

context of the women imposed burdens of responsibility and caused inaccessibility of resources to restore physical-mental wellbeing. The settings, infrastructures and environment of the evacuation centers were not women-friendly, which resulted in many negative experiences among the evacuees, greatly affecting their sense of wellness. However, participants could channel positive mindsets through prayers and spiritual faith. Women were able to access some resources and use these for their well-being through social bonding and connecting with the women within the shelters.

Conclusion: Unconditional trust in a deity and sisterhood within communities have been two quintessential features of women, which played major roles in women's experiences and molded their understandings of well-being in the cyclone shelters.

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The Evolution of an Unintended Peer Support Group

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Introduction: This presentation provides a review of a case report regarding the often unrecognized emotional support experienced among leaders during crisis management.

Method: Members of a statewide COVID-19 advisory group were surveyed as to their level of participation and perceived emotional wellness benefit resulting from group membership.

Results: A majority of members across all disciplines and agencies reported a benefit of emotional wellness from group membership.

Conclusion: It is important in disaster settings, regardless of the labeled group function, to be mindful of the potential benefits to group members from not only a task standpoint but a process standpoint as well. In addition, it is important to recognize the multiple benefits of interdisciplinary interaction and inclusion.

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Assessing Trends and Risk Factors of Suicidal Ideation in Young People During the COVID-19 Pandemic Through Quarterly Monitoring in The Netherlands.

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Introduction: The COVID-19 pandemic has impacted populations internationally, through infections and consequences of infections, and by the countermeasures to prevent the spread of the coronavirus. Concerns exist surrounding the impact of the

COVID-19 pandemic on the mental health of youths in the Netherlands. Consequently, we studied quarterly trends and risk factors of suicidal ideation among Dutch youths from September 2021 onwards.

Method: The Network GOR-COVID-19, a research group consisting of different organizations, monitors the effect of the COVID-19 pandemic on population health. As one element of this monitoring, quarterly data collections have been undertaken since September 2021 from a panel of youths (12 – 25 years of age) representative of the Dutch population. Online questionnaires collect data on self-reported health and well-being. We analyzed a selection of demographic, social activity, and mental health variables as potential risk factors for self-reported suicidal ideation in the previous three months. We assessed trends, performed longitudinal analyses, and conducted logistic and random forest regressions per quarterly round of data collection. Analyses were weighted for age, sex, educational level, and province where appropriate.

Results: Approximately 4,500 youths participated in each quarterly questionnaire, with some participating more than once. Results showed substantial increases in self-reported suicidal ideation during and immediately after the third lockdown in the Netherlands in December 2021, rising from 9% to 17%, then slowly decreasing to 16% in May/June 2022, and to 13% in September 2022. In all multivariable analyses variables relating to mental health were indicated as risk factors. The strongest associations were seen in those experiencing mental health complaints and loneliness. Demographic variables were not strongly associated with suicidal ideation.

Conclusion: The monitoring conducted by The Network GOR-COVID-19 enables the tracking of trends in the impact of the COVID-19 pandemic on the mental health of Dutch youths in The Netherlands.

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Patterns of Distress and Supportive Resource Use by Healthcare Workers During the COVID-19 Pandemic

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Introduction: Healthcare workers (HCWs) are at increased risk of burnout, post-traumatic stress injury and suicide, compared to the public. Long-lasting increases in HCW distress are reported following pandemics. Such occupational stress can negatively impact individuals, organizations, and the overall healthcare system. Understanding HCW distress and needs can inform the development of resources to mitigate negative outcomes. Staff wellness data was gathered from a large academic health center during the COVID-19 pandemic, as part of a quality improvement project seeking to support staff

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