

wellbeing. Longitudinal trends of distress and preferences related to support were shared with leadership.

Method: Monthly wellness assessments were sent to hospital staff via email. Assessments included screens for burnout, anxiety, depression and posttraumatic stress, questions regarding types of resources accessed, and open-ended questions regarding staff needs. Surveys were voluntary and confidential. Participants could provide their email to receive tailored resources based on individual results. Survey data was analyzed longitudinally to identify trends of distress over time.

Results: A total of 2,518 wellness assessments were completed from April 2020–July 2021. An average of ~167 (range 17 – 946) HCWs responded per month and 638 staff provided their email addresses to receive a response; 497 of these completed assessments multiple times. The proportion of positive screens were, on average, 44%, 29%, 31% and 53%, for anxiety, depression, post-traumatic stress and burnout, respectively. Anxiety and post-traumatic stress scores decreased from April–August, then increased from September. The most reported source of support accessed was family/friends; ~40% of responders had not accessed formal mental health support.

Conclusion: When COVID-19 cases decreased and stay-at-home mandates were lifted, HCW distress was reduced. Burnout trended upwards through the pandemic. Peer/family support remained favored compared to formal mental health support, suggesting the importance to HCW of social support. HCW reported a preference for convenient access to supportive resources.

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The Asia Pacific Disaster Mental Health Network: Collaborative Research to Advance Mental Health and Community Resilience

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Introduction: The mental health consequences of health emergencies and disasters have the potential to be sustained and severe. In recognition, the 2018 Kobe Expert Meeting on Health Emergency and Disaster Risk Management (Health EDRM), prioritized mental health as one of the key research areas of Health EDRM, to be addressed in a multi-country research project supported by WHO (Kayano et al., 2019). As climate change, growing urbanization, population density and viral transmission generate increasingly severe hazards, attention to mental health will be critical.

Method: The Asia Pacific Disaster Mental Health Network was established in 2020 to foster advancements in mental health research and policy in the region. Building connections between researchers, practitioners and policy makers, the Network includes broad representation from interdisciplinary scholars and organizations across eight Asian and Pacific nations. A

research agenda was designed in early meetings, and collaborative research projects were established.

Results: The Network has supported the development of innovative disaster mental health research investigating community engagement in recovery, psychosocial interventions, and evaluation frameworks. A recent multilingual systematic review of more than 200 longitudinal studies identified the long-term trajectories of post-traumatic stress symptoms, depression and anxiety following disasters and pandemics (Newnham et al., 2022). Synthesized evidence of risks related to age, gender and disaster type were determined to inform intervention targets.

Conclusion: The Asia Pacific Disaster Mental Health Network established a platform for scholarly connection, intervention planning and knowledge dissemination. This presentation will provide an overview of the Network's activities, and research highlights that have identified targeted points for policy and practice.

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The Prevalence of Violence Against Healthcare Workers in the Public Sector – A Trinbagonian Survey

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Introduction: Violence against healthcare workers (HCWs) and lack of public trust threatens the foundation of the physician-patient relationship in Trinidad. The primary aim of this study was to determine the prevalence of violence against Trinbagonian HCWs in the public sector. Secondary objectives included determining risk factors for violence and mistrust between the public and providers.

Method: A cross-sectional analysis of 434 Trinbagonian HCWs in the public sector was conducted using a modified World Health Organization (WHO) data collection tool, distributed via social media and administrative emails, and snow-balled for two months. Fifteen semi-structured interviews were conducted regarding trust in the healthcare system with patients selected from various communities.

Results: Of the 434 respondents, 45.2% experienced violence and 75.8% witnessed violence against HCWs in the past 2 years. Verbal abuse (41.5%) was most common. Perpetrators were patients (42.2%) and patients' relatives (35.5%). Chi-square analysis highlighted that HCWs with the highest probability of being abused were aged 25–39 (63.8%), had 2–5 years of work experience (24.9%), specialized in emergency & internal medicine (48.6%), and cared for psychiatric & physically disabled patients (p-value <0.001). HCWs believed the threat of violence negatively impacted their performance (64.5%), and further action was necessary for mitigation (86.4%). Patients interviewed doubted physicians' altruism, competence (80%) and honesty (53.3%), expressed mistrust in their physician