A Qualitative Analysis of Social Support for Disaster Relief Workers

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Introduction: In recent years, the expansion and prolonged duration of disasters have underscored the importance of addressing traumatic stress among disaster support personnel. Effective support mechanisms are essential to mitigate the psychological impact experienced by individuals engaged in disaster response.
Methods: A survey was conducted from August to September 2021 to examine how disaster support personnel manage traumatic stress across various professions and organizational affiliations. A questionnaire was distributed to 1,109 organizations involved in disaster response in Japan, with ethical approval from the Life Design Graduate School Ethics Committee at Toyo University (approval number: 2020- 7S).
Results: Valid responses were obtained from 581 individuals, including members of the Self-Defense Forces (22), police (12), fire services (260), coast guard (6), healthcare (146), social welfare (49), government administration (37), disaster volunteers (29), and psychological and other professionals (20). Qualitative analysis was conducted using the Steps for Coding and Theorization (SCAT) method to examine free-text responses. The analysis identified five key elements necessary for social support to assist disaster responders: the importance of psychological support, assistance from family and peers, workplace environment and interpersonal relationships, ongoing education and training, and structured organizational support systems.
Conclusion: In large-scale disaster settings where multiple professions collaborate, establishing shared rest spaces, providing access to psychological counselors, and conducting regular stress assessments are critical for enhancing mental health support. Furthermore, feedback mechanisms, such as coordination meetings, can strengthen support systems, promote mental well-being, and foster a cooperative, multi-agency approach to sustaining the mental health of disaster response personnel.

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Protecting High-Risk Workers: Available Evidence and Implications for Guidelines

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Introduction: Evidence-based guidelines for psychosocial care support the well-being of workers in high-risk fields like ambulance services, the fire brigade, and the police. Between 2022 and 2024, the Dutch guidelines were fully revised. Part of this revision involved a systematic literature review to examine (1) psychological effects of impactful events on uniformed personnel and factors that influence these risks, and (2) available evidence for effective prevention strategies.
Methods: Two comprehensive searches were conducted in Ovid Medline ALL (1949-2022), PsycINFO (Ovid; 1806-2022), and PTSDpubs (National Center for PTSD, US; 1871-2022) between September and November 2022, with an update in summer 2024. Both searches were registered in PROSPERO. A wide range of search terms was used, derived from existing guidelines, expanded with new terms, and peer-reviewed by experts to ensure relevance. Two independent researchers screened the results and extracted key data, with 15-20% double-checked for consistency. Methodological quality of all included studies was assessed.
Results: For study one, 1,413 studies were screened, resulting in 43 included studies. The quality of studies (using AMSTAR criteria) was generally low, and most were cross-sectional. Effects were found in several domains: somatic, psychological, social, work-related, behavioral, and ethical. Risk factors included aspects of the incident, personal history, work pressure, and coping style, while protective factors included work meaningfulness, social support, and training. For study two, 2,334 studies were screened, with 22 RCTs included. Twenty-five prevention interventions were identified, most being selective (48%) or universal (40%) in nature. However, study quality was generally low (according to the Cochrane Risk of Bias tool), with some interventions showing mixed outcomes.
Conclusion: The identified factors and prevention studies are valuable for understanding and addressing mental health challenges in high-risk occupations. However, the review highlights a lack of high-quality empirical knowledge, complicating the development of evidence-based guidelines and urging for expert-based co-creation models.

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Armed Assailant in a Health Care Setting: Are We Prepared?

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Summary: While armed assailant attacks in a healthcare setting are rare, they pose a potential risk to healthcare staff, patients, visitors, and the infrastructure. They can disrupt health care services and deprive people of life-saving treatment.

Many hospitals have well-developed disaster plans to respond to a mass casualty incident (MCI) occurring outside the hospital. Hospital staff receive emergency preparedness training to respond to MCI as part of their job scope, either through online modules or participation in disaster drills.

A lack of an armed assailant incident response plan can significantly reduce the hospital's ability to appropriately respond to such an incident. The random, short-lasting but violent nature of an armed assailant incident makes healthcare response extremely challenging. Along with the response to the incident, the other challenges also include the management of the assailant as well as the safety and management of the patients, public, and healthcare staff during the incident.

The primary objectives of the response plan should be:

- threat assessment and pre-incident planning

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