Structure/Method/Design: This pilot study measured burnout rates of 34 health care providers from four different sites in areas affected by the Tohoku earthquake and the subsequent nuclear disaster. We interviewed caregivers about topics of concerns and asked them to self-administer two questionnaires: Maslach Burnout Inventory for Human Services (MBI-HS) and General Health Questionnaire (GHQ12). Previously validated cutoffs were used to identify high levels of burnout and psychiatric distress, as well as qualitative answers from interviews.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): With a response rate of 94.4%, themes listed by respondents during the interviews were concern for children (47.1%), frustration with the inability to eat and share homegrown or local vegetables (55.9%), and having sleep difficulties (44.1%). We found 58.8% of respondents to have signs of emotional exhaustion, 14.7% with depersonalization, 94.11% with low or medium personal accomplishment, and 55.9% with evidence of psychological distress. Comparing year-old GHQ12 scores done at the same sites, the score remained unchanged (4.63 vs. 4.24; $P = 0.74$).

Summary/Conclusion: Local caregiver mental health has not improved even 2 years after the disaster, and many are showing signs of burning out. Over half are emotionally exhausted and in psychological distress, experiencing symptoms themselves, and burdened with concerns, which strongly suggest that conditions are not improving. Radiation problems have worsened the stress, anxiety, workload, and recovery process of the caregivers, provoking higher burnout rates. Long-term psychological support and improvement in caregiver work conditions are essential to maintain sustainable care in rebuilding disaster-stricken areas in Fukushima.

Global mental health: The view from Albania

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Background: Albania, which endured one of the most harshly authoritarian regimes of any country in the socialist bloc, has been a major destination for foreign, particularly European, aid since its democratization in 1992. In this presentation, I consider the paradoxical consequences of European infuence on Albanian mental health sector reforms.

Structure/Method/Design: The following results are drawn from a larger qualitative study on the variety and quality of available institutional and community-based mental health services in Albania. It was carried out in central Albania (Elbasan, Korce, Tirane) between June 1 and September 1, 2013. Information was collected through 44 semi-structured Albanian- and English-language interviews with mental health professionals, family caregivers, and advocates identified via snowball sampling. 30+ additional hours of participant-observation were completed with psycho-social staff and consumers at the Sadik Dinci Psychiatric Hospital in Elbasan, Albania.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Mental health system reform in Albania has largely attempted to recreate European mental health infrastructure locally. Unfortunately, this system is functioning well below its intended capacity in the Albanian context. The network of Community Mental Health Centers—based on the Italian model—is a particularly stark illustration of the ways "innovative" services in Albania replicate treatment as usual: a top-down, medical model which disempowers the consumer. Paradoxically, it appears that Europe-driven aid and initiatives have stunted local capacity. As European investment and the physical presence of foreign advisors decreases, Albania's most fragile service sector lacks the tools and experience to sustain reforms and continue to improve upon them.

Summary/Conclusion: Albania's geographical and cultural proximity to Italy, a leader in community mental health services and social inclusion initiatives, should be an overwhelming positive for the country. Unfortunately, the partial implementation of progressive models of care has led to poor consumer outcomes. Lessons for global mental health professionals include the need for initial needs assessments that consider whether intended reforms can be fully implemented and, if not, how the impact of partial implementation might be maximized through specific initiatives.

Policymaking process of a maternal near-miss surveillance model in Colombia: Local effects of global policies generated by an epistemic community

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Background: In 2005, the Colombian Ministry of Health (MoH), concerned with slow progress toward the MDG target to reduce maternal mortality by 2015 initiated the implementation of an Extreme Maternal Morbidity Surveillance Model (EMMSM). In 2013, we undertook an evaluation of this process at the request of an international agency (IA) and the MoH. This paper describes the policymaking process and possible unintended local effects.

Structure/Method/Design: Descriptive study with mixed-methods data analysis. Data were collected through structured questionnaires and semi-structured interviews with the main actors at the national level, in 8 departments, 8 municipalities, 12 tertiary-level hospitals, and 6 health insurance organizations. Grounded in the theory of epistemic communities, we analyzed both the documents and actors discourses to reconstruct the policy process from conception to inception into the National Public Health Surveillance System (NPHSS).

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): We identified three stages of policymaking: 1) 2005-2007: Colombian gynecologists develop a model built on the maternal "near-miss" concept proposed by gynecologist in the UK in 1990 and set forth by WHO in 2004 as "near-miss audits." 2) 2007-2010: The model is piloted in 15 tertiary-level hospitals by the MoH in association with an IA. 3) 2011-2013: "Extreme Maternal Morbidity" (EMM) is made notifiable to the NPHSS by secondary and tertiary-level hospitals. Obstetricians at pilot hospitals perceive the model improved the quality of obstetric care in their institutions, however,they recognize that most EMM cases arrive in critical condition and many lack adequate antenatal care and/or care in their first institution of contact was deficient. While tertiary-level hospitals have increased their obstetric Intensive Care Units capacity, two Departments have closed several primary care facilities. Municipal and Departmental maternal health programs were found to be understaffed and poorly financed.

Summary/Conclusion: The maternal "near-miss" approach initiated by the gynecologists' epistemic community and fostered by international agencies for inception as national policies, when introduced into the Colombian context of market-driven health services and weak primary care systems, may have contributed to drive high technology-based obstetric care in tertiary-level hospitals. This may be having unintended effects on equity in access to quality