Lessons learned from the European Countries,
on psychological first aid, strengthening psychological resilience,
recent developments and consequences of COVID-19

Return of experience from psychosocial care after disasters in Europe

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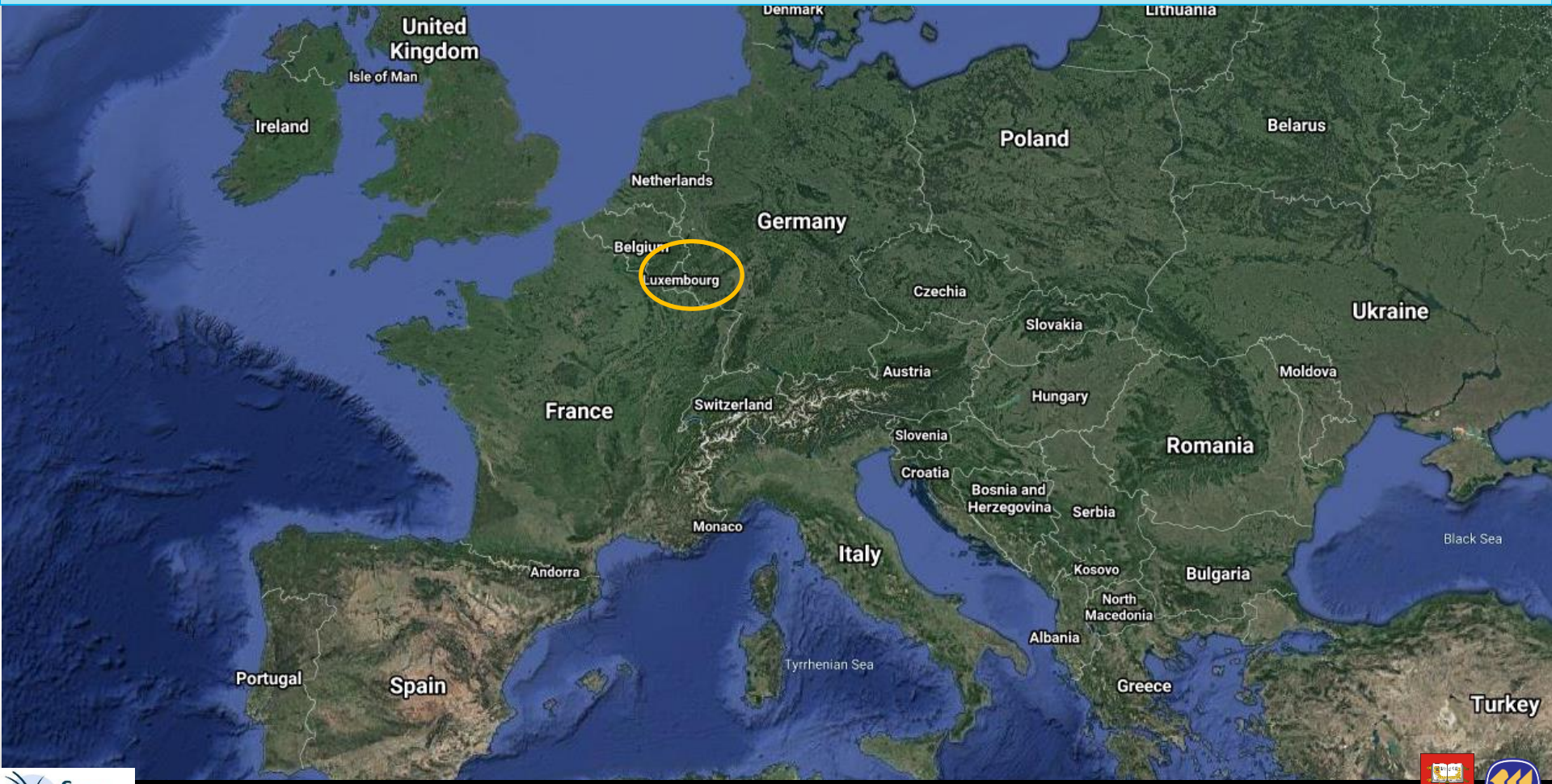
LE GRAND-DUCHÉ DE LUXEMBOURG

one of the smallest EU Member States

situated between Belgium, France and Germany

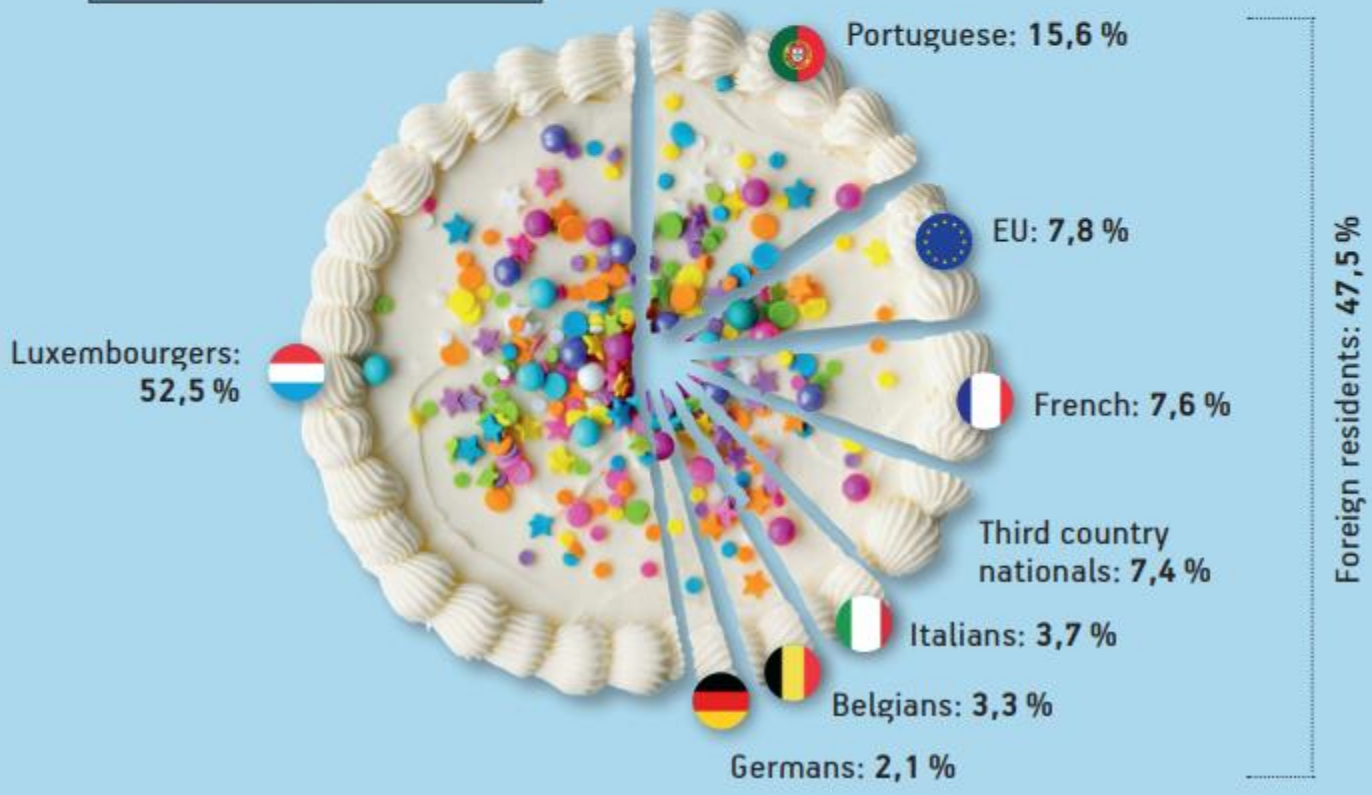
(2586 km²) (max. length 84 km, max .width 52 km)



MULTICULTURAL POPULATION

MORE THAN 170 DIFFERENT NATIONALITIES LIVE IN LUXEMBOURG

613,900 INHABITANTS



Psychosocial care after incidents with psycho-traumatic potential

Status in Luxembourg

25 years ago, in Luxembourg

- **no plans, no structures** concerning psychosocial care
- **few mental Health professionals trained in psycho-traumatic issues and therapies**

since then, **institutionalisation & professionalization**

better trained and specialized organizations, institutions & mental health professionals both in Luxembourg (and throughout Europe)

Considerations about effective psychosocial disaster planning

Nowadays, in most western countries, (acute) psychosocial care is more or less well implemented after a mass emergency

but there is still a lot to to improve

-> become more efficient thanks to research, "Guidelines", "Lessons-learned" & "Best-practice studies

-> Recommandations

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE CONCEPTS

often, inappropriate and confusing use of concepts, e.g.

Potentially traumatic situation:

- event that represents a real, potential or imagined threat (serious accident, violent death, rape, assault, serious illness, war, attack),

- occurs suddenly and unexpectedly, is accompanied by feelings of helplessness, terror, distress, fear, loneliness, abandonment, etc.

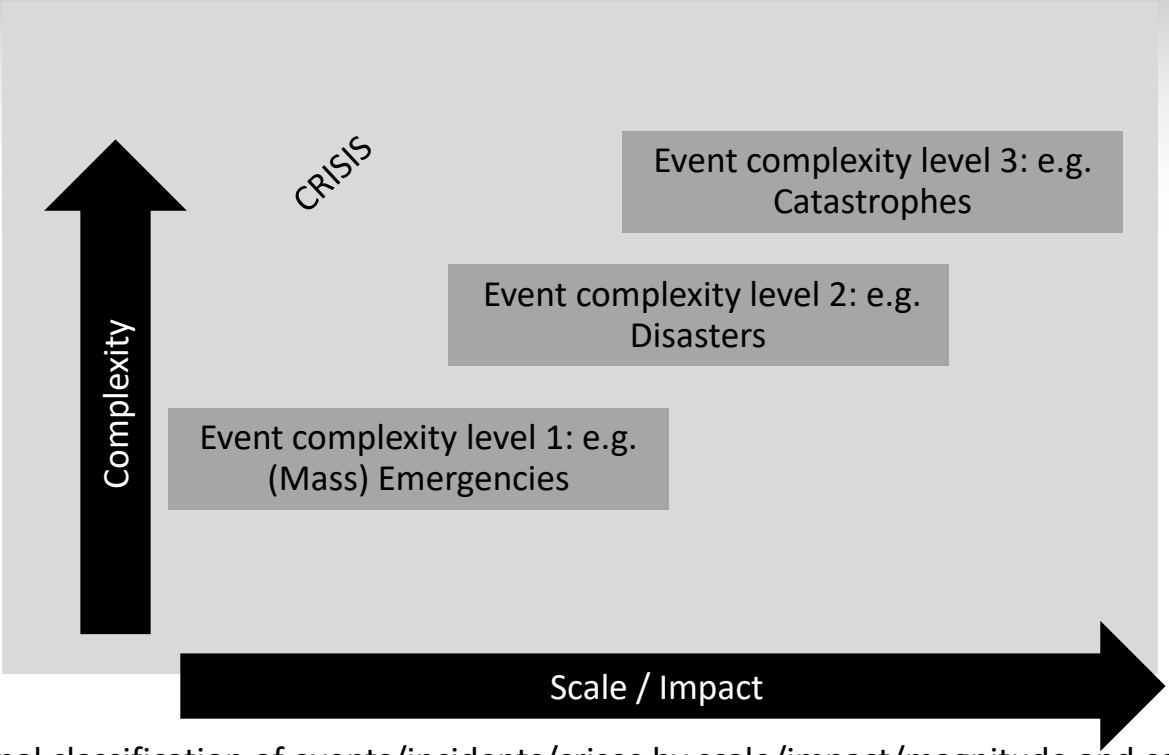
≠

Mental suffering & pain: life experience more or less difficult to live with, but without damage to psychic integrity (e.g. bereavement)

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE CONCEPTS

Definition of the crisis



Operational classification of events/incidents/crises by scale/impact/magnitude and complexity.
The overlaps in scale/impact indicate that the magnitude alone does not classify an event.

OPSIC Operationalising Psychosocial Support in Crisis / Final report European Commission FP7 funded project

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE CONCEPTS

Definition of the crisis

Mass Emergency : local or regional incident that can be managed with the usual means and limited reinforcements, even if the incident is larger / has more impact and is more complex than routine / can be anticipated / Can turn into a disaster

Ex: bus accident

Disaster: local / regional actors are overwhelmed and need substantial external support / possible destruction of infrastructure

Ex: jumbo jet crash / major terrorist attack / major storm

Catastrophe: local and regional actors are no longer functional / Intervention must be done from exterior / major or complete destruction of infrastructure

Ex: earthquake, war, Tsunami

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE CONCEPTS

Definition of the crisis

Why is it important to differentiate?

Different psychosocial approach depending on the size of the incident

in the case of a disaster / catastrophe ->

- include the capacities of survivors and volunteers on ground in the emergency response
- Establish self-help and mutual aid programs for victims and volunteers
- these programs should promote resilience and social cohesion as a priority

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE CONCEPTS

Definition of the crisis

Define the crisis also in terms of

- **nature-Made / man-Made**

caused by nature: earthquakes, floods, landslides, volcanoes, storms,...

Man-made: traffic accidents, terrorism, mass violence, criminal acts, war, ...

- **terminated / ongoing incident**

-> these factors impact differently on victims' attitude and psychosocial processing

Recommandation:

(FULLY) INTEGRATE PSYCHOSOCIAL CARE INTO MASS EMERGENCY PLANNING

"Failing to prepare is preparing to fail"

Psychosocial care has to be fully integrated into to ME planning

Decision-makers must have a clear understanding of what psychosocial care is, what it is intended to achieve, what its possibilities and limitations are and for whom it is intended

Decision-makers & national and local officials should be sensitized and trained in psychosocial concepts

Psychosocial care should include **ALL** phases, including long-term care

(most current plans and guidelines neglect long term)

Recommandation:

(FULLY) INTEGRATE PSYCHOSOCIAL CARE INTO MASS EMERGENCY PLANNING

Planning

- organize dedicated exercises to simulate psychosocial care
- psychosocial care plan should network various local actors: social workers, mental health experts, volunteers, religious representatives, key persons (e.g., minority representatives)
- organization of memorials and rituals are important psychosocial interventions and should be an integral part of the plan

Recommendation:

BETTER CLARIFY AND DIFFERENTIATE GOAL OF THE PSYCHOSOCIAL CRISIS INTERVENTION

Approach based on Hobfall's 5 principles:

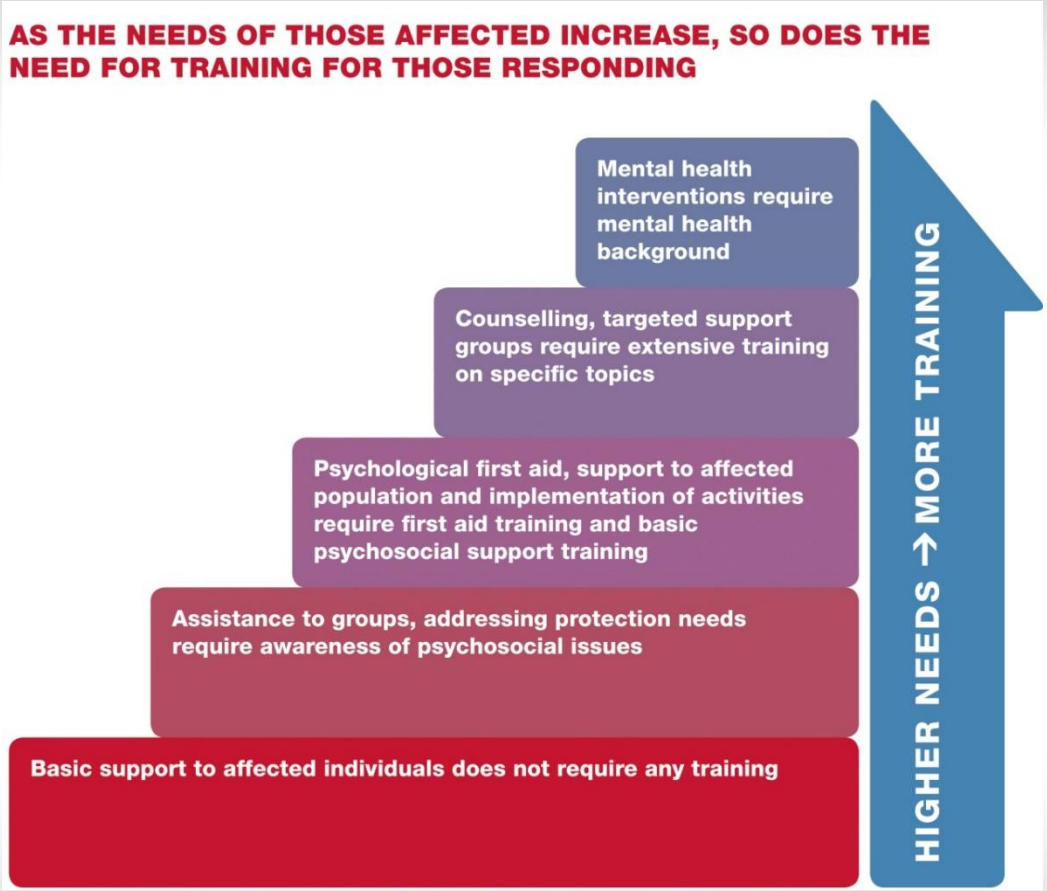
1) provide a sense of security
2) to calm
3) promote self-efficacy (individual / community)
4) promote social interaction (connectness)
5) provide reasonable hope for the future

- Goal: promote resilience
- Intervener's attitude: understanding, sensitivity, respect, non-intrusive
- Interveners should be best trained volunteers and/or health professionals

Hobfall Five Essential Elements of Immediate and Mid-Term Mass; Trauma Intervention: Empirical Evidence February 2007 Psychiatry Interpersonal & Biological Processes 70(4):283-315

Recommandation:

BETTER CLARIFY AND DIFFERENTIATE THE RESPECTIVE ROLES AND COMPETENCES



Psychotherapist, clinical psychologist, psychiatrist

Mental health professional

Trained volunteer

Entourage / «Bystander»

(International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, 2009, p.131)

Recommandation:

BETTER DIFFERENTIATE TARGET GROUPS & THEIR SPECIFIC NEEDS

CHILDREN & ADOLESCENTS

Psychosocial intervention & treatment should be based on the developmental age of the victims

It is important

- that these victims can express their experiences, understanding, fears and feelings in a comforting environment
- make them understand what has happened according to their developmental age

Recommandation:

BETTER DIFFERENTIATE TARGET GROUPS & THEIR SPECIFIC NEEDS

CHILDREN & ADOLESCENTS

untreated psychological trauma in childhood is likely to have an even more negative impact on personality and personal development than psychological trauma in adulthood

It is essential that interventions for traumatized youngsters also include the parents or legal guardians

unspoken words & emotional barriers (conscious/unconscious) are absorbed by the children and hinder the successful resolution of their psychological problems

Recommandation:

BETTER DIFFERENTIATE TARGET GROUPS & THEIR SPECIFIC NEEDS

PEOPLE WITH SPECIAL NEEDS (PSN)

Hearing / visual / mental / physical impairments

Identify people with special needs early on
Keep a local register?

Plan the rescue measures by integrating the PSN community
(fully) integrate PSN into ME planning
(don't forget mentally disabled)

Prepare, train and simulate incidents with those concerned

Recommandation:

BETTER DIFFERENTIATE TARGET GROUPS & THEIR SPECIFIC NEEDS

PEOPLE WITH SPECIAL NEEDS (PSN)

Train the intervention teams
Improve their understanding, knowledge and skills in dealing with PSN

Plan for alerting and communicating with PSN (especially in cases of visual, hearing and mental deficits)

Sign language translator, information in Braille, audiovisual information via tablet screens, Writings in large letters, ……

avoid separating PBSs from their reference persons as much as possible

http://disaster.efpa.eu/information/assisting-disabled-in-case-of-a-disaster/

Recommandation:

DO NOT FOCUS EXCLUSIVELY ON PTSD

Study	Location	Days since attack	Sample size	Rate probable PTSD%
Miguel-Tobal et al (2005)	Madrid	60	117	35.9
Shalev & Freedman (2005)	Jerusalem	123	39	36.8
Elbedour et al (1999)	Hebron	182	23	39.1
North et al (2005)	Oklahoma City	182	182	31.3
Jehel et al (2003)	Paris	182	32	38.5
Grieger et al (2003)	Pentagon	212	77*	14.0
Galea et al. (2003)	New York City	241	496*	14.7
North et al (2005)	Nairobi	274	84	39.2
Grieger et al (2003)	Pentagon	395	120*	23.0
Verger et al (2004)	Paris	662	196	31.1
Grieger et al (2003)	Pentagon	795	129	22.0
Jehel et al (2003)	Paris	973	32	25.0

for terrorist attacks, ~20% PTSD ratios are likely after 2 years

Recommandation:

DO NOT FOCUS EXCLUSIVELY ON PTSD

for terrorist attacks, ~20% PTSD ratios are likely after 2 years

Survey of victims referred to mental health services (London Bombings)

PTSD	72%
Travel phobia	8%
Adjustment disorder	9%
Generalised anxiety disorder	3%
Complicated grief	4%
Depression	2%
Other diagnosis	3%

other disorders may develop as a result of trauma, such as substance abuse (alcohol and drugs), somatoform & psychosomatic disorders, etc..

© Chris R. Brewin Traumatic Stress Clinic Camden & Islington Mental Health

Recommandation:

FOCUS MORE ON RESOURCES
THEN ON THE SYMPTOMS

In the past, almost all information material (flyers, writings,..) for victims and survivors focused mainly on symptoms

-> focus more on resources, resilience (cf. Hobfall's principles)

Recommandation:

BETTER IDENTIFY HIGHLY VULNERABLE PEOPLE

some groups need special attention because they are particularly vulnerable

- Single-parent families,
- Children
- People with a psychiatric background
- People with low socio-economic status
- Isolated people (without social network) (elderly, immigrants,..)

.....

-> develop a **proactive** attitude to these groups of people

Recommandation:

UNDERSTAND THE IMPORTANCE OF COMMUNICATING IN A MASS EMERGENCY

Crisis communication must consider psychosocial aspects

role of the media is crucial to psychosocial intervention in a mass emergency

How and what to communicate should be defined in advance
f.ex. information on how to recognize signs of stress, advice on resources to activate, how to talk to children and reassure them, positive coping strategies

Information and training for journalists on psychosocial aspects

Recommandation:

INTEGRATE INTELLIGENTLY NEW MEDIA

Use social media wisely in the communication process

Ex: Mass Shooting Liège, Belgium (2011):

CROIX-ROUGE de Belgique

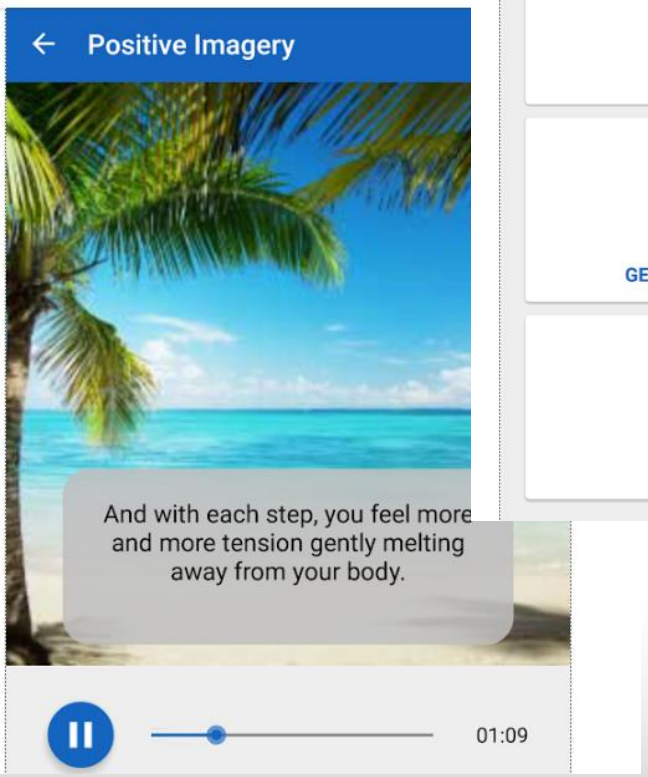
Belgian Red Cross opens a blog and a forum to help victims & Service find a loved one

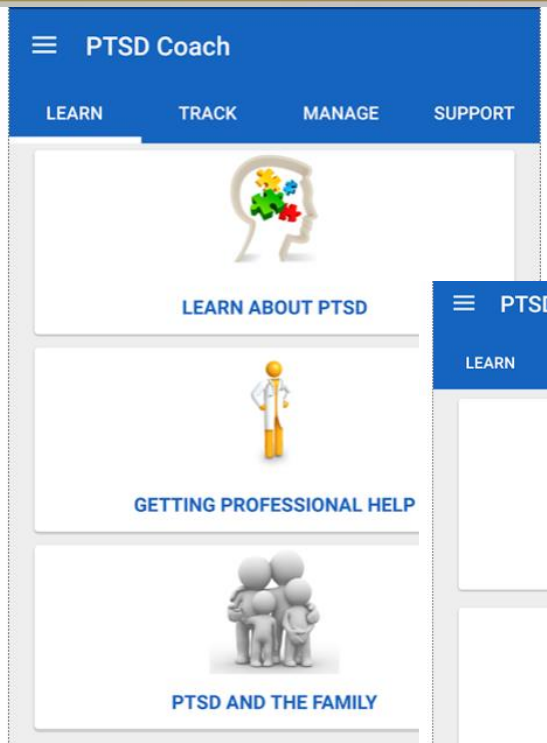
originally launched following the tornado that hit the "Pukkelpop" festival

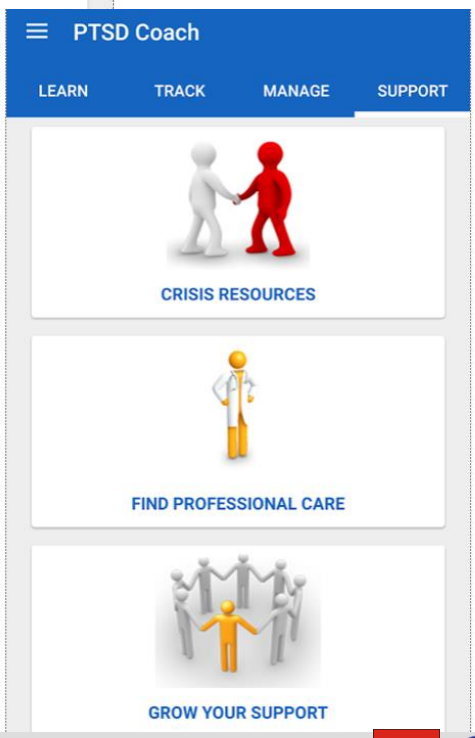
Recommandation:

INTEGRATE INTELLIGENTLY NEW MEDIA

develop «Self-Help» Apps







Recommandation:

INTEGRATE INTELLIGENTLY NEW MEDIA

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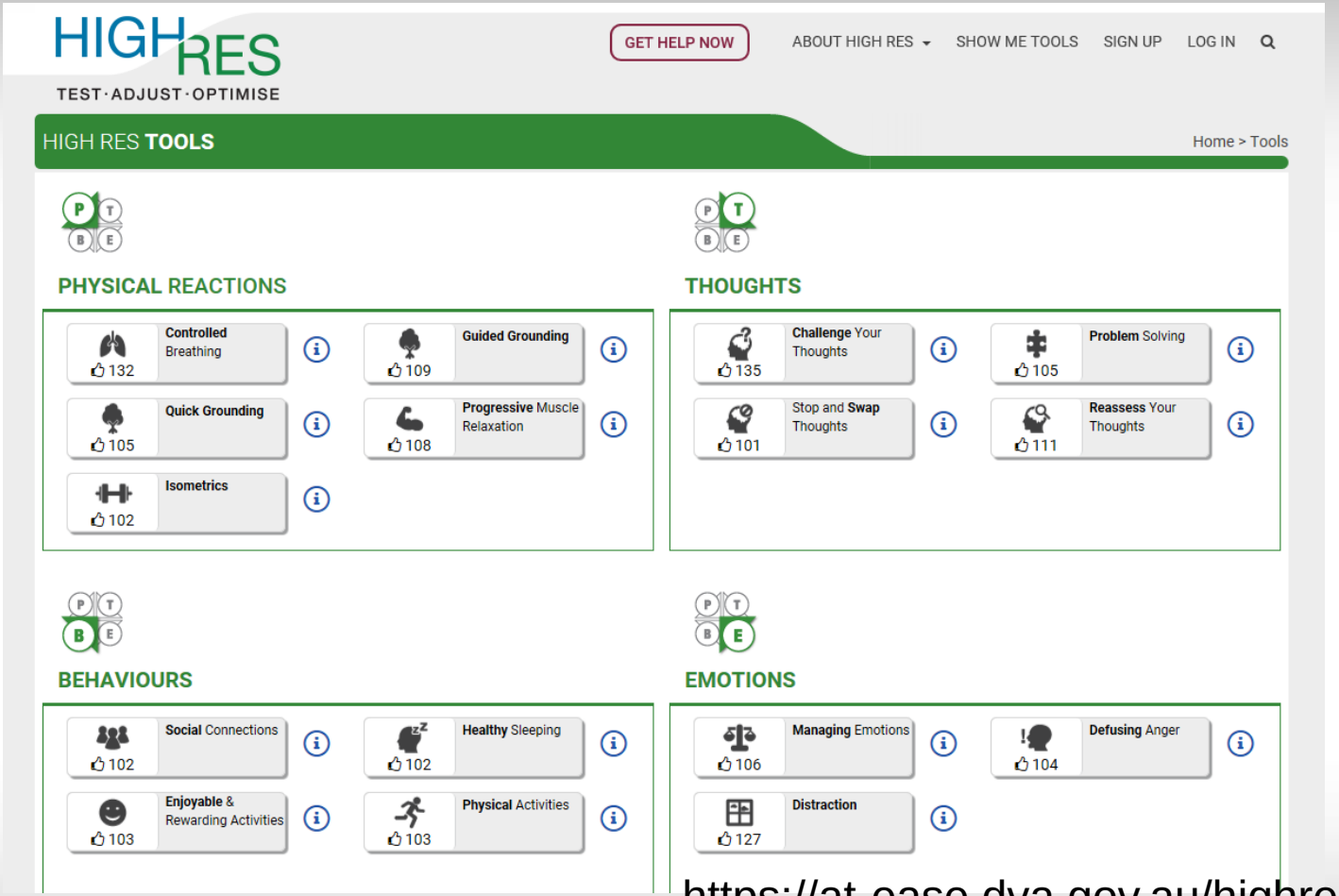

https://at-ease.dva.gov.au/highres/#!/home

Recommandation:

RECOGNISE FUTURE TRENDS

AGEING OF THE POPULATION

In 2060, in the majority of European countries
1 in 3 people will be at least 65 years old, 1/7 will be at least 80 years old

By 2050, the number of people with dementia will have doubled

NEW TYPES OF THREATS AND DISASTERS

due to climate change !! (global warming, forced migration,...

due to political and economic instability (large-scale terrorist attacks, etc.)

Recommandation:

RECOGNISE FUTURE TRENDS

GLOBALISATION

Even more multicultural society: the great diversity of cultural and religious aspects must be taken more into account

(L 2017 = 47.7%) (EU average: 20%)

MOBILITY AND MASS TOURISM

Importance of cross-border cooperation

Pan-European or even international coordination structures

Recommandation:

RECOGNISE FUTURE TRENDS

MOBILITY AND MASS TOURISM

Nice terror attacks 2016: 84 dead / 202 injured

Among the dead: 3 Germans, 2 Americans, 1 Swiss, 1 Moroccan, 1 Tunisian, 3 Algerians, 1 Russian, 1 Armenian, 1 Ukrainian

Among the injured: about 20 Belgians, British, Romanians, ...

Among the witnesses: 200 German high school students,...

COSTA CONCORDIA shipwreck:
4200 people on board

32 missing including 14 Germans, 6 Italians, 4 French, 2 Americans, 1 Hungarian, 1 Indian and 1 Peruvian

Recommandation:

RECOGNISE FUTURE TRENDS

MOBILITY AND MASS TOURISM

Ex: TSUNAMI 2004 Indian Ocean

Thailand: 2464 foreigners (Sweds 543, Germans 539,..)

Country where deaths occurred	Confirmed
Indonesia	130,736
Sri Lanka[2]	35,322[103]
India	12,405
Thailand	5,395[3][104]
Somalia	78
Myanmar	61
Maldives	82[110]
Malaysia	68[112]
Tanzania	10[114]
Seychelles	3[115]
Bangladesh	2
South Africa	2[4][117]
Yemen	2[118]
Kenya	1
Madagascar	n/a
Total	~184,167

Recommandation:

GUARANTEE PSYCHOSOCIAL SUPPORT FOR RESCUE TEAMS IN CASE OF NEED

Best Practices:

Organizing and implementing short and long-term psychosocial care structures (Peer Support / Psychology Service / transfer to psychotherapists and external structures)

Training of superiors on psychosocial risks

Training of all stakeholders on psychosocial risks

Intervision / debriefing after stressful interventions

Possibility of supervision if necessary

http://disaster.efpa.eu/information/psychosocial-support-for-uniformed-workers/

European Federation of Psychologists' Associations

http://disaster.efpa.eu/

- Recommendations concerning psychosocial support after disasters
- Review & Assistance team
- Evaluation
- EFPA Training of Psychologists in disaster, crisis and trauma-psychology
- Voice of victims
- Recommandations for Journalists
- Psychosocial support for uniformed workers

- Research articles on Disaster, Crisis & Trauma
- National psychosocial planning after disasters
- Children and Disaster, Crisis & Trauma
- Information on Trauma
- Psychosocial help in humanitarian context
- Information on Disasters

Merci fir ärt Nolauschteren!

Данке фур ихре Ауфмерксамкеит!

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