

The times, they are a-changing: Europe's emergency psychosocial structures facing new challenges

Need for rethinking our common ground

Written by Petros Stathakos (emergency psychologist, delegate on the standing committee on crisis and disaster on behalf of Germany)

It has become difficult to overlook, that the critical incidents, emergencies and disasters that occur on European soil are becoming more frequent and often have longer and more devastating effects not only on the infrastructure of the European states but also on the psychosocial level of their citizens psychological well-being. Facing these new challenges, emergency psychologists have the opportunity but also carry the burden to try, through scientifically solid, state-of-the-art methods, to lessen the impact of these critical events on the people affected while also caring for their own mental and physical health. Through the continuous exchange of scientific facts, methods, lessons learned and best practices, the Standing Committee on Crisis and Disaster of the EFPA plays a vital role in disseminating, comparing, developing and improving the psychosocial support that is so needed after a disaster. In the past two decades, there have been significant efforts to make these emergency-psychology structures, alarming modalities, and psychosocial-support outcomes more comparable and efficient. That said, it still remains a fact that every European state has a unique way of dealing with disasters. Some states have become, through implementing thorough quality methodological standards and evaluating critical outcomes (e.g., what should we keep and what should we change in the future), more similar in their way of responding to disasters. However, there are still major differences in the field of emergency psychology between different European states.

The goal of having similar protocols in the psychosocial support of the civil population as they exist in other areas (medical support, firefighting methodology, dealing with earthquakes, oil leakages, airplane disasters, etc.) still remains open. One reason for that is the language barrier: A Spanish/English/Greek/German speaking emergency psychologist will not be able to assist citizens in need of psychosocial support if he/she doesn't understand their language. That is a problem that firefighters, emergency surgeons, etc. do not face. The use of official translators can help to a point, but it is still a

barrier that keeps surfacing and complicates the use of common protocols and support between European states in their efforts to help affected populations after a disaster. This obstacle can, however, be overcome through new technologies of automatic translation that are already being used in the field. For example, in supporting encounters with Ukrainian refugees in Europe, many psychosocial workers used tablets with automatic translation to understand their needs and react accordingly. In the near future, we can expect breakthrough progress in this area.

That being said, a second reason that complicates the mutual support is the difference in the institutional role of the emergency psychologists themselves. This problem is more complicated and requires a different mindset to be disentangled. Emergency psychology in Europe has its origins in the field of clergy first aid responders, who were mostly volunteers wanting to help and support their fellow citizens in a situation of need and despair. These often loose and impromptu structures played a vital role at the beginning of the first steps of psychosocial support after major disasters. The field of psychotraumatology was the second main source for the birth and development of the science of emergency psychology. The spirit of volunteering for those in need is very important, and this brief article can not overemphasize its importance for a functional society with strong interpersonal bonds that will always play a major role in its overcoming of obstacles and mutual thriving against all odds. In many European states today, this original spirit still lives on and has a major positive, altruistic impact when needed.

The problems that European countries face today are nevertheless much more complicated than 50 years ago. In the past 5 years Europe – and the rest of the world – has faced a major increase in challenges of a total different scale, then the ones that it did manage to overcome at the beginning of the emergency psychology field – the globalization process being the one major factor that led to the explosion of the scale of problems/disasters we today have to overcome: The pandemic, the rise of economical insecurity and inequality, the marginalisation of many societal groups, the immigration of major populations, the pandemic and its long-term repercussions (which still emerge in everyday life), the climate changes and the climate immigrants that they produce (only in this summer (2023) in many Mediterranean countries there were massive fires and floods that destroyed whole regions, forcing citizens to flee, some of them permanently), massive pressure in workplaces, the development of major psychological distress and disorders (depression being number one cause of illness, that the WHO is trying to address), terrorist threats and attacks on European soil, the war in Ukraine, the rise of unemployment rates to name just a few, have altered the field of emergency psychology

permanently. The frequency of these critical incidents and disasters can no longer be tangled with support structures that were functional in the 20th century. For these obstacles and new challenges of the 21st century, we need a rethinking of our resources. Simply put, we can't fight today's battles with yesterday's means.

Many European countries still base their entire emergency psychological support structures on psychologists volunteering for the task. Others have moved to a more professional set of rules, methods and personal resources. This division through Europe is quite remarkable. Spain, for example, has organised emergency psychological aid in professional groups that are always prepared to offer their services and are a stable part of the health system, even if there is no major disaster. On the other hand, in Luxembourg, the first psychological response is based on a volunteer base, of which the supporters are very proud and also effective. Many other European countries are somewhere in the middle (like Germany), having a combination of professional and volunteer responders in the field.

In this regard, we want to offer two food-portions for thought. Firstly, emergency psychologists normally have parallel working fields. Some of them work in police departments; some work for major companies in their employee assistance programs; others work in schools or municipalities; and the ones who are also licensed psychotherapists work in their own practice. If a semi-major disaster occurs, and they are summoned to assist on a volunteer basis, they are faced with different obstacles: they have to leave their working spaces, families and everyday lives, go help other co-citizens in need in a very professional, scientific way, waive their normal salary since they aren't working in their normal jobs, waive the economic compensation since they are volunteering, face death, trauma, grief, mutilation (of the survivors), sleep deprivation, etc., and then return to their normal jobs and lives without taking a break since no one will compensate them in that break-period and remain totally well-functioning individuals. And while they are doing that, they will share the field with other professionals (firemen, soldiers, policemen, doctors, nurses, etc.) who do get paid for their very important services. We think that this model of volunteer-work is not very efficient, does not promote a healthy work-life balance, and can be a pretty solid source of a future burnout for the selfless colleagues. This has to change.

Secondly, the frequency and scale of future disasters and major critical events will – all factors considered – become faster and bigger. Their consequences will be lasting, and they will impact the lives of thousands of European civilians. The only way to tackle these challenges, on a pan-European level, is through the professionalisation of the emergency

psychosocial services provided. It is the solid belief of the author that this is the only way to be prepared for the near future. Of course, this professionalisation comes with an economic cost. But, as we know from many different studies on psychological prevention, it is a fraction of the cost that future generations will have to pay if we do not change our mindset and act now. Postventional costs of psychotherapeutic treatment of trauma-related disorders like PTSD are much higher than the costs of prevention of such disorders. This doesn't mean that all volunteer-based first-responder services should be abandoned. The adequate response in the aftermath of a major disaster will always depend, on a societal level, also on the preparedness, kindness and altruistic motivation of the general population. Small-scale emergencies can, to a point, further rely on semi-volunteer structures that are managed on a national and state level. Nevertheless, the argument of this short article remains that future emergency psychology challenges will be of a scale that can only be disentangled or met at a professional level of psychosocial support. The emergency psychologists can support this effort through various channels, methods and their expertise. In order to do so, they must be part of the professional reaction-chain and be compensated for their time and services, just like every other professional psychosocial worker involved. This is the least common prerequisite in order to adequately face tomorrow's challenges, that are already happening today.

The times they are a-changing and it is crucial for the quality standards of emergency psychosocial services and support that we want and are obliged to offer to adapt before we find ourselves having done too little, too late.