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Data supplement

Table DS1 Number of respondents by country

Country	Respondents, *n*
UK	35
USA	13
Norway	10
Netherlands	7
Italy	4
Sweden	4
Georgia	3
Portugal	3
Spain	3
Turkey	3
Australia	2
Austria	2
Croatia	2
Denmark	2
Romania	2
Switzerland	2
Bulgaria	1
Canada	1
Finland	1
France	1
Iran	1
Jordan	1
Poland	1
Russia	1
Bosnia and Herzegovena	1

Online supplement

Consensus of statements

Good positive consensus (77 statements)

1. Planning

(1) Every area should have a multi agency psychosocial care planning group.

(2) Every area should have guidelines on the provision of psychosocial care in emergencies.

(3) Mental health professionals should be represented on the psychosocial care planning group.

(4) The psychosocial care plan should be tested through exercises.

(5) The psychosocial care plan should be incorporated into the overall disaster plan.

(6) A training programme should be in place in every area to ensure individuals involved in the psychosocial care response are prepared for their roles and responsibilities.

(7) A European plan should be used as a model for the delivery of care in all countries without being made mandatory.

(8) The human rights of individuals should be explicitly considered.

2. Components of the initial response (within the first week)

(1) The initial response should promote a sense of safety.

(2) The initial response should promote a sense of self and community efficacy.

(3) The initial response should promote connectedness.

(4) The initial response should promote calming.

(5) The initial response should promote hope.

(6) The initial response requires practical, pragmatic support provided in an empathic manner.

(7) Information regarding the situation and concerns of individuals should be obtained and provided in an honest and open manner.

(8) Written leaflets containing education about normal responses to traumatic events and where to seek help if necessary should be provided.

(9) Psychological reactions should be normalised during the initial response.

(10) Individuals should be neither encouraged nor discouraged from giving detailed accounts.

(11) Individuals should be actively educated about reactions during the initial response.

(12) Individuals should be provided with education if they are interested in receiving it.

(13) A telephone helpline that provides emotional support should be launched.

(14) A website concerning psychosocial issues should be launched.

(15) A humanitarian assistance centre/one stop shop should be established where a range of services potentially required can be based.

(16) The psychosocial response should be monitored and evaluated by the planning group.

(17) The human rights of individuals should be explicitly considered.

(18) Those providing an initial response should work closely with the media.

3. Components of the early response (within the first month)

(1) Formal screening should not occur but helpers should be aware of the importance of identifying individuals with significant difficulties.

(2) Individuals with difficulties should be formally assessed for further input.

(3) Treatment with trauma focused cognitive behavioural therapy should be available for individuals with acute stress disorder.

(4) Evidence based interventions for individuals with other mental health difficulties should be available within the first month.

(5) Individuals with high levels of distress should be contacted proactively to maintain contact.

(6) The psychosocial response should be monitored and evaluated by the planning group.

(7) The human rights of individuals should be explicitly considered.

(8) Memorial services/ceremonies should be planned.

4. Components of the response 1 to 3 months after the traumatic event

(1) Formal screening should not occur but helpers should be aware of the importance of identifying individuals with significant difficulties.

(2) Individuals with difficulties should be formally assessed with consideration for their physical, psychological and social needs before receiving any specific intervention.

(3) Treatment with trauma focused cognitive behavioral therapy should be available for individuals with acute post traumatic stress disorder.

(4) Other treatments should be made available for individuals with acute post traumatic stress disorder (please specify if consider this important) .

(5) Evidence based interventions for individuals with other mental health difficulties should be available.

(6) Individuals with high levels of distress should be contacted proactively to maintain contact.

(7) Individuals with ongoing mental health difficulties should be offered a formal assessment by a trained practitioner.

(8) The psychosocial response should be monitored and evaluated by the planning group.

(9) The human rights of individuals should be explicitly considered.

(10) Memorial services/ceremonies should be planned.

5. Human resources

(1) All responders should have undergone formal training.

(2) Volunteers should be recruited and screened for suitability before being accepted.

(3) Ongoing supervision of all involved should be provided.

(4) Ongoing training of all involved should be provided.

(5) Specific attempts to involve local individuals who are aware of local cultures should be made.

(6) Community self help and social support should be facilitated.

(7) Conditions for appropriate communal, cultural, spiritual and religious healing practices should be facilitated.

(8) Governments should make extra provision to support local services for several years following a major incident.

6. Specific services

(1) All areas should have a traumatic stress service with responsibility for psychosocial care following disasters.

(2) All areas should have individuals with a designated responsibility for psychosocial care issues.

(3) All responses should provide expert assessment and diagnosis.

(4) All responses should provide general support.

(5) All responses should provide access to social support.

(6) All responses should provide access to physical support.

(7) All responses should provide access to psychological support.

(8) All responses should involve the family as well as the individual.

(9) All responses should provide educational services regarding reactions and how to manage them.

(10) All responses should provide a training programme for all first responders.

(11) Different levels of training are required for individuals who are more involved in the psychosocial response.

7. New statements added in round 2

(1) Existing services should be fully mapped to incorporate them into the plan.

(2) Politicians should be involved in management training and exercises.

(3) Service users (patients) should contribute to the planning process.

(4) Inter-agency co-operative planning and coordination should be a key issue.

(5) A cross-cultural element should be considered in the initial response plan.

(6) Individuals and communities should be assisted in developing empowerment to respond to crisis demands.

(7) Support for disaster response workers should be provided for in the plan.

(8) The option of further proactive contact should be made to survivors.

(9) General Practitioners/local doctors should be made aware of possible psychopathological sequelae?

(10) Efforts should be made to identify the correct supportive resources (eg family, community, school, friends, et cetera).

(11) It is important to make other services available, for example, financial assistance and legal advice.

(12) Self-help interventions are required to address the needs of large survivor populations.

(13) The wellbeing of the first responders should be monitored.

(14) Work opportunities should be provided to enable survivors to re-adapt to everyday life routines and be independent.

Total: 77 statements, positive (mean score $\geqslant 7$)

Good negative consensus (6 statements)

2. Components of the initial response (within the first week)

(1) The initial response requires provision of specific formal interventions such as psychological debriefing.

(2) Bad news should be withheld from distressed individuals for fear of causing more upset.

(3) Mental health professionals have no role in the initial response.

(4) Individuals should be encouraged to provide detailed accounts of their experiences.

(5) Individuals should be discouraged from giving detailed accounts of their experiences.

6. Specific services

(1) All responses should provide formal single session early interventions such as psychological debriefing.

Total: 6 statements, negative (mean score $\leqslant 3$)

Neutral (28 statements)

1. Planning

(1) Mental health professionals should lead the psychosocial care planning group.

(2) A European plan should be made mandatory for all countries.

2. Components of the initial response (within the first week)

(1) The initial response requires formal assessment of individuals' mental health status.

(2) The initial response requires provision of specific formal interventions such as psychological first aid.

(3) All individuals should be screened for mental health difficulties using a structured questionnaire or interview.

(4) All individuals should be screened for physical health difficulties using a structured questionnaire or interview.

(5) All individuals should be screened for social difficulties using a structured questionnaire or interview.

(6) The creation of a database to record personal details should occur.

(7) Specialist care is required for specific populations, for example the elderly and children.

(8) Separate plans are required for specific populations, for example the elderly and children.

(9) Mental health professionals should provide initial support.

(10) Initial support should be provided by non mental health professionals.

(11) Mental health professionals should provide an advisory and supervisory role but rarely get directly involved in the initial response.

3. Components of the early response (within the first month)

(1) Those providing an initial response should avoid contact with the media.

(2) All individuals should be screened for mental health difficulties using a structured questionnaire or interview.

(3) All individuals should be screened for physical health difficulties using a structured questionnaire or interview.

(4) All individuals should be screened for social difficulties using a structured questionnaire or interview.

(5) Individuals involved should be contacted proactively, irrespective of their symptoms.

4. Components of the response 1 to 3 months after the traumatic event

(1) All individuals should be screened for mental health difficulties using a structured questionnaire or interview.

(2) All individuals should be screened for physical health difficulties using a structured questionnaire or interview.

(3) All individuals should be screened for social difficulties using a structured questionnaire or interview.

(4) Treatment with EMDR [eye movement desensitisation and reprocessing] should be available for individuals with acute post traumatic stress disorder.

(5) Individuals involved should be contacted proactively, irrespective of their symptoms.

5. Human resources

(1) Where local resources are limited disaster survivors should be given priority over other groups.

(2) Where local resources are limited disaster survivors should not be given priority over other groups and priority should be based on need.

6. Specific services

(1) All responses should provide more complex formal early interventions such as Critical Incident Stress Management (CISM) , Trauma Risk Management (TRiM) or psychological first aid.

(2) All responses should provide access to pharmacological assessment and management.

7. New statements added in round two

(1) Responding staff in all professions should complete regular general health questionnaires.

Total: 28 statements (3 < mean score < 7)

Total number of positive, negative and neutral statements: 111