Linking Public Health Monitoring to Dialogue-based Decision-making During the COVID-19 Pandemic: Experiences from a Participatory Pilot in the Netherlands

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Introduction: In the Netherlands, a nationally coordinated research program has been initiated to monitor the immediate and long-term public health impact of the COVID-19 pandemic. This contribution describes the design and early results of a continuous dialectic process to involve national and local public health authorities and professionals in monitor-driven decision-making to anticipate the health impact of viral infections and mitigation measures.

Method: An ongoing series of dialogue sessions was organized upon the release of quarterly and annual results of the monitoring program. Apart from supporting public health decision-making, the stepwise dialectic process aimed to ensure multi-sectoral learning and co-creation and nurture a sense of ownership among stakeholders from policy, practice and science. National and regional public health authorities served as hub coordinators and participated in determining and approaching relevant stakeholders. Whenever considered relevant, new stakeholders were invited to participate.

Results: In the first year, three dialogue sessions were organized, with an emphasis on youth and young adults. Representatives from ministries, municipalities, health organizations, experiential experts and knowledge institutes attended the sessions. Based on the exchange, policy recommendations were formulated and shared among participants. The themes prioritized included mental health issues, overburdened healthcare services, involvement of vulnerable groups in policy development and understanding the complex myriad of risk factors. Moreover, several factors were identified that might facilitate or hinder the implementation and uptake of monitoring findings.

Conclusion: The dissemination and discussion of monitoring data proved to be of added value in developing evidence-informed solutions and areas of attention for future monitoring, including the need to track progress of local and national implementation of recommendations. More broadly, the methodology piloted during the program requires further testing as a community engagement strategy and might be meaningful in other crises or problem contexts as well.

Group Psychological First Aid: Toward a New Model for Group-Based Disaster Mental Health Intervention

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Introduction: As the number of individuals impacted by disasters rises, an adaptation of Psychological First Aid (PFA) into a group intervention is warranted. Such a model would allow for more people to receive the support they need, while harnessing the power of group interventions. Groups have established effectiveness that is equivalent, if not superior, to individual treatment. Additionally, the five essential elements of early intervention for mass trauma (safety, calm, efficacy, connectedness, and hope) are closely related to the established mechanisms of change in groups. Groups are particularly well-suited to promote connectedness, the element with the strongest empirical link to recovery. Nevertheless, groups are underutilized in disasters and caution is warranted as some models have been shown to cause potential harm by over-exposing those involved to one another's trauma and attempting to process the trauma when the focus should be on stabilization. This presentation proposes a model for group-based PFA that incorporates the known risks and benefits of disaster response and group interventions.

Method: Literature on group interventions for disaster was reviewed and compared to established best practices in disaster mental health including PFA, Skills for Recovery, and related interventions. This literature was combined with the clinical and training experience of the presenters to develop an initial model for adapting PFA into a group intervention.

Results: The model proposed involves dissemination of PFA's general tenets among large groups and then utilizing small groups to provide the PFA core skills most applicable to each group. The model also incorporates group processes known to promote recovery that are not available in individual interventions, emphasizing the role of group cohesion to create connectedness and social support.

Conclusion: This proposal is conceptualized as a tabletop presentation to allow for discussion, with a goal of advancing Group PFA and recommending next steps in its development and dissemination.

Psychosocial Care Responses and Research After Terrorist Attacks

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Introduction: The risk internationally of terrorist attacks and other mass trauma incites societies to strengthen the planning and implementation of psychosocial care. Prior findings have documented that psychosocial care responses, especially long-term follow-up, differ substantially between countries. With the aim to strengthen future psychosocial care responses and research, this presentation describes the models for psychosocial care and research activities following terrorist attacks in European countries.

Method: Pre- and post-attack policy documents and reports addressing the psychosocial care responses to terrorist attacks were identified, and research on the mental health of affected individuals and psychosocial care provision was reviewed.