

the reality of their loss; the tragedy of the event was re-experienced; and the feelings of anger as a psychological reaction after the traumatic loss were expressed. Those families who were not able to find the remains of their loved ones had longer denial and mourning processes. News coverage consisted of daily, detailed and repetitive visual coverage of the jet crash as well as in-depth reporting of details of the private lives of the families who had lost a member or members. Data and statistical analysis of the calls to the "Hot Line" indicated that less than 10% of the calls were from the families of the victims while the remaining 90% were from the general population.

Mass media, and in most of the cases, television reporting, can have a powerful influence on the development of post-traumatic reactions, not necessarily disorders.

Keywords: airplane; Armenia; media; reporting; trauma
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Developing, Implementing, and Evaluating a Comprehensive, Statewide Disaster Mental Health Training Program

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The terrorist attacks on 11 September 2001 and the catastrophic aftermath of Hurricane Katrina in the Gulf region of the United States have raised considerable concern about the country's readiness to respond and recover from disasters of a large magnitude. More recently, the growing threat of a pandemic influenza caused the federal government to strongly encourage, and in some cases mandate, a higher level of public health preparedness.

While sophisticated surveillance and detection equipment and metropolitan disaster evacuation plans are being developed, the psychological and psychosocial consequences of disasters often are overlooked or marginalized. Communities across the US are unprepared to face the significant public mental health crisis resulting from large-scale human and naturally caused events.

The state of New York has made tremendous strides in preparing mental health and spiritual providers to address myriad reactions experienced by disaster victims, their families, and relief personnel, and to provide individual and community-based resilience interventions. A statewide training curriculum and dissemination model has been developed and initiated over the past 16 months, resulting in >1,200 trained professionals to-date.

This presentation will describe the processes involved in developing a statewide disaster mental health training program with implications for other states and countries. Issues to be discussed include: (1) how to foster collaborations with state and local stakeholders to develop and sustain a training program; (2) constructing evidence-based training curricula and competencies; and (3) methods for evaluating the satisfaction and efficacy of training.

Keywords: disasters; public health; mental health; preparedness; United States

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Session 2: First Aid

Chairs: Carol Amaratunga; Gloria Leon

Psychosocial Assistance during Emergencies: The Current Situation in the Czech Republic

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With the increasing number of emergencies (floods, traffic accidents with a large number of casualties, and fires) and potential threats (terrorist attacks, natural, and industrial accidents), the need to provide psychosocial support to its citizens has grown during the last few years in the Czech Republic.

This presentation will discuss the main principles, stages, and forms of psychosocial assistance as well as the development of psychosocial assistance in the Czech Republic. This includes the systematic development of psychosocial assistance by the Ministry of the Interior of the Czech Republic, non-governmental organizations, Czech Airlines, the Ministry of Health, the Ministry of Foreign Affairs, and the Medical Rescue Service. The networking of psychosocial assistance providers during large-scale emergencies, disasters, and acts of terrorism abroad, a central system of management of psychosocial assistance, and the exercises of the Integrated Rescue system also will be discussed.

This presentation also will review psychology in crisis management and the myths and realities of situations as related to the affected population and the principles of providing valid information to the public.

This discussion will conclude with the objectives for psychosocial assistance in the Czech Republic in view of new threats. Intermediate objectives include: (1) developing standards; (2) improving cooperation; (3) creating and implementing intermediate and long-term assistance-oriented policies; (4) developing psychosocial assistance systems; (5) focusing on the specifics of mass-casualty incidents and chemical, biological, radiological, nuclear, and explosive-related incidents; (6) creating and implementing culture-sensitive programs and policy; (7) developing cooperation with the media; and (8) creating an umbrella organization for disaster and crisis psychology.

Long-term objectives include: (1) creating and implementing a public awareness campaign; (2) creating community development; (3) working with schools; (4) enhancing international cooperation; (5) conducting research in the field of emergency situations and crisis management; and (6) making efforts to unify terminology.

Keywords: crisis management; Czech Republic; disasters; emergencies; psychosocial assistance

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Psychological First Aid

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Psychological First Aid is an intervention that has been embraced by the Red Cross movement, the Institute of

Medicine, and the National Center for Post Traumatic Stress Disorder.

In the past decade, there has been a growing movement in the world to develop a concept similar to physical first aid for coping with stressful and traumatic events in life. This strategy has been known by a number of names but is commonly referred to as psychological first aid (PFA).—Institute of Medicine, 2003.

Psychological First Aid is an approach for providing assistance to victims, family members, and first responders in the immediate aftermath of disaster. It has been designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning.

The basic objectives of PFA are to: (1) establish a human connection in a non-intrusive manner; (2) enhance safety and provide comfort; (3) calm and orient emotionally distraught survivors; (4) offer practical assistance and information to help survivors address their immediate needs; (5) connect survivors as soon as possible to social support networks; (6) support positive coping efforts; (7) empower survivors to take an active role in their recovery; and (8) provide information that may help survivors to cope effectively with the psychological impact of disasters.

Psychological First Aid can be provided by a variety of disciplines including: (1) mental health specialists; (2) first responders; (3) emergency medical providers; (4) school personnel; and (5) faith-based providers.

This presentation is designed to give Congress attendees a basic overview of PFA.

Keywords: disaster; mental health; Psychological First Aid; psychology
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Beliefs and Attitudes to Family-Witnessed Resuscitation among Doctors, Nurses, and Paramedics in Emergency Departments

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Background: The tragedy of the sudden or unexplained death of a patient in the Emergency Department (ED) can leave the surviving loved ones with many unanswered questions. Giving the family the option to be present during resuscitation offers a more compassionate and family-centred approach to this crisis.

Objective: To provide an insight into the attitudes and beliefs of UK-ED staff about family witnessed resuscitation (FWR).

Methods: A survey was conducted among the doctors, nurses, and paramedics who work in two UK EDs. Experience, life support training, years in practice, consent issues, as well as ethical factors and concerns regarding medico-legal implications were sought. A 5-point Likert Scale was used and mean scores were analyzed.

Results: Of the 129 staff members surveyed, 34% of doctors, 29% of nurses, and 35% of paramedics believed in the concept of trauma FWR. In cardiac arrest patients, 55% of staff members were in favour of FWR, 28% opposed, and 17% were undecided. In addition, 62% of respondents believed that litigation was possible with FWR (mean 1.9; SD 0.8), and 83% thought that critical incident debriefing would be of benefit to assist staff dealing with stress (mean 1.5; SD 0.4). Fewer doctors believed in FWR in cardiac arrest patients compared to nurses ($p=0.004$) and paramedics ($p=0.006$). In trauma, these differences were non-significant.

Conclusions: Healthcare professionals caring for families in the EDs must recognize the need for compassionate, family-centred care using a well-trained and motivated team, equipped with effective, well thought-out guidelines.

Keywords: attitude; belief; emergency department; family; psychosocial; resuscitation

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Effective Disaster Mental Health Policy is Integral to Preparedness

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Studies show that the impact of the terrorist attacks of 11 September 2001 was widespread and long-lasting. A study of children in grades 4–12 found that 28.6% of the children showed symptoms of depression and/or anxiety six months after the attacks. Data from a 2003 survey show that two years after the attack, 30% of city adults continued to feel depressed, and 26% continued to show multiple emotional reactions to 11 September 2001. For children, 24% showed signs of anxiety, depression (12%), sleep disturbances (11%), and 16% complained of somatic problems. That same year, crisis counseling services ("Project Liberty") lost their funding despite documented need. The crisis counseling model was and still remains limited in the degree to which it diagnoses and treats mental health problems. While crisis counseling focuses on services provided during a disaster, data show that one year after 11 September 2001, only 13% of New York children who were affected by the attacks received professional services. More than (US)\$150 million in federal funds were allocated for crisis counseling. However, Project Liberty was cancelled so abruptly that funds were returned while people in need went unserved. Currently, similar problems now are occurring in the aftermath of Hurricane Katrina. Providers in New Orleans are expected to screen children for mental health needs and refer them for services, but there is a grossly inadequate supply of places to which referrals can be made. Evidence on which effective disaster mental health policy may be based with reference to baseline service capacity, applicable law (the Stafford Act), and regulations will be presented.

Keywords: disaster; emotional reactions; mental health; preparedness; symptoms

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