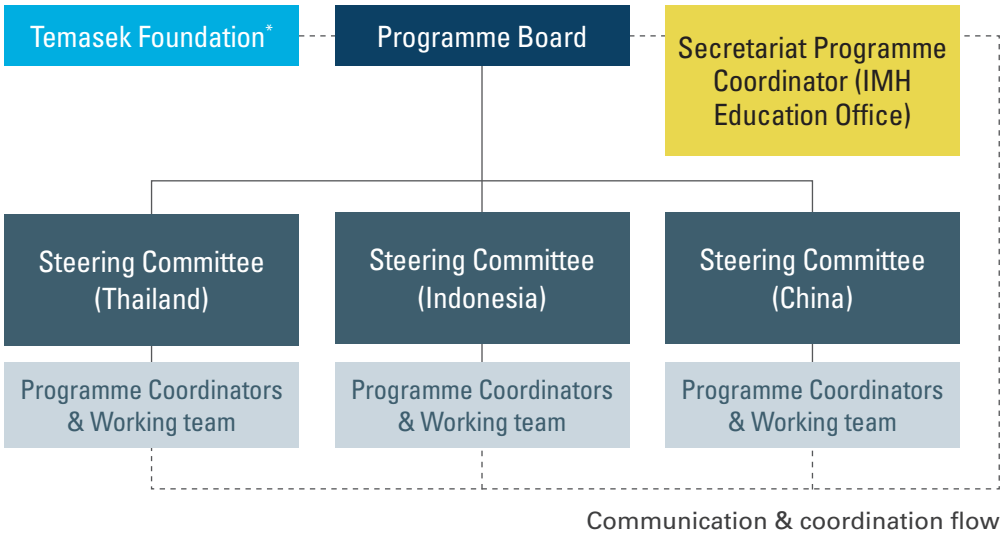
In particular, Steering Committees played key roles in:

- Bringing to table key issues that might impede the success of the Programme for discussion amongst stakeholders, including the evaluation of programme outcomes.
- Coordinating efforts for consultation and engagement with local stakeholders (eg. health ministry, government agencies, and community partners).

Secretariat: Communication between the Programme Board and Steering Committees was facilitated through committee members and the secretariat which assisted in documenting and reporting progress and milestones. Programme coordinators and the secretariat supported Steering Committees by providing written and verbal project updates to the Programme Board where required.

Organisations represented on the Programme Board and Steering Committees are highlighted below. The composition of the Programme Board and respective Steering Committees can be found in the Acknowledgements section in the front of this publication.

Programme Governance Structure



* **Temasek Foundation** may be invited to attend programme board meetings to provide clarifications on funding matters on a need-to basis.

DEVELOPMENT OF THE PROGRAMME

Over three years, the Temasek Foundation-Institute of Mental Health Disaster Mental Health Programme for Communities in Asia has developed a three-tier approach to strengthen mental health systems in Asian communities affected by disaster. During these three years, the passion and enthusiasm displayed by all partners has established exceptional relationships and support to see the Programme successfully through all the development phases.

3-Tier Approach in Building Resilience in Community Mental Health Settings

KEY MILESTONES IN PROGRAMME DEVELOPMENT

STUDY VISITS

JUNE – AUGUST 2011

Five study visits to China (Sichuan), Indonesia and Thailand were completed during this period. These visits provided insight into the impact on the mental health of Asian communities affected by disasters and the lessons learnt. Each country faced trauma and post-trauma mental health issues that were unique to its respective communities. Through these visits, the study team noted the potential for further enhancement to existing community mental health services and psycho-social programmes to mitigate the long-term impact of trauma in each region.

Roundtable discussions were carried out between the leadership of IMH and implementing partners in China (Sichuan), Indonesia and Thailand, on how to:

(i) Scope training to meet needs and close gaps in community mental health and

(ii) Monitor and report outcomes as part of impact measurement and system improvement.

Steering committees were set up to support project governance and accountability.

LEVEL 1 – LEADERSHIP DEVELOPMENT

SEPTEMBER 2013 & JULY 2015

Leadership is required to translate community mental health policy to care and delivery processes. The Programme aims to provide regional leaders with the opportunity to come together to learn and share their experience in policy development, planning and implementation of integrated mental health services in community settings. The focus is building a network of Asian leaders who are coordinated in response during times of crisis and well-informed in supporting recovery and resilience work.

Beyond setting up the framework for care delivery, leadership commitment and engagement is vital to sustaining change as part of an effective long-term capacity building strategy. Leadership development was supported under a two-part continuum with the biennial "Asian Community Mental Health Leadership Forum" (ACMHL) in 2013 and 2015:

(a) **September 2013:** Over 120 leaders and officials from Thailand, Indonesia, China and Singapore convened at the inaugural "Asian Community Mental Health Leadership" (ACMHL) Forum, hosted by the Institute of Mental Health in Singapore. With the theme "Leading Change, Strengthening Resilience", the forum served as a platform for regional leaders to share their experience and learn from international experts in addressing mental health needs, challenges and opportunities for growth in the post-traumatic phase. At the Forum's conclusion, regional leaders expressed their commitment to align policy development and support implementation of capacity building plans under the Programme's charter.

(b) **July 2015:** Two years on, at the 2nd ACMHL Forum in Bangkok, Thailand, leaders are set to reconvene to renew their commitment for a way forward to optimize, build and enhance community readiness ahead of disaster and crisis. Taking reference from the 2015 Sendai framework, the biennial leadership forum will bring together the collective wisdom of 120 community, government and healthcare leaders to review psychosocial and mental health strategies. Besides showcasing regional efforts enabled through the three-year Programme, it consolidates learning and best practices on "building back better" as part of disaster risk reduction. Key partnership lessons, recommendations for future development and sustainability will be shared. **An overview of the 2015 Forum structure and key themes are presented as an annex to this section.**

LEVEL 2 – TRAINING-OF-TRAINERS

JULY 2013 – JULY 2014

120 master trainers (40 each from Thailand, China and Indonesia) comprising psychiatrists, psychotherapists, psychiatric nurses, family physicians, social workers, psychologists and community leaders were trained to deliver contextually relevant training programmes to community partners and agencies.

Key features of Level 2 Training-of-Trainers

- **Multidisciplinary, inter-professional:** Master trainers were comprised of multidisciplinary members such as psychiatrists, psychotherapists, nurses, psychologists, primary care practitioners, social workers and/or community leaders. Master trainers in multi-disciplinary teams had intimate knowledge of the local healthcare and social systems to help promote the integration of mental health services in the long term. Some initial observations of inter-professional learning emerged during training-of-trainers sessions.

- **Team-based learning, targeting core knowledge:** Team-based learning and multi-disciplinary coordination mirror how care is delivered in the community. Teams undergo training together for modules which are core knowledge.

- **Modular, targeting competencies:** As an alternative to traditional approaches to training, a modular competency-based mental health training model, for low- and middle-income countries was taken (Kutcher et. al., 2005). Training modules which provide a specific focus to a discipline or a sector (e.g. nursing or child and adolescent respectively) helped plug knowledge and skills gaps.

- **Specific to local context:** Modules are prioritised for delivery based on partners' needs. Adopting an interactive learning approach, participants were provided opportunities to engage in case discussions, attachments and site visits to community mental health services in Singapore and in local regions. The experience not only allowed participants to apply new knowledge to local needs but helped with relationship building.

- **Criterion-based selection of trainers:** Master trainers were chosen for their seniority and expertise in their field. Most are noted for their commitment in the community to provide on-going mental health training as part of their professional and outreach roles.

LEVEL 3 – COMMUNITY TRAINING

JANUARY 2014 – JANUARY 2015

A cohort of 120[1] master trainers was trained under the training-of-trainers programme in Thailand, Indonesia and China (Sichuan). In turn, each master trainer reached out to train at least five members (such as teachers, community and social service groups/volunteers). Overall, the Programme reached 600[2] community-based workers to develop and participate in emotional resilience and well-being programmes. Co-creation of programmes with local communities also promoted a sense of ownership and partnership.

Between August 2014 and January 2015, Temasek Foundation and IMH visited community training sites in Sichuan, China; Aceh, Indonesia and Changmai, Thailand to have a dialogue with community leaders and agencies involved in crisis management to assess impact and institutional change in key areas such as programme coordination (including curriculum implementation), sustainability and scalability.

In the area of curriculum implementation, partners were innovative in negotiating the challenges and local needs while delivering on its training commitments and staying true to the Programme's values, principles and processes.

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[1] Master trainers, comprising medical, nurses and allied health professionals, were supported for training in Thailand (40), Indonesia (40) and China (40).

[2] Community-based workers, comprising volunteers, peer supporters, teachers and primary healthcare workers were supported for training in Thailand (200), Indonesia (200) and China (200).

Some observations and recommendations were highlighted:

- **Defining a core curriculum to build baseline knowledge:** Across regions in Java, Sumatra and Nusa Tenggara, the development and use of a common curriculum provides for some consistency for competencies to be built while retaining sufficient flexibility to allow cultural adaptation. Due to a large geographical area and a heavy reliance on "informal" networks to influence change at community levels, reform in community mental healthcare may be more effective if implemented through a series of localized regional initiatives (ie. a bottom-up approach).

- **Defining a curriculum that is "fit for purpose":** Due to diverse needs, a common curriculum could not be rationalized across community training sites in Sichuan, China. Out of necessity, the curriculum was developed to fit local needs and priorities for training. For instance, in Leigu, northeast Sichuan, near the epicentre of the devastating[3] 2008 Sichuan earthquake, the Programme trained teachers to detect signs of trauma in children and adolescents, post-disaster. In contrast, in Panzhihua, southern Sichuan, volunteer training for psychological first aid to support disaster victims was prioritized. Hence, it is useful to periodically review plans to adjust training needs and assess knowledge gaps in the context of the wider eco-system within which each community operates.

- **Community of Practice (CoP) as a "live" network for continuous learning:** Following the devastating floods in Thailand, a Mental Health Crisis Assessment and Treatment Team (MCATT) was formed by the Ministry of Public Health, Thailand (MPH) in February 2012 to manage mental health crises. During peacetime, MCATT is required to promote emotional resilience and mental wellness as well as develop community resilience education programmes. Funding and partnership offered under the Programme provided the opportunity to develop a core curriculum for the MCATT team as part of building national mental health manpower. The 40 MCATT team members trained under the Programme developed training not only for community partners across Thailand, but sustained efforts in developing a network of master trainers, akin to a Community of Practice[4] (CoP) (Wenger et al., 2011) The central coordination that was formalised as part of MPH's strategy to support capacity building from blueprint to scale augurs well for programme sustainability. The challenge ahead lies in being able to capitalize on existing strengths and to innovate.

In Section 2, best practice examples in community capacity building are featured in:

- Six sites across northern to south-eastern Sichuan, China;
- Five sites in Indonesia covering Java, Sumatra and West Nusa Tenggara; and
- Six sites in Thailand covering Northern, Central and Southern provinces.

[3] The great Sichuan earthquake in China had a magnitude of 7.9 and occurred on 12 May 2008. It left 69,197 dead and 374,176 injured. 18,222 people were listed as missing and 4.8 million people were made homeless.

[4] A community of practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. This definition reflects the fundamentally social nature of human learning.

ANNEX

ABTRACTS FROM 2015 ASIAN COMMUNITY MENTAL HEALTH LEADERSHIP FORUM

A Regional Approach to Capability Building: Through a Collective Showcase

As part of the "Disaster Mental Health Programme for Communities in Asia" supported by Temasek Foundation Singapore, institutional and community-based partners in China, Indonesia, Thailand and Singapore have come together to support training and capability building in crisis-affected communities.

Each partner country will share its unique experience of implementing the Programme, managing competing needs and overcoming challenges in capacity building. While the mental healthcare landscape and needs may vary from one region to another, dialogue and the sharing of perspectives in crisis preparedness enables leaders to explore common ground and leverage on their respective strengths for better integration within Asia.

Sendai Framework for Disaster Risk Reduction and the Leadership Way Forward

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted by United Nations (UN) Member States on 18 March 2015 at the Third United Nations World Conference on Disaster Risk Reduction. The Sendai Framework is the first major agreement of the post-2015 development agenda. In this segment, the Asian Disaster Preparedness Centre will provide a glimpse into the Sendai Framework, with a focus on how regional leaders could align crisis preparedness plans with this framework moving forward. The segment will also touch on ways to synergize recommendations from the Sendai Framework for Disaster Risk Reduction and its overall governance and risk management in the post-2015 era.

From Practice to Policy: Lessons from managing Mental Health Crisis in the Community

Experience in Asia derived from the last decade in managing crisis and disaster has advanced mental health reform and informed policy-making. Disasters often present windows of opportunity to "build back better", and in these situations, translating experience from practice to policy as part of medium- to long-term planning promotes effectiveness and sustainability of mental health reforms.

In Thailand, the Department of Mental Health recognizes the need for a robust framework to support the implementation of mental health recovery and reconstruction following a disaster. Early detection and management are important during the response phase of crisis, whereas during the recovery phase, the focus is on intervention and promoting community resilience. The presentation will share Thailand's experience in establishing, strengthening and integrating community resources for mental health rehabilitation. The impact on policy reform will be reviewed. Perspectives will also be shared from China on how community mental health policies have evolved in response to large-scale disasters over the last decade. Looking forward, the implications for policymakers in drawing up a framework for mental health reform in a post-2015 framework for disaster risk reduction will be discussed.

Communicating in a Crisis: Key strategies for Leadership

While leaders should be visible and can shape public perception positively in the face of crisis, failure to recognize the implication of their actions, words and directives can erode an organisation's credibility and reputation quickly. This presentation provides a brief introduction to crisis communication and shares key principles for an effective crisis communication strategy. It covers the phases of a crisis, best practices, the role of the media (including social media) and two case studies.

Beyond Disaster Recovery: Looking at Resilience across the Lifespan

All disasters, even the larger ones, are ultimately local in their impact. Building a disaster-resilient population can start from disaster recovery at the community level. The population in Thailand's south has experienced a manmade crisis over the last decade where lives and psychological well-being have been disrupted. From this experience, we share stories of how multi-sector collaboration, community action and participation have enhanced the recovery process and the rebuilding of lives. Java in Indonesia, which sits on the Pacific Ring of Fire, is one of the most volcanically active places on earth. Children and adolescents are amongst those most vulnerable when disaster strikes. The presentation will share ongoing local efforts to strengthen resilience amongst children and adolescents who live in disaster-prone areas.

Crisis and Opportunity

In Chinese, the word for crisis 危机, also bears the meaning of opportunity. This workshop explores the relationship between crisis and opportunity and the concept that recovery, rehabilitation, growth and development actually go hand-in-hand, and that in a crisis there is actually opportunity to grow. One can extrapolate this to view a community, where devastating crises, instead of bringing the demise of the community, might actually strengthen it, as is in the old adage: "what does not kill you makes you stronger." With this belief, one would look for opportunity to grow in the aftermath of trauma and therefore generate hope instead of despair.

Working Together Better: A Multi-Agency Approach to Manage Crisis

When disaster strikes, more often than not, coordination across local and even regional government agencies is required. Establishing effective collaboration between agencies should begin as part of preparedness and response planning. Understanding the roles key agencies play and their contribution as part of a wider community will support inclusive decision-making and coordinated disaster response.

Taking an interactive and case-based approach, the Singapore team will facilitate discussion and share insights on working collaboratively from a "whole-of-community" perspective. The team will highlight areas where cooperation can be enhanced from lessons learnt in managing and working collaboratively in crisis situations.

Strategies to Enhance Coping Skills in Infants, Children and Adolescents to Manage Post-Disaster Stress: An Indonesian Experience

Crisis and disaster may impact infants, children and adolescents, creating delays in developmental milestones, cognitive development and create attachment issues. Despite the vulnerability faced by this special population group, they have the capacity to cope and bounce back from crisis if provided with timely emotional support and intervention. Drawn from the Indonesian experience, this workshop is developed to share knowledge on how psychosocial interventions and other play-based approaches have proven effective to help infant, children and adolescents cope following disasters and traumatic events.

Mindfulness-Based Therapy and Counseling

Mindfulness-based therapy and counselling has been proven to reduce stress and improve one's ability to manage emotions. In this workshop, concepts of mindfulness and "concentration meditation" are integrated with stress management techniques. It aims to equip therapists and counsellors with mindfulness techniques designed to reduce stress, anxiety and depression.

SECTION 2:
CASE STUDIES AND BEST PRACTICE EXAMPLES IN RESILIENCE BUILDING

This section provides a summary of community mental health initiatives from each of the three implementing countries. Each report gives an insight into directions in mental healthcare systems as well as the various initiatives driven by respective agencies to improve community mental healthcare.

These reports outline the overall approach in the delivery of mental health service, the current mental health services provided and the implementation of local models within each country. The reports also provide an outline on the "country-specific" mental health policies, structure, facilities and services, the professional workforce, the training undertaken as well as cooperation with related partners.

A total of six best practice examples have been selected from each implementing country to be featured in this publication. These examples showcase community projects developed by master trainers to address post-disaster resilience building and provide evidence on how community mental health systems in each country have moved towards "building back better", post-disaster.

The examples were chosen based on their diversity of approach in handling challenges, the positive impact each project has had on its community groups, as well as the sustainability of each project.

CHINA

Natural disasters occur frequently in China, affecting more than 200 million people every year. These disasters pose serious threats to the mental health system in China.

In recent years, mental health issues have become a major health concern in China. Severe mental health issues have an adverse impact on social harmony and stability. The number of mental health patients in Sichuan province is estimated to be at least 67,000 and prevention and education has proven to be challenging. The Chinese government has prioritized population mental health and services.

The role of the government in mental health includes:

- Providing mental health services and products;
- Mental health policy; and
- Supervision and control of the mental health sector.

Sichuan's mental health sector is led by the Sichuan Provincial Health Commission using a joint multi-sector and multi-departmental approach. The main purpose of the commission is to conduct research and implement mental health policies under the guidance and direction of the Sichuan Provincial Government. It is also tasked with providing professional advice to the Sichuan Provincial Government, coordinating and promoting development of mental health services and to control and organize various aspects of mental health work. The commission consists of 17 units and departments led by the Provincial Health Commission. Implementation of programmes is made through discussions at board meeting and coordination between the different sectors.

The People's Republic of China officially announced the establishment of the People's Republic China Mental Health Act on 1 May 2013. The Mental Health Act includes information on mental health prevention, mental health diagnosis and treatment, rehabilitation, security measures and mental health law. The aim is to promote mental health, regulate mental health services and protect the legal rights of mental health patients.

The primary providers of mental health services in China are public hospitals, equipped with modern clinical facilities. In recent years, the government has promoted community mental health management for mental health disorders. An example of this is the 686 severe mental health disorder management programmes, commenced in 2005, which has successfully expanded its reach to most areas of the country. The programme includes registering of patients suffering from severe mental health issues, following-up with patients exhibiting dangerous behaviour, providing free medical treatment to poor patients, free diagnosis and emergency hospitalization and inpatient treatments, and training of mental health workers involved in providing services to patients with severe mental health disorder. Additionally, different models of mental health rehabilitation services were provided in larger cities like Beijing, Shanghai, Guangdong and Sichuan.

BACKGROUND OF IMPLEMENTING ORGANIZATION

WEST CHINA HOSPITAL, SICHUAN

West China Hospital is a public integrated hospital affiliated with West China University under the direct administration of State Planning Commission. It is the largest single site hospital in the world. It is ranked the best hospital in the central and western regions of China and ranked second nationally in China. There are 4,300 beds, 8,900 staffs and it is equipped with 38 inpatient laboratories and 10 clinical laboratories. More than 4 million patients visit its outpatient clinics yearly and the inpatient volume is approximately 200,000. West China Hospital adheres to its mission of being a patient-oriented institution which advocates medical excellence and advances in medical science. It is one of the key medical training and research centers in China, and is responsible for medical education and research for the western region of China. The Mental Health Centre is an important clinical department under the West China Hospital. It is one of the earliest established mental health centers in West China and the earliest facility for mental health education. It is also one of the four key mental health centers in China. The Mental Health Centre has five areas of specialization:

- Mental Health rehabilitation;
- Child and Geriatric Psychiatry;
- Addiction Medicine;
- Psychosomatic Disorders; and
- Psychiatric intensive care unit

The center has 320 beds, with a yearly inpatient volume of 6,000 while the outpatient volume estimated close to 200,000. The mental health rehabilitation psychiatric unit was established after the 2008 Sichuan Wenchuan earthquake. Supported by government policies and international programmes, the unit has progressed from the building of community mental health rehabilitation capability to treating severe mental health disorders in the community and providing training in the community. The unit's current projects include case management, cognitive group therapy, occupational training and therapy, education, family rehabilitation and rehabilitation centers.

TRAINING-OF-TRAINERS PROGRAMME

The training-of-trainers programme is funded by Temasek Foundation, Singapore and supported by the Institute of Mental Health, Singapore. A detailed needs analysis was done in the areas where West China Hospital–Mental Health Centre provides mental health services. It was decided that the areas requiring strengthening were:

- Working with the community;
- Customizing to local cultural context; and
- Using an evidence-based approach to increase the quality of mental health services.

The training curriculum was tailored and contextualized based on these objectives. Eight days of didactic training and case discussions was conducted in Chengdu. The training was conducted by content experts from Chengdu and Singapore. Eight teams consisting of mental health clinicians and workers from different institutions participated.

After the training, participants took part in a four-day training on site in Singapore. Visits were made to mental health related organizations, including community mental health centers, family service centers. These visits allowed participants to see the outreach of community mental health on the general population. Participants then used what they learnt and applied it to their community mental health planning work. Participant feedback was that the training was relevant and useful as the content was customized according to their needs. Training was delivered by experienced content experts and reinforced with cases. Participants therefore found the training relevant and applicable to their work. 40 master trainers completed the training-of-trainers programme.

COMMUNITY TRAINING PROGRAMME

The master trainers developed 12 programmes in their respective communities. These include lectures, workgroups, case discussions, family and community visits. About 1,000 community-based workers were trained. An estimated 200 participants will continue participating in the training and cascade the training to their respective workplaces to increase post-crisis responsiveness and capability.

BEST PRACTICE EXAMPLE 1

ZIGONG 5TH HOSPITAL COMMUNITY EDUCATION & OUTREACH TEAM

COMPONENTS OF PROGRAMME

The programme was conducted by performing the following activities:

- Patient, family and community education and support workshops;
- Professional visits and case consultation for community medical clinics;
- Regular training for medical and para-medical personnel from community-oriented clinics for the detection, management and promoting mental health issues;
- Booklets, leaflets and audio-visual training materials were published and routinely disseminated to the community clinics and the general public.

PURPOSE AND OBJECTIVES OF PROGRAMME

- Providing more awareness of mental health issues to patients' families and the general public in Zigong City as well as surrounding townships and villages;
- Providing professional training and technical assistance to community medical clinics in the general Zigong area for early detection of mental health problems and intervention; and
- Building mental health awareness and intervention network in the greater Zigong community to work in alliance with the hospital in managing and promoting mental health in the community

CHALLENGES FACED IN IMPLEMENTATION

The programme was designed to enhance the current existing hospital-sponsored programmes in community mental health services. The demand for such programmes far exceeds the current capacity of the hospital, challenging the sustainability of the programme in the future. The hospital is asking for more funding to increase staff and for more of such programmes in order to expose hospital staff to international best-practice in mental health services.

ACHIEVEMENTS AND OUTCOMES

As of October 2014, the Zigong 5th Hospital completed training for over 200 community health workers, patient family members and community leaders. Published booklets, leaflets and posters were disseminated by the workshop's participants.

BEST PRACTICE EXAMPLE 2

SCHOOL AND COMMUNITY BASED MENTAL HEALTH PROMOTION PROGRAMME FOR SCHOOL-AGED CHILDREN LEIGU, BEICHUAN BUREAU OF EDUCATION TEAM

PURPOSE AND OBJECTIVES OF PROGRAMME

Schools in rural and minority areas of China serve as the center of social and civic activities for the community. For inland areas such as Beichuan, parents of young children often migrate to coastal cities for work and leave their children to be cared for by aging grandparents and relatives. These caretakers lack the modern knowledge and know-how to raise children. Schools and education authorities therefore take major responsibility for the welfare and development of these children. Impressed by the REACH[5] Programme and Community Mental Health Team of Institute of Mental Health (IMH), the Beichuan Bureau of Education aims to establish similar programmes.

The programme aimed to:

- Raise awareness of mental health issues in school officials and teachers;
- Increase caretaker awareness of mental wellbeing and mental health issues in the context of family; and
- Promote an alliance between the school, the community and mental health service providers to work in concert and to collectively manage these tasks

To achieve these purposes, a series of workshops was conducted with the objective of training parents and grandparents who are the caretakers of school-aged children, and also to train school officials from various counties in Beichuan and the neighboring Xichang county on youth mental health issues and intervention strategies.

CHALLENGES FACED IN IMPLEMENTATION

One of the challenges faced is the lack of professional staff to help develop the programme. There is a large population of children and families to be supported and they require programmes to be specially tailored to suit the social economic situation and the unique cultural tradition of the Qiang people. The Bureau has been making a considerable effort to establish professional ties with West China Hospital and IMH for potential institutionalized and long-term collaborative programmes for capacity building in order to ensure the long-term sustainability of the programme.

ACHIEVEMENTS AND OUTCOMES

The initial series of workshops under the sponsorship of Temasek Foundation attracted around 200 participants, including teachers, counselors, school officials and parents. There will also be formal and informal discussions between IMH and the Beichuan Bureau of Education for future collaboration in establishing similar programmes.

[5] REACH (Response, Early intervention and Assessment in Community Mental Health) http://reachforstudents.com/

BEST PRACTICE EXAMPLE 3

PANZHIHUA 3RD PEOPLE'S HOSPITAL MENTAL HEALTH CENTER TEAM

ABOUT THE PROGRAMME

A series of workshops was designed and conducted to train both medical personnel within the hospital as well as community mental health workers and community leaders on the following topics:

- Indigenizing psychological intervention;
- Crisis and response in the context of culture;
- Models of crisis intervention;
- Case presentation and discussion;
- Post-traumatic growth and development; and
- Introducing Singapore's CARE[6] (Caring Action in Response to an Emergency) model

PURPOSE AND OBJECTIVES OF PROGRAMME

- Addressing the social cultural issues of mental health care in the service;
- Working collaboratively with the community in providing care;
- Introducing the CARE model of crisis response and intervention to the hospital.

To achieve these objectives, the programme:

- Conducted training for commuity mental health workers on social cultural issues involved in mental healthcare;
- Conducted workshops to raise awareness among community leaders on mental health issues and crisis response and intervention; and
- Introduced the Singapore CARE model as a reference for developing similar programmes in the hospital.

CHALLENGES FACED IN IMPLEMENTATION

Panzhihua serves a vast area of scarcely populated mountainous regions. It is difficult to communicate with personnel in the remote rural areas for training programmes. Potential participants need to travel long distances and to take leave from work in order to attend the workshops. Unfortunately, due to administrative restrictions, they cannot be compensated for their lodging and transportation expenses. The hospital needs to find financial resources to support participants from such rural areas.

ACHIEVEMENTS AND OUTCOMES

At least 200 participants have been trained in various workshops with overwhelmingly positive results. A series of training materials was produced and disseminated. Additionally, discussions were conducted between IMH and hospital officials for future collaboration in setting up CARE programmes in Panzhihua.

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[6] Long, F.Y. (2001) Psychological support in civil emergencies: the National Emergency Behavior Management System of Singapore. International Review of Psychiatry Vol. 13, Iss. 3, 2001

BEST PRACTICE EXAMPLE 4

GUANGYUAN 4TH HOSPITAL MENTAL HEALTH CENTRE TEAM

ABOUT THE PROGRAMME

Three workshops and a case consultation were conducted to address the following issues:

- Coordination of different community institutions to address youth mental health issues in crisis affected areas;
- Mental wellbeing and post-traumatic growth; and
- Early detection of psychiatric problems and intervention.

The case consultation was based on a "re-combined" family made of spouses and children who lost their original spouse or parents in the earthquake, which is a unique problem that surfaced in the aftermath of the 12 May 2008 earthquake.

PURPOSE AND OBJECTIVES OF THE PROGRAMME

Guangyuan Mental Health Centre is a tertiary specialist hospital serving a large mountainous region of northern Sichuan. The hospital is responsible for providing technical support and training for the region's smaller hospitals and clinics. The purpose of the current programme is to provide crisis related mental health services to the professional community.

CHALLENGES FACED IN IMPLEMENTATION

The hospital is the only specialist hospital serving a large mountainous territory in northern Sichuan province and southern Shaanxi Province. The area was severely affected by the earthquake in 2008, including a township entirely buried by two mountains that collapsed one on top of the other. The hospital is in charge of the social psychological reconstruction of this area. The hospital has a severe shortage of professionals with modern psycho-educational expertise. In the past, they relied heavily on West China Hospital's professional support but the hospital itself is heavily burdened by its own clinic load and training programmes. The hospital has recently been given the mandate to further develop their mental health services by focusing on:

- The growth and development approach;
- Psycho-educational intervention in addition to traditional medical intervention.

BEST PRACTICE EXAMPLE 5

SOUTHWEST NATIONALITY UNIVERSITY, CAMPUS COMMUNITY MENTAL HEALTH TEAM

PURPOSE AND OBJECTIVES OF PROGRAMME

The Southwest Nationality University's training programme aimed to:

- Introduce the community mental health model to the University community;
- Raise awareness of the common mental health problems encountered by university students; and
- Provide public education on stress management, care for the mentally ill and explain the commonly used medications for psychiatric disorders and their potential side effects.

COMPONENTS OF PROGRAMME

- Training university teaching staff;
- Training student year coordinators and mental school officials in charge of student welfare.

Each component was led by different master trainers and involved a segment of the university community with the aim of providing comprehensive training for the university community in the prevention of mental health problems.

CHALLENGES FACED IN IMPLEMENTATION

To raise awareness on crisis related mental health issues and to call upon the university community at large to work with medical personnel in the prevention and intervention of mental health issues requires concerted effort and the support of the university administration in sustaining the training programme as well as the institutionalization of the training activities. The master trainers, however, feel that the launching of the current programme will draw the attention of the university community to the need for such activities and therefore act as a catalyst for future development.

ACHIEVEMENTS AND OUTCOMES

The programme has trained 20 teaching staff, 30 student leaders and university officials. Training materials and leaflets have also been produced for dissemination on campus.

BEST PRACTICE EXAMPLE 6

CONTINUING EDUCATION PROGRAMME FOR MEDICAL PERSONNEL IN OUTLYING AREAS, WEST CHINA HOSPITAL SEVERE MENTAL DISORDER DEPARTMENT

PURPOSE AND OBJECTIVES OF PROGRAMME

The programme was aimed at introducing the community mental health service model for crisis intervention and psychiatric rehabilitation to West China Hospital-affiliated regional and country hospital personnel and to provide some basic knowledge and skill for crisis intervention and rehabilitation, with an emphasis on recovery and growth after trauma and illness. The topics covered were:

- Post-traumatic growth;
- Community oriented mental health services; and
- Mental health issues related to trauma reactions, interventions and psychological rehabilitation in crisis affected areas

COMPONENTS OF THE PROGRAMME

The programme consisted of three major components:

- Crisis response related mental health problems and intervention;
- Recognition of psychiatric disorders in crisis affected areas; and
- Rehabilitation and post-crisis growth and development.

CHALLENGES FACED IN IMPLEMENTATION

The master trainers did an excellent job carrying out the programme; they are however facing serious challenges in terms of finding the time to prepare training materials and to conduct teaching as well as dissemination of materials. They have very heavy clinical workloads and administrative responsibilities. The training programme therefore adds a serious burden to their already very heavy workload. These master trainers have managed to conduct teaching in conjunction with their routine training programmes. In order for the programme to be sustainable, these master trainers have to work closely with the university's general training programme and are therefore subject to the limitations and requirements of the university in terms of funding and timelines.

ACHIEVEMENTS AND OUTCOMES

Over 100 medical doctors and allied health professionals participated in the programme with very positive outcomes. A set of relatively sophisticated training materials were produced and disseminated to the participants to be brought back to their institutions for their own training of community members.

INDONESIA

In the last decade, large-scale manmade and natural disasters have plagued Indonesia and brought issues of trauma and mental health into its national consciousness. As a result, building a mental health workforce to deliver mental health services has become Indonesia's major focus.

Indonesia has a total population of over 252 million people, making it the world's fourth most populous country. Located on an area with major tectonic activity, Indonesia has to cope with the constant risk of natural disasters such as volcanic eruptions, earthquakes, floods and tsunamis. Over the years, Indonesia has made global headlines due to devastating natural disasters that resulted in the loss of hundreds of thousands of lives as well as the destructive effects on the land, infrastructure and the mental wellbeing of the affected community.

Mental health has been a long neglected aspect of Indonesia's healthcare system which was substantially aggravated by the 2004 tsunami. A large number of the community members were clearly affected and were suffering from mental health issues ranging from mild psychological distress to severe mental disorder, especially among children and adolescents (WHO country cooperation strategy 2007–2012). Health Law No. 36/2009 articles 144 to 151 states that mental health efforts are aimed at ensuring that every person in the republic can enjoy a healthy mental life, free from fear, stress and other disorders that can interfere with mental health. This is a shared responsibility between the central government, local government and society. Both the central and local governments are responsible for developing mental health community-based services which allow the community easier access to services and facilities.

Republic of Indonesia Law No. 18/2014 also states that the government will ensure the availability and affordability of resources for mental health services as well as improved quality of mental health services informed by the latest development of science and technology.

There are currently 33 specialised mental health hospitals that offer public mental healthcare services in Indonesia. These hospitals are adequately equipped to treat patients suffering from mental disorders. The Health Ministry aims to enable at least 30 per cent of the country's 9,000 community health clinics and 1,700 general hospitals to provide basic mental health care.

BACKGROUND OF IMPLEMENTING ORGANIZATION

RUMAH SAKIT DR. CIPTO MANGUNKUSUMO

Rumah Sakit Dr. Cipto Mangunkusumo (RSCM) in Jakarta is the medical teaching hospital of the Faculty of Medicine, Universitas Indonesia, (FKUI) and is the oldest tertiary level institution in Indonesia, having been established since 1851. In 1999, the Centre for Disaster & Violence Studies at RSCM was set up to become the national mental health centre for research, training and development in the area of disaster and violence. The impetus for training to manage the mental and psychological aspects of trauma was fuelled by the long history of natural disasters and conflict in Indonesia, notably the tsunami in Aceh in 2004 and the volcanic eruption at Mount Merapi in 2010. RSCM FKUI has the necessary experience and existing network across Indonesia to develop trainers with the right skills to train community mental healthcare providers in disaster-prone areas.

TRAINING-OF-TRAINERS PROGRAMME

The training-of-trainers programme seeks to train mental health and community-based professionals to develop and deliver culturally relevant training to promote emotional resilience and wellbeing in communities affected by disaster. For Indonesia, the programme specifically targets the needs of children and adolescents, which make up more than half of the population.

The programme aims to equip master trainers with knowledge and skills to allow early detection and intervention when it comes to behavioural and emotional problems in children and adolescents exposed to trauma. Upon completion, the participants would have:

- Increased awareness of child and adolescent community mental health issues;
- Increased capacity to serve the child and adolescent community mental health needs with knowledge of behavioural and emotional reactions seen after experiencing a disaster; be able to provide psychological first aid for children and adolescents; and develop supportive community networks.

Building community mental health capacity may be done by taking a bottom-up approach through piloting new models of care, coupled with training to plug identified gaps. The programme is structured to train partners in the community who can directly identify and manage mental health issues in the community. As a first step, this can help to influence change, develop linkages and build leadership capacity in the community.

A total of 42 mental health professionals from disaster prone communities in Java, Sumatra and West Nusa Tenggara were selected to be master trainers. They were chosen based on their leadership abilities and commitment to working with community partners to support children and adolescents in their mental health and psychological needs.

In putting together the team of master trainers, a multi-disciplinary approach was taken. The team from each province consisted of child psychiatrists, psychiatrists, primary care doctors, psychologists, nurses, case managers and social workers. In the situation of disaster, the master trainers will be able to form community teams in their provinces to work together with community partners and workers on the ground to support the wellbeing of children and adolescents in the pre/post-disaster phase of disaster and crisis. Master trainers were also selected with the expectation that their activities after the training would be observed and tracked. Master trainers were expected to have facilitation skills and teaching capabilities.

The four-day programme was completed in two training runs:

(a) In March 2014, 22 master trainers originating from Central Java (Yogyakarta and Magelang) were trained in Yogyakarta; and

(b) In April 2014, 20 master trainers originating from Bandung (West Java), Jakarta, Lombok (West Nusa Tenggara), Aceh and Padang (West Sumatra) were trained in Jakarta.

Master trainers were taught by a core training and curriculum development team comprised of child psychiatrists and faculty from RSCM FKUI and Gadjah Mada University (UGM), Central Java. Contextually relevant training materials comprising a facilitator guide, training slides/materials and videos were developed. In 2015, the team successfully published and launched an Indonesian resource guide for use during community training called "Disaster and Mental Health of Children & Adolescents"[7].

Overall, participants were satisfied with their training, with all noting that the content, skill level and materials to be "just right", rather than "too basic" or "too difficult". Participants found the training in the use of psychological first aid and the Strengths and Difficulties Questionnaire (SDQ), a brief behavioural screening questionnaire that assesses the general mental wellbeing of school-going children and adolescents, most relevant to their work. The participants acquired knowledge and skills as demonstrated by achieving pass rate of at least 80 per cent in the post-course assessment.

COMMUNITY TRAINING PROGRAMME

Under the community training phase, master trainers formed teams in five sites to co-train and work with a total of 200 community-based participants from partner organisations. Community-based participants were drawn from schools, community health clinics (PUKESMAS[8]), provincial disaster management offices as well as non-governmental organisations (NGOs) such as the Scout Association and the Red Cross (Youth division).

Master trainers were supervised in their provision of community training by the core training team from RSCM FKUI. Supervision was provided as part of a sustainable plan towards training and capacity building. Longer term, the group of master trainers is looking to form a Community of Practice (CoP) for continued learning and as a platform for sharing best practices across the regions.

Suggestions to improve the training experience included the need to simplify the format and language so that materials can be further deployed for practical use in the field. For instance, community workers suggested supplementing training materials with mental health reference pocket books on detecting signs of trauma to guide field operations.

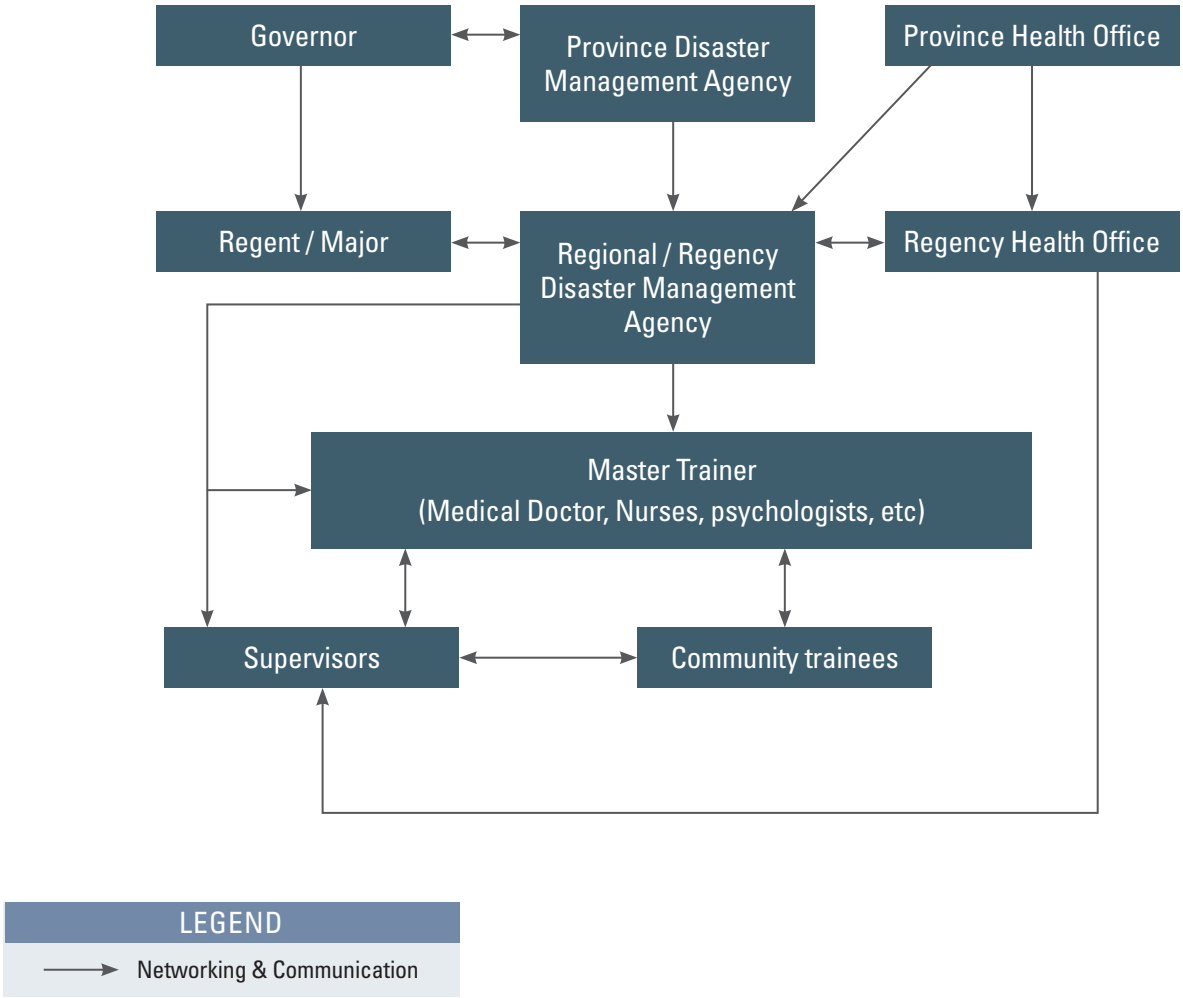
[7] Wiguna T., et al (2015). Bencana dan Kesehatan Jiwa Anak & Remaja. Media Aesculapius, FKUI, Indonesia. ISBN: 978-602-17338-6-8

[8] PUKESMAS are government-mandated community health clinics located across Indonesia. They are overseen by the Indonesian Ministry of Health. The concept was designed by G.A. Siwabessy, the first Indonesian Minister of Health.

Overall, the community training was well received, and key areas of success included:

- Community participants benefitted from an interactive format of training which employed role play, group discussions and other hands-on activities.
- Opportunities for networking, interaction and sharing among community partners were apparent, helping to bring local communities together.
- Keen participation from key stakeholders such as provincial health offices, schools as well as disaster management units provided evidence of the value of the capacity-building efforts.

As part of the engagement process, master trainers worked with their respective community stakeholders to collaborate, improve networking and share resources. A proposed framework of how provincial health offices, community agencies and government units could coordinate to strengthen the existing network and structure of disaster recovery efforts was presented and discussed (see diagram below). Training conducted in Central Java locations, Magelang and Yogyakarta, North Aceh, Padang, Lombok in West Nusa Tenggara is featured under five best practice examples in the following pages.



Communication & coordination flow

BEST PRACTICE EXAMPLE 1

MAGELANG, CENTRAL JAVA COMMUNITY TEAM

Magelang is one of the six cities in Central Java, located in a fertile agricultural area and one of the most densely populated regions in Central Java. Mount Merapi, the most active volcano in Indonesia, is situated in the district of Sleman, within 40km radius of Magelang city. Its population is constantly exposed to dangers associated with seismic activity including volcanoes, earthquakes and floods.

Training was conducted in September 2014 and was attended by approximately 50 community-based participants from Magelang. The majority of the participants were themselves victims and survivors of natural disasters, and hence could appreciate the need to better prepare for disaster. The demographics of the participants ranged from teachers, healthcare workers from community health clinics, psychologists, government officials and staff from non-governmental organisations.

The disaster management offices (Badan Penanggulangan Bencana Daerah[9]) of Magelang and Yogyakarta sent its members to attend the training and endorsed the initiative. The training was delivered by master trainers based on a standardised curriculum but with cases contextualised to the disasters in the local area. Sessions were well attended and engagement was apparent during group discussion and role play. Participants shared that they had previously worked together on the ground to support disaster recovery efforts in their local area. The shared experience was meaningful to participants which, in turn, enhanced interaction and learning.

At the end of the training session, the group worked on continuity plans to further strengthen local networking and explore new ways for collaboration. Participants organised themselves into seven teams under four coordinating district PUKESMAS (community health clinics). Plans include setting up a referral system across health and education sectors to share resources and support early detection and management of mental health conditions affecting children and adolescents.

Master Trainer, Dr Ratna Pangestuti, SpKJ(K), from Prof. Dr. Soerojo Magelang Mental Hospital shared, "The TF-IMH programme has been useful in skilling up our multidisciplinary team to better manage early detection of mental health problems amongst school children in Magelang."

Under the programme, the Magelang team trained participants in the use of Strengths and Difficulties Questions (SDQ), used to assess the general wellbeing of school-going children and adolescents. Since 2014, the team has introduced the SDQ to almost 50 schoolteachers in Magelang, with another 300 teachers targeted for training in the next two years. "Our main aim is to provide teachers with the knowledge and tools to detect mental health issues early so that intervention can take place," said Dr Pangestuti.

Two key challenges were identified at local level. One, whether planned initiatives are practical. Two, readiness for change and availability of resources to support future plans.

The team also hopes to leverage the regional partnerships that have been established as a result of project involvement and engagement. "As an initial step in establishing the local model of care, the team is looking to learn from IMH and its partners about the challenges encountered in setting up an integrated referral network to manage school-going children needing intervention," said Dr Pangestuti.

[9] https://id.wikipedia.org/wiki/Badan_Penanggulangan_Bencana_Daerah

BEST PRACTICE EXAMPLE 2

PADANG, WEST SUMATRA COMMUNITY TEAM

Padang is the largest city on the western coast of Sumatra and is also the capital of West Sumatra province. Padang has a population of more than 1 million people. Due to Padang's proximity to the Sumatran fault lines, the vulnerability to earthquake and tsunami remains high along the western shorelines. The September 2009 Sumatra earthquake with a magnitude of 7.9 occurred off the coast of Sumatra. Several hundred kilometres south of the epicentre buildings toppled, homes smashed and landslides were precipitated. Padang was one of the areas with the most reported deaths and severely damaged infrastructure. An estimated 250,000 families were affected by the earthquake.

Disaster mitigation[10] activities are led by Padang's disaster management offices (Badan Penanggulangan Bencana Daerah[11]) in coordination with key agencies in health and social sectors, as well as non-governmental organisations. Due to limited health facilities, health services almost totally rely on PUKESMAS (community health clinics) in Padang. Hence, the strategy[12] to promote resilience and disaster preparedness should include training and up-skilling of PUKESMAS staff to detect and manage mental health issues of children and adolescents who are affected by disaster.

Community training, delivered over three days in December 2014 by the Padang team of five master trainers, was attended by PUKESMAS staff comprising general practitioners and nurses; members from the local chapter of the Red Cross and Padang's disaster management office. Involving a child psychiatrist as one of the leads in Padang's community training has proven to be important. As a well-respected professional and master trainer, the child psychiatrist is expected to coordinate community healthcare teams to spearhead crisis intervention programmes for children and adolescents impacted by trauma.

Overall, the community training was well received and participants reported that the knowledge and skills gained in psychological first aid and the use of tools to assist in the detection of mental health issues were relevant to their work in primary health care. As follow-up, the Padang team is keen to work with community partners to support psychosocial services for children and adolescents appropriate to the developmental stages of children. The province's mental hospital, Rumah Sakit Jiwa Prof Dr HB Saanin Padang, also plays an important role in providing leadership and support in reducing stigma associated with mental health problems and the setting up referral pathways. Looking to the future, one of the priorities would be developing a comprehensive approach to promote resilient communities and support community mental health in coordination with the network of PUKESMAS, schools and non-governmental organisations (NGOs).

[10] http://indonesia.unfpa.org/application/assets/publications/(For_web)_KAP_Survey_20131.pdf

[11] https://id.wikipedia.org/wiki/Badan_Penanggulangan_Bencana_Daerah

[12] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072331/

BEST PRACTICE EXAMPLE 3

LOMBOK, WEST NUSA TENGGARA COMMUNITY TEAM

Lombok is an island located in West Nusa Tenggara, Indonesia. The largest city on the island is Mataram, with similar size and density to neighbouring Bali. Lombok is also surrounded by a number of smaller islands, the Gili islands and is popular with tourists due to its natural beauty. The island is home to a population of some 3.17 million. Being located away from major cities makes access to healthcare difficult for the population in Lombok.

In June 2013, North Lombok was hit by an earthquake measuring 5.4 on the Richter scale. It damaged 25 temples and over 1,500 houses as most infrastructure there is not yet earthquake resistant. The area is also vulnerable to volcanic eruptions, landslides and floods. More recently, drought hit several villages due to the long period of the dry season and the El Nino effect. Disaster risk reduction activities[13] at the community level have since gained momentum, with the establishment of a local disaster management office (Badan Penanggulangan Bencana Daerah[14]).

Led by master trainers who are child psychiatrists from the Provincial Mataram Mental Health Hospital in Lombok, community training was completed in December 2014 for 50 participants. The majority of the participants were teachers, peer supporters and members from the Youth Division of the Red Cross.

A key method of preparedness is raising awareness around disasters and understanding local strengths and vulnerabilities. Hence, training objectives included increasing awareness on the impact of crisis on the mental health of children and adolescents and understanding the factors that support resilience building.

In terms of knowledge and skills, the participants were introduced to basics of psychological first aid and the use of screening tools for early detection of behavioural issues in children and adolescents.

The training platform also provided the opportunity for the group to discuss the use of peer-to-peer counselling amongst youth and student leaders as a recovery-focused model of support in times of crisis, as compared to a medical model. Recovery-focused services[15] provided at the community level aim to support individuals as they live, work, learn, and participate in their communities in spite of their disabilities.

A lot of people ask me what the difference is between a medical model of treatment for mental illness and a recovery model. You want to know what that difference is, in a nutshell? The medical model treats me like a disease; the recovery model treats me like a person. —Anonymous

Lively discussions were noted and salient questions were explored including the issue of managing confidentiality among students providing peer counselling. The group concluded that peer-to-peer support for youth must be developmentally appropriate and specific to the unique needs of youth in crisis.

Youth can act as positive agents of change in their community. Young people can engage other young people in the community to develop supportive networks. Developing youth counsellors for peer-to-peer support during crisis situations could present good potential for capacity building if this resource could be harnessed in a systematic manner.

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[13] http://www.unisdr.org/campaign/resilientcities/cities/view/4067

[14] https://id.wikipedia.org/wiki/Badan_Penanggulangan_Bencana_Daerah

[15] Ansell, D., et al (2013). Youth Peer-to-Peer Support: A Review of the Literature. Youth M.O.V.E. National May 2013, 2-7 http://gucchdtacenter.georgetown.edu/resources/Webinar%20and%20Audio%2FilesYouthPeertoPeerLiteratureReviewFINAL.pdf

BEST PRACTICE EXAMPLE 4

ACEH, NORTH SUMATRA COMMUNITY TEAM

Aceh is a special region in Indonesia, located at the northern end of Sumatra. The capital of Aceh is Banda Aceh. There are approximately 10 indigenous tribes in this region, with the largest being the Aceh tribe, accounting for about 80 per cent of the region's population. The western part of Aceh was among the worst hit areas in the 2004 tsunami, resulting from the Indian Ocean earthquake that had a magnitude of 9.2. More than 170,000 people were killed and 500,000 were left homeless.

Led by master trainers from Aceh Mental Health Hospital, the Programme's community training in Banda Aceh was completed over three days in December 2014. Up to 30 participants comprising primary care doctors, community healthcare nurses and midwives attended the training. Many of the participants were victims of the 2004 tsunami, having lost friends and family. As a result of shared experience, there was active participation through role play and discussions on managing recovery and psychosocial needs of children and adolescents. Some of the key challenges of working with children and adolescents post-disaster such as managing grief and the incidence of risk taking behaviour among adolescents were discussed.

The community training was endorsed by the public health office (DINKES), the local chapter of the Indonesian Psychiatric Association (PDSKJI[16]) and disaster management office (BNBP) in Aceh.

Farida Zuraini from Indonesian National Board for Disaster Management (Aceh Besar), shared insights on capacity building. "The human factor is essential as systems will not work if the people driving these do not have the capacity (knowledge, skills and attitudes) to carry out their work. In this context, capacity does not only relate to people, but how people are integrated within a system and its infrastructure so that they can be effective. When we refer to capacity in terms of disaster management, we look at this holistically as people, equipment, and systems. These three elements are very important."

"When we talk about increasing capacity for PUSKESMAS (government-mandated community health clinics) officers, we refer to increasing capacity for prevention beyond emergency situations. Our paradigms are paradigms of prevention, of risk reduction and elimination," added Farida Zuraini.

In a matter of years, following the 2004 tsunami, Aceh's mental health services were transformed from a sole mental hospital to a basic system of mental health care, grounded by primary health services and supported by secondary care offered through district general hospitals. Now, 13 of the 23 districts have specific mental health budgets, compared to none a decade ago. Aceh's mental health system is viewed as a model for other provinces in Indonesia[17].

[16] http://www.pdskji.org/page-profile.html

[17] World Health Organization (WHO). Building back better: sustainable mental health care after emergencies. WHO: Geneva, 2013.

BEST PRACTICE EXAMPLE 5

YOGYAKARTA, JAVA COMMUNITY TEAM

Yogyakarta is a city with a population density of 12,000 people per km2. It is located in the middle of the plains region and is flanked by Mount Merapi in the neighbouring district. There have been several natural disasters that have caused severe damage in the city.

Led by master trainers from the psychiatry department of Dr Sarjito General Hospital, community training in Yogyakarta was completed in September 2014. The training was attended by 50 community participants comprising of doctors, nurses, teachers, psychologists, leaders from community agencies including village heads and representatives from the local disaster management office.

The core training team and faculty from RSCM FKUI and UGM helped supervise the training in Yogyakarta. Feedback addressed areas done well and suggestions on how community participants can better relate to and adapt programmes to support disaster victims. For future training, training materials will be made more culturally adaptive by including variations in local dialects. As part of future plans, the team also discussed initiatives to sustain a community network and create opportunities to share resources and expert knowledge.

THAILAND

Thailand is no stranger to the devastating impact of natural disasters. The 2004 tsunami resulted in economic loss and damage to the country and also claimed thousands of lives. While tsunamis pose a great threat to the country, flooding is an annual recurrence that has resulted in significant loss to the country over the years.

The Thai government has committed much effort and resources into the development of mental health services and facilities across the country. The government plays a significant role in setting mental health policies, planning, infrastructure and resources to ensure that adequate mental health services are provided to Thai people affected with mild to severe mental illnesses.

In 2014, approximately 4.1[18] percent of health care expenditures by the kingdom's health department are directed towards mental health services and half of this is dedicated to the mental hospitals. There are three different social insurances, namely: labour, health and civil servant insurance, which cover all severe and a portion of mild mental disorders, and provides free access to essential psychotropic medicines to 93 percent of the population.

Thailand's mental health policy includes developing community mental health services, a mental health component in primary health care and quality improvement. Essential components such as human resources, involvement of users and families, advocacy and promotion, equity of access to mental health services across different groups, financing and monitoring system, are also indicated in the mental health policy. In addition, budget, timeframe and specific goals are identified. Further, psychotropic medicines, namely antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptics are included on the essential drugs list. A disaster or emergency preparedness plan for mental health was also developed.

Primary health care doctors have limited training and interaction with mental health services. There are 7.29 personnel working in mental health for a population of every 100,000. There are very few psychiatrists and psychosocial staff working in mental hospitals. In terms of staff to bed ratios, there are 0.01 psychiatrists, 0.15 nurses, 0.02 psychologists, social workers or occupational therapists and 0.05 other mental health workers per bed in mental hospitals. Some professionals are working for both inpatient and outpatient facilities. There is a disproportionate amount of resources concentrated in the main cities, which limits access to mental health services for rural users. There are five user associations and three family associations present in the country interacting with a few mental health facilities (WHO & Ministry of Public Health, 2006).

In addition, public education and awareness campaigns are overseen by coordinating bodies. There are links between departments/agencies responsible for mental health and those responsible for primary health care/ community health, HIV/AIDS, reproductive health, child/adolescent health, substance abuse, child protection, education, employment, housing, welfare, criminal justice, and the elderly. There are legislative provisions for employment, but not for housing. Only a few mental health facilities assist with employment for people with severe mental disorders, through activities outside the mental health facilities.

[18] Reporting Data Collection for ASEAN Data Bank on Mental Health:THAILAND 2013-2014 http://www.dmh.go.th/downloadportal/country%20report/total%20expenditure.pdf

In general, the Department of Mental Health, Ministry of Public Health, Thailand, provides advice to the government on mental health policies, and legislation, sets the standard of care and develops and transfers mental health technologies to all stakeholders. Mental health services are organized in terms of catchment/service areas.

In summary, current mental health services in place include:

- 13 Mental Health Centers are established and report to Department of Mental Health.
- Each Mental Health Center is in charge of monitoring activities of psychiatric hospitals, local mental health communities of designated area, covering 6 to 8 provinces per Mental Health Center.
- Mental health community, inpatient and outpatient services offered in psychiatric hospitals and community-based psychiatric units. The majority of patients admitted to mental hospitals have a diagnosis of schizophrenia, schizotypal and delusional disorders and others, such as mental retardation or epilepsy.
- All forensic beds are located in one mental hospital for security reasons.

A psychosocial care system has been established in schools to support child and adolescent mental health. Many primary and secondary schools have school-based activities to promote mental health and prevent mental disorders. Psychosocial support in schools is mainly delivered by general teachers and only a few schools have part-time or full-time mental health professionals. A Mental Health Crisis Assessment and Treatment Team (MCATT) was established in 2012 after major floods in Thailand.

BACKGROUND OF IMPLEMENTING ORGANIZATION

GALYA RAJANAGARINDRA INSTITUTE

Established in 2002, Galya Rajanagarindra Institute (GRI) started as the only forensic psychiatry hospital (with the name Mental Forensic Institute, Kalaya Rajanakarin Institute) providing forensic inpatient services for Thailand. It is currently a 200-bed hospital with about 96 percent of its patient staying less than a year. The rest of the 4 percent spend between one to four years in the hospital.

Since the tsunami in 2004, GRI has been entrusted with the responsibility to coordinate crisis mental health intervention through its Mental Health Crisis Centers located in various hospitals around Thailand. Its mission is to provide forensic and mental health crisis intervention services as well as develop technologies and knowledge in these areas.

GRI is one of the 10 agencies in Thailand, together with Department of Mental Health, responsible for conducting research studies as well as developing and transferring knowledge and technologies relating to the promotion of mental health, treatment and rehabilitation services. GRI has also worked tirelessly towards enhancing the knowledge and skills of its mental healthcare providers, be it psychiatrists, nurses or community members. The provision of mental healthcare support by community members is especially critical for Thailand due to its strong family and community-based culture and the lack of psychiatrists and mental health nurses in the country. Furthermore, such care is more readily accessible by the community members in need as most of the disaster-hit areas are provinces scattered around Thailand which is a considerable distance from Bangkok.

TRAINING-OF-TRAINERS PROGRAMME

The programme was conducted in Thailand and Singapore from 17 June 2013 (first run) and 8 July to 19 July 2013 (second run). A total of 40 mental healthcare professionals from different provinces across Thailand attended the programme. These participants comprised Psychiatrists, Psychiatric Nurses, Psychologists, Medical Social Workers and Occupational Therapists who are members of the Mental Health Crisis Assessment and Treatment (MCATT) Team, a crisis management team established in February 2012 after major floods in Thailand. These participants were involved in managing mental health disasters in various provinces in Thailand and the neighbouring countries.

The programme sought to equip master trainers with the knowledge and skills to do mental health crisis assessment and management. More specifically, at the end of the programme, the participants would:

- Develop disaster management related training materials for community-based teaching; and
- Train 200 key community based mental health crisis assessment and treatment workers.

It is essential to get the buy-in and engage mental healthcare professionals/key stakeholders who are involved in facilitating the programme in the curriculum development process from the initial planning phase. This is to create a sense of ownership, to sustain their commitment to project implementation and achieve success.

COMMUNITY TRAINING

The community training programme was conducted in the central, northeastern, northern and southern regions of Thailand from 25 April to 28 August 2014. The participants comprised community-based workers such as teachers, village chiefs, security officers, community and social service groups and volunteers. These participants are actively involved in managing various disasters in their respective villages in the provinces of Thailand. The objectives of the community training programme were:

1. To enable master trainers to put into practice the skills learnt during the programme through the development of the curriculum, teaching materials and their involvement as faculty members in the community training programme.

2. To provide opportunity for the master trainers to build rapport and transfer knowledge to community-based personnel who are involved with mental health crisis intervention.

3. To equip community-based personnel with the relevant knowledge and skills to more effectively help people who are affected by disasters in their respective communities.

4. To build mental health crisis management capability and capacity to support community resilience education programme(s) and to promote emotional resilience and mental wellness in communities to better prepare for disaster and its traumatic impact.

BEST PRACTICE EXAMPLE 1

GALYA RAJANAGARINDRA INSTITUTE MCATT TEAM

In Thailand, emergency and disaster preparedness, response and recovery has been a component of the national plan and included in all relevant national health policies. Policies and practices targeting training, surveillance and disaster management are applied at different stages and involve multiple stakeholders from the Ministry of Public Health, Thailand.

As part of Thailand's strategy to support national preparedness for emergencies, the Mental Health Crisis Assessment and Treatment Team (MCATT) was established in February 2012 after major floods in Thailand, under the Department of Mental Health, Ministry of Public Health, Thailand.

There are three parts to the mental health policy of Thailand's Ministry of Public Health, involving MCATT:

1. **Preparedness:** Training to support capacity building of MCATT teams at both province and district levels.

2. **Response:** MCATT will screen for stress, depression in high risk groups such as elderly/victims of chronic diseases/disaster

3. **Recovery:** MCATT of the Department of Mental Health of the Ministry of Public Health at the central level and the provincial MCATT will provide mental health support to the population at the disaster area.

The Galya Rajanagarindra Institute (GRI) was tasked to operationalize capacity building for MCATT from a whole-of-country approach, targeting central and provincial levels to support preparedness, response and recovery. A large component of this was achieved by skills training for MCATT members and to ensure a network was in place to support "caring for carers". In 2013, together with the support of Department of Mental Health, a MCATT[19] operational guide to benchmark requirements for operational efficiency, quality and standards.

A total of 40 MCATT members, who are mental healthcare professionals from different provinces across Thailand, attended the training-of-trainers programme conducted in Thailand and Singapore from 17 to 28 June 2013 (first run) and 8 to 19 July 2013 (second run). The programme was an important one as it piloted a core curriculum for training the MCATT teams.

Upon completion of the programme, participants graduated as master trainers, who were able to plan, design, implement and evaluate community-based training in the central, northern, northeastern and southern regions of Thailand.

From 25 April to 28 August 2014, the 40 master trainers continued to cascade training to 220 community-based personnel across five provinces. Apart from providing training to community-based personnel, master trainers are also called upon to put into practice their skills when various mental health crisis situations occur, such as landslides, earthquakes, floods and political protests.

MCATT members also spearheaded and guided community-based personnel in developing localized mental health crisis preparedness, management and sustainability plans across the country, putting their learning intro practice and guiding their peers in the process.

An example would be GRI and MCATT master trainers successfully planning and conducting a leadership forum for community leaders in the Oi sub-district and Pong district, Phayao Province. The objectives of the forum were to:

- Advance the knowledge and skills of community-based workers through local leaders by adopting best practices shared by GRI and teams involved in this project;
- Guide local leaders in establishing sustainable plans to train the people in the Oi sub-district and Pong district of Phayao Province; and
- Guide local leaders in establishing a peer support framework for mental healthcare professionals and volunteers who are involved in disaster and crisis management in Phayao Province.

Following the leadership forum, policy and disaster preparedness plans for floods were established for these districts. Community training was provided for the local administrators and volunteers to create awareness and build their capacity and capability in mental health crisis management.

Beyond piloting MCATT skills-based training under the Programme in 2014, GRI has now developed new curriculums in community resilience for implementation in 2015 and 2016. As part of its sustainability plans, MCATT teams have formed a community of practice where members encourage each other as well as share and learn at platforms such as regional and local conferences.

[19] Guideline for Mental Health Crisis Intervention : Natural Disaster (New Edition) http://www.klb.dmh.go.th/eng/download_file.php?str_folder_name=research_folder&str_file_name=research_file_t1353315235.pdf&field_id=585&option=research

BEST PRACTICE EXAMPLE 2

AYUTTHAYA & NAKHON PATHOM PROVINCE MCATT TEAM

A total of 86 participants from different villages in Ayutthaya and Nakhon Pathom province and provinces across central region of Thailand, attended the Community Training Programme conducted by provincial MCATT teams from 25 to 26 April, and 22 to 23 May 2014. The community training programme sought to equip community partners with knowledge and skills on mental health crisis assessment and management. More specifically, at the end of this training, the participants were equipped with the relevant knowledge and skills to:

- Assist in crisis and disaster situations in their respective communities; and
- Assist in developing a model for community care and mental health crisis management.

The lesson plans for the community training programme were contextualized to the culture, language, practices and values of the respective provinces and communities. That way, it is easier for the participants to incorporate the takeaways from the programme to help people suffering from disaster related mental health crisis in their respective communities. Many participants also found the self-help and stress management techniques that they learnt from the programme useful and easy to apply in their daily lives and they were eager to participate in future crisis and disaster management-related programmes or plan.

Having educated key stakeholders in the two provinces as part of a sustainability plan, GRI and the Health Office in Ayutthaya Harbor Hospital Wat Bang Muang district, and Nakhon Pathom province teams proceeded to plan and prepare a community disaster response plan as well as more community training sessions for volunteers, village chiefs and key disaster management personnel. These plans will be reviewed periodically to ensure their relevancy. Key success indicators will be monitored closely to ascertain the effectiveness of plans and training sessions. Besides these, a peer support framework for mental healthcare professionals and volunteers who are involved in disaster and crisis management in these two provinces will also be established.

BEST PRACTICE EXAMPLE 3

OI, SITHOI, MAE JAI SUB-DISTRICT, PONG DISTRICT, PHAYAO PROVINCE MCATT TEAM

In the northern region of Thailand, a lack of central disaster coordination and management system is apparent, and psychological rehabilitation plans for people suffering from disaster related mental health crisis are not in place. In an effort to plug these gaps, a Community Training Programme by provincial MCATT teams was conducted for 50 participants from the Oi sub-district, Pong district, Sithoi sub-district, and Maejai sub-district of Phayao Province from 10 to 13 June 2014. The participants were members from the sub-district's administration organization and public health volunteers.

The expected outcome of this programme was that communities would be empowered with the necessary tools to be self-sufficient in providing initial psychological help to those affected by disasters in their communities. The immediate objectives were to build community capacity and develop community leaders to draft disaster management related psychological rehabilitation plans. The community leaders were also encouraged to network with neighbouring communities, share best practices and strengthen camaraderie across communities.

Upon completion of the programme, participants provided feedback that the programme enhanced their knowledge and skills in community mental health care crisis management. They were more confident about helping victims and those affected by the crisis. Together with the local government, they participated in the planning and development of a community disaster management plan in the event of a flood. They formed a volunteer club for psychological rehabilitation to help mental health victims in their respective communities and provide support for volunteers. The team is led by an elected club president. The club president is supported and assisted by a team of elected administrative staff.

BEST PRACTICE EXAMPLE 4

WANGSAI SUB DISTRICT, PAKCHONG DISTRICT, NAKORNRATCHASIMA PROVINCE MCATT TEAM

A total of 50 community participants from two villages in the Wangsai sub-district, Pakchong district in Nakornratchasima Province from the northeastern region of Thailand attended the Community Training Programme conducted by MCATT teams from 7 to 8 August 2014. The programme's objective was to equip community partners with knowledge and skills on mental health crisis assessment, management, and caring for crisis victims in the community.

Contextualized training materials comprising lesson plans, PowerPoint slides and programme evaluation forms were developed for use. These training materials serve as a good resource for future mental health crisis-related training within the community. The team invited content experts to deliver the training materials and produce a documentary film to be shown during the training sessions.

At the end of the training session, the MCATT teams guided the participants in planning and preparing disaster preparedness plans for their own communities. The teams plan to develop a community disaster management policy that is also applicable to neighbouring communities.

BEST PRACTICE EXAMPLE 5

KOKPHO DISTRICT, PATTANI PROVINCE, SOUTHERN REGION
MCATT TEAM

The southern region of Thailand is plagued by natural and manmade disasters throughout the years. In an effort to address the mental health issues that have arisen, MCATT members conducted training for 55 community partners from these two districts between 27 and 28 August 2014. The participants consisted of security officers, teachers, volunteers, district leaders, village chiefs, members of a sub-district administrative organization (SAO) and the leader of a group of elderly residents. These participants were involved in managing mental health disasters in Pattani Province.

During the programme, participants were taught knowledge and skills related to crisis management and communication, psychological first aid, relaxation techniques, resilience and self-help. They were encouraged to:

- Share their new knowledge with others in their communities; and
- Help and support one another in the event of a disaster.

Participants were grouped into three groups to work on a community mental health crisis preparedness action plan to address flood situations and man-made disasters in Tambon KhokPho District, KhokPho District, and Pattani Province. MCATT members supporting the Pattani Province continue to monitor and guide local administrators in implementing the action plans and evaluating their outcomes.

BEST PRACTICE EXAMPLE 6

PHAN, MAE LAO, MAE SUAI, WIANG CHAI, MUANG CHIANG RAI, PA DAET AND PHAYA MENGRAI DISTRICT, CHIANG RAI PROVINCE MCATT TEAM

On 6 May 2014, residents of Phan, Mae Lao, Mae Suai, Wiang Chai, Muang Chiang Rai, Pa Daet and Phaya Mengrai districts in Chiang Rai province, Thailand were awakened by a massive earthquake measuring 6.3 on the Richter scale. The earthquake was accompanied by many aftershocks, which went on for many months. The worst-hit areas were in Phan and Mae Lao districts which were near to the epicentre where more than 3,500 homes, 10 temples, three schools, three hospitals, a hotel and a road were damaged. The earthquake traumatised more than 200 people in Chiang Rai, leaving them severely stressed and some at risk of developing post-traumatic stress disorder.

MCATT members supporting the northern region of Thailand were activated to provide psychological first aid and support to the victims and their families. Tents were set up for victims, families and volunteers providing mental health assessment, psychological support, health and safety education and guiding them in learning to cope with the disaster and referring at-risk cases to hospitals for professional help. The MCATT team also worked closely with the local district leaders and personnel in planning their reconstruction following the earthquake.

The MCATT teams were given awards for their hard work and valuable contribution to the post-disaster recovery and reconstruction work in Chiang Rai at the 5th Annual Mental Health Conference Mental Health Crisis Conference from 4 to 5 August 2014 in Chiangmai, Thailand.

SECTION 3:
VOICES FROM THE COMMUNITY

CHINA

It was mid-afternoon, students were in school and office workers had returned from their lunch breaks. It appeared to be a normal working day in Sichuan. Nothing could have prepared the people in Sichuan and the neighbouring provinces for the earthquake that shook the region on May 12, 2008. Measuring 8.0 on the Richter scale, it killed 69,200 people, 18,222 people went missing and more than 12 million people lost their homes.

Houses were destroyed, while schools and numerous public buildings were flattened. Roads and rivers were blocked with debris and mud due to landslides. China had not witnessed such devastating earthquake since the last Tangshan earthquake in 1976.

The authorities subsequently completed more than 40,000 rebuilding projects in 142 affected counties and relocated displaced residents into newly built housing. Psychological wounds, though, took more time to heal. Many suffered from mental health issues especially children. Seven years on, with the help of the Chinese government and partners, many psychosocial and resilience building programmes have been set up to help those affected by disaster.

"I have a 15-year-old son who died during the earthquake. I saw his body with my own eyes, which wasn't the case for many others. The earthquake is a natural disaster, so we don't have much resentment. I think the people of Beichuan are very resilient and we've found some peace now. It is only during festive occasions when our family gets together that I'll think about it, even dream about it. All of us will die, sooner or later. Since we survived the earthquake, we need to be stronger and make the best use of the remaining time we have."

XIONG TINGJUN
Trainer, Beichuan Bureau of Education

> It is through resilience building programmes that many have made remarkable progress in rebuilding their lives and communities. I hope to use what I have learnt and apply it in school and in society. After which, I hope to adapt it to our culture so that more people can benefit and grow from it, as well as improve and make a difference in the mental health sector in China. The progress we have made in this area is not without the support from Beichuan's Educational Bureau. Our school has close to 20,000 students and if this programme is continually held, these students will benefit greatly from it in different areas.

LI FU ZHONG
Teacher, Leigu Primary School

HOW CAN WE FURTHER BUILD COMMUNITY RESILIENCE?

Building community resilience is a key aspect in post-disaster reconstruction efforts. West China Hospital, Sichuan University, a leading regional hospital known as the 'backbone' of medical rescue efforts, has been one such organisation providing long-term mental health rehabilitation for survivors.

The standard and level of qualification of our doctors and medical workers are up to par. Going forward we need to learn how to extend this into the community. The training programme with Singapore's Institute of Mental Health will give us some insight on how to manage technical expertise and introduce relevant skills in the rural areas.

The science of medicine is still commonly being viewed as treating an illness, but in mental health practice, we acknowledge that an individual has physical, mental and social aspects. We don't see our patient as a disease but as an individual, so we need to implement solutions to help him recover more effectively.

PROFESSOR ZHANG WEI

Executive Vice President, West China Hospital, Sichuan University

West China Hospital is a regional health centre and it has a responsibility to the western rural areas to provide basic community mental health welfare services. With the combined training, we can all benefit from shared experiences and learn new ways approaching things. The work we carry out as mental health professionals in the different communities will vary according to community needs. Post-disaster rehabilitation work, for example, has to be localised. We need to implement it in ways that they can accept and understand.

PROFESSOR DENG HONG

Chief Physician, Mental Health Centre, West China Hospital, Sichuan University

As a doctor, we are not only limited to helping those with mental health issues. After each short-term treatment in the hospital, they have to return to society and their own lives. This is when they really need care and support from their own community that will help them maintain a healthy state of mind.

As mental health workers, we need to have professional expertise. Otherwise, you have a lot of enthusiasm and eagerness, but you'll be unable to carry out relevant work. We also need to have the heart, sincerity and team spirit. Teamwork helps us perform things more efficiently than doing everything alone.

PROFESSOR LI TAO

Director, Mental Health Centre, West China Hospital, Sichuan University

Through the strength of this international collaboration with Singapore's Temasek Foundation and the Institute of Mental Health, we would be able to explore models for post-disaster community mental health and psychosocial rehabilitation that are suitable for our culture. Our partnership also seeks to develop mental health services and build the capability of post-disaster mental health rehabilitation in our Asian communities, so as to contribute towards a harmonious and health society.

PROFESSOR SHI YINGKANG

Director, West China Hospital, Sichuan University

INDONESIA

Indonesia is one of the most disaster-prone countries in the world. Due to its geography, it is prone to natural disasters such as volcanic eruptions, earthquakes and flooding. Since year 2000, there have been more than 8,000 disasters in Indonesia, such as earthquakes, tsunamis, floods, landslides, volcano eruptions and droughts, according to the National Agency for Disaster Management (BNPB). These disasters have claimed more than 181,000 lives and displaced around 7.7 million people.

Mount Merapi, located north of Yogyakarta in the district of Magelang, ranks among the most dangerous volcanoes in the world. Even so, locals choose to live on its flanks, lured by fertile soil. They also believe the 2,968-metre Merapi to be a sacred place guarded by spirits and have much reverence for it.

In recent years, natural disasters have shaped Indonesia's approach to disaster response and preparedness. While authorities have constantly strived to mitigate the impact of disasters across the country, building capacity of local communities is the key to resilience.


ATJEH

"I have been living in this area since I was born. During the eruption, people were shouting, the children were brought down from the volcano. Everybody was running. I was very scared and confused. Both my children were taken away in a car when the eruption happened, they were crying and scared. We moved to the disaster camp and they played with other children there. They appeared normal and fine. But sometimes they have nightmares, and were afraid of noises. At night they complained about headaches and refused to sleep, preferring to be outdoors."

YANTI CHANDRA
Provision shop owner, mother of Adit

"My name is Adit, I am 10 years old. This is my drawing and this is lava from Mount Merapi. When the eruption happened, I ran and I was in fear. But now I am no longer in fear as my parents and teacher are with me."

ADIT
Student at SD Negri Panguk Rejo, Cangkringan

Dr Agung Kusumawardhani, senior consultant and chief of Rumah Sakit Dr Cipto Mangankusumo's Department of Psychiatry said, "Disaster is sudden and unpredictable so training is very important to increase the capacity of health practitioners in order to handle the disaster well. We have to be ready and prepared to help the community."

"There are many parties enthusiastic to help, but some may not know how to go about this effectively or efforts may be fragmented. While it is important to build capability, it is important to bring organisations and stakeholders together in peacetime. Cooperation is the key to optimising our scarce resources. As long as we share the same vision and have the right intentions, we will be able to progress to maximize results."

Eruptions occur once every few years, the most recent being a series of increasingly violent eruptions in October 2010. It was believed to be the most severe in more than a hundred years, killing more than 300 people and displacing more than 350,000 others.

People were evacuated to emergency shelters and the evacuation zone was widened to a 20-kilometre "danger zone" around Mount Merapi. Survivors were affected by acute respiratory infection, hypertension and headache. Many of them also exhibited symptoms of mild mental health problems, including stress, anxiety and depression.

In such cases, the first and best line of defence against disasters is the local community's knowledge and awareness of disaster reduction activities.

Dr. Budi Pratiti, a psychiatrist based at the Universitas Gadjah Mada, works together with non-governmental organisations and a team of medical students. Together, they developed a programme to educate children, teachers and parents in the village communities about earthquakes and volcano eruptions, especially what needs to be done when such disasters occur.

"We collaborated on this education programme together with medical personnel, NGOs in Yogyakarta, the local government and key figures in the community. They need to be able to anticipate how to react when earthquakes or eruptions happen in the future. This is not a one-time incident and may happen again in the future, so it will be easier for them to educate their children," she said.

Dr. Tika Prasetiawati, a psychiatrist at Universitas Gadjah Mada, believes in the power of resilience in the young.

> "Resilience, particularly in children and adolescents is important because this ensures that they will be able to adapt and endure challenges during difficult moments in their life journey. Young people are valuable assets of a country, so shaping a generation of mentally strong children is necessary for the continuance of the country in the future."

> The rice field, the vegetable farm was completely destroyed. The fishpond was ruined, the ducks were so traumatized they couldn't lay eggs, and some chickens drowned. When your field is ruined, it is just like being born again. You have to count from one again. It makes me tougher. I have to put up a brave front so that I can help other villagers. What we've lost, we gained back in terms of unity and willingness to help one another.

CHUSEE TREENAPA

Farmer and village leader in Uthai Thani province

THAILAND

Thailand's flood crisis in 2011 was the worst disaster the country has seen in more than half a century. Triggered by the landfall of Tropical Storm Nock-ten in Vietnam, much of northern Thailand was battered by unusually heavy downpour. Ayutthaya province was hit especially hard. In the country's ancient capital, life came to a stop as schools were shut and ancient temples were submerged underwater. Crops were wiped out overnight.

The catastrophe killed more than 800 people and affected the lives of 13.6 million others. Sixty-five of Thailand's 77 provinces were declared flood disaster zones, and over 20,000 square kilometres of farmland suffered damages.

Thailand's progress towards a coordinated policy approach towards managing mental health crises had been fuelled in part by the experience of the 2004 tsunami. In 2004-2005, the Department of Mental Health, Ministry of Public Health developed a "National Guideline for Mental Health Intervention in Natural Disasters", which put in place a framework for agencies to work together to support trauma affected population. This guideline outlined a clear chain of command, as well as the roles and responsibilities of national agencies, community partners and village health volunteer network in local areas.

State-run schools were opened for use as temporary accommodation for people affected by the extensive flooding across Thailand. In Ayutthaya, Nhongnang School housed almost 200 villagers whose homes were destroyed. The school became a centre of relief operations where flood evacuees were provided with hot meals and medical services, including psychosocial support. The community galvanized support through their local network including village leaders, teachers and community health volunteers who stepped forward. Although affected, a community being able to support each other renews a sense of purpose and hope, and this provided a way of coping with crisis.

“I am able to use the experience that I have gained to take care of my family and community members.”

SAJIRAT POKHUNTOD
Village health volunteer

In northern Thailand, the population is continually exposed to flash floods, landslides and earthquakes. To build capacity at the local level, efforts have been made to organise training by bringing together neighbouring communities in a central location. These efforts have paid off in terms of increasing a sense of ownership over plans to re-integrate and prioritise wellness in the recovery phase. Motivation to progress and to improve resource coordination is also a positive outcome due to continuous local engagement.

"I am worried about them. Some felt dejected and did not want to carry on with life. I told them, "Whatever you have lost, you can rebuild them again. You are still alive." I try to talk to them often, to help them understand that their lives do not stop here as they can still go forward. Some of them were in debt, so I told them to start working again. I tried to find something that could replace their jobs, such as growing vegetables and doing handicrafts."

WAREEPORN TUSUMRAN

Teacher & Head of Shelter, Nhongnang School, Ayutthaya

"This knowledge that I have gained, I can apply it with the children and colleagues at school. What impressed me was the subject of building dreams. Everyone has a dream and that dream gives hope and helps you live on."

SOMCHAI PORNIN

Educator and village leader

"The "heart" of the Thai people is the act of giving to others in the community. You can see this especially in the rural area. This programme has not only strengthened the skill sets of community participants but promoted unity and harmony locally.

Through this Temasek Foundation funded programme, we were able to bring together stakeholders from four regions of Thailand with differing cultures and disaster profiles. For this, we are grateful for the leadership support from Galya Rajanagarindra Institute, Nakhon Ratchasima Rajanagarindra Psychiatric Hospital, Suan Prung Psychiatric Hospital and Songkla Rajanagrindra Psychiatric Hospital. Being able to assemble a multi-disciplinary team of psychiatrists, psychologists, social workers, psychiatric nurses, physiotherapists, occupational therapists to train and be trained together has been a big achievement.

While we started with a top-down approach to set up a framework to support capability building for mental health crisis, the longer term goal of sustainability is to build capacity bottom up. To date, we have a network of almost 600 MCATT members at the district and provincial levels. With this, we are a step closer to our long-term goal of self-sufficiency at both at local and national level to support psychological needs when disaster strikes."

WALLEE THAMAKOSIT

Senior Clinical Psychologist, Galya Rajanagarindra Institute

“I hope to use the knowledge that I have gained in my regular job. I have plans to go to Health Promotion Districts Hospitals and teach them about how to care for themselves in times of crisis. It is challenging to work in the community as compared to a mental health service setting. Unlike mental health services where there is clear structure and work protocol, working in the community requires a lot more coordination. However, I am motivated to build rapport with the villagers. Even if it is hard work, seeing that my work can help take away their distress, makes it worthwhile.”

PIMPAPORN SUNGRASSAMEE

Senior Clinical Psychologist, Nakorn Ratchasima Rajanagarindra Psychiatric Hospital

SINGAPORE

Singapore has had its fair share of crises. In 2003, the country battled an outbreak of the severe acute respiratory syndrome (SARS) virus, which infected 238 people and claimed 33 lives. A year later, the collapse of Nicoll Highway left four people dead and disrupted power supply to parts of the city.

The National CARE Management System (NCMS) was formed in 1994 to cushion and mitigate the impact of trauma during crises and emergencies. It has in place a CARE (Caring Action in Response to an Emergency) team which will be activated when there is a national crisis to provide psychological and emotional support for victims, relatives and rescue workers.

The NCMS is a multi-agency, multi-ministry network coordinated through the Ministry of Health, Singapore. This network involves the Ministry of Community Development, Youth & Sports, the Ministry of Education, the Ministry of Information, Communication and the Arts, the National Environment Agency, the Ministry of Transport, the Ministry of Manpower, the Ministry of Defence and the Ministry of Home Affairs (including the Singapore Civil Defence Force, the Singapore Police Force and the Singapore Prisons Service).

While the NCMS is headed by Chief CARE, every organization is represented by a Head CARE, responsible for establishing CARE capabilities and conducting CARE activities for their respective organisations. Individual organisations are responsible for developing internal emergency behaviour needs.

HOW DO SINGAPORE AGENCIES SUPPORT RESILIENCE BUILDING DURING PEACETIME AS PART OF PREPAREDNESS STRATEGIES?

"If you look back in Singapore's history, we have our fair share of major crises like the Nicoll Highway collapse and the SARS epidemic, which have left people in great psychological distress. Crises and disasters can happen anytime without notice where many people may be affected so we must be very prepared for such crises to happen. It is more important to build a system that trains different agencies to collaboratively work together during times of crises and educate the general public to build up resilience."

DR ALEX SU
Head CARE Officer, Institute of Mental Health, Singapore

"As mental health professionals, we are able to engage people as part and parcel of our work. We also help train community leaders to carry out the psychological first aid that needs to be sustained in the months or even years after any crisis. It is certainly more helpful to train up the various players in the community so people will turn to them for assistance instead of depending on others who may not be there in the long run."

MS CLARE YEO
Head CARE (Caring Action in Response to an Emergency) Officer, Ministry of Health, Singapore

"The sharing of best practices among partners both within Singapore and regionally in Asia is key. Collaboration is very important. Other than collectively increasing our capabilities, we can create a platform for different countries and professionals to interact and be comfortable with sharing best practices and develop training. This knowledge sharing puts us in good stead to support and progressively develop mental health services to support a resilient population."

DR LEE CHENG
Chief CARE Officer, National CARE Management System, Singapore

SECTION 4:
LESSONS LEARNT AND WAYS FORWARD

LESSONS LEARNT

Lesson Learnt: An insight derived from project or programme implementation that imparts new knowledge or understanding about a given implementation approach, and may benefit those embarking upon similar activities in the future.

All three implementing partners were able to demonstrate positive outcomes to support resilience building in their community healthcare systems under the pilot phase. The Programme augments ongoing collective efforts to build resilience and support population mental health in mitigating the effects of natural and man-made disasters. From a strategic perspective, there is acknowledgement from implementing partners and their community stakeholders that the collaboration which takes a multi-prong approach to coordinate training for local communities as well as identify and train leaders remains very relevant.

Insights and lessons learnt in managing challenges in partnership, governance and programme development are shared below:

- **Having a consistent framework for regional collaboration is a cornerstone to project success.** Early conversations on the intent of partnership were a useful mechanism to build ownership, as was the development of a Memorandum of Understanding to capture needs and expectations. Clearly defined roles and responsibilities provide clarity in accountability. Equally-weighted committee membership promotes transparency and creates trust among partners. It pays off to invest effort to structure a consistent framework and approach to partnership in the initial phase. This includes getting to the right people who can make decisions around the table, early on.

- **Collaborative goal-setting is a process.** Resist relying on formal steering committee meetings as the only means of achieving alignment. Creating face-to-face opportunities through strategically focused workgroups is important, particularly in the initial phase of partnership. The experience has been that these sessions provide a place for issues to be raised and therefore support an iterative process to develop shared goals and plan for contingencies.

- **Recognizing and harnessing strengths of partners.** Consider and understand the backgrounds, strengths and experience of Steering Committee members from across cultures and regions. Where there are gaps, create opportunities for partners to learn together or from each other in an environment which promotes collaboration.

- **A process for regular reporting and documentation is important.** Regular and timely briefing and engagement with funder and programme partners keep mutual priorities top of mind and milestones in focus. Timely follow up on key issues and group decisions creates trust amongst partners.

- **Balancing risk-and-reward for stakeholders.** Having to manage different stakeholder priorities to achieve a successful conclusion is sometimes challenging. Effective partnership is about working within a framework but yet being sufficiently responsive to differing needs. Project milestones which match reasonable and meaningful progress to funding helps balance risk-and-reward for all stakeholders.

- **"More Than Money".** The value created through partnerships will be sustained beyond funding. As a result of programme implementation, the engagement at local levels has the potential to support organic growth in community mental health for partners. On a regional level, opportunities for exchange and learning across borders have also been positive.

- **Building a performance-based culture.** Beyond accountability to funders, the programme promotes the need to constantly measure for improvement. This has instilled a level of discipline to ensure requirements and outcomes are recorded and tracked as part of best practice.

- **Model of capacity building needs to evolve with the eco-system.** In designing the framework for capacity building, a better appreciation of the dynamic, adaptive behavior of complex systems in the face of disruptions due to disaster is required as steady-state sustainability models are simplistic and may not yield expected results.

- **System to manage change, assess impact and drive sustainability.** Demonstrated early success provides the support for change as stakeholders see the gains being made. Amidst increasing service needs and acute needs due to disasters[20] in China (Sichuan), Indonesia and Thailand, leaders find it increasingly challenging to send manpower for training and development as part of capacity building. In the long term, a strategy to document and measure system improvement as part of assessing social and economic benefits of resilience building efforts is required. This, in turn, will help drive resources to support vulnerable communities to cope with, manage and respond to stresses posed by crisis and disaster.

[20] Events include China Sichuan earthquake of 7.9 magnitude in May 2008 and one of 7.0 magnitude in Apr 2013. Dual disasters in Indonesia's West Sumatran earthquake of 7.7 magnitude, triggering a tsunami and the Mt Merapi eruption in Oct 2010. Disaster flood zones were declared in Jakarta in Jan 2013 and in Thailand, during March 2011, affecting 65 out of 77 Thai provinces. About half a million lives have been displaced or lost in these disasters.

WAYS FORWARD

Lessons learnt have provided useful pointers for future programme development in the region. These may be discussed from three perspectives: new initiatives to plug remaining gaps, ways to scale up in successful areas and enhancements to the system to share best practices.

NEW INITIATIVES

Due to diverse needs, a core curriculum was not rationalized across community training sites in Sichuan, China. Instead, new curriculum was adapted and developed to fit local needs and priorities for training by the teams led by West China Hospital, Sichuan. For instance, in Leigu, north-east Sichuan, near the epicentre of the devastating[21] 2008 Sichuan earthquake, the Programme trained teachers to detect signs of trauma in children and adolescents, post-disaster. In contrast, in Panzhihua, southern Sichuan, volunteer training for psychological first aid to support disaster victims was prioritized. Hence, there is clearly potential and opportunity in the Sichuan region to develop new initiatives or enhance current work if taken in the context of the wider eco-system within which each community operates. Drawing from the China experience, key catalysts such as hospitals at state and district level and schools at community level which besides protecting lives at critical moments, have been exemplary as leaders of change and renewal.

UPSCALE

The Thai experience is a milestone in terms of strengthening national and local networks to sustain capacity and resilience building efforts to manage mental health crisis. The Mental Health Crisis Assessment and Treatment Team (MCATT) was formed by the Ministry of Public Health (MPH), Thailand in February 2012 to manage mental health crisis. During peacetime, MCATT teams support community resilience education programmes and promote emotional resilience and mental wellness in communities. Funding and partnership offered under the Programme provided the opportunity to develop a core curriculum for MCATT teams as part of building national mental health manpower. In just three years, the 40 MCATT team members trained under the programme developed training not only for community partners across Thailand, but sustained efforts in developing a community of practice[22] of master trainers, now with almost 600 members. Central coordination formalised as part of MPH's strategy to support capacity building from blueprint to scale augurs well for scalability. A multi-stakeholder, multi-level and implementation oriented approach as taken by MCATT, key hospital partners and MPH, Thailand is a desirable way to promote resiliency and capitalize on existing strengths for innovation.

ENHANCE

All three implementing partners were able to demonstrate positive outcomes to support resilience building in their community healthcare systems under the pilot phase. Overall, a long-term strategy to document and measure system improvement as part of assessing the social and economic benefits of resilience building efforts is required. Lessons can be drawn from the Indonesian experience where systematic evaluation and subsequent publication by Rumah Sakit Dr. Cipto Mangunkusumo (RSCM) to support an evidence-based approach has been clearly prioritized (Wiguna et al, 2015). The convergence of knowledge and practice ensures that interventions used are locally appropriate, take a socio-cultural approach and are viable for local communities. Enhancing the system to collate information for improvement and sharing of best practices, and making this information accessible to key stakeholders including government and funding agencies, will help drive resources to support vulnerable communities to cope with, manage and respond to stresses posed by crisis and disaster.

[21] The great Sichuan earthquake in China had a magnitude of 7.9. It occurred on 12 May 2008 and left 69,197 dead and 374,176 injured. Some 18,222 people were listed as missing and 4.8 million people were made homeless.

[22] A community of practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. This definition reflects the fundamentally social nature of human learning, Wenger, E. & Trayner, B. (2011) http://wenger-trayner.com/resources/what-is-a-community-of-practice/

MULTIMEDIA REFERENCES

As part of the Temasek Foundation-Institute of Mental Health "Disaster Mental Health Programme for Communities in Asia", a series of 7 short films (of up to 5 minutes each) and 2 trailers were produced to support training and case study materials.

All multimedia cases were funded by Temasek Foundation, Singapore.

Short films can be accessed online at the links below:
http://www.preventionweb.net/english/professional/contacts/v.php?id=17034

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