Summary: The mental health consequences of health emergencies and disasters have the potential to be severe and sustained. Yet the long-term patterns of psychological response remain unclear. Effective planning and implementation of prevention, preparation, response, and recovery rely on understanding the trajectories for post-traumatic stress symptoms, depression, and anxiety prevalence in the years following disasters and pandemic exposure, and identifying associated risk and protective factors.

A systematic review of mental health literature identified trajectories of change for mental health concerns in the years following disaster exposure, differentiated by age and disaster type. Overall, mental health rates show a gradual improvement over time, but trajectories vary by disorder, age, and disaster type. Children and adolescents are at significantly heightened risk of mental health concerns after disasters, with elevated scores compared to adults, at every time point. A comprehensive range of multi-level risk and protective factors can determine potential areas for mental health support and disaster risk reduction strategies.

The chronicity of mental health outcomes after disasters and pandemics highlights a critical need for tailored, sustainable mental health services, particularly for children and adolescents. Innovative techniques in co-design offer an important opportunity for collaborative and informed community-level interventions that have the potential to address existing and emerging inequalities. Long-term mental health support and developing targeted strategies to enhance resilience among vulnerable groups in the aftermath of disasters and pandemics are critically important.

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The Roles of Primary Care in Disasters

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Summary: Primary care is the foundation of any health care system. Primary care providers offer public health and individual care for patients in all age groups and respond to acute and chronic health problems with medical and surgical interventions. The principles of primary care are versatile and applicable, and experience shows that primary care is essential in all phases of disasters. It plays a critical role, particularly in restoring affected healthcare systems. Primary care providers are trained to understand illness in the local context. They are flexible to balance limited resources for community and individual care, skills that become critical during a crisis. Proximity in disasters allows primary care to 1) protect families, 2) train local providers, and 3) empower people. These significant roles are hampered by a shortage of skilled primary care providers, both in general and when most needed: in response to a disaster. Even more concerning is the scarcity of competent primary care educators with the experience and skill to walk the walk, talk the talk, and grow the specialty.

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Needs for Primary Care Training in Post-Conflict Communities

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Summary: Primary care is the gateway to any healthcare system. Paradoxically, where the need is greatest – particularly in fragile states and conflict-affected communities – so, too, is the shortage. Providers serving in these circumstances face a wide range of clinical problems across various age groups, but with limited resources to draw upon. And there are precious few educators to prepare these practitioners for the daunting tasks they face. Drawing from primary care program development in diverse communities, this session will define primary care needs, identify primary care providers, address problems and challenges in training, examine assumptions that can hinder healthcare system building, and discuss how to implement and monitor sustainable interventions based on primary care principles.

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Longitudinal Patterns of Healthcare Workers' Mental Health during Western Australia's Unique Policy Response to COVID-19

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Summary: Western Australia implemented a swift and extensive response to the COVID-19 pandemic. Broad public health protections included strict international and state border closures, rapid lockdowns, and a widespread vaccination strategy that resulted in 95% of the population receiving two doses of the vaccine before the first community outbreak of the virus. This presentation investigates the longitudinal patterns of post-traumatic stress symptoms (PTSS), depression, and anxiety among healthcare workers in Western Australia, and the risk and protective factors associated with changes in status during the onset of COVID-19 community spread. It outlines data from an explanatory mixed methods study that included a longitudinal assessment of healthcare staff (n = 183) working at tertiary hospitals and major clinics across Perth (before and following the first wave), a follow-up state-wide survey (n = 815), and qualitative data from interviews and focus group discussions (n = 21). The quantitative data revealed moderate levels of mental health difficulties reported at baseline. At follow-up, overall rates of post-traumatic stress symptoms (PTSS), depression, and anxiety remained stable; however, latent growth models revealed that those with lower PTSS, depression, or anxiety symptoms at baseline reported a larger increase in symptoms over time, and those with higher symptoms at baseline had a smaller decline over time, indicating a 'catch up' effect. Key risk and protective factors will be presented, and implications for future pandemic preparedness will be outlined. Improvements in systemic workplace factors are needed to support healthcare workers' mental health during periods of acute stress, even in settings with high levels of emergency preparedness.

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