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- ☐ Facts about Luxembourg
- ☐ Facts about emergency structure in Luxembourg
- ☐ Psychosocial support for victims in major emergencies (ME) in Luxembourg
- Issues about middle and long term psychosocial support







#### **Facts about Luxembourg**

The Grand Duchy of Luxembourg, one of the smallest member states of the EU (2586 km²), is situated in between Belgium, France and Germany

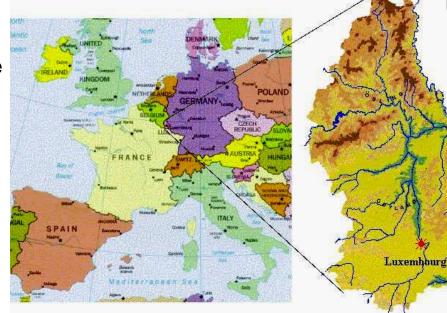
The country is 84 km long and 52 km wide

Population: 540 000 inhabitants (Jan 2013)

Foreigners 44.5 % (238844 inhabitants)

Employment: Cross-border commuters 44% (158758 commuters)

Language: Luxembourgish, French, German, (English)











#### Facts about emergency structure in Luxembourg:(state 2014)

In Luxembourg, civil protection & fire fighter federation (both subordinate to the Ministry of Interior) are in authority to protect and supply aid to the population in cases of major emergencies.

#### Structure of civil protection:

- 25 officials and employees,
- 16 operators in the emergency call center
- 48 emergency medical assistants
- 2300 volunteers based in 25 regional centers providing ambulance services and search and rescue services as well as 5 specialized units.

#### Fire Fighter Federation

~5500 fire fighter (volunteers)

The nearly entire aid infrastructure in Luxembourg (with the exception of the professional fire brigade of the city of Luxembourg, 150 persons) relies on voluntary helpers









#### Psychosocial support in daily life setting:

(like deadly traffic accidents, suicides, victims of crime,..)

In 1997, a pilot project called "Groupe de Support Psychologique" (GSP) was launched to provide initially those voluntary beloars with psychological support

initially these voluntary helpers with psychological support



The missions of GSP were soon extended. Today, they are trained to provide support to three target groups on daily basis:

- Primary victims accident & crime victims, survivors, ...
- Secondary victims –family members of primary victims and/or deceased, witnesses, ...
- Helpers fire fighters, rescue & emergency units and police officers









#### Psychosocial support in <u>daily life</u> setting:

(like deadly traffic accidents, suicides, victims of crime,..)

The Psychological Support Unit (GSP) <a href="http://www.suppsy.lu/">http://www.suppsy.lu/</a> operates 24/7 and can be requested by all emergency services: ambulance staff, fire fighters, emergency physicians and police

The GSP group consists of around 65 trained volunteers, regularly called on daily interventions like deadly traffic accidents, suicides,...

<u>Basic training</u> is about 125H, distributed over 2 years: Introduction to psychology, PTSD, communication, Stress phenomena & relaxation techniques, legal matters, death and grief, multicultural & religious aspects,...

On-going training and specialization: debriefing & defusing, organization of psychosocial support in major emergencies,...







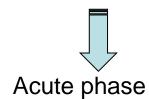




Disaster Major Disaster Plan
Plan nombreuses victimes (PNV)



Psychosocial response integrated in PNV since 2004



Mid- & long-term phase









GROUPE DE SUPPORT PSYCHOLOGIQUE PSY

SERVICE PSYCHOLOGIQUE

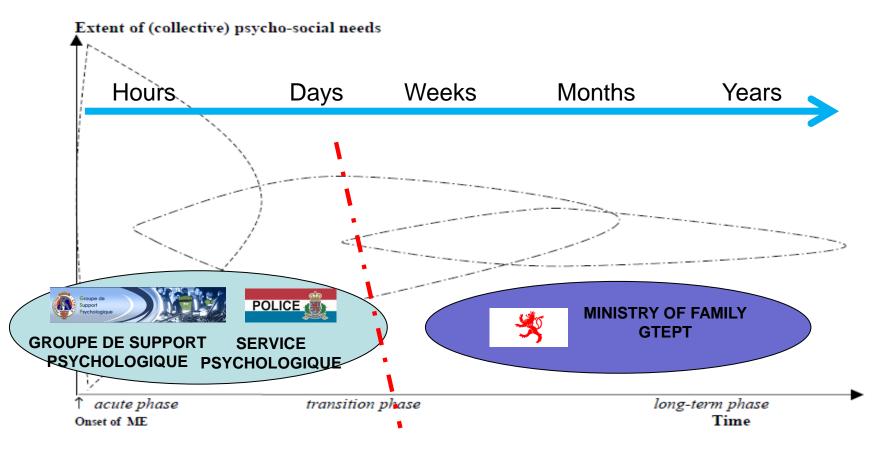








Pictorial illustration: the different phases of a psycho-social model









Structure of psychosocial response in acute phase:

**Gouvernemental Crisis Centre** 

**Dispatching & Coordination Centre** for psychosocial support

Reception area for relatives & friends

Reception area for non- & slightly injured persons

Reception area for professionals & responders

**Hotline / Callcenter** 











Structure of psychosocial response in middle and long term phase:

In the middle and long term phase, psychosocial follow up for victims is provided by the Ministry of Family which heads the "Groupe Permanent d'Encadrement PsychoThérapeutique (GPEPT).

This group is a <u>network</u> of around 40 psychologists and psychosocial workers who specialized and got trained in psychotraumatology.

Besides psychotherapeutic setting for traumatized people, the Ministry of Family will also assure practical psychosocial help.







... In almost every Member State of the European Union some kind of psycho-social intervention is initiated after mass emergencies. During recent years, different professional and voluntary workers, agencies and organisations have provided a range of services in the <u>immediate</u> aftermath of a mass emergency (ME).

There is however a striking variety in activities, methods and approaches to the provision of psycho-social support, depending upon prevailing theories, economic resources, culture, and situational characteristics.

Excerpt PSYCHO-SOCIAL SUPPORT IN SITUATIONS OF MASS EMERGENCY (European Policy Paper, 2001)

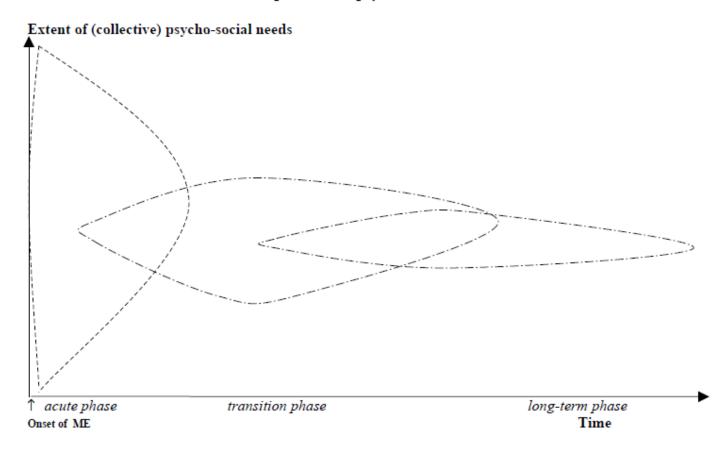
My STATEMENT: In most EU-countries, <u>acute</u> psychosocial support is in the meantime more or less sufficiently implemented, but not long-term psychosocial support







Pictorial illustration: the different phases of a psycho-social model



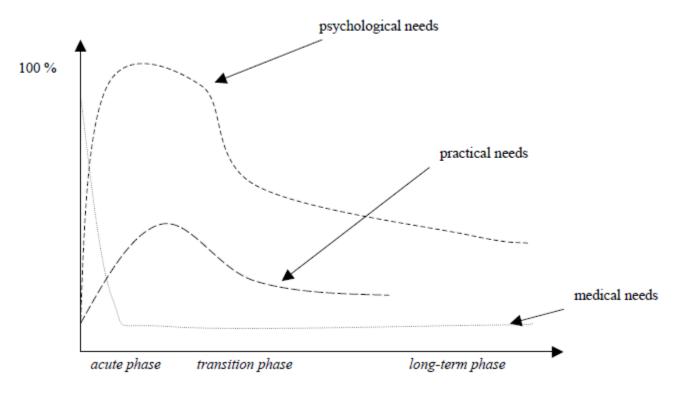








Graph 1: graphical representation of the percentage of people involved and the evolution of their needs in the aftermath of the 1998 discotheque fire in Göteborg % of affected group





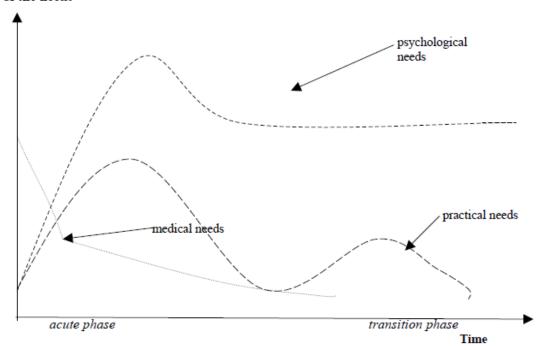






**Graph 3:** graphical representation of the evolution in time of the medical and extraordinary psycho-social needs of one individual family, who lost a son in the train accident in Kaprun, Austria, November 2000

#### Extent of the needs











# Pitfalls to qualitative middle & long term psychosocial support

What are in your opinion the most important reasons of the failure or lack of integration of the different professional groups in the psychosocial aftercare of people affected by disasters? - Top 3 answers by experts

Excerpt EUTOPA WORKSHOP C, 2007 Integration of psychological and social strategies in the middle and long term intervention of people affected by catastrophes and/or disasters

#### 1 Relationships among different professionals

unclear competencies, rivalry or even distrust inside a psychosocial system, lack of team cooperation and insufficient communication between institutions (government, NGOs, others)

#### 2 Insufficient adequate training and education of professionals

lack of multidisciplinary actions (simulate exercises in advance)

#### 3 "Planning and legislative" in the psychosocial support system

need for a legal framework for disaster planning response; lack of one umbrella institution and financing, lack of collaboration among the different ministries, lack of collaboration between governments and NGO's









# Key points to enhance middle and long term psychosocial support

As on the one hand, ME situations are rare and on the other hand, every-day resources are insufficient in ME situations

- ☐ co-ordinate existing agencies & structures
- ☐ activate existing social networks and give basic and ongoing training to existing psychosocial agencies about psychosocial support (training and exercises)
- ☐ think about cross-border cooperation if necessary!







# Key points to enhance middle and long term psychosocial support

Decision makers have <u>not only to think</u> about middle and long term psychosocial support, but have to concretely implement it in the ME disaster plan

☐ also run exercises and simulations on middle and long-term issues

Pre-established <u>concrete</u> mechanisms of collaboration between psycho-social partners and agencies responsible for the different phases of psychosocial support (f. ex. referral system for psychosocial follow-up)







#### Thanks for your attention!





