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Helping the Helpers Program

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Mental Health and Psychosocial Support Network (MHPSS) for care, so that their well-being and capacity to provide quality care and support to beneficiaries improves; utilizing the International Committee of the Red Cross (ICRC), ensuring that persons in-need are identified, and receive initial psychological support. Background: In the 2014 war, Emergency Responders were exposed to traumatizing events such as working in difficult conditions and evacuating wounded and dead bodies. They dealt with severely wounded including children and women. Sometimes, they had no access to beneficiaries, which was an important source of stress for them. Their facilities were targeted and some responders were wounded or killed. Added to such diffi-

Study/Objective: Emergency Responders benefit from the

tion does (ie, fear, loss, home destruction, and displacement). Methods: Capacity building for 32 MoH MHPSS professionals. Coordination with 16 structure/cycles, three cycles/year (hospitals, Civil defense). Providing support group sessions (eight sessions, 12 participants/structure/cycle). Sensitization of Structures' Managers on HH program. Supervision, monitoring, and evaluation. Data collection and analysis.

culties, they also face the same problems as the general popula-

Results: Three hundred sixty-one Emergency Responders attended two cycles in 2016 with 87% attendance level. 70% were males and 30% females; regarding their occupations, 27% administrative, 21.5% nurses, 19% paramedics, 11.5% doctors, 11% drivers, 5.5% MHPSS professionals, 4.5% firefighters. HADS (hospital anxiety and depression scale). Anxiety: Normal to mild cases increased from 71.5% to 88%, moderate to severe decreased from 29% to 12%. Depression: Normal to mild cases increased from 89.5% to 94%, moderate to severe decreased from 10% to 5%. Qri-Sop Scale (Much and Very much improvement). 68% on self-awareness, 61% on social network, 57.6% on family relations, 61.3% on relation with beneficiaries, and 54% on work environment.

Conclusion: The success of this program relies in its sustainability and the quality of services provided, the ultimate objective is to promote MoH's capacity and ownership of the program.

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Psychological Wellbeing as a Priority throughout the Deployment Cycle

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Study/Objective: Psychological support procedures for deployed Australian Medical Assistance Team (AusMAT) personnel.

Background: Disaster response personnel are deployed into stressful and traumatic situations. Although most organizations recognize staff care as an operational necessity, and psychological well-being can be easily overlooked if not built into a considered set of procedures. AusMAT has consistently applied a system of psychological well-being monitoring throughout the deployment cycle for its deployments to various disasters over recent years.

Methods: AusMAT has engaged Response Psychological Services to develop and facilitate a range of deployment cycle mental health and wellbeing support process. These have included predeployment Psychological reviews, deployment counselling and debriefing support, and post-deployment debriefing. Additional services being reviewed for implementation include online well-being checks, peer feedback and psychometrics for selection.

Results: Incorporating mandatory psychological well-being checks and processes as a deployment support procedure have benefited individuals, teams and the AusMAT organization. Individuals benefit from opportunity to review preparation, alignment and readiness to deploy at the crucial pre-deployment period. Individuals and managers can access counselling, debriefing and liaison support confidentially during and after deployment in relation to general issues and crises. The post-deployment process of debrief enhances individual and organizational consolidation of experience, and access to further support where necessary. The direct benefits are augmented by a sense among deployed that AusMAT prioritises their personal and mental well-being with considered and robust support procedures in place.

Conclusion: AusMAT has incorporated psychological well-being support as a deployment standard operating procedure. Further efforts will involve the incorporation of identified digital processes, for enhancing timely monitoring and access to psychological support resources. A broader initiative aims to improve selection, and thereby increase resilience of individuals and teams. The AusMAT psychological wellbeing initiative is established and embraced by deployed. Future enhancements will lever technology to bolster existing procedures.

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Psychological First Aid Training as Public Health Preparedness: Results of a Demonstration Project

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