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from: General Secretariat
to: Coreper/Council
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Subject: Draft Council conclusions on psychosocial support in the event of emergencies and disasters
- Adoption

1. In the light of deliberations at the Presidency's seminar on psychosocial intervention in emergency and disasters situations, held in Madrid on 8 and 9 February 2010, the Presidency drew up a set of draft Council conclusions.
2. These draft Council conclusions were examined by the Working Party on Civil Protection on 17 March and on 14 April. On 12 May 2010 the Working Party reached an agreement on the text set out in the Annex.

3. On this basis, the Permanent Representatives Committee is asked to invite the Council to adopt the conclusions set out in the Annex as an "A" item on the agenda of a forthcoming meeting, and to enter these conclusions in its minutes.

Draft Council conclusions on psychosocial support in the event of emergencies and disasters

1. **Having regard to** the Council Decision of 8 November 2007 establishing a Community Civil Protection Mechanism (Mechanism Recast)¹;
2. **Having regard to** the Council Decision of 5 March 2007 establishing a Civil Protection Financial Instrument, which is in force until 31 December 2013²;
3. **Pointing out** that in recent decades international bodies and initiatives including the WHO, IASC, NATO, the Sphere Project and the EU-TENTS project have addressed risk and disaster prevention by encouraging and recommending the application of measures to develop personal and social resilience in the face of threats and disasters ³;
4. **Pointing out** that there is empirical evidence that those affected by disaster may have psychosocial experiences affecting their personal health and the health of their community⁴;
5. **Recognising** that Member States apply a variety of psychosocial support models in relation to emergencies and disasters;

¹ OJ L 314, 1.12.2007, p. 9.

² OJ L 71, 10.3.2007, p. 9.

³ Resilience being understood as the capacity of the individual and of society to react adequately to adverse situations.

⁴ Galea et al. Epidemiologic Reviews (2005), Norris et al. Psychiatry (2002) Fraguas et al (2006), Gabriel et al (2008) Whalley and Brewin (2007).

6. **Considering** that in order to facilitate prompt and efficient recovery of normal conditions account should be taken of the vital importance of psychosocial support in all the different post-catastrophe phases (acute phase, mid-term phase and long-term phase), as well as the importance of early psychosocial support to help face the situation more successfully;
Recognising, moreover, that different population sub-groups may experience psycho-social impact in differing ways and over varied timescales, and that while some may require psychosocial support for the period of their distress, others may require more substantial mental health assessment and treatment;
7. **Acknowledging that** emergency service personnel and other staff categories present on site may also be psychosocially affected by the impact of working in critical situations and that it is therefore important to develop programmes (prevention, training, rehabilitation) for them to increase their resilience and enhance their recovery;
8. **Underlining** the importance of psychosocial expertise in advising authorities managing emergencies on the psychosocial impact that their decisions may have on affected groups;
9. **Emphasising** the importance of making available multidisciplinary professional psychosocial teams, which could also include professional volunteers as part of emergency and disaster planning, in order to make possible an integrated response to all the psychosocial needs of the various affected groups;
10. **Emphasising** that in today's globalised society many people may find themselves involved in emergencies and disasters outside their own country and/or far from their place of residence, thus facing the additional discomfort of not knowing the language, the customs and the cultural variables, which makes it more difficult for them to deal with the situation and for local bodies to manage the emergency;
11. **Stressing** the usefulness of having systems and procedures to facilitate and reinforce international cooperation, in particular at the EU level, in the field of psychosocial support in emergencies;

12. **Reiterating** that responsibility for protecting their citizens lies primarily with the Member States, and the European Union's activities aim to support and complement their action *inter alia* to develop personal and social resilience in the face of threats and disasters;
13. **Stressing** the importance of respecting human rights and of enhancing cultural awareness in the provision of psychosocial support;
14. **Taking note of** the deliberations at the Presidency's Seminar on psychosocial intervention in emergency and disaster situations, held in Madrid on 8 - 9 February 2010;

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15. **Calls up on** the Member States, insofar as their civil protection systems and other relevant authorities so require, to:
 - (a) aim at including psychosocial support in the different risk and emergency management stages (prevention, intervention and rehabilitation);
 - (b) facilitate and support the development of individual and community resilience, using preventive social programmes to reinforce the capacity of the groups affected by disasters;
 - (c) promote the inclusion of specific psychosocial intervention groups or experts in the emergency response systems provided for in civil protection plans at their different levels (local, regional, national) in order to facilitate coordination between their actions and those of other operational groups or institutions at headquarters level or on the spot with whom they may have interactions;
 - (d) encourage the development of integrated stress management programmes enabling adequate psychosocial staff training for the various emergency services (fire services, police, health services, etc.) and other staff categories as appropriate in order to:

- increase their ability to protect themselves psychosocially and ability to manage stress in critical situations;
 - identify basic psychosocial support concepts designed to improve their performance in rescue and victim treatment tasks;
- (e) bear in mind psychosocial rehabilitation in the medium and long term in the various aspects of social life, developing multidisciplinary programmes across the areas of education, health and institutional activity, and actively involving the various sectors likely to have been affected by the disaster and local organizations (volunteer associations etc.);
- (f) include also specific risk perception and risk communication programmes at local level in the context of the risk management;
- (g) include assessment and monitoring activities in all psychosocial support carried out on the field;

16. Calls upon the Commission to:

- (a) ensure that psychosocial aspects are integrated in the Community Civil Protection Mechanism activities, including the exchange of experts programme, in order to develop psychosocial resilience;
- (b) upgrade the Mechanism's training programmes to include new psychosocial content in existing training courses;
- (c) enable the Mechanism's experts' database to include psychosocial experts, to be available, if needed, for intervention in the framework of the Mechanism;

- (d) facilitate networking of psychosocial experts within the framework of the Mechanism, with a view to enhancing and promoting their functions as regards advising, training, research and exchanges of experience as well as information, etc;
 - (e) further explore, together with the Member States, the need and potential added value of defining EU guidelines in the field of psychosocial support, taking into account existing work in this area.
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