PROJECT FINAL REPORT

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Final publishable summary report

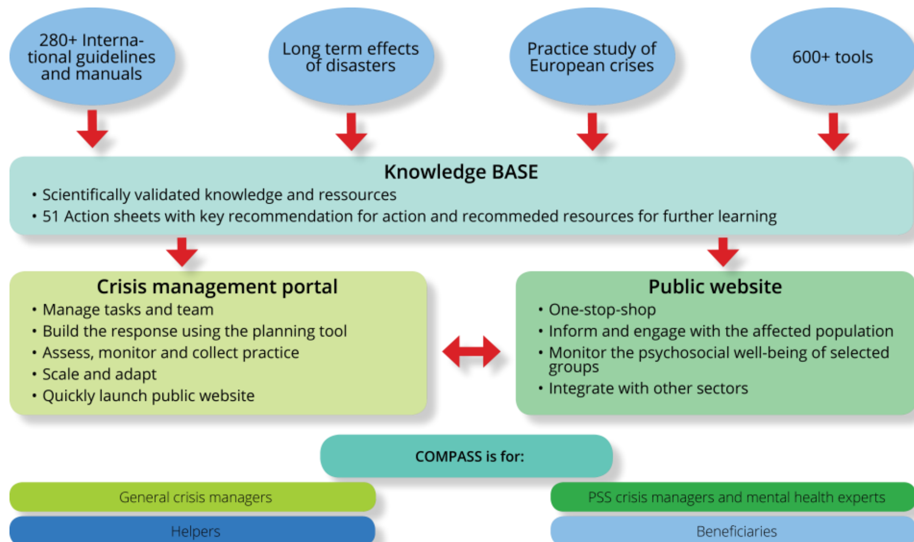
Executive summary

The consortium of ten partners successfully completed work within the OPSIC (Operationalising Psychosocial Support in Crisis) project. The triple objectives of the project were:

1. To provide overview of existing guidelines for psychosocial support (PSS) in crisis management and compare these in terms of key points addressed and gaps.
2. To translate PSS best practices and guidelines into a generally accessible, coherent operational guidance and information system.
3. To integrate COMPASS information system into existing end-user protocols.

The research phase saw the successful development of the Mental Health and Psychosocial Support (MHPSS) comprehensive guideline. This is a quality management instrument, pointing users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response and in all types of disasters and with all possible target groups. The MHPSS comprehensive guideline contains 51 action sheets that can be used as planning tools by general crisis managers, psychosocial crisis managers, mental health professionals and other practitioners. A user-friendly MHPSS planning tools handbook (including all 51 action sheets) is also available.

Based on this research, OPSIC designed and developed a comprehensive operational guidance system (COMPASS) that provided an integrated single platform for practical MHPSS guidance in crisis management. COMPASS is anchored in an advanced IT system that stores in one centralised place all relevant information, guidelines and tools, and also serves as an interactive platform for both professionals, who can share knowledge and ensure a coherent and coordinated approach, and victims and affected population, who can access and download relevant information and can either directly or by reference get in touch with PSS professionals.



COMPASS, shown above, was tested in multiple ways, including end-user consultations, pilots, demonstration and simulations in order to develop a COMPASS prototype that successfully enables potential governmental end-users to envision the implementation of the platform in their own organisations.

Encouraged by strong, positive and concrete interest from governmental end-users in several European countries and at several governmental levels, the consortium was created the COMPASS Foundation to exploit, maintain and develop the results of OPSIC. According to Foundation Roadmap, the first governmental end-user will have a tailored versions of COMPASS implemented in its home organisation already by 2016 and several others are expected to follow in short succession.

Summary description of project context and objectives

Complex emergencies such as earthquakes, flooding, bombings, and the recent terrorist attacks in Paris, France (November 2015) can seriously affect entire populations and rip nations apart, with long-term psychosocial consequences impacting the most vulnerable as well as the helpers for years following the disaster.

A growing body of evidence shows that the provision of timely and appropriate Mental Health and Psychosocial Support (MHPSS) interventions to people confronted by, or recovering from the adverse impact of a disaster, traumatic event or security threat can mitigate the human suffering, speed up recovery and help to rebuild individual and community resilience.

On 3 June 2010, the Council of the European Union adopted a number of conclusions on psychosocial support in the event of emergencies and disasters and calls upon Member States to include PSS in their civil protection system in the different risk and disaster management stages and stresses the need to focus on both affected population, crisis managers and first responders.

The European Commission (EC) has been tasked with supporting EU Member States to improve the psychosocial preparedness of the public and of first responders, and to increase the effectiveness of interventions and treatment of people affected by psycho-traumatic problems.

Operationalizing Psychosocial Support in Crisis - OPSIC – is an FP7 funded project designed to assist the EC to attain this goal and proposes to do so by achieving the following three specific objectives:

4. To provide overview of existing guidelines for psychosocial support (PSS) in crisis management and compare these in terms of key points addressed and gaps.
5. To translate PSS best practices and guidelines into a generally accessible, coherent operational guidance and information system.
6. To integrate COMPASS information system into existing end-user protocols.

The project was carried out by a consortium consisting of ten partners:

1. Danish Red Cross, IFRC Reference Centre for Psychosocial Support, Denmark
2. University of Innsbruck, Dept. of Psychology, Austria
3. Nederlandse organisatie voor toegepast-natuurwetenshappelijk onderzoek
4. Stichting Impact, The Netherlands
5. Academisch Medisch Centrum bij de Universiteit van Amsterdam, The Netherlands
6. Faculty of Humanities and Social Sciences, University of Zagreb, Croatia
7. Magen David Adom, Israel
8. General Directorate of Emergiencies and Civil Proctection of Madrid, Spain
9. Tahzoo, The Netherlands
10. Crismart, Försvarshögskolan, Swedish National Defence College, Sweden

OPSIC was structured in three phases, comprising of different work packages, executed by teams in an iterative, collaborative process. In addition to the phases, two cross-cutting work packages for management (WP1) and dissemination (WP8) ran throughout the project.

Research phase
- WP2 Mapping and analysis of existing PSS guidelines
- WP3 Best practices PSS assessment and intervention
- WP4 Long-term impact of major incidents and disasters

Technology development
- WP5 Development of the operational guidance system (COMPASS)

Pilot testing and demonstration
- WP6 Pilot test of guidelines and web-based system
- WP7 Demonstration for governmental end-users

Research phase

More specifically, three separate but closely inter-linked research parts were conducted in WP2, WP3 and WP4. The outcome of the research phase was comprehensive guidelines including recommended interventions, tools and framework for all relevant phases, target groups, types of disasters and consideration on ethics, culture and gender. In conjunction, work conducted in three WPs produced one of the core elements of the project, namely all the input needed for COMPASS. Separately, the research WPs will:
- map and analyse the existing guidelines, identify gaps and develop a logical framework for users to navigate the "jungle" of guidelines (WP2)
- identify and analyse best practice intervention tools and deliver criteria for assess the usefulness and effectiveness of given interventions and tools (WP3)
- gather and analyse research and grey literature on recent intervention and assessment methods and produce research on the long term impact of disasters (WP4)

The field of PSS is relatively new. OPSIC foresaw that a very large part of the work would be to develop information that enabled the project to develop the comprehensive data that would make up COMPASS. This is the truly innovative outcome of the research phase. To achieve this required intensive collaboration and knowledge sharing across the three WPs, as gaps in one WP could only be filled with input from the others through iterative and complex triangulation.

Together, the research WPs enabled mutual integration and:
- ensured that the logical framework (WP2) is in line with both best practice (WP3), long-term impact (WP4) and vice versa
- filled all gaps of the logical framework in alignment with existing guidelines, best practice and research on long-term impact
- ensured that in-depth qualitative and quantitative data from the field is included in OGS
- embedded the project and its outcomes solidly in the crisis management field by making extensive use of the consortium contact to identify all relevant information

The outcome of the research phase is comprehensive guidelines including recommended interventions, tools and framework for all relevant phases, types of disasters including ethical, cultural and gender issues.

Technology development phase

Based on this research, OPSIC designed and developed a comprehensive operational guidance system (COMPASS) that provided an integrated single platform for practical MHPSS guidance in crisis management. COMPASS is anchored in an advanced IT system that stores in one (centralised) place all relevant information, guidelines and tools, and also serves as an interactive platform for both professionals, who can share knowledge and ensure a coherent and coordinated approach, and victims and affected population,

who can access and download relevant information and can either directly or by reference get in touch with PSS professionals.

COMPASS is also able to generate statistical information during the course of a disaster response that can inform decision-making and help refine strategic interventions.

COMPASS developed by OPSIC serves as the operational interface between the existing guidelines and best practices and operational intervention tools and methods. WP2, WP3 and WP4 provided a comprehensive overview of the currently available guidelines, tools, methods and information on MHPSS needs after disasters as well as a translation of all this into field checklists for each phase, target group and type of disaster. WP5 designed COMPASS that merges this information into a clear, easy to access multi-user system that provides the necessary information and interventions for the identified target groups at the optimal time.

COMPASS focuses on all four phases of crisis management, - prevention, preparedness, response and recovery - and relates these to the identified three types of target groups, -i) PSS crisis managers; ii) PS intervention forces and volunteers; iii) victims and directly and indirectly affected population as well as to all different event types (natural disasters, man-made disasters (technical disasters as well as intentional disasters like terrorist attacks).

COMPASS integrates a variety of input from many differentiated sources:

- European and other guidelines and sources on PSS in crisis management for MHPSS in crisis, specific guidelines that have been developed for specific target groups or in specific contexts, and ethical, cultural and gender based guidelines on an international but also on a national level (WP2).
- General scientific knowledge and recommendations regarding tools to be used also specified for phases, types of event and target groups: provided by scientific sources (gives insight in what can be recommended from a scientific point of view) (WP2).
- Best practices and recommendation of guidelines and tools/methods based on usefulness in practice (WP3).
- Knowledge about the longer term psychological, societal and cultural impact of crisis, which is relevant for further reviewing, refining and improving existing guidelines and current assessment and intervention methods and tools (WP4).

Further to the above described information, COMPASS includes a variety of assessment and intervention tools and guidelines developed by OPSIC:

- Checklists for field use that can be used immediately by the psychosocial crisis managers in emergency situations and that are specified for each phase, event type and target group (delivered by WP2- WP4).
- A comprehensive guideline including recommended interventions, tools and framework for all relevant phases, types of disasters including ethical, cultural and gender issues (WP2-WP4).
- A web-based assessment tool for the needs and interests of the affected population: providing specific statistical knowledge by processing information obtained via a web portal (e.g. number of visitors, most selected references) and other sources (e.g. mobile telephone based assessment applications) (WP5).
- A web-based assessment tool for crisis managers, first responders and volunteers (WP5).
- A web-based resilience monitoring tool for assessing the resilience of the crisis managers, first responders and volunteers (WP5).
- An interactive database for continuously collecting knowledge and experience on emergencies (WP5).

COMPASS was developed iteratively, including end-user perspectives through-out. Ethical aspects were managed closely by a dedicated ethical manager, who also covered ethical work in the pilot and demonstration phase.

Pilot test and demonstration phase

The functionality and usability of COMPASS was pilot tested in simulations by relevant end-users in different countries. The three end-user OPSIC partners (Danish Red Cross, General Directorate of Emergiencies and Civil Proctection of Madrid and Magen David Adom) organised three simulations in Israel, Spain and Denmark, respectively. In the pilot tests functionality and usability was evaluated according to selected key performance indicators. The outcome of the simulations was feed into adjustment and refinement of COMPASS. After having integrated the essential adjustments and refinements, COMPASS was demonstrated for governmental end-user in WP7 and a final simulation (using an imaginary scenario) with this governmental end-user was conducted. At last, an analysis of how to implement COMPASS in the governmental end-user's already existing protocols was conducted.

Dissemination

Dissemination of the project results and project outputs is a key to ensure the overall quality and sustainability of the project, and was therefore considered paramount to the success of the project. The work on dissemination had two core components; project internal dissemination and external dissemination.

Internally, dissemination focused on ensuring that project partners could work effectively though ensuring that all necessary communication tools were available and by ensuring that knowledge and information was shared between and across project partners at the right time, in the right format, with the right persons. This internal dissemination also extended to the advisory and ethical advisory board of the project

External dissemination was key to the project as the value of any project depends on not only the direct outputs it produces but equally importantly on whether the project results and outputs will be considered valuable and put to good use after the completion of the project by stakeholders. As a capability project, the success of OPSIC will largely depend on whether the identified key target groups and other stakeholders are aware of the project, find it useful and are prepared to use its results and adopt COMPASS as part of their national crisis management. Consequently, OPSIC found it of utmost importance to raise awareness about the project, disseminate the project results, engage stakeholders and promote COMPASS throughout the project period.

The target groups for the external dissemination strategy include but are not necessarily limited to:

- Crisis managers
- Intervention forces
- Volunteer organisations
- Decision-making government authorities in crisis management
- Academic and research institutes working in the field of psychosocial support in crisis management
- Victims organisations
- The media

External dissemination was carried out though the extensive networks of the project partners and supported by a dedicated and continuously updated project homepage, www.opsic.eu, and an array of information materials that were produced as the project and its results developed and the needs of both the project partners and the recipients of the dissemination changed.

Main Scientific & Technological results/foregrounds

As outlined above, the OPSIC project was designed with heavily interdependent WPs in order to produce its scientific & technological results. Of the results presented below the MHPSS Comprehensive Guideline, Best practices and PSYQUAL assessment tool, the Review and meta-analysis of studies of long-term impact of disasters and COMPASS can be used as stand-alone results while the results Mapping and analysis of guidelines and the Pilot and demonstration of COMPASS should be seen as intermediate results that contribute to the stand-alone results. The intermediate results have been included as part of this section of the report as they contribute results relevant to future work within the field of MHPSS in crisis in their own right.

Mapping and analysis of guidelines

The mapping and analysis of guidelines produced a scientifically validated set of guidelines and tools for MHPSS to be included in COMPASS. The synthesis includes as definition of selection criteria and the development of a structure for organising the recommendations from the guidelines into manageable subsets of information, so-called checklists, which would eventually become the Action Sheets found in the MHPSS Comprehensive Guidelines and COMPASS.

The achievements of the mapping and analysis of guidelines can be summarised as follows:

Part 1 Mapping and analysis of guidelines

1. Definitions and criteria for event types, Crisis and phases of response
2. A research overview regarding ethical, cultural and gender aspects in disasters
3. A comprehensive mapping and desk study of existing European PSS guidelines and methods for crisis management as well as an identification of gaps regarding phases and/or target groups
4. An analysis of the most prominent guidelines regarding ethical, culture and gender aspects

Part 2 Checklists

5. A first draft of checklists for field use for all phases and target groups as well as ethical, cultural and gender issues based on the most important guidelines
6. An extensive list working definitions on key concepts for MHPSS in crisis to work towards the creation of a common language for MHPSS in Europe

The final results of this intermediate result are described in further detail under the MHPSS Comprehensive Guideline below.

Practices for MHPSS in crisis and the PsyQUAL assessment tool

Practices for MHPSS in crisis and the PsyQUAL assessment tool are too interlinked results.

A set of practices for MHPSS in crisis in Europe presents a shortlist containing 10 examples of crisis and the related MHPSS responses. Through in-depth, structured interviews with MHPSS crisis managers involved in the incidents, the practices recapped the event, identified and captured the monitoring and evaluation carried out at the time and developed lessons learned thus making the knowledge available to be included in future preparation for MHPSS crisis response.

The following 10 cases were described:

1. Denmark 2000 – Stampede at Roskilde Music Festival (example of survey)
2. Spain 2004 - Madrid Bombings MARCH 11 th , 2004

3. Spain 2008 - Airplane crash outside Barajas airport, Madrid
4. Georgia 2008 - Conflict of 2008
5. Iceland 2008 - financial crisis
6. Finland 2008 – School shootings at Kauhajoki
7. Norway 2011 - The shootings on the Island of Utoya
8. Netherlands 2011 – Shootings at Aalphen aan den Rijn shopping mall
9. Belgium 2011 – Toxic waste train accident Wetteren
10. Austria 2013 - Floods

While the cases provide significant and valuable lessons learned, the generalisability of information is low as both the cases and the monitoring and evaluation carried out on the MHPSS interventions related to them differed significantly.

Since the ingredients of a program are what determine the outcomes, it was essential to analyse the specific content of good programming (process analysis) to further identify which characteristics are the most effective ones or contribute most to the mental health and well-being of beneficiaries. This was done with the development of the PsyQual, a questionnaire developed to capture successful characteristics in the program process that lead to beneficial outcomes.

PsyQual is based on the following 18 characteristics identified though combining literature review with expert opinions from the academic research groups as well as the more field oriented expertise. It is designed to measure extensive long-term programs that may be set up after major disasters. However, it can also measure other types of events and a shorter version of the tool will also be developed.

18 characteristics of best programming

Preparedness

1. Based on principles of latest research (guidelines)
2. Stable funding throughout the response period
3. Multidisciplinary preparedness group that consults on good response
4. Predefined follow up system and co-operation with mental health systems for e.g. set up of referral routes.
5. Access to volunteers
6. Structured training of staff and volunteers
7. Co-operation with other key organizations
8. Plan for set up of information and resource centre and its services

Response

9. Competent and experienced manager/management
10. Organizational/regional/national support of response
11. Built on a rapid needs assessment
12. Capacity to respond quickly
13. Multi-disciplinary response
14. Clear structure and line of communication (e.g. "enabling" a dialogue between beneficiaries and the authorities))
15. Good documentation of interventions
16. Good registration of beneficiaries

Recovery

17. Built in monitoring and evaluation criteria with a feedback loop
18. Co-ordination point for long term care

Additionally, a conceptual framework has been developed to guide the further study into the quality of psychosocial support programs. The conceptual is based on the following principles (Dückers & Thormar 2014):

- A distinction can be made in three quality categories:
    - **Structure** describes the context in which services are delivered, including buildings, people, financial resources, and equipment.
    - **Process** denotes transactions between clients and providers throughout the service delivery, activities and technical and interpersonal aspects of the performance.
    - **Outcome** refers to the effects on the well-being and health of clients and populations.
- The three categories should not be mistaken for attributes of quality; they are the classifications for the types of information that can be obtained in order to infer whether the quality of care is poor, fair, or good.
- In order to make inferences about quality, there needs to be an established relationship between the three categories; this relationship between categories is a probability rather than a certainty
- The division in structure, process and outcome and its postulated relation is suitable to examine the quality of psychosocial programs.
- High-quality psychosocial support means that services directed at groups and individuals meet certain quality criteria: activities are need-centred, effective, efficient, safe (causing minimal harm and risks), timely, equal (no inequality based on gender, age, culture etc.).
- Understanding the quality of a psychosocial program ("what a best practice is") implies knowing the characteristics that constitute the program's structure, process and outcome, including the scores per quality criterion, plus the associations between the characteristics. Only then can we work deliberately to improve the quality where desirable or necessary.
- High quality is associated with responsible behaviour, avoiding waste and harm, and not overestimating or underestimating resilience (proposed here as a parabolic model).
- The quality threshold is to be guarded. Program managers and service providers who check/monitor whether their plans and expectations regarding a diversity of individuals or communities come true; bring a safety valve into the program. A well-timed measurement will show if the optimum has been reached or not. Evaluation is basically a decision-making tool about the future of a project. The basic assumption in evaluation is that it should identify observable or measurable outcomes (consequences, results) that can be used to demonstrate that the project is reaching the goal and objective.

In summary, the analysis of more than 30 practice cases using the PSYQUAL assessment tool showed the following:

- Mostly natural disasters (1/3) and terrorist events (1/3)
- 69% had different organizations providing PSS
- In 72% of the cases it was clear who was professionally leading the intervention
- Over 30% of the programs did most of the interventions (setting up shelters, information meetings, leaflets, telephone lines etc.)
- 71% had a PSS plan and over 50% of them had built it on existing guidelines
- 43% had tested the plan through exercise before the event
- About 65% of them felt the plan had worked well in crisis
- 50% had a multi-agency care plan and 83% of those had included experts in traumatic stress and 82% had politicians/government officials involved in planning
- Only 30% had fully mapped PS resources and integrated them into the plan but other 30% had fully mapped the resources but not integrated it into the plan
- 96% worked with volunteers and about 60% had pre-recruited both staff and volunteers to allow for screening
- About 50% had a good training program in place for both staff and volunteers and 67% felt that the training had fit the roles

- 85% were able to start their intervention within 4 days and 66% of those within the same day
- 50% identified PSS needs through an assessment and 35% took instructions from crisis management without an assessment
- 72% had a stable funding source

Review and meta-analysis of studies of long-term impact of disasters

The goal of the Review and meta-analysis of studies of long-term impact of disasters was to establish long-term psychological, societal and cultural impact of selected types of natural and human-made crisis.

To establish this, a systematic literature review and meta-analysis of studies produced for the past 33 years were done based on explicit methodology. An extensive literature search was conducted, including various sources – electronic articles databases, Internet, reference lists of relevant studies and support from other Consortium members. This search yielded about 1000 studies that reported about unique 1700 indicators of long-term consequences of disasters. Out of these indicators, the vast majority (97%) dealt with consequences at the individual level, and more specifically, with mental health indicators (around 73%), while research on communal and societal consequences was very scarce. Because of this, meta-analysis could be conducted only for several mental health indicators.

The main findings are that disasters have serious consequences in the long-term period, both in terms of mental health diagnoses and sub-clinical syndromes of the affected populations. Also, these consequences remain relatively stable in the long-term period, up to 10 years post-disaster. Furthermore, there is an indication that the human-made disasters result in worse consequences than natural disasters. Helpers were found to have lower mental health consequences than the general affected population, but the prevalence of disorders among the helpers was higher than in the general non-affected population.

The moist important recommendation based on these finding is that increased mental health support should be ensured in the affected communities over a long-term period after disasters, up to about 10 years. Regarding the impact of disasters on other, less researched, broader psychosocial indicators the research shows long-term negative effects on overall psychological functioning, quality of life, beliefs about the effects of disasters, and job absenteeism. As for community and societal levels, it was found that disaster could sever social ties in the community, increase desire and expectancy to move away from the community, and decreased quality of the community environment in the long-term. Moreover, there are some indications that it may alter the functioning of different community services in the long-term. However, although these studies provided some proof of adverse effects of disasters in the long-term period at the community and societal levels, they were very heterogeneous and sometimes contradictory. No evidence was found in the literature review of empirical studies on the lasting effects of disasters at the cultural level. More well-designed research is needed in order to reach more definite conclusions and to fill the gaps identified in the present systematic literature review for the period of last 33 years.

To operationalise the findings of the review and meta-analysis, analysis of time changes in effects of disasters on general affected population were conducted for PTSD and depression diagnoses, probable PTSD, poor general mental health and post-traumatic stress symptoms measured with Impact of Event and Impact of Event Scale – Revised. Studies were included if they had at least one measurement post-disaster, and had passed the criterion on response rate and dropout rate.

In general, the findings show that there is stability in prevalence of diagnoses and symptom levels over a long-period post disaster. In the table below, prevalences of PTSD and depression diagnoses, rates of probable PTSD, poor general mental health, and post-traumatic stress symptom levels over two time periods are shown. Although some changes in prevalences and rates can be seen over time, they are small. For most of the indicators a slight decline in prevalence or intensity of symptoms can be seen, with rates of probable

PTSD showing the biggest decline. However, these findings indicate that, 6 months post-disaster, the levels of psychological impairment remain roughly the same. Also, prevalences of mental health diagnoses remain high even in the longest time period studied (on average 15 years post-disaster) – about 16% have PTSD and 13% have depression diagnoses.

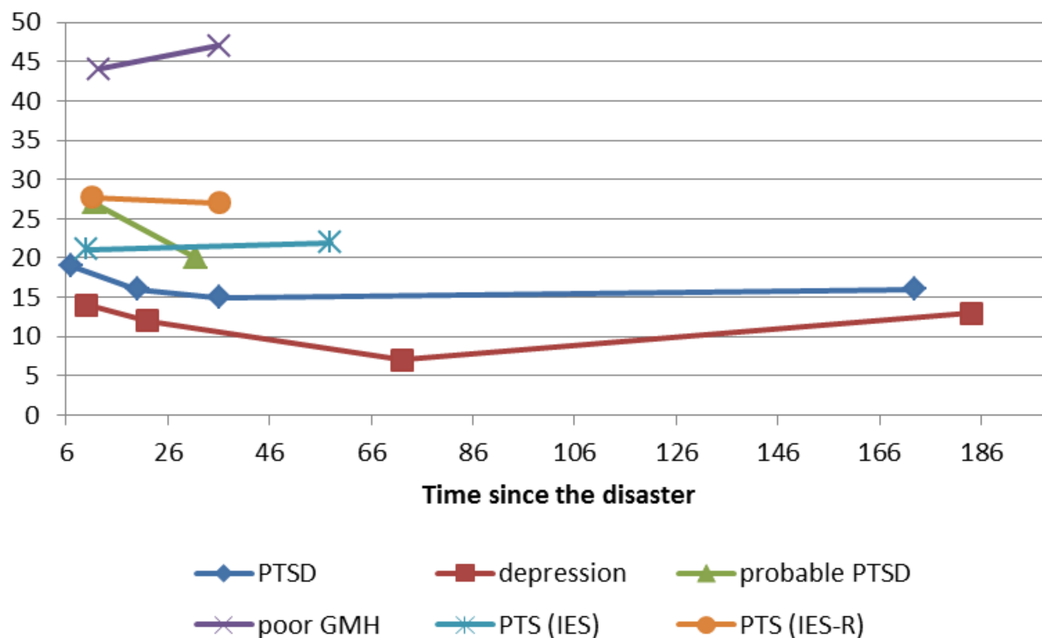


Figure 1 Change in mental health indicators post-disaster over the long-time (general affected population)

Main conclusion: effects of an event on an exposed population can last for a long time, even years. A portion of the population suffers from health complaints that demand professional attention from therapists, and form a substantial burden for affected people as well as their families and social network. Consequently, authorities should allocate and maintain sufficient capacity to deliver care for people with persistent problems, and to anticipate on risk and protective factors. Focusing solely on the first days, weeks and month is by no means adequate. The program should last at least two years and – depending on the situation – up to five. The OGS should support end-users for a longer time period, providing crisis managers and service providers with guidance over time. The intensity of the program should be monitored and adjusted to the needs of the target groups.

The Comprehensive Guideline on Mental Health and Psychosocial Support in Disaster Settings

The MHPSS comprehensive guideline is a quality management instrument, pointing users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response and in all types of disasters and with all possible target groups. The MHPSS comprehensive guideline contains 51 action sheets that can be used as planning tools by general crisis managers, psychosocial crisis managers, mental health professionals and other practitioners. A user-friendly MHPSS planning tools handbook (including all 51 action sheets) is also available. (It can be downloaded as a pdf document. The action sheets can also be downloaded as single documents.)

Purpose and strengths of the MHPSS comprehensive guideline

The comprehensive guideline on mental health and psychosocial support in disaster settings is a quality enhancement and quality management instrument that has the following advantages compared to other guidelines:

(1) The MHPSS comprehensive guideline points users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response and in all types of disasters and with all possible target groups. This is an improvement on existing guidelines
   a. It contains 51 individually usable planning tools in the form of action sheets that give key recommendations on all relevant topics necessary for creating high quality psychosocial programmes, trainings and intervention plans.
   b. It is built on an analysis of 282 high quality guidelines and more than 600 tools.
   c. It contains key recommendations on how to address psychosocial aspects in general emergency management.
   d. It is aimed at general crisis managers, psychosocial crisis managers and mental health professionals and supports them in planning and maintaining high quality psychosocial and mental health programming in disaster settings.
   e. It indicates the special requirements of especially vulnerable target groups, as well as specific recommendations for event types that require additional psychosocial planning.
   f. It provides comprehensive information on all relevant mental health and psychosocial topics for all phases and target groups as well as event types, taking account of ethical, cultural and gender aspects.

(2) Each action sheet is an entry point into relevant topics for high quality mental health and psychosocial support in disaster settings. Each action sheet contains key recommendations, as well as additional information on guidelines, resources and tools, and best practice examples.

(3) The recommendations in the action sheets can be easily adapted to national and organisational contexts. Operational materials are recommended in the tools part of each action sheet.

(4) The MHPSS comprehensive guideline recommends multilevel mental health and psychosocial support. In this multilevel approach, it is assumed that although trained lay persons can provide certain kinds of support, more complex needs call for mental health professionals or other practitioners.

(5) The MHPSS comprehensive guideline therefore clearly states the important role of trained psychologists and other mental health professionals for good psychosocial and mental health interventions and programming.

(6) The MHPSS comprehensive guideline features research results on gaps that have been identified in the literature. These include the lack of long-term research on the effects of disasters; the lack of best practice Indicators; the lack of an instrument for testing the quality of a psychosocial support programme; and the lack of recommendations on standardised instruments for assessing mental health problems after disasters.

(7) The MHPSS comprehensive guideline gives an overview on European projects, organisations, networks, institutions and guidelines.

(8) The MHPSS comprehensive guideline is a first step towards an operational guidance system (OGS) for crisis managers, mental health professionals and practitioners. For example, all the action sheets can be accessed individually in the OGS library (base). They are also linked - in a more user friendly, checklist format - in the phase part to enable psychosocial crisis managers and mental health professionals to prepare and plan for an actual response. The checklists are based on 19 best practice characteristics that were identified by OPSIC on the basis of a literature and expert interview analysis.

Results of analysing and mapping psychosocial guidelines and tools

The structure and main contents of the MHPSS comprehensive guideline are based on mapping and analysing 282 psychosocial guidelines and over 600 tools, with the following conclusions:

There are quite a number of excellent European guidelines on psychosocial support in the context of disasters that are based on relevant and state of the art scientific findings. As stated above, the MHPSS comprehensive guideline does NOT replace existing guidelines but acts as a POINTER to guidelines that are specific to different user groups, and comprehensive in indicating recommendations regarding all phases, target groups and event types.

Gaps identified in the mapping and analysis process should not to be seen as a lack of quality in relation to the European guidelines on psychosocial support. They stem from the fact that most of the guidelines have a very specific focus, for example, psychosocial support for adults mainly in the response phase of a disaster. The MHPSS comprehensive guideline gives an overview of all phases, relevant target groups and event types taking account of ethical, cultural and gender aspects, as it is not possible to provide all the detailed information in one document. We decided therefore to give brief summaries and references to the main recommendations. We have also included new material including research findings which go beyond current 'state of the art' guidance in MHPSS, filling the gaps identified in our research.

The resulting comprehensive guideline is based upon existing European and international psychosocial support guidelines, as well as on tools and new research findings. It gives an overview of the state of the art, fills the identified gaps and goes a big step beyond the state of the art of current European Guidelines on Psychosocial Support in the context of disasters.

As the NATO TENTS guidance provides the most comprehensive European guidelines, we took this guidance as a basis and then filled the gaps identified. Here are the gaps in the European psychosocial guidelines and an outline of how the gaps were filled**:**

GAP 1: ETHICS, GENDER and CULTURE: In European psychosocial guidelines the topics of ethics, gender and culture are not mentioned in a significant way. However, there is material on gender provided by the European Commission. International guidelines include reference to ethical, gender and cultural aspects, which are highly relevant in this field. We therefore took relevant international guidelines as a basis in order to fill this gap in the MHPSS comprehensive guideline.

GAP 2: OLDER PEOPLE, DISABLED PERSONS and CHILDREN: There were very few European guidelines on older people in disasters or disabled persons in disasters and almost no specific guidelines on children and adolescents (except for the context of schools). There is however material provided by the European Commission. We therefore added research findings and international guidelines to the action sheets on these target groups.

GAP 3: TERRORIST ATTACKS and FLOODING: Regarding event types, there were no European guidelines on terrorist attacks (though we found a lot of research in this area). There were also no guidelines on psychosocial support after flooding. The action sheets on event types were therefore constructed based on research findings.

GAP 4: COMMUNICATION and SOCIAL MEDIA USE: Recent disaster research has stressed the importance of an equal and fair dialogue with all relevant stakeholders as one of the main issues in disaster and crisis management. We have therefore provided information about crisis communication and crisis management in the MHPSS comprehensive guideline, including the increasing relevance of social media in the communication process. This aspect moves the MHPSS comprehensive guideline beyond current 'state of the art' guidelines.

GAP 5: PSYCHOSOCIAL SUPPORT IN SHELTERS and EVACUATION CENTRES: European guidelines seem to focus more on mass emergency events than on disasters (where infrastructure may be destroyed and needs be replaced at least temporarily). This results in recommendations of delivery formats like reception centres and humanitarian assistance centres which may not be very useful in the case of natural disasters like flooding or earthquake. There is almost no reference on how to embed psychosocial support into shelters or

other typical support formats for disasters (see the definition of disaster and mass emergency later in this chapter). We have therefore included action sheets from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings in order to fill this gap.

GAP 6: RECOVERY AND LONG-TERM EFFECTS: There are very few recommendations for the long-term recovery phase in existing guidelines or in the literature. The University of Zagreb conducted a thorough literature review and meta-analysis of research over the past 30 years on long-term effects of disasters. The findings allowed conclusions that served to develop several action sheets. A short overview of this research and the resulting findings on long-term effects of disasters can be found in the Annex in Part V. The full research report is available in the library part of the OGS.

Gap 7: BEST PRACTICE CRITERIA FOR PSYCHOSOCIAL PROGRAMMING. As there were no predefined best practice criteria for psychosocial programming in the context of disasters, the Amsterdam Medical Center conducted a study in this area. Based on research on best practice examples, literature analysis and expert interview analysis, they derived best practice criteria that were then translated into a questionnaire that was the basis of a European wide survey. The questionnaire and survey are included in the Annex.

Gap 8: DEFINITION OF TERMS. Key terms like ‘disaster’, ‘crisis’, ‘emergency’ and psychosocial terms like ‘psychological first aid’, ‘mental health’ and ‘psychoeducation’ are not always defined in guidelines. There is a glossary in the MHPSS Comprehensive Guideline therefore which will be developed in the OGS.

Gap 9: RECOMMENDATIONS FOR TOOLS. The existing European guidelines do not recommend specific tools for MHPSS in disasters. We have therefore identified a range of high quality tools in a toolbox that will be incorporated into the OGS. We also recommend tools in each of the action sheets.

Structure of the MHPSS comprehensive guideline

The MHPSS comprehensive guideline covers all relevant aspects of mental health and psychosocial support before, during and after crisis and takes ethical, cultural and gender aspects into account. It includes information on crisis management. The MHPSS comprehensive guideline has 51 action sheets.

Each action sheet is a planning tool that can be used individually. It forms an entry point into the main recommendations and contains links to tools, best practice examples and further reading on the topic of interest. The planning tools aim to support decision-makers, crisis managers, psychosocial crisis managers, mental health professionals and practitioners in developing good psychosocial programming, training and interventions. They provide an overview of the main requirements and standards of psychosocial interventions before, during, and after disasters.

While the Action Sheets make up the larger part of the MHPSS Comprehensive Guidelines, a large selection of annexes adds significant value to the product under the following headlines:

1. **An overview** of European projects, networks, institutions and documents on psychosocial support
2. **A glossary** on the main terms that have been used
3. **A best practice handbook containing detailed descriptions of practice examples** that have been collected by OPSIC (as well as links to further practice examples from the literature **as well as an overview of survey findings on European psychosocial support best practice)**
4. **An overview of the findings from long-term research** as well as resulting recommendations
5. **An overview of research, assessment and monitoring instruments** for short and long-term MHPSS
6. **A tool for measuring good practice**
7. **A list of best practice characteristics.**

Contents and intended users of the MHPSS comprehensive guideline

The MHPSS comprehensive guideline is divided into four parts that are aimed at different user groups: Decision-makers, crisis managers (including incident command and psychosocial crisis managers), mental health professionals in multi-agency coordination groups and practitioners.

Part one is aimed at decision-makers (from legal bodies, institutions and organisations) and general crisis managers. It is also relevant for psychosocial crisis managers, mental health professionals and other practitioners. Part two is aimed at psychosocial crisis managers, mental health professionals and practitioners focusing on key recommendations for all types of disasters and for all target groups. Part three is aimed at psychosocial crisis managers, mental health professionals and practitioners and focuses on the specific needs of relevant target groups. Part four also aims at psychosocial crisis managers and mental health professionals and provides additional references for specific events types.

The table below gives an overview of the MHPSS comprehensive guideline:

Part one: General aspects to be considered in crisis management	
Content	**User group**
Psychosocial and mental health aspects that have to be considered in emergency planning	Decision-makers Crisis managers Psychosocial crisis managers Mental health professionals
Part two: Aspects to be considered in establishing MHPSS programmes/Interventions	
Content	**User group**
MHPSS recommendations for good psychosocial programming and interventions	Psychosocial crisis managers Mental health professionals Practitioners
Part three: Specific MHPSS aspects for target groups	
Content	**User group**
MHPSS recommendations for specific target groups	Psychosocial crisis managers Mental health professionals Practitioners
Part four: Specific MHPSS aspects for event types	
Content	**User group**
MHPSS recommendations for different event types	Psychosocial crisis managers Mental health professionals Practitioners

- **Part one**: **Psychosocial aspects that have to be considered in emergency planning** are aimed at decision-makers, crisis managers, psychosocial crisis managers and mental health professionals. It focuses on mental health and psychosocial aspects that have to be considered in emergency planning like general principles of psychosocial programming, ethical aspects, gender aspects, cultural aspects, long-term consequences, evidence on mental health and psychosocial support, the strategic stepped model of care, research and evaluation, as well as crisis communication and crisis management.

- **Part two: Recommendations for good psychosocial programming and interventions** is aimed at psychosocial crisis managers, mental health professionals and practitioners. It focuses on recommendations for good mental health and psychosocial programming. It contains key recommendations and key actions for delivery design and service delivery and practice in the phases of preparedness, response and recovery. The action sheets cover key recommendations and key actions regarding planning and implementing interventions in the immediate response, in ongoing

response, as well as recovery in the long-term. There are specific action sheets on response to mass emergencies like terrorist attacks or train accidents and the establishment of humanitarian assistance centres. The section on psychosocial practice includes a brief description of psychological first aid and the five essential elements of psychosocial support.

- **Part three**: **Specific MHPSS recommendations for target groups** are aimed at psychosocial crisis managers, mental health professionals and practitioners. It contains target group-specific key recommendations and key actions regarding the needs of children and adolescents (including specific recommendations for schools), helpers (staff and volunteers), refugees, older and disabled persons.

- **Part four: Specific MHPSS recommendations for event types are** aimed at psychosocial crisis managers, mental health professionals and practitioners. It focuses on specific event types like terrorist attacks, CBRN incidents and long-term consequences of disasters after specific event types and in different regions.

How to use the MHPSS comprehensive guideline

As stated above, the MHPSS comprehensive guideline consists of planning tools in the form of 51 action sheets. These action sheets give an overview of the relevant topics and provide links to further reading. Users will benefit most from the MHPSS comprehensive guideline if they make full use of the resources provided.

- **Knowledge and experience**: Knowledge and experience in crisis management and mental health and psychosocial support in disaster and emergency settings will be helpful in applying the planning tools included here.
- **The action sheets are planning tools:** Each action sheet helps users in planning and implementing psychosocial and mental health interventions and in applying general psychosocial principles in disaster and emergency planning. Action sheets can be translated into checklists to guide users through each step of action.
- **Further reading and tools can be found in each action sheet for the relevant topic**. The tools that are recommended in each of the action sheets provide practical materials for training, psychoeducation, intervention and implementation, assessment, monitoring, etc.

The intended user groups for the MHPSS comprehensive guideline are decision-makers from legal bodies, responsible organisations and institutions, as well as general crisis managers (for part one key psychosocial principles to be considered in emergency planning) and psychosocial crisis managers (psychosocial command staff and mental health experts in psychosocial coordination group, incident command), as well as responsible practitioners from those organisations that are active in the emergency preparedness, response and recovery.

For government decision-makers at the strategic and policy level, findings from the research on long-term impact of disasters are of particular importance. They are summarized in the Annex, p.375ff) and in actions sheets Nr. 16, 29, 35, 40. The full report is archived in the OGS library. The research shows that affected populations have several fold higher risk for mental ill health for an extended period after a disaster. For example, post-traumatic stress disorder (PTSD) and major depression remain four to five times higher ten years post-disaster than in non-affected populations. The implication is that health costs will be much higher and productivity in such communities lower for a prolonged period of time if appropriate measures are not put in place. In order to mitigate this, provisions should be made to ensure that affected populations have access to MHPSS. Data show that increased need for such services may be evident even 15 years after a disaster so that the implications for policy makers are self-evident.

The structure of the action sheets

Each individual action sheet contains key recommendations (key principles, key recommendations and/or recommended key actions and/or key findings (from the research). They give the psychosocial crisis manager or mental health professional in charge an overview of the main points. Each action sheet also contains links to the relevant guidelines, tools, best practice examples and further readings for more detailed resources on the topic of interest.

Each action sheet contains two parts:

1. Key recommendations, which includes key principles, key findings, key recommendations and/or key actions (taken from one to three main guidelines or resources that are cited in the heading)
2. Additional information on Additional resources (indicating published literature and other relevant guidelines), Tools (e.g. tools on screening, psycho-education, assessment, monitoring, etc.) and Practice examples (from OPSIC, etc.)

Action Sheet Part 1: Key recommendations

All key recommendations are taken from existing guidelines, research findings and/or the published literature. The citation(s) at the bottom of each action sheet refers to the guideline(s) or research from which the key findings, key recommendations and key actions have been taken.

As mentioned above, the MHPSS comprehensive guideline points users to existing resources.[2] The action sheets are planning tools which may have to be adapted to the given context, frameworks and situations (see, for example, Hobfoll et al., 2007).

The three elements in part 1 include the following:

- **Key principles** – this refers to the main psychosocial principles that should inform planning general emergency planning, response and aftercare). As stated above, these principles can be adapted to the national or regional contexts in order to be integrated into the emergency plans.

- **Key findings -** this refers to relevant findings from recent research that have not yet been integrated into existing guidelines. These findings should be taken into account when planning high quality psychosocial interventions at all levels. Our own research findings, especially in relation to long-term research (done by the University of Zagreb) regarding disasters, were also developed into key recommendations.

- **Key recommendations** –this refers to recommendations for good psychosocial programming. The recommendations provide guidance on developing good psychosocial programming in relation to service and delivery design. These recommendations can be adapted to national and regional contexts and should be integrated into psychosocial intervention plans.

- **Key actions –** this refers to the actions that ensure good psychosocial interventions. Key actions refer to the actions needed to put MHPSS principles and programmes into practice. Full details about actions associated with good practice are provided.

Action Sheet Part 2: Additional information

[2] They are drawn from the most relevant high quality psychosocial guidelines together with findings from the literature and OPSIC research (e.g.best practice and long-term findings).

Each action sheet contains additional information about resources, tools and practice examples as follows:

- **Additional resources –** this refers to relevant research and guidelines that are recommended for further reading.

- **Recommended tools** – this refers to tools that can be accessed and used by the users. We recommend specific tools linked with the topic in the action sheets. There are also tools in the toolbox in the OGS library. We define tools as operational material.

  Psychosocial tools have a range of functions, including:

  - manuals for conducting psychosocial activities or training programmes, for example, for training volunteers and staff in psychosocial activities
  - protocols for monitoring or mapping purposes
  - Handbooks on planning and implementing psychosocial programmes. These may be comprehensive programmes or targeted programmes like using play activities to enhance wellbeing
  - psychoeducation, for example, information for parents of affected children
  - assessment instruments and screening tools
  - Checklists, for example, for gender-sensitive planning of a psychosocial programme.

  The toolbox in the OGS library is resources for crisis managers and helpers, and psychoeducational material and practical information for affected persons. They are listed below. Criteria for their use are explained for each type of tool.

  Types of tools

  Tools for gathering information: This category includes instruments, interview guidelines, questionnaires, plus other less standardized materials, for conducting needs assessments, monitoring the recovery of an affected population or organizing data collection for research purposes. Tools include those that can be used to screen for, assess, monitor or identify needs, resources, risks and symptoms (e.g. general mental health, PTSD, depression, quality of life, social support, affect, beliefs, social functioning, interpersonal relationships, etc.) including:

  - *Standardized and validated instruments that can be used free of charge for the OGS*
  - *Less standardized materials based on validated expert experience and recommended for use by the main actors in the field like WHO, IASC and others.*

Tools for psychosocial training: These include training manuals which feature information on the content of the training topic and materials for teaching and conducting the training, including instructions for exercises and activities.

- *Training manuals are recommended which are based on a participatory learning approach and contain relevant evidence-based materials, with appropriate exercises, videos, handouts, leaflets, etc., relevant to the focus of the training.*

Tools for planning and implementation of interventions: These tools are mostly in the format of checklists. A checklist consists of actions that have to be taken in order to achieve a desired outcome (e.g. IASC checklists for field use on coordination).

- *Checklists based on the main psychosocial guidelines issued by the IASC, TENTS or others.*

Tools for conducting psychosocial interventions: These are manuals for conducting certain forms of psychosocial interventions like psychological first aid, together with checklists on specific psychosocial interventions (e.g. certain types of play activity with children, etc.).

- *Tools that are based on the main guidelines in the field and that are part of evaluated and well documented programmes and recommended by the main actors in the field.*

Tools for exchanging information: These include folders/leaflets/information to help people better understand behaviours, feelings and thinking of those who have been exposed to a critical experience. These are materials that give psychoeducative and other relevant information in a shortened and understandable way to the target groups, including helpers and the affected population.

- *Leaflets and folders that are clearly evidence-based.*

- **Practice examples –** this refers to practice examples that give an in-depth insight into the specifics of each intervention format with respect to given situations and contexts. Practice examples can be found in the annex of the MHPSS comprehensive guideline, as well as in the OGS library.

Contexts where the MHPSS comprehensive guideline can be used

As stated above, the MHPSS comprehensive guideline has been developed so that it can be of use in all national European contexts. Action sheets can be easily adapted to serve users' needs in specific frameworks, responsibilities and situations. We recommend contextualizing the recommendations and adapting the national and regional guidelines and disaster plans based on the state of the art presented here. Please note that the action sheets apply to all different types of disasters, except armed conflict and pandemics (the OPSIC team decided to exclude these latter two types).

Overview of Action Sheets

Action sheets in the comprehensive guideline

PART I: MHPSS ASPECTS TO BE CONSIDERED IN GENERAL DISASTER PLANNING

1. MHPSS Core Principles
2. Ethical Aspects in Disaster Management
3. Protection Aspects in Disaster Management
4. Gender Aspects in Disaster Management
5. Cultural Aspects in Disaster Management
6. Key findings from the Evidence on Mental Health and Psychosocial Support
7. MHPSS Approach: The Strategic Stepped Model of Care

MHPSS ASPECTS IN CRISIS MANAGEMENT:

8. Key MHPSS Aspects in General Crisis Management
9. Key Principles in MHPSS Crisis Management

MHPSS ASPECTS IN CRISIS COMMUNICATION:

10. Key MHPSS Aspects in Crisis Communication
11. Key Aspects to be considered in using Social Media
12. Key Principles to be considered in using Social Media
13. Social Media in the Preparedness Phase
14. Social Media in the Response Phase

RESEARCH AND EVALUATION IN MHPSS

15. Research and Evaluation in MHPSS
16. Long-term Research and Evaluation in MHPSS

PART II: DEVELOPING MHPSS POLICIES FOR DELIVERING GOOD PRACTICE

PHASE A: WHAT TO CONSIDER IN THE PREPAREDNESS PHASE IN RELATION TO MHPSS:

17. General Principles for MHPSS in Disasters
18. Key MHPSS Recommendation for Preparedness

PHASE B: WHAT TO CONSIDER IN PLANNING A MHPSS RESPONSE:

Action sheets in the comprehensive guideline

19. Key MHPSS Actions before Interventions begin
20. Immediate MHPSS Response
21. Ongoing MHPSS Response
22. General Recommendations for MHPSS Response to Mass Emergencies
23. MHPSS Response Phase: If a Humanitarian Assistance Center is established (I)
24. MHPSS Response Phase: If a Humanitarian Assistance Center is established (II)
25. Psychological First Aid (PFA)
26. MHPSS: The five essential Elements
27. Key Principles and Actions in providing MHPSS

PHASE C: WHAT TO CONSIDER IN MHPSS IN THE RECOVERY PHASE AND IN THE LONG TERM

28. MHPSS in the Recovery Phase
29. Long-term Consequences to be Considered in MHPSS

PART III: SPECIFIC MHPSS RECOMMENDATIONS FOR TARGET GROUPS

30. MHPSS Policy Recommendations for Children and Adolescents in Disasters
31. MHPSS Intervention Design for Children and Adolescents in Disasters
32. MHPSS Practice with Children and Adolescents
33. MHPSS Policy for Schools after School-related Disasters
34. MHPSS Intervention Design for Schools after School-related Disasters
35. Long-term Consequences for Children and Adolescents
36. MHPSS Policy for Helpers
37. MHPSS Policy for Volunteers
38. MHPSS Intervention Design for Helpers: Peer Support Programs
39. MHPSS for Helpers/ Practice
40. Long-term Consequences to be considered in MHPSS for Helpers
41. MHPSS Policy for Older People
42. MHPSS Policy for Older People - Preparedness
43. MHPSS Intervention Design for Older People
44. MHPSS Intervention Design for Older People - Shelter
45. MHPSS Policy for Refugees
46. MHPSS Intervention Design for Refugees
47. MHPSS for Disabled People in Disaster
48. MHPSS Intervention Design for Disabled Persons in Disaster

PART IV: MHPSS ACTION SHEETS FOR SPECIFIC EVENT TYPES

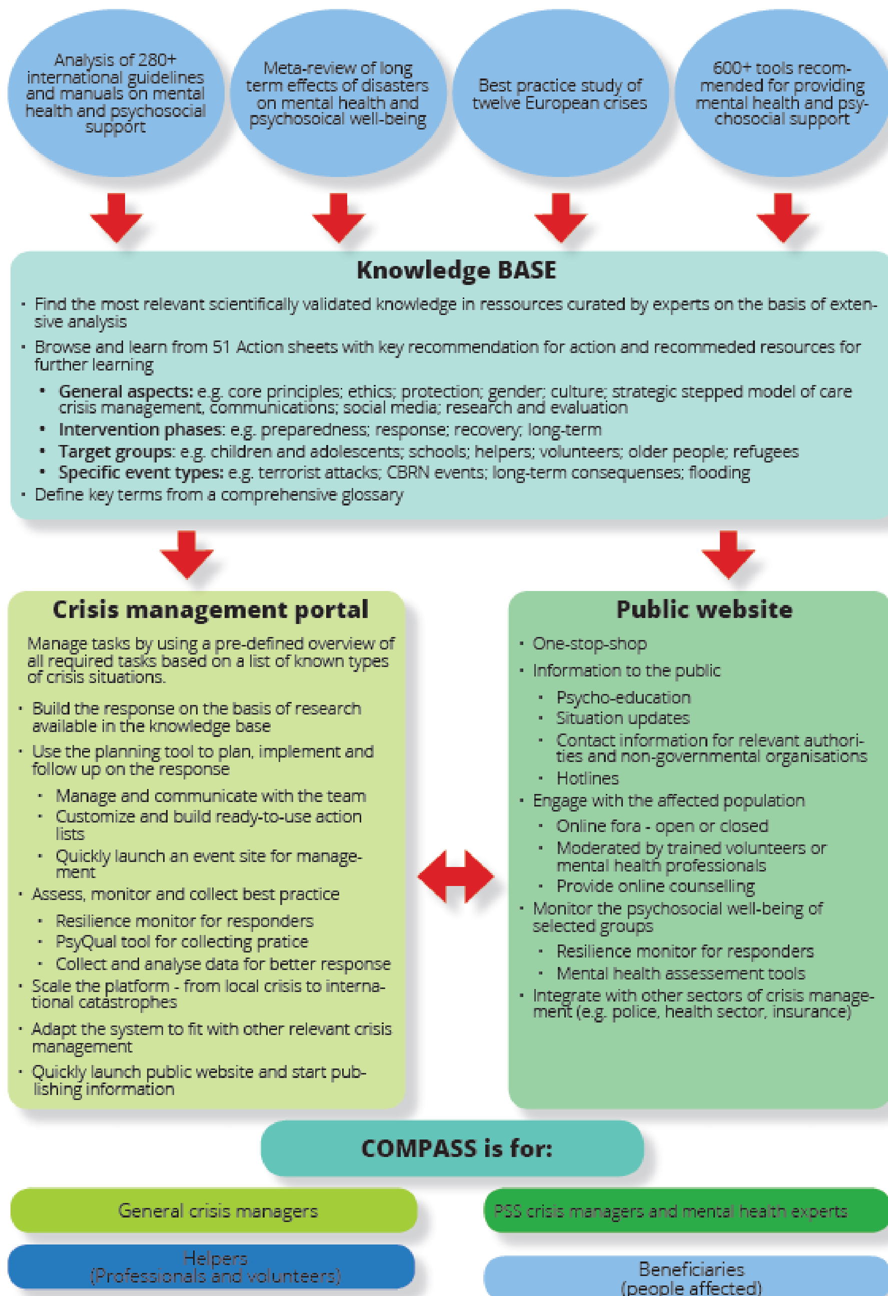
49. MHPSS Aspects in Terrorist Attacks
50. MHPSS Aspects in CBRN Incidents
51. MHPSS Aspects in Flooding

COMPASS

COMPASS is the cumulative and main product of the OPSIC project.
In the following, the final COMPASS will be presented first, and then the underlying conceptual framework for translation of content from MHPSS Comprehensive Guideline into COMPASS and the IT architecture to implement it will be presented.

Figure x. The COMPASS logo

COMPASS is a state-of-the-art web-based tool that provides comprehensive guidance, knowledge and tools for practitioners working to provide effective psychosocial support in times of crisis.
As the graphic below shows, COMPASS is based on the substantial scientific research of literature, practices and tools for Mental Health and Psychosocial Support (MHPSS) that has been described above.



A central component of COMPASS is BASE, a library that stores and organises all the scientifically validated knowledge to guide and support MHPSS in crisis contained in the MHPSS Comprehensive Guideline. A key mode of organisation is the 51 Action Sheets that guide practitioners to the most relevant actions and knowledge for MHPSS crises.

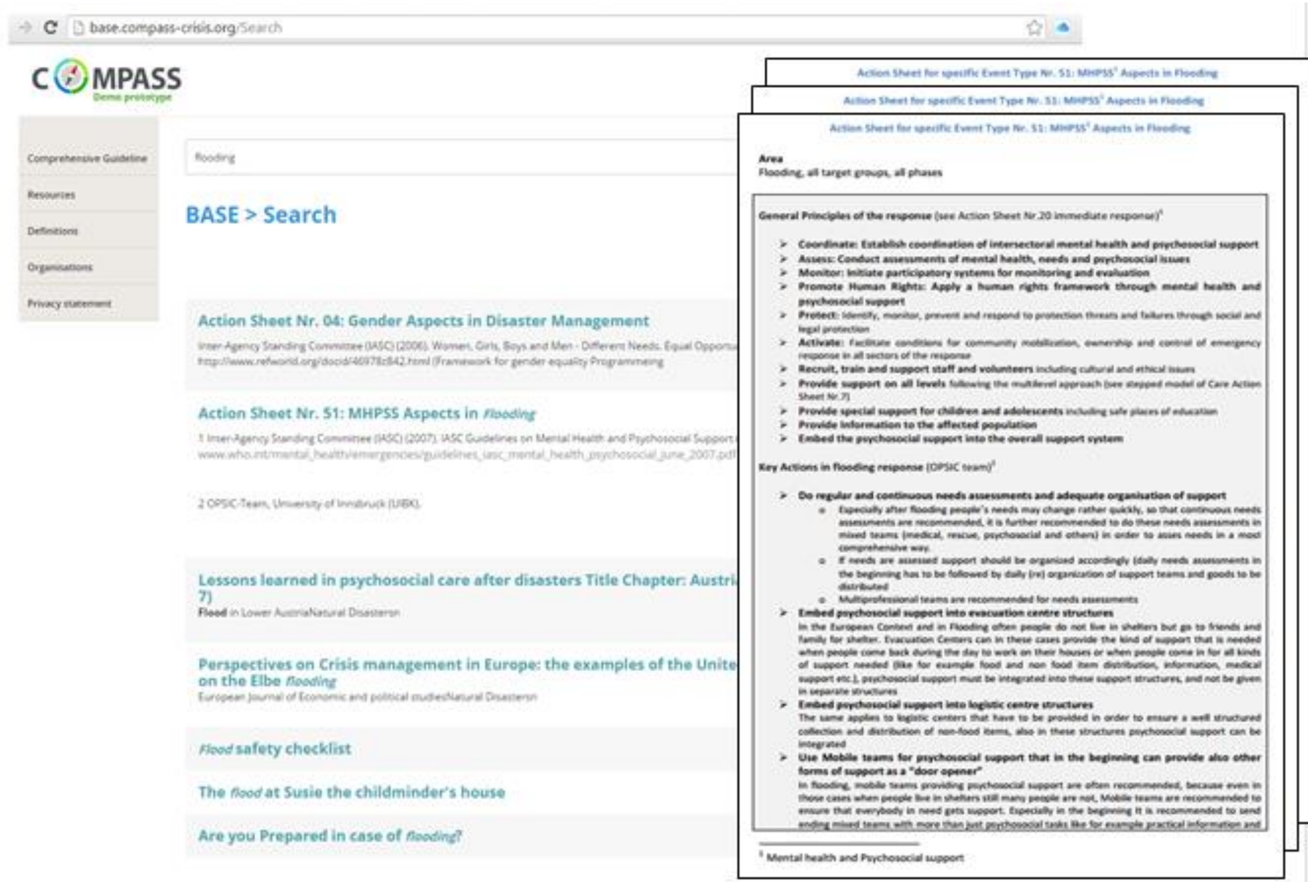


Figure 2 COMPASS BASE with Action sheets

The Crisis Management portal provides a digital, scalable and fully adaptable on-line environment for planning, preparation, training, intervention and long-term follow-up on MHPSS crisis of all sizes. Users can select one or more checklists to work on a real event or a training scenario. All checklists are adjustable and can easily be tailored to the context and circumstances of the event (checklist items can be as detailed as users think necessary and enriched with URLs to relevant resources). Applicable tasks can be assigned to individuals and it is possible to maintain an overview of decisions made and the overall progress.

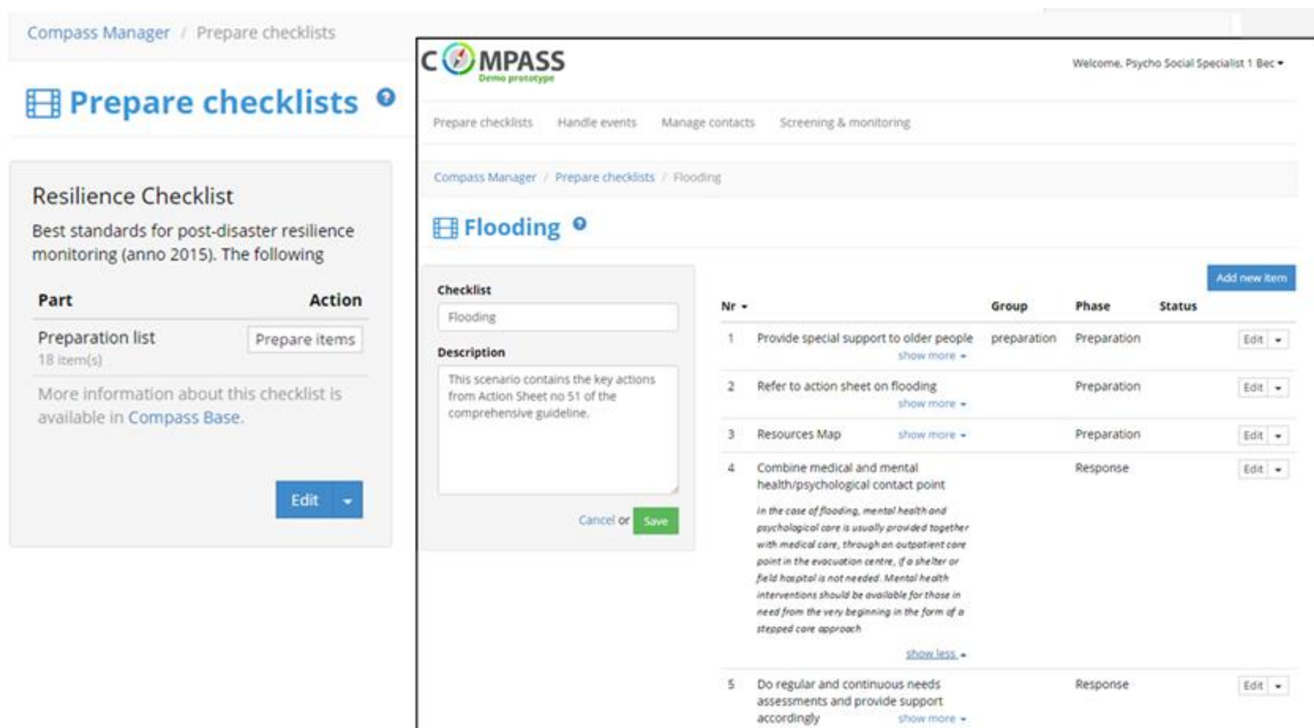


Figure 3 The Crisis Management Portal, tailoring a checklist

Four general checklists have created and implemented in the COMPASS crisis management portal:

- General checklist preparedness (pre-event)
- General checklist early response (first hours, days)
- General checklist late response and short-term recovery (< two months)
- General checklist midterm and long-term recovery (> two months)

Each checklist includes relevant “best practice characteristic”, and links directly to relevant action sheets in BASE. Users are stimulated to consider which activities and measures are appropriate on the short, mid and long-term, to anticipate on risk and protective factors that may last up to ten years (WP4).The default items on the checkpoints can easily be adapted in number, sequence and wording by the individual end-users to suit their specific needs.
As the checklist is implemented each checklist item contains information on the status (in progress, done) and the person or organization to whom the task was assigned to. Also it is useful that users can add or find relevant comments, e.g. date completed/planned, description of target groups, potential problems, things not to forget, URLs or references to documents or resources.

When a crisis occurs, the checklists can be used separately or in combination to respond to the situation. As shown in the test situation below, COMPASS handles multiple crisis situations simultaneously.

Figure 4 Managing several crises simultaneously with COMPASS

From the Crisis Management Portal it is possible to launch a Resilience Monitor, either in the form of a specific resilience monitoring checklist or using a separate module containing the digital tools to monitor and assess the resilience and mental health and psychosocial wellbeing of a specific group, e.g. staff or volunteers working with MHPSS.

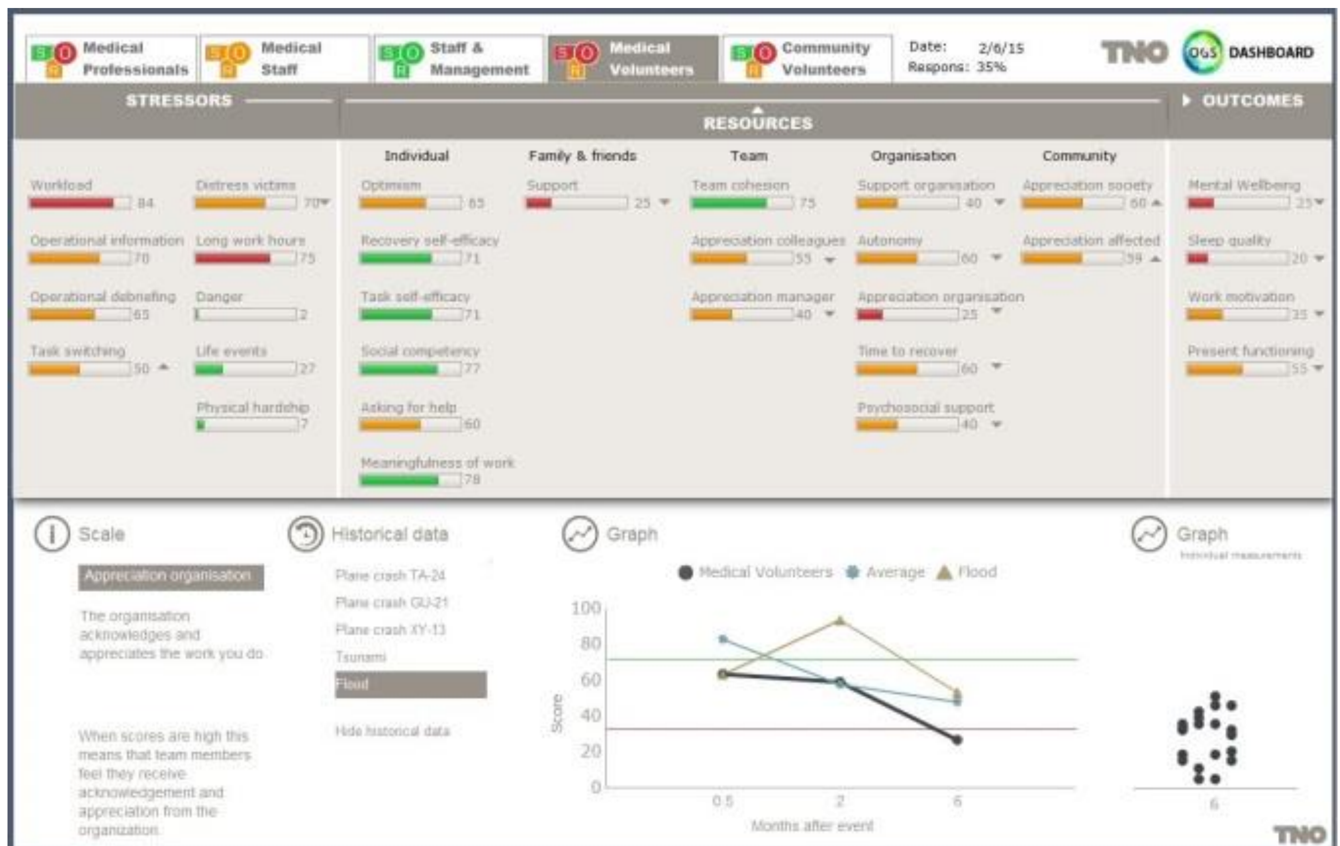


Figure 5 An example of the Resilience Monitor module's dashboard, which provides an analysis and overview of incoming data on MHPSS

From the Crisis Management Portal it is also possible to manage public websites to support interaction between crisis managers and the public, to create safe spaces for affected populations to seek psychosocial or other support and to monitor mental health and psychosocial well-being at population level. The public website works on all mobile devices and can stand alone or be integrated into other communication platforms such as already existing public crisis management websites.

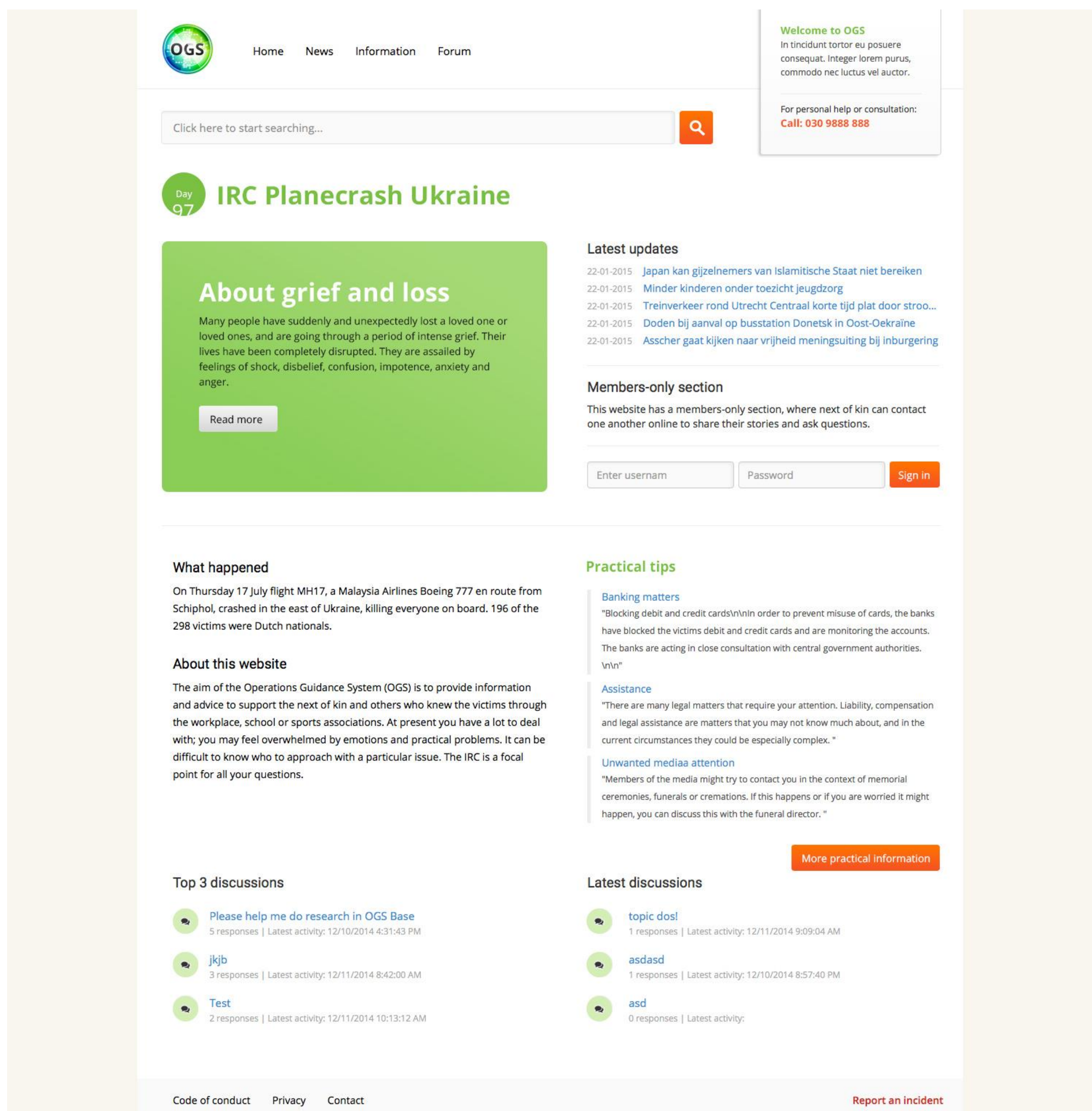


Figure 6 An example of a basic website for the public

COMPASS is aimed at four main target groups: general crisis managers, psychosocial support crisis manager and mental health experts, helpers (professional and volunteers) and the public.

A conceptual framework for translation of content from MHPSS Comprehensive Guideline into COMPASS

In this paragraph a conceptual framework is presented that is used to categorize the research findings and to guide the development of COMPASS. After having illustrated that COMPASS is also a tool to design and implement MHPSS programs, the necessity of a quality improvement perspective in addition to more traditional research disciplines is emphasized, followed by a brief overview of renowned models and a conclusion regarding their relevance.

MHPSS programs

In the aftermath of a disaster attention should be given to the safety, well-being and health, as well as supplementing lost resources, of individual citizens and responders, (in)directly exposed. Authorities and services are challenged to meet needs of as many affected people within a community as possible. A post-disaster MHPSS support program is to be designed and implemented. The OGS is a tool to accommodate this

process. The program is a planned community intervention, which can be comprised of the following stress-reducing services:

- **basic aid**: shelter, safety, food, drinking water, first aid and medication;
- **information**: about what has happened, about the fate of loved ones, about normal reactions;
- **social and emotional support**: comfort, a listening ear, recognition of grief, compassion;
- **practical help**: legal and financial issues (e.g. cash transfer programs), household;
- **mental health**: adequate detection and management of complaints and problems.

As they generally interact in relation to psychological risks and outcomes, all these elements are included in leading MHPSS guidelines for disaster settings.

When combined and carried out deliberately, the five services form a program; a community intervention that can differ in length (weeks, months, years), scope (variation in themes) and organization (number of partner organizations at different levels). Ideally, COMPASS enables its users with a responsible coordination role to design and implement an integrated MHPSS program in different circumstances, sensitive to the needs of different vulnerable groups.

Quality improvement perspective

The vast majority of publications on post-disaster MHPSS originate from clinical psychology, psychiatry, or other branches of mental health research. The traditional clinical perspective is not sufficient here. The disciplines made an indispensable contribution to the existing scientific knowledge on the best way to provide MHPSS to people affected by catastrophe and deathly threat. The findings from scientific research, including the study on long-term effects of disasters conducted in OPSIC, enables to determine the issues MHPSS approaches should address to cover the wide range of (potential) needs evolving from a disaster, at an individual, community and societal level, and from a multidisciplinary perspective.

The next challenge is to actually translate this knowledge into high-quality MHPSS programs. This requires different knowledge, from other fields of expertise like quality improvement research. Quality improvement in a post-disaster MHPSS context, can be defined as: “The combined and unceasing efforts of everyone - professionals and trained volunteers, affected ones and the people close to them, researchers, payers, planners and educators - to make the changes that will lead to better health outcomes and well-being, better system performance, and better professional development (learning)”.

Quality models

Based on a combination of different models and theories a conceptual framework was developed to guide the further study into the quality of MHPSS programs. The framework consists of two categorization schemes, a parabolic model and a basic quality improvement model.

Categorization scheme 1: Structure, process and outcome

A common model in quality improvement literature is the so-called “Donabedian Model”, comprised of three quality categories:

- **Structure** describes the context in which services are delivered, including buildings, people, financial resources, and equipment.
- **Process** denotes transactions between beneficiaries and providers throughout the service delivery, activities and technical and interpersonal aspects of the performance.
- **Outcome** refers to the effects on the well-being and health of beneficiaries.

Important: the three categories should not be mistaken for attributes of quality; they are the classifications for the types of information that can be obtained in order to infer whether the quality of care is poor, fair, or good. In order to make inferences about quality, there needs to be an established relationship between the

three categories; this relationship between categories is a probability rather than a certainty (Donabedian, 1980).

Categorization scheme 2: Six quality criteria
Then there is a second categorization scheme. High-quality MHPSS means that services directed at groups and individuals meet certain quality criteria: activities are need-centred, effective, efficient, safe (causing minimal harm and risks), timely, equal (no inequality based on gender, age, culture et cetera; see Box 3).

Box 3. Quality criteria
In the past decades several quality features have been distinguished in the international health science literature. The six healthcare performance criteria formulated ten years ago by the Institute of Medicine are often used as quality standards. As it is more appropriate to speak of "affected ones" or "beneficiaries" over "patients" or "clients" in a disaster context, the terminology is slightly altered: - *Need-centeredness:* provide services that are respectful of and responsive to preferences, needs, and values of affected people, ensuring that their values guide all decisions. - *Safety:* avoid injuries to people from services that are intended to help them. - *Effectiveness:* provide services based on scientific knowledge to all who could benefit from them, and refrain from providing services to those unlikely to benefit, thus avoiding both underuse and overuse, respectively. - *Efficiency:* avoid waste, including waste of equipment, supplies, ideas, and energy. - *Timeliness:* reduce waits and sometimes harmful delays for those who receive and those who provide services. - *Equity:* provide services without variation in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status (Berwick 2002).

(Source: Donabedian 1998; Berwick 2002; Eccles et al. 2007; Dückers & Thormar 2015)

Parabolic model
Shown in Figure 1 is how the attitude of caregivers towards people affected by disaster relates to quality. Possible positions of psychosocial care delivery are limited to the parabolic pathway. The route from the curve's top (high quality, middle-attitude) to both bases (low quality, extremely passive or active attitude) is accompanied by quality loss. Theoretically, differences in attitude are unproblematic until the quality threshold is crossed.

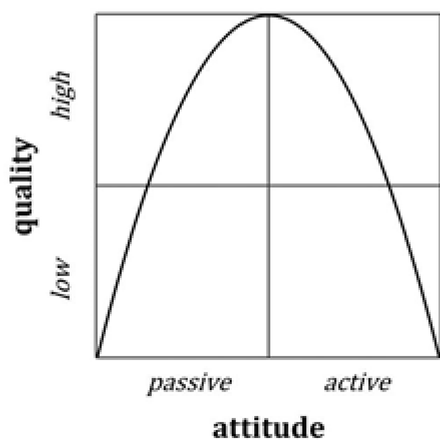


Figure 7 Parabolic model

Quality improvement model
High quality is associated with responsible behaviour, avoiding waste and harm, and not overestimating or underestimating resilience. The quality threshold – the combination of scores on the six quality criteria (Box 3) – is to be guarded. Program managers and service providers who check/monitor whether their plans and

expectations regarding a diversity of individuals or communities come true, bring a safety valve into the program. A well-timed measurement will show if the optimum has been reached or not.

This is where plan-do-study-act cycles (Figure 2) are relevant. They are precisely what their name suggests: a stepwise model to disentangle the actual effect of a plan, including a decisive moment regarding the necessity of alternative measures. An optimization strategy for a post-disaster MHPSS program should start with a plan, based on an objective derived from the assessed needs of people directly or indirectly affected by disaster, yielding appropriate measures supported by the best available evidence and guidelines. In the “do” phase, the plan is implemented. A well-timed check will show if the optimum is reached or if adaptation is necessary. The strength of the quality improvement strategy is that it links evaluation to need-centred planning (as recommended by Reifels et al, 2013).

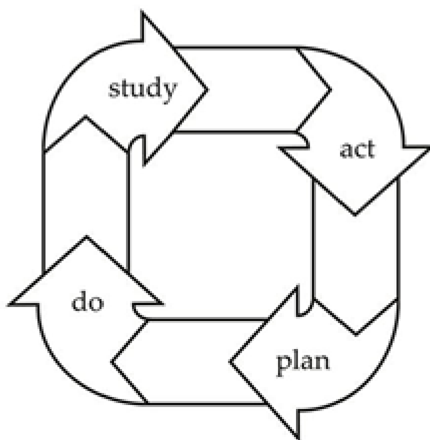


Figure 8 Quality improvement model

Importance of the program’s context: relevance of country characteristics
It is important to examine the program in relation to its context, not as an isolated set of elements. There is reason to assume that well-resourced countries are in a better position to serve communities and individual citizens because of a better equipped system in terms of, for instance, education, access to general practitioners and hospitals, higher levels of public and private health expenditure, lower proportion living in poverty, higher levels of income equality and less resource loss due to public building standards; these are only a few of the country indicators of the World Vulnerability Index (Birkmann et al. 2011; Welle et al. 2012). The vulnerability level of countries is strongly related to national cultural characteristics (Dückers et al. 2015). Moreover, in Europe the vulnerability level differs significantly between regions (North, West and Central are less vulnerable than South, Southeast and East), and the less vulnerable areas have more evolved planning and delivery systems for post-disaster MHPSS (Witteveen et al. 2012; Dückers et al. under review; also see Figure 3).

Since planning and delivery systems are part of the structure of any MHPSS program, the national vulnerability level explains at least partly what helps or hinders the design and implementation of a program. Regions within Europe differ significantly from each other, not only in terms of vulnerability, but also in adherence to evidence-informed post-disaster MHPSS guidelines (Witteveen et al. 2012; Te Brake & Dückers 2013). Figure 3 suggests there is room for improvement. As the developmental stage of planning and delivery systems differs primarily at the local level (and not the national or regional level; Dückers et al. under review), ideally COMPASS provides guidance to local psychosocial crisis managers and authorities to optimize the planning and delivery system (besides process guidance based on evidence-informed guidelines).

Conclusions

As denoted earlier, one of the key objectives of OPSIC is to develop and test a COMPASS prototype. This is partially a system to manage the content and shape of MHPSS programs as time evolves. The framework presented in this paragraph is meaningful for OPSIC as it encourages the developers – and eventually the users – to focus on the program's structure, process and outcome, including the scores per quality criterion, plus associations between the elements. Users will be stimulated to improve the quality where desirable or necessary. Adoption of an approach where planning (tailored to context-specific circumstances) and evaluation (well-timed measurements) are combined, adds a safety valve to COMPASS.

However, since the nature of the program will reflect country characteristics that differ between countries and regions in Europe, COMPASS should, eventually, be accustomed to different settings. On the one hand, some countries are better equipped to plan and deliver MHPSS services in case of a disaster or major incident. On the other hand, the large variation in system developmental stage at the local level suggests that there is plenty of room for improvement. Ideally, the COMPASS prototype developed by OPSIC can fulfil an important role in providing guidance, regardless of where it is implemented.

COMPASS' IT foundation and conceptual framework for development

COMPASS is implemented as a web service. It allows the crisis team to use standard web access to work with the system (mobile, desktop etc.). Technically it consists of multiple databases tailored to the needs of the functional components.

Figure 9 Part of the database structure of the OGS

The following webserver technologies, development frameworks and plugins have been selected (see technical requirements 2.101 - 2.105):

- HTML and CSS;
- Microsoft .NET MVC;
- Microsoft .NET WebAPI;
- Databases: MS SQL and MarkLogic.

COMPASS is developed to be a new innovative comprehensive web based operational guidance system following the human-centred, iterative 'situated Cognitive Engineering' (sCE) method.

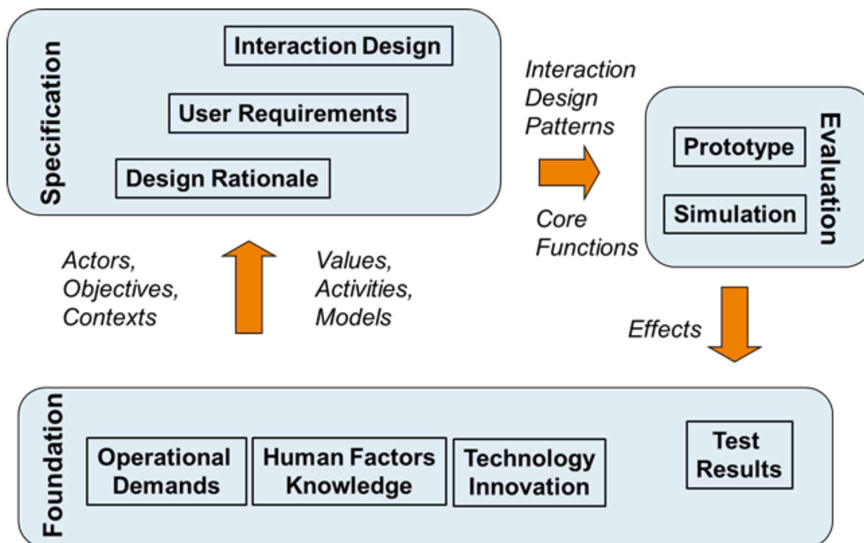


Figure 10 situated Cognitive Engineering: from Foundation to Specification and Evaluation. Boxes in bold indicate results in various phases, orange arrows with italic texts indicate inputs to next phases.

In the Foundation phase the actors, the various end-users of the system were identified and described: general crisis manager, psychosocial crisis manager and expert, organizations, individual helpers and beneficiaries. Also, based on discussions with prospective end-users with recent crisis experience, we described their demands related to the goals, activities and environment in which they have to operate COMPASS. In addition, relevant human factors aspects (mainly related to teamwork support) and technology considerations were described. Second, in the Specification, a design scenario (Flooding of the Fluvius), two use cases (Retrieve information from base, and Delegate task in checklist), a list of requirements (both functional and technical) related to these use cases, divided into General, Base, CM Portal, Public website and three claims associated with the requirements were listed. The Evaluation contains information about the development of the prototype, using Scrum and pilots, demonstrations and simulations to drive development. By describing process and result in his structured manner, we have been able to document our knowledge and experience for future reference, irrespective of the actual implementation of the current COMPASS.

Pilots, demonstrations and simulation

Three pilots with the aim to provide feedback on the system were carried out. Following a rigorous experiment design, participants from three different groups - crisis managers, first responders and general public – were tasked to test whether COMPASS was performing as intended using scenarios and thus the simulations aimed to ensure that COMPASS is relevant to real life situations and is useful in providing the

intended guidance and support. The following three simulations were carried out with a total of 58 participants:

- Lead by SAMUR in Madrid, Spain – 8 May 2015
- Lead by MDA in Ramat Gan, Israel – 25 May 2015
- Lead by DRC in Copenhagen, Denmark – 10 June 2015

As work progressed from one pilot test to the next, it became increasing clear that participants requested very precise guidance in the use of the platform to be able to understand it quickly enough to give the feedback needed to develop COMPASS further. For this reason participants were given increasingly more concise roles to play and increasingly more precisely described task to carry out during the pilot. This learning contributed positively as a set of clear and well described tasks for simulation and demonstration participants, which essentially worked as an effective and tested introductory guide to the platform.

Focus groups were conducted for each of the three types of participants in all pilots. Comments were both positive and negative, but remarkably congruent and constructive incl. areas such as most obvious uses – training, preparation and mid- to long-term MHPSS, suggestions for training materials, the clear usefulness of the functionalities, the need to enable better prioritisation for the checklist functionality, and improving user-friendliness through graphics.

In November 2015, a combined closing conference and demonstrations and simulation event was successfully held. The enlarged 1½ day conference and demonstration was held in Stockholm in end November 2015 with a total of 116 participants comprised of six main components:

- A simulation for high-level governmental end-users
- A series of three demonstrations and hands-on exercises
- Information booths for in-depth discussion and Q&A
- A strong line-up of internal and external speakers to give short lectures on topics relevant to the OGS and topical. A total of 21 lectures were given
- A concluding panel discussion
- Ample opportunity for network and informal discussion with potential end-users, including a conference dinner and lunches

Significantly, the simulation and demonstrations were able to introduce participants to the platform in a way that enabled participants to envision the implementation of the platform in their own organisations, thus both permitting a fruitful collection of input and recommendations for future improvements of the system and not least identification of potential end-users and the deepening of discussions with already known end-users. During the simulation and demonstrations, analyses with governmental end-users were carried out as input to D7.3 road map deliverable.

Potential impact, main dissemination activities and exploitation of results

The potential impact of OPSIC

The OPSIC project and its results have a real potential for positive impact.

Crisis and emergencies do not respect geographical and political borders. We know from working in large-scale emergencies in- and outside Europe how crucial it is to coordinate and align disaster management efforts on all levels – including the psychosocial. We are experiencing it right now during the current refugee crisis in Europe. For the first time since the war in the Balkans, there are international aid agencies in European countries helping local authorities handle the situation. Earlier this year, German, French and Spanish authorities and NGO's were collaborating on providing assistance after the German wing's air crash. In Central and Eastern Europe large-scale flooding's regularly spread over several national borders. High level, internationally accepted, minimum standards like the TENTS guidelines SPHERE and the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings have been invaluable tools for coordination and alignment in the response.

These guidelines are extremely important for the overall planning. But the crisis managers responsible for planning and implementing the interventions on the ground will need guidance that goes into more detail. They may need to achieve a deeper understanding about a specific type of event, working with a specific vulnerable group, or may have a very complex situation on hands, with various complicating factors. There are literally hundreds of guidelines and manuals about all aspects of psychosocial support available, so the information is there.

But the one thing we repeatedly learn from psychosocial support practitioners in the field is that they need things to be simple, to the point and up to date. When they are in the field, they do not have the time or the possibility to search through Google or read long, complex documents. They want easily accessible, accurate and well combined information that can be tailored to their needs. And they want to be able to plan and execute mental health and psychosocial support in an efficient, authorized manner. In other words they want to know what to do and be sure that what they do is of the best quality possible.

However, the amount of knowledge and guidelines has become increasingly overwhelming. There is so much information, so many manuals, guidelines, tools and policies available, that for most practitioners and decision makers, it is often not only complicated but also too complex to navigate and act swiftly.

The OPSIC results and most clearly COMPASS address the problems of planning and delivering the best possible MHPSS intervention in crisis by curating operationalisable paths through this jungle of information.

If used actively, for instance by the COMPASS Foundation set up by OPSIC partners to implement COMPASS, the OPSIC results have a clear potential to improve MHPSS in crisis thinking and action at all levels.

At policy level, COMPASS can serve as a vehicle to drive discussion related to needs, priorities, organization, knowledge, preparedness etc. for MHPSS in crisis. COMPASS demonstrates that a comprehensive yet practical approach to MHPSS in crisis is possible and makes a strong case for improving services where attention is already given to MHPSS in crisis and could be understood as a goal or voluntary standard to aspire to in settings that give less attention to this relatively new area within crisis management.

At strategic level, COMPASS and other OPSIC results include structured information on relevant MHPSS principles that should be used to guide the overall crisis preparedness for MHPSS in crisis. Implementing parts or all of COMPASS in national, regional, or local setting will require substantial effort in terms of assessing own needs and interests and matching them against COMPASS, designing and implementing a roadmap for implementation and maintenance of the system, including training and capacity building of staff and volunteers expected to use COMPASS in the event of crisis. The potential benefits include effective, timely and quality interventions leading to improved MHPSS wellbeing in the aftermath of crisis.

Psychosocial crisis managers and mental health experts at the tactical, operational and to some extent strategic level also are also able to benefit the from MHPSS principles. Moreover, the adaptable planning and delivery checklist for activities in different disaster stages, MHPSS team management functionality, moderation of beneficiary websites and forum, and population-based resilience monitoring as well as access to the most relevant knowledge and tools for the field have the potential to significantly improve the actions on the ground and the capacity of the individual managers, expert and their teams. Throughout OPSIC and most clearly in the pilots, the demonstrations and simulation partner have been able to document first-hand the potential COMPASS has to support professionals by providing not only direct access to but also analysis and recommendations of best available resources for MHPSS in crisis. Also at this level, the results of OPSIC have the potential to become a de facto norm for good MHPSS in crisis.

Dissemination activities

To fully realise the potential of the OPSIC project, it was essential to promote the project and its results throughout the period of implementation. To this end, the following main dissemination activities were carried out in addition to the dissemination activities:

- During the September 2015 consortium meeting a workshop in dissemination and the dissemination strategy and its annexes was conducted to ensure that dissemination needs, strategies and actions were in mutual accordance.
- In November 2014 a new website with a fresher look and more dynamic functionalities were developed by CC. The website is hosted and maintained by Danish Red Cross.
  The website offers an overview of the progress in the project, the different components of COMPASS, partner descriptions, a news section and approved deliverables. As the project has progressed and more work has been completed, the website has become increasingly informative.
- At the consortium meeting in Tel Aviv, Israel in September 2016, it was decided to change the name of the Operational Guidance System from OGS to COMPASS (See minutes of the meeting). When this decision was made, the internet domains www.compass-crisis.org and www.compass-crisis.eu were purchased in order to make sure that the domains could be used for branding and exploiting COMPASS after the end of the OPSIC project period. During the remainder of the project period, the two web addresses will re-direct to www.opsic.eu. After the end of the project, www.compass-crisis.org will become the web address for the envisioned COMPASS foundation.
- In November 2015, a combined closing conference and demonstrations and simulation event was successfully held. The enlarged 1½ day conference and demonstration was held in Stockholm in end November 2015 with a total of 116 participants outlined above under main S&T results.

  Significantly, the simulation and demonstrations were able to introduce participants to the platform in a way that enabled participants to envision the implementation of the platform in their own organisations, thus both permitting a fruitful collection of input and recommendations for future improvements of the system and not least identification of potential end-users and the deepening of discussions with already known end-users.

As laid out in the description of work and in the Dissemination Strategy, dissemination of the OPSIC project is very much partner driven. Each partner has done considerable dissemination work in their existing networks and has worked to expand networks as well. Please see D8.1 for more about the dissemination strategy. In order to support this work, a range of information materials have been developed throughout the project.

The DOW set the task of developing "an information folder about the project for project dissemination to external stakeholders in relevant fora" (DOW p. 28). It quickly became clear however, that it would be necessary to have more than one information folder. What was known about the project and its outcomes in the first half of the project and what the information needs were, naturally differed from the knowledge and needs in the last half of the project.

As the project has progressed new materials have been developed in order to capture the continuous developments of the project. Some materials have been developed to serve as generic templates that the individual consortium members could adapt to suit specific needs, such as a generic PowerPoint presentation, and generic texts about the project, partners and work packages. Other materials have been developed in response to concrete needs or opportunities arising.

- The early fact sheets were generic and on a very overall level, while the later fact sheets and other information materials were more tailored to fit specific needs and provided more detailed information about specific parts of the projects.
- Two newsletters, in February and September 2015 were also developed to inform interested parties about the developments in the project and to give more in-depth information about the content and functionalities of the comprehensive guidelines and COMPASS. A final newsletter and press release is planned for mid-January 2016.
- In September 2015 a new logo to support the name change from OGS to COMPASS was developed:

- Highlights of the information material developed in the project can be found in the annex to D.8.5:
    1) **OPSIC Factsheet 2013** – the first fact sheet about the project
    2) **What is OPSIC?** – the fact sheet two years later. Essentially the same text, but with updated layout and logos
    3) **What is OGS?** – the first fact sheets explaining the OGS
    4) **What is COMPASS?** - A figure explaining COMPASS and its components
    5) **Informed consent form** – the form that was sent to all participants in the simulations in Madrid, Tel Aviv and Copenhagen. Contains detailed information about the project and COMPASS (then OGS). Was translated and adapted into Spanish, Hebrew and Danish.
    6) **OPSIC Generic presentation** - a long, generic PowerPoint presentation to be used in adapted form for presenting OPSIC
    7) **The first OPSIC Newsletter**, distributed by all partners in their networks
    8) **The second OPSIC Newsletter**, distributed by all partners in their networks

9) **The COMPASS Movie** – shown at the final conference in Stockholm and by partners in their networks. Available here: https://www.youtube.com/watch?v=PDtSwj8J8Ns&feature=youtu.be
10) **USB stick with OPSIC and COMPASS logos**. The USB stick was given to all participants at the final conference in Stockholm, and the remaining sticks were distributed among the partners to give to potential users of COMPASS. The stick contained:
    a. “Read me, please” file (with detailed contact information and basic information about the project and its funding, the COMPASS movie, Conference programme, newsletters, OPSIC MHPSS Handbook and planning tool, the most current fact sheets.
11) **OPSIC all texts** – the collection of generic texts about the projects, partners and work packages

Exploitation of results

The OPSIC consortium conducted a full-day exploitation seminar to explore and define the potentials for continued collaboration between all project partners in order to develop and market the results of OPSIC. During 2015, work on exploitation intensified and an important achievement was the agreement by project partners to establish a not-for-profit foundation, COMPASS Foundation, to exploit OPSIC results. As outlined further below, COMPASS Foundation will have an operational arm consisting of some of the consortium partners and an Advisory Board consisting of all consortium partners. According to plan, COMPASS Foundation will deliver the first versions of COMPASS to already identified governmental end-users in the second half of 2016.

Below the COMPASS Foundation structure is outlined and some examples of COMPASS implementation are given. Finally, the high-level Roadmap for the COMPASS Foundation is presented.

COMPASS Foundation is devised as an organisational structure with two parts:

1. A lean start-up COMPASS organisation
2. An advisory board

Examples of implementation

This section describes a set governmental end-user personas in order to exemplify which governmental end-users would use COMPASS, which parts of COMPASS they would be most like to use and how COMPASS should be adapted to their specific needs. The personas are based on ongoing dialogue with governmental end-users currently exhibiting concrete interest in implementing COMPASS in their organisations.

Caring for the mental health and psychosocial well-being of police officers

As part of its aim to care for the mental health and psychosocial well-being of police officers, the national police force of a northern European country has expressed interest in specific components of COMPASS. More particularly, as the organisation is currently in a process of reviving, upgrading and implementing their (psychosocial) care infrastructure for police officers, the resilience monitor and the BASE functionality (incorporating all state of the art PSS knowledge and tools) are under consideration for inclusion in the national police protocols for staff care. It is expected that the resilience monitor and BASE components will

be detached from the overall COMPASS IT architecture and integrated wholly into the already existing police software.

Building the capacity for urban emergency management in south-east Europe
The Office for Emergency Situations of the capital of a small, south-eastern-European country is responsible for preparing, organizing and coordinating all activities with regards to protection and safety in major incidents and disasters at the national capital.

The value of COMPASS is in quick and easy access to systematized guidelines and management portal in the preparation and response phase. The existing Plan for Psychosocial Care in Disasters which is a part of the overall preparedness and response plan will serve as the basis to build the capacity using the COMPASS.

The office would like to tailor COMPASS to help deal with this task through the following use of COMPASS:

- Prepare for disaster response
- Organized training of PSS Crisis managers
- Communicate with different stakeholders (PSS Crisis managers, care providers, special interest groups)

The office believes that it will benefit from the following components of COMPASS:

- In Base the use of Action Sheets and MHPSS handbook in preparation and training; adjustment of tactical level plans as the situation evolves; guidance during recovery phase
- Building up PSS response teams
- Monitoring stress and resilience in selected groups of responders
- Disseminating and exchanging information with the affected populations

Consultations suggest that COMPASS must be tailored along the following lines

- Translate COMPASS MHPSS handbook and Action Sheets into the local language
- Translate and validate most relevant assessment instruments
- Adapt the crisis management portal to local circumstances

Improving local standard of care for MHPSS in crisis
In a northern European country, the organizations responsible for local public health sees the value of ensuring that all regions throughout the country have the same standard of care with respect to MHPSS during crisis. National guidelines already exist, and the organization’s aim is to guide the good implementation of the guidelines in their regions. A main strategy for this is to enhance and support the regions’ abilities to develop MHPSS contingency planning.

The organization would like to tailor COMPASS to carry out this work and envisages the primary uses of COMPASS will be to prepare for crisis situations, to provide easy and structured training, for coordination during crisis situations and for providing MHPSS in the aftermath of crisis.

The organization believes that the constituent regions will benefit most clearly from using BASE component for preparations, from using the crisis management portal for training and response and from enabling the public websites for "small" incidents.

Consultations suggest that COMPASS must be tailored along the following lines:

- Translate COMPASS to native language
- Create specific local context
- Make use easier for specific user groups
- Impact on current processes:

Consultation have also uncovered that COMPASS must be integrated in current processes for preparation, training, coordination and MHPSS in the aftermath of crisis.

Strengthening already existing processes and tools by using superior knowledge
In a middle-European country, the organisation charged with disaster relief including MHPSS sees the value of a quick insight into the standards of care that is provided by the BASE, the MHPSS handbook and the comprehensive guidelines provided by COMPASS, not least due to the organisation's significant contingent of volunteers. The organisation sees the value of ensuring that all regions throughout the country have the same standard of care with respect to MHPSS during crisis. For this reason the organisation is part of a multi-disciplinary and multi-organisational network of all organisations providing acute aftercare. National guidelines already exist and are implemented in all regions.

The organization would like to tailor the COMPASS library and the COMPASS MHPSS handbook and comprehensive guideline to carry out this work and envisages that COMPASS will be used primarily for preparing for crisis situations and for training of PSS Crisis managers.

The organization believes that the constituent regions will benefit more clearly from the following components of COMPASS: BASE for preparation and training as well as for guidance during response and recovery phase by the use of Action sheets and MHPSS handbook and public websites for "small" incidents.

Consultations suggest that COMPASS must be tailored by translating the COMPASS MHPSS handbook and action sheets into local language.

The organisation has opted not to use the crisis management portal for coordination as it already has good software to support operational activity. As the organisation's main interest is a quick and easy overview of relevant key recommendations and standards tailored to the specific context and event type it is currently investigating how the COMPASS modules that it finds relevant should be integrated into its protocols.

Webpage and contact

Danish Red Cross is the coordinator for the OPSIC project.

Contact the OPSIC consortium on opsic@opsic.eu

Project manager, Martha Bird: mabir@rodekors.dk, telephone +45 35 25 93 41

Homepage: www.opsic.eu

Use and dissemination of foreground

In addition to information in sections A and B below, the project partners would like to draw attention to OPSIC project's roadmap to implementation of COMPASS into governmental end-users crisis management system. The road map is delivered as deliverable D7.3.The roadmap present the COMPASS Foundation, an organisation set up by project partners to exploit the results of the project. The Foundation will have a lean operational arm to start up the exploitation and plans are that the first governmental organisation will start using COMPASS in late 2016. The Foundation's advisory board will include all project partners.

Section A (public). Scientific publications and dissemination activities

This section includes two templates

- Template A1: List of all scientific (peer reviewed) publications relating to the foreground of the project.
- Template A2: List of all dissemination activities (publications, conferences, workshops, web sites/applications, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters).

These tables are cumulative, which means that they should always show all publications and activities from the beginning until after the end of the project. Updates are possible at any time.

Template A1: list of scientific (peer reviewed) publications, starting with the most important ones

NO.	Title	Main author	Title of the periodical or the series	Number, date or frequency	Publisher	Place of publication	Year of publication	Relevant pages	Permanent identifiers[3] (if available)	Is/Will open access[4] provided to this publication?
1	Allgemeine Grundlagen der psychosozialen Unterstützung in komplexen Betreuungslagen, Großschaden und Katastrophen, in Krisenintervention und Notfallpsychologie in Großschadensereignissen	Juen, Barbara, Kratzer, Dietmar & Beck, Thomas (Hrsg)	*N/A*	*N/A*	*Studia*	Innsbruck	*N/A*	19 – 58.		

[3] A permanent identifier should be a persistent link to the published version full text if open access or abstract if article is pay per view) or to the final manuscript accepted for publication (link to article in repository).

[4] Open Access is defined as free of charge access for anyone via Internet. Please answer "yes" if the open access to the publication is already established and also if the embargo period for open access is not yet over but you intend to establish open access afterwards.

	und Katastrophen									
	Post-disaster psychosocial support and quality improvement: A conceptual framework for understanding and improving the quality of psychosocial support programs.	Dückers MLA and Thormar SB	*Nursing & Health Sciences*	N/A	N/A	N/A	Forthcoming	N/A	N/A	N/A

Forthcoming scientific publications

While several of the work packages have produced and documented scientific material this has not yet been published. The consortium has developed a scientific publication plan to exploit and document further the many valuable contribution of the OPSIC project.

Expected publications, tentative titles include:

1. Dückers M, Wiedemann N, Juen B, Ajdukovic D, Kallen V, Drogendijk A, Olff M , and the OPSIC consortium. *Operationalizing psychosocial support in crises - **COMP**rehensive guidance and **ASS**esment tools for psychosocial crisis management* Open Access

2. Thormar, S.B., Olff, M., Dückers, M.L.A., Juen, B.H., Wiedemann N, Ajdukovic, D. *Identifying best practices in post-disaster psychosocial support: Development of Psyqual* Open Access

3. Thormar, S.B., Olff, M., Dückers, M.L.A., Juen, B.H., Newlove L., Ajdukovic, D. *Post-disaster psychosocial support in Europe – 42 events/60.000 victims speak out*

4. Dückers M, Thormar S, Juen B, Ajdukovic D, Newlove L, Olff M. *MHPSS programmes as a vehicle to implement essential psychosocial principles after disasters? An analysis of different programmes based on Bayesian structural equation modelling.* Open Access

5. Juen, B., et al., *The development of a comprehensive guideline on mental health and psychosocial support in disasters*

6. Ajdukovic, D., et al., M. *Long-term psychosocial consequences of disasters: findings and research gaps*

7. Ajdukovic, D., et al., *Mental health in the long-term after disasters: a systematic review and meta-analysis*

8. Rebera A., et al., *Ethical view on psychosocial support in case of calamities: The relativity of time and place*

9. Kallen, et al., *Large scale Resilience Monitoring in safety professionals.*

Template A2: list of dissemination activities

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
1	13-01-2014	Presentation/Workshop	AMC	Tel Aviv	IPREDIII - 3rd international conference on Healthcare System Preparedness and Response to Emergencies and Disasters - IPRED III	
2	2013-2015	Newsletter	CRISMART	Sweden	OPSIC mentioned in the newsletter published 3 times in 2014	
3	2014-2015	Newsletter	CRISMART	Sweden	Translated the Louise's newsletter to Swedish and sent it to all CRISMART's partners in the ministries, municipalities, the Stockholm county and academic partners. The letter included a link to the website.	
4	may-2015	Newsletter	CRISMART	Sweden	OPSIC mentioned in the newsletter	
5	07-07-2015	Mentioning OPSIC at meeting	CRISMART	Sweden	OPSIC mentioned at a meeting with partners from Stockholm County responsible for disaster management	
6	01-06-2013	www.opsic.eu	DRC	Copenhagen	Launch of website	
7	11-01-2014	New website design	DRC	Online	Re-launch of OPSIC website, containing more information than original	
8	24-09-	Presentation	DRC	Pisa	EVOCS (FP7 project) "Ethics, Privacy and Data	20

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
	2014				Protection Workshop"	
9	01-05-2015	Correspondance	DRC	Email	Dissemination of and correspondence on COMPASS simulations in Copenhagen	50
10	02-07-2015	OPSIC Newsletter	DRC	Online	First opsic newsletter, distributed to key stakeholders	150
11	02-09-2015	Workshop	DRC	Copenhagen	Psychosocial support for Children -training workshop. Participants introduced to OPSIC and COMPASS Base.	18
12	22-09-2015	Workshop	DRC	Copenhagen	Psychosocial support in emergencies training. Participants introduced to OPSIC and COMPASS Base.	25
13	12-10-2015	Presentation and informal talks	DRC	Copenhagen	Meeting of global Red Cross Red Crescent group of psychosocial experts, including consortium members from DRC, UIBK and AMC	30
14	22-10-2015	Mentioning OPSIC	DRC	Online	Sharing information with Director of communications and public relations, National Institute of Standards and technology, Walden University, US	
15	22-10-2015	Workshop	DRC	Helsinki	Psychosocial support in emergencies training for Red Cross emergency response units (European and North American partners). Participants introduced to OPSIC and COMPASS Base.	22

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
16	23-10-2015	Briefing	DRC	Copenhagen	In depth briefing of representative of the Finnish Psychology Association with the aim of presenting OPSIC at upcoming annual meeting	1
17	04-11-2015	Poster exhibition of COMPASS	DRC	Dublin	'European Security Research – The Next Wave' conference 4th-6th November	150
18	17-11-2015	Meeting	DRC	Geneva	Presentation about COMPASS and OPSIC at Red Cross Red Crescent Global Health Meeting	50
19	25-11-2015	OPSIC Conference	DRC/CRISMART	Stockholm	OPSIC Psychosocial Support in Crisis Conference, November 25-27	127
20	05-12-2015	Presentation/discussion of OPSIC	DRC	Skype	Discussion about the project and potential as global tool with emergency manager at MHPSS.net.	1
21	14-12-2015	Correspondance	DRC	Email	Correspondance with FP7 project ATHENA regarding possible synergy effects between the two projects	2
22	15-12-2015	Correspondance	DRC	Email	Correspondance with FP7 project ECOM regarding possible synergy effects between the two projects	2
23	Nov. 2015	Correspondance	DRC	Email	Dissemination, correspondence, and invitations to the final conference: Psychosocial support in Crises in Stockholm	50
24		Correspondance	DRC	Email	Request for Comprehensive guidelines and information from European Central Bank, dept. Of	1

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
					operational risk	
25	07-11-2014	Presentation/Workshop	FFZG	Miami	Ajdukovic, D: Meta-analysis of long-term effects of disasters on mental health and PTSD, International Society for Traumatic Stress Studies 30th Annual Meeting, Miami, 6-8, November, 2014.	50
26	18-09-2014	Presentation/Workshop	FFZG	Pecs	Ajdukovic, D., Bakic, H., Coraklo Biruski, D, Löw Stanic A. What do we know about long-term effects of disasters on mental health? Alps-Adria Psychology Conference, Pecs (Hungary), 18-20 September, 2014.	50
27	10-06-2015	Presentation	FFZG	Vilnius	European Conference on Traumatic Stress: Presentation about the research findings from work package 4. Part of a symposium coordinated by IMPACT.	60
28	27-05-2015	Presentation	FFZG	Croatia	Presented the COMPASS to local stakeholders and local Red Cross at a visit to the part of Croatia exposed to the flooding disaster in 2014.	35
29	21-04-2015	Presentation/Workshop	FFZG	Zagreb	Presentation of the COMPASS and long-term effects of disasters at workshop organised by the Red Cross	45
30	Oct. 2015	Correspondance with relevant contacts and potential endusers	FFZG	Email	Explaining about OPSIC and COMPASS through email to relevnt contacts and potential endusers in relation to the OPSIC conference	50

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
31	15-11-2015	Article	FFZG	Online and print	Article about long-term effects in magazine "Coping with Crisis"	2500
32	13-01-2014	Presentation/Workshop	IMPACT	Tel Aviv	IPREDIII - 3rd international conference on Healthcare System Preparedness and Response to Emergencies and Disasters - IPRED III	50
33	09-11-2014	Workshop	IMPACT	Zagreb	Consultation workshop with key stakeholders for implementing PSS in crisis in Central Europe and the Balkans	25
34	feb-15	Presentation of the OGS	IMPACT	The Hague	Presentation of the demo of OGS at a meeting at the Dutch Ministry of Justice and Defence. 40 potential costumers	40
35	may-2015	Presentation	IMPACT	Utrecht	The Director of IMPACT gave presentation of OPSIC to the programme committee of psychosocial support. Approx. 10 executives of key organisations of psychosocial support	10
36	14-06-2015	Presentation	IMPACT	Vilnius	ESTSS 14th International Conference (European Society for Traumatic Stress Studies)	100
37	16-06-2015	Presentation	IMPACT	Utrecht	Meeting with technological partners	30
38	15-07-2015	Article	IMPACT	Online	Publication of article about OPSIC in Cogiscope Journal - Dutch crisis management journal. Potential Dutch	

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
					costumers	
39	04-12-2014	Presentation/Workshop	IMPACT	Brussels	Rooze, Magda: Operationalising psychosocial support in crisis	30
40	09-10-2014	Presentation	MDA	Bonn	CATO Conference, FP7 project	30
41	May 2015	Newsletter	MDA	Tel Aviv	Mention of OPSIC in newsletter	
42	13-01-2014	Presentation/Workshop	MDA	Tel Aviv	IPREDIII - 3rd international conference on Healthcare System Preparedness and Response to Emergencies and Disasters - IPRED III	60
43	12-06-2013	Poster presentation	SAMUR	Santiago de Compostella		30
44	13-01-2014	Presentation/Workshop	SAMUR	Tel Aviv	IPREDIII - 3rd international conference on Healthcare System Preparedness and Response to Emergencies and Disasters - IPRED III	
45	12-12-2013	Presentation/Workshop	SAMUR	Madrid	Symposium of emergency psychology	50
46	20-11-2013	Presentation	SAMUR	Madrid	Municipal symposium on child abuse	50

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
47	June 2015	Newsletter	SAMUR	Madrid	Mention of OPSIC in newsletter	
48	16-12-2013	Publication and presentation	SAMUR	Madrid	Synopsis presented at the National Congress on Emergency Medicine 2013	60
49	01-05-2015	Correspondence	SAMUR	Online	The pilot test (Madrid) was with 37 persons from 7 different places (military service, emergency service and other). We disseminated the project to about 50 persons in this relation.	50
50	01-11-2015	Presentation	TNO	The Hague	Short disseminating presentations to create awareness within the safety and security domain in the Netherlands. The presentations have been an integrated part of general TNO presentations. 24 regions.	35
51	03-12-2015	Presentation and preliminary implementations meeting	TNO	The Hague	Meeting with the department of psychosocial care and HR management at the Dutch Police, with a particular focus on the resilience monitor, to discover how the components of COMPASS could work in regards to professional related stress issues.	7
52	16-11-2015	Meeting	TNO	The Hague	Meeting with the Dutch Ministry of Safety and Security, to discuss the preliminary stages and partners to be involved in the future implementation of COMPASS.	7
53	02-12-	Dissemination event	TNO	The Hague	Dissemination event with participants representing	

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
	2015				among others	
54	12-10-2013	Presentation	UIBK	Istanbul	ENPS European Network for Psychosocial Support, Red Cross/ Red Crescent	50
55	31-10-2013	Presentation	UIBK	Prague	1st EUNAD International Workshop: Psychosocial Crisis Management - Assisting people with visual/hearing impairment	50
56	2013	Mentioning OPSIC in book	UIBK	N/A	"Juen, B., Kratzer, D. & Beck, T. (2013). Krisenintervention und Notfallpsychologie bei komplexen Betreuungslagen. Ein Handbuch für KriseinterventionsmitarbeiterInnen und psychosoziale Fachkräfte. Band 2 der Reihe Kriseintervention und Notfallpsychologie. Studia-Verlag: Innsbruck" (book).	
57	13-01-2014	Presentation/Workshop	UIBK	Tel Aviv	IPREDIII - 3rd international conference on Healthcare System Preparedness and Response to Emergencies and Disasters - IPRED III	
58	06-10-2014	Presentation/Workshop	UIBK	Rhodos	Mega Earthquakes and Tsunamis in Subduction Zones: Forecasting Approaches and Implications for Hazard Assessment. International Workshop, Rhodos (Greece), 06-08 October, 2014.	50

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
59	25-10-2014	Presentation/Workshop	UIBK	Dublin	Juen, B. (2014) Update on EU projects and key elements of good evaluation, ENPS Annual Forum: Vulnerabilities and Challenges in a changing world: do no harm, Dublin, October 24-26	40
60	21-11-2014	Presentation/Workshop	UIBK	Reykjavik	Juen, B., Workshop: Crisis Intervention and Psychosocial support, Crisis Intervention: Opsic; Communication and Intervention plan, November 21, 2014, Icelandic Red Cross, Reykjavik	30
61	12-11-2014	Presentation/Workshop	UIBK	Zagreb	Juen, B., European Workshop on Traumatic Stress (EWOTS), Psychosocial Interventions in Disasters, 11 December 2014, Zagreb	30
62	May-2015	Consultation process	UIBK	Europe	Consultation of the Standing Committee of Crisis and Disaster Psychology of the European Federation on Psychologists Associations (EFPA) on the Comprehensive Guideline by the University of Innsbrück Austria in the context of the European project OPSIC	5
63	09-12-2015	Meeting/Exchange	UIBK	Hofheim / Taunus	Exchange with the german police with regard to peer support and guidelines on peer support based on OPSIC results, Arbeitstagung „Psychosoziale Notfallversorgung polizeilicher Einsatzkräfte - Standards zur gegenseitigen Unterstützung bei herausragenden Einsatzlagen“ 09.-11.12.2015 in	5

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
					Hofheim / Taunus	
64	09-10-2015	Presentation/briefing	UIBK	Sofia	Update on OPSIC/COMPASS at ENPS annual forum	
65	16-10-2015	Presentation	UIBK	Magdeburg University	MHPSS handbook, conference for emergency psychologists, Fachtagung Magedeburg, Kriseintervention nach Großschadensereignissen und Katastrophen (crisis intervention after mass ermergencies and disasters)	
66	November	Distribution	UIBK		Construction of a refugee handbook on the basis of the OPSIC MHPSS handbook, german and english version (distribution to relevant stakeholders in Austria and Germany as well as Bulgaria, Greece, Mazedonia, Serbia	
67	20-11-2015	Workshop	UIBK	Sofia	International Workshop on refugee MHPSS support based on OPSIC results	30
68	November	Social media	TAHZOO	Online	Produce and distribute online promotion movie introducing COMPASS	

No	Date	Type of activity	Presenter	Place	Description	Approx No. of people reached
69	01-11-2015	Inviting for OPSIC conference	All	Phone, in person, email		500
70	27-11-2015	Social media updates	Consortium	Online	social media updates, during the final conference.	
Estimation of persons reached:						**4.943**

Section B (public). Patents etc. and exploitation

Part B1

The applications for patents, trademarks, registered designs, etc. shall be listed according to the template B1 provided hereafter.

The list should, specify at least one unique identifier e.g. European Patent application reference. For patent applications, only if applicable, contributions to standards should be specified. This table is cumulative, which means that it should always show all applications from the beginning until after the end of the project.

No applications for patents, trademarks, registered designs, etc. have been sought by the neither OPSIC project partners nor the COMPASS Foundation at this time.

TEMPLATE B1: LIST OF APPLICATIONS FOR PATENTS, TRADEMARKS, REGISTERED DESIGNS, ETC.					
Type of IP Rights[5]:	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Application reference(s) (e.g. EP123456)	Subject or title of application	Applicant (s) (as on the application)
N/A	N/A	N/A	N/A	N/A	N/A

[5] A drop down list allows choosing the type of IP rights: Patents, Trademarks, Registered designs, Utility models, Others.

Part B2

Please complete the table hereafter:

Type of Exploitable Foreground[6]	Description of exploitable foreground	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Exploitable product(s) or measure(s)	Sector(s) of application[7]	Timetable, commercial or any other use	Patents or other IPR exploitation (licences)	Owner & Other Beneficiary(s) involved
IT platform	*Integrated web-based platform for providing MHPSS in crisis*	*NO*	*N/A*	*Integrated web-based platform for providing MHPSS in crisis*	*Public health and safety, security, governance, education*	*First customer planned to start use of platform in 2016*	*N/A*	*N/A*

The IT platform COMPASS is a state-of-the-art web-based tool that provides comprehensive guidance, knowledge and tools for practitioners working to provide effective psychosocial support in times of crisis. The COMPASS prototype will be exploited by the COMPASS Foundation, set up and run by the partners of the OPSIC project. Exploitation work has been ongoing for the past year and the first governmental end-users are expected to start using a version of COMPASS tailored to their needs in late 2016. In the longer run it is expected that further research will be needed to keep the content of COMPASS up to date and validated. In addition, research into extending the modules and functionalities of COMPASS as well as the potential uses (piloting) is also foreseen. When successful, the implementation of COMPASS will greatly improve the planning, quality, delivery, accountability, follow-up and conclusion of mental health and psychosocial support crisis management.

[19] A drop down list allows choosing the type of foreground: General advancement of knowledge, Commercial exploitation of R&D results, Exploitation of R&D results via standards, exploitation of results through EU policies, exploitation of results through (social) innovation.

[7] A drop down list allows choosing the type sector (NACE nomenclature) : http://ec.europa.eu/competition/mergers/cases/index/nace_all.html

Report on societal implications

Replies to the following questions will assist the Commission to obtain statistics and indicators on societal and socio-economic issues addressed by projects. The questions are arranged in a number of key themes. As well as producing certain statistics, the replies will also help identify those projects that have shown a real engagement with wider societal issues, and thereby identify interesting approaches to these issues and best practices. The replies for individual projects will not be made public.

A General Information *(completed automatically when **Grant Agreement number** is entered.*

Grant Agreement Number:	312783
Title of Project:	Operationalising Psychosocial Support in Crisis (OPSIC)
Name and Title of Coordinator:	Nana Wiedemann, Head of Centre, Danish Red Cross

B Ethics

1. Did your project undergo an Ethics Review (and/or Screening)? • If Yes: have you described the progress of compliance with the relevant Ethics Review/Screening Requirements in the frame of the periodic/final project reports? Special Reminder: the progress of compliance with the Ethics Review/Screening Requirements should be described in the Period/Final Project Reports under the Section 3.2.2 *'Work Progress and Achievements'*	***No***
2. Please indicate whether your project involved any of the following issues (tick box) :	***NO***
RESEARCH ON HUMANS	
• Did the project involve children?	
• Did the project involve patients?	
• Did the project involve persons not able to give consent?	
• Did the project involve adult healthy volunteers?	
• Did the project involve Human genetic material?	
• Did the project involve Human biological samples?	
• Did the project involve Human data collection?	
RESEARCH ON HUMAN EMBRYO/FOETUS	
• Did the project involve Human Embryos?	
• Did the project involve Human Foetal Tissue / Cells?	
• Did the project involve Human Embryonic Stem Cells (hESCs)?	
• Did the project on human Embryonic Stem Cells involve cells in culture?	
• Did the project on human Embryonic Stem Cells involve the derivation of cells from Embryos?	
PRIVACY	
• Did the project involve processing of genetic information or personal data (eg. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)?	
• Did the project involve tracking the location or observation of people?	
RESEARCH ON ANIMALS	
• Did the project involve research on animals?	

• Were those animals transgenic small laboratory animals?	
• Were those animals transgenic farm animals?	
• Were those animals cloned farm animals?	
• Were those animals non-human primates?	
RESEARCH INVOLVING DEVELOPING COUNTRIES	
• Did the project involve the use of local resources (genetic, animal, plant etc)?	
• Was the project of benefit to local community (capacity building, access to healthcare, education etc)?	
DUAL USE	
• Research having direct military use	NO
• Research having the potential for terrorist abuse	NO

C Workforce Statistics

3. Workforce statistics for the project: Please indicate in the table below the number of people who worked on the project (on a headcount basis).

Type of Position	Number of Women	Number of Men
Scientific Coordinator	1	0
Work package leaders	4	6
Experienced researchers (i.e. PhD holders)	7	8
PhD Students	8	1
Other	30	18

4. How many additional researchers (in companies and universities) were recruited specifically for this project?	**6**
Of which, indicate the number of men:	1

D Gender Aspects

5. Did you carry out specific Gender Equality Actions under the project?

X Yes
○ No

6. Which of the following actions did you carry out and how effective were they?

		Not at all effective … Very effective
❑	Design and implement an equal opportunity policy	○ ○ ○ ○ ○
❑	Set targets to achieve a gender balance in the workforce	○ ○ ○ ○ ○
❑	Organise conferences and workshops on gender	○ ○ ○ ○ ○
❑	Actions to improve work-life balance	○ ○ ○ ○ ○
X	Other:	Ensure gender balances in advisory boards

7. Was there a gender dimension associated with the research content – i.e. wherever people were the focus of the research as, for example, consumers, users, patients or in trials, was the issue of gender considered and addressed?

X Yes- please specify GENDER was considered throughout research and development of COMPASS

○ No

E Synergies with Science Education

8. Did your project involve working with students and/or school pupils (e.g. open days, participation in science festivals and events, prizes/competitions or joint projects)?

○ Yes- please specify

X No

9. Did the project generate any science education material (e.g. kits, websites, explanatory booklets, DVDs)?

○ Yes- please specify

X No

F Interdisciplinarity

10. Which disciplines (see list below) are involved in your project?

○ Main discipline[8]: 3.3, 5.1, 5.3

○ Associated discipline[8]: ○ Associated discipline[8]: 3.1, 3.2, 5.3, 6.2, 6.3

G Engaging with Civil society and policy makers

11a Did your project engage with societal actors beyond the research community? *(if 'No', go to Question 14)*

X Yes
○ No

11b If yes, did you engage with citizens (citizens' panels / juries) or organised civil society (NGOs, patients' groups etc.)?

○ No
X Yes- in determining what research should be performed
X Yes - in implementing the research
X Yes, in communicating /disseminating / using the results of the project

[8] Insert number from list below (Frascati Manual).

11c In doing so, did your project involve actors whose role is mainly to organise the dialogue with citizens and organised civil society (e.g. professional mediator; communication company, science museums)?	O X	Yes No

12. Did you engage with government / public bodies or policy makers (including international organisations)

- O No
- X Yes- in framing the research agenda
- X Yes - in implementing the research agenda
- X Yes, in communicating /disseminating / using the results of the project

13a Will the project generate outputs (expertise or scientific advice) which could be used by policy makers?

- X Yes – as a **primary** objective (please indicate areas below- multiple answers possible)
- X Yes – as a **secondary** objective (please indicate areas below - multiple answer possible)
- O No

13b If Yes, in which fields?

Agriculture Audiovisual and Media **Budget** Competition Consumers Culture Customs Development Economic and Monetary Affairs **Education, Training, Youth** Employment and Social Affairs		Energy Enlargement Enterprise Environment **External Relations** External Trade Fisheries and Maritime Affairs Food Safety Foreign and Security Policy Fraud **Humanitarian aid**		**Human rights** **Information Society** **Institutional affairs** Internal Market Justice, freedom and security **Public Health** Regional Policy **Research and Innovation** Space Taxation Transport	

13c If Yes, at which level?

- X Local / regional levels
- X National level
- X European level
- ○ International level

H Use and dissemination

14. How many Articles were published/accepted for publication in peer-reviewed journals?	
To how many of these is open access[9] provided?	
How many of these are published in open access journals?	
How many of these are published in open repositories?	
To how many of these is open access not provided?	
Please check all applicable reasons for not providing open access:	
❑ publisher's licensing agreement would not permit publishing in a repository ❑ no suitable repository available ❑ no suitable open access journal available ❑ no funds available to publish in an open access journal ❑ lack of time and resources ❑ lack of information on open access ❑ other[10]: ……………	

15. How many new patent applications ('priority filings') have been made? *("Technologically unique": multiple applications for the same invention in different jurisdictions should be counted as just one application of grant).*		**None**
16. Indicate how many of the following Intellectual Property Rights were applied for (give number in each box).	Trademark	**None**
	Registered design	**None**
	Other	**None**
17. How many spin-off companies were created / are planned as a direct result of the project?		**1**
Indicate the approximate number of additional jobs in these companies:		**1-10**

18. Please indicate whether your project has a potential impact on employment, in comparison with the situation before your project:

X	Increase in employment, or	X	In small & medium-sized enterprises
X	Safeguard employment, or	X	In large companies
❑	Decrease in employment,	❑	None of the above / not relevant to the project
❑	Difficult to estimate / not possible to quantify		

19. For your project partnership please estimate the employment effect resulting directly from your participation in Full Time Equivalent (*FTE = one person working fulltime for a year*) jobs:	*Indicate figure:*

[9] Open Access is defined as free of charge access for anyone via Internet.
[10] For instance: classification for security project.

Difficult to estimate / not possible to quantify	X

I Media and Communication to the general public

20. As part of the project, were any of the beneficiaries professionals in communication or media relations?

○ Yes ○ No

21. As part of the project, have any beneficiaries received professional media / communication training / advice to improve communication with the general public?

○ Yes ○ No

22 Which of the following have been used to communicate information about your project to the general public, or have resulted from your project?

❑	Press Release	❑	Coverage in specialist press
❑	Media briefing	❑	Coverage in general (non-specialist) press
❑	TV coverage / report	❑	Coverage in national press
❑	Radio coverage / report	❑	Coverage in international press
❑	Brochures /posters / flyers	❑	Website for the general public / internet
❑	DVD /Film /Multimedia	❑	Event targeting general public (festival, conference, exhibition, science café)

23 In which languages are the information products for the general public produced?

❑	Language of the coordinator	❑	English
❑	Other language(s)		

Question F-10: Classification of Scientific Disciplines according to the Frascati Manual 2002 (Proposed Standard Practice for Surveys on Research and Experimental Development, OECD 2002):

FIELDS OF SCIENCE AND TECHNOLOGY

1. NATURAL SCIENCES

1.1 Mathematics and computer sciences [mathematics and other allied fields: computer sciences and other allied subjects (software development only; hardware development should be classified in the engineering fields)]

1.2 Physical sciences (astronomy and space sciences, physics and other allied subjects)

1.3 Chemical sciences (chemistry, other allied subjects)

1.4 Earth and related environmental sciences (geology, geophysics, mineralogy, physical geography and other geosciences, meteorology and other atmospheric sciences including climatic research, oceanography, vulcanology, palaeoecology, other allied sciences)

1.5 Biological sciences (biology, botany, bacteriology, microbiology, zoology, entomology, genetics, biochemistry, biophysics, other allied sciences, excluding clinical and veterinary sciences)

2 ENGINEERING AND TECHNOLOGY

2.1 Civil engineering (architecture engineering, building science and engineering, construction engineering, municipal and structural engineering and other allied subjects)

2.2 Electrical engineering, electronics [electrical engineering, electronics, communication engineering and systems, computer engineering (hardware only) and other allied subjects]

2.3. Other engineering sciences (such as chemical, aeronautical and space, mechanical, metallurgical and materials engineering, and their specialised subdivisions; forest products; applied sciences such as

geodesy, industrial chemistry, etc.; the science and technology of food production; specialised technologies of interdisciplinary fields, e.g. systems analysis, metallurgy, mining, textile technology and other applied subjects)

3. MEDICAL SCIENCES

3.1 Basic medicine (anatomy, cytology, physiology, genetics, pharmacy, pharmacology, toxicology, immunology and immunohaematology, clinical chemistry, clinical microbiology, pathology)

3.2 Clinical medicine (anaesthesiology, paediatrics, obstetrics and gynaecology, internal medicine, surgery, dentistry, neurology, psychiatry, radiology, therapeutics, otorhinolaryngology, ophthalmology)

3.3 Health sciences (public health services, social medicine, hygiene, nursing, epidemiology)

4. AGRICULTURAL SCIENCES

4.1 Agriculture, forestry, fisheries and allied sciences (agronomy, animal husbandry, fisheries, forestry, horticulture, other allied subjects)

4.2 Veterinary medicine

5. SOCIAL SCIENCES

5.1 Psychology

5.2 Economics

5.3 Educational sciences (education and training and other allied subjects)

5.4 Other social sciences [anthropology (social and cultural) and ethnology, demography, geography (human, economic and social), town and country planning, management, law, linguistics, political sciences, sociology, organisation and methods, miscellaneous social sciences and interdisciplinary , methodological and historical S1T activities relating to subjects in this group. Physical anthropology, physical geography and psychophysiology should normally be classified with the natural sciences].

6. HUMANITIES

6.1 History (history, prehistory and history, together with auxiliary historical disciplines such as archaeology, numismatics, palaeography, genealogy, etc.)

6.2 Languages and literature (ancient and modern)

6.3 Other humanities [philosophy (including the history of science and technology) arts, history of art, art criticism, painting, sculpture, musicology, dramatic art excluding artistic "research" of any kind, religion, theology, other fields and subjects pertaining to the humanities, methodological, historical and other S1T activities relating to the subjects in this group]

Final report on the distribution of the European Union financial contribution

This report shall be submitted to the Commission within 30 days after receipt of the final payment of the European Union financial contribution.

Report on the distribution of the European Union financial contribution between beneficiaries

Partner	Final Contribution, EUR
DRC	906.805
UIBK	298.797
TNO	389.625
IMPACT	259.893
AMC	431.550
FFZG	321.169
MDA	84.071
SAMUR	118.253
CSSC	0
CC	359.565
CRISMART	164.189
Total	**3.333.918**

The report on distribution between beneficiaries will be submitted once project finances have been finalised.