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Focus on human needs: Understanding good
and bad practices in public health crises



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Rapid needs assessment during crises – Developing a tool for public health authorities to assess needs and problems of affected populations

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Background:

One of the key elements in providing adequate mental health and psychosocial support (MHPSS) to people affected by crises, is knowing what their needs are. Our objective was to build upon previous international research about existing tools and experiences with rapid needs assessments (RNA) and develop a RNA tool which can provide meaningful guidance to public health authorities in the Netherlands. The tool should serve two objectives: (1) It should be possible to conduct the RNA in 1-2 weeks, (2) The results of the assessment should assist Municipal Health Services (MHS) organizations in supporting policy-makers on providing MHPSS services to affected populations.

Method:

A systematic review of the literature was conducted to search for possibly useful tools or guidelines. Alongside, a series of interviews was performed among Dutch experts on disaster and environmental health research, to learn from their experiences with performing needs assessments. Based on this information a draft RNA-instrument was created, structured along the types of services distinguished within the Dutch national evidence-based MHPSS guidelines, and tested in several workshops.[1]

Results:

The results of our literature review were similar to those reported in 2010 by Korteweg et al.[2] Several methods and instruments are available and tested. However, there is no international consensus on how best to perform an RNA. Although interviews pointed at potentially useful data sources and instruments, there are no ready to use formats or guidelines for the Dutch situation. We designed a tool ourselves, based on the gathered information and structured along three parts: relevant questions to answer about needs and problems; sources of existing data MHS organizations can use; and a variety of methods to collect additional information among affected populations. At the moment of submission of this abstract, the tool is still being developed.

Discussion:

The instrument will be further accustomed to specific preferences of the target users. In general, the MHS representatives underscored the relevance of conducting an RNA and considered the dialogue with colleagues from different disciplines valuable. Since new data sources and techniques become available constantly, it is important to update the tool periodically.

[1] Impact (2014). Multidisciplinaire Richtlijn psychosociale hulp bij rampen en crises.

[2] Korteweg et al. (2010). Rapid Health and needs assessments after disasters: a systematic review. BMC Public Health, 10(1), 295.

Preparing for the unexpected: A comparative study of policy responses addressing post-terror health reactions in Norway and France

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Terrorist attacks occurring in generally peaceful and stable democracies are typically followed by a number of political responses designed to meet the needs of those directly affected and of the general population. Because terrorist attacks affect several interrelated parts of society, including health, justice, and security, political measures will often need to be multifaceted and dynamic. Additionally, such emergencies may incite reforms to existing systems. More comparative research is needed in order to gain a better understanding of these responses and how they develop. The main aim of the current study is therefore to investigate how governments in generally peaceful democracies address the civilian population's needs after a terrorist attack. More specifically, we will look at intentions for action, as expressed through policies and plans, aimed at addressing concerns related to health and wellbeing in the population post-terror. Furthermore, given the broad scope of emergency preparedness to terrorist attacks, this study will look at to what extent policy responses integrate health and security measures.

Using document analysis, we will analyze the plans for post-terror response in Norway and France respectively and comparatively, related to the 2011 attack in Norway, and three attacks that occurred in 2015 and 2016 in France. Walt and Gilson's (1994) model developed for the analysis of health policy, which focuses on the four concepts context, process, content, and actors, will be employed for this purpose. Through this analysis, the intention is to shed light on how different health systems respond to intentional, man-made disaster, and the degree to which these processes reflect the systems in which they are implemented and the nature of the terrorist incidents. Differences between terrorist incidents and countries will be discussed, including organizational differences in healthcare, varying political histories with regards to terrorism, and differences between the attacks themselves and the affected populations. This comparative case study will provide a better understanding of the complexity of policy responses to terrorist attacks across countries, as well as challenges and opportunities for research and health management of such disasters.

Psychosocial care to civilians affected by terrorist attacks in Norway (2011), France (2015), Belgium (2016), and the Netherlands (2019)

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The international terrorist threat commends for a deliberate planning of psychosocial care to efficiently respond to attacks in different countries and improve the public health preparedness. This presentation seeks to provide insight into the planned content, target populations and providers of acute and long-term psychosocial care to civilians affected by terrorist attacks in four European countries: Norway (Oslo & Utøya 22 July 2011), France (Paris 13 November 2015), Belgium (Brussels 22 March 2016) and the Netherlands (Utrecht 18 March 2019). Our main source of data was grey literature; such as governmental reports, policies, plans and guidelines on the content and organization of psychosocial care after the attacks under study as well as mass casualty incidents in general in the respective countries. Similarities and differences between the psychosocial care responses will be discussed in light of the countries' health systems and characteristics of the attacks. In spite of available international guidelines, the psychosocial care responses differed considerably between countries. In all cases, the registration quality influenced possibilities for follow-up contact with survivors and bereaved families, and an accessible health system formed the backbone of effective psychosocial care over time. More systematic monitoring, evaluation and research that can be compared across countries are requested to improve our preparedness and develop better practices for psychosocial care in response to terrorist attacks. Recommendations will be suggested to sustain lessons and make them available for future attacks and other mass casualty incidents.

Network professionalism: the interplay between professional work and network viability

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Background. Increasingly public professionals are working to deliver services while simultaneously working on network viability, i.e. a network's ability to exist over a longer period of time. Networks are considered to be an appropriate response to complex problems, such as disaster management and terrorism. Networks are strongly emphasized in public governance. An understanding of how this interplay between networks and professionals influence network viability unfortunately remains obscure and is hardly theorized.

Objective. This research aims at broadening our understanding of the interplay between public professionals and network viability. We answer the question how do public professionals work on service delivery while simultaneously work on network viability.

Method. A comparative case study was conducted in order to draw lessons from the organization of the psychosocial response after terrorist attacks in France, the United Kingdom, Norway and Belgium. Four expert focus groups with (high level) crisis managers, researchers, policy makers and health professionals involved in the psychosocial response to terrorism were organized.

Results. We identified key elements on how professionals provide services in networks, while simultaneously working on network viability. Professionals show specific behaviours that shape network structure. They actively engage in a process of positioning themselves. At the same time network structure prescribes how professionals behave and how service delivery should look like.

Discussion. This research is one of studies to integrate professionalism with network literature. Central in this is a professional's ability to position themselves (positioning) in combination with network characteristics to incorporate quality members and improve individual and network outcomes (capacitating).

A closer look at evaluation challenges in post-disaster mental health and psychosocial support

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Background

Disasters can have an enormous impact on the health and well-being of those affected. Internationally, governments and service providers are often challenged to address complex psychosocial problems. Ideally, collaborating organizations manage to provide a range of support activities under the umbrella of a coherent, high-quality mental health and psychosocial support (MHPSS) programme. Objective of this contribution is to present (1) findings from a comparative analysis of the quality of 40 MHPSS programmes, mostly implemented in European disaster settings; and (2) a synthesis of lessons and areas of attention we can learn from recent MHPSS evaluations.

Methods

The contribution is based on a combination of two studies. The first study used a theoretical framework to statistically test hypothesized relations between quality components of MHPSS programmes. The data on 40 MHPSS programmes mostly implemented in European disaster settings, was collected during the EU project “Operationalizing Psychosocial Support in Crisis” (OPSIC) (Dücker et al. 2018). The second one is a conceptual study based on a review of recent MHPSS evaluations and a summary of relevant conclusions and lessons (Dücker 2021).

Results

Several models were tested and compared in the first study. Programme coordinators were generally positive about their programmes in terms of general evaluation criteria and the realization of essential psychosocial principles. The analysis showed that some measures and interventions are more likely to be applied in programmes with more evolved planning and delivery systems, yet for most measures and interventions the likelihood of being applied is not linked to planning and delivery system status, nor coordinator perceptions concerning psychosocial principles and evaluation criteria. The second study reveals recurring shortcoming in the way MHPSS is evaluated and helps to distinguish several focal areas, evaluation criteria and contextual aspects to consider when planning and conducting evaluation research in a disaster setting.

Discussion

MHPSS evaluations need to look beyond (clinical) outcomes and apply a broader concept of the quality of mental health intervention. Moreover, evaluations need to capture the intervention context, otherwise it is tremendously difficult – not to say impossible – to make progress in formulating context-specific guidance and evidence-informed scale-up. The context might vary along the timeline of a particular event, but it remains a product of a locally unique interplay between exposure, history and culture.