

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 health-care 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.

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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.

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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.

Results: Although several aspects of the acute psychosocial care responses to terrorist attacks were similar across countries, there were substantial differences as to if and how long-term follow-up interventions were planned and implemented. There were also major differences in whether or not monitoring of and research on the psychosocial care responses were conducted, and existing research had important limitations.

Conclusion: In order to strengthen the public health responses to future terrorist attacks and other mass casualty incidents, there is need for more standardized registration of affected individuals, as well as international models for monitoring their health and longitudinal research on the countries' psychosocial care provision. During the presentation, it will be discussed how monitoring and research can be improved in this context.

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Resilience Trustees Program in Hospitals—A Case Study: Wolfson Hospital, Israel

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Introduction: Medical and paramedical staff endure a psychological toll of burn-out as part of the heavy personal consequences of their work, with an immeasurable increase during the Covid-19 pandemic outbreak. In Israel, there is an added stress of the highly unstable political situation, including war and racial-riots with direct hits of missiles leading to mass casualty events. Members often had to stay in the hospitals for days as the roads home were blocked. Wolfson Medical Center (WMC) is a medium size, level II hospital in the center of Israel. It serves a complex population, most from low to medium socioeconomic status, and a large population of displaced persons. The responsibilities of the staff weigh heavy, leading to psychological trauma, with clear signs of anxiety, depression and suicide. Israel Trauma Coalition (ITC) is a non-profit organization collaborating with over 40 organizations to create a continuum of care in psycho-trauma, response and preparedness.

Method: ITC has initiated a Resilience-Trustees program, establishing a strong and active group within the organization, with adequate representation from each department and profession. Training the team to identify a colleague in distress, to respond adequately and to refer to professional help as needed. The program has started implementation in various hospitals in Israel, including WMC.

Results: The expected results of this program is a change in the organization's culture of discourse and daily interaction so as to promote resilience and mutual trust and to help cope favorably with crisis situations. The actual results will be shown through a

case study of the WMC team of Resilience Trustees, in accordance with the steps of the program (resilience in the original team, then the overall staff).

Conclusion: This initiative will promote awareness and acceptance of mental, personal and team difficulties, as well as reduce risks of secondary traumatization, burnout and other disorders.

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Active Versus Comforting Aid: The SIX C's Model for Psychological First Aid: Empirical Evaluation. A Retrospective Study

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Introduction: Compassion, calming down and providing aid are common ways of helping people in need soon after traumatic events. However, such forms of help were seldom tested and other research suggests that active coping may have more positive long-term effects. The SIX C's model was created to provide simple and effective evidence-based Psychological First Aid guidelines that help shift the person from helpless into active and effective activation in a very short time. The model emphasizes the need for cognitive communication as well as effective activation in contrast to the previous concepts of calming and emotional communication

Method: This retrospective cross-sectional study examined empirically the SIX C's Model's basic concepts. We checked the association between whether people received activating versus more passive forms of aid during crises, their self-efficacy and post-traumatic stress disorder (PTSD) symptoms. 428 participants completed scales on the type of aid received during past traumatic events including activating aid (encouraging active and effective responses) versus passive aid (receiving compassion, calming down and general aid), as well as their current general self-efficacy (GSE) and PTSD symptoms

Results: Results revealed that passive aid was not related to PTSD while activating aid correlated inversely with PTSD. Importantly, both resilience and GSE emerged as mediators and moderators between activating aid and PTSD. The moderation showed that receiving activating aid was associated with less PTSD only in people low on resilience or GSE

Conclusion: The study revealed a major role for self-efficacy in protecting people from PTSD. Self-efficacy not only statistically mediated the relationship between active aid and PTSD but also moderated this relationship. The findings underline the importance of encouraging the person to act effectively during the event and to maintain cognitive communication. This type of aid leads to increased self-efficacy and contributes to the reduction of risk for PTSD.

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