Psychosocial Support after Crisis and Disasters

Lessons Learned from the European Countries

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Introduction

This document describes some of the examples of the psychosocial support given after an emergency. It is the result of the work of the Standing Committee on Crisis and Disaster Psychologists of the European Federation of Psychologist Associations (EFPA).The examples are randomly chosen and of course there are many more examples which could be described. It is of great importance that we learn from our experiences, that we collect the best practices but also look into the things which went wrong. We realize that a disaster means chaos and that we will never be able to plan for every possible scenario. But we have the responsibility to go for the best.

The Standing Committee on Crisis and Disaster Psychologists has reviewed the different examples and has come to some general conclusions. These conclusions are open for discussion.

Content

Terrorist Attack in Tunis March 18th 2015

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Description of the event

On March 18th 2015, 24 people were killed and 45 were injured in a terrorist attack at the Bardo National Museum in Tunis. Two terrorists, armed with kalashnikov and grenades and wearing explosive belts, tried to infiltrate inside the Tunisian Parliament, but they were blocked by security forces. The terrorists thus directed towards the Bardo Museum, where they opened fire on a bus of hikers just got off a cruise ship, injuring the Tunisian driver and killing a large number of tourists. After that, they holed up inside the Museum by taking hostage many people. During the blitz of the Tunisian SWAT team the two terrorists were killed and the hostages were freed.

Early intervention

The Ferry Company MSC Cruises asked the Italian EMDR Association to intervene in order to give psychological support to the passengers involved in the bombing and to the families of the victims. The team was composed by 6 EMDR Italian psychotherapists English and French speaking, who went immediately to Tunis, and by 2 others EMDR colleagues that worked together with the Health Department of MSC on board of the ship and coordinated all the intervention. This was very important in order to reach both the tourists who decided to go back on board and continue the cruise, and the others who remained in Tunis.

The objectives of the intervention were:
Stabilization, normalization and post-traumatic stress reduction in the acute phase. Secondary and tertiary prevention. Use of EMDR in the peritraumatic phase.

More in detail: the 2 psychotherapists working with the MSC Health Department were promptly activated and arrived on board the ship immediately after the attack. Their intervention was developed on three different fronts:

- coordination among MSC Health Department, colleagues operating in Tunis and the referent of the EMDR Association in Italy
- first aid treatment with the tourists involved in the attack who decided to continue the cruise
- first aid treatment with the crew involved

One week later they also treated those people of the crew coming back from Tunis where they had remained with the injured tourists. In April, almost one month after the attack, they made an intervention with the MSC managers. The other 6 therapists

arrived in Tunis two days after the attack and were immediately able to grant first specialized psychological support in the acute phase to survivors, to the injured tourists and to the families of the victims thanks to the coordination work of the colleagues on board.
In particular, the situation in the immediate post-emergency was characterized by:

- injured tourists located in different hospitals in Tunis
- families of the injured people located in different hospitals and hotels
- dead people in the morgue for identification procedures
- families of the victims come in Tunis to see where their beloved died and to reach their bodies
- consular staff of the tourists involved (French, Spanish, Italian, Belgian, South African, Japanese, etc.)
- journalists and media
- state staff of the Ministry of Tourism

MSC Cruises had set up a crisis unit. Every morning there was a briefing with the staff; the team of EMDR therapists went on site in different moments and they divided so as to bring assistance and support in all the different situations listed above.
First contact with the victims took place through the out-reaching technique: this means that the operators went personally to the place where the victims and their families were to establish a first contact and a relationship with them. This is fundamental because persons in shock need to be reached on site in order to receive a first emotional support, break the isolation and start to reprocess the traumatic event they experienced directly or vicariously.
Where this first contact was possible, the therapeutical intervention consisted of:
- briefing and debriefing with the families
- debriefing with the staff of the ferry company
- administration of tests (DES and IES-R)
- safe place
- installation of resources by tapping
- narrative of the event accompained by tapping. EMDR Protocol for recent events
- provide information and contacts to continue the EMDR treatment once back in their own country.

<u>Longer term intervention</u>

The two therapists that worked on board of the ship were able to do follow-up at 3 and 6 months with both the crew and the tourists they had treated. The IES-R results showed that the post-traumatic symptomatology had reduced in all the people and most of them expressed the need to continue working on the event through the EMDR approach in their own countries with specialized colleagues.
It was not possible to do follow-up for the people treated in Tunis.

Evaluation

Early EMDR Intervention was a valid and effective approach to help the victims to stabilize, normalize and reduce the post-traumatic reactions starting from the acute phase of the event.

Because of the characteristics of the event (a critical and abnormal situation totally unpredictable), all psychological interventions in the acute phase took place in an unstructured, informal and unstable context (as is typical for emergency situations): they were administered in the hallways of the hospitals, in the lobby of the hotels, during the transfers of the families while they were visiting the Museum and the morgue.

In such a situation the ability of the therapists to adapt to the different contexts (without a setting dedicated and stable) and to improvise has been essential. Despite of the chaos they succeded to give a significant contribution helping the victims to protect themselves from the stress of the traumatic event and to normalize their emotional reactions, giving them support in hospitals and in the morgue during the identification of the bodies. The technique of out-reaching is fundamental in this type of disasters.

Another key point for the success of the intervention was the coordination work done by the two colleagues on board. This was very important because it allowed to cooperate with the different actors involved in the disaster. Having a coordinating figure is even more important in such contexts where the victims were people from different countries.

The personnel of the cruise was not so prepared to cope with this type of event. Giving some primary prevention could be very useful.

Ankara Terrorist Attacks 2015-2016

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Turkey has experienced many traumatic events throughout its history due to political conflicts and terrorism. The two-year peace period that followed the conflicts affecting the country for more than 30 years has come to an end and the country has entered a new period of conflict in the last year the structure, intensity, and instruments of which have changed. This new period reveals itself to the civilians in the form of terrorist attacks especially in the city centers. This section will provide information with regard to three suicide attacks that were carried out in the capital of Turkey, Ankara, and the psychosocial support efforts that have been maintained in the aftermath of these attacks.

Description of the events:

10 October, 2015 Ankara Terrorist Attack: Twin bombings occurred near the Ankara train station where thousands of people gathered on 10 October, 2015 to attend the Labor, Peace, and Democracy Rally organized by various unions, non-governmental organizations, and parties so as to call for peaceful resolution in the face of war politics that have been pursued. 107 individuals lost their lives and nearly 500 people were wounded some of whom lost an organ in the bloodiest terrorist attack in the Turkish history. ISIS claimed responsibility for the attack that was identified to be carried out by suicide bombers.

February, 2016 Ankara Terrorist Attack: An explosion occurred during the passing of the service shuttles that belonged to the Turkish Armed Forces in the part of the city where the Presidency of General Staff, military housings, Office of the Secretary of Army, and Turkish Parliament are located. 29 people died most of whom were civilians and military personnel working in the nearby institutions and 61 people were wounded. The attack occurred as a result of detonating a car bomb. The terrorist organization TAK (Teyre Azadiye Kurdistan/ The Kurdistan Freedom Falcons) claimed responsibility for the suicide attack.

March, 2016 Ankara Terrorist Attack (Güvenpark Attack): A terrorist attack was carried out in the heart of Ankara, Kizilay, near a transport hub where many bus stations along with other public transport vehicles are placed and where one of the city's symbols, Güvenpark, is located. It was stated that the real target of the bombing was the security forces; however, it was, to a large extent, the civilians who were affected by the attack. The suicide attack led to an intense fear and anxiety in the whole of society since the attack took place in one of the most frequently used

areas in Ankara. 36 people lost their lives and 125 were wounded. TAK claimed responsibility for the suicide attack that was carried out with a car bomb.

Early intervention

Trauma, Disaster, and Crisis Unit, which operates within the body of Turkish Psychological Association (TPA) has provided psychosocial support in a lot of events that took place in the country since the 1999 Marmara Earthquake. After the Ankara terrorist attack on the 10th of October, a large number of psychologists, who are trained in the field of trauma, have taken part in the planning process of the psychosocial intervention programme right along with the unit members on account of the frequency and violence of the social events that were on the rise, the sensitivity of psychologists to events of this nature, and the sheer scale of the experienced event. The team first prepared a press release, a text calling for solidarity and support and a call for voluntary work. Similar explanations and appeals have been made for the following attacks as well.

Psychosocial solidarity network

Psychosocial Solidarity Network (Human Rights Foundation of Turkey, Turkish Medical Association, Psychiatric Association of Turkey, Turkish Psychological Association, Association of Psychologists for Social Solidarity, Social Workers Association, and Trauma Studies Association), which was established right after Suruç terrorist attack in which 34 people lost their lives, has also planned activities so as to provide yearlong support to people who were affected by the incident in the aftermath of October 10 terrorist attack. Turkish Psychological Association's works have been carried out in coordination and collaboration with this solidarity network.

Reaching to those who were affected by the Incident

After Ankara terrorist attacks, it has been planned to establish the first contact with those who were affected by the incident in their present locations in compliance with the principle stating that 'mental health services are brought to people in cases of extraordinary circumstances'. In this context, visits have been paid to hospitals, houses, institutions, and workplaces within the first few days after the each aforementioned incident.

Hospital visits: Right after the terrorist attack on the 10th of October, a desk was set up in front of one of the hospitals where most of the injured were hospitalized. Two psychologists provided support there by taking turns. In this process, the families and relatives that were waiting in the hospital were provided with support in accordance with their needs (psychoeducation, debriefing, guidance). With the help of the hospital psychologist, interviews were conducted with the hospitalized patients at certain intervals by paying attention that the same volunteer psychologist conducted the interviews and these interviews continued until the patient was discharged from the hospital. Guidance has been provided for psychosocial support demands

regarding other hospitals by giving information to psychiatry services in accordance with the consultation process of the hospitals. Conducting an interview with the injured and their families in the hospitals also took place in the aftermath of the other two terrorist attacks for a shorter period of time since the number of the injured individuals was relatively low.

House visits: After the terrorist attack on the 10th of October, 4 families who have lost a member or have had an injured member in the family were visited in their houses; condolences and get well soon wishes of the association were conveyed. An assessment with regard to the current psychosocial needs was made and family members were informed accordingly. They were also informed about the services provided by the Association. After the attack on the 17th of February, two families were visited in their houses with the same purpose; however, the people who were most affected by the incident were the personnel of certain institutions. Therefore, the support needed by these families in this process was provided by assisting the psychologists of the institution in terms of training and supervision. After Güvenpark attack, two families were visited in their houses for condolences and they were provided with psychoeducation and guidance.

Contacting relevant institutions and organizations: In the aftermath of October 10, the unions, syndicates, parties, and non-governmental organizations who called for the peace rally were sent a text including information on the psychosocial dimension of the experienced event, its possible psychological consequences, and the voluntary services that we provide. Then, these institutions and organizations were visited. Many people who applied to us to receive support told us that they acquired the information regarding the services of the Association from the institutions and organizations that they were a part of. After February 17, Turkish Armed Forces and related institutions were provided with an informative support text.

Workplace visits: After Güvenpark terrorist attack, the Association paid visits to many workplaces that are located around the square where the incident occurred. Informative leaflets were handed out and short-term psychoeducational interviews were conducted. People were provided with information with regard to the services offered by the Association. This work, which could be named as “walking around”, was considered appropriate for this group (tradesmen) who would potentially avoid applying for psychological support due to the anxiety of being ‘stigmatized.’

These outreach activities that were performed with the aim of reaching the individuals and groups affected by the incident provide advantages such as the normalization and alleviation of the trauma-related reactions, establishing a relationship based on trust with the individuals who were affected, and facilitating the process of reaching to specialists. These efforts also contribute to the formation of the social ties that help the recovery process after such events.

Intervention methods

Psychoeducation

A large number of people were reached through three different methods of psychoeducation after Ankara terrorist attacks.

Meetings with large groups: Psychoeducation meetings were made with 15 separate groups including members of different unions and non-governmental organizations after the attack on the 10th of October; these meetings were carried out with teachers and parents in a college where most of the students were the children of the military personnel after the attack on the 17th of February; the meetings were performed with the students and personnel of a number of universities in Ankara after the Güvenpark attack.

Psychoeducation leaflets: The leaflet titled the Psychosocial Effects of the Traumatic Life Events and Coping Methods provided information to children and adults alike with regard to the psychological reactions that the life event may trigger, for how long and to what extent these reactions could be accepted as normal reactions in face of extraordinary circumstances, what could be done to cope with these reactions in this process, and in what circumstances the support of a specialist should be sought.

Information through media: The society was informed through printed and visual media outlets.

Support groups

After each incident, a number of sessions including 8 to 12 people who have experienced the same incident were carried out so as to share the reactions that may arise due to the traumatic life events and to verbalize the memory of the event that one has undergone. After nearly 3 weeks, a follow-up session was organized for these groups.

Individual interviews

In addition to psychoeducation meetings with large groups and support groups with smaller groups, trauma-based, structured, and short-term therapy sessions have been carried out with the individuals whose symptoms might have turned into pathologies and who sought to receive support on an individual basis. The 57 individual applications to the Association after Ankara terrorist attacks were directed to the experienced clinical psychologists who answered the call for voluntary work as a psychologist.

Evaluation and implications

The consecutive terrorist attacks and the statements indicating that these attacks may continue demonstrate that the planned and implemented psychosocial intervention programme should continue for a long time. Any effectiveness study of the programme, which was constituted right after the first terrorist attack and was improved with revisions in accordance with the emerging needs, has not been conducted yet. Nevertheless, the examination of the feedback forms that have been answered by the individuals who were reached via the aforementioned methods (psychoeducation, sharing and support groups, individual meetings) reveals that the services in question have provided positive contributions on an individual basis. The expectation is, without doubt, the cessation of this conflict process and not to experience similar pains in the future. However, the lived facts indicate that the effects of these events may be long-term, they may even be transgenerational; it is thereby necessary to plan long-term intervention programmes. It is also highly probable that new traumatic events that would affect a large number of individuals may occur; therefore it is also necessary to develop society-based, preventive mental health models.

Lessons learned

- *The significance of preparedness*: Turkish Psychological Association has planned and implemented psychosocial support services for many events that took place in the country. However, the recent events have made it clear that the Association was not adequately prepared for the human made trauma circumstances that still affect the whole of society. Given that the incidents occurred consecutively and affected large groups of people, the number of competent professionals has remained inadequate. It was also realized that the material regarding the deliberate, human-made traumas was insufficient.

- *The need for preventive mental health models*: Given the arbitrariness and unpredictability of the terrorist acts, the significance of developing community-based preventive health models so as to increase psychological resilience and strengthen one's coping skills has become evident along with the intervention programmes that are to be implemented after such incidents.

- *The need for different subfields of psychology*: When the underlying reasons and the consequences of such incidents are considered, it becomes clear that treating these incidents only through their traumatic dimension fails to provide an adequate approach. It has been understood that the contribution of the social psychologists in particular regarding issues such as conflict resolution, prevention of social polarization, and enabling the dominance of the language of peace is very much needed and they should thereby be included in the working group.

- *The necessity of a self-help programme for the volunteers:* When the effects of being repeatedly exposed to the details of the successive traumatic events are

combined with the possibility that these terrorist attacks may affect everyone and may repeat themselves in the future, vicarious trauma-related reactions (secondary traumatic stress reactions) have emerged in the team members over time. The lack of an existing self-help programme for team members has increased the tendency to disregard this need during the intense hours of working and in turn increased the possibility of harm that the volunteers of this process may be exposed to.

Psychosocial Care after the Haiti Earthquake in 2010

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Representative of the Russian Psychological Association

The provision of professional psychological assistance and support to the different cultures in emergency situations is extremely important in the modern world. This article briefly describes the experience of psychologists of EMERCOM of Russia with citizens of the Republic of Haiti after the devastating earthquake in January 2010. Our professional experience of dealing with the victims in the emergency areas across the territory of the Russian Federation and abroad enables us to refer to and validate the existence of culture non-specific responses to acute stress and culture-specific responses of the victims which manifest themselves in the emergency situations.

Description of the event

The major earthquake in Haiti that occurred January 12 with the epicenter that was located 22 km South West of the capital of the Republic of Haiti Port-au-Prince. According to official data the death toll amounted to 222 570 people, 311 thousand people were wounded and 869 people missing. The material damage is estimated at 5.6billion euro.
Due to the occurred earthquake in the Republic of Haiti a group of two professional teams from the Center for Emergency Psychological Aid of EMERCOM of Russia provided psychological aid to the affected community at the emergency site in the city of Port-au-Prince within the mobile medical unit of the detachment CENTROSPAS during the period from 14.01.2010 to 28.01.2010. The psychologists' efforts were carried out with hospital outpatients and patients of hospital, accident & emergency departments, in English also using the services of interpreters from French, Creole and non-verbal communication techniques were actively used.

Early intervention

The work was conducted during the period from 15.01.2010 to 27.01.2010. The early psychological intervention were the following:
1. Group work including consultancy, awareness-raising activities with families and groups of individuals.
2. Work with children including usage of children's brain games, art classes, individual classes aimed at reducing the level of anxiety, handling fears, social adaptation and integration.
3. Individual work with adults including techniques of handling acute stress responses, symptoms of disorders of adaptation according to ICD-10.
4. Individual work with adults using apparatus methods: «SENSORIUM», ASIR, APEK, «Relana», anti-stress and relaxation programs.

The method of observation, method of interviewing, from among apparatus methods – “Relana” method, were used as the basic diagnostic methods.
The largest number of referrals for psychological aid was attributed to complaints of fears, increased anxiety, tension, flashbacks, insomnia, appetite disorders and sense of insecurity of the future.
In general, the symptoms of psychogenic responses of the victims in the aftermath of the earthquake were kept within the clinical pattern described in ICD-10 (F43.0 Adaptation disorders and acute stress response). The symptoms of psychogenic responses were in the next spheres:

1. Cognitive sphere.
2. Emotional sphere.
3. Motivationally significant sphere.
4. Physical sphere.

The physical symptoms (a conclusion on a psychogenic nature of symptoms was made after medical examination by physicians of airmobile hospital) stood as correlates of psycho-emotional tension in the physical state of the victims.
The work of psychologists was aimed at providing assistance in coping with psychosomatic responses, building time perspective, correcting psycho-emotional state, correcting non-desirable behavioral patterns and including of traumatic experience into personal one.
The elements of following directions were used when providing a psychological aid to the victims in the aftermath of the earthquake within the framework of integrative approach:

- rational & emotional therapy;
- art-therapy;
- short-term positive therapy;
- bodily oriented therapy;
- suggestive therapy and Ericsson hypnosis;
- Eye movement desensitization and reprocessing (EMDR);
- Neuro-linguistic programming (NLP);
- emotional & imaginary therapy;
- elements of guided affective imagery;
- debriefing and group discussion;
- auxiliary (apparatus methods).

The findings on referrals over the given period are as follows:

Type of work	Number of referrals
1. Group work	561
2. Work with children	218
3. Individual work	227
4. Individual work using apparatus methods	220
Total:	122

Longer term intervention

The provision of emergency psychological aid to the victims doesn't imply any requirement towards in-depth analysis of traumatic experience, but only towards regulation, stabilization of current psychophysiological state, prevention of remote effects of traumatic experience.
However work to emergency situations with representatives of different cultures imposes some serious restrictions on the work of psychologist associated with the need to use well-proven, universal methods, as a rule, the General functional effects. Especially it is important to remember about the short-term nature of assistance, i.e. assistance should be aimed at correction of the actual condition of the victim caused by this situation. The stage of psychological assistance needs to be psychologically completed by the time of departure of a specialist. The psychologist must be aware of the peculiarities of cultural traditions and major religions of the region the emergency situation.
At the end of psychological actions patients were given recommendations to seek psychological help from local experts.

Evaluation and implications

The efficiency of work was determined by the lack of decline of the above described symptoms following the correctional effect, improvement of the overall emotional sphere and enhancement of the level of socio-psychological adaptation.
Some of the individuals who referred for psychological aid even after the improvement of their state and wellbeing expressed a wish to continue a course of psychological activities. Short-term courses of psychological rehabilitation were conducted with them. It is necessary to underscore a high efficiency of rendering psychological assistance using the auxiliary (apparatus) methods. No apparatus methods were used in providing a psychological aid to children. In the body sphere the following symptoms typical for the victims affected by the emergencies were identified: muscular forceps of neck, arms, shoulder girdle, shallow, irregular breathing, in the majority of cases – high threshold of tactile sensitivity.
In the communication sphere: easiness of establishing contacts and accepting aid.
In the emotional sphere an excessive development of fundamental emotions manifesting itself in the inartificial ways of their expression and differentiation was observed. The emotional disinhibition, emotional responses by the type of affect were observed. The referrals with psychotic symptoms which are beyond the scope of competence of psychologists and were redirected to dedicated professionals accounted for 1% of all referrals.

Red Sludge Disaster in 2010 in Hungary

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Description of the event.

The red sludge disaster was an unexpected industrial catastrophe that carried many characteristics of natural flood disasters.
On 4 October 2010 the wall of a giant reservoir of an alumina factory collapsed near Ajka, Hungary. Approximately one million cubic meters of red sludge flooded three nearby settlements and approximately 40 square kilometres of land.
Some components of the mud were seriously hazardous. It polluted the ecosystem, caused chemical burns on humans and animals, and there were incidences of upper respiratory catarrh due to inhalation of the fine fugitive dust of the desiccated mud. There were serious casualties: 10 people died, 286 required medical attention, and 120 people were hospitalised. 718 people were permanently evacuated. Several residential buildings, public properties, industrial and commercial establishments were ruined. A total of 364 properties had become uninhabitable or needed reconstruction. 810 hectares of agricultural land were covered with sludge. The catastrophe caused an extreme amount of stress and mental health risks to the primary and secondary (or tertiary, etc.) victims (including people who learned about tragedy only from media and lived far from scene) (Information about organization and operation of NDGDM and official description about red sludge disaster you can see:
http://www.katasztrofavedelem.hu/index2.php?pageid=szervezet_flood_emergency&lang=eng)

Early intervention:

Positive side of early intervention
The first steps of state interventions (including also psychosocial intervention) were carried out in line with well-designed international protocols by the hierarchically constructed Crisis Management System (CMS).

- The governmental reaction was immediate: NDGDM organized different professional and financial support with strong central control (which was appropriate in this phase, even though bureaucratic management sometimes rendered operative work more difficult)
- Proper mental health interventions were carried out by the Crisis InterventionTeam (CIT) in the acute phase and by the organised group of psychologist volunteers in cooperation with Charitable Organizations (mainly with Hungarian Maltese Charity Service) in the short-term phase.

- The majority of affected population seemed resilient, demonstrated the ability to take care of themselves, and acted in an altruistic manner, helping others.
- Help from all sides – the numerous volunteers and donations – improved the well-being of victims and raised their resilience.

Negative side of early intervention

- As the disaster happened very unexpectedly, experts, management, and local people were unprepared. It caused some organizational and communication difficulties at operational level.
- Besides the life-threatening situation, the evacuation (especially because its longer term perspective) caused an additional source of stress.
- There was no protocol to coordinate and regulate the work of charitable organizations nor between each other and individual volunteers.
- The CMS had no systematic professional strategy for crisis communication and the mid-level managers did not have even effective communication techniques.

Long term intervention:

Positive side of longer term intervention

- The project of restoration were reasonable, and reconstructions with central governmental control were fast and efficient.
- Psychosocial services were continuously provided by charitable organisations and volunteer experts – although only in narrow limits.

Negative side of longer term intervention

- Information about the project of reconstruction was not well communicated, so people perceived even reasonable decisions as forced and not in their best interest.
- Strong central governmental control coupled with a paternalistic attitude fostered resistance and bad morale, and weakened social cohesion and community resilience.
- There was no central, well designed concept or intervention in the CMS to improve the morale and mental health of the victims. Psychologists were not given the opportunity to work together in a systematic way with decision makers of CMS to improve mental-health of victims.

Evaluation and implications:

Organizational characteristics

- In the acute phase of red sludge disaster the psychosocial intervention organized by CMS was very appropriate. However CMS didn't have a systematic longer term concept for improving mental health (to prevent serious mental illnesses, to strengthen and support resilience) of victims

- As CMS didn’t include a psychologist member at the operative level, improving the mental health state of victims did not receive adequate attention. This is why we recommend instead of the CMS work a Complex Crisis Management System (CCMS) that provides complexity in two ways:
  1. The CCMS coordinating team should include a representative of each discipline involved in order to promote and coordinate cooperation between different intervening agents not only at high level of CMS, but also at mid-level.
  2. CCMS protocol should provide continuity of crisis intervention from the acute phase all through long-term aftercare.

Role of psychologists

- Optimization both of victims' and interveners' mental health is crucial task in time of disasters. The work of psychologists can be most effective if there is a psychologist member of CCMS, who has the necessary information about all the actions of intervention, and competencies to give advice to decision makers from psychological point of view.
- All methods and competences that psychology has to offer should be utilized, far beyond clinical treatment. (E.g. psychological first aid, psychoeducation, mediation, coaching, stress management, conflict resolution, counselling, community building, etc.)
- Promoting resilience and social cohesion (as social capital) should be a priority within mental health intervention. Victims should regain control over their lives as soon as possible, their sense of control and competence and their social cohesion should be supported.
- After three months’ volunteer work of psychologists, the long term intervention protocol should include ways of funding and institutional resources to provide compensated institutional psychosocial work on site.

Communication

- The use of media and social media should have special attention. An effective and dedicated communication strategy should be designed for CCMS for the entire process of aftercare including guidelines for mid-level decision makers.

<u>Recommendations:</u>

Preparation

As we experienced, most members of the Hungarian CMS were not aware of the importance of different forms of psychosocial interventions.

- This is why we suggest lectures and/or trainings for municipal leaders and potential decision-makers about psychological processes in crisis situations,and economic consequences of mental health’ state

Mid- and long-term intervention

- A systematic design must be drawn to psychosocial support, from acute phase to long term interventions, and must ensure centrally the relevant infrastructure (e.g. ongoing – long term, paid – psychological services on site) which is needed
- Promoting resilience and social cohesion of victims should be a priority in CCMS.
- Systematic partnership with the media (provide psychosocial information more proactively).

Development after the Red Sludge Disaster

Organizational matters

- NDGDM strengthened relations with civil protection organisations of settlements. The aim is to create voluntary and obligated civil protection bodies, and to give them education, simulation trainings and equipments
- NDGDM strengthened relations with charitable organizations
- Charitable organizations developed closer relation with each other. It helps to share responsibilities in times of disaster.

Media matters

NDGDM opened a facebook space (https://hu-hu.facebook.com/bmokf.hivatalos/)

Back on the attacks in January 2015 in Paris

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Description of the events:

Between 7th and January 9th, 2015 , Paris was a terrorist attack scene perpetrated by three estates Islamic fundamentalists. Two teams; the Kouachi brothers in the attack on January 7th. And Coulibaly who opererated alone in the January 8th shooting of a policewoman in the streets of Paris.
On January 9th, Coulibaly attacking the Jewish grocers 20th arrondissement of Paris with hostage taking and Kouachi brothers in Dammartin-en-Goëlle, taking hostage the director of a printing company. Targets were The "Charlie Hebdo" newspaper editors, and the Jewish grocers in the 20th arrondissement of Paris. This resulted in 17 dead, mostly during the attack on "Charlie Hebdo" and many people severely traumatised, among them a lot of policemen and family members of the victims.
The media played a very prominent role. These events were repeated over and over again. The audio-visual media framing was not made and two unfortunate events were presented:
- In direct communication with a hidden hostage to the grocery store, at the endangering risk, since the information was public,
- Telephone conversation with one of the Kouachi brothers, removing any possibility of bargaining for the police.
The involvement of the police is obviously violent and some victims exfiltration qualify as being more violent than the hostage taking itself. This should be taken into account and requires perhaps even consultations between law enforcement officials and victims followed.
The direct victims were people directly confronted with the terrorists:
- the grocers
- at the office of "Charlie Weekly"
- the printers
For the majority, they are still affected by the events. Especially since November 13th, 2016, new attacks have rocked France. Many have therefore seen their traumas reactivated. However, an assumption has been proposed for the majority in the three days of the events, the ‘Cellule d’urgence médico-psychologique CUMP, the medical-psychological emergency unit, without having been systematized since some are still not followed. Moreover, it is clear that some victims have avoided the follow-up, not wanting to have neuroleptic treatment or not wanting to see a professional psychologist.
The indirect victims are the families, friends, witnesses and victims of previous attacks. Many still suffer of post-trauma complaints. For example the staff of roads

that saw Coulibaly terrorist attack the police woman are still disturbed today, especially since no care was offered to them and the attacks of November 13 merely reactivate the trauma.
Another situation is the people that have experienced the Paris attacks of 1995. Some see their traumas reactivated as well, especially at the time state structures of support did not exist. Besides, the psychological trauma was still considered a clinical marginality in 1995.

The interventions:

Concerning the management of the medical-psychological emergency units (CUMP), in some areas, officials do not have the experience to manage trauma of certain types. Thus, therapeutic techniques are without psychological trauma knowledge and any consideration for the suffering and the uniqueness of all suffering.

Another example in this direction, November 13th, 2015, a lot of psychologists and psychiatrists were sent to the emergency scene. Many were traumatized by these interventions, as has been observed among psychologists and psychiatrists who were in Haiti. Thus, between availability and competence, significant confusion was noted.

Evaluation and implications:

The attacks in January 2015 confronted the support structures of psychological trauma again with organizational problems. The impact, both on victims, relatives, as the population is still not quantified and qualified. However, the return of victims does not seem to be a suitable response that has been initiated.

Another finding, many non skilled professionals still improvise in the register of trauma, when they do have neither the experience nor competence and again, therapeutic techniques gives them the illusion, you can still manage this traumatic reality that is peculiar and place as the "psychotherapist" potentially traumatic situation for him.

The media is an important point not only during the events, since they can affect the action of the security forces, but also later, during commemorative dates. Some repetition, some individuals may offend, weakened or affected by the traumatic situation .

In the media context , the attacks in January 2015 and those of November 2015 , show that between the two media can have a positive action but also negative if insufficiently aligned with the reality of psychological trauma .
Journalists take into account the opinion of psychologists or psychiatrists, others do not.

Recommendations:

Much effort and progress has been made in the management of large scale incidents followed by trauma victims in France. However, efforts are still needed, not only in terms of protocols and techniques, but also on the human level, because the sad fact is that the care of traumatized people is a market, and as such priority becomes financial and non-clinical.

Speaking finances, as justice done, it is important for the management and resolution of trauma therapy. Indeed, many victims are waiting for support or compensation. This expectation, like that of justice with a lawsuit, can slow the trauma of these people impacted output. Thus, some administrative delays are not sufficiently highlighted in the therapeutic action.

People affected by trauma are people included in a social fabric, with material needs and with a dependent individual reality of a story. To help the impacted people, all these aspects must be taken into account and must be adapted in the therapeutic setting

Lessons Learned
Two brief examples from the UK

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Reading other country accounts of lessons learned after crisis and disasters, it appears that the local psychology association is often very involved in the response, if not even legally involved. The situation in the UK is different, with responsibility for helping survivors and families being devolved to local multi-disciplinary services. There is no mechanism at present whereby psychology in the British psychology Society is made aware of the event or its sequelae. What follows is two brief accounts of different sort of events. The first describes how people who were traumatised overseas were helped; the second describes a domestic event.

Psychosocial support for people traumatised overseas

The Foreign and Commonwealth Office has a contract with the British Red Cross to provide trained volunteers to provide psychosocial support within their Rapid Deployment Teams. These volunteers include clinical psychologists, social workers, psychotherapists and counsellors. The Red Cross employs a head of Psychosocial Services and a few staff are on standby to go wherever needed at short notice.
In 2015, the Psychosocial Support Team deployed to Djibouti (for the evacuation of Yemen), Nepal, Tunisia and Paris. They also sent two people to Cyrus to assess psychosocial conditions as a camp for migrants.
After the shootings in Sousse, Tunisia, a team of four supported UK nationals during the first week and escorted many of them home. The staff are involved in follow-up discussion with the Cabinet Office regarding planning suitable memorial meeting.
In Paris, two professionals were based in the British Embassy to support British Nationals. The French Red Cross provided over 100 volunteers who responded by providing first aid, ambulance support and psychosocial support after the terrorist attacks.
Thus, the British Red Cross is involved in emergency deployment and enjoys good liaison with local Red Cross Groups.

The Shoreham Air Crash

On 22 August 2015, thousands gathered at an air show in West Sussex to mark the 75th Anniversary of the Battle of Britain. There were ambulances on standby in case of need. A vintage jet plane was demonstrating a loop-the-loop manoeuvre (which

was later found not to have been part of the intended flight plan). The plane filed to come out of the loop and crashed on the road killing many onlookers.
In the UK, the country is divided into a number of “Resilience Groups” for the purpose of responding to disasters. These are usually coterminous with local police authorities, and in this instance the West Sussex Police were involved in coordinating the psychosocial response. They had been well prepared in psychosocial needs having been trained by Dr Noreen Tehrani.
Modelled on the response to the London bombings of July 2005, the local multi-agency response included staff from the recently established Improving Access to Psychological Therapy (IAPT) service. They established telephone helplines and were able to provide psychoeducation and referral on to individual services. It was concluded that by linking police, public health and social services, a timely and proactive response was quickly established. This should mean earlier access to treatment of stress reactions.

I am grateful to Dr Sarah Davidson, Head of Psychosocial Services at the British Red Cross and to Dr Adrian Whittington of the mental health services in West Sussex for this information. See A. Whittington (2016) IAPT Services Reach Out after The Shoreham Air Show Disaster, *BCT Today*, 44 (1) 8-9.
Hopefully in future the BPsS Section on Crisis, Disaster and Trauma Psychology can become more involved in coordinating lessons learned from such deployments.

Airplane accident in Jämijärvi, Finland on Eastern day 20.4.2014

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Description of the event

During Eastern 2014 there was a skydiving festival in Jämijärvi. More than 200 skydivers and their family members and friends had a yearly gathering during the Eastern in Jämijärvi. On Sunday already eight groups of skydivers had jumped successfully and the nineth group with the pilot and 11 skydivers were on their way till 4000 km up in air. When they were almost ready to jump the airplane suddenly lost its maneuverability and ran straight towards the earth and when it hit the ground caught fire. The pilot and two skydivers could jump of the airplane, eight died. Those who were looking at the skydiving started to search the airplane and the survivors. It took its time to find the burning plane in the forest and it took also long time to get help to the accident place.

Psychological first aid

During the evening psychological first aid was organised to those who saw the accident and took part in the searching by the personnel of Satakunta District Hospital (80 km from the accident place) and Red Cross volunteers. Almost all the victims (all survivors and 4 deceased) were from Tampere, from another district hospital. Those who took the responsibility of the psychological first aid tried to find somebody to take the responsibility of organising crisis help in Tampere, but because of Eastern they did not get in contact with anyone.

Management system and early intervention

The Ministry of Social and Health Affairs has made a contract with Vantaa Crisis Centre that it in case of major accidents will coordinate the psychosocial support. In this case Vantaa Crisis Centre was contacted from the accident place and it started to coordinate the crisis work on Monday in Tampere. On Monday there was a meeting for the family members of the deceased and also a meeting for those who were in the accident place and saw the accident.

On Tuesday there was a meeting with the Acute Psychiatric Department of Tampere city, who took responsibility for the crisis work at the first of April, two Chief Medical Officers of the district hospital in Pirkanmaa (Tampere), two crisis workers from Vantaa Crisis Centre and the leader of Finnish Red Cross preparedness team for major disasters. Now the Tampere city took the responsibility of the crisis work of both survivors and those 5 deceased and the local crisis teams took the responsibility of those three others and their family members.

Long term intervention

All family members of the deceased are invited to a peer support gathering in 13. - 14.12.2014 organised by the Finnish Red Cross group of psychologist for major disasters. 38 Family members participated in the gathering and 15 psychologists took responsibility of the program of the gathering and of leading the peer groups. The District Hospital in Tampere took care of all economic costs of the gathering. The gathering started with the report of the Accident Investigation Board of the reasons leading to the accident.

Evaluation and implications

This case shows how vulnerable the crisis organisation can be even in a country with good preparedness for crisis work, when the accident does not happen in the area where the help should come from and when it is happening during a special holiday time. In Finland that municipality where the accident happens has the responsibility to organise psychological and medical first aid. In this case the most of victims of the accident came from Tampere city and from another Hospital District and they should continue with the crisis help for the family members of the deceased and for the survivors of the accident. Because of Eastern the crisis workers of Tampere could not be reached and because there was no physically injured in this accident the Pirkanmaa District Hospitals accident plan in Tampere was not activated. This accident and the problems in organising the crisis help for the victims has leaned a lot for all organisations responsible for the psychosocial support and services in Finland.

EuroCity 108 Railroad Accident in Studénka, Czech Republic, 8.8.2008

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Description of the event

On 8 August 2008, the EuroCity International Express was going from Cracow to Prague and, at 10.30 a.m. crashed into a fallen roadbridge. The bridge above the railway track was being reconstructed, the building company was at fault. Luckily, the train driver noticed the falling bridge and had a few seconds to decelerate. The train speed at the moment of the crash was 90 km/h. If the bridge had fallen on the train going at its original speed of 134 km/h, the recoil would have killed most of the travellers. Even so, in terms of scope, this was the worst railroad accident in the history of the Czech Republic. People: The train had 10 carriages, carrying 420 passengers from different countries. There were 300 Czechs, 90 Poles, and 30 nationals of other countries (Slovakia, Ukraine, France, Portugal, USA, Hong Kong, etc.). Most of them were young people travelling to Prague for the Iron Maiden concert. Consequences: The first 4 train carriages were badly damaged. A total of 8 people died of the consequences, 70 were injured (37 suffered moderate injuries, 35 minor injuries). The following physical injuries were recorded: fractures, contusions, incised/stab wounds, concussions, internal wounds, brain injuries, and amputations. Many people suffered psychosocial injuries. Affected people: In connection with this railroad accident, a large number of people were psychosocially affected. These were both injured and uninjured passengers, the bereaved, the train personnel, professional rescuers, bystanders, journalists, crisis managers, the neighboring community, the Czech Railways personnel, the guilty etc. The number of people with psychosocial needs is estimated at more than 6 000. Special psychosocial needs arose in these people in connection with the accident. Among those directly affected (958) were all the passengers, the bereaved, the rescuers, eye-witnesses, and helpers. Among the secondarily affected (5 130) were close relatives of those directly affected.

Early intervention

Immediate help was given by bystanders, uninjured or lightly injured passengers, and personnel of the local medical centre. The arrival time of the first professional rescue teams was 9 min. from the moment of the crash. The time it took to extricate all living passengers, provide basic first aid and transport to the place of triage was 66 minutes (75 minutes from the moment of the crash). All injured were transported to 9 hospitals within 2 hours of the crash. The last dead body was extricated 8 hours after the moment of the crash. The number of professional rescuers working in the urgent phase in first 72 hrs amounted to 395 (fire 170, EMS 110, police 105, hot lines 10) .

The number of other personnel and volunteering citizens involved in the clean-up operations amounted to 150. Psychosocial emergency assistance on the ground, via hot lines, and in hospitals, was provided in the urgent phase by psychologists and crisis interventionists of the Police of the Czech Republic and the Fire and Rescue Service, which further cooperated in the urgent phase with psychologists from the EMS and the Czech Railways, the Emergency Call Centre in Ostrava, the Crisis Centre in Ostrava and the regional Red Cross. The specific short-term psychosocial needs were: safety, evacuation, treatment, information, psychological first aid, physiological needs, communication with family members, assistance in disaster victim identification, assistance in obtaining information from people.

Longer term intervention

Mid-term psychosocial needs included: providing information, support in hospitals, support of rescuers, practical and material needs, mourning and funeral needs, oecumenical services, memorial meetings, psychological treatment, law and insurance services, support of the community. Providers of psychosocial care in the mid-term phase were: various NGOs, the town of Studénka, the local church and Crisis Centre in Ostrava. Long-term psychosocial needs included: providing information, grieving support, promotion of rights, psychological treatment (some cases), law services, memorials, support of community. Providers of psychosocial care in the long-term phase were: NGOs (Czech Association of Traffic Accident Victims, Psychosocial Intervention Team, ADRA), Czech Railways, volunteers, volunteers, community.
What was also important was that various organisations coordinated their actions in order to cover all the main needs and to prevent duplication of psychosocial assistance. International cooperation was an important part of this effort.

Evaluation and implications

A unique research of this incident was carried out, which focused on psychosocial aspects of the accident. Best practices, coping strategies, risk and protective factors, resiliency and post-traumatic growth of members of the police, the fire and rescue service, and the EMS were examined.

Research results and best practices:

- Passengers were not in panic, they helped each other and medical rescuers!
- The Integrated Rescue System (IRS) is a functional system for managing sudden large-scale incidents such as traffic acidents. All rescuers perceived cooperation between the fire and rescue service, the police force, and the EMS as excellent. High rating of the synergy of IRS bodies and high evaluation of performance among coworkers were given. The Common Command Centre of the IRS was praised. It is important to provide psychological analysis for crisis management personnel during operations. Research conducted soon after the disaster is

productive (willingness of participants to cooperate is high). Psychosocial support of rescuers is just as important as prevention. Official acknowledgments and closure help rescuers to positively cope with a highly demanding experience.

- IRS psychologists specialised in disaster and trauma proved themselves in emergencies. Unified standards, personal contacts, and centralised command were advantageous in this regard. Psychological assistance on hotlines and during the identification process worked well. The cooperation of police psychologists and NGO experts in one centre was advantageous (especialy in terms of collecting data about missing persons). The central coordination of psychosocial support during mass casualty incidents (MCI) was also advantageous. The integrated simulation exercise involving psychology services that took place before the incident was a valuable experience.
- It is essential to integrate volunteers from local communities, involved companies, survivors, the bereived, and the media into mid and long-term psychosocial support. After international traffic accidents, it is appropriate to organise international, national, and local memorial meetings and other psychosocial activities.
- Different profiles of IRS bodies were discovered as per preparedness, age, equipment, and social climate in the organizations. Also, the specific professions within the participating police officers have differing age structures, experience, roles, different service times, they perform different tasks during the disaster and have a varying level of team cooperation. The police officers have the least experience and bear the greatest physical and psychosocial burden within IRS bodies. Very different burdens were borne by various subgroups of police officers (the first shift on the ground, police officers with specific tasks, police officers in the second line). Their individual burden corresponds to their type of service, professional experience, nature of tasks, time of deployment, duration of deployment, the nature of their exposure (closeness to suffering). Different police subgroups (professions) have different burdens at different times and different levels of exposure to stress during MCI. Reactions after the incident (resistance, resilience, or recovery) and the time it took to cope with the incident for police officers depended on several factors: (1) age, (2) professional experience, (3) type of service (police profession). With time, the positive effects of the incident overshadowed the negative experiences for police officers. They were aware especially of the professional benefits of the experience (post-traumatic growth). Police officers with the least prior experience valued experience gained during the incident most highly of all. Some of the positive factors of being deployed during an MCI included: prior professional training – especially simulation training and/or past experiences with MCIs, awareness of productivity of coworkers (mastery experience, self-efficacy) and internal personal characteristics (willingness and eagerness to help, a feeling of solidarity).
- Deployed professionals displayed an overall low need for crisis intervention. The task of crisis interventionists and psychologists was, in the urgent phase, to ensure professional assistance to affected persons, to support the process of crisis

management, to monitor the needs of the rescuers, and to support recognition and to organise closing meetings. Organised peer support can be more productive when working with deployed IRS members than professional psychological assistance. The daily burden of police officers amounts to more stress than an extraordinary event. There are healthy and unhealthy coping strategies. Some police officers can respond to acute stress reactions and subsequent post-traumatic stress (reactions are often delayed). Police officers are relatively resilient and they perceive many benefits of experiencing MCIs (post-traumatic growth).

Recommendations:

- During the intervention of IRS forces, employ the potential of survivors and bystanders to a greater extent. Focus on more interculturally designed psychosocial interventions. Well organised long-term psychosocial support is needed. Greater involvement of the community in mid and long-term psychosocial activities is desirable. Systematically develop partnership with the media (provide psychosocial information more proactively).
- Support (i.e. stress decontamination procedures) for all types of rescuers is needed. Supervision and support for psychologists and psychosocial workers is also needed. Satisfy the basic needs of all rescuers on site (water, food, toilets, shelter, shifts). Provide adequate personal equipment for EMS and police working in the disaster area (flashlights, helmets, tents for resting). Close the airspace over the disaster area (because of TV helicopters and drones).
- The key to managing large-scale disasters by rescuers is their professional training, including integrated exercises/simulations of MCIs. Organise integrated simulations that include the police, fire and rescue service, the EMS, local communities, and NGOs. Most rescuers will recover, early offers of organized peer support yield results. It is important to organize closing meetings and express appreciation. Specific professions within the IRS bodies need different psychosocial support. Different IRS bodies (and different groups of police officers) require tailored programs of stress decontamination. Professional training should include the topic of adaptive coping strategies. Professionals need to strengthen 3 main factors (both during training, and on the ground): (a) perceived self-efficacy, (b) mastery experience**,** (c) social cohesion (team work) and peer support.

Concluding remarks

The European Federation on Psychologist Associations uses an all inclusive conceptualization of disasters and crises. This means that by definition natural disasters such as earthquakes, floods, tsunamis and landslides as well as man made disasters like transportation accidents, terror, violence and war are included. Disasters can be local smaller scale emergencies or large scale crises, they can have a sudden onset or a slow onset, and they can differ in duration. The number of disasters worldwide is still increasing.

The impact of disasters on the lives of people is often devastating. With the overwhelming force of nature, the immense destruction, the number of victims, the feeling of complete powerlessness, all this has a long lasting impact. .

The consequences of a disaster may vary widely. The feeling of security and control has gone, people have lost faith in their fellow man, and many practical matters have to be dealt with. Often, people's social networks have been badly damaged, and they cannot give or be given adequate support. The Standing Committee stands for a multidisciplinary approach in the psychosocial support of the affected after a disaster, and stresses the importance of strong cooperation with all responders.

People's needs

When disasters strike they are sudden, unexpected, and "earth-shattering" to those affected by them. Often those who are exposed directly talk about how their lives have been radically changed. They describe a state of confusion, pervasive anxiety, and helplessness. Disaster victims also speak about not being the same, of how their inner sense of safety and the ability to count on the stability of the environment has been lost. Some also speak about feeling powerless, and having lost the structure of their daily lives.

Disaster stress research studies have revealed that these events affect the lives of people for years and even decades. Understanding the effects of these disaster events upon victims' minds, bodies, relationships, and behaviour, is crucial for the planning and organization of the psychosocial care and for the professional field of staff who is involved in disaster relief. The needs of the affected people should be the starting point for tailor made psychosocial care. The

SC wants to point out that it is essential to take into consideration the vulnerable groups like children and the elderly, and people with special needs.

Lessons learned

In this article ‘Lessons learned from the European countries’ 8 incidents have been described, 6 on terrorism, 1 natural disaster, 1 industrial disaster and 3 transport accidents, from 8 different countries.

Terrorism

6 different terrorist attacks have been described from 3 different countries: Tunesia, Turkey and France. The terrorist attack at the Bardo National Museum in Tunis on the 8th of March 2015, which resulted in 24 dead and 45 wounded. The attack at the beach in Sousse on the 26th of June in 2015, 39 dead.
The terrorist attacks in Ankara Turkey: on the 10th of October at the Labor, Peace and Democracy Rally, 107 dead and 500 wounded, In February 2016 at the services shuttles of the Turkish Armed Forces, 29 dead, 61 wounded. In March 2016 at the Güvenpark, 36 dead, 125 wounded.
The attacks in Paris between the 7th and 9th of January 2015, 17 dead and 22 wounded.
Resulting in a total number of victims of these incidents of 252 people and 753 wounded. Worldwide the number of victims of terrorist attacks in 2015 is 29.376 (Global Terrorism Index 2016). For Europe we saw an increase from 77 deaths in 2014, to 577 deaths in 2015.

Terrorism can have a particularly devastating impact on psychological functioning. Terrorism carries with it a potentially greater impact than other disasters on distress responses, behavioral change, and psychiatric illness by virtue of the unique characteristics of terrorism events. Terrorist attacks, and the threat of a terrorism event, may also result in more severe psychological consequences than other types of traumatic events due to a perceived lack of control.

Terrorism is intended to provoke collective fear and uncertainty.This fear can spread rapidly and is not limited to those experiencing the event directly—others that are affected include family members of victims and survivors, and people who are exposed through media. Psychological suffering is usually more prevalent than the physical injuries from a terrorism event.Terrorist attacks, and the threat of a terrorism event, may result in more severe psychological consequences than other types of traumatic events due to a perceived lack of control. Understanding these psychological consequences is critical.

Looking at the interventions offered there is a wide range of psychosocial support interventions available: EMDR interventions in the acute phase; psychosocial interventions through public media in the form of press releases and texts calling for solidarity and support, calling for volunteers; outreaching psychosocial support in hospitals, through house visits, other institutions, workplace; psychoeducation: support groups; individuals psychosocial support; medical-psychological emergency teams; and psychosocial support within internationally operating teams of the Red Cross.
Interventions on the longer term are more specialised interventions like follow-up EMDR sessions after 306 months, trauma therapy and psychosocial solidarity networks who support the affected people for over more than a year.

Natural, industrial and transport disasters
The EuroCity 108 Railroad Accident in Studénka, Czech Republic on the 8th of August 2008, with 8 people death and 70 injured.
On 12th of January 2010 there was the devastating earthquake on Haïti near the town Port-au-Prince, with 222.570 death, 311.000 wounded, 869 people missing and a material damage of 5.6 billion euros.
The industrial disaster on the 4th of October 2010 in Hungary, known as the Red Sludge Disaster, with 10 people death, 406 people wounded, 718 people evacuated, 364 properties declared uninhabitable and 810 hectares of agricultural land covered with sludge.
The airplane accident in Jämijärvi Finland on a skydiving festival on the 20th of April 2014 with 8 people death, and the Shoreham Air Crash on the 22th of August 2015 in the U.K.during an airshow with 11 people death and 16 wounded.

Earthquakes, floods and landslides, etc. are natural environmental disasters of disastrous consequences. These hazards take toll of thousands of lives and cause massive destruction of property.
Man-made disasters, like industrial disasters, are the result of carelessness or human errors during technological and industrial use. The disasters are in the form of accidents, which occur all of a sudden and take a huge toll on life and property. These can be very large in scale and are the result of technology failures or industrial accidents. Such disasters affect both local population and the larger area. Industrial disasters result due to accidental leakage of toxic agents affect the human population in an adverse way. Some people die instantly while others can suffer from health complaints for many years.
The transport accidents described in the article are very peculiar, since they both happened during a large public event. So the accident caused also victims among the public and was watched by the a large audience.

The interventions offered were again of great diversity and on different levels: group work, work with children via games and art classes, anti-stress and relaxation programs; Crisis Manangement System (CSM), Crisis Intervention Teams, citizens volunteers; Resilience Groups; Psychological First Aid; psychosocial support groups for the berieved and the witnessess, hot lines, psychosocial emergency assistance on the ground and in hospitals; and multidisciplinary teams of psychologists, police and fire and rescue service. Longer term interventions included: referral to local experts for psychological help, including culture specific aspects; reconstruction and restoration; psychosocial services, local multi-agency services; peer support groups for the berieved, information, support for rescuers, practical and material needs, memorial meetings, and support by the community; specialized forms of therapy like rational and emotional therapy, art-therapy, EMDR etc.

Recommendations

On the basis of the incidents described in this article a few recommendations have been formulated as lessons learned. Background of these recommendations can be found in the description of the differents incidents. These recommendations add to the other recommendations the Standing Committee has issued in earlier documentations.

In random order:

- Society-based, preventive mental health models should be developed
- Outreaching techniques should be used to offer psychosocial support
- Long term interventions should be planned in time
- The need to include the expertise of different subfields of psychology for example social psychology
- The necessity of a self-help program for the volunteers
- Psychosocial knowledge should be included in preparedness trainings for municipal leader and other decision makers
- Crisis and Disaster Psychologists need to be able to adapt to different contexts and to improvise
- Design an integrated psychosocial support system from acute interventions to long term support
- Promotion of resilience and social cohesion should be a priority
- Early EMDR can be used as an effective intervention
- Create systematic partnerships with the media
- Be aware of the possible vulnerability of the crisis organisation in remote areas and during holidays
- Include the potential of survivors and bestanders in the emergency planning
- Psychosocial support for all rescuers should be available
- Supervision for psychologists and psychosocial workers is needed
- Organise integrated exercises and simulations including police, fire and rescue services, emergency teams, local communities and NGO’s.

These recommendations have been formulated on the basis of an analysis of a selected number of emergencies. All authors are experts in the field of crisis and disaster and have many years of experience in the field. So we think that these recommendations have value which extends further than the specific incidents itself. Ofcourse they are open for discussion. They are meant to share with other professionals who are confronted with the challenging work of psychosocial support after crisis and disasters.