

solutions to be pursued or implemented. All qualitative data sources (verbal and written data from large- and sub-group activities) were analyzed through a content analysis.

Results: Several themes (i.e. potential solutions) emerged from the analysis: common venue, diversified activities, communication, collaboration, involvement, support for at-risk youth, intergenerational component, etc. Participants agreed on four priorities for action: 1) creating a gathering place, 2) establishing a Youth Committee, 3) supporting adults working with youth, and 4) fostering a better flow of information.

Discussion: Several positive outcomes of the collective reflection half-day were observed, including the mobilization of the participants who greatly appreciated the event, and many promising ideas launched by stakeholders. A social worker is now fully dedicated to supporting youth wellbeing and engagement in Lac-Mégantic. A Youth Committee has been established and projects by and for youth are being implemented. Bottom-up approaches to identify solutions to complex situations are not only effective but also respectful of the local culture.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s70–s71

doi:10.1017/S1049023X19001547

Tailoring Disaster Risk Reduction for Adolescents: Perspectives from China and Nepal

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Introduction: More than half of the world's youth live in the Asia Pacific region, yet efforts to reduce disaster risk for adolescents are hindered by an absence of age-specific data on protection, health, and engagement.

Aim: China and Nepal have faced a recent escalation in the number of climatic and geological hazards affecting urban and rural communities. We aimed to examine disaster-related threats experienced by adolescents and their caregivers in China and Nepal, determine the scope for adolescent participation, and elicit recommendations for improving disaster risk reduction.

Methods: Sixty-nine adolescents (51% female, ages 13–19) and 72 adults (47% female, ages 22–66) participated in key informant interviews and focus group discussions in disaster-affected areas of southern China and Nepal. Using inductive content analysis, several themes were identified as key to adolescents' needs.

Results: Security and protection emerged as a central issue, interlinked with preparedness, timely and equitable disaster response, psychosocial support, and adolescent participation. The mental health risks emerging from trauma exposure were substantial. Adolescents made extensive contributions to disaster response including involvement in rescue efforts and

delivering first aid, rebuilding homes and caring for family members. Participants forwarded a number of recommendations, including investing in psychological support, skills training, and stronger systems of protection for those at risk of family separation, trafficking, or removal from school.

Discussion: The findings informed a multilevel, interconnected model for disaster risk reduction tailored to adolescents' needs. Supporting adolescents' recovery and long-term resilience after humanitarian crises will require coordinated efforts in preparedness, security, and mental health care.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s71

doi:10.1017/S1049023X19001559

Towards Practical Guidelines for Mental Health and Psychosocial Support after Emergencies in the Western Pacific Region

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Introduction: The Western Pacific Region, comprised of 37 diverse countries and areas, is one of the world's areas most prone to be affected by disaster. Seven of the top ten countries most at risk of a natural disaster are in this region. The Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific identifies mental health in disasters and emergencies as a priority area and calls for a social movement for action on mental health and well-being. To increase understanding of and need for mental health and psychosocial support in emergency situations, regional guidelines are necessary. It is unclear to what degree international guidelines are applicable in this region.

Aim: To synthesize the contents of available evidence-based guidelines and assess their potential to address the mental health and psychosocial needs of people in emergency settings in the Western Pacific Region.

Methods: A systematic literature review of existing guidelines for mental health and psychosocial support in disasters and emergencies was conducted. Using the Appraisal of Guidelines for Research and Evaluation II instrument, the quality of each guideline was determined covering the following: (1.) scope and purpose, (2.) stakeholder involvement, (3.) rigor of development, (4.) clarity of presentation, (5.) applicability, and (6.) editorial independence.

Results: The results provide an overview of the quality, number, and specificity of available guidelines. A framework was developed to categorize these guidelines on each stage of the disaster management cycle (prevention, preparedness, response, and recovery) while considering their guidance regarding coordination, monitoring, communication, human resources, and connection with regular health services.

Discussion: The framework and its implications for further research and development are presented at the conference. We will specifically focus on the question, “What is needed to move from a reactive to a more proactive stance in policy and practice?”

Prehosp. Disaster Med. 2019;34(Suppl. 1):s71–s72

doi:10.1017/S1049023X19001560

Tragedy Meets GME: The Impact of the October 1st Mass Casualty Incident on Academic Attending and Resident Physicians

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Introduction: On October 1, 2017, a gunman fired on a festival in Las Vegas, Nevada, killing 58 people and wounding over 500. Multiple casualties were received at two nearby hospitals that sponsor residency programs: Sunrise Hospital and Medical Center and University Medical Center.

Aim: To evaluate the impact of the most lethal mass-shooting event in US history on graduate medical education (GME) at the involved hospitals.

Methods: Anonymized surveys were sent to 210 physicians at SMC and 110 physicians at UMC. Surveys incorporated 4 validated instruments: The Post Traumatic Growth Inventory (PTGI), The Impact of Events Scale-Revised (IES-R), The Multidimensional Scale of Perceived Social Support (MSPSS), and The Team Cohesion Factor (TCF).

Results: Sixty-six physicians completed the surveys (38 attendings; 17 residents). 10% of physicians scored in the likely posttraumatic stress disorder (PTSD) range and 15% found themselves avoiding or struggling with managing similar patients, though overall survey response rate was low. The majority of physicians did not believe the event impacted their specific GME activities. No attending physician rated the event as negative in terms of global impact on GME, and 34% rated it as positive. However, 12 of 17 residents rated the event as a hurdle in its GME impact. A regression model predicting the IES-R score demonstrated a trend that those with higher pre-event stress and lower social support reported more adverse impact ($p < 0.06$).

Discussion: We believe our study is the first to examine the impact of mass casualty traumatic events on graduate medical education. Attendings and residents differ in their global perception of the impact, with attendings viewing it as a positive event and residents as a challenge. Pre-event level of stress and perceived social support predicted the impact of the event and may partially explain these results if residents and attendings vary on these parameters.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s72

doi:10.1017/S1049023X19001572