

## ■ Spain - COLLAPSE OF BUILDINGS

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On the 28<sup>th</sup> of January 2005 two whole buildings, number 12 and 14 of Calafell street, collapsed in one neighbourhood of Barcelona. The reason was the new tunnel for the underground, line 5, that was under construction. The buildings disappeared in a hole of 30 m diameter and 30 m deep. There was 3000 m<sup>3</sup> of moving ground; 76 other buildings were affected; 1239 people were evacuated from their homes (462 families); 450 students also had to be moved to other schools; 800 people were lodged in hotels of Barcelona and the rest went to family or friends houses.

### Early Intervention

The Catalan Professional Association of Psychologists, Col·legi Oficial de Psicòlegs de Catalunya, participated since the beginning with a task force of 30 psychologists that are integrated in the Medical Emergency Team, and activated with the telephone 061. There was a general coordinator for extraordinary situations, M. Jaume Gil; the Vice-dean from our Psychological Association, Josep Vilajoana, was the responsible for the coordination of the first aid granted by the Psychological Task force and later on for longer term intervention.

Later different groups of psychologists intervened giving psychological support to the affected, in the hotels and in private homes of friends and relatives.

During the following 16 days all the emergency professionals, including the 30 psychologists, worked for more than 196 hours. The psychological help was done in hotels, private homes, by telephone, in public transports. People had anxiety crisis.

That same day the Department of Health of the Catalan Government, decided to create the new Service, SAPE, *Service Attention Psychological Emergencies*, formed by psychologists, experts in C&D, coming from the Catalan Psychological Professional Association. Since then, psychologists have a uniform like all other health professionals involved in emergencies. There were different turns of intervention: from 8h to 15h and from 15h to 22h.

### Longer term intervention

Three months later the City Hall of Barcelona asked the psychologist team to continue with long term psychological help in hotels and private homes. Written recommendations were also given for helping parents to talk with their children.

### Evaluation and implications for the future

We should improve the task force:

- giving more specialised and continued C& D training
- improving the systems of synchronization with other professionals involved
- having different models of intervention in order to advance the effectiveness
- having better evaluation systems
- establishing different standard protocols for different types of emergencies, for different number of people and for different level of vulnerability

Phase 1 - In the beginning the first wishes were:

Basic physical needs, human interaction, possibility to express emotions and recognise them, possibility to explain what happened.

Phase 2- Evaluation of the relocation of survivors:

Facilitate people reincorporation to their family and friends nets, for emotional support, information, medical and psychological aid; estimation of practical needs like documentation and other materials goods that were in their homes; evaluation of the possibility of other risks.

Phase 3- The fact of not having all kind of their material possessions was a major problem; it was also very important to have access to special treatments in hospitals, geriatric centers etc.; finally the difficulties of evaluating the degree of their psychological traumas and of their economic requests.

Phase 4- Reevaluation of the individual and collective requirements, right organization of everyday information to the affected people group, right psychological aid, continue emotional and social support with cognitive therapy to stimulate healthy reactions and reducing unhealthy ones.