

of webinars on psychological first aid and disaster psychiatry were organized in the first two weeks. Furthermore, in three major cities, separate interactive meetings where question and answer sessions with trauma experts have been possible were held weekly with smaller groups. Almost a hundred volunteer PAT members served in the region in the first few months after the earthquake. All colleagues in the field, including those who survived the earthquakes, benefited from the resources of the PAT for their needs in housing, food, and mobilization. Starting from the first days, the PAT organized regional centers for coordination, which required financial resources and staff. The demand was high and could only be met with close collaboration with the Turkish Medical Association and the financial support obtained from international agencies, WPA, and other national psychiatric associations. The PAT started an online support system with technical support from a professional company, targeting healthcare professionals and first responders in the earthquake area. Volunteering psychiatrists provided appointment slots, rendering the system available 12 hours a day, seven days a week. With time, as the national healthcare delivery recovered, the PAT activities transformed into coordination, education, and supervision. Furthermore, the psychiatry residency training, which was interrupted due to the disaster, has been supported through a nationwide mentorship program launched by the PAT. The experience of the Psychiatric Association of Türkiye with disasters paved the way for an organized response, which was made possible through national and international solidarity.

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The impact of natural disaster on mental health and how to deal with it?

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Abstract: Natural disasters are and will continue to represent a great challenge in addressing mental health issues globally. The most devastating recent (earthquakes on 6th February 2023 in Turkey and Syria) caused death of more than 55,000 people, injury of about 100,000 people and loss of property, overall affecting millions of people. Moreover, in the last several years in Europe, they came in a form of double disasters (for example coupled with the COVID-19 pandemic) and pointed out the unpreparedness of the health (including mental health) sectors for the emergency situations.

However, in going through these experiences, we also learnt some of the practices that proved effective – including the fast creation of collaborative networks on a larger scale that also allowed fast spread of good practices and practical organisation of help. As a practical example of it - verbalized by the mental health professionals from Turkey through the Council of National Psychiatric Associations of the European Psychiatric Association, we organized a webinar delivered by experienced clinicians, trauma experts and experts with lived experience in the earthquake zones. However, structural -implementation of mental health policies that focus on prevention and improving crisis response in care delivery are important to support populations affected by natural disasters to prevent the trauma sequel.

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