

Feasibility of Implementing the STEADY Wellness Program to Support Hospital Staff During the COVID-19 Pandemic

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Introduction: The COVID-19 Pandemic negatively impacted the mental wellbeing of healthcare workers worldwide. Many organizations responded reactively to their staff needs. The novel, evidence-informed Social Support, Tracking Distress, Education and Discussion Community (STEADY) program was implemented, with senior leadership support across a large hospital. STEADY is a multi-pronged program developed to mitigate occupational stress injury in healthcare workers and first responders. This project examined the feasibility of implementing STEADY across hospital units during a pandemic.

Method: STEADY was implemented in five acute care units and across the rehab site of a large hospital. Data was collected on the five program components (drop-in peer support groups and critical incident debriefs, psychoeducation workshops, wellness assessments, peer partnering, community-building initiatives). Most peer support groups were facilitated by the program manager trained in peer support and one of six clinical staff.

Results: The program was iteratively adapted to meet the needs of target units/groups. More than 300 sessions were run in ~one year, for an average of ~1.15 sessions per unit per week. With flexible adaptation to the mode of facilitation, ~75% of planned workshops and ~85% of peer support sessions were run. Three critical incident stress debriefs were held. The formal partnering program was offered via e-mail with minimal uptake. Ninety-five wellness assessments were completed by target end-users, with 36 personalized responses sent. Gratitude trees were posted in each unit for community-building. Eight target unit staff completed formal peer support facilitation training. Twenty additional groups across the organization requested STEADY programming support and ten requested gratitude trees.

Conclusion: Results indicate that most components of the STEADY program were feasible to implement in hospital units during the pandemic. On-site, interactive programming was most engaging for end-users. Leadership support and flexible, continuous adaption by program leaders were identified as facilitators to program implementation and uptake.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s115
doi:10.1017/S1049023X23003084

Returning to Normal Life after Deployment: What Can Emergency Response Organizations Learn from the Military?

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Introduction: Emergency service workers are confronted with serious risks for their health, well-being and functioning. In order to prevent consequences to them and their families, emergency organizations should provide optimal support after an intensive period of employment. In many countries, the military pays special attention to the transition of their personnel from deployment to home via post-deployment adaptation programs (PDAPs). The objective of this presentation is to provide a structured analysis of the military approach to post-deployment adaptation and to identify potential lessons for emergency services.

Method: A systematic literature search was performed to find original peer-reviewed studies on PDAP in six databases (MEDLINE, Embase, PsycINFO, Cochrane Central Register of Controlled Trials, PTSDPubs, and OpenGrey). The overall risk of bias of the articles was assessed using GRADE guidelines. The literature was analyzed guided by a program evaluation framework entailing different domains.

Results: The search resulted in 1535 unique records that were screened for eligibility; 16 articles were included, of which only three showed low risk of bias. Most articles describe some form of third location decompression (N = 10) and also some agreement exists on how to adapt skills and cognitions after deployment (Battlemind; N = 4). The results suggest positive mental health effects and satisfaction of these elements.

Conclusion: Empirical, high-quality evidence for PDAP is scarce. In addition, the existing literature reveals a lack of systematic method in describing the goals of PDAP and the ways of achieving these. Nevertheless, this study reveals promising elements that are in line with international guidelines, such as minimizing the level of exposure, intervention delivery and adjustment issues. We discuss how future research should incorporate these elements using a systematic approach.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s115
doi:10.1017/S1049023X23003096

Veterinary Behavioral Health Issues Associated with Disaster Response-Results of Global Survey

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Introduction: Veterinarians have been identified as a professional group at elevated risk for behavioral health issues associated with an emergency response. Prior studies demonstrate the significant and long-lasting mental health effects experienced by veterinary responders. To examine the scale and scope of behavioral health issues exhibited by veterinary responders, an online anonymous survey was conducted.



Method: A Qualtrics® survey was conducted to identify the scope and scale of behavioral health issues of veterinarians responding to disasters. Informed consent language and the survey included stress warnings for participants to stop the survey and seek support if needed. A link to the survey was sent to veterinarians from contact lists and the survey link was coded for reuse so it could be forwarded to others. Sending emails announcing the survey were sent and the survey was open for one month following the second notice. The results were tabulated and analyzed by the authors.

Results: Fifty-one percent of respondents reported experiencing at least one behavioral health symptom during the disaster response and 34% reported at least one behavioral health symptom six months after the event. Milder symptoms such as loss of sleep and anxiety decreased significantly after six months, however more severe symptoms such as mood swings (24/22), depression (21/21), nightmares (18/20), and suicidal thoughts (5/5) did not significantly decrease. Sixteen percent reported support during the event and 13% reported support after.

Conclusion: Survey analysis indicated that the scale and scope of veterinary responders' behavioral health issues are significant, and the findings indicate that further study and action to improve health outcomes is warranted. Recommendations include developing standards and guidelines, incorporating behavioral health training into response activities, developing assessment and reporting protocols, collaborating with other professions to determine best practices, and providing funding for further research on behavioral health.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s115–s116

doi:10.1017/S1049023X23003102

“I’ve become very introverted”: Long-term Social and Psychological Effects of the COVID-19 Pandemic

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Introduction: Internationally, COVID-19 has impacted populations because of both infections and measures to prevent the spread of the virus. The pandemic's long-term social and psychological effects on the Dutch population were studied.

Method: The GOR-COVID-19 health monitor¹ includes quarterly measurements among youth (12- to 24-year-olds) and adult (25 and older) panels. The measurements of June and September 2022 included the open-ended question, ‘In your life at this moment, do you still feel the effects of the corona pandemic from the last 2.5 years?’ The first author qualitatively analyzed the responses (7.171 in total) through descriptive coding. A team member did a co-coder reliability check.

Results: In the questionnaire, various people name positive effects of the pandemic, such as being able to spend time alone or feeling more confident. However, many respondents describe how the pandemic negatively affected their social life, mental

health, personal development, financial situation, and perception of society. People who experienced life transitions show vulnerability to social isolation while working and learning online because they missed the opportunity to establish a new social network. Among them are young people who started secondary school, university, or their first job during the pandemic. The youth also often describe having difficulty with social interaction, feeling they have ‘unlearned’ to be in large groups or interact with strangers. Older generations, in contrast, comment on their own continued cautiousness.

Conclusion: After years of pandemic, fear of contamination and social distancing measures have impacted society and individuals. The findings raise the question, ‘How will the experience of a pandemic continue to shape society and, in particular, what will be the lasting effects on the social networks and mental health of generation Z?’

¹ See Integrated GOR-COVID-19 health monitor and The Dutch GOR-Covid-19 health monitor, both in the European Journal of Public Health (2022) 32:3.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s116

doi:10.1017/S1049023X23003114

Exploring the Experience and Well-being of Female Evacuees in Coastal Bangladesh through a Phenomenological Lens

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Introduction: Women in coastal Bangladesh face greater challenges while staying at evacuation centers during cyclone emergencies. This study explores the lived experience of women and their well-being as evacuees.

Method: The research undertook a phenomenological approach to conduct in-depth interviews of nineteen women from three extremely vulnerable districts of coastal Bangladesh.

Results: The interviews revealed that women experienced obstacles to maintaining hygiene, using the toilets and accessing privacy, and suffered distress as pregnant women, lactating mothers, and through menstruation, which affected them physically and hampered their mental health. Coming from a male-dominated socio-cultural background, female evacuees unaccompanied by male guardians experienced fear and uncertainty. Some participants recollected facing social pressure and overwhelming emotions as carers of children and elderlies, whereas some reconciled traumatizing incidents such as witnessing death. Such experiences led to anxiety, stress, and depression with either temporary or permanent trauma. Participants frequently mentioned panic attacks and stress-related physical issues such as heart palpitations, dizziness and light-headedness. However, spiritual beliefs and social bonds within the community enabled peace and optimism among the women. Findings highlight that certain factors determined women evacuees' experience of wellbeing. Social