PSYA-CE
Psychological first aid and psychosocial support in complex emergencies

Funded by
European Union
Civil Protection

Psychological First Aid and Psychosocial Support In Complex Emergencies (PFA-CE)

PFA_PSS for beneficiaries in emergencies (Family and community activation)

Trainer Manual for team leader

January 2019

AUSTRIAN RED CROSS
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Croce Rossa Italiana
Црвен крст на Република Македонија
Kryqi i kuq i Republikës së Maqedonisë
Macedonian Red Cross
CROATIAN RED CROSS
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This trainer manual has been produced within the Psychological First Aid and Psychosocial Support in Complex Emergencies (PFA-CE) Project funded by the European Union.

The objective of PFA-CE is to reach improvement of Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers; Enhancement of disaster response capacities of emergency and volunteer organizations in Europe; Involvement and active participation of affected communities, families and groups in emergency response; Coordination and support for new volunteer types including spontaneous volunteers. This is specifically done through structured experience exchange between the partners from Italy, Serbia, Croatia, Macedonia, Slovenia and Austria,

Implementation period is from April 2017 – March 2019.

Project countries and leading partners
Austria: Austrian Red Cross
Croatia: Croatian Red Cross
Italy: Italian Red Cross
Macedonia: Red Cross of Macedonia
Serbia: Red Cross of Serbia
Slovenia: Slovenian Red Cross

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External Funding
European Union Civil Protection Mechanism

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Abbreviations

ERU	Emergency Response Unit
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organization
NVO	Non-governmental voluntary organization
OR	Official Responders
PFA	Psychological First Aid
PSS	Psychosocial support
SUV	Spontaneous Unaffiliated Volunteers
SV	Spontaneous Volunteers
ToT	Training of Trainers
VRC	Volunteer Reception Center
WHO	World Health Organization

PFA-CE
Psychological first aid and psychosocial support in complex emergencies

Content

1. Introduction

1.1 Background

In times of more frequent and long-term disasters and crises, the project aims at improving Mental Health and Psychosocial Support (MHPSS) disaster response capacities of European emergency and volunteer organisations by strengthening Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers.

The term complex emergencies[1] may be a little bit confusing, as is normally used in a different meaning. In this project, we refer to complexity in the sense of long lasting and repeated disaster situations that pose a special challenge to European MHPSS management systems.

1.2 Aims and objectives of the PFA-CE project

With our project, we aimed at the following improvements to be reached.

- Improve involvement and active participation of affected communities, families and groups in emergency response by training staff and volunteers and by developing family and community activation interventions
- Improve coordination and support for staff and volunteers of emergency response organizations
- Improve coordination and support for new volunteer types such as spontaneous volunteers
- Improve experience exchange and networking regarding long lasting repeated and ongoing disasters, like earthquakes, flooding and the migrant crisis in Europe

[1] The IFRC defines complex emergencies as emergencies involving violence. Such “complex emergencies” are typically characterized by: extensive violence and loss of life; displacements of populations; widespread damage to societies and economies; the need for large-scale, multi-faceted humanitarian assistance ; the hindrance or prevention of humanitarian assistance by political and military constraints; significant security risks for humanitarian relief workers in some areas .

1.3 Aims and objectives of the training material

In the following, we will present a training module on PFA_PSS in emergencies focussing on basic PFA and PSS interventions including family and community activation for teamleaders. As stated above this module is part of the training package for PFA_PSS after emergencies and disaster. Module 1 has been developed for teamleaders, module 2 has been developed for all staff and volunteers.

As part of the PFA-CE project, funded by the European Commission, this handbook is developed in order to enhance activities in disaster response better.

The modules contain comprehensive materials including instructions, information, good practice examples and ideas for exercises aiming for better preparation of the respective target audience.

Instruction
Blue boxes contain Instructions for trainers, overview of main topics of the chapter

Good practice example
Green boxes contain Best Practice examples

Exercise
Yellow boxes contain Instructions for exercises

This handbook on *Psychosocial support and psychological first aid* for beneficiaries /Teamleader training is part of a series of training material developed through PFA-CE. Further training material is available for *Staff and Volunteers* and *Spontaneous Volunteers*. All resources, supplementing this handbook, are available for download at: http://www.pfa-ce.eu/

The offered training materials are open to be adapted by the users to their own needs, strategies and possibilities!

2. Course Preparation

Facilitators

The facilitators conducting the workshops for PFa and PSS for beneficiaries should have a basic understanding of psychosocial support and completed the Training-of-trainers.

Participants

Participants of this training may come from different parts of the Red Cross and other emergency or disaster response organizations. They should have experience in working with families and communities.

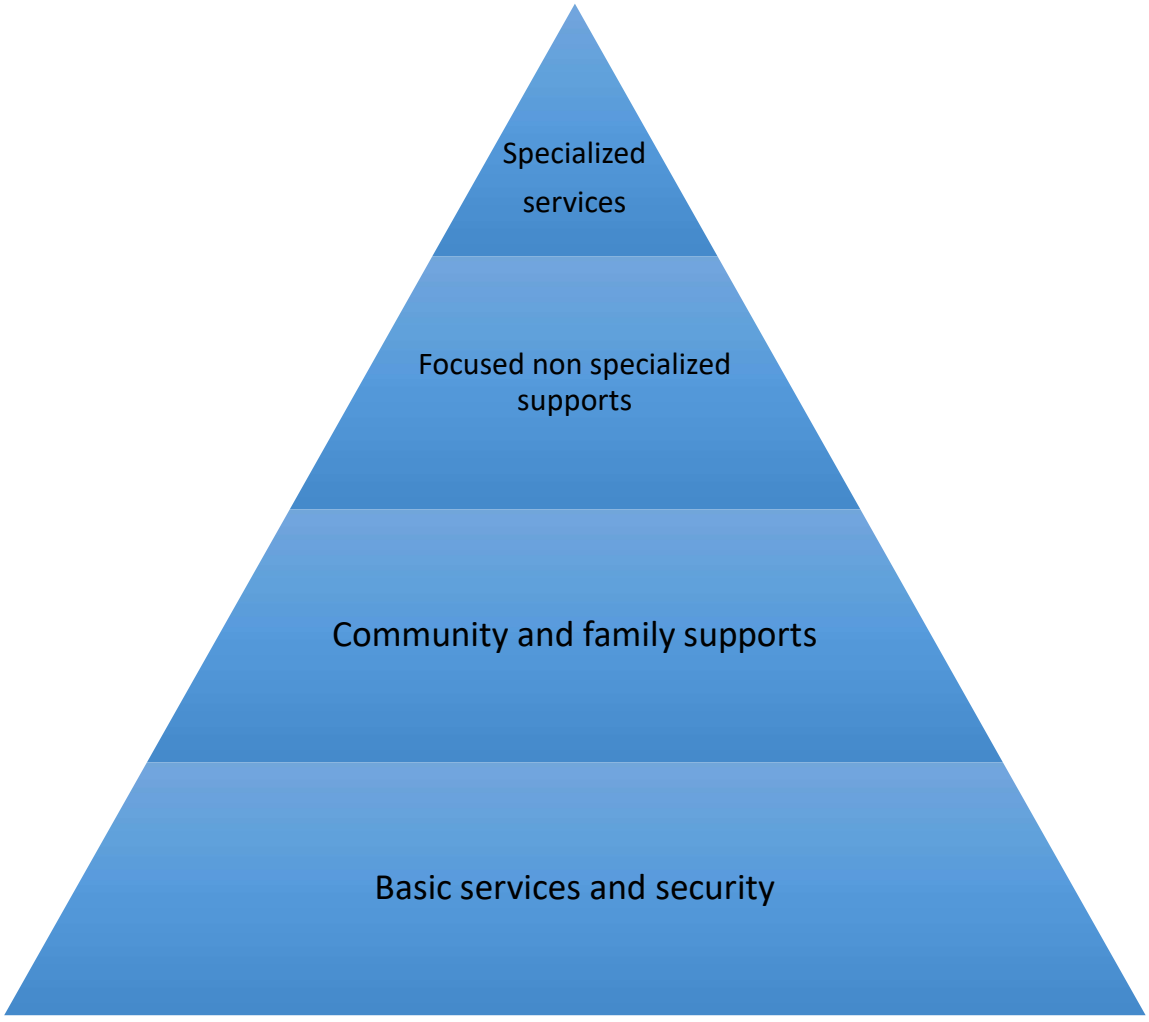
After completing this training the participants should be able to, communicate the reason for and the how psychosocial support will be provided and to provide trainings in psychosocial support for beneficiaries.

Training materials

Name tags for facilitators and participant, material for training activities (flipchart paper, markers …), Power point slides, and handouts.

3. Main recommendations for MHPSS in Emergencies and disasters

The main recommendation in all relevant mental health and psychosocial guidelines is about providing support on different levels, delivered by different helper groups including specifically trained (and experienced) lay persons, as well as trained (and experienced) mental health professionals. The NATO guidance and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings both recommend a multilevel approach to psychosocial support. The following diagram from the IFRC Reference Centre for Psychosocial Support shows how different levels of support require different levels of support (IASC guidelines, page 13).



The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings indicate the kinds of support that can be delivered by lay people and trained volunteers and those that require mental health professionals. As the complexity of needs of those affected increases, so the response changes; trained lay persons can provide certain kinds of support, and more complex needs call for mental health professionals or other practitioners like for example social workers or legal advisors.

3.1 Basic services and security

In basic services, every helper must be aware of basic principles in PFA and PSS as well as basic strategies in self-help and peer support. In the IASC guidelines on Mental Health and Psychosocial support in emergencies it is stated that

„In the basic services and security the wellbeing of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services be put in place with responsible actors; documenting their impact on mental health and psychosocial wellbeing; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial wellbeing. These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilise community networks (p. 11 ff.)"

An example of the social considerations in basic services and security given by the IASC is advocacy for basic services that are safe, socially appropriate and protect dignity (IASC, 2010).

3.2 Community and family supports

In the second level community and family support shall be strengthened, examples of which are activating social networks, making use of traditional supports and building child friendly spaces. Interventions that encourage groups and communities to become more active in disaster preparedness, response and recovery (for example by effectively including spontaneous volunteers from the affected community) are situated in this level.

The aim of the training module is to strengthen supports on level 1 and 2 of the pyramid. Level 3 and 4 are not a topic of this manual.

4. Terminology

Instruction
In order to prepare team leaders for better psychosocial support management, it is helpful to use consistent terminology.

Different types of events have different effects on affected populations and require different interventions. The increasing complexity of an event does not only simply accumulate the number of affected people etc. it affects the complexity of (possible and necessary) actions in all phases (prevention, mitigation, preparedness, response, recovery) (see Quarantelli, 2006).

According to UNISDR (United Nations Office for Disaster Risk Reduction, 2009, p. 9): a disaster is a "serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources".

These events can be of varying complexity.

Disaster: the local/regional/affected institutions and organizations are overcharged with the situation and need substantial support from outside (e.g. a terrorist attack in a city; an example of "routine disasters" (Kapucu and Van Wart, 2006, p. 284) is the 2004 series of hurricanes in Florida)

(Mass) Emergency: all types of crises and incidents a local or regional jurisdiction can handle mainly with its usual means, although they are of larger scale, impact and complexity than routine dispatch problems (e.g. a bus accident) As Nohrstedt (2013, p. 3) puts it, "routine emergencies" (often labelled as hazards or events) are anticipated and can be managed through mobilization of public resources, but may indeed escalate into crises.

Catastrophe: the local/regional/affected institutions and organisations are non-functional (any more), most actions have to be organised and/or carried out from outside of the directly affected region(e.g. the Tsunami)

Crisis: The term crisis may be used in any of the 3 complexity levels. A crisis entails undesirable circumstances that are perceived to be characterized by significant value conflict, great uncertainty, and time pressure (Hermann, 1963; Brecher, 1993; Rosenthal et al, 1998; Stern and Sundelius, 2002; Boin, et al, 2005). The term crisis is used to cover not only the objective elements of the events but also the subjective perception of decision-makers and affected populations. Each of the mentioned eventtypes can result in a crisis.

Helpers: people who have come to help victims or responders in some way

In the context of the PFA-CE Project helpers are all staff and volunteer who are supporting a Red-Cross-Organization during an emergency.

Process-related terms

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Complex support situations, Mass emergency versus Disaster

In psychosocial support, the differentiation between complex support situations, mass emergencies and disasters may become important. These three terms refer to different levels of complexity for the psychosocial intervention.

A complex support situation is a situation where only little damage is done in a quantitative manner (e.g. one person dead) but still psychosocial support is needed for a greater group of people. An example is the suicide of an adolescent in a school in front of his classmates.

A mass emergency is a situation where there is a big group of affected people (including injured and dead people) whilst at the same time infrastructure is intact. An example is a train or bus accident.

A disaster on the other hand exceeds the resources of a given community and additionally often disrupts the infrastructure. An example is the flooding of a village or an earthquake.

With regard to psychosocial crisis management, these event types require different approaches.

In mental health and psychosocial support, we prefer the use of the term “crisis” to event-related terms like “disaster” or “mass emergency” because the term “crisis” denotes subjective aspects of the emergency like value conflict, uncertainty and time pressure that have a major influence on psychosocial support. Psychosocial support in crisis can help to mobilise resources. It can mitigate difficulties and provide help in regaining ‘normal functioning’, by enhancing the resilience of communities. Psychosocial support is an important means to overcome the negative effects of fear and loss that often accompany crisis.

5. Basic principles of Psychosocial Support

Psychosocial Support (PSS) is an umbrella term for a community-based approach to facilitate the resilience of the affected population whilst at the same time Maintaining health and well-being of staff and volunteers. The overall aim is to enhance resilience. It follows five main principles: safety, connectedness, self and collective efficacy, calming and hope.

The term Psychosocial Support refers to a community/group- or family-based collaboration with the affected in order to promote the utilisation of their own and their group´ s resources. It equally means to facilitate processes within the family/group/community in order to enhance their recovery

Basic principles are the following

- Give not only medical, but also emotional and practical support
- Strengthen individual and group resources
- Help persons cope with extreme stress reactions

5.1 What is Psychological First Aid?

Psychological first aid is a humane approach to persons in the acute stage of emergencies and disasters that shall enable them to remain active and in control as much as possible.

The WHO approach consists of three elements

1. Look
2. Listen
3. Link

(see trainer manual for all helpers)

In a shelter PSS may involve the following actions

- Provide information according to needs
- Establish everyday routines
- Enable social networking
- Enable democratic structures (vote for a mayor, speaker of each group…
- Enable play and distancing strategies

Good practice example
After a large earthquake in Italy, about 500 people are waiting in front of the morgue in order to be allowed in for identification procedures. The PS teams establish places of worship, places where people can sit down, eat, drink, places for children and accompany the families to the viewings *Shelters for 15000 people are established. The PS teams suggest to vote for a major in each shelter, to establish places of social reunion in the shelters, and schools and kindergardens. Funerals are organized in a culturally appropriate manner. Regular information is given to the inhabitants of the shelter on the danger of further earthquakes, the further procedures of recovery as well as insurance questions*

PSS may involve a number of different activities, including Psychological First Aid which is a direct intervention with the affected person(s) in the acute situation. According to the WHO *Psychological first aid* is a 'humane, supportive response to a fellow human being who is suffering and who may need support' (WHO, 2011).

Five elements of effective psychosocial support that were collected by Hobfoll and colleagues presented a review of literature on the effectiveness of psychosocial interventions in 2007. These five elements are: safety, connectedness, self and collective efficacy, Calm and Hope.

Safety means to provide a safe place as well as honest and correct information about the event, the rescue measures and all other topics of interest for the affected persons or groups. Safety also means to be a respectful, responsible and trustful helper towards the affected.

Connectedness refers to the reunion of family and friends in order to make social support available for the affected. It involves all activities that support the affected to support each other and to re connect with their family and friends.

Calm refers to all interventions that shall help the affected people to calm down and reduce their stress. This may be the reestablishment of normalcy and daily routines, the ability of children to distance themselves by playing games, as well as the use of rituals to mourn their dead.

Self and collective efficacy is another important factor in supporting people after disasters. It refers to activities that shall help the affected to make their own decisions and regain a sense of control. This may be all forms of participation and active involvement of affected people into all phases of disaster management.

Hope refers to activities that shall help affected people to regain a positive view on the (immediate) future. These may be activities that evoke positive emotions as well as support and preparation in taking the next necessary steps.

Depending on the type of disaster, context and characteristics of the affected people themselves each of these elements may involve different strategies. Therefore the elements have to be translated into the given context. This is a task for the leadership as well as for the helper in a face to face interaction. Only if the leadership provides structures that are shaped according to the principles, staff and volunteers on the basis can provide adequate support to the affected persons, groups and communities. The best practice examples in the ANNEX show this on the level of face to face interaction as well as on a structural level.

5.2 Translating the Hobfoll principles into strategies

The following table shows the strategies that can be used in order to reach the principles. These have to be further translated into context.

Hobfoll principles	Strategies
• Safety • Connectedness • Self and collective efficacy • Calming • Hope	• Safe places, information • Family reunions, data matching • Involve beneficiaries in decision taking • Normalcy/Rituals • Evoke Positive Emotions, involve in recreational activities and foster mutual support

5.3 Psychosocial Triage and Target Group oriented Interventions

Psychosocial triage follows the following principles

In step one we decide about affectedness. Affectedness can be defined by two criteria

- Level of Exposure
- Closeness to the directly affected

Both can be represented in Circles of affectedness, the inner circles representing those most affected.

In step two we assess for the level of MHPSS support (see Pyramid) looking at the following characteristics

- Special needs/vulnerabilities (families with small children, unaccompanied children, older people, people with disabilities etc.)
- Type of involvement (e.g. involvement as victim of an accident or as the causer of the accident)
- Situational factors (in the beginning group support can be given to all those who do not need immediate specialized PFA_PSS support, as soon as personalized information comes in especially those for whom bad news are expected have to get specialized support)
- Level of stress reactions (those who show severe stress reactions (either "loud" or "silent" should get focused PSS support from the beginning)

Exercise
PSS Triage and Hobfoll principles • *Step one define target groups and define level of support* • *Step 2: each group takes one Hobfoll principle and discusses intervention strategies for each of the target groups*

6. Practice experiences

The experience exchange workshop in Zagreb showed that best practice experiences on PFA_PSS with beneficiaries in emergencies can be described well in the framework of the Hobfoll principles.

Challenges that were faced are mostly due to a lack of integration of PFA_PSS into the crisis management and communication system. The management often sees PFA_PSS as a technique of face to face interaction aimed at enhancing wellbeing and normalcy without recognizing that for effective PFA_PSS a certain framework and integration of PFA_PSS principles into the overall response and management is needed. As information is one of the main needs in the acute phase of a disaster/emergency, an integration of PFA_PSS into the overall crisis management system is necessary to provide psychologists and volunteers with the necessary information in order to support the beneficiaries accordingly. Furthermore certain structured formats have been experienced as helpful for providing PFA_PSS in a good way. In largescale events like terrorist attacks these include for example reception centres that are well connected to the casualty bureaus of the police. In disasters information points in evacuation centres may be of use.

In the following, we will show the good practice examples that have been used for analysis.

In the international experience exchange workshop in Zagreb we collected good practice examples from all partners. In the following, we will illustrate them according to the Hobfoll principles

Providing Safety

Good practice examples and challenges that have been experienced by the partners in the 2015/16 migration crisis are described in the following table. All partners experienced the high importance of information giving and the challenge of getting a mandate and providing formats to give information to the beneficiaries. The necessity of PFA_PSS management to be integrated into the overall crisis management has been experienced by all partners as crucial.

Croatia

Challenge: lack of information to be provided to migrants (even when we had information, with high numbers of arriving people, it was difficult to pass the information onto people) – throughout the crisis, we were trying to make the system of information provision better (while having limited options) however we had to keep in mind the fact that the MoI is in charge of the system.

Good practice example
People provided with Internet connection –they could receive information or from other migrants. Development of SOPs for working with migrants needed

Macedonia

Challenge: Trained volunteers who know how to approach and build relations of trust
Making priorities (children, women, elderly etc.)
Organization, Coordination. Procedures/network

Good practice example
Avoid holes and overlapping in activities. Experience from Yugoslavia – there was a plan for emergency situations with networks and procedures of all involved (there is no such thing anymore). Prevent possible abuse. Sensitive for cultural diversities. Provide information. Notion that someone is there and is caring

Serbia

Good practice example
Provide basic services (food, water, shelter) intersectional cooperation and collaboration *Reestablish routines*

Slovenia

Challenge: Did not have an opportunity to be involved. It was police work. Did not have mandate to give an info to population: what is going to happen, where is something? We were not allowed to give information to beneficiaries
Bad experience – they couldn't calm them, stressful for helpers. Lack of information (for all) It makes them feel uncomfortable, people agitated/"revolted". It may seem RC doesn't want to help them

Austria

Challenge: Information lack across borders (e.g. medicine)

Good practice example
Information management, landmark rumors – interpreters for every language *Registration (anonymous) without registration. Working together with police (distance)*

Croatia also provided an example from flooding that illustrates the similarities and differences between the two types of crises. As can be seen the challenge of giving information is crucial in both types of emergencies including the necessity of installing certain formats like information points, whereas the interest and solidarity of the population with the beneficiaries is much higher in a disaster

that affects the population itself. Also the challenge of different languages and cultural differences are not as crucial in a national flooding disaster as in a migration crisis.

Croatia

Challenge: It was problematic at the beginning however with time the feeling of safety increased in people – at first a lack of information and chaos as well as negative attitudes towards Croatian Red Cross (RC was negatively referred to by the media which had an impact on populations' attitudes towards RC) – that also led to misinterpretation of information among people

There were no information points in the villages (i.e. one spot where people could come and receive regular and true information) – preferably run by some known authority (such as RC, municipality, mayor of town). There was an increase of frustration among people in flooded areas – volunteers were attacked (because of provided/not provided food etc.)

Good practice example
From the crisis/natural disaster we learned that next time we need to have a functioning local radio station – to facilitate communication with the local population (eg. Information about food distributions etc.) People during floods did not feel that unsafe and insecure as the entire country showed interest in the issue and rushed in to help the affected population – it made people hopeful *Mistakes that were made – sending people without a proper and safe gear into the field* *Need to educate members of national crisis headquarters and mayors on how crucial the provision of information in a crisis is (eg. Split-area fires during summer 2017)*

Providing Connectedness

In the area of connectedness all partners had good experiences with family reunion issues and the cross national “trace the face” project. Main challenges were the lack of training for the volunteers, lack of cooperation between the organisations and the police and separation of families when boarding trains. During the floods in Croatia a challenge arose with elderly people to connect them with their community.

Croatia

Challenge: During crises like these, connectedness may become a problem among workers – high level of stress in the field, relations between aid workers became problematic Connecting people was our focus during floods but there was a problem with elderly population (old people living on their own) to connect with them with the community.

Good practice example
Migration crisis – connectedness was the main issue due to a high number of separated families (focus on family reunifications, contacting other RC on the Balkan route etc.)

Macedonia

Good practice example
Best not to divide families. Reunion as soon as possible. Good information network, who is where. Individual conversation interview with each person (if possible)

Slovenia

Good practice example
Really good, good organization. CRC & SRC participated really good, it worked very well! Good information flow

Challenge: Police separated families (trains) at 1st. then they helped to look for people. Boarding trains main source of separation. Insecurity on "our" side – who is going to be there tomorrow.

Good practice example
Constant team knowing each other. Weekly meetings between institutions *Build up good cooperation with organisations (police+RC). Training for volunteers. Prepared team to go to the field in case of emergency. After time everybody started to work together, things got better, progress, things improved, good team*

Challenge: volunteers were not trained enough. Lack of cooperation with police – sensibility training for police. Threat of terrorism – lack in training

Good practice example
Training and cooperation!! Necessary to have a list of people who speak foreign languages

Italy

Good practice example
RFL messages (family tracing). Collect information on family members. RFL-teams (staff + volunteers)

Austria

Good practice example
Good practice: trace-the-face *WIFI/charging stations for mobile phones*

Providing a calming environment

In providing a calming environment all partners had the experience of the importance of training for volunteers in recognizing stress symptoms and dealing with them. Teaching volunteers to calm people by using nonverbal methods was experienced as good practice. The best access to the parents was through the children. A needs oriented approach was experienced as best.

Croatia

Migration crisis – language barrier was one of the main issues as well as short stay of arriving migrants – we focused our outreach on those who were visibly distressed, traumatized persons, vulnerable groups etc. and provided PSS – migrants had a need to vent We learned that we need to teach our volunteers on how to calm a person without talking (knowing her/his language)

Floods – stress reduction – more categories of people – those who lost materials things and those who lost family members or both – we learnt that we need to have a referral procedure in place and knowing whom / to what services we can refer people – also what services are in place (eg. For people with nervous breakdown) RC volunteers focused on visiting people, talking with them. When crisis strikes, at the beginning we need to have more volunteers (trained) available in the field

Macedonia

Trained personnel: Sensitization (coming in here and now), Dealing with symptoms

Slovenia

Access through kids: Good, personal relationship with children. Children could laugh, play, be children again. Then also parents calmed down. Also curriculum for basic PSS needed for ALL helpers.

Italy: PFA to family members of victims: Taking care of families of victims (e.g. after identification of dead bodies). Stay close, try to listen, trying to understand their needs, be there for them, take time, have a frame and follow up where support is organized. Contacting PSS teams if needed. Don'ts: bring own ideas, affected know what they need, react to needs.

Austria

PSS best for children and youth. Calming down for mothers, babies supported by trustable staff

Providing opportunities for Participation

All partners found ways to provide opportunities for participation however this is a challenge in an emergency. The following examples show this challenge.

Croatia

Challenge: Difficult to have an active participation during the migration crisis – there were limited options for people to make their own informed choices (fast track registration, people stay limited amount of time in the camp etc.)

Good practice example
RC had interpreters/translators coming from migrant/refugee community to connect better to people – they also served as cultural mediators. We need to make people more active in participation to increase the feeling of being able to have a control over their life (we gave people options in choosing the clothes/food they wanted/needed). We need to ask people what they wish to do/have instead of providing options of our activities only – even if it is simple like choice of food *Making the entire community active – participatory activities during the floods x in migration crisis more focus on activating individuals It was shown that during flooding it was more about community efficacy and during the migration crisis self-efficacy*

Macedonia
Curriculum adapted to wide range of population. Volunteers from the target group (someone they trust)

Italy
Sharing tasks (e.g. translation, cleaning) Very passive, participation not feasible, calm, information more important. Help to translation Informants (e.g. provide info on missing persons). Give children something to play

Austria
Cultural awareness and involvement of migrants from the beneficiary cultures (for example when preparing meals)

Providing Hope

Providing hope was seen as important. To provide education for children was one of the means to provide a positive future orientation. Language lessons and promotion of positive emotions was seen as helpful.

Macedonia
Meaningful activities. Practical solutions on every day to day problems. Children in education

Italy
by language lessons in first days after arrival of refugees

Austria
provide opportunities for positive emotions

7. Roles and responsibilities

Roles and responsibilities in disasters may vary a lot between different European Countries. Common elements are subsidiarity (responsibility in the local communities) and the auxiliary role of the Red Cross in Disasters. In some European Countries the Red Cross is involved in the medical and Psychosocial support during disasters and largescale emergencies, in others it is more involved in first aid and social support as well as the provision of shelters in disasters.

Specialized PFA_PSS services are often provided by several different organisations that are either specialised in acute or mid and long-term care. The TENTS guideline therefore recommend to establish a multiorganisational and multiprofessional coordination network in preparation for emergencies/disasters (https://www.estss.org/tents/documents/).

In Emergencies PFA_PSS functions as an intermediate between the affected population and the authorities. It has the task of opening up a communication channel between the affected people (noninjured survivors, families, friends, etc.) and the authorities. This can only be done when all stakeholders recognize PFA_PSS and if the respective organisations providing PFA_PSS in emergencies have good contacts to the authorities and police as well as other stakeholders. Within the organisation, it is important that PFA_PSS is embedded into the command structure and crisis communication plans.

The three main tasks of PFA_PSS with beneficiaries are in the beginning:

1. To decide how to best reach the affected people (see intervention formats below)
2. To open up a communication channel between the affected people and the authorities and to allow for a dialogue
3. To organise data management in order to allow for fast family reunions and identifications of victims

In each national context responsibilities for these tasks are distributed differently.

Crucial questions therefore are:

1. What is the role and responsibility of the Red Cross in large scale emergencies and disasters in your national, regional or local context?
2. Who are the responsible stakeholders for the provision of emergency related services: technical, medical, psychosocial, donations, search and rescue operations, etc.
3. Who are the responsible stakeholders for mental health in emergencies in your country/district/community?

8. Leadership levels in emergencies

In emergency and disaster situations, leadership is normally situated on two levels: a strategic and an operational level. Strategic leadership is done by command structures consisting of a commander who makes use of a staff in order to allow for strategic planning throughout the operation. The command staff has the tasks of strategic planning, coordination and contact with other stakeholders and support to the operational leadership. Normally it acts from the background. The operational leadership is often done by a head of operation who organizes the interventions on an operational level.

For PFA_PSS it is important to be embedded into the leadership structures on both levels. Ideally there is an MHPSS expert function in the command staff as well as the function of a PFA_PSS or MHPSS head of operation under the lead of the Head of operation for the whole RC operation.

Practice examples (see Annex)

Exercise
• *Discuss organizational responsibilities for emergencies and disasters in general as well as responsibilities for psychosocial support and mental health after emergencies and disasters in your country/region/community (if possible differentiate between natural disasters, accidents and violent events like terrorist attacks-especially with regard to police leadership)*
• *Discuss leadership in PFA_PSS within your organization and embeddedness in command structures on strategic and operational level.*

9. Intervention formats

The term intervention format means the structure that enables us to integrate PFA_PSS elements into the overall crisis management. A PFA_PSS intervention format is not a PFA_PSS activity. An example is a reception center for relatives and friends. This is a place where relatives and friends of the directly affected can get information and support. PFA_PSS itself may be given in the form of direct PFA by giving information about the next steps, restoring family links or linking the affected persons with other available support structures or providing activities for the children etc.

Intervention formats (PFA_PSS delivery modules) may vary a lot due to characteristics of the event and context. Regarding the event type, the differentiation between mass emergencies and disasters is crucial for PFA_PSS. In addition to the categorization above, we define “mass emergencies” as events where infrastructure is not destroyed, and “disasters” and “catastrophes” as events where infrastructure is often destroyed and has to be at least partly replaced until recovery is fully established. This categorization has an impact on the recommended intervention formats in the psychosocial area and is therefore of high practical relevance, although it is not so relevant in disaster research and therefore often not explicitly mentioned. Reception centers for non-injured persons and families/humanitarian assistance centers (often including telephone support and web-based forms of support) are the main intervention formats (delivery modules) for psychosocial support in mass emergencies, where infrastructure mostly is not affected.

PFA_PSS elements must be integrated into these delivery formats in order to provide adequate support. In case of disasters like flooding or earthquakes where infrastructure is often destroyed, psychosocial support is even more embedded into the overall structures of support which often include shelters, field hospitals, evacuation centers, logistics centers, etc. Into these structures, registration, telephone helplines, websites (virtual reception centers), information points, mobile teams etc. have to be included where necessary. In order to be able to react adequately it is recommended to think of “psychosocial support modules” as flexible intervention formats that can be adapted to event type and context.

In the following we describe some of the most common formats allowing for the provision of PFA_PSS in emergencies and disasters. A detailled description of practice examples can be found in the Annex . Although wording may differ, the general idea of every delivery format is often very similar in different national contexts.

An overview of most common intervention formats is given in the following table

Intervention formats that are relevant for PFA_PSS for beneficiaries (police responsibilities are marked, other responsibilities may vary)
Reception centers for noninjured survivors
Reception Centers for relatives and friends
Casualty bureau (police)
Callcenter (police)
Evacuation center
Information points
Points for medical care
Mobile teams (PSS and mixed)
Coordination points for aftercare
Website
Telefone helpline
Community center

In the following we will describe some of the formats linked to the acute and midterm phase of the disaster

Humanitarian assistance center (HAC)

HAC is a general term for a focal point for the provision of information and assistance to all those affected by an emergency and also provides support to survivors of an emergency. These include those injured – from those with critical injuries requiring long-term hospitalization to the walking wounded who may be to self-treat with basic medication and equipment at home – and those not physically affected, but traumatized by the emergency, including those directly involved, as well as witnesses and local responders, families and friends.

A HAC is only one part of the emergency response. Other, more immediate sources of information and help may be provided in the first 24 hours (casualty bureau, rest center, family and survivors' reception center, survivors reception center) (HAC guidance, 2009, p.14-15)

Good practice example
After London Bombing (2005) a Humanitarian Assistance Center was established a little bit outside of London in order to enable people to come by car (as public transport was not used at this time). There people could get all kinds of information and support (one stop shop). *See 7th July Assistance Centre, Stone, C (2009). Lessons Learned by the 7th July Assistance Centre staff, steering group and partners. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/78999/7july-assistancecentre-lessons-learned.pdf*

In the following we will focus on some of the most common intervention formats for the immediate and midterm phases

9.1 Immediate/acute phase

Casualty Bureau

Timeframe: immediate to mid and longterm

Tasks: initial point of contact for receiving/assessing information about victims, to: – inform the investigation– trace and identify people – reconcile missing persons – collate accurate information for dissemination to appropriate parties.

Responsibility: police.

Good practice example
During a cable car accident, 9 children died and 10 were severely wounded. A survivor's reception center was established in nearby village. A family and friend reception center was established a little bit later because relatives/parents had a five-hour car ride to the place of the accident. The police established a casualty bureau nearby where all families could get first information after arrival. Afterwards family reunions and bod identifications could take place.

Good practice example
During the Tsunami, the Austrian ministry of Interior (as many other governments in Europe) used DVI teams to gather ante mortem data in Austria as well as post mortem data in Thailand and Sri Lanka. Data gathered by these teams formed the basis for identification of dead bodies. This process took almost a year during which all deceased Austrians could be identified. PFA_PSS was integrated where necessary (e.g. sometimes PSS teams accompanied DVI teams when meeting with the families)

In very big events, family reunion may be faster when internet based sources are used. In big disasters normally not only police but also Red Cross/Red Crescent Restoring Family Links Service is activated.

Good practice example
After the earthquake in Haiti the IFRC sent teams to restore family links by providing a website on which everybody could sign in his/her name and place which enabled the affected population to find their relatives and friends more quickly.

Good practice example
During the first days after the Tsunami mobile teams of ARC and DRC collected information about German speaking patients in hospitals in Thailand in order to support the call center of the ministry and allow for faster family reunions and repatriations

Good practice example

"Trace the face[2]"

During the migration crisis the IFRC provided a service for those who were separated from friends or family during the journey and exchanged information about missing persons across borders.

Responsibility: Police (DVI), restoring family links teams (RC/RC)

Informational Center (Telephone) "Call Center"

Timeframe: immediate

Tasks: a center where calls are collected from people who are missing somebody. Personal data of missing and their families are collected and given to the casualty bureau

Responsibility: Police

Emergency Telephone Helpline

Timeframe: Immediate

Tasks: an emergency telephone line where everybody in need related to the event can call and ask for information and advice. It is often established additionally to a call center (where only data are collected and basic information is given) when many calls are to be expected and people need more than just to report a missing person.

Responsibility: organization in charge, authorities

Best practice example (1)

After a funicular train accident in which 155 people died in a fire the police immediately opened up a call center where information on missing persons was gathered. During the first hour more than 3000 calls came in from all over the world because many tourists were in the area at the given time. People were redirected to the family and friends reception center after collecting their data.

Best practice example (2)

After the 2005 Tsunami in South East Asia in Austria a call center was established by the police. Several thousand calls came in during the first days. Callers who needed more support were referred to the telephone helpline that had been established by the RC. Family and friends reception centers were established at airports in Austria and in Sri Lanka and Thailand. Mobile teams were sent into airplanes coming from the disaster zone. Assessment teams were sent into all disaster affected regions where german speaking tourists were missing. The international help was organized according to the IFRC appeal.

Survivor reception center

Timeframe: Immediate

Tasks: A secure area in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid. Evidence might also be gathered here. Responsibility: Authorities, Organization in charge of immediate response

[2] https://familylinks.icrc.org/europe/en

Good practice example
A bus with people from one village had an accident immediately before the exit to the village. Around 20 of the 56 people in the bus were wounded, some of them severely, 6 people were dead and the rest was non injured. Injured people were brought to several different hospitals. It took from 7pm till 1 a.m. until first identifications of dead bodies could be done and until first information from the hospitals came in about injured patients´ identities. A survivors reception center as well as a family and friends reception center was opened at the nearby Red Cross building, where family reunions took place.

Family and Friends reception center
Timeframe: first 12 hours
Tasks: To help reunite family and friends with survivors – it will provide the capacity to register, interview and provide shelter for family and friends.
Responsibility: Authorities, Organization in charge

Registration points
Timeframe: Immediate
Tasks: A space where affected people are registered. This may be part of the casualty bureau or part of a reception center. The registration of all family and friends on the one hand as well as non-injured survivors on the other hand may enable a faster family reunion process and support in identifying missing persons.
Responsibility: Police, Authorities (Organization in charge in close cooperation with the police)

Rest center
Timeframe: Immediate
Tasks: A building designated or taken over by the local authority for temporary accommodation of evacuees/homeless survivors or relatives and friends with overnight facilities.
Responsibility: Authorities, Organization in charge

Information points
Timeframe: Immediate
Tasks: A space where regular information can be given to the affected group can be part of a reception center or evacuation center; can be face to face information, written information and/or digital information depending on target groups, context and resources.

Most important: honest information, secure information and establishment of a dialogue with the affected group/s). Leaders of Information points have to get regular information from the site in order to give this information.
Responsibility: Police, Authorities, Organization in charge

Good practice example
A bus with people from one village had an accident immediately before the exit to the village. Around 20 of the 56 people in the bus were wounded, some of them severely, 6 people were dead and the rest was non-injured. Injured people were brought to several different hospitals. It took from 7pm till 1 a.m. until first identifications of dead bodies could be done and until first infomation from the hospitals came in about injured patients´ identities. A survivors reception center as well as a family and friends reception center was built up at the nearby red cross building, where family reunions took place. *An information point was set up in the reception center where people were updated on the event, the rescue and the number of injured and dead people on a regular basis. Relatives were given information on a regular basis (every half hour in the beginning to the whole group, later, when person centered information came in, also face to face information for each affected family)*

Good practice example
During a flooding an info point was established in the evacuation center where people came each day to get their meals. Information was given via a flipchart and via regular information meetings including the major, a geologist, a person authorized to speak for the banks and one authorized to speak for the insurance companies as well as mental health professionals (specialized on childrens needs). The information point was in contact with assessment teams that collected the frequently asked questions of the affected population.

Mobile Teams

Timeframe: Immediate to midterm

Tasks: Tasks may vary according to time, event and context. Mobile teams can be used for: fact assessment, needs assessment, vulnerability assessment, direct psychosocial support to families who have lost someone etc.

Mobile teams should be multiprofessional and put together from those professions that are most needed at the given moment. If assessments are done, action must follow (never do an assessment without visible results).

Responsibility: Organization in Charge, Authorities

Good practice example
After the Tsunami the Austrian Red Cross sent multiprofessional teams to Sri Lanka and Thailand in order to search for missing German speaking people and guide those people towards repatriation. These first teams were sent immediately after the event took place and consisted of paramedics, psychosocial experts and medical doctors as well as a teamleader (5-6 people in total). *Later teams had the task of giving psychosocial support to those who travelled to Thailand in order to find out more about their missing relatives as well as organising cremation and repatriation of dead bodies as well as organising a memorial ceremony. These later teams therefore consisted of a mixture of medical, psychological personnel and clergy in order to guarantee appropriate rituals for dealing with the dead bodies.* *Needs assessment was done via a telephone helpline for those who missed somebody (see best practice example above)*

Good practice example
After a flash flood in a village a daily assessment was done by a mixed team (paramedics, firefighters, PSS) in each household to assess present needs (what do you need most at the moment?), afterwards NFI and helpers were distributed accordingly each day. The frequently asked questions formed the basis for the preparation of information meetings with the affected community.

In disasters where Infrastructure is damaged many more services have to be brought into the affected community. This may be evacuation centers, School and Kindergarden, Shelters, Flied Hospitals, Water and Sanitation, Food, Non Food Items, etc.

In these cases psychosocial elements have to be built into the overall response in a more integrated manner. The MHPSS crisis manager should in these cases help to shape the overall support structures according to the elements according to the Hobfoll principles (safety, conncectedness, self and collective efficacy, calm and hope) , taking care that human rights, dignity, safety and participation are guaranteed and vulnerable groups are identified.

Evacuation center

Timeframe: Immediate to midterm

Tasks: In Europe after flooding often no shelter is needed because the affected population finds shelter with relatives and friends. Nevertheless a place is needed where people can get all services that are not available due to the disaster. An evacuation center provides services that are not in charge during a disaster. This may be food provision, provision of medical support, medication, school and kindergarden etc. PFA_PSS can be easily integrated into such a support structure if it is integrated into the command structure. For example, an Information point in an Evacuation Center shall guarantee that information is given to affected population. School and Kindergarden are established as soon as possible to help children turn back to normalcy. Mobile teams can do needs assessments and identify vulnerable groups. Teams working in an evacuation center can organize activities that allow for some amount of stress reduction.

Responsibility: Organization in Charge, Authorities

Good practice example
During a flash flood in a village people were evacuated into a nearby hotel. After one day all beneficiaries found temporary accommodation either in tourist apartments that had been provided by the mayor or with relatives. As the shop, the pharmacy, the school and kindergarden were flooded, all these services were given in an Evacuation Centre that was established in the town hall. There people could get food, medical support, medication and information. In the nearby distribution center they could get all kinds of materials that were needed for cleaning and rebuilding the houses. *PSS experts were included into the mobile teams that did daily assessments, a mental health professional was placed at the medical point in the shelter together with the pharmacist and the medical doctors and PSS teams were integrated into the evacuation center as well as the logistic center where NFI were distributed.*

Emergency Shelter
Timeframe: Immediate to mid and long-term
Tasks: In bigger events like earthquakes shelters may be needed for a greater group of affected persons. Most important in these cases is that the shelter is structured in a way that normalcy can be established and social support is possible. Shelters shall function "like a village", including not only accommodation but as places of social gathering, places for worship, places for recreational activities, schools and kindergardens etc.
Responsibility: Organization in Charge, Authorities

9.2 Mid and long-term support

As mentioned above, shelters, information points, telephone helplines and virtual reception centers may be used from the acute phase into mid and long-term phase. In the following, some of the most used formats for mid and long-term PSS support are described.

Website reception center
In some cases, it may be necessary to provide a website for people affected by a certain event, where information can be distributed about the event as well as other important aspects (like psychoeducative Information). Such a website can function like a "virtual" reception center or HAC.
Responsibility: Authorities, organization in Charge in close cooperation with the authorities.

One stop shop
A one stop shop is a structure where the affected population can get all different kinds of support (be it psychological, social, legal etc.) using one single "entrance". Either this structure directly provides the kinds of support needed (like for example in Cologne after the destruction of the central library which lead to the evacuation of several buildings or this structure takes the form of a "clearing point" where a first screening of needs takes place (either per telephone or face to face) and referrals are made (like for example after London Bombing or after the Madrid Bombings).

Coordination points for aftercare
A coordination point for aftercare is one form of a one stop shop focusing on mental health needs of the affected.

Self help groups
Self Help Groups are a good way of support in the mid and long-term phase. They should be guided by mental health professionals and be differentiated according to the needs of the affected groups.

Community Center
A center where affected people can support each other and focus on a more positive future orientation.

Good practice example
In Beslan the BRC opened a Community Centre where the affected population could get all forms of support and activities like for example computer courses, cooking classes, all forms of childrens activities etc. *In Iceland after the financial crisis the IRC opened "Red Cross Houses" where people without work could get and give classes on many different topics (cooking, computer etc.)*

Exercise
Translate the formats into your structures *Take a card for each of the above described formats* *Write a "worksheet for each format including the "name" and structure of this format in your Country/organization, the responsibility in your country and organization, describe tasks mentioning where and how PFA_PSS is built into the format in your country/organization*

Exercise
Take the handout on flash flood that is provided in the Annex and proceed as described in the handout.

10. ANNEX

10.1 Case examples

Groupwork PFA_PSS Intervention Formats

Disaster description

Warning of severe rainfall. Followed by severe increase of rivers and flooding allover the country. The village that has been affected most (about 2.500-3.000 inhabitants) is not part of the so declared crisis area. During the night, rainfall is above 100 l and many landslides and floodings of streets lead to a situation where the village cannot be reached any more from the outside.

A natural hole in a rock where the river which is around 10 m broad leads to a narrowing of the river at around 3 m. This narrow hole is the critical point where a severe amount of water has been held back and in the end leads to the disaster.

At around 1 o clock in the morning the officer in the sewage disposal facility gives alarm because the water was getting to high, firefighters and water rescue see what has happened and immediately start to evacuate about 100 houses. Time frame is 2 hours. No more power, no telephone, no mobile phones, no internet. Some people do not want to go, for example, one marriage party has to be evacuated by the police. Older persons who cannot not walk do not want to leave the house and have to be taken by force.

A group of 35 adolescents from the area (two of them directly from the affected village) who sleep in tents with their caregivers is also hit by the flood, three adolescents (one from the village, two from neighboring villages) and one caregiver (from a neighboring village) die, 10 adolescents are wounded, 5 of them severely.

The local RC branch in the village together with the firefighters and local mountain rescue starts to. Build up the support structures. RC Headquarters are setup at the district branch. In the beginning, communication is done via radio.

Two evacuation centers are set up on both sides of the river (hotel, gymnastic hall) for the first night. On day two most people can find a place to sleep with friends or family or in empty tourist apartments, but their own houses are not available for them for several months to come. The evacuation center hast o provide food three times a day in the beginning and lateron only one time a day.

Mountain rescue reaches the camp immediately after the flashflood hits. The wounded adolescents and caregivers are rescued and brought to different hospitals allover the country. The biggest group of not so severely wounded are brought to a nearby hospital. The Red Cross is involved in the rescue operation at ground level. The non-injured adolescents and caregivers are brought to the RC building of the district branch.

One part of the village is totally flooded (in total 340 houses and 30-40 enterprises. Firefighters station is in the flooded area.

One day after the event, the water level sinks and on day two the center of the village can be reached again. On day two, some parts of the village have power again. Only one evacuation center remains (gymnastics hall) the other is not needed any more.

This center is kept for three months and food, medical care and information for the beneficiaries is provided there. Food is provided for helpers and beneficiaries in a nearby home for elderly people as well as in a hotel that is nearby. Tennis hall is used as donation coordination center (logistic center).

From day two on people can go to their houses and work there together with the helpers.

On day 4 streets are open again and the village can be reached from the outside. School and kindergarden stay closed for 1 month, the pharmacy and doctors' offices are also closed for two months.

Numbers of involved beneficiaries and helpers in the village

- 500 affected people (who were first there because evacuated and then worked on their houses during the day and had to be given food)
- 200 firefighters
- 150 soldiers
- 80 Red Cross Personnel (10 staff and 70 volunteers)

Dead and wounded people

4 dead, amongst them 3 adolescents
10 wounded acolescents, 5 severely wounded
25 noninjured, amongst them 22 adolescents, 3 adult caregivers

Livelihood damage

- 340 houses
- 30-40 enterprises (carpenter, car shop…)
- 80-100.000.000€ damage

In the exercise the Red Cross is responsible for the Evacuation Center as well as for the Logistic Center and supports the people who have lost their livelihood both on a practical and a PS level. Furthermore the Red Cross is responsible s for the psychosocial support for the families of the adolescents and caregivers.
For the exercise the focus is not on the general operation but only on PFA_PSS for those who have lost their livelihood as well as those who have lost a relative or friend.

Additionally the RC is responsible for staff and volunteer support for their own staff and volunteers as well as the mountain rescue téams.

Problems/Challenges

- **Disaster alarm**: Sirens worked but no communication between disposal center and radio station no alarm information could get out to the population.
- **Power cut off**. No more internet no telephone, no digital radio only the old systems worked.
- **Risky Rescue Operation:** Water damaged door and windows, so the danger was there that windows and doors could explode and water could have come in all of a sudden. Very risky and difficult for the firefighters who never knew if they went into a house one way if they could get out the same way.
- **Contamination of the water:** Many oil tanks were destroyed, oil in the water everywhere. Pumping works had to be supervised by special expert teams.
- **Extreme amount of garbage**: intermediate depots had to be set up on parking spaces.
- **Political challenges**: Military was there but could only be sent on day two because first the firefighters had to be sent in before military could be used officially.
- **Firefighte**rs station under water.
- **Uncontrolled Donations**: Extreme amount of donations coming in, limit of storing capabilities were soon reached.
- **Complicated mountain rescue operation:** The camp was organized by a neighboring village and was on the ground of the neighboring village which was very near to the origin of the flash flood. The neighboring village was informed about the imminent flash flood immediately but the mountain rescue evacuation team could not get to the adolescents in time. Actually the mountain rescue team itself was in imminent danger themselves during the rescue operation, but nobody was hurt. Because they were there so early the rescue operation could start quickly and at least two of the severely wounded could not have been saved if they had not been there so fast.

Red Cross responsibilities

- Support to village (evacuation center, logistics center, PSS) together with firefighters, military and local authorities
- Support on district level (PFA or PSS to noninjured, support to families of adolescents and caregivers together with partner organisation(s) in close cooperation with the police, the involved hospitals and mountain rescue as well as the authorities on district level

Exercise
Develop an intervention plan for PFA_PSS for beneficiaries • *Focus on the district as a whole* • *Identify target groups for PSS (beneficiaries) and prioritize* • *Identify intervention formats that you can use to reach the target groups* • *Draw a map of the area and put your intervention formats in* • *Discuss responsibilities and possible partners in your National Context*

Intervention formats that are relevant for PFA_PSS for beneficiaries

- Reception centers for noninjured survivors
- Reception Centers for relatives and friends
- Casualty bureau (police)
- Callcenter (police)
- Evacuation center
- Information points
- Points for medical care
- Mobile teams (PSS and mixed)
- Coordination points for aftercare
- Website
- Telefone helpline
- Community center

For further exercises

- Make an Intervention plan on a timeline:
- Confrontation and Early Response Phase: first hours and days until people can start working on their houses and village can be reached from the outside and until identification has taken place.
- Response Phase to Early Recovery Phase: from first week until funerals can take place, first two months until evacuation center can be closed
- ….

10.2 Practice Examples

Safe points
Examples: Safe point
Migration Crisis Italy
Numbers of beneficiaries in 2016: 181.436
Since mid-January 2016, the Italian Red Cross started to provide support to migrants (people on the move, people out of the asylum system and people who are no more in reception centers) who do not have proper access to the reception network and have difficulties in accessing the local services.

Safe Points are essentially Italian Red Cross help desks that provide information and basic support to all migrants regardless of their status. They aim to provide services and reduce the vulnerability of all migrants in need, particularly those who do not have access to the reception system. Services provided include legal information and advice, information on rights, first aid, basic health care and orientation, psychosocial support, and RFL. Additionally, Safe Points provide referrals to other available assistance. For example, information is provided on locations of safe sleeping spaces in municipalities. Migrants are also advised on how to access the public health facilities and referred to professional psychiatric care (where relevant). Safe Points answer any questions migrants have. To be able to set up Safe Points, the Italian Red Cross leveraged its reputation and relationship with municipalities to be allowed to provide support for all migrants regardless of status. This became especially important given the increase in the numbers of migrants following the introduction of the 'hotspot approach'. Two Safe Points in Catania and Trapani have been opened so far with plans for more.

Video: https://www.youtube.com/watch?v=AW6VPrupJs0 -English version

Tracing Bus
Examples: Tracing Bus
Migration Crisis Italy
With the international mandate to re-establish family links, the Italian Red Cross has launched the Tracing Bus project, originally created by the Netherlands Red Cross in partnership with Vodafone Netherlands. Made available to the Italian Red Cross, the campervan toured Italy from January to March and then from August to November, stopping in various cities. Thanks to the mobile unit- equipped with mobile telephones for calling aboard- migrants could make a free 3-minutes all to their loved ones, with the support of the Italian Red Cross operators.
11, 000 km travelled in January-March and August- November
54 locations
300 Italian Red Cross volunteers
3212 calls made
7000 migrants contacted their loved ones
Video: https://www.youtube.com/watch?v=-bxQ8qAXbLo -English version

Reception Centre: Practice examples Croatian Red Cross

Psychosocial Support to Refugees and Migrants in Croatia

The psychosocial support is a major component of the CRC humanitarian crisis response; it aims at improving the psychological and social condition of refugees and migrants who endure harsh conditions and treatment along the way. In their flight from conflicts, persecution or extreme poverty back home people experience further psychosocial trauma from displacement and often abuse from the human smugglers they entrust their lives to in their long and often dangerous journeys. Many walk for days through fields and forests before they reach their final destination with little food or water, and exposed to potential accidents in their path.

The CRC staff and volunteers provide emotional assistance to refugees and migrants, to help them cope with the quick changes of their environment, as well as uncertainty of their future. Uncertainty is significant cause of stress and when it is combined with separation from family, friends and lack of livelihood source/income, it can instigate certain psychosocial difficulties and increased suffering. Main pillars of the PSS activities are the following: Safety, Connectedness, Calm, Self and Community Efficacy, Hope

Aims of the PSS

1) Enhance resilience of refugees and migrants through well targeted psychosocial support

2) Empower refugees and migrants to cope with the situation of displacement and transit

3) Prevent psychosocial difficulties

4) Increase resilience of staff and volunteers and maintain their wellbeing

Organization of the PSS teams

Winter reception transit centre (WRTC) in Slavonski Brod is working 24 hours per day, 7 days a week. The PSS staff worked in teams lead by the PSS coordinator and the RFL / Tracing service coordinator. PSS and Volunteer support coordinator has been deployed and working in Zagreb and in Slavonski Brod. There were four Arabic interpreters deployed.

PSS Activities in the context of the **Reception centre** for refugees and migrants

1) Emotional and practical support

Considering the short time of stay in the WRTC, one of the most important activities was to provide refugees and migrants with psychological first aid.

CRC PSS teams were responsible for identification of vulnerable groups and brief assessment of their situation. Practical support and referral to relevant organisations proved to be key point in providing PFA. Practical support included facilitation of access to health care oraddressing basic needs such as warm clothes and hygiene items.

In the very short time of stay, people had an opportunity to express their feelings and gain sense of safety. Except for the most obvious vulnerable groups like children, people with disabilities and older

people; the CRC PSS teams also identified unaccompanied minors, women travelling alone with children and made sure that they had safe trip to their next stop.

One part of the WRTC was specially prepared to accommodate vulnerable groups – people waiting for their family members from hospital and persons who are waiting for family reunification. Their longer stay in Croatia gave the PSS teams opportunity to emotionally support them.

For this context following activities were enabled: practical and emotional support, time and place for expressing feelings and for PSS teams to provide comfort and safety, child friendly spaces, support for people with different physical and mental disabilities, visits to family members in hospital, psychological counselling to those in particular distress.

2) Provision of relevant information

Availability of relevant, clear and truthful information is one of the preconditions for psychosocial wellbeing of refugees and migrants who live in the situation of uncertainty and time pressure to continue their journey to the preferred destination. Since the situation and condition of daily life changed every day, it was important to convey information timely and in an appropriate manner. Interpreters, trained to work in the refugee camp setting, played a crucial role in providing information and cultural mediation.

Basic information was provided by interpreters: “welcome to Croatia, prepare your documents for registration, after registration you will be provided with clothes and food, if you need medical assistance or you are separated from members of your family - contact the Red Cross, follow the instructions of the police for boarding the train, your next destination point is Slovenia”. Also, if some refugees had any questions our teams were there to answer or to refer to relevant organizations.

3) Restoring family Links - Tracing Service

Information about family members and restoring links with those separated means a lot for psychological wellbeing of refugees and migrants who have already lost much of their existing safety and resilience sources.

Due to separation from families, psychological wellbeing of families is often low. Restoring links with family members enabled people to feel safe, as for themselves but also for people who got missing. Refugees whose family members were left behind in Serbia or other parts of transit route, could wait for them in Croatia. At any time, Tracing Service enabled refugees contact (via Wi Fi or phone) with their families left behind in their home countries, but also to those already in the destination country. One of the main activities of RFL was prevention of separation, which happened often in the fast and continuous population movement.

Mobile Teams: Croatian Red Cross, CRC Response to Severe Floods in Eastern Croatia, Psychosocial support in the area affected by floods: Vukovar-Syrmia and Brod-Posavina County

In mid-May, heavy rainfall led to severe flooding across north-eastern Croatia, as well as parts of Bosnia and Herzegovina, and Serbia, affecting hundreds of thousands of people in the three countries. Over just three days, parts of Croatia received what is normally three months of rainfall. Rivers quickly rose to torrential levels, within 24 hours as much as 3.5 meters in some places. In Croatia, an estimated 15,000 people were evacuated.

Throughout the 12 months since the onset of this disaster, Croatian Red Cross teams have been working to help affected persons and families in the following: water, food and hygiene items distribution; preparation of warm meals and ready-to-use meals, distribution of clothes, medicines, first-aid kits, baby food, animal food, tool sets, household items and home appliances, construction material, etc. Dehumidifiers have been made available to dry out more than 490 houses in the area of Zupanja. Thousands of volunteers and more than CRC 200 staff (HQ and RC Branches' staff).

More than 8 million EUR was raised by the Croatian public and private sector to help people affected by floods and, due to huge public pressure; to the large extent, this amount was used in cash distribution directly to affected families. Therefore, the CRC and the local RC Branches struggled to fund and maintain its services and ensure necessary resources.

In December 2014, number of beneficiaries of the humanitarian aid in the area of Red Cross Zupanja was still high, 8.442. Many of these people have not yet returned home as 836 houses are still under reconstruction and 315 houses needed to be destroyed completely. In December, number of displaced people was around 3.400.

Psychosocial (PS) activities

With many years of experience responding to the psychosocial impact of emergencies, Croatian Red Cross teams made up of 30 trained volunteers and 4 staff were immediately deployed to the affected regions in the aftermath of the disaster and the feedback from affected people to this kind of help was very positive.

Statements from the affected people showed that the psychosocial support, tailored to specific profile and needs of different groups in the community, was essential need in all phases of their recovery process. Need for psychosocial support was strongly articulated by local authorities, civil society organisations and support services working with affected people.

Organisation of mobile PSS Teams

During the first four month period following the disaster, 2-3 psychosocial teams were deployed in the field at all times: 4-6 staff and volunteers from all parts of Croatia working in shifts. However, as expected, full psychological impact was even more visible several months after the disaster, as many families remained in the collective centres or returned to their homes not fully reconstructed.

After four months, situation in the field lead the CRC to establish PSS teams on a local level, which took some time as the local capacity to provide PSS was quite low before the disaster. In order to change this situation for the better and use the external teams as "mentors" to help establish and enhance

local PSS capacity as of October, first psychosocial team of the local Red Cross Branch Zupanja was deployed to provide psychosocial support and in November and December, three more PSS staff were deployed

Aims of the psychosocial activities implemented by the PSS teams:

1) Enhance resilience of affected individuals, families and communities in the aftermath of disaster

2) Empower affected people to actively cope with crisis situation

3) Prevent depression and other psychosocial difficulties

Achievements

1. Individual and family psychosocial support and Home Care

First Red Cross Zupanja Psychosocial support team consist of one psychologist and one home care specialist who worked as mobile outreach team, visiting affected persons and families in their homes upon return or in the places of their temporary stay. During the project period, they provided the following type of support:

1) Emotional and practical support:

Supported emotional adaptation, reduced stress reactions, provided practical help and humanitarian aid based on direct needs assessment, provided comfort and reassurance; supported people to take action and regain control of their life, encouraged social support of family, friends and the community

2) Provision of relevant information and prevention of rumours

3) Referral to other PS and mental health services

4) Basic health and home care services to those in need

5) Encourage move from dependency to self-reliance; agree on future steps and make life plan

PSS teams registered following main reactions which caused psychosocial problems and suffering both for individuals and families, as well as whole communities: feeling of loss (for many of them this was the second time they lose the house and property); anxiety due to insecurity about future; feeling of injustice with distribution of aid and reconstruction of houses; fear of being abandoned and left to their own resources, already limited in their view; bitterness towards the government, local and national; bitterness towards the Red Cross and other humanitarian organisations; hopelessness due to slow reconstruction process; exhaustion, lack of energy, crying for no apparent reason, helplessness due to prolonged stress; difficulty to see, understand and accept that other people need help as well; links among people and community support network remained poor and needed to be rebuilt again. Organising social, cultural and sport activities could contribute a lot in this regard.

Vulnerable groups such as children, older people, people living in poverty or those families suffering from consequences of alcohol abuse and domestic violence were provided with specifically tailored support, usually in cooperation with Social services, in order to complement the efforts and achieve better impact.

Psychosocial support was provided to staff and volunteers, as many of them felt completely exhausted after seven months of continuous pressure and long working hours. Staff and volunteers expressed feelings of insecurity for their working place, anger, exhaustion, lack of energy, even crying, low frustration tolerance level helplessness to support all those in need, depressive moods, insomnia, and communication problems. Beneficiaries often targeted their anger towards the staff and volunteers in distribution points. Through psycho-education and peer support sessions, these feelings were reduced and better working environment created.

Home care activities included the following services: individual psychosocial support, facilitation of health care, technical assistance (cleaning of houses after floods, preparation of meals, delivering groceries), delivery of warm meals and humanitarian aid, help in solving legal and administrative issues.

2. Red Cross community centres: Social Activities

As community links were badly weakened by disaster, partly due to issues related to distribution of humanitarian aid and cash support by the CRC and the Government, it was of outmost importance to provide opportunity to people to get together and work through what they experienced and to collectively, rather than in isolation, explore solutions and steps to move forward. Creative activities, sport and music proved to be very good way for people to relax and feel free to share and release of tension and bitterness.

following activities were organised:

A) Workshops with children

b) Regular psychosocial workshops with children in the school in Gunja.

Teacher/specialist to work with children affected by crisis facilitated various workshops, play and other activities with children including help with school work, aimed at helping them to work through what they have been through, in relaxed and non-threatening way.

Topics of PS workshops included: emotional reactions and control of emotions; recognising signs of anger; developing social skills; workshop on substance abuse for 13 and 14-year old children.

As most of these children do get negatively influenced by parents' stress, tension and irritability, social activities in school provided them with sense of safety, essentially important in the recovery post disaster phase. Their school performance has improved and relationship among children is more constructive and friendly.

B) Aerobic classes for women

Women expressed their great satisfaction with this activity that gives them energy and boosts their self-esteem, especially important this activity is for women living in the container village, collective centre where the whole family lives in the space of 13,5 square meters.

C) Activities with youth in Gunja - workshops with different topics, sport

Youth support group was formed and four meetings held during December. Topics of the meetings included: workshop on the Red Cross principles; concept of self-esteem; communication skills; conflict

resolution. Youth expressed their wish to work together and create their own activities and small projects in the community. They all participated actively in organising the Basketball Tournament.

D) Occupational meetings with women in Gunja, in cooperation with Association "Zlatne niti"

Association ceased its activities after the disaster, so the PSS team motivated them to start again and, in informal way, with some coffee and tea, continue with handicraft. PSS team member attended some of their meetings and provided psychoeducation and help with working through their experiences of disaster. Some of women started with creative writing, as an efficient way to release their emotions and reduce stress.

Women were happy to be able to sort, prepare and frame their old handicrafts "zlatni vez" which were damaged in the floods. Making them nice and clean again had special positive meaning for women, as they could maintain such important memory.

E) Christmas Basketball Tournament in Gunja[3]

Basketball tournament that was held on 23 December in Gunja gathered 110 participants and it was considered the first bigger sport event in Gunja village after the floods. RC Zupanja and Youth from Gunja organised the Tournament in which 14 teams (each consists of 4 players) signed up to play: The tournament proceeded in the best possible way, with loads of positive atmosphere, fair play and energy that motivated youth to plan future events and actions.

F) Cooperation with Law Clinic

The PSS team made contact with the Law Clinic, NGO of Law students, volunteers who provide free legal aid to persons in vulnerable situation.

3. Psychosocial Support training

From 28-30 November, Psychosocial support training was held in Zagreb, gathering 26 staff and volunteers who participated in the floods response operation as well as 3 trainers. The training was facilitated by the master trainer of the International Federation of Red Cross and Red Crescent Societies Reference Centre and local experts, distinguished psychologist and mental health experts. The aim of the training was to enhance knowledge, skills and efficiency of participants in their work with affected communities, in order to achieve better impact and at the same time, manage work related stress and prevent burn out.

Conclusion

Statements from the people affected by floods showed that the psychosocial support, tailored to specific profile and needs of different groups in the community, is essential need during the recovery process. As research, as well as experience from the field showed, if the tailored-made psychosocial support would not have been available, people who have difficulties to cope with the crisis situation and

[3] To ensure the sustainability of the activity that has proved as highly beneficial for the local population, the tournaments continued to take place during the 2-year period after withdrawal of the CRC PSS team from the affected area.

to move on with their lives would have been left without necessary support and more serious psycho-social or mental health problems could have occurred.

Specific PSS Activities

Initial assessment of needs and vulnerabilities – Presence in the entry points before the registration and rapid assessment of needs of vulnerable groups

Outreach – PSS teams have presence in all sectors with aim to respond to needs of vulnerable groups

Targeted action – respond to needs in an efficient way; provide emotional and practical support

Psychological first aid and support in crisis and particularly stressful situations (such as separation from family members, hospitalisation of family members, dealing with bad news from home, etc.)

Restoring contacts with family members

Support to separated children - 24 hours care, as agreed with the authorities

Provide basic information

Prevention of SGBV, human trafficking and exploitation - establishing "safe spaces" for children; ensuring safe accommodation for single women, organise tailor-made activities aimed at enhancing child protection and protection of vulnerable groups

In case of longer stay, organisation of targeted activities for specific groups

Practice Example Austrian Red Cross: Flash Flood

Warning of severe rainfall. Followed by severe increase of rivers and flooding. The village that has been affected most (about 2.500-3.000 inhabitants) was not part of the so declared crisis area. During the night rainfall was above 100 l and many landslides and floodings of streets lead to a situation where the village could not be reached any more from the outside.

A natural hole in a rock where the river which is around 10 m broad leads to a narrowing of the river at around 3 m. This narrow hole was the critical point where a severe amount of water was held back and led to the disaster.

At around 1 o clock in the morning the officer in the sewage disposal facility gave alarm because the water was getting to high, firefighters and water rescue saw what had happened and immediately started to evacuate. About 100 houses had to be evacuated immediately and without any prior warning. Time frame was 2 hours. No more power, no telephone, no mobile phones, no internet. Some people did not want to go, for example, one marriage party had to be evacuated by the police. Older person who could not walk did not want to leave the house and had to be taken by force. Fortunately no one died.

Two evacuation centres were set up on both sides of the river (hotel, gymnastic hall) for people had to be kept there for the first night. On day two most people could find a place to sleep with friends or family, but their own houses were not available for them for several months to come. The evacuation center provided food three times a day in the beginning and lateron only one time a day.

One part of the village was totally flooded (in total 340 houses and 30-40 enterprises. Firefighters station was in the flooded area.

One day after the event the water sank and on day two the center of the village could be reached again. On day two some parts of the village had power again. Only one evacuation center remained (gymnastics hall) the other was not needed any more. This center was kept for three months and food, medical care and information was provided there. A nearby hall was used as donation coordination center. From day two on people could go to their houses and work there together with the helpers from NGOs, Firefighters and Red Cross.

On day 4 streets were open again and the village could be reached from the outside. School and kindergarden stayed closed for 1 month, the pharmacy and doctors offices were also closed for the first two months.

Damage

- 340 houses
- 30-40 enterprises (carpenter, car shop…)
- 80-100.000.000€ damage

Interventions

- **Evacuation:** all affected persons were brought into two evacuation centres: sports hall, hotel (200 gym hall, 50 hotel) all people could find private places to stay overnight so no rest centre had to be built up.

- Command staff (village) and command staff (region) start planning next steps.
- Opening of a reception centre (day two) for giving out food and information to the affected in the sports hall. Also medical support was available there. There were showers and toilets available.
- The reception centre was the only place were people could get food and water (the only shop was flooded). The sports hall was beside an old people´s home, the kitchen of the home could be used in part. Part of the cooking had to be done by red cross.
    - 500 affected people (who were first there because evacuated and then worked on their houses during the day and had to be given food)
    - 200 firefighters
    - 150 soldiers
    - 80 Red Cross Personell
- Also the restaurants who were near the sports hall had to be integrated in the cooking. From 08:00-21:00 the reception centre was open each day.
- Reception centre was coordinated by Red Cross: Good planning and logistics/coordination were necessary for food storage and cooking as well as eating places and order. Also donations (clothing etc.) was stored in the reception centre. One person had to be named who coordinated only the donations which were coming in. For one month the reception centre was active afterwards it was decreased gradually.
- Water was distributed first directly at the site where people worked and later in the centre.
    - First step: no more transport of water to the site, people had to come and get the water at the centre.
    - Step two: no more breakfast in the centre and no more dinner: just lunch (food store had opened again)
    - Step three: no more food at centre only drinks (just to get rid of storage)
- **Logistic centre:** uncontrolled donations (clothing, shovels**…**in an old gym hall of school building. Extreme high need for personnel and logistics: controlling, sorting through,… in the beginning people did not need clothing, more need was for shovels and working gloves. Then people needed clothing and cleaning materials. Washing machines were needed very much. Also cutout switches for current.
- The logistics centre was open for a longer time than the food providance**.** Also the logistic centre was taken down gradually (opening hours, only in the evening, then on demand)
- Two heads of operation (one day each in order to give them breaks)

Psychosocial Interventions

Psychosocial interventions were integrated into the general support approach: Head of PP support involved from the very beginning

- PSS in combination with distribution of goods: PSS teams had the chance to go out and give the donation approbation forms for immediate financial support by Red Cross. This made the contact very easy and helped also when doing a first needs assessment.
- PSS at critical places: from day two PSS was actively involved in the reception centre, in the logistics centre, in the red cross office, in the operation centre and at the site when distributing food, water.
- PSS assessment of needs: From day three on the donation forms were filled out and during this task PSS personnel made a first needs assessment using a very simple evaluation form with few questions: One question was about the amount of damage to the beneficiaries´ properties the other about the most urgent need (what do you need most at the present moment?). Additionally we asked about the kind of help that was needed for example with shovelling, cleaning up the cellar etc. etc.) –the needs assessment was repeated each day.
- Based on the needs assessment the PSS operation was planned one week ahead. Each evening the evaluation forms were controlled and a plan fort he next day was done including PSS and other forms of support fort he affected families. Volunteers were thus organised according to needs.
- Each day three mobile PSS teams were visiting the sites for around one week.
- PSS as separate intervention form: after 6 to 7 days, after the first realisation phase people started to need psychosocial interventions as such (not integrated into other forms of support) during week two and three PSS teams were called rather often. Afterwards needs went down again.
- PSS team consisted of 24 persons, working according to an action plan with enough resting time for the teams (one team consisted of 2 people) On weekends a team from another region helped out.
- In the reception center the red cross was situated directly beside the entrance: medical support was done there, as the offices of the medical doctors were flooded they held their office hours in the red cross office at the reception centre. Medical support was given from 8 to 12 each day.
- **Information point in the reception centre:** an information board with informations was set up, every four days also the authorities put up an information board both in the reception centre and in the logistic centre.
- **Information meetings:** two weeks after the event **an information meeting was held** with around 1000 people present. Information was given on all relevant topics by the major, the regional geologist, the insurances, the banks, the disaster fund and PSS psychologists. Each of these people was allowed to speak for the whole area (especially important in insurances and banks). Frequently asked questions were collected ahead and after the presentation of each topic questions were taken from the audience.

- **Kindergarden on weekends:** On the weekends, kindergarden was opened in order to give parents the chance to have some free time for cleaning and building. Kindergarden experts were brought in from other regions in order to allow breaks fo the local kindergarden personnel. Regular school and kindergarden was open from day two.

Psychological Interventions

- **PS** at medical point in reception centre
- **PS** contact persons for further referrals and needs
- **PS** workshop and information materials for teachers of school and kindergarden and general practicioners

Roles and Responsibilities Practice examples

Amongst others, the Austrian Red Cross is providing the following services

- Ambulance services
- (home)Care services
- PFA and PSS
- National disaster prevention/response and relief
- Blood donation
- International disaster prevention/response and relief
- Etc.

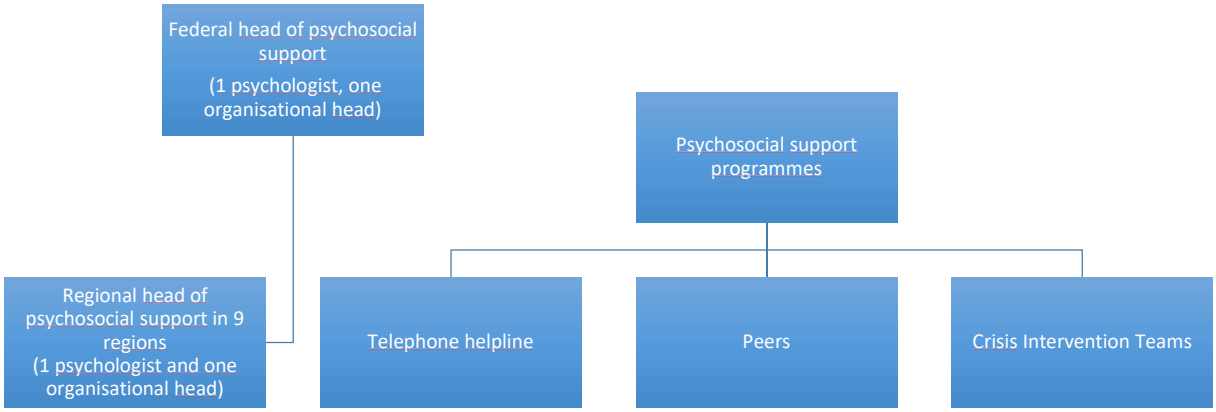
In the field of PFA_PSS mainly three programmes are provided

PFA_PSS Intervention teams	Psychosocial intervention teams in ambulance service	1300 going out on an everyday basis as well as after bigger events
Telefone helpline	Psychosocial helpline nationwide	130 volunteers
Peer Support	Peer support system, mainly for ambulance service	500 volunteers and staff

The organisational structure of the PFA and PSS programmes in the ARC is listed below.

There are two Focal persons in Headquarters for Psychosocial Support as well as in each regional headquarter (one psychologist as the psychological head of PFA_PSS one organizational head of PFA_PSS). Their tasks are the following

- Plans PS work for the Red Cross and supports the branches/communities
- Co-operation with other PS responders on national/regional level e.g. hospitals, church and local authorities
- Prepares training materials, facilitates trainings, guidance for Red Cross trainers



Additionally there are one or two MHPSS experts in the federal and regional command staffs for psychosocial support in emergencies and disasters as well as several persons who can perform as operational heads of PS support in each branch in case of bigger events.

Command staff (consisting of 7 staff positions one of which is an expert position shared by medical and psychological experts)

Tasks of the psychological focal point in the Command staff

- Strategic planning of the operation
- Cooperation with partner organisations
- Information gathering and structuring of information to all stakeholders
- Cooperation with authorities
- Prepares training materials, facilitates trainings, guidance for PSS head of operation

PSS head of operation works under the leadership of the head of operation who leads two areas: Medical and Psychosocial

Tasks of Head of Operation

- Operational lead of all medical and PSS operations as well as other aspects e.g. shelter if needed
- Cooperation and contact to local authorities, police, firefighters and other partners involved

Tasks of PSS head of operation

- Organisation and operational leadership for all PSS operations for volunteers and staff as well as those for beneficiaries

Psychosocial teams are multiprofessional, they support people in everyday events and larger events (crisis intervention teams, 1220 persons)

Some more experienced Psychologists are working in the background psychological team to support volunteers and to do psychological interventions with individuals and groups if needed and they go directly into more complex events and larger events; some also are paid to support families for a short term period at home up to ten times after the event (Background psychological team-around 80 persons)

PFA and PSS in small scale emergencies

PSS teams (two persons) are on call 24h they are organised on a local community level.

They go to families and groups or individuals immediately after traumatic events (death of a child, suicide etc.) when the paramedics, police, firefighters think the family might need it and if the family agrees.

They stay with the affected persons/group until they can function again as a system which normally takes around three hours their function is mainly to „coach" the affected through the first hours.

PFA and PSS in disasters

In national disasters the national co-ordination centre is activated otherwise only the regional disaster coordination centres are activated.

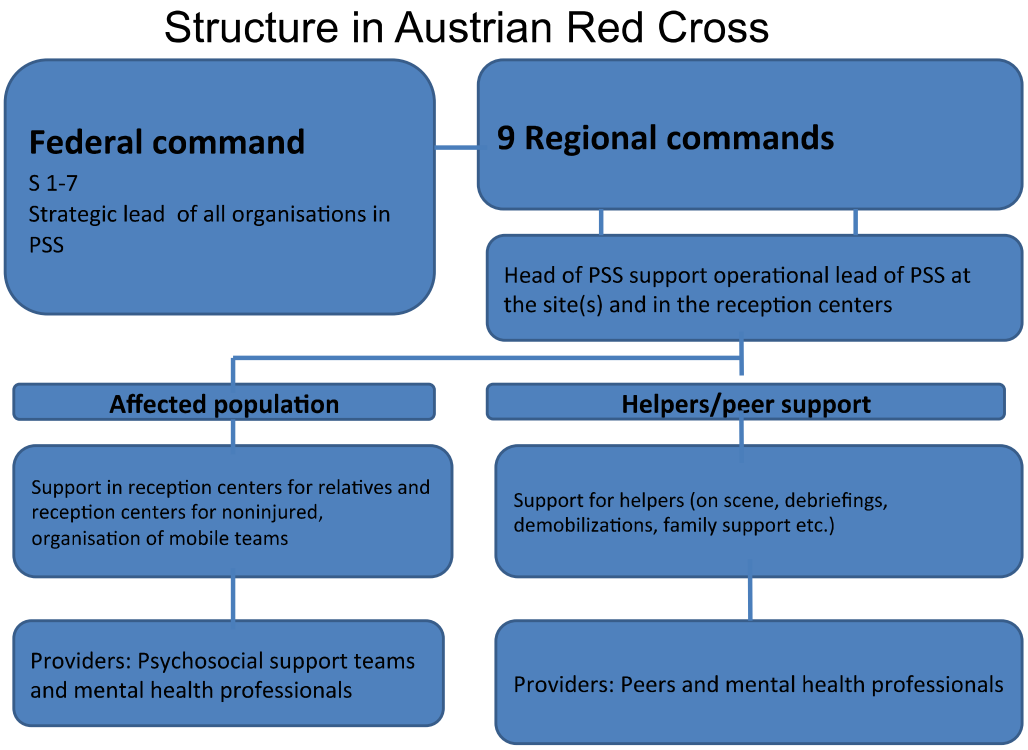
Teams that go out are bigger (each of the 9 regions has between 100 and 400 active volunteers). Teams are organised in small disaster units (approximately 9 persons per unit including one teamleader)

- The Austrian Red Cross has the role to provide, amongst others, medical support via the ambulance service and psychosocial support
- Examples of disasters are avalanches, floods, bus accidents, etc.
- PFA_PSS is provided mainly by volunteers specially trained for this purpose (trained emergency personnel and mental health professionals)

Statistics

Since 1999, Ca 3000 events a year, from these 3000 about 70 are events above the level of everyday emergency.

These are ranging from complex cases (cases where more than one team is needed that go for more than one day and need a coordinator) to mass emergencies (bus or train accidents, other big accidents) and disasters (floods, landslides, avalanches etc.).


Structure in Austrian Red Cross
Federal command
S 1-7
Strategic lead of all organisations in PSS
9 Regional commands
Head of PSS support operational lead of PSS at the site(s) and in the reception centers
Affected population
Helpers/peer support
Support in reception centers for relatives and reception centers for noninjured, organisation of mobile teams
Support for helpers (on scene, debriefings, demobilizations, family support etc.)
Providers: Psychosocial support teams and mental health professionals
Providers: Peers and mental health professionals