Towards a 21st Century
Disaster Mental Health Response
面向21世纪的灾害心理健康援助

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Goals Today
主题

- Describe aspects of U.S. model of disaster mental health response and lessons learned
  （美国灾害心理援助模型和经验教训）

- Think about how best to improve post-disaster mental health services
  （如何更好提升灾后心理健康援助）

- Reflect on next generation of disaster mental health response
  （未来灾害心理援助的思考）
  – Including the roles of Internet and mobile technologies
    （互联网和移动科技的作用）

60,000 Disaster Survivors Speak
六万名灾害幸存者的讲述

- Wide range of emotional, behavioral, and cognitive reactions （灾后反应包含情绪、行为和认知等多方面）
  - Not necessarily formal mental health problem （并非一定是正式的心理健康问题）
- Results for 160 samples of disaster victims (Norris et al., 2002；基于160例的灾害幸存者的研究发现）
- In order of frequency, outcomes included： （症状按出现的频率分：）
  - Specific psychological problems (depression and post-traumatic stress reactions) （特定的心理问题（抑郁和创伤后应激反应））
  - General distress (sleep difficulties, anxious, sad, depressed, hopeless; worries about health, loved ones, the future) 一般性痛苦（入睡困难、焦虑、悲伤、情绪低落、无助、对健康、爱人和未来的担忧）
  - Health problems (headaches, nausea) 健康问题（头疼、恶心）
  - Chronic problems in living （和日常生活相关的慢性问题）
  - Loss of resources （失去机会或资源）
- Most people recover over time （多数幸存者的问题可随时间恢复）

Vulnerable Groups
易感群体

- Risk factors for PTSD, depression, and/or anxiety disorders in the earthquake （震后 PTSD、抑郁和焦虑的危险因素）
  - Old age （老年）
  - Female gender （女性）
  - Low school education （教育程度低）
  - Witness someone die in the earthquake（目击地震死亡）
  - Living alone（独居）

- More intensive counseling and ongoing follow-up for （应为下述人群提供更多更高强度的咨询和追踪服务）
  - Seriously injured（受伤严重）
  - Homes completely destroyed（家园尽毁）
  - Lost family members or friends （失去亲故）
  - Young children, particularly those who have been orphaned or exposed to death and injury（孤儿、曾面对死亡或曾受伤的儿童）
  - The elderly（老年人）

U.S. Disaster Mental Health Model
美国灾害心理健康援助模型

- (Practical assistances = mental health assistance)

  （心理健康援助=实际的援助）

- Providing active outreach to community survivors in public settings

  （在公共场所为社区幸存者提供积极的援助服务）

- Offer access to disaster crisis counseling services （提供灾害危机咨询服务）
  - Generally targeted at the short-term needs of individuals （通常定位于个体的短期咨询需求）
- Communities often apply for government grants to provide later crisis counseling services （社区通常申请政府基金以提供后续的危机咨询服务）
- Such services have been available in the United States for many years （这些服务体系在美国已经存在很多年了）

Times Frames for
Mental Health Responses
心理健康援助的时间框架

- First hours and days （最初的几天或几小时）
  - Psychological First Aid: Safety, stabilization, practical assistance, connection/support, communications, linkage to services （心理急救：确保安全、稳定、实际援助、联系/支持、沟通、联系服务）

- First weeks and months （最初的几周和几月）
  - Brief counseling: Monitoring, education, support, counseling, follow-up （简易咨询：监测、教育、支持、咨询、随访）

- Months and years later （几月和几年）
  - Counseling, follow-up, treatment （咨询、随访和治疗）

Outreach Contacts 援助接触

Take Place in Many Settings 可发生在很多不同场所

Shelters; Community centers;
庇护所；社区中心

Door-to-Door; Workplaces
挨家挨户；工作场所

Five Empirically-Supported Early Intervention Principles
基于实践的早期干预五大原则

Connectedness 联系

Safety 安全

Hope 希望

Five Essential Elements

Calm 冷静

Self & Community Efficacy

Hobfoll et al., 2007

自我和社区效用

Mental Health Elements
of Outreach Contacts
救援接触的心理健康要素

- Educating survivors about stress reactions （对幸存者进行压力反应教育）

- Normalizing reactions （矫正反应）

- Providing social support（提供社会支持）

- Linking with helping services （联系帮助服务）

- Providing referral for more intensive help if needed（应需推荐更多帮助）

- Includes paid workers and volunteers （引入志愿者和有偿员工）

Other Key Features
其他一些重要的特性

- Focus on practical help （专注实际帮助）

- Not call mental health? （换个名字：不叫心理健康？）

  - Newer labels: resilience, recovery, wellbeing （新标签：心理韧性，康复，幸福）

- Most response delivered by non-specialists, not mental health professionals （多数援助由非专业人士提供）

I Immediate Help: Psychological First Aid
（I）及时帮助：心理急救

- **Core Actions** of Psychological First Aid (PFA)
（心理急救的核心操作）

  - Increase safety and comfort（增强安全感和舒适感）

  - Stabilize extreme reactions（稳定极端反应）

  - Identify and address current needs and concerns（识别并阐明当前的需求和关切）

  - Provide practical assistance（提供实际帮助）

  - Connect with social supports（和社会支持建立联系）

  - Provide helpful information and coping support（提供有用信息并协调支持）

  - Link with available services and resources（和可获取的服务和资源有效连接）

  - (Contact and engagement)（接触与参与）

Some Strengths
优势

- Active widespread outreach in affected communities（受影响社区积极推广）

- Local organizations pay central role（地方性组织发挥中心作用）

- Using non-professionals（使用非专业人士）

- Staying away from pathologizing responses（远离病理性反应）

- Extensive volunteer response（志愿者响应广泛）

- Established organizations and delivery systems（组织和传递系统健全）

Some Limitations?
局限性？

- Outreach, education, normalization probably not effective for those most at risk（接触、教育和矫正可能对风险最大人群无效）

  - Crisis counseling services have been developed to offer more intensive support for those who may benefit（危机咨询服务体系已演化为可能受益的人提供更多更强的支持）

- Hard for outreach personnel to get people to seek counseling（救援人员难以让人寻求咨询）

- No way to track individuals and offer help at later dates（无法追踪个体并在后期提供帮助）

II First Weeks and Months: Crisis Counseling
(ii) 前几周和几月——-危机咨询

- Simple education and support unlikely to be effective for those experiencing greater problems（简单的教育和支持不大可能对于正遭遇重大困难的人有效）

- Some individuals may benefit from brief counseling support （但有一些个体可能会从简单的咨询中获益）

- Counseling gives opportunity to offer more systematic individual support and teaching（咨询为提供更系统的个体支持和指导提供了可能）
  - And use more effective methods of intervention and help（使用更有效的干预和帮扶办法）

Strengths of Current Crisis Counseling Model
现行危机咨询模型的优势

- Established system of delivery（实施系统完善）

- Builds on community strengths/delivered by local community helpers（基于社区/基层社区义工实施）

- Addresses some important issues:（解决了一些重要的问题）
  - Survivor education（幸存者宣教）
  - Normalization（矫正）
  - Support（支持）
  - Referral（推荐）

- Avoids labeling and pathologizing of responses（避免标签化和病理性反应）
  - Not mental health 'treatment"（不是心理健康"治疗"）
  - Not use terms like "diagnosis" or "disorder"（不使用"诊断"和"障碍"等词语）

Current Crisis Counseling Model:
Some Limitations?
现行危机咨询模型局限性？

- Challenges of engagement（参与性挑战）
  - Hard to get people to seek counseling（难让人去寻求咨询服务）
  - Most survivors do not use crisis counseling（大多数幸存者不使用危机咨询服务）
- Probably not effective for those most at risk for problems（对于高危人群可能无效）
  - Severely affected individuals likely require more than support and education（受影响严重个体可能需要更多支持和宣教以外的资源）
  - Lacks potentially powerful intervention components（缺乏可能更加有力的干预手段）
  - Single contact model (primarily)（主要为一次性接触）
  - Coping skills training requires multiple contacts（应对方法培训需要多次接触）
- Difficulties with availability of referral to best treatments（推荐最优处置方案难于实现）
- No way to track individuals and offer help at later dates（无法追踪个体并在日后提供帮助）
- No traditions of evaluation of services （服务评价缺失）

Need for New
Brief Counseling Approaches
需要新的简洁咨询手段

- Need for approaches that 新的手段应具备以下特点：
  - Are simple to use （简便易用）
  - Can be delivered by mental health professionals and paraprofessionals and non-specialists （专业、半专业和非专业人士都能实施）
  - Hold little risk （风险小）

How **Should** Early Intervention Work?
# 早期干预应如何工作？

- Give practical assistance （给予实际帮助）
  - Practical problems create stress and risk for ongoing problems （实际困难增加持续性问题的压力和风险）
- Prevent "loss of resources" （预防"资源丧失"）
  - Financial, social, employment, communities（经济上的、社会关系上的、职业和社区联系等）
- Increase social support（增加社会支持力度）
  - Most important predictor of wellbeing and recovery（灾后幸福感和恢复的最重要预测因子）

How **<u>Should</u>** Intervention Work?
早期干预应如何工作？

- Reduce high arousal （降低高警觉）
- Enhance coping with event and reactions（增强事件和反应应对能力）
  - Increase adaptive coping（提高适应性应对）
  - Prevent negative coping (substance abuse, isolation) 预防负面应对（药物滥用、离群等）
- Reframe negative attitudes （重塑负面态度）
  - Labeling self as weak / Decrease fear of own stress reactions（自我标记为弱者/减少对自身应激反应的恐惧）
- Encourage emotional processing（鼓励情绪性宣泄）
  - More specialized assistance might be needed（可能需要更多专门化帮助）

An Example of Brief Counseling:
Skills for Psychological Recovery (SPR)
简易咨询示例：心理康复技术（SPR)
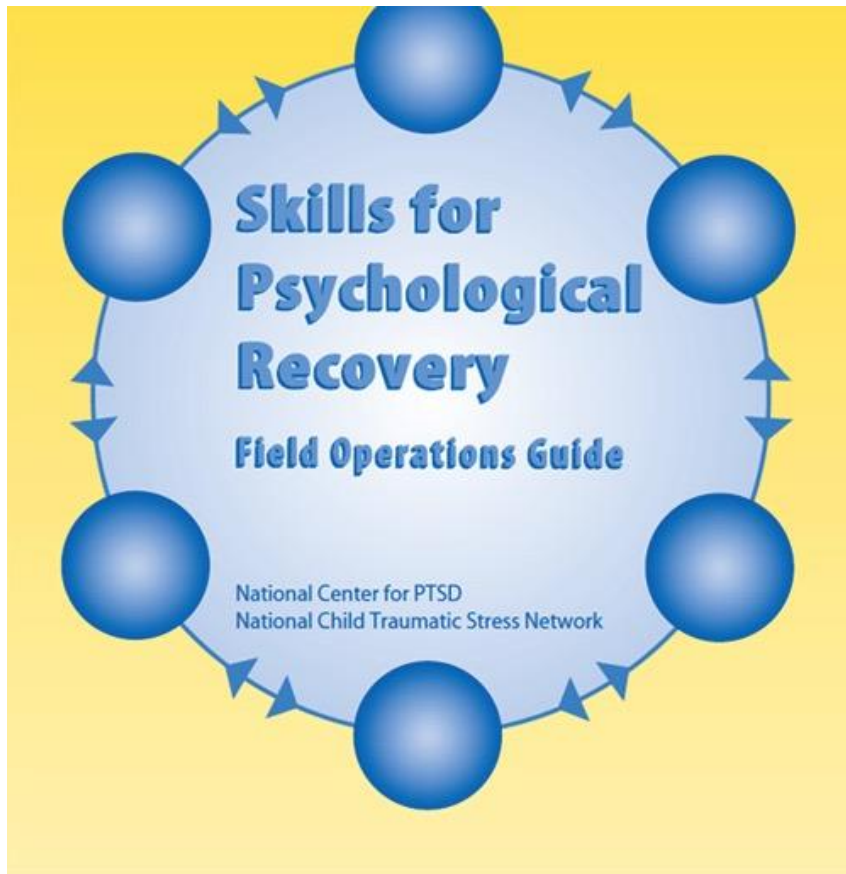
- SPR teaches skills that are expected to strengthen post-disaster recovery （SPR传授能增强灾后心理恢复的技能）
- SPR is designed to be delivered in just a few visits（SPR具体实施是基于几次访问设计的）
- Flexible, tailored to individual needs（弹性、个性化）

Components of SPR
SPR的构成

- **Assessment and Prioritization**（评估和优先化）
- **Building Problem-Solving Skills** – increases self-mastery and enhances ability to cope with stressors and problems（建构解决问题的技能 – 提高自我掌握能力，增强应对压力和问题的能力）
- **Promoting Positive Activities** – improves mood, increases social interaction, reduces depression（促进正向活动 – 改善情绪、增加社会互动、降低抑郁）
- **Managing Reactions** – minimizes arousal and distress（反应管理 – 最小化警觉和压力）
- **Promoting Helpful Thinking** – reduces maladaptive appraisals（提升有益思考 – 减少不适评价）
- **Rebuilding Healthy Social Connections** – strengthens social support, reduces isolation（重塑健康的社会联系 – 强化社会支持，降低孤立）
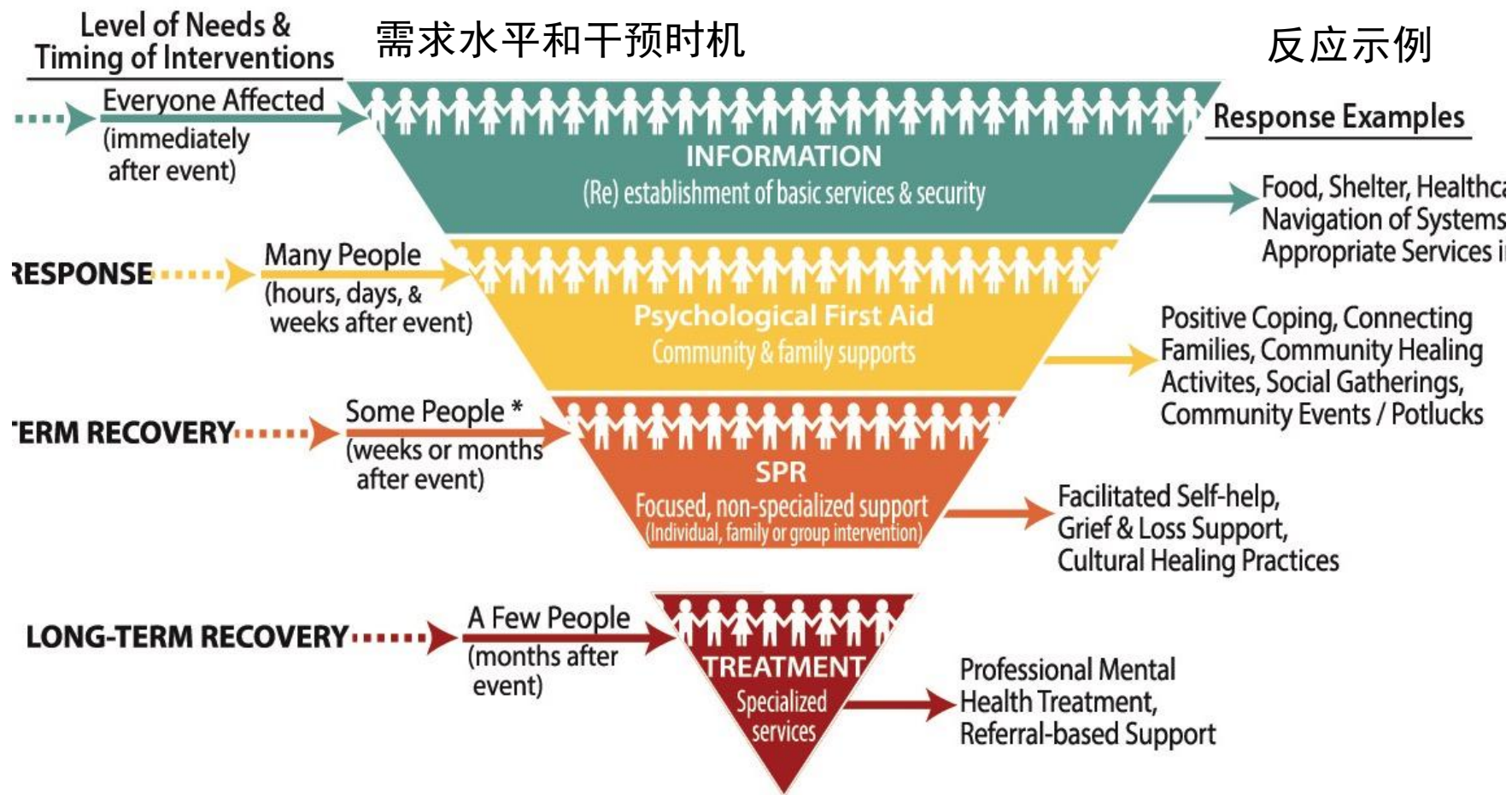
III Treatment of Psychological Problems
III 心理问题治疗

- Referral for those needing more intensive assistance（为那些需要更多更大帮助的人转诊服务）

- If problems continue, or if brief counseling is not effective（如果问题持续或简易咨询无效）

- Challenge of offering best treatments supported by research for PTSD, depression, sleep disorders, substance abuse（基于研究为PTSD、抑郁症、睡眠障碍、药物滥用提供最佳治疗的挑战）

"Stepped-Care" Systems Model
"阶梯式关怀" 系统模型

需求水平和干预时机

反应示例

Level of Needs & Timing of Interventions

Everyone Affected (immediately after event)

INFORMATION (Re) establishment of basic services & security

Response Examples

Food, Shelter, Healthca
Navigation of Systems
Appropriate Services i

RESPONSE → **Many People** (hours, days, & weeks after event)

Psychological First Aid Community & family supports

Positive Coping, Connecting Families, Community Healing Activites, Social Gatherings, Community Events / Potlucks

ERM RECOVERY → **Some People *** (weeks or months after event)

SPR Focused, non-specialized support (Individual, family or group intervention)

Facilitated Self-help, Grief & Loss Support, Cultural Healing Practices

LONG-TERM RECOVERY → **A Few People** (months after event)

TREATMENT Specialized services

Professional Mental Health Treatment, Referral-based Support

Adapted from: WHO (2012), National Research Council (2003), IASC (2007), IFRC (2009a) & IFRC (2009b)

Summary: Key Challenges for Improvement of U.S. Services
小结：提升美国灾后心理援助模型的主要挑战

- Our current practices are probably not as **Effective** as can be（现行实践可能并非那么有效）
  - Support and normalization probably don't, by themselves, prevent PTSD or problems in those at most risk（支持和矫正可能无法预防高危人群罹患PTSD等问题）
- We don't **Reach** many that would benefit from assistance（我们无法触及许多可能受益于心理援助的对象，）
- Survivors don't **Engage** well with services（幸存者配合心理援助服务的程度不好）
  - Stigma, distance to services, time demands, etc.（污名化、与服务的距离、时间上的需求等）
- We don't have the right **Training** systems for helpers（我们没有正确的帮助者训练系统）
  - Hands-on workshops plus post-training supervision and support are needed, but not widely available （需要实践工作坊加上训练后督导和支持，但非唾手可得）
- Not enough mental health professionals trained in effective treatments（训练有素的心理健康专业人士不足）
- We don't currently have good ways of **Monitoring Outcomes** （现在还没有监测成效的好方法）

Improving Effectiveness
提升有效性

- Evidence-based intervention methods（循证干预方法）
  - Cognitive-behavioral psychology methods（认知行为心理学方法）
    - Goal-setting, self-monitoring, stress management techniques, etc.（目标设定、自我监控、压力管理技术等）
- Training programs （训练程序）
- Technology-delivered intervention assistance（科技辅助的干预方法）
- Outcomes monitoring and evaluation（成效监测与评估）
- Research （进一步深入研究）

Improving Effectiveness of Interventions: Community-Based Interventions
提升干预有效性：基于社区的干预

- Following disasters, individuals often experience deterioration in social support due to disruptions of support availability（灾后社会支持体系的中断，可导致个体感受到社会支持体系的恶化）
  - Displacement of communities （社区移位）
  - Death of loved ones （亲人之死 ）
  - Loss of access to routine daily activities（日程活动无法继续）
- Lower perceived social support is associated with PTSD symptoms in trauma survivors（创伤幸存者的PTSD症状和社会支持感受度低相关）
- Community activities can increase social support and perceptions that support is available （社区活动能增加社会支持力度及支持获得性的感知程度）
  - Ceremonies (e.g., memorial events, parades) （仪式（例如：纪念活动、游行等））
  - Fund-raising projects （筹款活动）
  - Establishment of legal and financial support services （建立法律和经济支持服务）
  - Participation in activities that help address social disruption (e.g., family tracing and reunification services, re-initiation of schooling, establishment of safe play spaces) （参与有助于解决社会混乱的活动（例如：家庭追踪和团聚服务，重新开始学校教育，建立安全的游戏场所））
  - Involvement in mutual support and social activities （参与相互支持和社会互动）

Improving Reach
提升援助服务的触及度

- More helpful use of media coverage (newspapers, television, radio) 媒体的建设性使用（报纸、电视、广播）
- Integration with social media platforms （和社交媒体平台进行整合）
- Development of Internet and mobile phone technology-based resources （开发利用基于互联网和手机的资源）

Improving Engagement
提升参与度

- Technologies for convenience（使用更便利的技术）
- Listening to survivors and studying user experience （倾听幸存者的呼声、研究用户体验）
- Framing assistance in positive ways（塑造援助的正面形象）
- Educating the public and professionals（公众和专业人士宣教）

Strengthening Training
强化培训

- Effective training methods（有效培训方法）
  - Interactive workshops with post-training consultation（互动工作坊+训后咨询）
- Training in effective interventions（有效干预培训）
  - Evidence-based treatments for depression, anxiety, post-traumatic stress disorder, substance abuse, etc.（抑郁、焦虑、PTSD和药物滥用等的循证治疗）
  - Evidence-based early interventions （早期循证干预）

Monitoring Outcomes
援助成效监测

- "Measurement-Based Care" is key transformative change in all of mental health care（"基于测量的关怀"是所有心理健康关怀的重要变革）
- Need to systematically determine if services benefit users（需要系统性确定心理援助服务是否确实使受众获益）
  - Using brief validated measures of problems（使用简单有效的问题测量手段）

- Need to use results to:（观测结果用于：）
  - Make decisions with individuals receiving counseling（和接受咨询个体有关的决策）
  - Improve methods of assistance, counseling（改善支持和咨询方法）
  - Design disaster mental health response system（设计灾害心理健康援助体系）
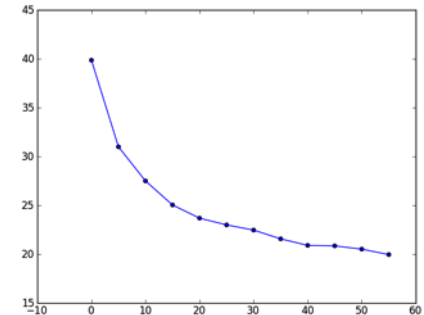
What Technologies Can Do?
技术能发挥什么作用？

- Increase self-management capabilities and potentially the resilience of disaster survivors（提升幸存者的自我管理能力和心理韧性）
- Enable services in areas without significant mental health service infrastructure （可在无必备心理健康服务基础设施的地区启用服务）
- Enable peers and paraprofessionals to more effectively support their traumatized loved ones and clients
（使得家庭和半专业人士能为他们遭受创伤的亲人和客户提供更有效支持）
- Increase effectiveness of existing counselors, making them able to help more people and address a wider set of problems（提升现有咨询师的效率，使得他们能帮助更多人，解决更多问题）
- Enable routine gathering of outcomes data （日常成效数据的汇集）
- Enable us to reach large numbers of individuals, while still using effective methods （使我们使用有效的方法能触及更大群体）

Web Programs and Phone Apps
网络活动和手机应用

- Web-based multi-session evidence-based interventions for range of PTSD-related problems（PTSD相关问题的基于网络的多次循证干预）
  - Depression, anxiety, alcohol consumption, smoking cessation, exercise, parenting, etc. （抑郁、焦虑、饮酒、戒烟、锻炼、养育等）
- Phone apps extend impact into environment, when needed（手机应用可应需延伸影响）
- Internet interventions can benefit disaster survivors?（幸存者可从网络干预中获益么？）
  - Wang, Wang, and Maercker (2013) tested a Chinese *My Disaster Recovery* website developed by Charles Benight and colleagues, with rural survivors of the 2008 Sichuan earthquake （王等在汶川地震农村幸存者中测试了由Benight等开发的"我的灾害恢复"系统）
  - PTSD symptoms improved more among those using the tool than among controls （相比于对照组，使用"我的灾害恢复"系统的幸存者PTSD相关症状恢复更显著）

An Example: My Disaster Recovery
示例：我的灾害恢复系统

Chinese My Trauma Recovery
我的创伤恢复系统（中文）

Chinese My Trauma Recovery Evaluation
我的创伤恢复系统（中文）效果评估

- Mandarin Chinese version of the My Trauma Recovery website (CMTR) （普通话版本）

- Urban sample: 90 survivors of different trauma types of trauma in RCT with wait-list control condition（城镇样本：90例有不同创伤的幸存者，有等候控制条件的随机控制实验）

- Rural sample: 93 survivors mainly of 2008 Sichuan earthquake for a parallel RCT in which the web intervention was conducted in a counseling center and guided by volunteers （农村样本：93例，主要是汶川地震幸存者；平行随机对照实验；通过志愿者在咨询中心提供指导进行网络干预）

Wang, Z., Wang, J., & Maercker, Q. (2013). Chinese My Trauma Recovery, a web-based intervention for traumatized persons in two parallel samples: Randomized controlled trial. *Journal of Medical Internet Research, 15(9)*, 112-125.

Results
结果

- Urban sample: CMTR reduced post-traumatic symptoms significantly with large effect size after one month of treatment and the reduction was maintained over 3-month follow-up（城镇样本：CMTR干预一月后PTSD症状显著改善，并能保持最少3月）

- Rural sample: Post-traumatic symptoms decreased significantly after treatment and during the follow-up period （农村样本：PTSD症状也明显改善，保持良好）

- This very preliminary application of a technology-based program in two Chinese populations suggests that Internet-based technologies can be used to help survivors or disasters and other traumatic events （结果提示基于网络的技术能够帮助灾害幸存者和其他创伤事件的恢复）

Social Media Disaster Response
社交媒体灾害响应

- Most compelling examples of the potential for mobile technologies to increase reach （移动技术最具前景的应用是增加触及程度）

- Since around 2005, a variety of social media platforms have been used during and immediately after disasters as a naturally-occurring community response （作为一种自然发生的社区响应，2005年后许多社交媒体平台在灾害发生时刻和发生后被广泛使用）

- 2009 NH1N1 influenza pandemic（2009H1N1流感爆发）
  - U.S. Department of Health and Human Services provided public education via YouTube and iTunes video podcasts（美国卫生和人类服务部通过YouTube和iTunes视频播客提供公共教育）
  - Number of followers of the Centers for Disease Control and Prevention Twitter "emergency profile" increased from 65,000 to 1.2 million （疾病预防控制中心追随者人数 "Twitter" 从65000增加到120万）

Social Media Crisis Mapping
社交媒体危机图谱

- "Crisis-mapping" tools like that created by the non-profit company Ushahidi have been used in response to multiple disaster/conflict events（非营利公司UHAHISDI创建的"危机图谱"工具已被用于应对多个灾难/冲突事件）
  - Post-election violence in Kenya （肯尼亚选举后暴力）
  - 2010 Haiti earthquake（2010海地地震）
  - Disasters occurring in Chile, Pakistan, and Japan （发生在智利、巴基斯坦和日本的地震）
    (Peary et al., 2012)

Social Media as Mutual Aid and Coaching
社交媒体作为互助与辅导手段

- Social media platforms like WeChat can provide opportunities for multiple forms of assistance, including: （如微信等社交平台能提供多种形式的帮助，包括：）
    - Disaster-related education （灾害相关宣教）
    - Expert advice and support（专家建议和支持）
    - Peer support （同伴支持）
    - Access to technology-driven education and intervention （接入技术驱动的宣教和干预）
    - Coaching support for use of technologies （技术应用方面的辅导和支持）

Psychological First Aid Via Technology?
基于科技手段的心理急救？

- A survey of primarily Australian users of sites related to flooding events in Queensland (Taylor et al., 2012；澳大利亚用户与昆士兰洪涝事件相关的调查)
  - Use of social media served to orient users to official sources of disaster-related information （使用社交媒体为用户导向灾难相关信息的官方来源）
  - Only 6% of users relied solely on social media for information （只有6%的使用者只依赖于社交媒体信息）
- Respondents indicated that use of social media made them feel （反馈信息显示社交媒体使他们感到：）
  - Connected （联系紧密）
  - Useful （有用）
  - Supported by others （来自于其他人的支持）
  - Actively involved （积极参与）
  - Less worried （较少担忧）

And Going Further
展望未来

- Smartphone ownership is rapidly increasing（智能手机用户快速增长）
- Can smartphones provide and support brief but powerful post-disaster interventions and facilitate social support/mutual aid? （智能手机能否提供简易有力的灾后干预，便利社会支持和互助？）
- And could these interventions be integrated with social media and texting services? （这些干预措施能否和社交媒体和短信服务进行整合？）
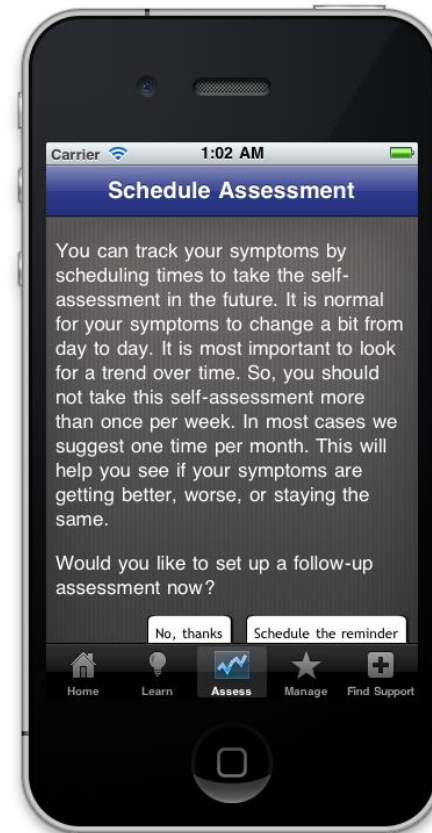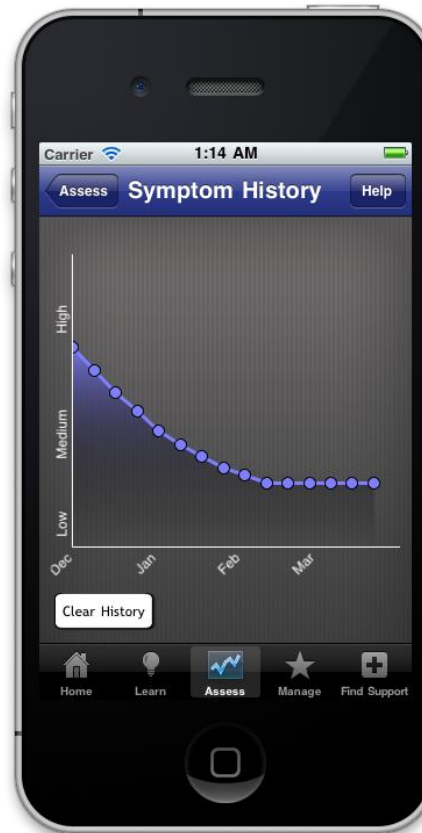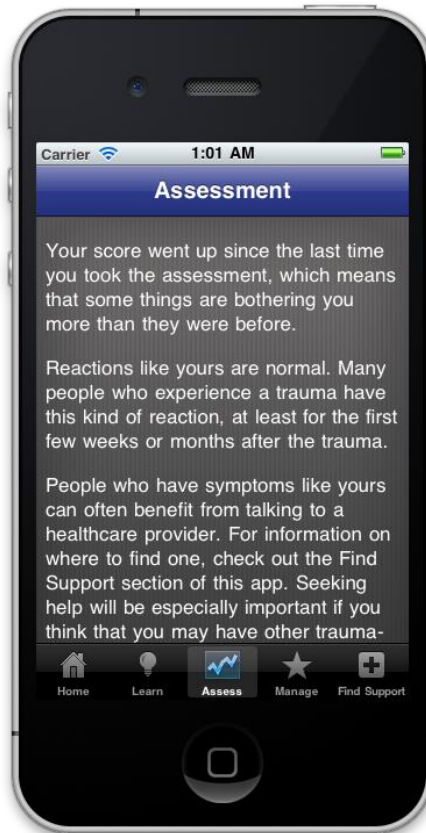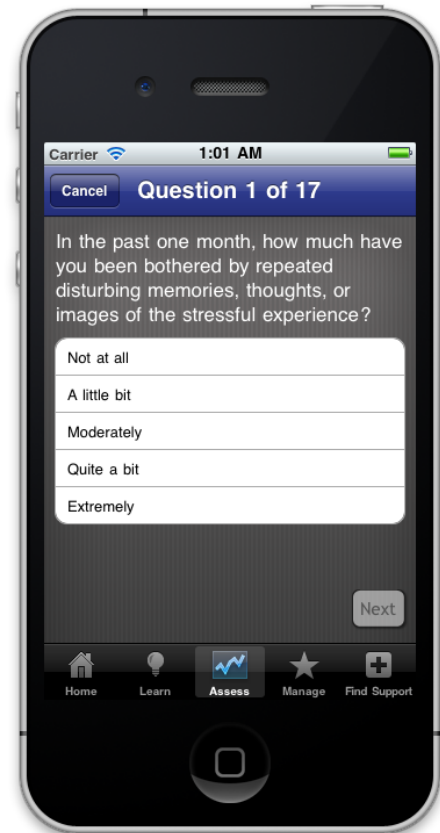
Example:
PTSD Coach
示例：PTSD辅导

- Education about post-traumatic stress problems （PTSD宣教）
    - Information （信息）
    - Self-assessment using valid checklist （使用有效检查表进行自我评估）
    - Coping skills instruction （应对方法指导）
    - Links for social and community support （社会和社区支持连接渠道）
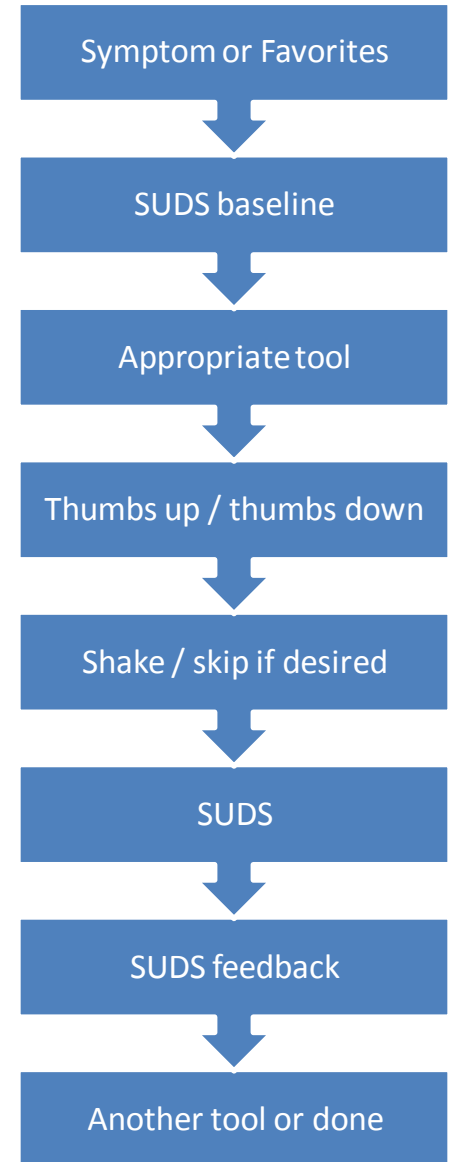- Downloaded 350,000+ times in 96 countries （从96个国家下载超过35万次）
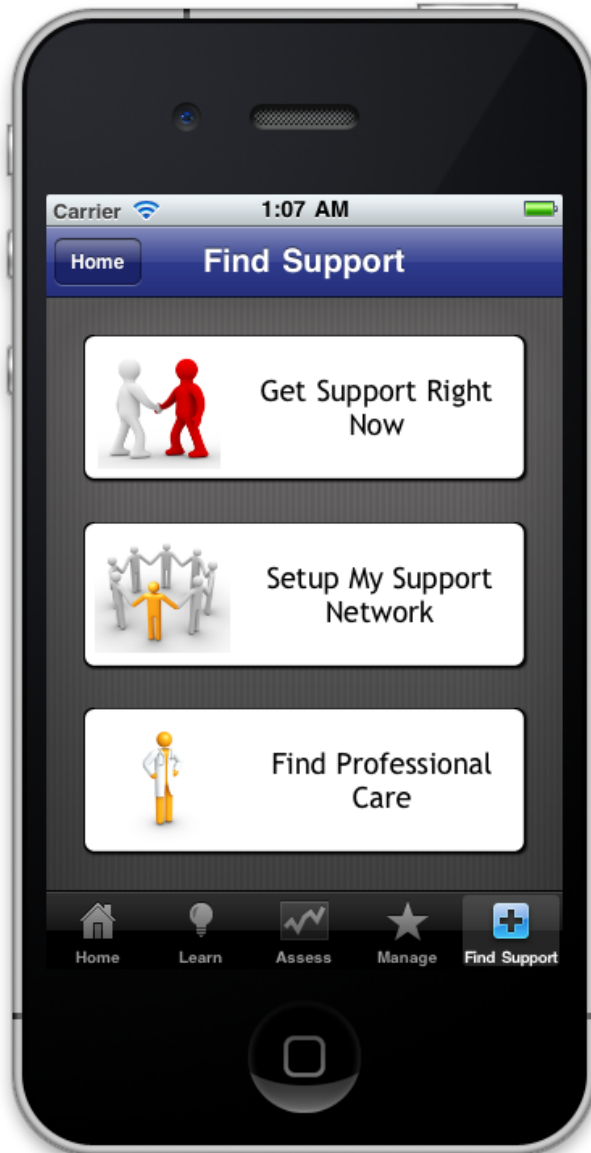
Self-Assessment Screenshots
自我评估页面截图

Screen 1 — Question 1 of 17:
Cancel | Question 1 of 17

In the past one month, how much have you been bothered by repeated disturbing memories, thoughts, or images of the stressful experience?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Next

Home | Learn | Assess | Manage | Find Support

Screen 2 — Assessment:
Your score went up since the last time you took the assessment, which means that some things are bothering you more than they were before.

Reactions like yours are normal. Many people who experience a trauma have this kind of reaction, at least for the first few weeks or months after the trauma.

People who have symptoms like yours can often benefit from talking to a healthcare provider. For information on where to find one, check out the Find Support section of this app. Seeking help will be especially important if you think that you may have other trauma-

Home | Learn | Assess | Manage | Find Support

Screen 3 — Symptom History:
Assess | Symptom History | Help

High / Medium / Low — Dec, Jan, Feb, Mar

Clear History

Home | Learn | Assess | Manage | Find Support

Screen 4 — Schedule Assessment:
You can track your symptoms by scheduling times to take the self-assessment in the future. It is normal for your symptoms to change a bit from day to day. It is most important to look for a trend over time. So, you should not take this self-assessment more than once per week. In most cases we suggest one time per month. This will help you see if your symptoms are getting better, worse, or staying the same.

Would you like to set up a follow-up assessment now?

No, thanks | Schedule the reminder

Home | Learn | Assess | Manage | Find Support

Managing Symptoms
症状管理

Flow chart:

Symptom or Favorites
↓
SUDS baseline
↓
Appropriate tool
↓
Thumbs up / thumbs down
↓
Shake / skip if desired
↓
SUDS
↓
SUDS feedback
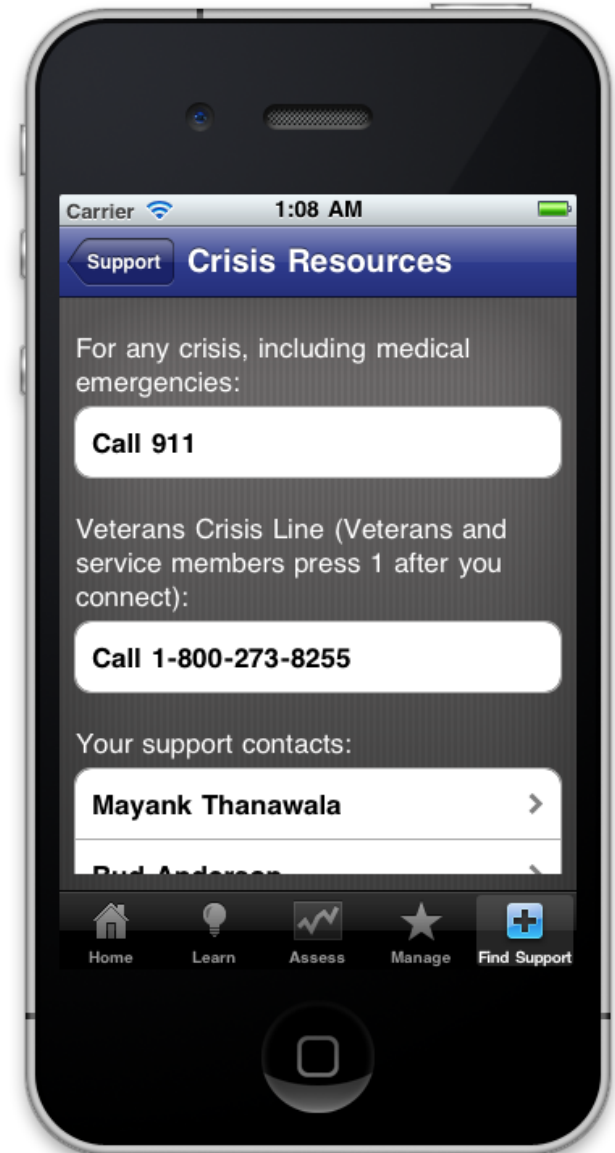↓
Another tool or done

Find Support
寻求支持

In the Find Support section of the app, the user can either get support immediately, set up a support network from contacts already housed on the phone, or locate professional care.

（在应用程序的"查找支持"部分，用户可以立即获得支持，从已经安装在电话上的联系人建立支持网络，或者定位专业护理机构。）

Get Support Right Now leads to the screen to the right, which provides immediate access to emergency services as well contacts that were previously selected from the user's address book.

（"立即获得支持"导向右边的屏幕，它提供即时访问紧急服务以及先前从用户地址簿中选择的联系人。）

Find Support

Get Support Right Now

Setup My Support Network

Find Professional Care

Home | Learn | Assess | Manage | Find Support

Support | Crisis Resources

For any crisis, including medical emergencies:

Call 911

Veterans Crisis Line (Veterans and service members press 1 after you connect):

Call 1-800-273-8255

Your support contacts:

Mayank Thanawala

Bud Anderson

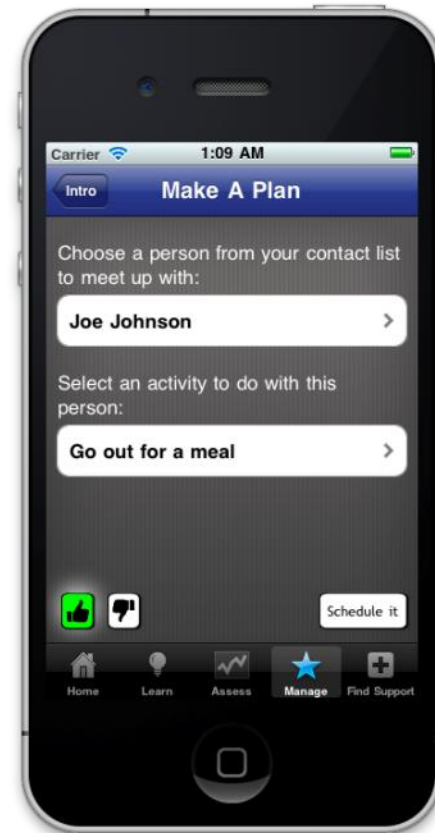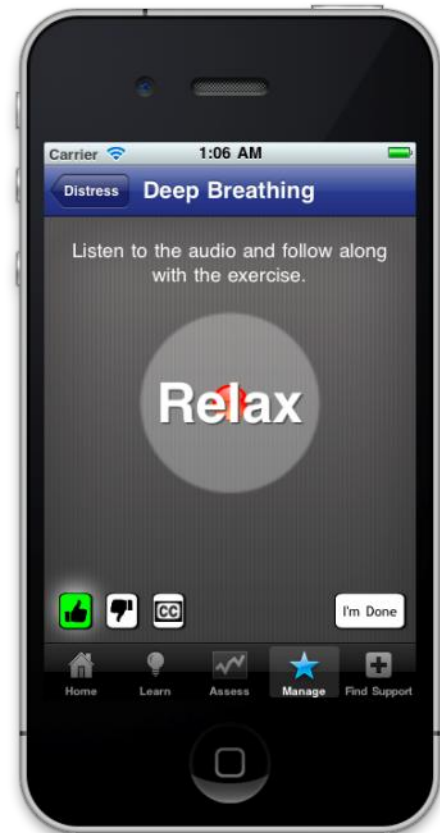Home | Learn | Assess | Manage | Find Support

Tool Examples
工具示例

深呼吸/放松   正面图片   抚慰图片   定制计划

Evaluation and Research
评估与研究

- Until recently (Donahue, Jackson, Shear, Felton, & Essock, 2006; Norris & Bellamy, 2009), there has been little formal evaluation of disaster-related crisis counseling services（迄今，灾害相关危机咨询服务效果的正式评估非常少）

- Research is needed to examine and continuously improve all aspects of disaster mental health systems（亟待在检验和持续改进灾害心理健康系统进行系统深入研究）

Final Thoughts
结语

- Development of a comprehensive "stepped-care" mental health services delivery system can offer great help for disaster survivors（开发一套复合"阶梯式关怀"心理健康服务实施系统能为灾害幸存者提供更大帮助）

- Evidence-based training programs for peer helpers, mental health and health care professionals, and paraprofessionals are important（对同伴、心理健康和保健专业人员和半专业人士进行循证培训很重要）

- Technologies can enhance reach and effectiveness of disaster mental health support（科技手段能增加心理健康支持服务的触及人群和有效性）

- It will be important to build in ongoing evaluation and research to ensure ongoing process improvement （建立持续的评估和研究以确保提升正在进行的处置是很重要的。）

Questions and Comments?
问题、建议和意见？
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