Conclusion: 90% of labour inclusion among unemployed people. Acknowledge from the participants of their working abilities. To generate hope in uncertainty diminishing violence. Generate space to diminish stress with impact in cardiology matters, addictions and pathologies. The disruptive effects of financial crisis are diminished considerably in these groups.
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(P1-90) Guidelines for Psychosocial Support for Uniformed Services

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In the Netherlands in 2010, the multidisciplinary guidelines for the psychosocial support of uniformed services organizations (USOs) were developed. These guidelines are accepted as a national standard for psychosocial support for police, firebrigade, ambulance services, the Ministry of Defence, and coast guard. This presentation will focus on the backgrounds, development, and status of these guidelines, and an outline of the contents will be given. Members of USOs consistently are exposed to potentially shocking events. It was recognized that there is a need in the field for clarity and unambiguity about the organization of psychosocial care to this group. The goal of the guidelines is to guarantee optimal psychosocial support and care after experiencing disasters and shocking events, so that stress-related health problems among members of the emergency services are prevented. The guidelines are evidence-based, i.e., they are based on the results of the latest scientific studies, knowledge from experience (best practices), and other considerations. Consensus was reached that the promotion of the existing means of recovery of the USO member, and the facilitation of these means by peer support structures, are the key to a successful psychosocial support system. The peer support system has an important role in recognizing those affected with psychological and/or serious clinical symptoms that require diagnosis and/or treatment. Diagnosis and treatment should be exercised by mental health professionals. Therefore, they must be readily available, but should only be deployed when necessary. Three phases in the psychosocial support for USO members are discerned: (1) preparation (selection, information and training); (2) peer support and monitoring, (3) and referral for professional care (if necessary). The guidelines provide recommendations for the USO for each of these phases. National guidelines such as these should be discussed internationally to see whether they can provide a basis for further (international) implementation and use.
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(P1-91) Beyond Emergency Care and Compensation: A Study on the Long Term Implications of Firearm Injuries for Psychosocial Well Being

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The field 'Public Health in Disasters and Complex Emergencies' is replete with either epidemiological studies or studies in the area of hospital preparedness and emergency care. The field is dominated by hospital based or emergency phase related literature. The social science perspective to public health is largely missing. It is in this context that the study of 26/11 Mumbai Terror Attack Survivors, was carried out. The study is an outcome of the ongoing work with the survivors over a period of two years following the attack. The qualitative study uses a case study approach and focuses on lived experiences of the 26/11 Mumbai Terror Attack Survivors who had firearm injuries. The paper highlights the special health issues faced by the survivors, issues of professional competence, hospital preparedness as perceived by the survivors, issues with disability assessments and issues of ill informed care and compensation policies. The paper also explores the interface between health and psychosocial well being two years after the attack and proposes a conceptual framework for understanding psychosocial well being of survivors within a public health perspective.
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(P1-92) Safety Function Action: Current and Future Directions

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Introduction: SAFETY FUNCTION ACTION for Disaster Responders (SFA) trains a framework for achieving and maintaining a high level of disaster health. Within SFA, disaster health is defined as, "maximal safety, optimal function, and effective action in preparedness for, and response to, emergencies, disasters, and extreme events." A set of six strategies forms the backbone of the framework with two strategies each for SAFETY (safeguard and sustain), FUNCTION (comfort and connect), and ACTION (advise and activate).
Methods: During 2008, a total of 2,553 participants were trained throughout the State of Florida. Participants were drawn from public health, healthcare, mental health, and professional/volunteer emergency responder workforces. During 2009, an additional 861 participants were trained as "SFA facilitators." Facilitators were provided with guidance and training materials to return to their worksites and train peers on the SFA modules. Facilitators were in direct contact with a team of 5 DEEP Center "coaches" who supported their training efforts. To assess the training's effectiveness, pre/post-assessment data on the 2,533 SFA participants and 861 SFA facilitators were collected.
Results: Live-training evaluation data showed highly favorable quality ratings for the course, materials, presenters, and all individual course components. Pre/post comparisons of the data indicated consistent gains in self-reported confidence ratings for all 7 "facilitator skills" (recruiting, motivating, training colleagues; teaching SFA skills, working with coaches) and 15 SFA "strategies and response skills" (applying the six SFA strategies to responders (self, family, team) and disaster survivors). Consistent gains were evident for 12 scales asking facilitators to self-report their comfort in dealing with disaster survivors exhibiting distress or suffering trauma and loss.