

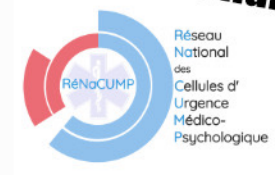


# CUMP ET ATTENTATS

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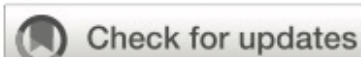


JEUDI 4 AVRIL 2024  
VENDREDI 5 AVRIL

## Cump : des équivalents ailleurs dans le monde ?

Dr François DUCROCQ, Dr Nathalie PRIETO

Coordination nationale Cump



## OPEN ACCESS

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# Remote training as a common tool for the different professionals involved in the acute phase after terror attacks across Europe: Perspectives from an expert panel

Florence Askenazy<sup>1,2</sup>, Arnaud Fernandez<sup>1,2</sup>, Levent Altan<sup>3</sup>,  
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Lise Eilin Stene<sup>10</sup>, Susanne Thummler<sup>1,2</sup> and  
Valeria Manera<sup>1,9\*</sup>

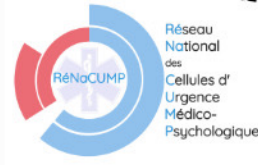


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L'auteur déclare n'avoir aucun  
conflit d'intérêt avec les  
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# Une littérature scientifique ?

- « PTSD » : 57 000 articles

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PTSD

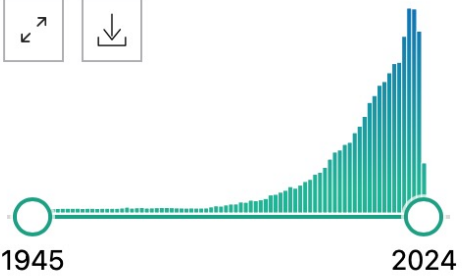
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57,308 results Page 1 of 5,731

RESULTS BY YEAR



1945 2024

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

**Trauma, PTSD, and the Developing Brain.**  
1 Herringa RJ.  
Cite *Curr Psychiatry Rep.* 2017 Aug 19;19(10):69. doi: 10.1007/s11920-017-0825-3.  
PMID: 28823091 **Free PMC article.** Review.  
Share PURPOSE OF REVIEW: **PTSD** in youth is common and debilitating. In contrast to adult **PTSD**, relatively little is known about the neurobiology of pediatric **PTSD**, nor how neurodevelopment may be altered. This review summarizes recent neuroimaging studies in pediatri ...

**Posttraumatic stress disorder with secondary psychotic features (PTSD-SP): Diagnostic and treatment challenges.**  
2 Compean E, Hamner M.  
Cite *Prog Neuropsychopharmacol Psychiatry.* 2019 Jan 10;88:265-275. doi: 10.1016/j.pnpbp.2018.08.001. **Capture d'écran** Lpub 2018 Aug 6.  
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- « Disaster psychiatry » : 4590 occurrences

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disaster psychiatry

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4,590 results Page 1 of 459

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Abstract

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**Psychiatry, Disaster, Security: Mediterranean Assemblages.**  
1 Dole C.  
Cite [Cult Med Psychiatry. 2023 Mar;47\(1\):62-81. doi: 10.1007/s11013-022-09799-w. Epub 2022 Aug 5. PMID: 35930102](#)  
Share Tracing these transnational entanglements will offer a means for understanding the conditions of possibility for the circulation of medical expertise in the region and, with it, emerging transregional arrangements of **psychiatry, disaster**, and security....

**Disaster psychiatry: principles and practice.**  
2 Norwood AE, Ursano RJ, Fullerton CS.  
Cite [Psychiatr Q. 2000 Fall;71\(3\):207-26. doi: 10.1023/a:1004678010161. PMID: 10934746](#)  
Share This paper discusses psychological, physiological, behavioral, and community responses

- « Disaster psychiatry » in title : 17 occurrences

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disaster psychiatry[Title]

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TEXT AVAILABILITY

- Abstract
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1 **Lessons learned from psychosocial support and mental health surveys during the 10 years since the Great East Japan Earthquake: Establishing evidence-based disaster psychiatry.**  
Cite Kunii Y, Usukura H, Otsuka K, Maeda M, Yabe H, Takahashi S, Tachikawa H, Tomita H.  
Share Psychiatry Clin Neurosci. 2022 Jun;76(6):212-221. doi: 10.1111/pcn.13339. Epub 2022 Mar 1. PMID: 35137504 [Free PMC article.](#) Review.

2 **President's message: The COVID-19 pandemic through the lens of disaster psychiatry.**  
Cite Kmiec J.  
Share J Addict Dis. 2021 Jan-Mar;39(1):1-2. doi: 10.1080/10550887.2020.1857203. Epub 2020 Dec 14. PMID: 33308055

Capture d'écran



- « Emergency medical psychological unit » in title : 17 occurrences

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Abstract

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4 results


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[The nurse within emergency medical-psychological units].  
1 Darbon R, Dalphin C, Prieto N, Cheucle É.  
Cite Rev Infirm. 2017 Apr;66(230):23-25. doi: 10.1016/j.revinf.2017.02.005.  
Share PMID: 28366253 French.  
The growing recognition of post-traumatic stress disorders and the need to intervene early justifies the creation of **emergency** medical-psychological units. The nurse has a major role to play within these teams....

[Defusing of victims of the terrorist attacks in Paris. Elements of assessment one-month post-event].  
2 Prieto N, Cheucle E, Faure P, Digard F, Dalphin C, Pachiaudi V, Simond M, Darbon R, Collinet C, Habibi R, Gueugni  
Cite Encephale. 2018 Apr;44(2):118-121. doi: 10.1016/j.encep.2016.10.002. Epub 2016 Dec 29.  
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- « Psychological First Aid » and « disaster » : 244 articles


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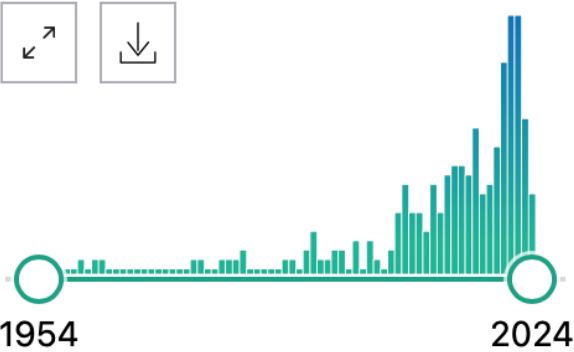
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244 results Page 1 of 25

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Abstract

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1 [How mobile applications can support mental health response in natural disasters: A scoping review.](#)

Cite Ezeonu NA, Hertelendy AJ, Adu MK, Kung JY, Itanyi IU, Dias RDL, Agyapong B, Hertelendy P, Ohanyido F, Agyapong VIO, Eboreime E.

Share J Med Internet Res. 2024 Mar 23. doi: 10.2196/49929. Online ahead of print. PMID: 38520699 **Free article.**

RESULTS: Of the 1398 articles retrieved, five were included in this review. Three studies were conducted on participants exposed to **psychological** stress following a **disaster** while two were for **disaster** relief workers. The mobile phone apps for the interventio ...

2 [Medical Response to the February 6, 2023, Earthquakes in Hatay: Challenges Faced in the Deadliest Disaster in the History of Turkiye.](#)

Cite Tayfur İ, Bayramoğlu B, Şimşek P, Gunduz A.



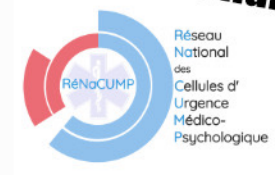


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Et Chat GPT dans tout ça ?

- Chat GPT 3.5 : « disaster psychiatry all over the world »

The screenshot shows a chat window for ChatGPT 3.5. On the left is a sidebar with a 'New chat' button, a 'Today' section containing a chat titled 'Disaster Psychiatry Worldw...', and a 'February' section containing a chat titled 'Emergency Psych Support Units'. At the bottom of the sidebar are an 'Upgrade plan' button and the user's name 'Francois DUCROCQ'. The main chat area shows a user message: 'disaster psychiatry all over the word'. The AI response explains disaster psychiatry and lists three key aspects: 1. Preparedness and Response, 2. Psychological First Aid (PFA), and 3. Trauma and PTSD. The first three lines of the AI response are highlighted with yellow circles. At the bottom, there is a text input field with 'Message ChatGPT...', a 'Capture d'écran' button, and a send button.

**You**  
disaster psychiatry all over the word

**ChatGPT**  
Disaster psychiatry is a specialized field within psychiatry that focuses on the mental health consequences of disasters, whether they be natural (such as earthquakes, hurricanes, or wildfires), man-made (such as terrorist attacks or industrial accidents), or public health emergencies (such as pandemics). Here are some key aspects of disaster psychiatry worldwide:

- 1. Preparedness and Response:** Many countries have established disaster response teams that include mental health professionals to provide immediate psychological support to individuals affected by disasters. These teams often work alongside emergency responders to assess and address the mental health needs of survivors.
- 2. Psychological First Aid (PFA):** PFA is a widely used approach in disaster psychiatry aimed at providing immediate support to individuals in distress. It involves techniques such as active listening, providing comfort, and connecting individuals with necessary resources.
- 3. Trauma and PTSD:** Disasters can lead to a range of mental health issues, including post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse. Disaster psychiatrists are trained to identify and treat these conditions, often through therapy, medication, or a combination of both.

Message ChatGPT... Capture d'écran



New chat



ChatGPT 3.5

Today

Disaster Psychiatry Worldw...

February

Emergency Psych Support Units

or a combination of both.

4. **Community Resilience:** Disaster psychiatry also focuses on building resilience within communities to help them cope with and recover from disasters. This can involve community-based interventions, support groups, and mental health education programs.

5. **Cultural Sensitivity:** Cultural factors play a significant role in how individuals and communities respond to disasters and seek help for mental health issues. Disaster psychiatrists are trained to be sensitive to these cultural differences and adapt their approaches accordingly.

6. **Research and Policy:** There is ongoing research in disaster psychiatry to better understand the psychological impact of disasters and to develop more effective interventions. This research informs policies and guidelines for disaster response and recovery efforts.

7. **Global Collaboration:** Given the global nature of many disasters, there is often collaboration among countries and international organizations to share resources, expertise, and best practices in disaster psychiatry.

8. **Telepsychiatry:** In situations where access to mental health professionals is limited, especially in remote or disaster-affected areas, telepsychiatry can be utilized to provide remote support and counseling services.

Overall, disaster psychiatry plays a crucial role in mitigating the psychological impact of disasters and promoting the mental well-being of individuals and communities worldwide.



Message ChatGPT...

Capture d'écran



Upgrade plan  
Get GPT-4, DALL-E, and more

FR Francois DUCROCQ

# • Chat GPT 3.5 : « disaster psychiatry in Europe »

Coller

New chat

ChatGPT 3.5

Today

Disaster Psychiatry Worldw...

February

Emergency Psych Support Units

Upgrade plan  
Get GPT-4, DALL-E, and more

FR Francois DUCROCQ

FR You  
disaster psychiatry in europe

ChatGPT  
Disaster psychiatry in Europe is a multifaceted field that addresses the mental health consequences of various disasters across the continent. Here are some key aspects of disaster psychiatry in Europe:

- 1. Preparedness and Response:** European countries have established disaster response systems that include mental health professionals as part of multidisciplinary teams. These teams are trained to provide psychological first aid, crisis counseling, and mental health support to individuals affected by disasters.
- 2. Natural Disasters:** Europe experiences a range of natural disasters, including earthquakes, floods, wildfires, and storms. Disaster psychiatrists in Europe are involved in both the immediate response to these events, providing support to survivors, as well as the long-term recovery efforts, addressing post-traumatic stress and other mental health issues.
- 3. Man-Made Disasters:** Europe has also faced man-made disasters such as terrorist attacks, industrial accidents, and mass transportation incidents. Disaster psychiatry professionals play a crucial role in providing mental health support to victims, witnesses, and first responders in the

Message ChatGPT... Capture d'écran

# • Chat GPT 3.5 : « disaster psychiatry in France » : CUMP ??????

The screenshot shows a chat window for ChatGPT 3.5. On the left is a sidebar with a 'New chat' button and a list of previous chats: 'Disaster Psychiatry Worldw...' (today) and 'Emergency Psych Support Units' (February). The main chat area shows a user message: 'disaster psychiatry in France'. The AI response provides an overview and lists three key aspects:

- 1. Emergency Response System:** France has a well-developed emergency response system that includes mental health professionals as part of multidisciplinary teams. These teams are mobilized during and after disasters to provide psychological first aid, crisis counseling, and mental health support to affected populations.
- 2. Natural Disasters:** France is prone to various natural disasters, including floods, wildfires, storms, and avalanches. Disaster psychiatrists play a crucial role in responding to these events, assessing the mental health needs of survivors, and providing appropriate interventions to promote coping and resilience.
- 3. Man-Made Disasters:** France has also faced man-made disasters such as terrorist attacks, industrial accidents, and transportation incidents. Disaster psychiatry professionals are involved in supporting individuals directly affected by these events, as well as providing assistance to...

At the bottom, there is a text input field with the placeholder 'Message ChatGPT...', a 'Capture d'écran' button, and an upward arrow button. A small 'FR' icon is visible in the bottom left corner of the chat area.



# • Chat GPT 3.5 : « Les Cump en France »

The screenshot shows a chat window for ChatGPT 3.5. The left sidebar contains a 'New chat' button, a 'Today' section with a chat titled 'Disaster Psychiatry Worldw...', and a 'February' section with a chat titled 'Emergency Psych Support Units'. At the bottom of the sidebar, there is an 'Upgrade plan' button and the user's name 'Francois DUCROCQ'. The main chat area shows a conversation where the user asks about 'Les cellules d'urgence médico psychologiques' and ChatGPT provides a detailed response. The response includes a definition of CUMP and three numbered points: Mission, Composition, and Interventions. A 'Capture d'écran' tooltip is visible over the text 'es, les actes terroristes' in the third point. The chat input field at the bottom contains the text 'Message ChatGPT...' and an upward arrow button.

ChatGPT 3.5

**You**  
Les cellules d'urgence médico psychologiques

**ChatGPT**  
Les Cellules d'Urgence Médico-Psychologiques (CUMP) sont des structures spécialisées en France dans la prise en charge des aspects médico-psychologiques lors de situations de crise, de catastrophe ou d'événements traumatiques. Voici quelques points importants à connaître sur les CUMP :

- Mission** : Les CUMP ont pour mission principale d'intervenir rapidement sur le terrain pour apporter un soutien médico-psychologique aux personnes touchées par une situation d'urgence. Cela peut inclure les victimes directes, les témoins, les secouristes et d'autres intervenants impliqués.
- Composition** : Les équipes des CUMP sont composées de professionnels de la santé mentale, notamment des psychiatres, des psychologues, des infirmiers spécialisés en psychiatrie, des assistants sociaux et d'autres professionnels formés à la prise en charge des crises psychologiques.
- Interventions** : Les CUMP interviennent lors de divers types d'événements traumatiques, tels que les accidents graves, les catastrophes naturelles, les actes terroristes, les incidents industriels majeurs, les situations de violence collective, ou encore les crises sanitaires comme la pandémie

Message ChatGPT... Capture d'écran

New chat



ChatGPT 3.5

Today

Disaster Psychiatry Worldw

February

Emergency Psych Support Units

Upgrade plan  
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FR Francois DUCROCQ

4. **Coordination** : Les CUMP travaillent en étroite collaboration avec les autorités locales, les services d'urgence, les hôpitaux, les associations de secours et d'autres acteurs impliqués dans la gestion de crise. Elles participent à la coordination des interventions médico-psychologiques et à la mise en place de dispositifs de soutien adaptés aux besoins spécifiques de chaque situation.
5. **Formation et Sensibilisation** : Les professionnels des CUMP bénéficient d'une formation spécialisée en psychotraumatologie, en intervention d'urgence et en gestion de crise. Ils sont régulièrement formés et entraînés pour être prêts à intervenir efficacement dans des situations difficiles. De plus, les CUMP mènent des actions de sensibilisation et de formation auprès des professionnels de santé, des secouristes et du grand public.
6. **Déploiement** : Les CUMP sont déployées sur l'ensemble du territoire français et sont activées en fonction des besoins et de la gravité de la situation. Elles peuvent intervenir localement, régionalement ou nationalement, en fonction de l'ampleur de l'événement et des besoins en santé mentale identifiés.

En résumé, les Cellules d'Urgence Médico-Psychologiques jouent un rôle crucial dans la prise en charge des aspects médico-psychologiques lors de situations de crise et de catastrophe en France. Leur expertise et leur capacité d'intervention rapide contribuent à atténuer les effets traumatiques des événements stressants sur les individus et les communautés.



Message ChatGPT...

Capture d'écran



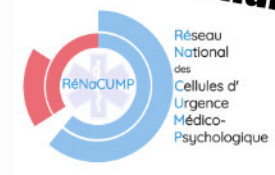


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## Mental Health and Psychosocial Support (MHPSS)

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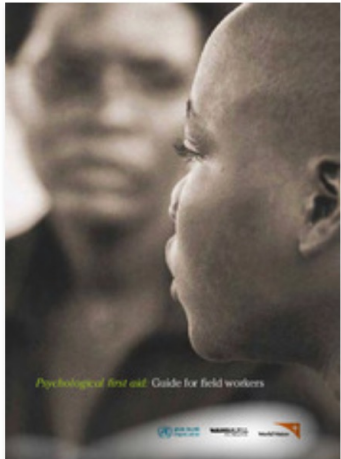
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Last updated: 16 January 2024

## Psychological first aid: Guide for field workers

2 October 2011 | Technical document



### Overview

This guide covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is written for people in a position to help others who have experienced an extremely distressing event. It gives a framework for supporting people in ways that respect their dignity, culture and abilities.

Endorsed by many international agencies, the guide reflects the emerging science and international consensus on how to support people in the immediate aftermath of extremely stressful events.

[Download \(1.4 MB\)](#)

[Link to psychological aid training materials](#)

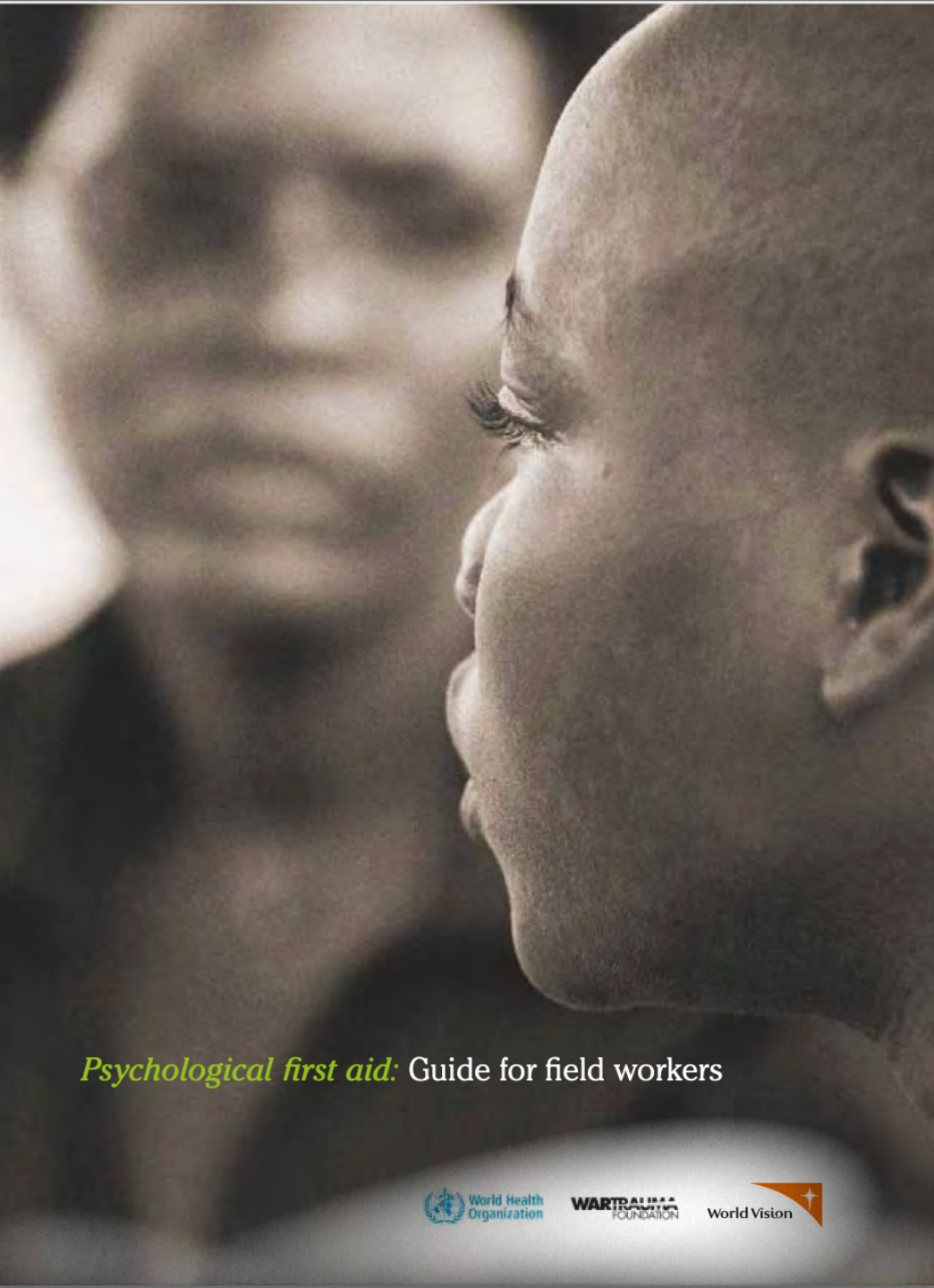


# Conflits armés, catastrophes naturelles

### Box 1: Point prevalence estimates for mental disorders in conflict-affected populations, adjusted for comorbidity

	Point prevalence
Severe disorder (severe anxiety, severe post-traumatic stress disorder, severe depression, schizophrenia, and bipolar disorder)	5.1%
Moderate disorder (moderate anxiety, moderate post-traumatic stress disorder, and moderate depression)	4.0%
Mild disorder (mild anxiety, mild post-traumatic stress disorder, and mild depression)	13.0%
<b>Total</b>	<b>22.1%</b>

Source: Charlson et al 2019, New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*, 394: 240-248



*Psychological first aid:* Guide for field workers



## Key points

- Integrate mental health and psychosocial support into programmes and systems for health, community-based protection, child protection, GBV, education and nutrition
- Revive and strengthen family and community support systems and promote positive coping mechanisms of affected individuals and their families
- Ensure that mental health care is functionally linked to, and preferably integrated into the general health system
- Take steps to introduce psychological interventions for people with prolonged emotional distress
- Facilitate intersectoral coordination, for example, through a multi sectoral Technical Working Group for MHPSS

## Psychological first aid: Pocket guide

### WHAT IS PFA?

Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.



Providing PFA responsibly means:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

### PREPARE

- » Learn about the crisis event.
- » Learn about available services and supports.
- » Learn about safety and security concerns.

### PFA ACTION PRINCIPLES:

#### LOOK

- » Check for safety.
- » Check for people with obvious urgent basic needs.
- » Check for people with serious distress reactions.



#### LISTEN

- » Approach people who may need support.
- » Ask about people's needs and concerns.
- » Listen to people, and help them to feel calm.



#### LINK

- » Help people address basic needs and access services.
- » Help people cope with problems.
- » Give information.
- » Connect people with loved ones and social support.





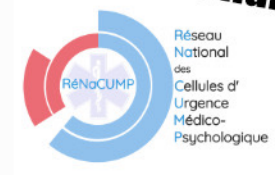


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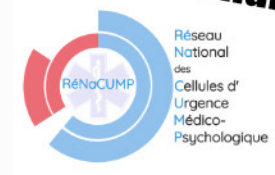


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Content analysis of psychological first aid training manuals via topic modelling >

Chung-Fan Ni, Robert Lundblad, ... Rebecca Bolante & Wojciech Kabuński





## Post-incident psychosocial interventions after a traumatic incident in the workplace: a systematic review of current research evidence and clinical guidance

Jo Billings<sup>a</sup>, Nicholas Zhan Yuen Wong<sup>a</sup>, Helen Nicholls<sup>a</sup>, Peter Burton<sup>a</sup>, Maya Zosmer<sup>a</sup>, Idit Albert<sup>b,c</sup>, Nick Grey<sup>d,e</sup>, Sharif El-Leithy<sup>f</sup>, Dominic Murphy<sup>b,g</sup>, Noreen Tehrani<sup>h</sup>, Jon Wheatley<sup>i</sup>, Michael A. P. Bloomfield<sup>a,j</sup> and Talya Greene<sup>k</sup>

### ABSTRACT

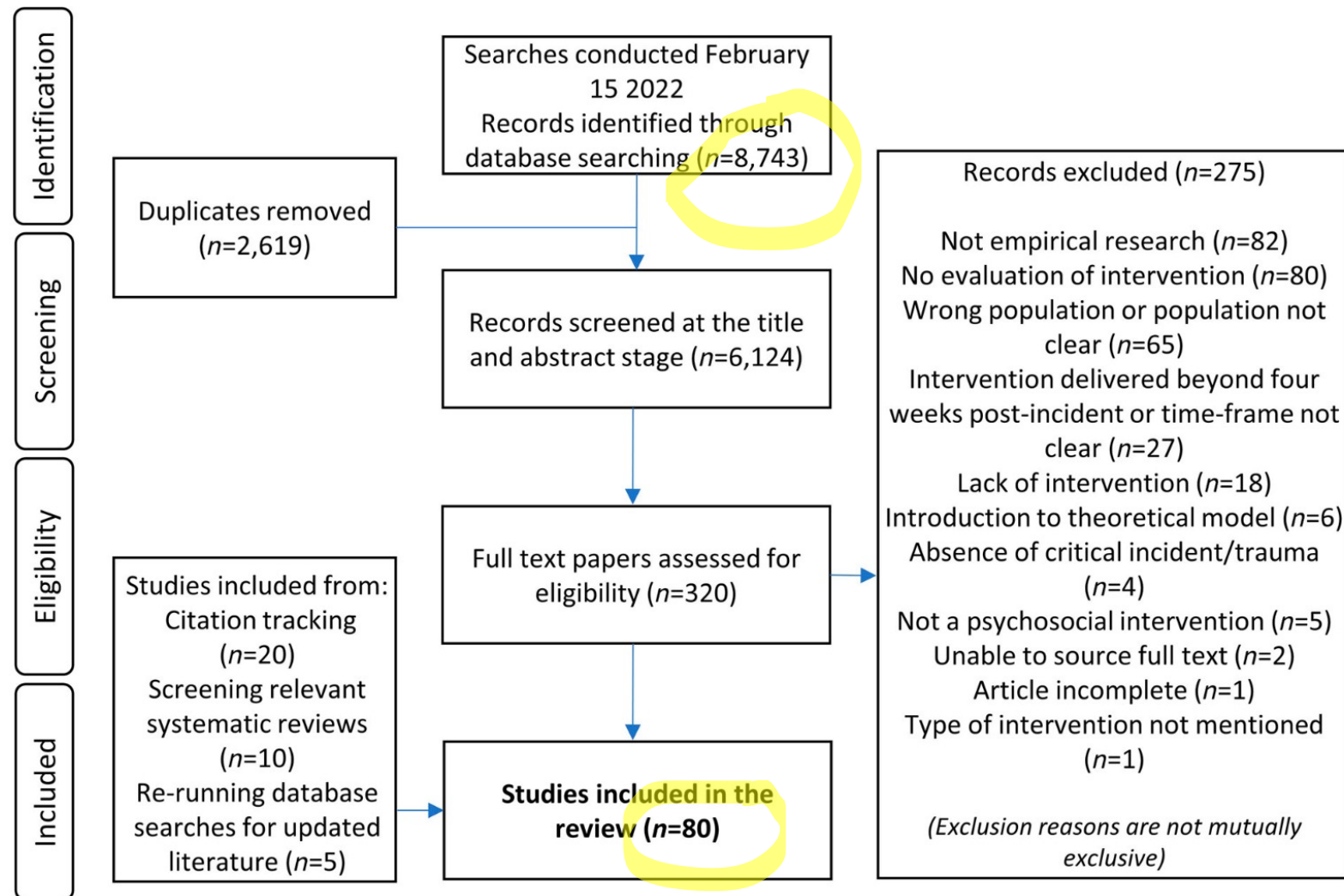
**Background:** After a traumatic incident in the workplace organisations want to provide support for their employees to prevent PTSD. However, what is safe and effective to offer has not yet been established, despite many organisations offering some form of intervention after a traumatic event.

**Objective:** To systematically review the evidence for post-incident psychosocial interventions offered within one month of a workplace trauma, and to compare the content, effectiveness and acceptability of these interventions. Given the lack of a yet clearly established evidence-base in this field, we sought to examine both published empirical research as well as guidelines published by expert groups working with staff in high-risk roles.

**Methods:** We conducted systematic searches for empirical research across bibliographic databases and searched online for clinical practice guidelines to April 2023. We were also referred to potentially relevant literature by experts in workplace trauma. Both empirical research and clinical guidelines were appraised for their quality.

**Results:** A total of 80 research studies and 11 clinical practice guidelines were included in the review. Interventions included Critical Incident Stress Debriefing (CISD), Critical Incident Stress Management (CISM), unspecified Debriefing, Trauma Risk Management (TRiM), Psychological First Aid (PFA), EMDR, CBT and group counselling. Most research and guidance were of poor quality. The findings of this review do not demonstrate any harm caused by CISD, CISM, PFA, TRiM, EMDR, group counselling or CBT interventions when delivered in a workplace setting. However, they do not conclusively demonstrate benefits of these interventions nor do they establish superiority of any specific intervention. Generic debriefing was associated with some negative outcomes. Current clinical guidelines were inconsistent with the current research evidence base. Nevertheless, interventions were generally valued by workers.

**Conclusions:** Better quality research and guidance is urgently needed, including more detailed exploration of the specific aspects of delivery of post-incident interventions.



**Table 3.** Specific breakdown of study designs.

Study design	Number
Randomised Control Trial	6
Controlled Clinical Trial	2
Cohort Analytic (2 groups pre + post)	3
Case-Control	2
Cohort (1 group pre + post (before & after))	6
Interrupted Time Series	4
Retrospective Study	9
Observational Study	4
Cross Sectional Survey Study	17
Case Series	1
Longitudinal Repeated Measured Design	1
Qualitative Study	18
Cohort (1 group pre + post (before & after)) + Qual	1
Mixed Method (Survey + Interview)	4
Longitudinal Mixed Methods Monostrand Design	1
Service evaluation	1

**Figure 1.** PRISMA diagram of empirical research.

**Post-incident psychosocial interventions after a traumatic incident in the workplace: a systematic review of current research evidence and clinical guidance**

Jo Billings<sup>a</sup>, Nicholas Zhan Yuen Wong<sup>a</sup>, Helen Nicholls<sup>a</sup>, Peter Burton<sup>a</sup>, Maya Zosmer<sup>a</sup>, Idit Albert<sup>b,c</sup>, Nick Grey<sup>d,e</sup>, Sharif El-Leithy<sup>f</sup>, Dominic Murphy<sup>b,g</sup>, Noreen Tehrani<sup>h</sup>, Jon Wheatley<sup>i</sup>, Michael A. P. Bloomfield<sup>a,j</sup> and Talya Greene<sup>k</sup>

**Table 13.** Quality appraisal ratings of quantitative research (EPHPP).

Intervention	Strong	Moderate	Weak
Critical Incident Stress Debriefing (n = 30)	4	4	22
Debriefings (n = 6)	0	2	4
Critical Incident Stress Management (n = 9)	0	4	5
Trauma Risk Management (n = 6)	1	3	2
Psychological First Aid (n = 4)	0	0	4
Eye Movement Desensitisation and Reprocessing (n = 3)	1	1	1
Cognitive Behavioural Based (n = 3)	0	1	2
Group Counselling (n = 1)	0	0	1
<b>Total (n = 61)</b>	<b>6</b>	<b>15</b>	<b>41</b>



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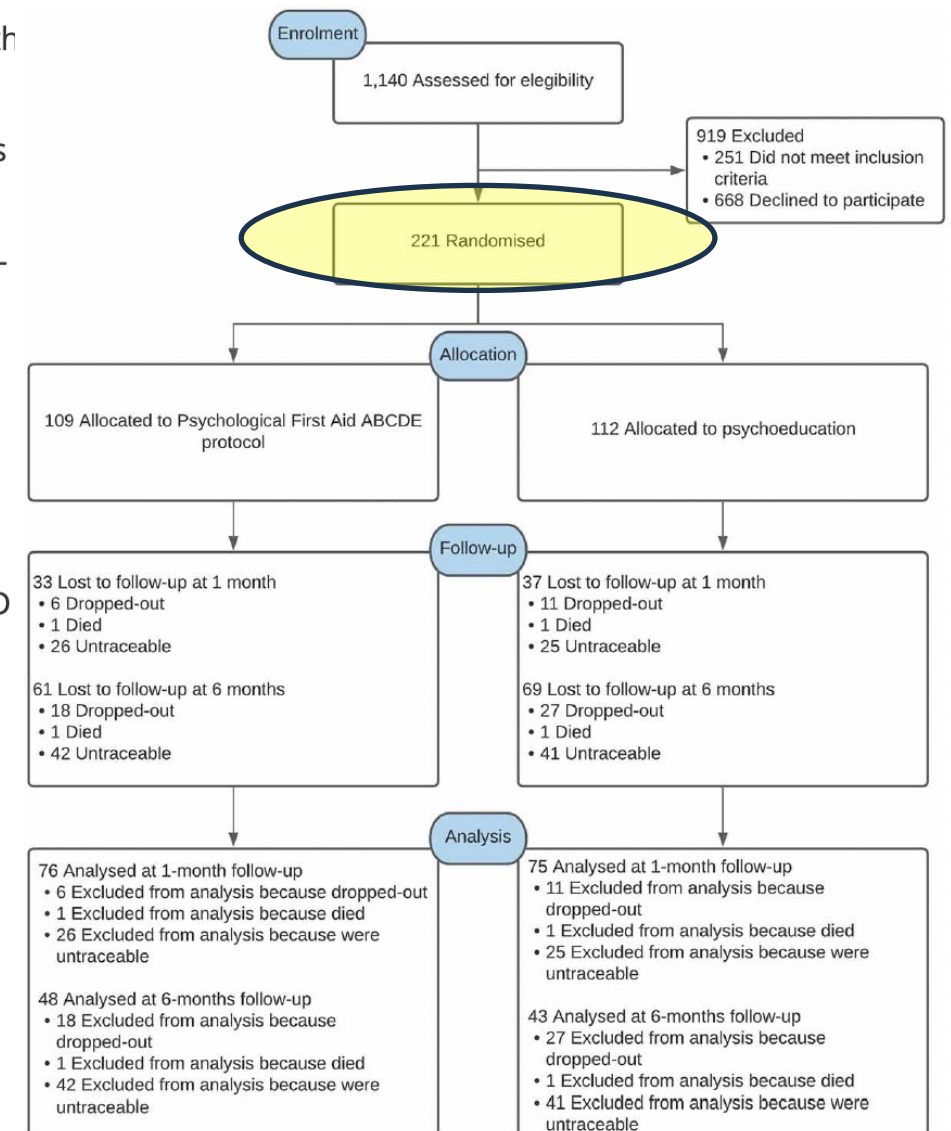
# The ABCDE psychological first aid intervention decreases early PTSD symptoms but does not prevent it: results of a randomized-controlled trial

## Results

We found no difference between the experimental and control groups in the frequency of PTSD one month after the intervention (PFA-ABCDE = 23/76 [30.3%], psychoeducation = 18/75 [24.0%], adjusted odds ratio = 1.39, 95% confidence interval = 0.63–3.07,  $p = .408$ ). Immediately after the intervention, participants who received PFA-ABCDE reported greater distress relief (PFA-ABCDE mean = 9.06, psychoeducation mean = 8.55, Cohen's  $d = 0.30$ ,  $p = .038$ ). Fewer PTSD symptoms were reported by those who received PFA-ABCDE one month after the intervention (PFA-ABCDE mean = 36.26, psychoeducation mean = 43.62, Cohen's  $d = 0.42$ ,  $p = .033$ ). We found no difference in depressive symptoms at one-month follow up ( $p = .713$ ) nor in PTSD symptoms six months after the intervention ( $p = .986$ ).

## Conclusions

PFA-ABCDE does not prevent PTSD diagnosis, but it provides immediate distress relief and decreases PTSD symptoms in the short term.







## Early psychological intervention following recent trauma: A systematic review and meta-analysis

Neil P. Roberts <sup>a,b</sup>, Neil J. Kitchiner <sup>b,c</sup>, Justin Kenardy <sup>d</sup>, Catrin E. Lewis <sup>b</sup> and Jonathan I. Bisson <sup>b</sup>

<sup>a</sup>Psychology & Psychological Therapies Directorate, Cardiff & Vale University Health Board, Cardiff, UK; <sup>b</sup>Division of Psychological Medicine and Clinical Neurosciences, Cardiff University, Cardiff, UK; <sup>c</sup>, Veterans' NHS Wales, Cardiff & Vale University Health Board, Cardiff, UK; <sup>d</sup>Psychology and Medicine, University of Queensland, Brisbane, Australia

**Results:** Sixty-one studies evaluating a variety of interventions were identified. For individuals exposed to a trauma who were not pre-screened for traumatic stress symptoms there were no clinically important differences between any intervention and usual care. For individuals reporting traumatic stress symptoms we found clinically important evidence of benefits for trauma-focused cognitive-behavioural therapy (CBT-T), cognitive therapy without exposure and eye movement desensitization and reprocessing (EMDR). Differences were greatest for those diagnosed with acute stress disorder (ASD) and PTSD.

**Conclusions:** There is evidence for the effectiveness of several early psychological interventions for individuals with traumatic stress symptoms following trauma exposure, especially for those meeting the diagnostic threshold for ASD or PTSD. Evidence is strongest for trauma-focused CBT.

## Early psychological intervention following recent trauma: A systematic review and meta-analysis

Neil P. Roberts <sup>a,b</sup>, Neil J. Kitchiner <sup>b,c</sup>, Justin Kenardy <sup>d</sup>, Catrin E. Lewis <sup>b</sup> and Jonathan I. Bisson <sup>b</sup>

<sup>a</sup>Psychology & Psychological Therapies Directorate, Cardiff & Vale University Health Board, Cardiff, UK; <sup>b</sup>Division of Psychological Medicine and Clinical Neurosciences, Cardiff University, Cardiff, UK; <sup>c</sup>Veterans' NHS Wales, Cardiff & Vale University Health Board, Cardiff, UK; <sup>d</sup>Psychology and Medicine, University of Queensland, Brisbane, Australia

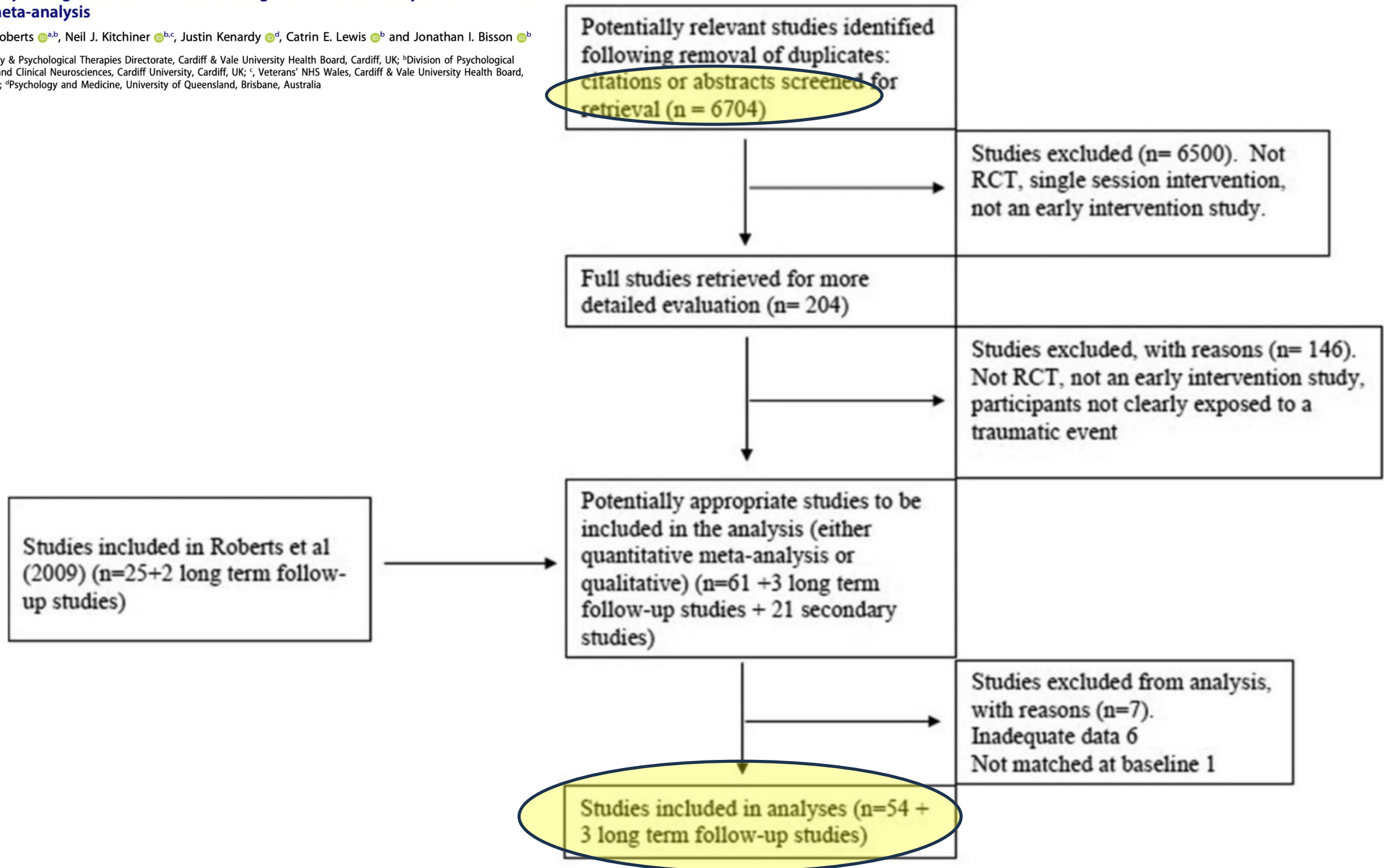
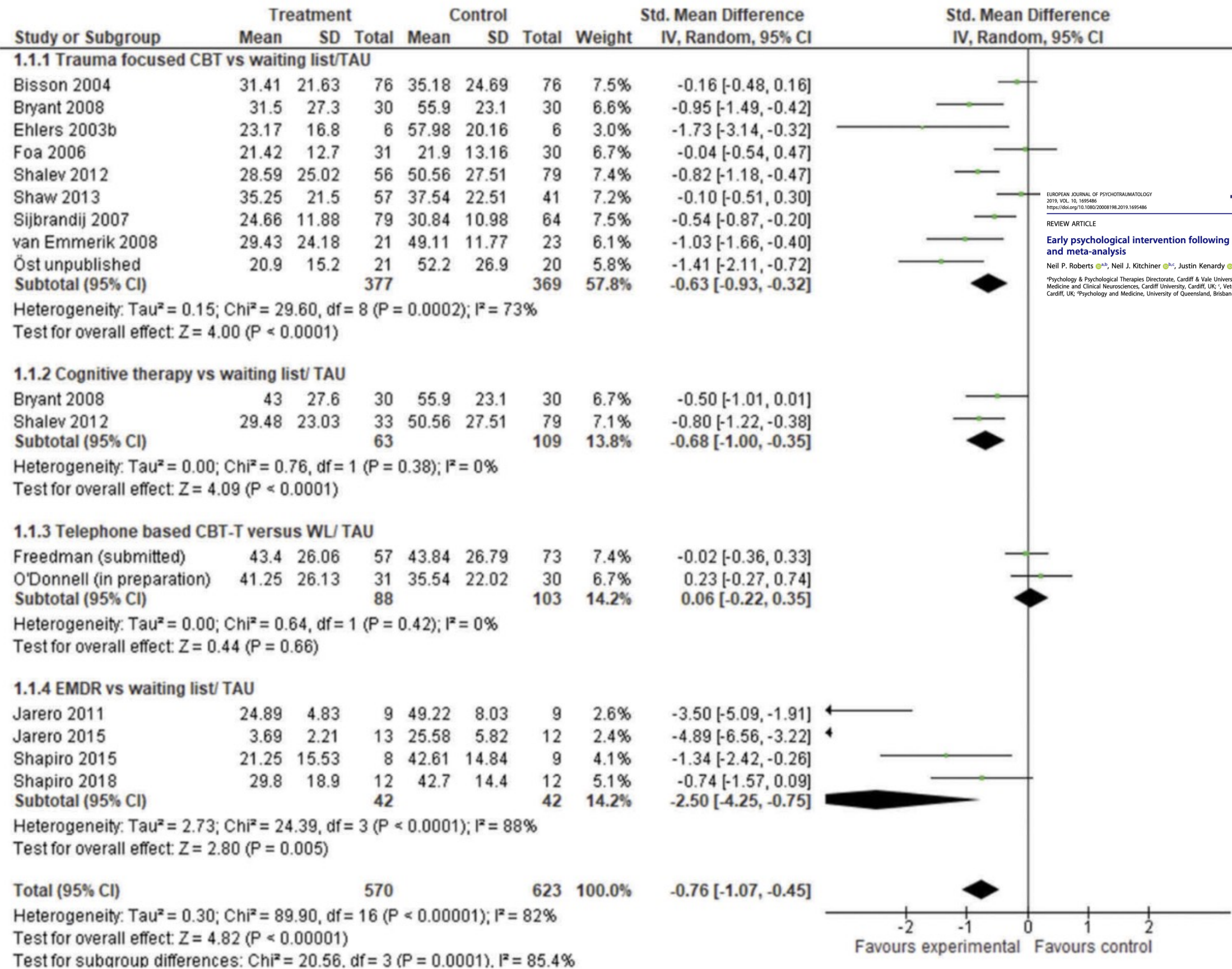


Figure 1. Flow diagram of the systematic review.





**Figure 3.** Forest plot of PTSD severity, post treatment for studies of interventions begun within three months with the aim of preventing PTSD or ongoing distress in individuals with traumatic stress symptoms.





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[Wikipédia](#)

**Création** : 5 mai 1949, Londres, Royaume-Uni

**Siège social** : Strasbourg

**Langues** : Anglais, français

**Type** : Organisation intergouvernementale



Home **<** SC on Crisis, Disaster and Trauma Psychology

# SC on Crisis, Disaster and Trauma Psychology

In addition to making recommendations concerning the psychological input to disaster planning and disaster response, this committee has given consideration to Quality Standards for Psychological Interventions in Disaster and Crisis. It recognises that much of the delivery of services to those affected directly and indirectly by disasters will be by other professionals and lay people involved in Non Governmental Organizations.



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## Retour expériences de prise en charge psychosociale après catastrophes en Europe

March 2018

Conference: Médecine de catastrophe: La prise en charge psychosociale . At: Centre Hospitalier Luxembourg

Marc Stein

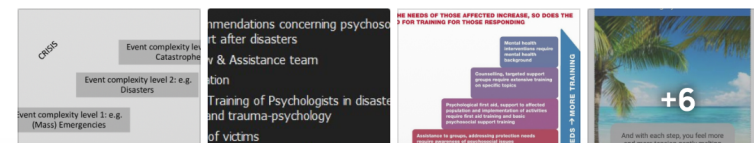
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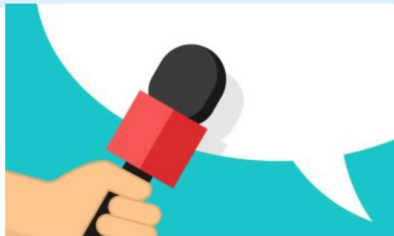
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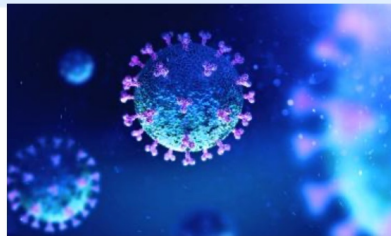
This presentation in French recapitulates "Lessons" learned from the last 20 years in psychosocial support in Europe and gives recommendations, clues and an outlook for better future practices



## Resources from this working group



Guidelines for victims to collaboration with media after a traumatic event



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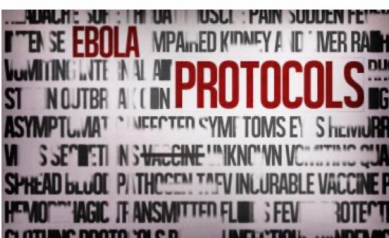
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## RETOURS D'EXPÉRIENCE SUR L'AIDE PSYCHOSOCIALE APRÈS UNE CATASTROPHE

Pays participants:

Autriche, Belgique, République tchèque, Danemark, Finlande,  
France, Allemagne, Grèce, Italie, Luxembourg, Pays-Bas,  
Norvège, Slovénie, Espagne, Suède, Turquie





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# Victimes du terrorisme: le Conseil souligne la nécessité d'améliorer le soutien et la reconnaissance

Le Conseil a approuvé des conclusions sur l'amélioration du soutien et de la reconnaissance accordés aux victimes du terrorisme. Les conclusions soulignent que la lutte contre le terrorisme doit être abordée non seulement sous l'angle de la sécurité, mais aussi en mettant l'accent sur les personnes directement touchées par des actes terroristes.



“

L'acte de terrorisme a un effet dévastateur sur les personnes. Le soutien aux victimes du terrorisme est essentiel pour leur processus de guérison. Il est également indispensable pour rendre nos sociétés plus résilientes.

— Fernando Grande-Marlaska Gómez, ministre espagnol de l'intérieur

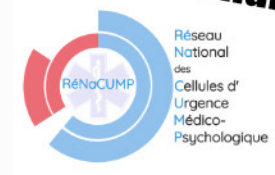


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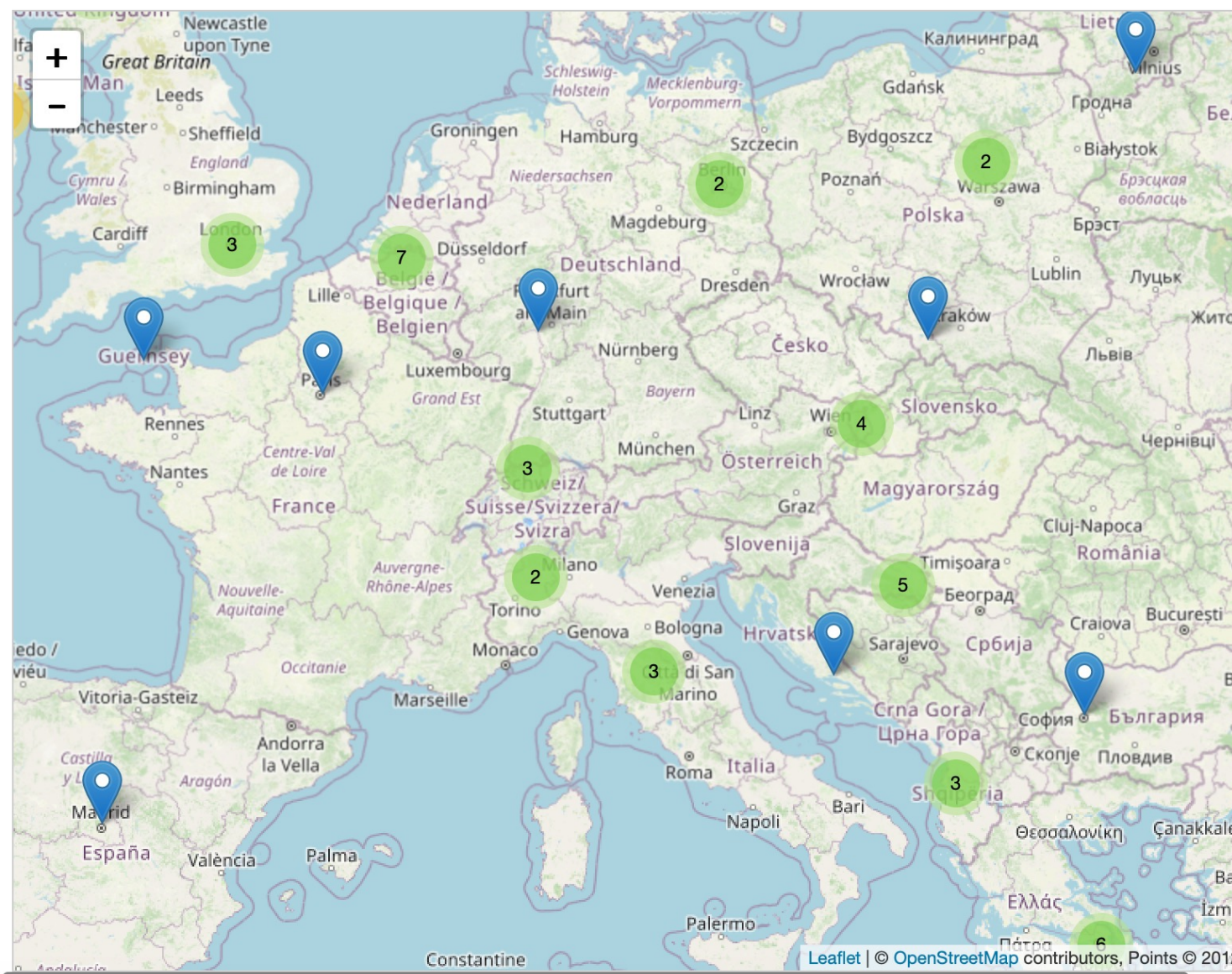






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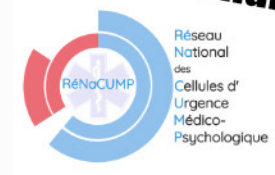


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US : FEMA et SAMSHA



# Etats-Unis : FEMA

## des unités d'urgence psychologiques SSE

FEMA (Federal Emergency Management Agency) :

- Agence gouvernementale qui coordonne les interventions d'urgence en situation de catastrophe
- Coordonne les ressources en santé mentale au niveau fédéral, local ou ONG
- Approche communautaire
- Possibilité de déployer des équipes de professionnels de santé mentale sur une zone SSE

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- 8 milliards \$
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**FEMA**





(FEMA/Jocelyn Augustino)

## Aider la population avant, pendant et après les catastrophes naturelles

Créateur : Jocelyn Augustino | Crédits : Federal Emergency Management Agency  
Droits d'auteur : Public Domain



FEMA



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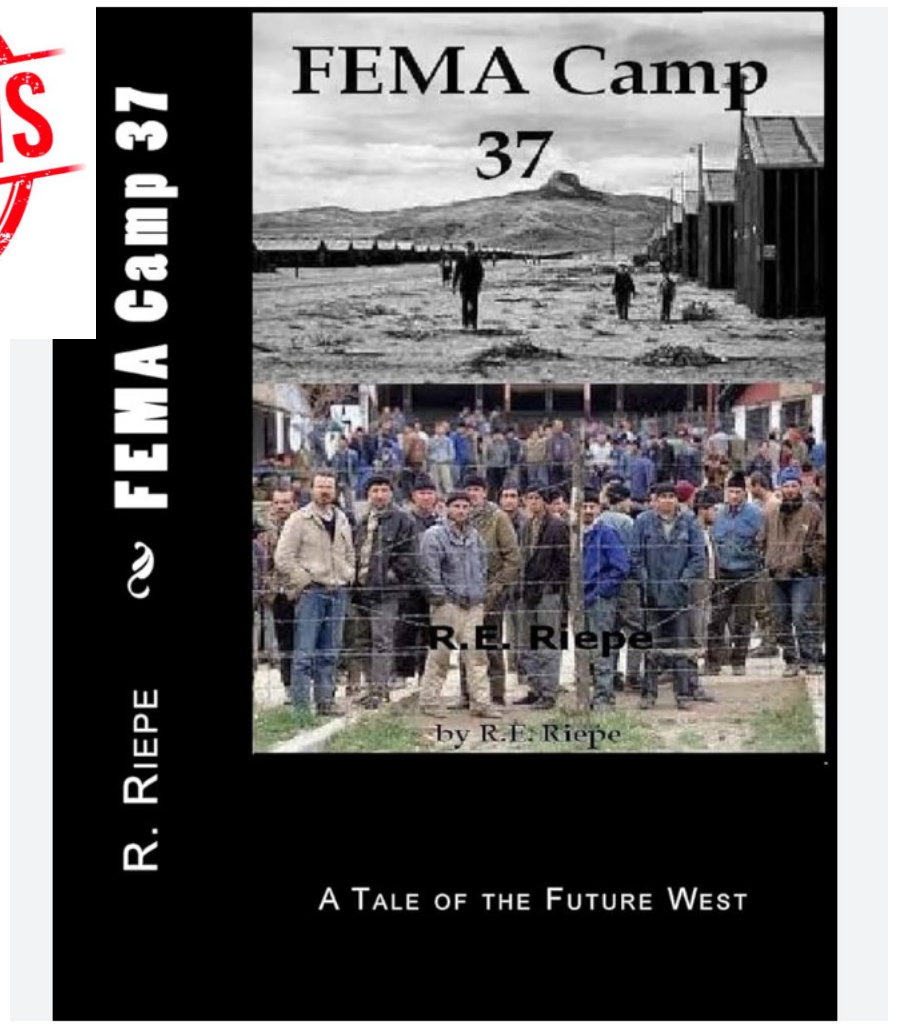
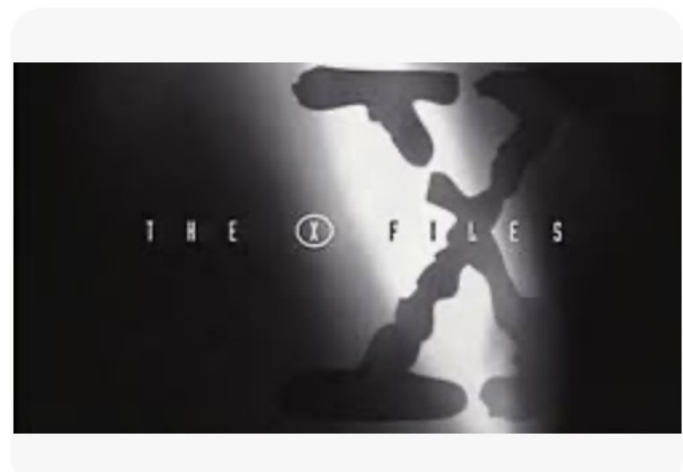


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# FEMA camps conspiracy theory

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From Wikipedia, the free encyclopedia

The **FEMA camps conspiracy theory** is a belief, particularly within the American [Patriot movement](#),<sup>[1]</sup> that the United States [Federal Emergency Management Agency](#) (FEMA) is planning to imprison US citizens in [concentration camps](#), following the imposition of [martial law](#) in the United States after a major disaster or crisis.<sup>[1][2][3][4]</sup> In some versions of the theory, only suspected dissidents will be imprisoned. In more extreme versions, large numbers of US citizens will be imprisoned for the purposes of extermination as a [New World Order](#) is established. The theory has existed since the late 1970s, but its circulation has increased with the advent of the internet and [social media](#) platforms.<sup>[2]</sup>

The US government previously [interned US citizens in concentration camps during WWII](#) and developed, but did not implement, the [Rex 84](#) contingency plan for mass internment of US citizens in the 1980s.<sup>[2]</sup>

# Etats-Unis : National Disaster Helpline

- ligne d'assistance nationale en cas de catastrophe,
- exploitée par la SAMHSA (Substance Abuse and Mental Health Services Administration)
- 24/7 : téléphone, messagerie, chat : « soutien immédiat »
- Première évaluation téléphonique puis orientation vers des services de santé mentale locaux

An official website of the United States government [Here's how you know](#)

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Substance Abuse and Mental Health  
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**Disaster Distress Helpline**

Types of Disasters

Warning Signs and Risk Factors

Coping Tips for Traumatic Events and Disasters

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Disaster Distress Helpline Press Announcements

## Disaster Distress Helpline

[En Español](#)

The Disaster Distress Helpline (DDH) is the first national hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters.

**Call or text 1-800-985-5990.**

**Español:** Llama o envía un mensaje de texto [1-800-985-5990](#) presiona "2."

**For Deaf and Hard of Hearing ASL Callers:** To connect directly to an agent in American Sign Language, click the "ASL Now" button below or call [1-800-985-5990](#) from your videophone. ASL Support is available 24/7. [FAQs for ASL NOW users.](#)

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### Counseling Services

**Disaster Distress Helpline**

Call or Text 1-800-985-5990

DisasterDistress.samhsa.gov

SAMHSA

# Modèle « PFA »

- Psychological First Aid : faire face « aux émotions et au stress immédiat »
- Modèle très psychosocial :
  - Protection
  - Auto-efficacité
  - Connexion sociale
  - Soutien logistique
- Prise en charge intégrée : services médicaux d'urgence / travailleurs sociaux / professionnels de santé mentale
- Volet formation pour les professionnels de santé mentale et personnel d'urgence
- Sur le moyen/long terme
  - Pgm de suivi : « Soutien psychologique pour aider les communautés à se remettre des traumatismes »
  - Sensibilisation et éducation pour réduire la stigmatisation liée à la santé mentale et renforcer la résilience communautaire face aux événements traumatisants



# We need to build the evidence: A systematic review of psychological first aid on mental health and well-being

Sabrina Hermosilla<sup>1,2,5</sup> | Sarah Forthal<sup>3,5</sup> | Karolina Sadowska<sup>4,5</sup> | Elizabeth B. Magill<sup>5,6</sup> | Patricia Watson<sup>7</sup> | Kathleen M. Pike<sup>3,4,5</sup>

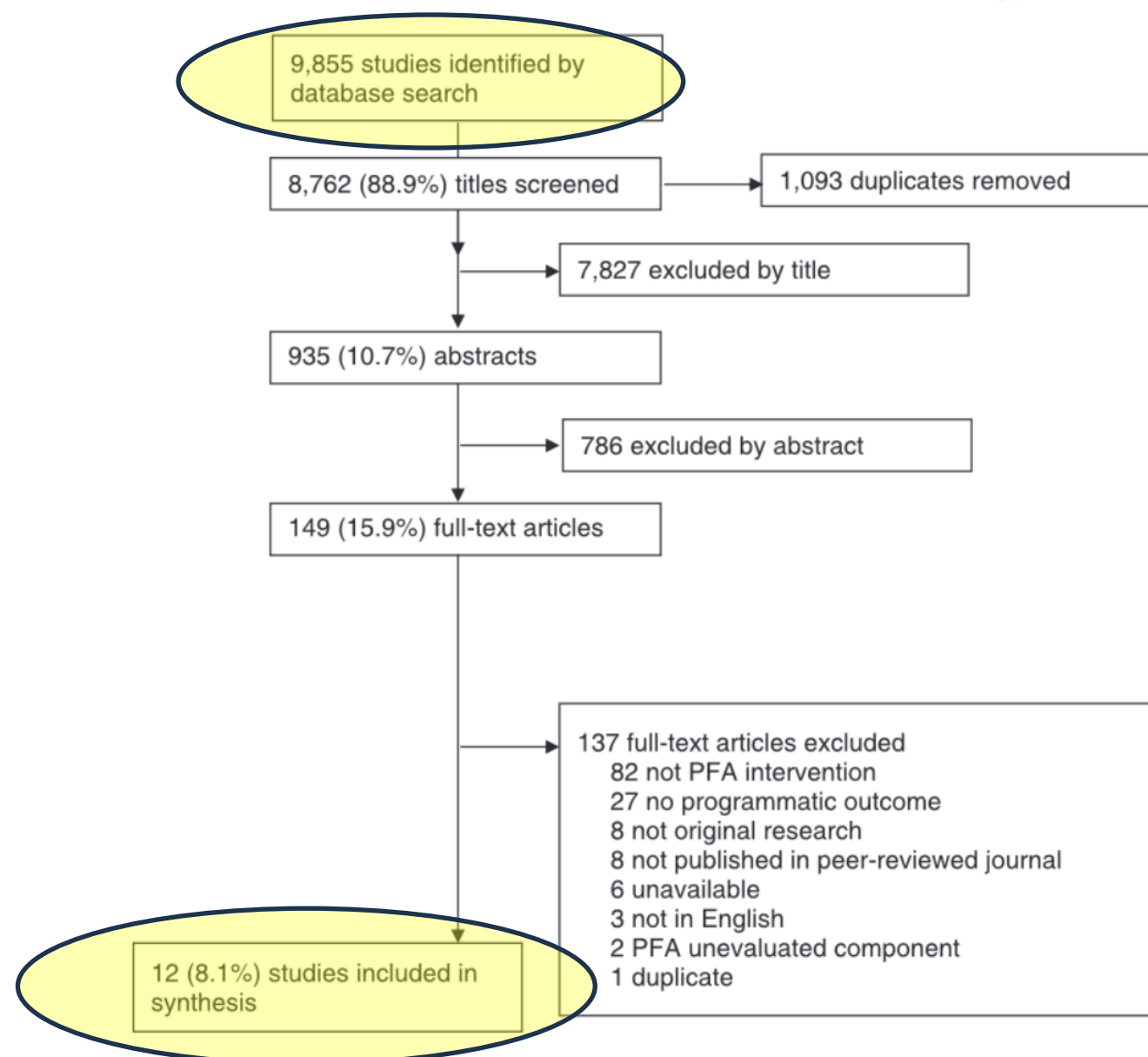


FIGURE 1 Study selection  
Note: PFA = psychological first aid.

## We need to build the evidence: A systematic review of psychological first aid on mental health and well-being

Sabrina Hermosilla<sup>1,2,5</sup>  | Sarah Forthal<sup>3,5</sup> | Karolina Sadowska<sup>4,5</sup> | Elizabeth B. Magill<sup>5,6</sup> | Patricia Watson<sup>7</sup> | Kathleen M. Pike<sup>3,4,5</sup>

excluded. The primary outcomes were reported measures of participant mental health and psychosocial well-being, with narrative results presented for each. The Cochrane Risk of Bias tool was applied. Of 9,048 potentially eligible citations, 12 studies with a total of 1,437 participants met the inclusion criteria. Only one study was a randomized controlled trial. The findings from all studies suggest a positive impact of PFA, with most reporting reduced symptoms of anxiety, depression, posttraumatic stress, and distress, as well as improved ratings of mood, the experience of safety, connectedness, and a sense of control, among youth and adults. Risk of bias was generally high. Inconsistent intervention components, insufficient evaluation methodologies, and a high risk of bias within the reviewed studies present challenges in assessing PFA efficacy, and an imbalance between popular support for PFA and scant evidence of outcome data exists. Further research is needed to justify the proliferation of PFA.

# Psychological first aid (PFA) and disasters

George S Everly Jr <sup>1</sup>, Jeffrey M Lating <sup>2</sup>

Affiliations + expand

PMID: 35412424 DOI: [10.1080/09540261.2021.2016661](#)

## Abstract

A disaster is commonly thought of as an occurrence that results in property damage and physical injuries that exceed the response capabilities of local resources. History teaches that disasters also result in a surge in demand for psychological support amongst survivors and disaster responders. This surge quickly exceeds local response capacities and has the potential to exceed even the mental health resources that may be imported from neighbouring jurisdictions and disaster relief agencies. Efficient and effective acute mental health intervention is, therefore, needed. However, the effectiveness of traditional multi-session counselling during and shortly after disasters has been questioned. Instead, the utilization of efficient and effective crisis-focussed psychological interventions has been suggested as acute phase alternatives. This paper asserts psychological first aid (PFA) may be considered a specific crisis-focussed disaster mental health intervention for use during and after disasters. PFA is designed for use in assessing and mitigating acute distress, while serving as a platform for psychological triage

complementing more traditional psychological and psychiatric interventions. PFA may be employed by mental health clinicians as well as 'peer responders'.



Article  
**Development of Psychological First Aid Guidelines for People Who Have Experienced Disasters**

Eun-Young Kim <sup>1</sup> and Seung-Woo Han <sup>2,\*</sup>

<sup>1</sup> Department of Counseling Psychology, Kyungil University, Gyeongsan 38428, Korea; saedew@gmail.com  
<sup>2</sup> Department of Emergency Medical Technology, Kyungil University, Gyeongsan 38428, Korea  
 \* Correspondence: swhan@kiu.kr

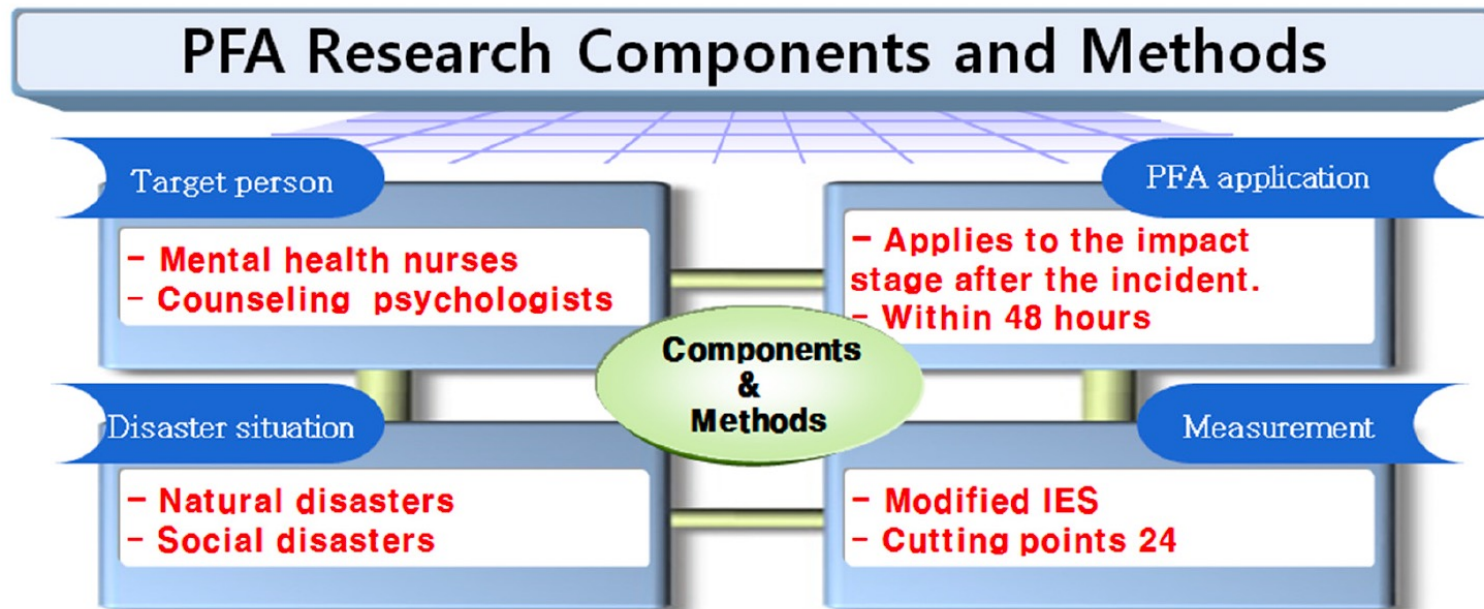


Figure 1. PFA research components and methods.

# Development of Psychological First Aid Guidelines

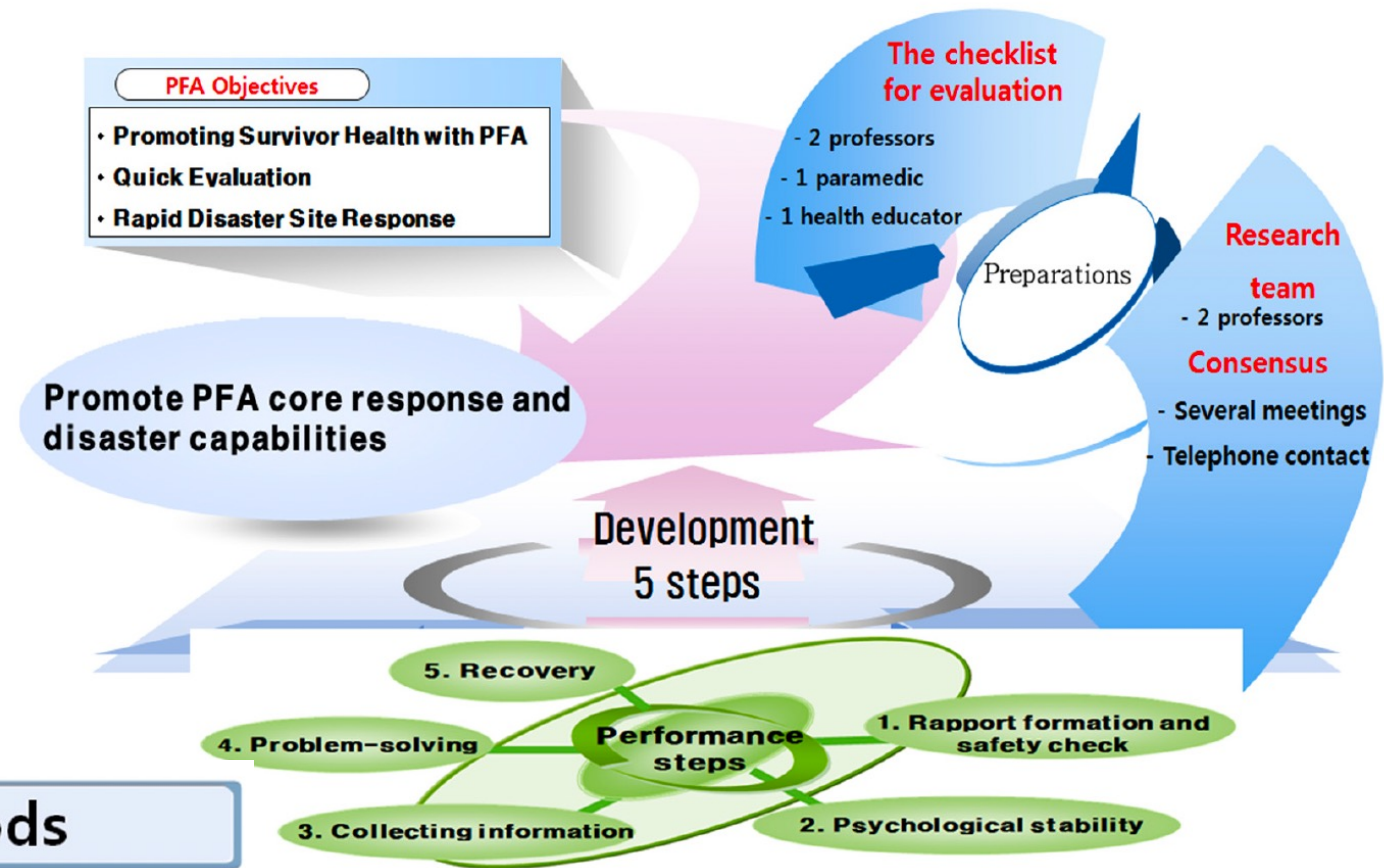


Figure 2. PFA guidelines development process.

Article  
**Development of Psychological First Aid Guidelines for People  
Who Have Experienced Disasters**

Eun-Young Kim <sup>1</sup> and Seung-Woo Han <sup>2,\*</sup>

<sup>1</sup> Department of Counseling Psychology, Kyungil University, Gyeongsan 38428, Korea; saedew@gmail.com  
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\* Correspondence: swhan@kiu.kr

**Table 1.** Psychological first-aid assessment checklist.

Number	Contents	Never	Sometimes	Usually	Often	Always
1	Reminders of the situation at that time also bring back emotions.	0	1	2	3	4
2	Have trouble keeping up my sleep.	0	1	2	3	4
3	Other things led me to think about the incident.	0	1	2	3	4
4	Felt sensitive and angry after that situation.	0	1	2	3	4
5	Every time I think about the situation, I tried to avoid it because I was confused.	0	1	2	3	4
6	Even if I try not to think, I remember the situation.	0	1	2	3	4
7	Either the situation did not happen, or it did not feel real.	0	1	2	3	4
8	I stayed away from reminders of the situation.	0	1	2	3	4
9	A video of the situation used to pop into my mind.	0	1	2	3	4
10	My nerves became sensitive and I was easily surprised.	0	1	2	3	4
11	I tried not to think about the situation.	0	1	2	3	4
12	I was still confused by the situation, but I endured it.	0	1	2	3	4
13	My feelings for the situation were numb.	0	1	2	3	4
14	There are times when I feel or act as if I were back in the situation.	0	1	2	3	4
15	It was hard to fall asleep after that situation.	0	1	2	3	4
16	I felt a flood of strong feelings about the situation.	0	1	2	3	4
17	I tried to erase the situation from my memory.	0	1	2	3	4
18	I had difficulty concentrating.	0	1	2	3	4
19	Considering the situation, I reacted physically, such as sweating, breathing problems, dizziness, or heart palpitations.	0	1	2	3	4
20	I had a dream about the situation.	0	1	2	3	4
21	I felt I was on guard and observed my surroundings.	0	1	2	3	4
22	I tried not to talk about the situation.	0	1	2	3	4



# The Use of Psychological First Aid in Children Exposed to Mass Trauma

Child and Family Disaster Psychiatry (B Pfefferbaum, Section Editor) | Published: 07 July 2021

Volume 23, article number 53, (2021) [Cite this article](#)



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[Renee Gilbert](#), [Madelaine R. Abel](#), [Eric M. Vernberg](#) & [Anne K. Jacobs](#)

Part of a collection:  
[Topical Collection on Child and Family Disaster Psychiatry](#)

## Recent Findings

Initial studies of PFA show that it is well received by youth, families, and providers as well as being linked to decreases in depressive and posttraumatic stress symptoms, improved self-efficacy, increased knowledge about disaster preparedness and recovery, and enhanced feelings of safety and connection. The flexibility of the modular style of PFA and cultural adaptations emerged as significant themes.

## Summary

Although the studies reviewed cast a favorable light on PFA, more research is needed regarding its use and outcomes. This review describes the challenges to conducting these studies as well as suggestions for paths forward.





Original Manuscript |  **Free Access**

## **CE** Contextualization of Psychological First Aid: An Integrative Literature Review

Timothy Sim PhD, Anni Wang PhD 

First published: 21 January 2021 | <https://doi.org/10.1111/jnu.12613> | Citations: 13



References



Related



Information

CNRN, FAAN

Pirard et al. *BMC Health Services Research* (2020) 20:959  
<https://doi.org/10.1186/s12913-020-05785-3>


BMC Health Services Research

**RESEARCH ARTICLE**

**Open Access**

## Use of mental health supports by civilians exposed to the November 2015 terrorist attacks in Paris



Philippe Pirard<sup>1,2\*</sup> , Thierry Baubet<sup>3,4,5</sup>, Yvon Motreff<sup>1,6</sup>, Gabrielle Rabet<sup>7</sup>, Maude Marillier<sup>1</sup>, Stéphanie Vandentorren<sup>8,9</sup>, Cécile Vuillermoz<sup>6</sup>, Lise Eilin Stene<sup>10</sup> and Antoine Messiah<sup>2</sup>



*AIMS Public Health*, 10(1): 94–104.  
DOI: 10.3934/publichealth.2023008  
Received: 28 September 2022  
Revised: 07 February 2023  
Accepted: 14 February 2023  
Published: 22 February 2023

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**JOURNAL OF COMMUNITY PSYCHOLOGY**

RESEARCH ARTICLE

## Disseminating early interventions for disaster mental health response using the ECHO model

Erin P. Hambrick , Joah L. Williams, Madeleine M. Hardt, Jen O. Collins, Stephanie E. Punt, Mariana Rincon Caicedo, E (Alice) Zhang, Melissa Maras ... [See all authors](#) 

First published: 04 March 2023 | <https://doi.org/10.1002/jcop.23023>

*Review*

## “Mind the Gap” - An overview of the role of the Extension Community Healthcare Outcomes (ECHO) model in enhancing value in health care delivery

**Christina Kenny\* and Anushree Priyadarshini**

Faculty of Business, Technological University Dublin, Aungier Street, Dublin 2, Ireland

Nursing skills required across natural and man-made disasters: A scoping review

Ya Su,<sup>1, 2</sup> Xi Vivien Wu,<sup>3</sup> Natsuka Ogawa,<sup>4</sup> Michiko Yuki,<sup>2</sup> Yun Hu,<sup>1</sup> and Yan Yang<sup>✉ 1</sup>

Common and different nursing skills for each disaster

Disasters	Professional knowledge	Common professional skills	Different professional skills	specializations could play a significant role
Earthquakes	Orthopaedics and trauma nursing knowledge, basic first aid knowledge	<ol style="list-style-type: none"> <li>1. Casualty triage</li> <li>2. Observation and monitoring</li> <li>3. Basic first aid techniques</li> <li>4. Psychological nursing</li> <li>5. Communication skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Common injuries and nursing skills: nursing for crush injuries and limb fracture and dislocation, etc.</li> </ol>	Emergency and orthopaedical nursing
Typhoons	Trauma nursing knowledge, basic first aid knowledge	<ol style="list-style-type: none"> <li>1. Pre-inspection triage</li> <li>2. Observation and monitoring</li> <li>3. Basic first aid technique</li> <li>4. Psychological nursing</li> </ol>	<ol style="list-style-type: none"> <li>1. Common injuries and nursing skills: soft tissue contusion, laceration care, tendon rupture care, limb fracture and dislocation care, drowning care, etc.</li> </ol>	NA

**Tsunamis**

Trauma nursing knowledge, basic first aid knowledge

- 1. Pre-inspection triage
- 2. Acute respiratory care
- 3. Psychological nursing

- 1. Common injuries and nursing skills: tsunami wound care

Acute care, critical care and emergency nursing

**Marine disasters**

Trauma nursing knowledge, basic first aid knowledge

- 1. Casualty triage
- 2. Psychological nursing

- 1. Common injuries and nursing skills: trauma care
- 2. Marine infusion care
- 3. Sea-to-land transfer skills

Military nursing

**Infectious diseases (COVID-19)**

Hospital infection prevention and control knowledge, critical care and basic first aid knowledge

- 1. Critical care patient management
- 2. Observation and monitoring
- 3. Basic first aid techniques

- 1. Infectious disease management
- 2. Infection prevention and control

Intensive care and haemodialysis care

**Radiation**

Radiation emergency medical nursing knowledge, radiation exposure nursing-related knowledge

- 1. Basic first aid technique
- 2. Communication skills

- 1. Radiological nursing (nursing examinations and treatment)
- 2. Decontamination
- 3. Radiation protection

Radiology nursing

**Bioterrorism**

Bioterrorism preparedness knowledge

- 1. Basic first aid technique

- 1. Infection control
- 2. Decontamination procedures
- 3. Quarantine

Infection control and public health nursing

**War**

Damage control resuscitation (DCR) and damage control surgery (DCS) care

- 1. Basic first aid technique

- 1. Common injuries and nursing skills: battle injuries explosive and gun-shot wounds care, haemorrhage control, managing burns and providing external warming etc.

With emergency and critical care nurses



# Le Canada

- Modèle hybride holistique orienté psychosocial en cas de catastrophe ou d'événement traumatique
- Déploiement d'équipes de travailleurs sociaux, psychologues et professionnels de santé mentale
  - Évaluation des besoins psychosociaux
  - Soutien psychologique immédiat



The screenshot shows the official website of the Government of Canada, specifically the page for 'Gestion des urgences' (Emergency Management) under the 'Sécurité publique Canada' (Public Safety Canada) department. The page features a navigation menu with categories like 'Sécurité nationale', 'Stratégies frontalières', 'Lutte au crime', 'Gestion des urgences', and 'Ressources'. The main content area is titled 'Gestion des urgences' and contains text explaining the role of Public Safety Canada in the Canadian emergency management system, including coordination with provinces and territories, and the role of the Centre of Government Operations (COG) in supporting federal government interventions. The text mentions the 'Accords d'aide financière en cas de catastrophe' (AAFCC) program and the significant financial support provided since 1970.

Gouvernement du Canada / Government of Canada | Canada.ca | Services | Ministères | English

## Sécurité publique Canada

Rechercher Sécurité publique Recherche

Sécurité nationale ▼ Stratégies frontalières ▼ Lutte au crime ▼ Gestion des urgences ▼ Ressources ▼

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→ [Sécurité publique Canada Transition 2023 – Cahier des enjeux](#) → [Gestion des urgences](#)

### Gestion des urgences

Sécurité publique Canada (SP) joue un rôle de chef de file dans le système canadien de gestion des urgences (GU) en coordonnant les activités de GU entre les institutions fédérales et en collaboration avec les provinces, les territoires et d'autres entités. SP aide les Canadiens et leurs collectivités à se protéger contre les urgences et les catastrophes grâce à une gamme d'initiatives et de fonctions qui appuient les quatre composantes de la GU : l'atténuation, la préparation, l'intervention et le rétablissement.

SP fournit une aide financière aux gouvernements provinciaux et territoriaux (PT) par l'intermédiaire de programmes comme les *Accords d'aide financière en cas de catastrophe* (AAFCC). Le Centre des opérations du gouvernement (COG) appuie la coordination des interventions des ministères pour les événements qui touchent l'intérêt national et gère les appels de demandes d'aide fédérale (appels de demandes) que tout PT peut soumettre au gouvernement fédéral pour fournir un soutien en cas d'urgence qui dépasse ses capacités.

Les changements climatiques et la fréquence croissante des inondations, des feux de forêt et d'autres catastrophes d'origine environnementale, naturelle et humaine entraînent une augmentation importante du taux d'occurrence, de la gravité et du coût des catastrophes au Canada. Depuis l'entrée en vigueur du programme des accords d'aide financière en cas de catastrophe (AAFCC) en 1970, le gouvernement du Canada a versé plus de 7,9 milliards de dollars en aide financière post-catastrophe, pour contrebalancer les dépenses engagées par les provinces et les territoires à la suite d'une catastrophe, au chapitre des mesures d'intervention nécessaires et de la remise des infrastructures et des biens personnels à leur état initial. Soixante-treize pour cent (73 %) de ce total a

# Le Canada

- Modèle « counseling individuel et de groupe »
  - Stratégies de « soutien » centrées sur les émotions
  - Renforcement de la résilience individuelle et communautaire
  - Réadaptation psychosociale
- Coopération avec les ONG notamment Croix Rouge canadienne qui fournit des services de soutien psychologique sur le terrain
- Offre de formation en santé mentale de volontaires
- Approche prioritairement communautaire
  - Information grand public sur les troubles mentaux post catastrophe
  - Promotion de la solidarité



**CADRE FÉDÉRAL RELATIF  
AU TROUBLE STRESS POST-  
TRAUMATIQUE (TSPT)**  
RECONNAISSANCE, COLLABORATION ET SOUTIEN

 Gouvernement du Canada / Government of Canada



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(Format PDF, 2,3 Mo, 102 pages)

**Organisation :** [Agence de la santé publique du Canada](#)

**Publiée :** 2020-01-22



# Cadre fédéral relatif au trouble stress post-traumatique (TSPT) : reconnaissance, collaboration et soutien

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[Militaires actifs des Forces armées canadiennes](#)

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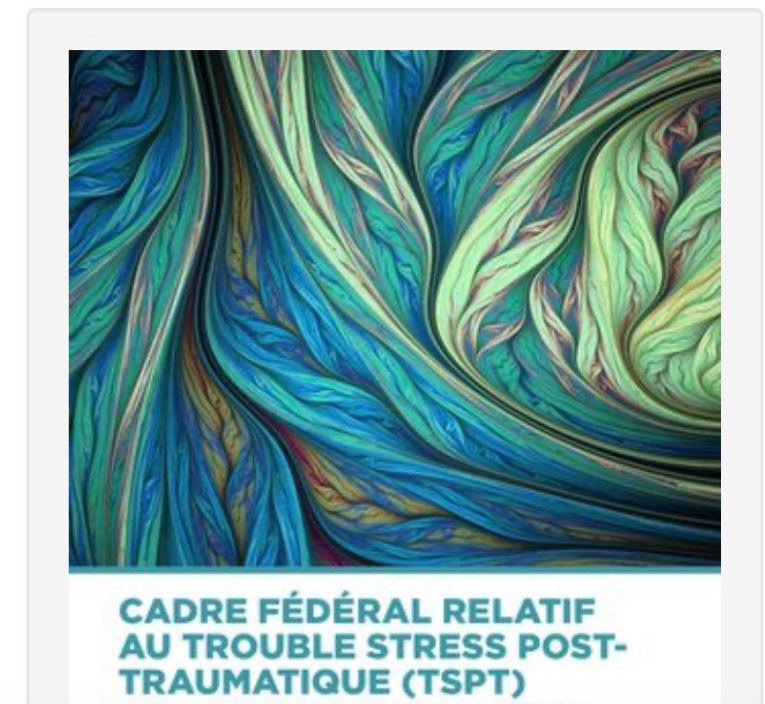
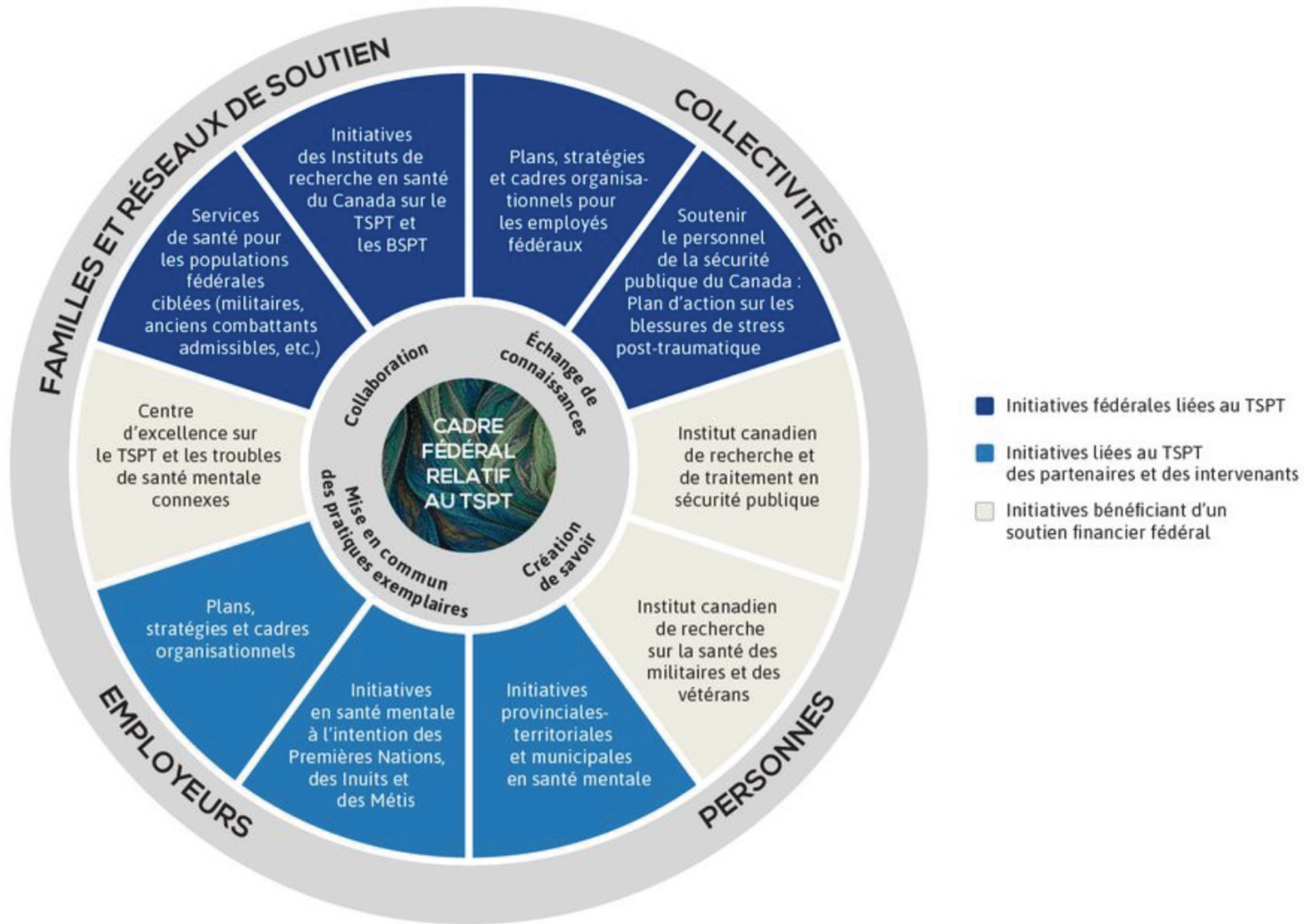




Figure 1. Comment les diverses initiatives en cours peuvent être reliées au Cadre fédéral relatif au TSPT



# Royaume-Uni



- Modèle plus sanitario-centré
- Services de santé mentale intégrés dans les opérations d'urgence pour assurer une réponse complète après des catastrophes.
- Rôle central du NHS :
  - Formation d'équipes d'intervention essentiellement composées de psychologues et de travailleurs sociaux
  - soutien immédiat et à long terme après des événements traumatiques,
  - Équipes dédiées de professionnels de santé mentale
  - Programmes de suivi

## 1.8 Disaster planning

1.8.1 Ensure that [disaster plans](#) provide a fully coordinated psychosocial response to the disaster. A disaster plan should include:

- immediate practical help
- support for the affected communities in caring for those involved in the disaster
- access to specialist mental health, evidence-based assessment and treatment services
- clear roles and responsibilities for all professionals involved. [2005]

# Royaume-Uni



- Collaboration avec d'autres agences :
  - ONG : Mind et Rethink Mental Illness
- Intégration dans les plans d'urgence locaux
- Intervention basée sur la résilience individuelle et communautaire :
  - Programmes de soutien communautaire
  - Initiatives de sensibilisation,
  - Déstigmatisation,
  - Annuaire de ressources
- Formation des primo intervenants (Police, Pompiers, médecine de catastrophe) à la reconnaissance et PEC immédiate du psychotrauma





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# Do You Need Urgent Help?



If you are concerned about an immediate risk of harm – either to yourself or someone else – then phone 999.

As a remote service we understand that we may not be suitable for everyone.

We prioritise patient safety and if there are any concerns, we will discuss this with our patients immediately and may advise them to consider a face-to-face service.

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> How it Works

> Treatments for Adults

> Treating Children

## NICE guidelines

- Psychological Debriefing : Des séances de débriefing psychologique peuvent être organisées pour permettre aux individus de partager leurs expériences et de recevoir un soutien immédiat.
- Cognitive Behavioral Therapy (CBT) : Des approches basées sur la thérapie cognitivo-comportementale peuvent être utilisées pour aider les personnes à faire face à des traumatismes spécifiques.

## Post-traumatic stress disorder

NICE guideline [NG116] Published: 05 December 2018

Guidance Tools and resources Information for the public Evidence History

Overview  
Recommendations  
Recommendations for research  
Rationale and impact  
Context  
Finding more information and committee details  
Update information

### Guidance

[Download guidance \(PDF\)](#)

✔ Quality standard - Anxiety disorders

Next >

This guideline covers recognising, assessing and treating post-traumatic stress disorder (PTSD) in children, young people and adults. It aims to improve quality of life by reducing symptoms of PTSD such as anxiety, sleep problems and difficulties with concentration. Recommendations also aim to raise awareness of the condition and improve coordination of care.



'YOU'RE FIRED': President Trump throws out catchphrase during rally (FNN)

Consulter >

# You're fired !

[Review](#) > [Cochrane Database Syst Rev. 2002;\(2\):CD000560.](#)

doi: 10.1002/14651858.CD000560.

## Psychological debriefing for preventing post traumatic stress disorder (PTSD)

[S Rose](#)<sup>1</sup>, [J Bisson](#), [R Churchill](#), [S Wessely](#)

Affiliations + expand

PMID: 12076399 DOI: [10.1002/14651858.CD000560](#)

**Main results:** Single session individual debriefing did not reduce psychological distress nor prevent the onset of post traumatic stress disorder (PTSD). Those who received the intervention showed no significant short term (3-5 months) in the risk of PTSD (odds ratio 1.22 (95% ci 0.60 to 2.46)). At one year one trial reported that there was a significantly increased risk of PTSD in those receiving debriefing (odds ratio 2.88 (1.11 to 7.53))odds ratio 95%). There was also no evidence that debriefing reduced general psychological morbidity, depression or anxiety.

**Reviewer's conclusions:** There is no current evidence that psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents. Compulsory debriefing of victims of trauma should cease.



# College resources for international disasters

This page includes links to resources for use by clinicians and carers who may be able to help others in relation to the unfolding crises around the world.

The RCPsych has built up a body of knowledge from the response it has provided to a number of international emergencies. Humanitarian emergencies are caused by a number of factors, including natural disasters, political upheaval and acts of violence. When responding to an international disaster the College will work in ways that are respectful of the peoples and culture of regions and nations in which we are working, and our work will respect the needs of patients and always be person-centred.

The RCPsych will put in place an emergency response plan when the Disasters Emergency Committee (DEC) launches an appeal.

Those who can are invited to donate money to [Disasters Emergency Committee \(DEC\)](#).

For international disasters where there is no active appeal in place, [money can be donated to DEC member charities](#).

Members of our International Advisory Committee (IAC) are in contact with national and international agencies to ascertain what practical support the College can offer, many have responded and the College is working with them to deliver psychological first aid (PFA) training.

The College is grateful to the many members who have offered to help.

## Related resources



[Blog: Ukrainian psychiatry in times of war](#)

[Volunteering with the RCPsych](#)

[Volunteering and](#)

consequences of disasters and public health emergencies has increased significantly in the past decade. The most commonly reported symptoms after a disaster are sleeplessness; anxiety; depression; and constant, overwhelming bereavement.<sup>1</sup> [Posttraumatic stress disorder](#) (PTSD), major depressive disorder (MDD), and substance abuse are more prevalent in communities in which traumatic events have occurred.<sup>2-4</sup> The Institute of Medicine Committee on Responding to the Psychological Consequences of Terrorism

Physical	Emotional	Cognitive	Behavioral	Spiritual
Nausea, GI distress	Numbness, anxiety, fear	Difficulty in concentrating	Startle reaction, restlessness	Intense use of prayer
Sweating, shivering	Rapidly shifting emotions	Racing, circular thoughts	Sleep and appetite disturbances	Loss of faith
Faintness, dizziness	Guilt, survivor guilt	Slowed thinking	Difficulty in expressing oneself	Profound loss of trust
Muscle tremors, weakness	Exhilaration, survivor joy	Memory problems	Constant talking	
Elevated blood pressure	Anger, sadness	Confusion, difficulty in naming objects	Arguments, angry outbursts	
Elevated heart and respiration rates	Helplessness, feelings of detachment	Impaired problem solving, calculations	Withdrawal, apathy	
Uncoordinated movements	Feeling unreal	Difficulty in making decisions	Exaggerated "gallows" humor	
Overwhelmed	Disorientation	Intrusive images of disaster	Slowed reactions, accident-prone	
Extreme fatigue, exhaustion	Feeling out of control	Loss of perspective	Inability to rest or let go	
Headache	Denial, constriction of feelings	Loss of ability to conceptualize, prioritize	Increased use of alcohol, tobacco	
Narrowed visual field	Strong identification with victims			

Adapted with permission from Ng AT. Psychiatr Issues Emerg Care Settings. 2004.<sup>16</sup>

Table 2

Target symptoms	Potential pharmacological agents
Insomnia	Zolpidem, eszopiclone, ramelteon, trazodone, diphenhydramine
Anxiety	Lorazepam, clonazepam, diazepam and other benzodiazepines, buspirone, diphenhydramine, hydroxyzine, propranolol
Depression	Paroxetine, sertraline, fluoxetine, venlafaxine, nortriptyline

Capture d'écran



# Trauma

Explains what trauma is and how it affects your mental health. Includes tips for helping yourself, what treatments are available and how to overcome barriers to getting support. Also has tips for supporting someone else who has gone through trauma.

## About trauma

[Effects of trauma](#)[Coping with trauma](#)[Treatment and support](#)[Overcoming barriers](#)[For friends and family](#)[Useful contacts](#)

## What is trauma?

Trauma is when we experience very stressful, frightening or distressing events that are difficult to cope with or out of our control. It could be one incident, or an ongoing event that happens over a long period of time.

Most of us will experience an event in our lives that could be considered traumatic. But we won't all be affected the same way. Trauma can happen at any age. And it can affect us at any time, including a long time after the event has happened.

On this page we explore:

- [What experiences might be traumatic?](#)
- [Types of trauma](#)

If you've been affected by trauma, it's important to remember that you survived however you could. You're having common, normal reactions. Find out more on our page on the [effects of trauma](#).

It's ok to ask for help at any time. Even if you're not sure if you've experienced trauma or want to describe your experience that way.

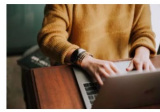


**I no longer need to physically or emotionally mask my pain anymore. I survived it, I'm still here, I made it through and I feel stronger and more empowered for it.**



### Information and support

When you're living with a mental health problem, or supporting someone who is, access to the right information is vital.



### Core

If you right to gi

#### Information and advice

[Types of mental health problems](#)  
[A-Z mental health](#)  
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## Overview

ct us:

- You may develop post-traumatic stress disorder (PTSD) if you have an experience, or experiences, that you find traumatic.
- The development of PTSD depends on different factors. These can include things such as any history of mental illness, the severity and type of trauma and how you individually experience it.
- PTSD is more common if the trauma is unexpected, long-lasting, caused by other people, and involves a perceived threat to your life.
- Not everyone who experiences trauma will develop PTSD.
- Symptoms include traumatic memories, avoiding people or things that remind you of the event, not being able to sleep, and feeling anxious. But there can be other symptoms.
- Treatments for PTSD include talking therapy and medication.
- Treatment can help you to recover fully from PTSD or manage the symptoms better.

# Japon



- Essentiellement porté par Japan Red Cross Society :
  - Axe humanitaire fort (Ukraine, Turquie-Syrie,
  - Déploiement d'équipes MP sur le terrain : soins immédiats
  - Prévention des troubles psychotraumatiques
  - Attention particulière trauma sauveteurs
- Programmes d'intervention spécifiques pour faire face aux catastrophes naturelles / risque sismique
- Utilisation de techniques culturellement appropriées : Les interventions sont adaptées à la culture japonaise, incluant des éléments tels que la compassion, la discrétion et le respect des traditions locales.







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Domestic Disaster Response | JAPANESE RED CROSS SOCIETY

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Be aware of gap between recognition and action to improve disaster ...

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Sep 1, 2016 ... To resolve this condition, we interpret hard-to-accept information in a convenient way, in an attempt to maintain **psychological** stability.

The Japanese Red Cross Society's Response to Japan Floods and ...

JAPANESE RED CROSS SOCIETY > Home > 英語サイトEmergency Relief

Jul 24, 2018 ... Furthermore, in Kure-city in Hiroshima, Psychosocial Support activities are taking place to support the **psychological** aspect of the affected ...

Speech delivered at the opening ceremony of the 7th Asian ...

www.jrc.or.jp > english > about > president > speeches

... **psychological** care for the survivors. In addition to acting as the main fundraiser and fund manager for the disaster, the Japanese Red Cross Society sent ...

Donate | JAPANESE RED CROSS SOCIETY

JAPANESE RED CROSS SOCIETY > english > donate

You might help families survive when disaster strikes. Your generosity will give more people humanitarian support such as medical treatment, **psychological** ...

Obama's Hiroshima visit a wake-up call on risks of nuclear weapons

JAPANESE RED CROSS SOCIETY > Home > 英語サイトNews

May 27, 2016 ... And aside from the physical symptoms, the **psychological** trauma is still ever present. No-one who visits Hiroshima's Peace Memorial Museum ...



日本赤十字社

https://www.jrc.or.jp > english



JAPANESE RED CROSS SOCIETY

NEWS · 2024.03.29. Review of International Activities in FY 2023 - No.1 -



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2024 NOTO PENINSULA EARTHQUAKE

THE JAPANESE RED CROSS SOCIETY'S RESPONSE





Japan Data >

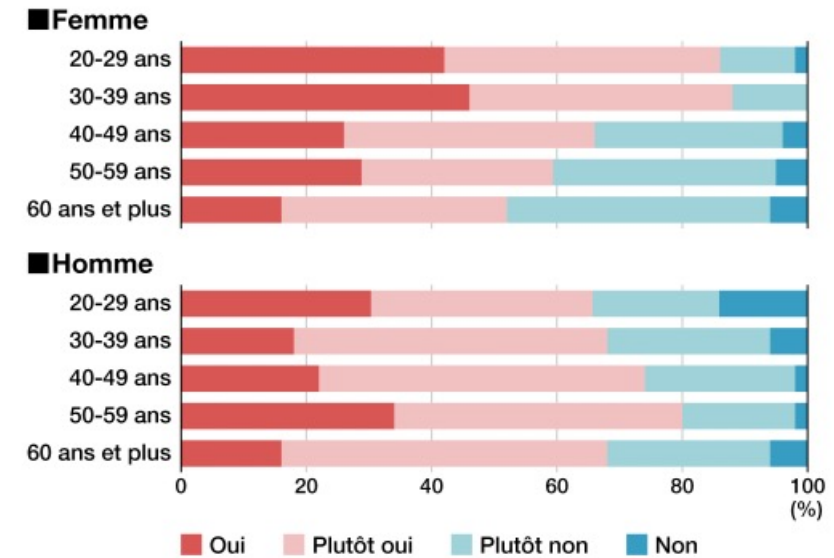
## Les sources d'anxiété chez les Japonais : de quoi sont-ils inquiets ?

Société | Santé | 15/01/2022

La société contemporaine nous fournit bien des motifs d'anxiété, que ce soit notre santé ou celle de nos proches, la situation économique, les crimes et délits ou encore les catastrophes naturelles. Quels sont les éléments qui provoquent de l'anxiété chez les Japonais ? Voyons quels sont les résultats d'une enquête menée à ce sujet.

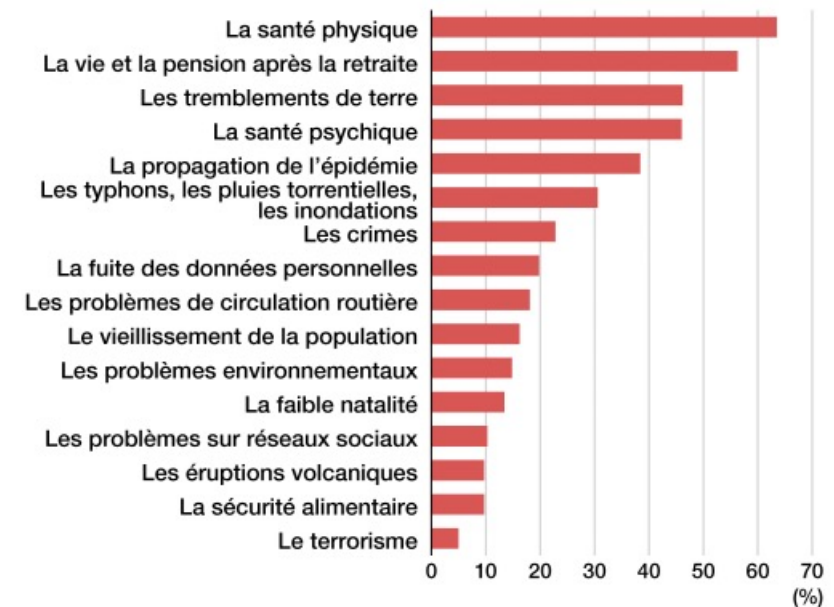
La santé et les catastrophes naturelles ont dépassé de beaucoup les crimes et les délits comme motifs d'anxiété, une caractéristique du Japon, souvent exposé aux séismes alors que d'un autre côté, le pays jouit d'une bonne sécurité publique.

### Vous sentez-vous anxieux récemment ?



Source : graphique créé par Nippon.com d'après l'enquête menée par Secom nippon.com

### Quels sont vos motifs d'anxiété ?



Source : graphique créé par Nippon.com d'après l'enquête menée par Secom nippon.com

(Photo de titre : Pixta)

## Devant la catastrophe au Japon, "un stress collectif mondial"

Christian Navarre, psychiatre spécialiste des catastrophes naturelles, revient sur l'émotion suscitée par les événements au Japon.

Par Propos recueillis par Marion Solletty

Publié le 16 mars 2011 à 12h09, modifié le 16 mars 2011 à 16h27 - Lecture 3 min.

Ajouter à vos sélections



Partout dans le monde, les médias relatent en direct la situation au Japon. AFP/JUNG YEON-JE

Après le séisme et le tsunami, le Japon et le monde vivent dans l'angoisse d'une catastrophe nucléaire de grande ampleur. Le psychiatre au centre hospitalier du Rouvray, à Sotteville-lès-Rouen, et auteur de *Psy des catastrophes, dix années après* (Imago), revient sur l'émotion suscitée par ces événements exceptionnels.

Quel regard portez-vous sur la réaction du peuple japonais après la catastrophe ?



ASIE-PACIFIQUE

## Fukushima : le peuple japonais confronté à un second choc traumatique lié au nucléaire

Compte tenu de l'ampleur de la catastrophe, "c'est le pays tout entier qui a été attaqué".

Par Catherine Vincent

Publié le 19 mars 2011 à 13h15, modifié le 11 mars 2022 à 16h11 - Lecture 3 min.

Offrir l'article

Article réservé aux abonnés



Capture d'écran

Édition du jour  
Daté du mercredi 27 mars



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# Japon

## Disaster Psychological Assistance Teams



The Japan Disaster Relief Team Makes the Grade Receiving Highest Marks in International...

Consulter >

The Department of Disaster Psychiatry was established to understand the impact that the Great East Japan Earthquake had on victims' mentality and to help make a disaster support system. Also, our goal is to gather knowledge and develop techniques in order to prepare and make the proper measures for future disasters.



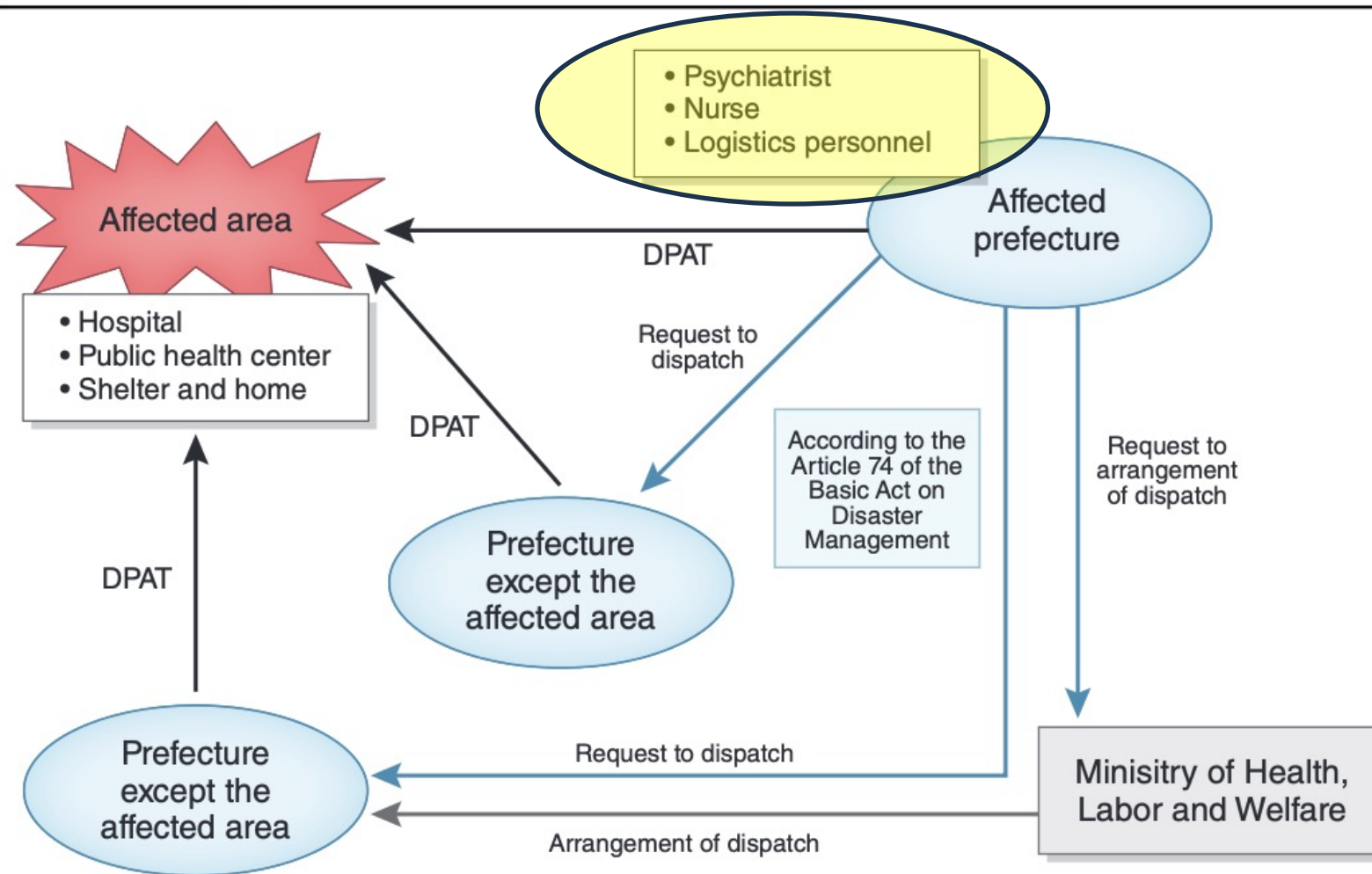
災害精神医学

<https://www.irides-dpsy.med.tohoku.ac.jp> > english

Department of Disaster Psychiatry - Tohoku University



# Japon



**Fig. 2** Disaster Psychiatric Assistance Team (DPAT). The DPAT is a specialized team that goes into the affected area after a large-scale disaster, such as a natural disaster, to provide psychiatric care and support for mental health activities. Correction added on March 12, 2022, after first online publication: Figure 2 was corrected to reflect the new methodology utilized to calculate pyrolysis reaction energy.

# Lessons learned from psychosocial support and mental health surveys during the 10 years since the Great East Japan Earthquake: Establishing evidence-based disaster psychiatry

Yasuto Kunii, MD, PhD <sup>1\*</sup> Hitomi Usukura, PhD,<sup>1</sup> Kotaro Otsuka, MD, PhD,<sup>2,3</sup> Masaharu Maeda, MD, PhD <sup>4,5</sup>  
Hirooki Yabe, MD, PhD,<sup>5,6</sup> Sho Takahashi, MD, PhD <sup>7</sup>, Hirokazu Tachikawa, MD, PhD <sup>7</sup> and  
Hiroaki Tomita, MD, PhD <sup>1,8,9\*</sup>

## Advances in Mental Health Disaster Response After the GEJE

### 1 The Disaster Psychiatric Assistance Team (DPAT) system

When the GEJE occurred, many psychiatric medical workers were aware of the significance of disaster support through the experience of the GHAE, and the knowledge accumulated in the previous support activities was published in the form of guidelines and attitudes. However, these manuals were not recognized by the majority of mental health workers, with most of them not being trained for disaster response prior to its occurrence. In addition, at the time of the GEJE, there was no established systematic support system for psychiatric care and mental health support activities in the affected areas. With three psychiatric hospitals in the Miyagi prefecture being severely damaged by the tsunami, this fact was not apparent to the disaster response teams for several days, which caused delays in support, including the transfer of inpatients. Mental health support teams were not systematically organized; therefore, there were large differences in the number of teams allocated to the affected area and the extent of activities, with each team acting based on their own judgment without sharing plans and information with other teams working in other areas. Based on these experiences, the DPAT was organized (Fig. 2).

# Australie

- Mental Health and Psychosocial Support (MHPSS) :
  - Fournit une assistance psychologique après des catastrophes,
  - Coordination par Department of Health
  - Formation d'équipes spécialisées de terrain
- Très centralisé
- Plusieurs thématiques : torture, violences sexuelles, violences conjugales (Women's Trauma Recovery Centre)
- Déclinaison de plans de secours (NRBC, inondations, feux de brousse ...) : pas de volet psychotrauma dédié



Australian Government  

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Department of Health and Ageing

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**NATIONAL HEALTH EMERGENCY**

**RESPONSE ARRANGEMENTS**

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## Psychosocial support for people with severe mental illness

Our programs provide psychosocial support services to people with severe mental illness and complex mental health needs.

# National Critical Care and Trauma Response Centre

The National Critical Care and Trauma Response Centre (NCCTRC) provides clinical and academic leadership in disaster and trauma care. Based in Darwin, it has emergency medical response facilities, provides education and training, and has state-of-the-art research facilities.

## External link

### [National Critical Care and Trauma Response Centre](https://nationaltraumacentre.gov.au/)

<https://nationaltraumacentre.gov.au/>

We established the NCCTRC following the 2002 Bali bombings. Strategically located in Darwin, it allows us to rapidly respond to sudden health emergencies both onshore and offshore throughout the Asia-Pacific region. We can quickly deploy Australian Medical Assistance Teams (AUSMAT) to these areas when needed.

# Australie



If life in danger call  
Triple Zero 000

Call 13 11 14 >  
24/7 Crisis Support

Text us >  
Online

Chat with us >  
Online

Get help >

Real experiences >

Get involved >

Resources >

About >



**We're here for you**

[Call 13 11 14](#) [Chat with us](#) [Text us](#)

## You are not alone. We're here to listen.

We are a national charity providing all Australians experiencing emotional distress with access to 24 hour crisis support and suicide prevention services. We exist so that no person in Australia has to face their darkest moments alone.



[I'm feeling suicidal >](#)



[I'm worried about someone >](#)



[Tools, Techniques & Stories >](#)

# Australie

- Toolkit Quiz
- Topics
- Techniques & Strategies
- Tools & Apps
- Real Stories
- Support Services
- Support Guides
- Main Lifeline site

## What is the PTSD Program?

## Who is the PTSD Program for?

## How does the PTSD Program help?

## Getting started with the PTSD Program

### What is the PTSD Program?

The PTSD Program is a free self-guided information on [post-traumatic stress disorder](#)

- Understand and identify the symptoms
- Gain control of physical reactions
- Discover relaxation techniques such as
- Identify and replace unhelpful beliefs
- Protect your mental health and wellbeing

### Who is the PTSD Program for?

The PTSD Program is available for Australians with mild to moderate levels of [PTSD](#) or any

- Flashbacks
- Nightmares
- Being overly alert
- Feelings of numbness
- Recurrent memories.

If you're unsure if the PTSD Program is right for you, you can complete Mental Health Online's mental health assessment, [e-PASS](#), which will make recommendations about which program(s) might be better suited for you.

**i** Remember that [PTSD](#) is a treatable condition. There are many things that you can do to [feel better in the moment](#), as well as [long-term strategies](#) that work to treat [trauma](#). [Lifeline is always here for you](#) if you want to speak to someone.

### How does the PTSD Program help?

Consisting of 12 self-paced modules that can be completed over the course of 12 months, the PTSD Program uses principles from [cognitive behavioural therapy \(CBT\)](#) to help you:

- Understand the link between your thoughts, feelings, and behaviours
- Recognise patterns of thinking and behaviour

## What's on your mind today?

You can select more than one

- I'm feeling stressed or anxious
- I'm feeling low or down
- I'm struggling with drugs or alcohol
- I have experienced trauma
- I'm stressed about my finances
- I'm feeling something else

[Clear my selections](#)

## What kind of help are you looking for?

Select one.

- Learn about my situation
- Try something to help me manage now
- Strategies to help me long term
- Find a tool or app to help
- Hear others' stories
- Find a service to help



# Australie

### Tools and apps to help you manage

Tools and apps designed to help you manage your mental health day-to-day.

7 results

#### Tools & apps for trauma

Helps with  
Trauma Therapy

🕒 1 min read

➔

#### This Way Up

This Way Up offers free and paid self-paced online programs that can teach you new and effective ways to manage your mental health and wellbeing.

Cost  
Free With Prescription

Helps with  
Depression Anxiety Trauma

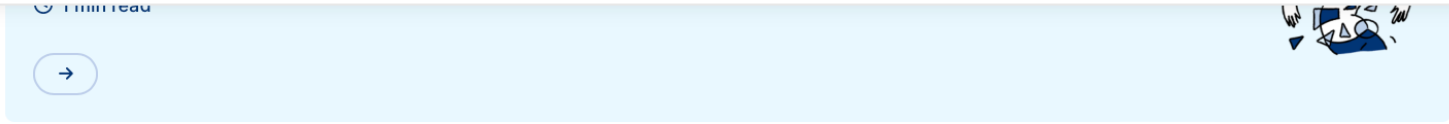
➔

#### OurHerd

OurHerd is a confidential storytelling app where young people can connect, open up about their mental health, and learn from each other's lived experiences.

Cost  
Free

Helps with  
Connection Stories



#### Black Dog Institute's Online Clinic

The Online Clinic offers clinical assessments for common mental health conditions and provides personalised reports of suggested support services and resources.

Cost  
Free

Helps with  
Mental Health Assessment



#### PTSD Program

Mental Health Online's PTSD Program teaches you about post-traumatic stress disorder as well as skills and strategies you can use to manage it.

Cost  
Free

Helps with  
Trauma



Show more

### We're here for you.

Confidential one-to-one support with a trained Lifeline crisis supporter.

Call us • 13 11 14

Text us • 0477 13 11 14

Chat with us • 24/7



### Your mental health is important.

Some days are better than others and we all need a helping hand from time to time. Beyond Blue is here to help all people in Australia achieve their best possible mental health. Earlier, easier, together.

Whether you're seeking mental health information or 24/7 qualified support for you or someone else, we're here for you.



<h4>Suicide Call Back Service</h4> <p>Free 24/7 telephone counselling support if you are at risk of or affected by suicide. Delivered by trained counsellors at Lifeline.</p> <p><b>Call 1300 659 467</b></p>	<h4>Kids Helpline</h4> <p>Free 24/7 phone and online counselling service for young people aged 5 to 25.</p> <p><b>Call 1800 55 1800</b></p>	<h4>13 YARN</h4> <p>For Aboriginal and Torres Strait Islander people who are going through a tough time and feel like having a yarn.</p> <p><b>Call 13 92 76</b></p>	<h4>1800 Respect</h4> <p>Support if you, or someone you know, is experiencing sexual assault or domestic and family violence.</p> <p><b>Call 1800 737 732</b></p>
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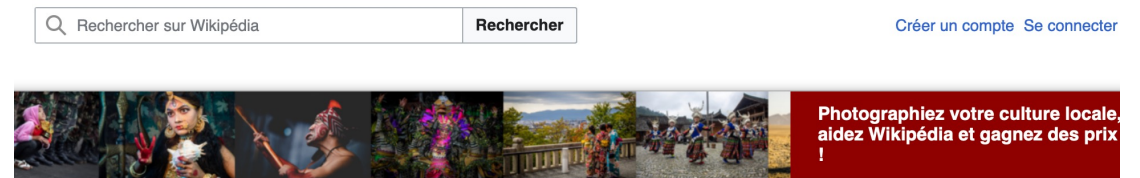
### Check your mental health

The Anxiety and Depression Test (K10) will help you understand your level of distress. It will suggest support options and resources to help you based on your results.

**Start the K10 test**



# Belgique



## Centrale d'urgence 112

Article Discussion

Lire Modifier Modifier le code Voir l'historique Outils

En Belgique, les **centrales d'urgence 112** (abrégées **CU112**) (en néerlandais **noodcentrales 112** et en allemand **Notrufzentralen 112**) anciennement appelées **centrales 100** (en référence au numéro d'appel d'urgence européen « 112 » ou à l'ancien numéro d'appel « 100 ») sont les organismes et les endroits dépendants du **service public fédéral Intérieur** qui reçoivent, traitent et gèrent les appels d'urgence pour les **pompiers** et l'**aide médicale urgente**<sup>1</sup>, soit respectivement les **disciplines 1 et 2**, de la **planification d'urgence en Belgique**. La **police** (discipline 3) dispose quant à elle de ses propres centrales et d'un numéro différent : le 101.

Il existe dix centrales d'urgences 112 dans le pays, soit une par **province** (sauf pour le **Brabant wallon**) et une pour la **région de Bruxelles-Capitale**<sup>2</sup>. Elles assurent également le rôle de **dispatching** pour la discipline 2 (soit la réquisition et la gestion des véhicules agréés « 112 », tels que les **ambulances**, les **PIT** ou les **SMUR**) ce qu'elles faisaient également pour la discipline 1 jusqu'à la mise en place des **zones de secours** à la suite de la **réforme de la sécurité civile en Belgique**, qui entra en vigueur en 2015<sup>3</sup>.

Ces centrales peuvent donc être assimilées aux **centres de traitements de l'alerte français**, avec toutefois plusieurs différences notables, dont celle que les opérateurs des centrales 112 belges sont des « **calltakers** »<sup>4</sup> civils et non pas des pompiers ou du personnel médical, ou encore qu'il n'existe pas de **régulation médicale** en Belgique comme le **SAMU** français.



Les centrales d'urgence 112 tiennent leur nom du numéro d'appel d'urgence européen « 112 », progressivement mis en place à partir des années 2000.

- UMP étroitement coordonnée avec les services d'urgence médicale, la police, les pompiers et d'autres intervenants d'urgence.
- Depuis 2020 : protocoles de pour assurer une réponse intégrée lors SSE
- Équipes dédiées de psychiatrie de catastrophe coordonnés avec les services d'urgence
  - Modèle théorique/organisationnel très français
  - Intervention rapide en situation de crise/SSE
- 
- Deux types d'organes consultatifs : **les Commissions d'aides médicales urgentes (COAMU) PROVINCE** et le **Conseil national des secours médicaux d'urgence**.



Accueil / Que font les autorités? / Gestion de crise /

## ORGANISATION LORS D'UNE SITUATION D'URGENCE SUR LE TERRAIN



# Belgique

Lors d'une situation d'urgence, on ne fait pas référence à des services (service d'incendie, ambulances, police) mais à des disciplines (1, 2, 3, 4 ou 5). Une discipline est un ensemble de missions réalisées par différents services.

Au total, il y a 5 disciplines.

- **Discipline 1 : les opérations de secours.** Les missions de cette discipline sont notamment :
  - Gérer la situation.
  - Mettre les personnes et les biens à l'abri.
  - Réquisitionner du personnel et du matériel si nécessaire.
- **Discipline 2 : les secours médicaux, sanitaires et psychosociaux.** Les missions de cette discipline sont notamment :
  - Lancer la chaîne médicale.
  - Administrer des soins médicaux et psychosociaux.
  - Transporter les victimes.
  - Prendre des mesures de santé publique.
  - Mettre sur pied un centre d'accueil pour les victimes et leurs familles.



# Belgique

Inloggen

HOME ACUEIL LID WORDEN NOTRE EQUIPE TRAUMATHERAPIE FORMATION TROUVER UN THERAPEUTE VIND EEN THERAPEUT THERAPEUTE OPLEIDINGEN THERAPIE OVER ONNS CONTACT NOUVELLES

# BIP

INSTITUT BELGE DE PSYCHOTRAUMATOLOGIE

Trouver un therapeut

Accès direct vers nos psychotraumatologues certifiés

en savoir plus...

Formations

Découvrez nos workshops, séminaires, conférences et formations.

en savoir plus...

Thérapie du trauma

Qu'est un trauma et comment se déroule une thérapie du trauma?

en savoir plus...

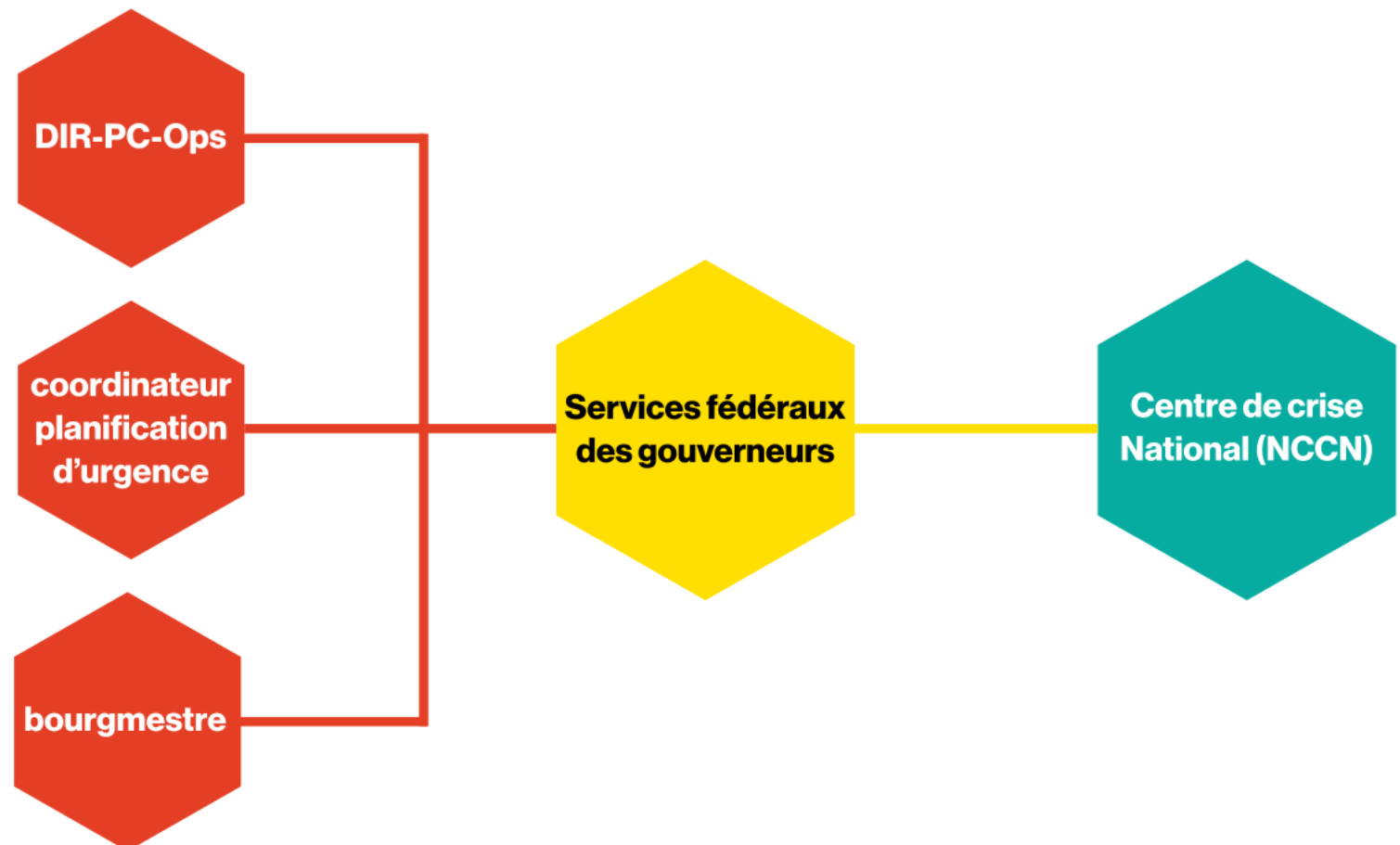
# Belgique

## Crisis Support Team



### Activation du CST

Le CST peut être activé par le **Dir-PC-Ops, le coordinateur planification d'urgence ou le bourgmestre** via les Services fédéraux des gouverneurs, qui prennent ensuite contact avec le Centre de Crise National (NCCN). Il est possible de faire appel au CST **dès la mise en place de la coordination opérationnelle.**





# Belgique



COUNCIL OF EUROPE

European and Mediterranean  
Major Hazards Agreement

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You are here: Democracy and Human Dignity > European and Mediterranean Major Hazards Agreement > Topics > Post disaster initiative > Psychosocial care > Virtual Library > Belgium

## Psychological care - Belgium

### Guidelines

- > Psycho-social support in situations of mass emergency - European Policy Paper concerning different aspects of psycho-social support for people involved in major accidents and disasters [EN]



This document offers decision-makers a methodological guide and a coherent model for psychological and social support in situations of mass emergency. Recommendations are the result of a series of exchanges of ideas and discussions between professionals from a wide range of backgrounds, coming from all over Europe. They include professionals with a psychological or social work training, public health physicians, medical emergency services staff, rescuers, academic experts, independent consultants, volunteers, local and central government civil servants. This European Policy Paper also

reflects the actual state of scientific consensus on this subject, and builds on the conclusions of earlier European Workshops and Conferences in Arras-Lille (France), Amsterdam (the Netherlands) and Vienna (Austria), and the two most recent working conferences that were organised in Brussels (Belgium) (...).



### SHORTCUTS

#### Virtual Library

Austria

# Pays-Bas

- Apparition des post-disaster psychosocial support



Government of the Netherlands

[Home](#) > [Topics](#) > [Mental health and psychosocial support in crisis situations](#) >

## Why should MHPSS be an integral part of emergency assistance?

When mental health and psychosocial support (MHPSS) is an integral part of emergency assistance, the overall effectiveness of aid is greater. This applies to all forms of emergency assistance, such as food, water, sanitation, healthcare or shelter.





## MHPSS ensures better emergency response

Research over the last several decades has shown that MHPSS is effective in crisis situations. Mental wellbeing is crucial in:

- enabling people to rebuild their lives;
- reducing poverty;
- creating peace;
- preventing sexual violence;
- rebuilding affected areas and economies.

Investments in basic necessities such as shelter, water, food and medical care are more effective when combined with psychosocial support programmes.

## The organization of post-disaster psychosocial support in the Netherlands: a meta-synthesis

Jurriaan Jacobs <sup>a,b</sup>, Marjolaine Oosterbeek<sup>a</sup>, Lars G. Tummers <sup>b</sup>, Mirko Noordegraaf<sup>b</sup>, C. Joris Yzermans <sup>c</sup>  
and Michel L. A. Dückers <sup>a,c</sup>

<sup>a</sup>Impact – National Knowledge and Advice Centre for Psychosocial Care Concerning Critical Incidents, Arq Psycho Trauma Expert Group, Diemen, The Netherlands; <sup>b</sup>Utrecht School of Governance, Utrecht University, Utrecht, The Netherlands; <sup>c</sup>NIVEL – Netherlands Institute for Health Services Research, Utrecht, The Netherlands

### ABSTRACT

**Background:** Despite numerous calls for a more evidence-based provision of post-disaster psychosocial support, systematic analyses of post-disaster service delivery are scarce.

**Objective:** The aim of this review was to evaluate the organization of post-disaster psychosocial support in different disaster settings and to identify determinants.

**Methods:** We conducted a meta-synthesis of scientific literature and evaluations of post-disaster psychosocial support after 12 Dutch disasters and major crises between 1992 and 2014. We applied systematic search and snowballing methods and included 80 evaluations, as well as grey and scientific documents.

**Results:** Many documents focus on the prevalence of mental health problems. Only a few documents primarily assess the organization of post-disaster psychosocial support and its determinants. The material illustrates how, over the course of two decades, the organizational context of post-disaster psychosocial support in the Netherlands has been influenced by changes in legislation, policy frameworks, evidence-based guidelines, and the instalment of formal expertise structures to support national and local governments and public services. Recurring organizational issues in response to events are linked to interrelated evaluation themes such as planning, training, registration, provision of information and social acknowledgement. For each evaluation theme, we identify factors helping or hindering the psychosocial support organization during the preparedness, acute and recovery phases.

**Conclusions:** The meta-synthesis illustrates that psychosocial service delivery has grown from a monodisciplinary to a multidisciplinary field over time. Suboptimal interprofessional collaboration poses a recurring threat to service quality. Despite the development of the knowledge base, post-disaster psychosocial support in the Netherlands lacks a systematic and critical appraisal of its functioning. Further professionalization is coupled with the strengthening of evaluation and learning routines.

### ARTICLE HISTORY

Received 15 April 2018  
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Accepted 12 October 2018

### KEYWORDS

Disasters; recovery;  
psychosocial support;  
organizational factors;  
interprofessional  
collaboration

### PALABRAS CLAVES

Desastres; recuperación;  
apoyo psicosocial;  
evaluación; factores  
organizaciones;  
colaboración inter-  
profesional

### 关键词

6  J. JACOBS ET AL.

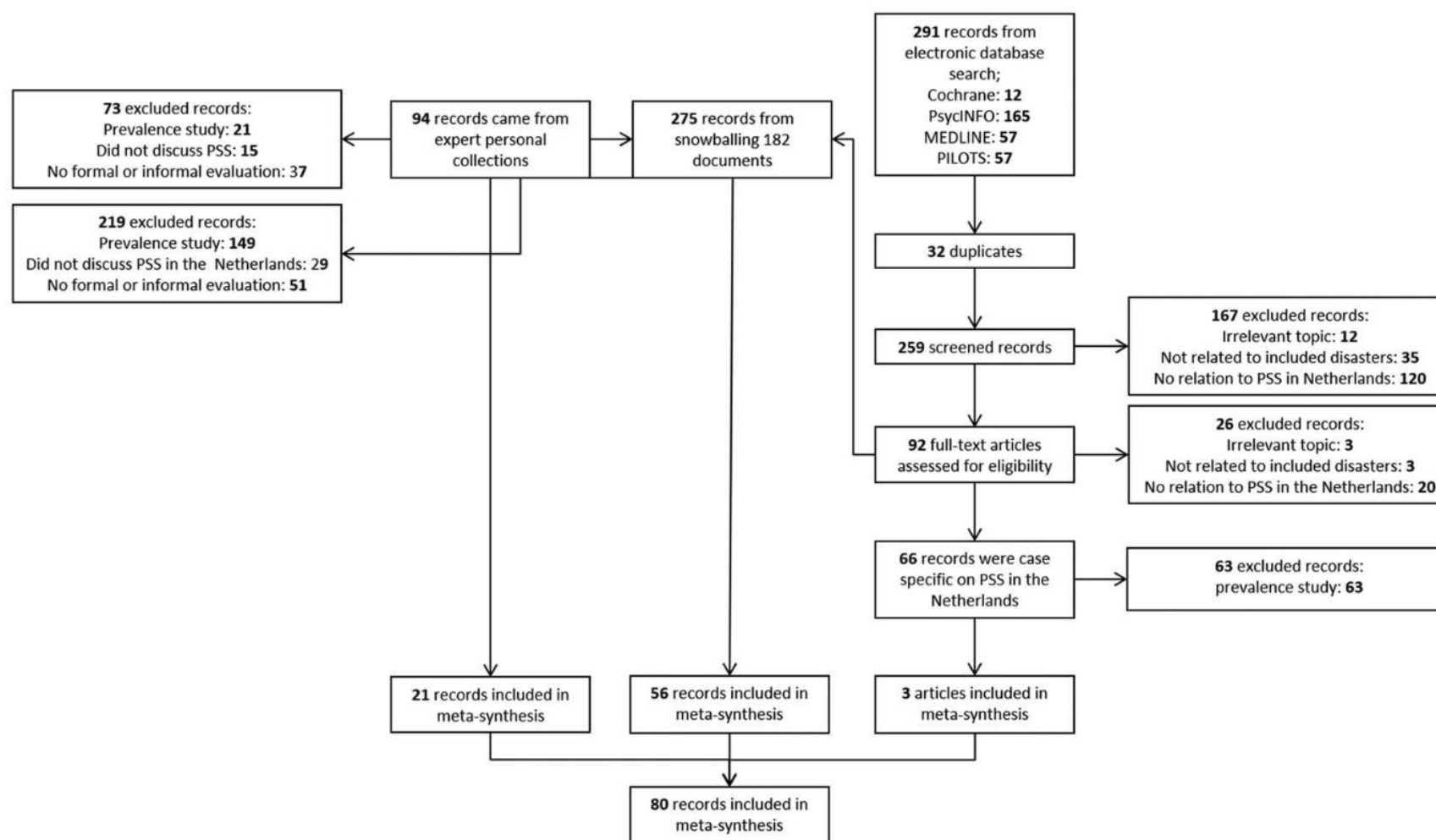
**Table 2.** List of included Dutch disasters and documents.

Disaster	Year	Total number of documents	Formal evaluation reports	Grey documents	Scientific research	Scientific publications in peer-reviewed journals
Bijlmer aeroplane disaster	1992	23	5	12	4	2
Faro air crash	1992	4	3	1	0	0
Legionella outbreak Bovenkarspel	1999	2	1	1	0	0
Fireworks explosion Enschede	2000	18	4	10	4	0
Bar fire Volendam	2001	5	3	1	1	0
Bird flu epidemic	2003	3	1	2	0	0
Tsunami Indian Ocean	2004	0	0	0	0	0
Q-fever outbreak	2006–2009	4	3	1	0	0
Poldercrash Haarlemmermeer	2009	4	2	1	1	0
Tripoli air crash	2010	2	1	1	0	0
Alphen aan den Rijn shooting	2011	4	2	2	0	0
MH17 aeroplane crash	2014	9	3	4	1	1
Multiple disasters		2	0	2	0	0
<b>Total</b>		<b>80</b>	<b>28</b>	<b>38</b>	<b>11</b>	<b>3</b>



**Table 1.** List of included Dutch disasters.

No.	Disaster	Date	Casualties	Injured
1	Bijlmer aeroplane disaster	04-10-1992	43 (including crew)	Unknown
2	Faro air crash	21-12-1992	56	106
3	Legionella outbreak Bovenkarspel	25-02-1999	32	206
4	Fireworks explosion Enschede	13-05-2000	22 or 23	947
5	Bar fire Volendam	01-01-2001	14	339 (63 severe)
6	Bird flu epidemic	2003	1	At least 1000
7	Tsunami Indian Ocean	26-12-2004	229,866 (36 Dutch)	Unknown (53 Dutch)
8	Q-fever outbreak	2007–2010	At least 14	3522
9	Poldercrash Haarlemmermeer	25-02-2009	9 (no Dutch)	120
10	Tripoli air crash	12-05-2010	103 (70 Dutch)	1
11	Alphen aan den Rijn shooting	09-04-2011	7 (including perpetrator)	17
12	MH17 aeroplane crash	17-07-2014	298 (193 Dutch)	0





# Israël



- Magen David Adom (מגן דוד אדום)
- 1300 employés / 32000 volontaires / 700 ambulances & scooters / 95 stations
- GQ dans le complexe de Tel HaShomer
- Indépendante de l'état mais rôle d'auxiliaire des services publics
- Equipes susceptibles d'inclure des professionnels de la santé mentale :
  - soutien psychologique immédiat sur le lieu d'un événement traumatique,
  - Gestion de stress, ventilation émotionnelle,
  - Coordination avec les services d'urgence médicale
- Volet formation des volontaires/bénévoles
- Volet soutien familles/proches
- Protocole SIX Cs ??????????????

## L'hôpital israélien Sheba de Tel Hashomer classé 9e meilleur centre médical au monde

L'hôpital qui se trouve en banlieue de Tel Aviv se classe juste derrière l'hôpital parisien de la Pitié-Salpêtrière, qui occupe la 8e place

i24NEWS

28 février 2024 à 15:02 ■ dernière modification 28 février 2024 à 15:39

🕒 2 min



Aerial view of Sheba Tel Hashomer Medical Center, outside of Tel Aviv, Israel. ■ Omer Fichman/FLASH90



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## The SIX Cs model for Immediate Cognitive Psychological First Aid: From Helplessness to Active Efficient Coping

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**Magen David Adom** (de l'**hébreu** מגן דוד אדום signifiant « Étoile rouge de David ») est une société nationale de la **Croix-Rouge**, fondée en 1930. Il est le **service d'urgence** officiel d'**Israël**, d'ambulance et de don du sang.

## Histoire [[modifier](#) | [modifier le code](#)]



Avion en bois du MGA à Tel Aviv (1930)

Le Magen David Adom (sigle : MDA - en hébreu se prononce : MADA) est créé en 1930 comme organisation **juive**, formée de volontaires, n'ayant d'abord qu'une antenne à **Tel Aviv**<sup>1</sup>.

Cinq ans plus tard, après l'ouverture des antennes de **Jérusalem** et **Haïfa**, il couvre, la totalité de la **Palestine mandataire**, fournissant une aide médicale à la population juive et aussi à la **Haganah** ainsi qu'aux auxiliaires juifs de la police.

Au cours de la période de la **Grande révolte arabe** de 1936 et des années suivantes, le MDA joue un grand rôle dans les opérations de secours opérées pour les blessés juifs, à la suite des attaques physiques pratiquées par des **Palestiniens arabes**. Il soigne également les Arabes.

Après l'**indépendance d'Israël**, proclamée le 14 mai 1948, la **Knesset** vote une loi le 12 juillet 1949 donnant un statut officiel de service national d'urgences et également de service national de **don du sang** au sein de l'État juif.



Défilé du Magen David Adom lors du Rallye de recrutement à Tel Aviv (octobre 1941)



Commandement du Magen David Adom à Jérusalem (1941)



Infirmière du service médical Magen David avec des femmes arabes et enfants attendant devant une clinique externe (1948)

## Israël - Magen David Adom d'Israël



### Histoire

**Fondation** 7 juin 1930 ✎

### Cadre

**Zone d'activité** [Israël](#) ✎

**Type** [Société nationale du Mouvement international de la Croix-Rouge et du Croissant-Rouge, personne morale](#) ✎

**Domaines d'activité** [Activités pour la santé humaine, aide humanitaire](#) ✎

**Siège** [Or Yehuda \(6021805, Israël\)](#) ✎

**Pays**  [Israël](#) ✎

### Organisation

**Volontaires** 15 000 (2016) ✎

**Effectif** 3 000 employés (2016) ✎

**Fondateur** [Meshulam Levontin](#) (**d**) ✎

**Directeur** [Eli Bean](#) (**d**) (depuis 2005) ✎

**Site web** (mul) [www.mdais.org](http://www.mdais.org) ✎

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# Israël

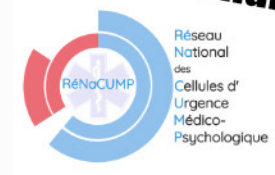


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## Crisis Intervention Teams



# Crisis Intervention Teams

- Apparues dans les années 2000, peu de spécificité psychotrauma
- Equipes mixtes jouant généralement un rôle de premier plan dans les crises majeures (SSE, catastrophes naturelles, terro) :
  - Hétérogènes en termes de métier/compétences
    - « professionnels » de santé mentale
    - Intervenants sociaux, conseillers en gestion de crise ...
  - Pas nécessairement médicalisées
- US, Canada : développement de CIT dans un contexte de lutte contre la violence
  - Déstigmatiser la maladie mentale, dangerosité
  - Favoriser le tt médical plutôt que le tt judiciaire
  - Binôme policier/soignant
  - Peu de spécificité psychotrauma



# Crisis Intervention Team (CIT) Programs

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## Crisis Intervention Team (CIT) Programs



The lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. A Crisis Intervention Team (CIT) program is an innovative, community-based approach to improve the outcomes of these encounters.

In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety.

### The Benefits Of CIT

Not only can CIT programs bring community leaders together, they can also help keep people with mental illness out of jail and *in* treatment, on the road to recovery. That's because diversion programs like **CIT** **reduce arrests of people with mental illness** while simultaneously increasing the likelihood that individuals **will receive mental health services**. CIT programs also:



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## CIT IS MORE THAN JUST TRAINING...it's a community program.

The **Crisis Intervention Team** (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises. While CIT programs are known for CIT-trained officers, successful programs also focus on improving the crisis response system, advocating for needed services, and strengthening partnerships across the community.

### DID YOU KNOW?

The CIT model, known as the "**Memphis Model**" was first developed in 1988 and since has spread throughout the United States and several nations worldwide. In 2008 the CIT founders, Dr. Randy Dupont and Major Sam Cochran (ret.) led the convening of members of successful CIT programs from throughout the United States. These individuals became the founding board members of CIT International.

CIT International is a 501(c)(3) nonprofit corporation. CIT International formed to assist communities worldwide with crisis response system reform by developing CIT programs at the state/province level, regional level, and local level.


Through research and experience, CIT International defines and advocates for the best practice standards of CIT programming. CIT International then supports CIT programs worldwide with fidelity to those best practice standards through education, conferences, certification, technical assistance and providing various training.

# Crisis Intervention Teams and People With Mental Illness: Exploring the Factors That Influence the Use of Force


[Melissa S. Morabito](#), [Amy N. Kerr](#), [...], and [Beth Angell](#)  [View all authors and affiliations](#)

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## Abstract

The Crisis Intervention Team (CIT) program was first developed to reduce violence in encounters between the police and people with mental illness as well as provide improved access to mental health services. Although there is overwhelming popular support for this intervention, scant empirical evidence of its effectiveness is available—particularly whether the program can reduce the use of force. This investigation seeks to fill this gap in the literature by exploring the factors that influence use of force in encounters involving people with mental illness and evaluating whether CIT can reduce the likelihood of its use.



# Les CIT dans le Monde

- **UK** : Crisis resolution and home treatment teams mental health nurses, psychiatrists, and social workers.
- **Australia**: mental health crisis assessment and treatment teams (CATT) that operate in each state and territory. These teams respond to urgent mental health crises in the community.
- **New Zealand**: part of District Health Boards and collaborate with police and other emergency services.
- **Germany**: Crisis intervention teams (Psychosoziale Notfallversorgung) in Germany are deployed to provide psychological first aid and support in the aftermath of disasters, accidents, and traumatic incidents.
- **South Africa**: urgent mental health needs. These teams often include psychologists, social workers, and psychiatric nurses.
- **Netherlands**: Crisis intervention teams in the Netherlands, known as Emergency Social and Psychological Assistance (ESP), respond to emergencies and provide psychosocial support.





## Psychosoziale Notfallversorgung (PSNV)

Menschen werden zumeist unvorbereitet durch plötzlich eintretende Not- und Unglücksfälle aus der Normalität ihres Lebens herausgerissen: Wenn Eltern durch das plötzliche Versterben ihres Kindes wie gelähmt sind, die Polizei nach einem schweren Verkehrsunfall der Familie die Nachricht über den Tod des Vaters überbringen muss oder Menschen mit dem Suizid eines nahen Angehörigen oder Freundes zurecht kommen müssen.

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- Method
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- Discussion
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## Crisis teams: systematic review of their effectiveness in practice

Published online by Cambridge University Press: **02 January 2018**

Rebecca A. Carpenter, Jara Falkenburg, Thomas P. White and Derek K. Tracy Show author details

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**Abstract**

**Aims and method**

Crisis resolution and home treatment teams (variously abbreviated to CRTs, CRHTTs, HTTs) were introduced to reduce the number and duration of in-patient admissions and better manage individuals in crisis. Despite their ubiquity, their evidence base is challengeable. This systematic review explored whether CRTs: (a) affected voluntary and compulsory admissions; (b) treat particular patient groups; (c) are cost-effective; and (d) provide care patients value.

**Results**

Crisis resolution teams appear effective in reducing admissions, although data are mixed and other factors have also influenced this. Compulsory admissions may have increased, but evidence that CRTs are causally related is inconclusive. There are few clinical differences between 'gate-kept' patients admitted and those not. Crisis resolution teams are cheaper than in-patient care and, overall, patients are satisfied with CRT care.

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# Crisis Intervention Teams and People With Mental Illness: Exploring the Factors That Influence the Use of Force


[Melissa S. Morabito](#), [Amy N. Kerr](#), [...], and [Beth Angell](#)  [View all authors and affiliations](#)

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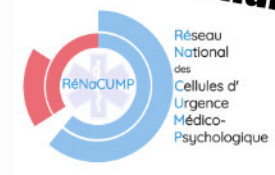


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