

INTRODUCTION

October 7th attack and the subsequent wars triggered a surge in trauma-related disorders¹. Despite extensive PTSD-focused training for professionals², its adequacy in meeting diverse clinical needs remains unclear. This study aimed to evaluate mental health professionals' self-reported knowledge and training needs.

METHODS

Participants & Procedure- 264 Mental health professionals participated in an online survey.

Measures- A 26-items measure was developed by experts to assess mental health professionals' knowledge and training needs across trauma-related domains. Responses were rated on a 6-point Likert scales. Internal consistency was acceptable

for knowledge ($\alpha = .77$) and strong for training needs ($\alpha = .84$).

Analysis- Data was analyzed using repeated-measures ANOVAs. Greenhouse-Geisser corrections were applied when sphericity assumptions were violated, and post hoc tests identified group differences. A mixed-model ANOVA tested the moderating effect of prior protocol-based training.

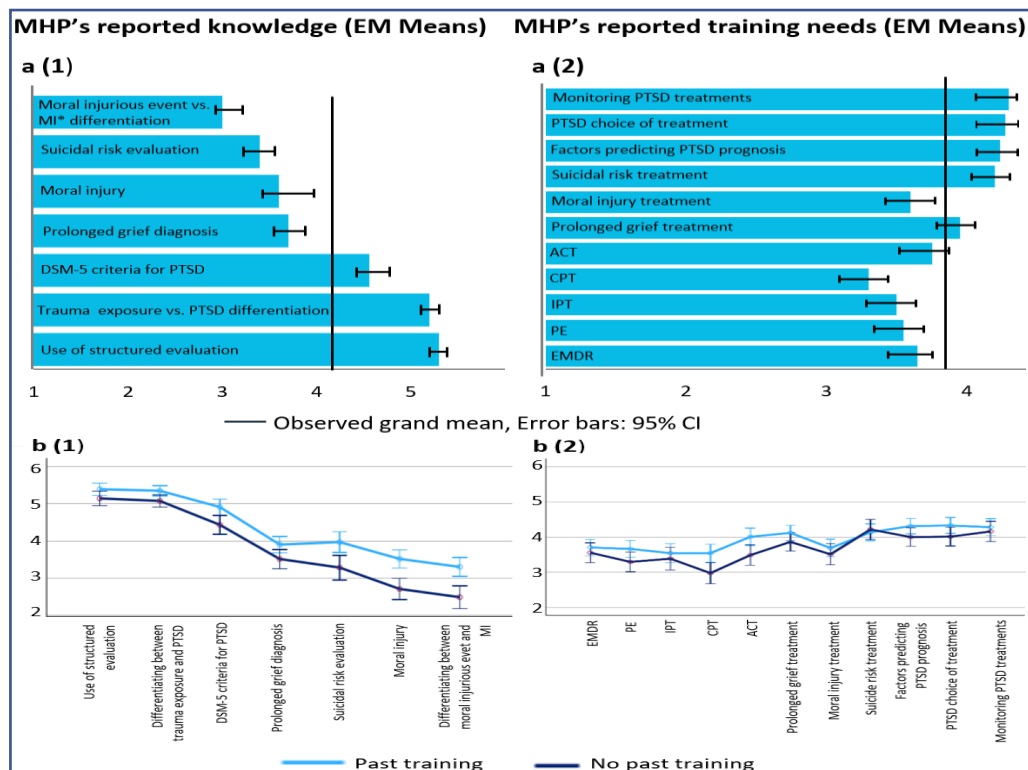


Figure 1. (a) Graphical illustration of trauma-related professionals' knowledge (left) and training needs (right). *MI- Moral Injury, PG- Prolonged grief

RESULTS

Mental health professionals reported significantly greater knowledge regarding PTSD ($F = 179.05$, $p < .001$) compared to other trauma-related conditions such as prolonged grief, suicidal risk assessment, and moral injury. The highest training need was for monitoring PTSD treatments, followed by identifying parameters influencing treatment choice, and suicidal risk treatment all significantly higher than needs for protocol-based PTSD treatments. Past participation in trauma protocol training was associated with significantly greater knowledge across most domains ($F = 2.75$, $p = .023$) but had no significant effect on reported training needs.

CONCLUSIONS

The results highlight the need to expand training beyond PTSD to other trauma-related conditions, and to build skills in outcome monitoring and treatment personalization. These findings can be translated into actionable policy steps, such as recommending targeted training to address prolonged grief, suicidal ideation and moral injury; aligning quality measures to identify the quality of trauma care; allocating resources for training in tools for treatment management; and updating curricula to meet evolving public mental health needs.

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- Ministry of Health, Mental Health Division. A place for the soul- The National Mental Health Program. 2024. Available from: <https://www.gov.il/he/pages/national-mental-health-program-publication-22082024>