German
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Collectively strong in times of crisis

Psychosocial emergency care

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Content

The PsychoKat research project

The joint project "Coping with psychosocial situations in crises and disasters" (PsychoKat), funded by the Federal Ministry of Education and Research (BMBF), addresses the psychosocial consequences of crises and disasters against the backdrop of the corona pandemic and the 2021 flood disaster around the Ahrtal. This interdisciplinary research project is being carried out by the TU Braunschweig (TUBS; Department of Psychology of Socio-Technical Systems), the Fraunhofer Institute for Open Communication Systems (FOKUS) and the General Secretariat of the German Red Cross (GRC). The project aims to develop a comprehensive psychosocial picture of society in the context of multiple crises and disasters, to analyze help-seeking behaviors in crises, to identify starting points for the optimization of psychosocial emergency care (PSEC) in aid organizations and to integrate the lessons learned into a multifunctional crisis information platform for the psychosocial situation.

The PsychoKat project addresses four central problem areas:

1. Psychosocial situation picture:

The predecessor project "Psychosocial situation picture of the population during the corona pandemic" (LaBeCo) revealed a considerable lack of systematized information on the psychosocial condition of the population during the corona crisis. Based on these findings, PsychoKat aims to create a long-term and reliable psychosocial situation picture of society. Doing so should enable well-founded statements about the psychosocial status of the population in future crises and disasters.

2. Help-seeking behavior:

Numerous support services are available in Germany, including the GRC's PSEC, which supports people in crisis or disaster situations. But a lack of sound knowledge persists about which of these psychosocial services are used by certain population groups and how particularly vulnerable people can be purposefully reached. PsychoKat draws on various methodological approaches to gain detailed insights into help-seeking behavior and close this knowledge gap.

3. PSEC operations information:

Although quality assurance procedures have already been established at PSEC, considerable potential still remains in the development and implementation of uniform, nationwide quality standards for the work of PSEC service providers. This applies in particular to the collaborative development of standardized documentation processes for operations. Standardization of this kind enables the evaluation of operations as well as improved inter- and intra-organizational cooperation and hence contributes to continuous improvements in the quality of care. Uniform evaluation processes currently face a number of challenges, which are often due to organizational structures at federal level and inadequate knowledge pooling. The study investigates from the perspective of providers – specifically the GRC – how operations are currently performed and how operations data is recorded in order to identify potential improvements. The GRC is conducting a detailed case study to perform a detailed analysis of the service and operational structures, which will lead to the development of a standardized operational protocol for PSEC-A.

4. Implementation of the findings in a multifunctional information platform:

The data collected as part of the research project on PSEC documentation, surveys on PSEC delivery and demand in three model regions, the scientific findings on the help-seeking behavior of the population in psychosocial crises and disasters and the nationwide data on the psychosocial situation in Germany are being incorporated into the development of a multifunctional crisis information platform for the psychosocial situation. Fraunhofer FOKUS is developing this platform, which will also include an interactive web-based dashboard and a search function.

Close interdisciplinary collaboration between the partners and the targeted treatment of the problem areas mentioned will equip PsychoKat to make a vital contribution to strengthening societal resilience in times of crisis and improving psychosocial support in crises and disasters.

This report presents the findings of the third research focus "PSEC operations information" within the overall PsychoKat project. This focus area was primarily handled by the Civil Protection Research Unit at the General Secretariat of the GRC (see "Information box 1").

Information box 1: Civil Protection Research (GRC)

Since 2009, the General Secretariat of the German Red Cross has pursued an interdisciplinary research program in the context of dynamic socio-economic changes and the growing complexity of risks. Social, technological and procedural innovations are developed to provide new approaches and effective solutions that address current challenges in the area of public safety and civil protection. The Civil Protection Research and Innovation Transfer Team focuses consistently on ongoing problems and overarching research issues instead of limiting itself to individual disciplines. It plays a pivotal mediating role between science, industry and other actors in civil protection. Doing so ensures that scientific findings are integrated effectively into the structures of civil protection and that practical results are fed back into research in order to guarantee continuous development and practical applicability.

The PsychoKat project at a glance

Title: Coping with psychosocial situations in crises and disasters (PsychoKat)

Funding body: Federal Ministry of Education and Research (BMBF)

Program: Research for Civil Security
Announcement: "Research approaches to coping with the corona pandemic"

Project term: January 2022 – April 2025

Project partners:
- Technische Universität Braunschweig (TUBS, Department of Psychology of Socio-Technical Systems)
- General Secretariat of the German Red Cross e.V. (GRC; Civil Protection Research)
- Fraunhofer Institute for Open Communication Systems (FOKUS)

Subject of research:
1. Psychosocial situation picture (lead coordinator: TUBS)
2. Help-seeking behavior (lead coordinator: TUBS)
3. PSEC operations information (lead coordinator: GRC)
4. Multifunctional information platform (lead coordinator: FOKUS)

Summarized core findings from the GRC sub-project

The findings of the GRC sub-project on psychosocial emergency care reveal that an urgent need to optimize and professionalize PSEC structures still persists:

1. **The first systematic mapping of PSEC structures in the GRC organization shows a considerable PSEC infrastructure:** 66% of the provincial branches surveyed have at least one team that is actively involved in PSEC. On average, each team has 15 mostly volunteers, with 83% of the teams on call around the clock.

2. **There is considerable discrepancy between current PSEC services and public perception:** Only 15% of the population are familiar with the PSEC services offered by GRC. But satisfaction with the service is very high among those who are familiar and report direct or indirect experience.

3. **The investigation of how PSEC operations are documented reveals a highly heterogeneous PSEC landscape:** Documentation and evaluation of operations were performed inconsistently. There is a lack of standardized documentation systems as well as structures for the continuous evaluation of PSEC operations throughout the GRC.

4. **Investigation findings highlight two main areas where action is needed:**
   - **Internal calls for action:** Ongoing development of common standards, harmonization of operations and documentation processes and strengthening of networking between PSEC teams
   - **External calls for action:** Improvement in public perception and awareness of PSEC services; ongoing development of service accessibility for specific population groups and increasing international knowledge sharing

5. **As part of the project, a standardized PSEC operational protocol for affected groups was developed and tested in real PSEC operations:** The protocol lays a vital foundation for establishing a common language within the GRC and represents an important milestone for the harmonization of operational documentation and the sustainable strengthening of quality assurance in PSEC.

6. **The project findings show that PSEC is facing growing challenges:** Complex threat scenarios, including those arising from climate-related disasters, heighten the need for ongoing development and professionalization of PSEC as an independent discipline and of the structures within aid organizations.

These findings underscore the fact that PSEC will require ongoing systematic development as an indispensable element of civil protection. The identified need for action requires sustained measures to strengthen internal and external PSEC structures.

Introduction

Psychosocial emergency care (PSEC) has become an indispensable part of civil protection over recent decades (Beerlage, 2021). Heightening global challenges such as climate change, geopolitical tension and increasingly complex crisis situations require a broad spectrum of psychosocial support – from immediate acute care to medium and long-term support for the population. PSEC has become established as an integral service for a resilient population, leading to a continuous rise in its importance within the civil protection system as a whole.

PSEC delivers targeted support in the event of stressful incidents and equips recipients to cope with potentially traumatic experiences and prevent secondary illnesses. Although its initial aim is to activate personal and social resources among those affected, it comprises nonetheless a wide-ranging system of measures:

"Psychosocial emergency care is a system of psychosocial measures for short, medium and long-term support, counseling and therapy in connection with emergency events (e.g. natural disasters, accidents, acts of terrorism, domestic fatalities, sudden infant death syndrome) and stressful operational situations (e.g. scenarios involving a large number of fatalities and injured persons, including children, with danger to the lives of operational staff)."

Beerlage, 2021; Federal Office of Civil Protection and Disaster Relief [BBK], 2012

Events such as accidents, acts of violence, the sudden death of loved ones and the experience of crises and disasters can inflict significant psychological stress on those affected. Studies have shown that these and similar events trigger not only acute psychological responses, but can also cause long-term negative impacts on mental and physical health (Röhr et al., 2020; Plagge & Karutz, 2021; Hausmann, 2006). PSEC has therefore gained in importance and has increasingly become the focus of those responsible for civil protection in the health sector both in Germany (AG PSAH, 2021;

Federal Office of Civil Protection and Disaster Relief (BBK), 2012b; BBK, 2013, 2019, 2022; PSNVG Berlin House of Representatives, 2021) as well as internationally. Faced with this development, the GRC and other aid organizations now have the task of continuously optimizing their PSEC structures and adapting them to new requirements.

The burden on society as a whole caused by the psychosocial consequences of crises and disasters will continue to increase in the years ahead, due in particular to major damage caused by extreme weather events and growing refugee and migration movements caused by climate change (European Commission, 2024). With these developments in mind, it is crucial to build on the progress in quality assurance in psychosocial emergency care made thus far and to continue to drive forward the establishment of nationwide standards.

Although PSEC is now recognized as an integral part of public health protection (Beerlage, 2021), there is still a paucity of available systematized operational information. Systematized operational information refers to documented data on PSEC operations that is collected according to a uniform and structured procedure and defined standards and is therefore comparable across regions. While basic data such as the scene and time are logged for most operations, there is often a lack of standardized documentation on measures, the number of people affected or the need for follow-up care. This creates challenges for quality assurance and supra-regional coordination, among other things. It will therefore take scientifically sound solutions to close these gaps and strengthen the effectiveness of psychosocial emergency care.

The PsychoKat research project was initiated in this context with the aim of conducting a systematic analysis of PSEC structures at GRC and identifying potential for optimization. This includes mapping PSEC within the GRC organization as well as a systematic analysis of the documentation processes and subsequent development of an overall organization operational protocol. The production of operational documentation is a particular priority of this project. It was identified through literature review as a key element for quality assurance and the continuous development of PSEC. The stand-

ardization and optimization of this process promises not only an improvement in the direct quality of operations, but also long-term benefits for the ongoing development and professionalization of PSEC throughout the GRC and beyond.

The Civil Protection Research Team adopted a practical approach in which the operational experience of the PSEC service providers from the regional and provincial branches as well as the expertise of the Expert Advisory Group on PSEC (see "Information box 2") were continuously incorporated into the process. This blend of practical knowledge and scientific methodology enables the development of particularly practical results that can lead to a more sustainable implementation of solutions.

Information box 2: The Expert Advisory Group on PSEC

The Expert Advisory Group on PSEC within the GRC consists of technical experts who are seconded by the regional branches of the GRC as regional expert advisors. It provides a platform for experts addressing the challenges and trends in PSEC.

Its remit:
- Development of common minimum standards for quality assurance
- Implementation of new scientific findings
- Design and publication of training and operational documents
- Networking, political positioning and collegial knowledge sharing

Background: The Expert Advisory Group on PSEC (Fachberatergruppe PSNV) originated in 2006 as the Working Group on PSEC (Bundesarbeitsgemeinschaft) and thus emerged from a working group. Since then, it has become a permanent fixture within the GRC and makes a significant contribution to the ongoing development of PSEC. The Voluntary Service Committee (Ausschuss Ehrenamtlicher Dienst) decided to integrate PSEC into the emergency services (Bereitschaften) in 2023. To this end, the Federal Committee of the emergency services (Bundesausschuss der Bereitschaften) passes a resolution to establishing a PSEC working group for management and ongoing development at federal level.

The expertise of the Expert Advisory Group was incorporated into the PsychoKat research project from the initial concept to its completion.

1 PSEC in transition: Challenges and tasks

1.1 Origin and definition

Still a young discipline, church pastoral care is the precursor from which today's PSEC content emerged and became professionalized with the integration of psychological theories (Beerlage, 2021; Hoppe, 2021, p. 25). PSEC is the umbrella term for the entire field of psychosocial acute care following stressful events. Two central designations have become established in this context: Emergency pastoral care is provided by providers with a religious background such as church organizations or church-related organizations (e.g. Malteser Hilfsdienst, Johanniter), while crisis intervention is in the hands of secular providers. Today, the content and methodology of both approaches are largely congruent, as the entire scope of activity has become significantly more professional (BBK, 2012a, p. 7; 2020). The term PSEC is therefore frequently used synonymously with emergency pastoral care or crisis intervention, whereby the meaning of the term depends first and foremost on the institutional background of the specific provider (Hoppe, 2021; ibid.). In Germany, emergency pastoral care is usually associated with church organizations, although Muslim organizations also operate in this field.

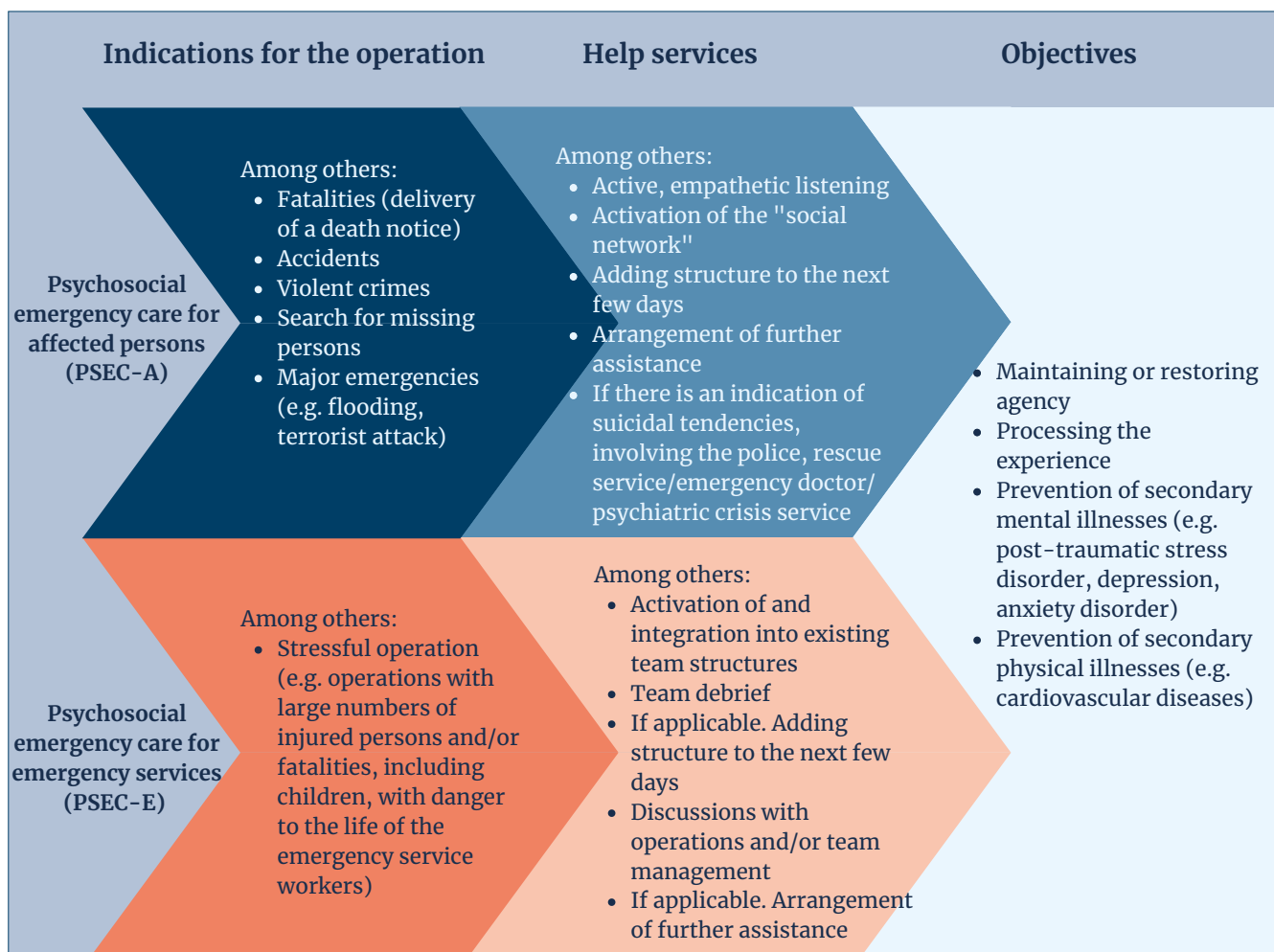| Indications for the operation	Help services	Objectives
Psychosocial emergency care for affected persons (PSEC-A) — Among others: • Fatalities (delivery of a death notice) • Accidents • Violent crimes • Search for missing persons • Major emergencies (e.g. flooding, terrorist attack)	Among others: • Active, empathetic listening • Activation of the "social network" • Adding structure to the next few days • Arrangement of further assistance • If there is an indication of suicidal tendencies, involving the police, rescue service/emergency doctor/psychiatric crisis service	• Maintaining or restoring agency • Processing the experience • Prevention of secondary mental illnesses (e.g. post-traumatic stress disorder, depression, anxiety disorder) • Prevention of secondary physical illnesses (e.g. cardiovascular diseases)
Psychosocial emergency care for emergency services (PSEC-E) — Among others: • Stressful operation (e.g. operations with large numbers of injured persons and/or fatalities, including children, with danger to the life of the emergency service workers)	Among others: • Activation of and integration into existing team structures • Team debrief • If applicable. Adding structure to the next few days • Discussions with operations and/or team management • If applicable. Arrangement of further assistance	

Figure 1: PSEC-A and PSEC-E: Operational indication, support services and objectives; source: Author's illustration

Modern PSEC builds on interdisciplinary, scientifically sound knowledge from psychology, medicine, sociology, education, law and other disciplines and is established in Germany as the standard for emergency response (Beerlage, 2021). The underlying aim of PSEC is to deliver swift and professional support to people in emergency situations in order to protect and promote their physical and mental well-being. In this way, PSEC is essential as a preventive service in emergency response (Federal Office of Civil Protection and Disaster Relief (BBK), 2020). Not only individual but also social aspects are taken into account. PSEC can help those affected to cope better with their current situation and to activate or strengthen their personal (individual resilience) and social (social network) resources. Here, PSEC acts as a supplement or substitute in cases where these resources are unavailable or insufficiently effective (Federal Office of Civil Protection and Disaster Relief (BBK), 2012b).

The PsychoKat research project highlighted that PSEC teams within the GRC focus on acute psychosocial assistance, while the concept of PSEC, strictly speaking, extends beyond short-term and acute psychosocial care. Referral to background services can sometimes help with the transition to medium and longer-term psychosocial and psychological support.

In PSEC, a distinction is made between support services for those affected by crises and disasters (PSEC-A) and support for operational staff who have experienced stressful operations (PSEC-E; see Figure 1.).[1]

1.2 Current challenges and development

PSEC faces the challenge of keeping pace with the growing complexity of crises and disasters, although it was originally intended for the management of isolated major emergencies. Major incidents such as the 1988 air show accident in Ramstein and the ICE accident in Eschede in 1998 prompted the expansion and development of psychosocial support services for those affected and operational staff. Even then, these incidents already revealed the immense need for professional PSEC services (Federal Office of Civil Protection and Disaster Relief (BBK), 2012b). Services that had evolved organically were available in many places, but a uniform, nationwide basis for the work of helpers – now known as PSEC for emergency services or operational staff – remained lacking for a long time. Not only did this create challenges in regard to inter-organizational collaboration, it also made the planning and coordination of operations more difficult (ibid., p. 1–2).

In order to meet these challenges, the BBK initiated what was known as the consensus process, which was carried out from 2007 to 2010 (ibid.). The aim of this process was to define common standards and quality requirements for the work of PSEC for operational staff and in doing so to lay a shared foundation for PSEC in Germany (ibid.).

During the consensus process, experts from various areas of PSEC in particular and civil protection stakeholders in general were brought together to draw up recommendations and proposals for the development of these standards and quality requirements. International standards and the experiences from other countries were taken into account in this process (ibid.)[2]. The recommendations prepared were then discussed and developed in a comprehensive consultation process with relevant stakeholders, including representatives from aid organizations, fire departments, police, hospitals, psychosocial counseling centers and federal and state ministries (ibid.).

The resulting publication – Psychosocial Emergency Care: Quality Standards and Guidelines Parts I and II („Psychosoziale Notfallversorgung: Qualitätsstandards und Leitlinien Teil I und II"), which is now in its third edition – was then released in 2011 at the end of this three-year process (Federal Office of Civil Protection and Disaster Assistance (BBK), 2012b). It set out standards and

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[1] The PsychoKat project focuses on PSEC for those affected. In the following, the acronym PSEC therefore always refers to PSEC for those affected (PSEC-A). The text will state explicitly wherever PSEC for emergency services or operational staff (PSEC-E) is meant.

[2] Examples of international standards include the Guidelines for Emergency Assessment of the International Federation of Red Cross and Red Crescent Societies (IFRC, 2008) and the WHO guidelines Mental Health in Emergencies (World Health Organization, 2003), which address the mental health and social aspects of population groups in extreme stress situations.

quality requirements for the work of PSEC operational and management staff as recommendations, which are now used as an important orientation document for PSEC in Germany. Among other things, the publication describes the qualifications and skills that PSEC operational staff should have, which framework conditions must be created for their work and how positive collaboration with other organizations and authorities can be structured. Of particular note is the stipulation that all PSEC operations must be documented and scientifically evaluated in the event of complex situations involving danger and damage.

The GRC has emerged as a leading provider of PSEC over the last 20 years. Today, the GRC has well over 100 PSEC teams (also known as crisis intervention teams) throughout Germany, most of which consist of volunteers. The GRC has established its own standards over time due to the significance of this discipline within its own civil protection structures. These were first set out in 2008 in the GRC's Framework Concept for Psychosocial Emergency Care („Rahmenkonzept Psychosoziale Notfallversorgung"), which is now available in a revised, second version and is based on the consensus process (GRC, 2022). The principal objective was and remains the establishment of internal organization standards for PSEC. The concept defines a common profile and calls for regular adaptation to new scientific findings, the networking of PSEC with other fields of activity within the GRC and the implementation of monitoring and evaluation processes.

The German Red Cross Framework Concept for PSEC also demonstrates a clear awareness of the heterogeneous structure of psychosocial emergency care within the organization. This applies in particular with regard to the different services offered throughout Germany and the occasionally wide variations in documentation processes. Referring to scientific findings from the overall German and international context (Hering & Helmerichs, 2018), it emphasizes the need for standardization in order to guarantee high quality as a PSEC provider going forward. Despite recognizing the importance of standardization, implementation has been inadequate thus far.

In 2021, the publication of the Minimum Standards in Psychosocial Acute Assistance („Mindeststandards in der Psychosozialen Akuthilfe") (PSAA Working Group,

2021) marked another milestone for providers of crisis intervention services and emergency pastoral care in Germany. The minimum standards were developed by a consortium of six organizations[3], including the GRC. Quality assurance mechanisms were formulated as part of the close cooperation. The documentation system was a subject of discussion, in addition to agreements on training and further training modules, supervision and other aspects. Included in the publication was a call for the development and implementation of uniform and inter-organizational documentation of operations (PSAA Working Group, 2021, p. 6). These minimum standards represent, to a certain extent, a formulation of the recommendations put forward in the consensus process.

Another important step forward in the ongoing development of PSEC in Germany is the Act on Psychosocial Emergency Care for the State of Berlin („Gesetz über die psychosoziale Notfallversorgung für das Land Berlin (Psychosoziales Notfallversorgungsgesetz - PSN-VG)") (Berlin House of Representatives, 2021). It is the first state law to create a legal basis that not only enshrines PSEC within legislation, but also strengthens it from a structural perspective. It underlines the growing relevance of PSEC as an essential component of civil protection and hence flies the flag for mandatory deployment of PSEC in crisis and disaster situations. Other federal states, including Lower Saxony, have since introduced similar legislation.

Since its earliest days, PSEC has evolved continuously through the management of numerous crises and disasters. But PSEC has been repeatedly pushed to its limits by events such as the Eschede train crash of 1998, the 2002 flood disaster and the Ahrtal flood disaster in Germany in 2021, the 2002 shooting rampages in Erfurt and 2009 in Winnenden and the large number of traumatized refugees who have come to Germany since 2015. The immense need for professional PSEC services became apparent not least in these situations. The consensus process and the agreement on minimum standards are direct responses to these formative events and mark important milestones in the development of PSEC. The 2021 flood disaster in the Ahrtal in particular – the largest operations scenario for PSEC to date – led to groundbreaking recommendations: In its final report in 2023, the Enquete Commission of the Rhineland-Palatinate state parliament called for systematic

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[3]   Arbeiter-Samariter-Bund Deutschland e.V., Bundeskonferenz Katholische Notfallseelsorge in der Deutschen Bischofskonferenz, Deutsches Rotes Kreuz e.V., Johanniter-Unfall-Hilfe e.V., Konferenz Evangelische Notfallseelsorge in der Evangelischen Kirche in Deutschland and Malteser Hilfsdienst e.V.

documentation and scientific evaluation of PSEC as a means of achieving a sustainable improvement in support for those affected and operational staff and to learn from experience for future challenges (2023).

In recent years, the growing importance of PSEC has led to a significant differentiation in its areas of operation, which has also resulted in broader use of PSEC capacities (Waterstraat, Scheuermann & Karutz, 2023). What is more, supra-regional extreme weather events will become more frequent, more complex and more prolonged as a result of climate change (Federal Office of Civil Protection and Disaster Relief (BBK), 2024; Federal Ministry for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection, 2024). At the same time, the volatile global and European security situation and the changes in southern countries caused by climate change mean that more people throughout Germany have and will have a need for PSEC services. While PSEC was originally conceived for the temporary delivery of acute care following isolated incidents, it is evolving increasingly into a support service

for longer-lasting stressful situations – whether through direct contact or referrals from other aid organizations. The prolonged coronavirus pandemic made this development particularly clear and revealed new requirements for PSEC, especially in situations in which operational staff are themselves affected by the crisis over a protracted period.

Despite significant progress in the ongoing development of PSEC structures, the results of the PsychoKat research project, among others, indicate that nationwide implementation of uniform standards in PSEC is yet to materialize. In particular, the inconsistent documentation of PSEC measures and a lack of evaluation continue to pose major challenges (Hering & Helmerichs, 2018). These problems are often due to organizational structures and insufficient knowledge sharing (ibid.). Studies show that standardized operational documentation in PSEC is essential in order to ensure the quality of PSEC measures moving forward (ibid.; BBK, 2012a; Beerlage, 2021).

1.3 Common standards for PSEC in the GRC

Not only can the organization wide use of a standardized operational protocol improve the immediate quality of operations, it would also create important foundations for research and development. Systematic data collection enables the identification of regional variance, the sharing of best practices and the introduction of targeted improvement measures. Moreover, a harmonized technical basis can help to strengthen the understanding of the role and importance of PSEC among other emergency services and hence encourage their acceptance and involvement in rescue operations.

The GRC PsychoKat sub-project addresses the fragmented documentation practices in psychosocial emergency care by proposing a holistic approach that is aimed at the systematic analysis of PSEC structures and the identification of specific potential for improvement. The overarching objective is therefore to contribute to the ongoing development of uniform standards in psychosocial emergency care. Central objectives of the sub-project include (see also Figure 2.):
1. The creation of a systematic overview of PSEC within the GRC organization

2. The systematic identification of current documentation processes and practices for the processing of operational information
3. The development and testing of a standardized operational protocol

Various initiatives in recent years have injected important impetus into the standardization of PSEC. However, an analysis of the PSEC structures in the GRC organization that was performed within this research project reveals that considerable heterogeneity still exists within PSEC practice. This diversity is evident on several levels: It begins with the fundamental question of the existence and number of PSEC teams in individual provincial branches, extends to divergent alert structures in the regional branches and culminates in widely varying approaches to documenting and evaluating operations. While some of these differences can be attributed to regional peculiarities and local needs, much of the heterogeneity appears to be more historical than functional. This heterogeneity, which is not driven by demand, makes both quality assurance and the valuable exchange of experience between the teams more difficult.

The project draws on current documentation methods and operationalizes them for the GRC context. Like in the medical discipline, the aim is to standardize processes to align with contemporary practices. However, it does take into account that due to its complexity, PSEC cannot be equated with standardized medical procedures. The establishment of standardized documentation structures can nevertheless make a significant contribution to ongoing professionalization within the field and enable its evidence-based development.

The following chapters present in detail the project's methodology, findings and conclusions. They outline how PSEC can be strengthened and equipped for future challenges by means of targeted harmonization and optimization. It becomes clear in this context that the ongoing development of PSEC is a continuous process that requires close collaboration between all actors. The findings and recommendations from this project have the potential not only to continue the development of PSEC practice in the GRC, but also to provide broad impetus for the entire PSEC landscape in Germany. At a time when the psychosocial resilience of society is becoming increasingly important in the face of multiple crises, this research is intended to make an important contribution to strengthening civil protection and improving psychosocial care in crisis situations.

2 Methodology

A multi-method research approach was adopted to achieve the research objectives described. This means that the empirical database was generated using both quantitative and qualitative methods. Quantitative research methods involve extensive surveys whose findings are expressed numerically and then statistically analyzed. The qualitative research methods primarily involved semi-structured, exploratory, guided interviews with PSEC experts. The project has adopted a needs-based, participatory research approach that integrates the specialist knowledge of PSEC operational staff, experts and the Expert Advisory Group on PSEC. Continuous involvement of operational staff ensures highly practical transfer of knowledge between research and application.

The research process is divided into three consecutive research phases: *(1) Overview of current PSEC operations information in the entire organization (2) PSEC operations and documentation processes und (3) Development and testing of a standardized operational protocol.*

The methodological conception of these three research phases is described in detail below. This explains how the data in the following chapters was obtained. The individual results chapters each refer to the extensive and complex data collection process and are intended to offer an overall view of the derived results. Figure 2 provides a clear overview of the individual phases, their objectives and methodology.

2.1 Research phase 1: Overview of current PSEC operations information in the entire organization

As a basis for a systematic analysis and the downstream process of harmonizing operational documentation, it was first necessary to map the current status quo of PSEC at the GRC. The aim of the **first research phase** is therefore to create an initial comprehensive overview of PSEC within GRC as a whole. The following two sub-steps were carried out for this purpose:

Sub-step 1.1 involved the use of *focus group discussions* to analyze[4] information on current PSEC operational protocols, their objectives and challenges. The aim here was to develop a practical basis for evaluation, from which a harmonized operational protocol can later be derived for the entire organization and which provides the findings for the development of a pilot operational protocol.

Two focus group discussions were held on October 9, 2022 – each with seven state representatives – as part of the autumn meeting of the Expert Advisory Group on PSEC. The results of the discussions were transcribed and encoded using the MAXQDA software[5] in order to analyze the content according to Philipp Mayring's qualitative content analysis (Mayring & Fenzl, 2019).

Sub-step 1.2 aimed to map active PSEC teams and collect operational protocols for the entire GRC organization. This mapping also involved the nationwide collection of individual methodologies for obtaining PSEC operational information from the entire organization. A quantitative survey (GRC survey 2023) was conducted to collect data and provide initial insight into the current PSEC structures and documentation practices at GRC. It was used as another starting point for the development of a harmonized system for logging and documenting operations throughout the organization.

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[4] Focus group discussions are a qualitative method in which small groups discuss a specific topic in order to obtain more profound insights into the attitudes and needs of a target audience, which can then be used to develop strategies or improve current systems (Krueger & Casey, 2015).

[5] MAXQDA is a software from VERBI for computer-aided qualitative data and text analysis.

Mapping of the PSEC teams was performed in two survey periods. The first survey in 2022 (June to October) was primarily based on the interactive overview of the GRC's provincial and regional branches on the KV Augsburger Land Psychosoziale Notfallversorgung website[6]. As some of the websites referenced there were obsolete or unavailable, a quantitative GRC survey was also carried out from January 2023 to March 2023. The survey was aimed at PSEC managers and operational staff in the provincial branches of the GRC and included questions on general information concerning services provided by PSEC teams as well as the collection and evaluation of PSEC operational protocols and questions on their use and design.

The questionnaires were distributed via the mailing lists of the federal organization management (Verbandsgeschäftsführung Bund), the Expert Advisory Group on PSEC and the emergency services (Bereitschaften). 163 valid responses were received in total from the 457 current provincial branches (as at 2023) in 17 of the 19 regional branches. Of these 163 provincial branches, 107 reported that they are involved in PSEC. 50 of these participating provincial branches also submitted PSEC operational protocols.

The second survey to update the mapping took place in December 2024. A systematic three-stage research process was carried out for each provincial branches: The first step was a Google search for PSEC teams in the respective provincial branches. In a second step, the provincial branches websites were searched under the sections "Services" and "On-call teams" as well as using the website's own search function with the keywords "crisis intervention", "PSEC" and "psychosocial emergency care". Finally, the GRC portal "Services close to you" was checked for PSEC services by entering the respective provincial branches' zip code[7,8].

23 PSEC-A protocols were analyzed in total. All collected protocols were encoded and analyzed. For emergency services or operational staff (PSEC-E), there is already an established protocol from the Expert Advisory Group on PSEC, which was confirmed in the course of the research project as meeting the general requirements of the standard.

The results of the analysis are included in Chapter 3 and Chapter 4.

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[6]   https://www.krisenintervention.brk.de/wir-ueber-uns/adressen/landesverbaende.html

[7]   https://www.drk.de/hilfe-in-deutschland/drk-vor-ort-suchergebnis/?tx_drkvorort_organisationplugin%5Baction%5D=offerResult&tx_drkvorort_organisationplugin%5Bcontroller%5D=Organisation&cHash=1f0cf4eccc18eca9f5ec52cdaa272b9c

[8]   This methodological difference between the survey periods limits the direct comparability of the findings. The more systematic survey in 2024 may have led to a greater identification rate of PSEC teams, so the observed increase may also be partly methodological.

Figure 2: Structural design and methodological approach of the GRC sub-project within the overall PsychoKat project. The diagram illustrates the three phases of the sub-project addressed by GRC.
Source: Author's illustration

The diagram is organized into three columns: **Research phases**, **Objectives**, and **Methodology**.

Research phase 1
Collection, selection and categorization of current PSEC operational information

- Objectives Part 1.1. Recording and processing of operational information on PSEC processes at GRC
- Objectives Part 1.2. Mapping of active PSEC teams and collection of operational protocols in the GRC organization as a whole
- Methodology Part 1.1. Implementation of qualitative focus group discussions with PSEC experts
- Methodology Part 1.2. Implementation of a quantitative survey within the GRC organization

Research phase 2
Exploratory expert interviews with PSEC staff to record process patterns, problems and areas with room for improvement

- Objectives Part 1.2. Implementation of a quantitative survey within the GRC organization
- Objectives Part 2.2. Identification and understanding of intersectional priorities in the context of PSEC
- Methodology Part 2.1. and part 2.2. Implementation of qualitative interviews, including two group interviews and eleven individual interviews with PSEC experts

Research phase 3
Development and testing of a standardized (digital) model operational protocol

- Objectives Part 3.1. Discussion of the interim results as well as the specific requirements, content and practice–oriented implementation of a standardized operational protocol
- Objectives Part 3.2. Pre–testing of the deployment protocol and testing of the pilot operational protocol in real operations
- Methodology Part 3.1. Development workshop and feedback workshop with PSEC experts
- Methodology Part 3.2. Conducting a scenario workshop to pre–test the pilot operational protocol and testing the operational protocol in a field test phase, whereby the data is collected through quantitative online surveys in GRC provincial branches

2.2 Research phase 2: PSEC operations and documentation processes

Sub-step 2.1. aims to identify typical patterns of PSEC operations from the perspective of the operational staff. It is used to determine particularly important elements and previous specific difficulties in the operational documentation. A qualitative analysis was carried out to achieve this goal. 13 interviews were conducted in total with 19 PSEC experts, including two group interviews, during the first and second quarters of 2023. Participants included experts from various organizations, primarily the GRC, but also from emergency pastoral care and other aid organizations. The interviews followed a semi-structured guideline.

Analysis was performed using the qualitative content analysis method according to Mayring (Mayring & Fenzl, 2019). The interviews were encoded in a multi-step process using the MAXQDA evaluation tool. Then the content was analyzed and the results interpreted.

The results of this part are discussed in Chapter 4.

2.3 Research phase 3: Development and testing of a standardized operational protocol

Sub-step 3.1 involved discussing with experienced PSEC experts the research results developed up to that point and the first identified specific requirements for a standardized operational protocol for PSEC. This took place in two workshops – a development workshop and a feedback workshop[9].

The aim of the interdisciplinary development workshop was to discuss interim results as well as specific requirements and content for a standardized (digital) operational protocol. A total of 13 people from various areas of work at the GRC (including operational staff, volunteering and migration), PSEC experts and people from the ranks of the collaborative project PsychoKat took part. This was followed by a feedback workshop focusing on the practical implementation of the protocol and supplementary aspects such as information and communication strategies. Nine experts and specialists from various provincial branches took part.

Step 3.2 involved practical testing of the developed operational protocol. A scenario workshop was used to test and optimize the first draft protocol using realistic application scenarios. Six experienced PSEC operational staff used the pilot protocol to work through various scenarios and provided detailed feedback on its practical applicability.

Two operational protocol variants were then evaluated in a field test under real operating conditions. They differed primarily in regard to their visual design (implementation of ledger lines) and minor modifications to the content. This differentiation was based on the findings of the preceding scenario workshop with PSEC operational staff.

Two online surveys were used to evaluate the field test. The PSEC operational staff completed a standardized questionnaire at the beginning and end of the test phase. The first survey enabled evaluation of the protocol design and collected initial feedback on the content,

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9   While the development workshop focused on active participation in order to establish a common understanding of the requirements, the feedback workshop was used to evaluate the solutions developed on the basis of practical experience and hence ensure a high level of acceptance among downstream users.

while the second survey was intended to map ease of use and practicability in the application scenario. In total, 41 people from six regional branches took part in the test phase, 31 of whom completed the first survey and 20 the second survey[10]. With this panel design, it was possible to record changes in the participants' assessments over the test phase, which was particularly valuable for the evaluation.

Statistical analysis of the close-ended questions was performed using the R program to identify differences between the protocol variants and changes over time. The open-ended questions were evaluated in qualitative terms in order to gain additional insights.

The results of the analysis are addressed in Chapter 4.

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[10] An increased drop-out rate was expected due to the significant effort required to test these pilot operational protocols in real situations. Other factors included the voluntary nature of implementation and concurrent EURO 24 soccer tournament.

3 PSEC in GRC: Status quo, findings and calls for action

The effective organization and ongoing development of PSEC requires a comprehensive understanding of its current structures and also of how it is perceived from the outside. This chapter presents the first[11] systematic evaluation of how PSEC is organized and implemented in the various structures of the GRC and relates this to the public perception of PSEC services. Due to its federal structures, a comprehensive overview within the overall organization is not self-evident, but is particularly necessary, for example, when supra-regional requirements need to be recognized or joint development potential for future strategies needs to be identified. An initial inventory of psychosocial emergency care at GRC is therefore an important component of the GRC sub-project within the overall PsychoKat project.

The results of the quantitative survey and the online research from research phase 1, subsection 1.2. are summarized in the following. A general overview of current PSEC structures and their services is provided first of all. The data obtained is compared with the results of the model region surveys from the TUBS sub-project of the PsychoKat project. The purpose of this comparison is to identify discrepancies between the PSEC services offered and how they are perceived. Our research shows that the GRC has a sizeable PSEC infrastructure, but that it often operates "underground" and is inadequately represented in the public eye.

3.1 Structure and organization of PSEC at GRC

The survey of psychosocial emergency care in the GRC shows a clear development with regard to the digital representation of PSEC teams. While an online search conducted in October 2022[12] revealed that only 30 percent (135) of the 457[13] provincial branches within the GRC presented their active PSEC teams on websites, this situation had changed noticeably by 2024. The latest survey shows that 42 percent (191) of the 457 provincial branches now present PSEC teams on their websites – a significant increase compared to 2023.

This development in the area of digital visibility indicates that the previously identified structural challenges are increasingly being overcome. It appears that the factors originally perceived as limiting – including the high costs of maintaining the websites and the limit-

In
19 of 19
state organizations
there are
GRC PSEC teams

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[11] A comprehensive, systematic evaluation of the PSEC attributes within the organizational structure of the GRC has not yet been carried out.

[12] Although this form of data collection enables timely mapping relating to the digital presence of PSEC teams, it is unable, of course, to provide any information about the actual existence or activity of teams that are not present on the internet.

[13] The exact number of GRC provincial branches is changing constantly due to the dynamic organizational structure. Although the annual GRC yearbook provides basic data, it is unable to promptly record mergers and dissolutions of provincial branches during the year. This leads to discrepancies between the information in the yearbook and the results of current online research. This publication is therefore based on the 457 provincial branches identified by online research in December 2024.

ed resources of the volunteer PSEC operational staff – are increasingly being dealt with successfully. Nevertheless, the still noteworthy proportion of provincial branches for which no digital presence of PSEC teams was identified in the 2024 online research, namely 58 percent (264), illustrates the need for continuous development of online communication strategies within the organization as a whole.

Despite the temporary nature of the data collected and its underlying dynamics, it provides a sound starting point and at the same time underlines the need for systematic and continuous stock-taking across the whole organizations.

The quantitative GRC survey conducted in parallel in 2023 provided additional insights: Of the 163 participating provincial branches (corresponding to a response rate of 36%), 66 percent (n=107) reported active involvement in PSEC. Extrapolating these results to the total number of provincial branches leads to the conclusion that around 300 GRC provincial branches have active PSEC teams.

The quantitative GRC survey also identified reasons for the absence of dedicated PSEC teams. Aside from collaboration with other organizations such as (church)

emergency pastoral care, frequent mentions included a paucity of resources (time, financial) or organizational challenges such as the lack of a permanent contact who would be responsible for establishing a PSEC team. Some provincial branches reported plans to establish PSEC teams.

PSEC services

Of the responding provincial branches involved in PSEC (n=107), twelve provide PSEC-A (11%) and nine PSEC-E (8%), while 86 provincial branches provide both types of PSEC (80%). The personal component is the central attribute of the service. This means "being there" physically, as became clear in the qualitative interviews of this research project and which was confirmed by 98 percent (n=105) of the respondents in the quantitative GRC survey (see Figure 3).

PSEC teams are mostly involved in major incidents (94%), disasters (93%) and emergencies and accidents (88%) and less frequently after acts of violence (72%).
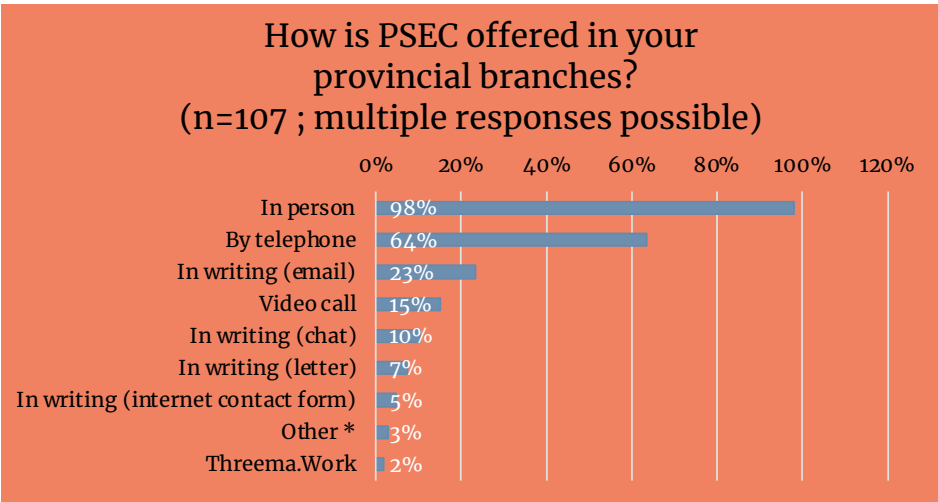

Figure 3: PSEC services at GRC (GRC survey in 2023).

Availability and accessibility

Availability fluctuates, as the teams largely consist of volunteers. While it is reasonable to assume full availability at weekends (n=107, 100%), some provincial branches experience staffing difficulties during the week in exceptional cases (n=100, 93%).

In addition to availability on certain days, the availability of PSEC teams at different times of day was also examined. 83 percent of the provincial branches stated that they were operational "around the clock" (n=89). Operational times vary in 16 percent of the provincial branches (n=17), but this was not specified in more detail.

They were also asked about the options for persons affected to make contact with the PSEC teams. The most frequent contact options were by telephone (n=61, 57%), via an integrated control center (Integrierte Leitstelle) (n=59, 55%) and a primary contact in the provincial branches (n=57, 52%). Offers such as a chat service, contact via social media or a mobile app were mentioned less frequently (n=less than 10 in each case, each less than 7%).

PSEC team

A GRC PSEC team consists of around 15 people on average, most of whom are volunteers. They include an average of three psychosocial professionals[14], although the number varies greatly between the teams. Furthermore, the positions of team leader and PSEC-E specialist are usually filled (see Figure 4).

Networking and cooperation

Networking between the PSEC structures within GRC varies greatly from region to region. While cooperation is maintained in some regional and provincial branches, others are lacking similar structures: 70 provincial branches collaborate occasionally (65%) and 21 regularly with other provincial branches (20%). 48 provincial branches maintain dialog at their own regional branch level (45%), while 37 do not report any such cooperation (35%). Only eight provincial branches maintain supra-regional cooperation (8%). Moreover, cooperation exists with external organizations such as the Catholic emergency pastoral care service, the Malteser Hilfsdienst, the fire department and rescue services.

Which of the following positions are filled in your PSEC team? (n=107 ; multiple responses possible)

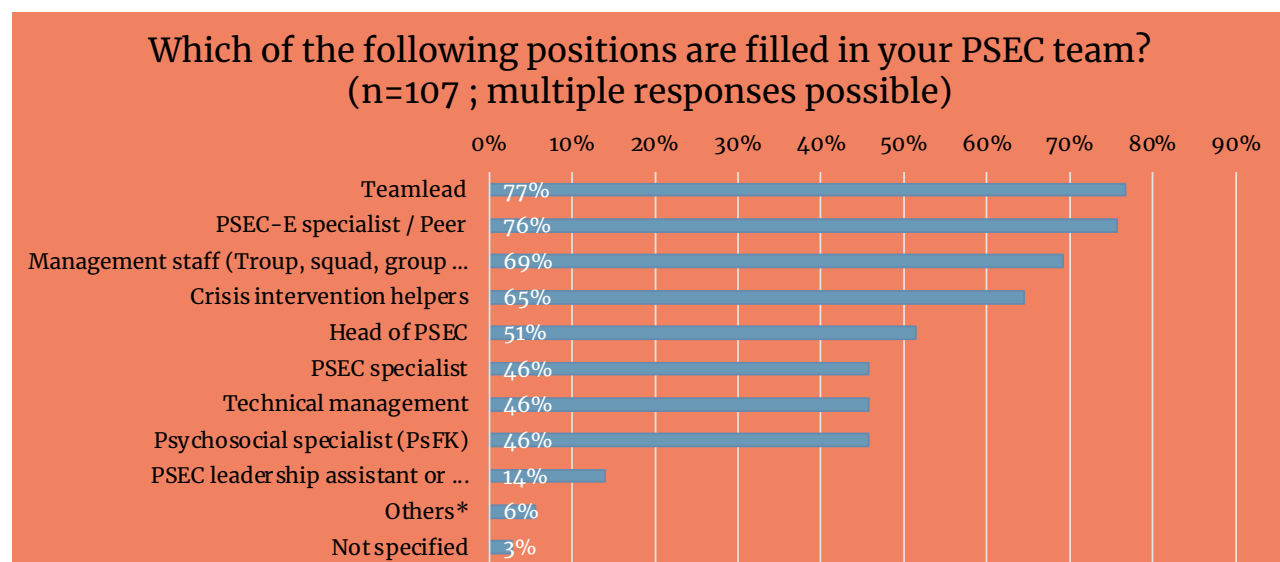| Position	%
Teamlead	77%
PSEC-E specialist / Peer	76%
Management staff (Troup, squad, group …	69%
Crisis intervention helpers	65%
Head of PSEC	51%
PSEC specialist	46%
Technical management	46%
Psychosocial specialist (PsFK)	46%
PSEC leadership assistant or …	14%
Others*	6%
Not specified	3%

Figure 4: Positions in the PSEC team (GRC survey in 2023)

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[14] For the purposes of the survey, a psychosocial professional was defined as a person with sound knowledge of PSEC for emergency services and a certain level of "field competence", so operational experience of PSEC. In addition, these people usually have an academic education.

These figures illustrate the strong regional differences in regard to the extent of networking. They show that while cooperation approaches do exist at a local level, there is a lack of overarching structures that could contribute to broader networking and knowledge transfer.

3.2 Perception of the PSEC services offered by GRC

The following article was written by Sebastian Sterl, research assistant at TU Braunschweig in PsychoKat and at the same time in the SMARTKRIS project.

But how do the people for whom these services are intended in an emergency or crisis perceive PSEC overall? While the findings presented thus far provide an overview of the PSEC services within GRC, the following results show how they are perceived by the general public. Based on quantitative surveys in the "model regions" of Berlin, Hamburg and Munich (model region survey), a comparison between supply and perception enables a detailed evaluation.

Methodology of the model survey

Regular surveys in the form of a quantitative longitudinal investigation were carried out in the three model regions of Berlin, Hamburg and Munich (TU Braunschweig research priority, see "The PsychoKat research project" at the beginning of this publication) in order to develop a system of *monitoring psychosocial situation picture in crises and disasters*.[15] "Longitudinal" means that the same people are interviewed at different moments over a certain period of time. Topics included the perception and use of PSEC services offered by both the GRC and other organizations (such as church or other aid organizations). The model regions were defined as cities that were characterized by (a) a large population (more than 1 million inhabitants in each case), (b) an established GRC PSEC structure (derived from the quantitative

GRC survey in Chapter 3.1) and (c) a heterogeneous distribution of certain attributes such as socio-demographic characteristics across different city districts. This variance enables the inclusion of spatial indicators such as weather or social data. Around 850 people were interviewed online in each of the seven survey waves. A representative distribution of age, gender and population share in the respective model region was mapped. These results are based on the first survey wave (July 10–27, 2023) with 807 evaluable questionnaires (n=807). In addition to the issues of awareness of PSEC services and demand (so actual use after an incident), the study included questions about perceptions and behavior regarding multiple crises as well as general risk factors, resources and psychosocial consequences.

The respondents were on average 44.4 years old and comprised 50.7 percent (n=409) women and 49.3 percent (n=398) men. Regional distribution of respondents was 53.7 percent (n=433) in Berlin, 26.4 percent (n=213) in Hamburg and 19.9 percent (n=161) in Munich.

The findings on the perception of PSEC services within GRC are presented below. The results are presented both for the overall sample and broken down according to relevant socio-demographic metrics such as gender and age[16] (see Table 1 for the sample distribution). The findings are described using relative and absolute frequencies as well as descriptive statistics (mean value M, standard deviation SD). Suitable statistical tests (Chi2, t-Test or Pearson correlation r) are used to highlight statistically meaningful (significant)

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[15] A Germany-wide survey was conducted in parallel with just under 1,500 to 1,600 respondents, besides the model region surveys. This survey addressed issues of perception and behavior in multiple crises, such as the Ukraine crisis or climate change and placed an additional focus on a specific crisis with current relevance, such as inflation or high temperatures. The series of publications entitled "Psychosocial situation picture in civil protection: Basics. data and technical implementation" by the project partner Gerhold et al. (2025) at TU Braunschweig charts the development of psychological situation picture monitoring.

[16] Analysis of the education variables yields only limited meaningful results due to the limited sample size and its lack of representativeness. The study focuses primarily on the variables of gender and age.

and reportable results in the continuous text. The exact test values and related interpretations as well as the exact questions and answer options are found in the annex (Annex 1 and Annex 2), structured according to survey topic.

Gender	Age group (in years)
Male = 398 (49.3%) Female = 409 (50.7%)	18–21 = 26 (3.2%) 22–24 = 36 (4.5%) 25–39 = 285 (35.3%) 40–59 = 303 (37.6%) 60–64 = 69 (8.5%) 65 and older = 88 (10.9%)

Table 1: Distribution of the sample in absolute and relative frequencies, n=807

General awareness and understanding of PSEC

A quarter of respondents stated that they had already been aware of PSEC in general terms before this survey (n=197, 24%), while their own knowledge of PSEC was rated as low on average (M=2.7, scale from 1 "no knowledge at all" to 7 "very considerable knowledge"). Over half report no or very little knowledge of psychosocial emergency care (n=434, 54%); eight percent state that they have (very) considerable knowledge (n=65).

There is significant variation in the perception of PSEC services between different age groups of respondents: People aged between 25 and 39 (n=89, 31%) and people aged 65 and over (n=23, 26%) tend to have a higher level of knowledge of PSEC in general. When assessing their own knowledge, so how much they think they know about PSEC, men claim a higher level of knowledge than women (M=2.9 vs. M=2.4). The older a respondent, the lower their subjective assessment of knowledge.

PSEC services offered by GRC

15 percent of respondents were aware of the PSEC services within GRC (n=117). One in ten people who stated that they were aware of the PSEC services within GRC had already used them (n=13) or knew people who had done so (8%, n=9). Just under three percent are PSEC operational staff themselves and are therefore familiar with the service (n=4).

Men state more frequently than women that they are aware of the service (n=72, 18% vs. n=45, 11%). People between the ages of 25 and 39 were also the most likely to be aware of the GRC services (26 percent, n=73), while older people between the ages of 60 and 64 and 65 and over reported awareness at just under three and six percent, respectively (n=2 and n=5).

Awareness channels

The following results refer to the subgroup of 117 people who stated that they were aware of the GRC services and were able to share their experiences (see Figure 5).

When asked how people learned of the local PSEC service within GRC, almost 37% mentioned social media (n=43), followed by news (32%, n=37), websites (29%, n=34) and social circles (27%, n=32). Around 15 percent obtained the information from a mailing list (n=18).

In regard to gender, there are differences in how people become aware of the offer via social media (men: 44%, n=32 vs. women: 24%, n=11). The results also indicate that people aged between 22 and 24 use social media much more frequently (83%, n=5) than older people (people aged 60 and over: 0%, n=0).

Accessibility channels

People who were familiar with the GRC PSEC services were asked which channels they knew of to contact the teams (see Figure 6). Over half of the respondents cited email or a telephone number (55%, n=64 and 54%, n=63 respectively), followed by social media (41%, n=48). One in four mentions chat services (25%, n=29). 20 percent know someone in the provincial branch (n=23), while nine percent mention the mobile "GRC app" (see information box 3) as a channel for accessing the service (n=11).

How did you learn of the PSEC services within GRC in your region?
Number of respondents = 117

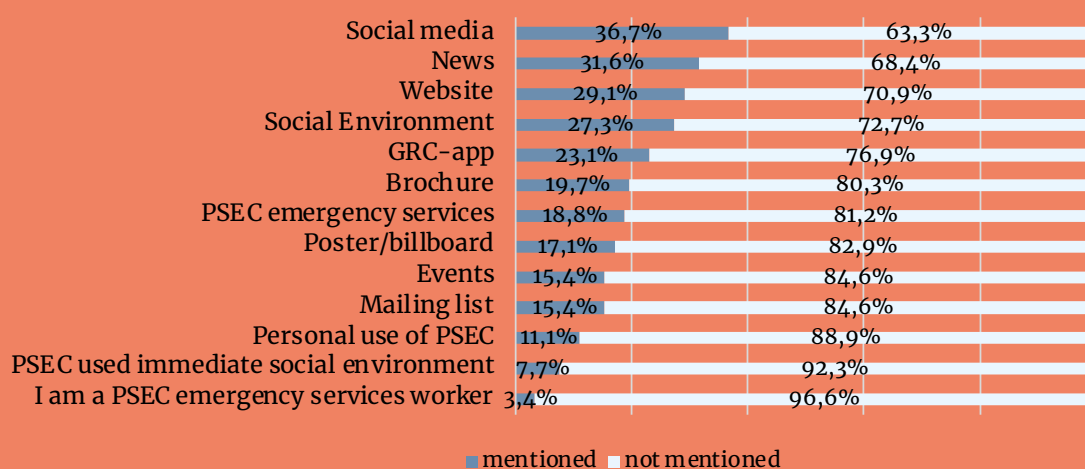|	mentioned	not mentioned
Social media	36,7%	63,3%
News	31,6%	68,4%
Website	29,1%	70,9%
Social Environment	27,3%	72,7%
GRC-app	23,1%	76,9%
Brochure	19,7%	80,3%
PSEC emergency services	18,8%	81,2%
Poster/billboard	17,1%	82,9%
Events	15,4%	84,6%
Mailing list	15,4%	84,6%
Personal use of PSEC	11,1%	88,9%
PSEC used immediate social environment	7,7%	92,3%
I am a PSEC emergency services worker	3,4%	96,6%

Figure 5: Awareness channels for the PSEC services within GRC in the respondent's region

Which channels are you aware of to access the GRC psychosocial emergency care (PSEC) services?
Number of respondents = 117

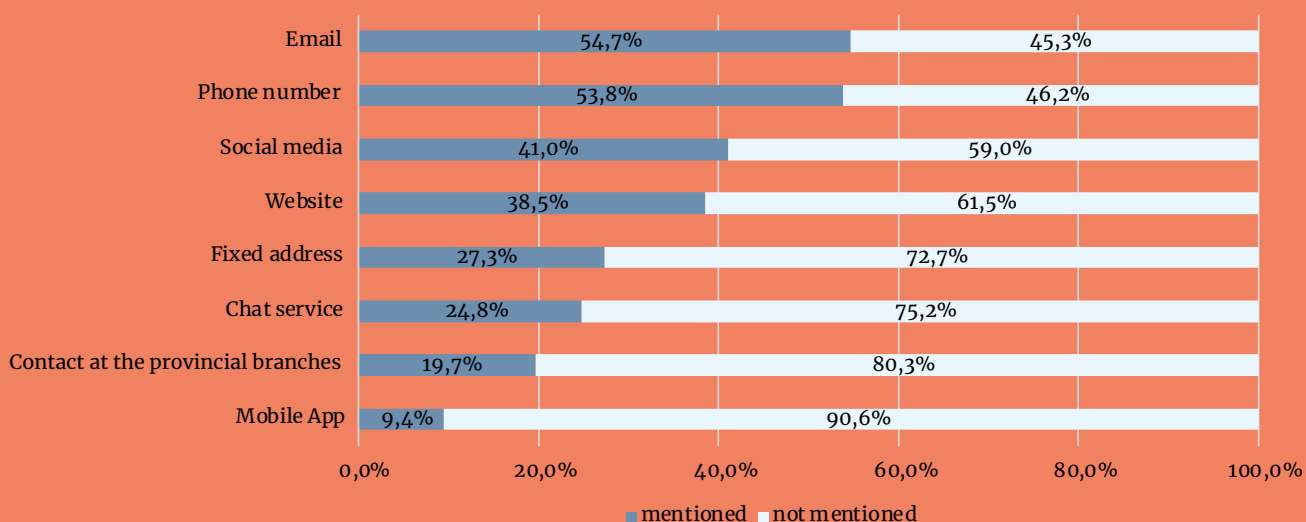|	mentioned	not mentioned
Email	54,7%	45,3%
Phone number	53,8%	46,2%
Social media	41,0%	59,0%
Website	38,5%	61,5%
Fixed address	27,3%	72,7%
Chat service	24,8%	75,2%
Contact at the provincial branches	19,7%	80,3%
Mobile App	9,4%	90,6%

Figure 6: Access channels for the PSEC services within GRC in your own region

Satisfaction with the service

The majority of respondents who are familiar with the PSEC services within GRC are very satisfied (M=8.9 on a scale from 1 "completely dissatisfied" to 11 "completely satisfied"). Over 61 percent rated the question in the top range of 9 to 11 ("completely satisfied", n=72), while over three percent indicated the lowest three rating levels (n=4) (see Figure 7). Men are also more satisfied than women (M=9.39 vs. M=7.98).

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Information box 3: GRC APP

The GRC app is a mobile application developed by GRC. It provides a digital platform for various GRC services and information.

Main attributes:

- Free app for iOS and Android
- Provides first aid instructions and emergency tips
- Informs users about GRC services in the vicinity (including PSEC services)
- Has a search and reminder function for blood donation dates
- Provides breaking news and information from GRC
- Available at: **https://www.drk.de/hilfe-in-deutschland/erste-hilfe/erste-hilfe-app-fuer-unterwegs/**

The app is directly connected to the GRC structures and is regularly updated to offer new functions and an improved user experience.
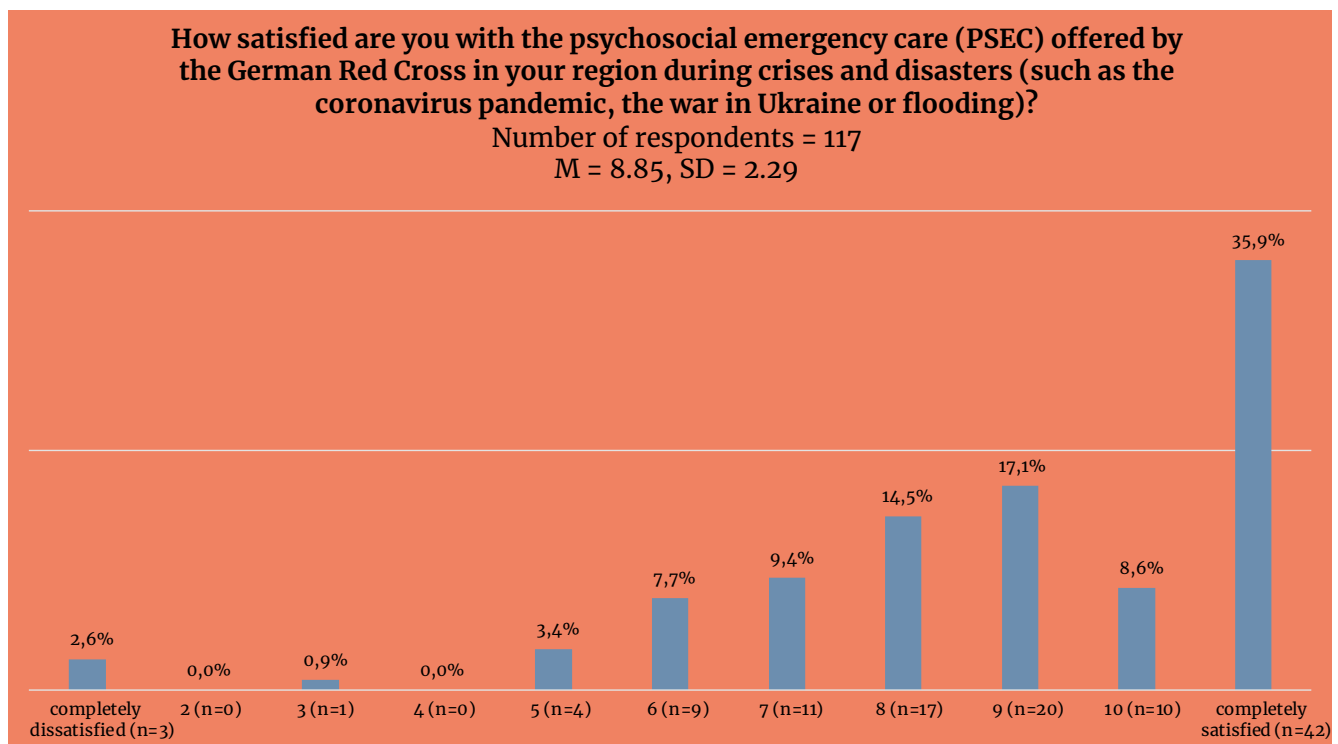
</div>

How satisfied are you with the psychosocial emergency care (PSEC) offered by the German Red Cross in your region during crises and disasters (such as the coronavirus pandemic, the war in Ukraine or flooding)?
Number of respondents = 117
M = 8.85, SD = 2.29

- completely dissatisfied (n=3): 2,6%
- 2 (n=0): 0,0%
- 3 (n=1): 0,9%
- 4 (n=0): 0,0%
- 5 (n=4): 3,4%
- 6 (n=9): 7,7%
- 7 (n=11): 9,4%
- 8 (n=17): 14,5%
- 9 (n=20): 17,1%
- 10 (n=10): 8,6%
- completely satisfied (n=42): 35,9%

Figure 7: Satisfaction with the PSEC services within GRC

3.3 Comparison between actual and perceived PSEC services offered by GRC

The analysis reveals considerable discrepancy between current PSEC services and public perception: These GRC services are largely unknown to the general public, despite the extensive structures and the team's high operational readiness. Although an estimated 66 percent of the provincial branches are active in PSEC (figures from the 2023 quantitative survey of the entire GRC from Chapter 3.1), only a small proportion of the population is aware of this. While a mere 25 percent are aware of PSEC in general, only 15 percent of respondents in the model regions know that GRC offers PSEC services. The results highlight a considerable information deficit and underline the need for targeted measures to optimize public relations. This would be essential to raise awareness of PSEC and to ensure that people in emergency situations can take advantage of the existing services.

It is worth noting that satisfaction with the PSEC services is very high among those who report awareness. This demonstrates the quality of work, but also indicates the untapped potential: A well-conceived and high-quality offer will only be perceived and used as such if the potential target audience is aware of its existence. It is therefore necessary to raise awareness of the PSEC services within GRC. Reference to the high level of satisfaction among those who are already familiar with the services could certainly support its popular spread. Since more than one in four respondents learned of the services from social contacts, a request for a recommendation in the social network may be equally helpful.

The study of gender-specific differences reveals a complex picture of how PSEC services are perceived. Male respondents were more aware of the services, with 18 percent of male respondents stating that they were aware, compared to 11 percent of female respondents. The variance in satisfaction with the services is particularly striking, with male respondents reporting significantly more positive ratings. These gender-specific differences are also reflected in the use of various information channels, with 44 percent of male respondents using social media as a source of information, compared to only 24 percent of female respondents.

The age-related analysis shows interesting differences between the general perception of PSEC and the specific perception of GRC services. While 31 percent of those aged between 25 and 39 state that they are generally aware of PSEC, the figure is still 26 percent for those over 65. However, the picture changes significantly in regard to awareness of the specific PSEC services offered by the GRC: Although the 25 to 39 age group has a similarly high awareness rate of 26 percent, the figure falls to just 6 percent among the over 65s. This discrepancy between the general perception of PSEC and the perception of the specific GRC services points to a particular communication deficit among older target groups.

Unsurprisingly, the differences in the use of digital media are especially striking: While 83 percent of 22 to 24-year-olds use social media to obtain information about PSEC services, this channel is rarely relevant among older age groups.

Approaches for the continued development of PSEC at GRC:

The findings of GRC's mapping and the perceptual analysis offer important starting points for the continued development of PSEC at GRC:

1. Information and communication strategies that are tailored to the target audience and designed to raise awareness of the GRC as a PSEC provider
2. Adaptation of communication channels to suit the preferences of different population groups
3. Increased awareness-raising for the importance of PSEC within the provincial branches
4. Provision of resources for the establishment and expansion of PSEC teams in previously under-served areas

Both the technical orientation and the structural organization of PSEC require systematic further development and professionalization. As described in detail in Chapter 1, the next key development steps include the implementation of uniform quality standards and the standardization of processes across the board. These measures are essential in order to continue establishing PSEC as a professional pillar of civil protection and rescue services and to strengthen its importance for holistic emergency and crisis care.

4 Harmonization of PSEC operational documentation at GRC: Presentation of the PSEC–A operational protocol

Establishing a standardized operational protocol is a key building block for the further systematic development of PSEC. Not only does standardized documentation enable evidence-based quality assurance, it also encourages inter-organizational networking while maintaining the professional independence of the PSEC teams. Structured documentation is becoming increasingly important, especially in the context of the growing complexity of operation scenarios.

This chapter documents the multi-phase development process for this kind of standardized operational protocol. It starts by clearly presenting the methodical development of the operational protocol, from the theory-based conception to provision of the end product for practical use. Then comes an explanation of the core objectives of the PSEC operational documentation, which provide a framework for the intended standardization. Analysis of current documentation forms and practices at GRC provides an important basis for the development of a practical operational protocol. The research results, which are based on different steps of data collection, were systematically compiled and evaluated. The protocol developed on this basis was tested and validated under real operating conditions. The end product is an operational protocol that is both scientifically sound and tried and tested in practice.

4.1 Development of an operational protocol: From research to practice

The methodology for developing the standardized PSEC operational protocol builds on a multi-stage research approach, which is outlined in detail in Figure 8. The chosen mix of methods combines qualitative and quantitative survey instruments in order to gain the most comprehensive picture of current documentation practice and to derive empirically based requirements for a standardized operational protocol.

Development took place in several successive phases: Each development step built on the findings of the previous one and was continuously validated through feedback loops with practitioners. The two-month field test phase in particular, which brought the development process to its conclusion, enabled a comprehensive evaluation under real operating conditions and provided valuable insights for the final design of the operational protocol.
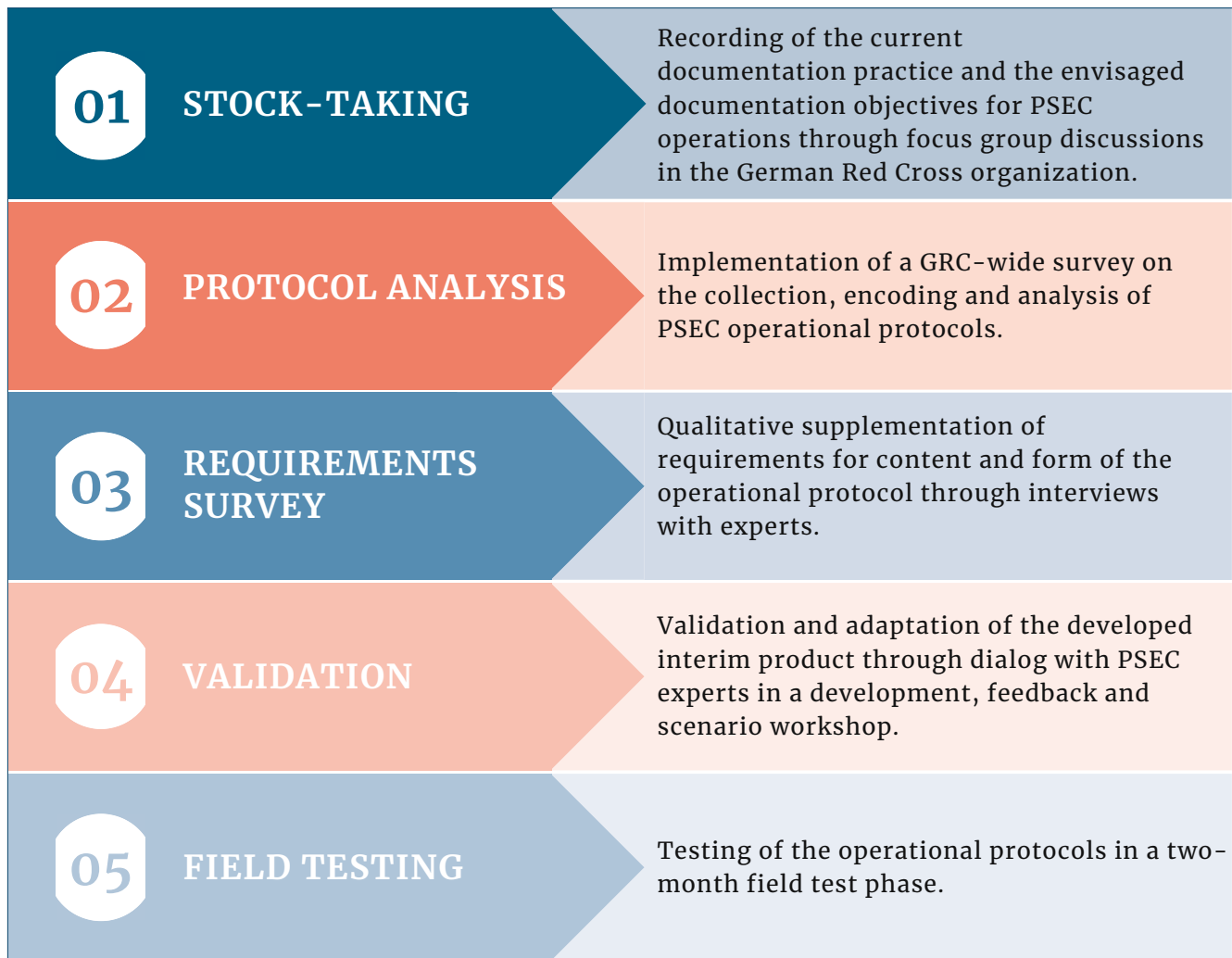
Figure 8: Development and validation process for the operational protocol: An overview

01	**STOCK-TAKING**	Recording of the current documentation practice and the envisaged documentation objectives for PSEC operations through focus group discussions in the German Red Cross organization.
02	**PROTOCOL ANALYSIS**	Implementation of a GRC-wide survey on the collection, encoding and analysis of PSEC operational protocols.
03	**REQUIREMENTS SURVEY**	Qualitative supplementation of requirements for content and form of the operational protocol through interviews with experts.
04	**VALIDATION**	Validation and adaptation of the developed interim product through dialog with PSEC experts in a development, feedback and scenario workshop.
05	**FIELD TESTING**	Testing of the operational protocols in a two-month field test phase.

4.2. Objectives of PSEC operational documentation

To ensure an effective development process, it is first necessary to define in clear terms the objectives to be achieved with a (standardized) protocol. These objectives were determined through systematic analysis of academic literature and directly through our own empirical surveys from the PsychoKat project. The theoretical findings were validated and expanded for practical application through focus group discussions (2022), expert interviews (2023) and workshops (2023) with PSEC professionals (see Table 2). Chapter 2 already provided a detailed description of the methodological approach to this qualitative data collection.

Quality assurance and development are among the central objectives of PSEC operational documentation. The documentation of operations forms the basis

for statistical evaluations and needs analyses. Results from this can, for example, promote the continuous adaptation of education and training programs within the context of PSEC. This helps the ongoing development of training courses in line with requirements and promotes sustainable improvements in the quality of PSEC services. Systematic mapping enables the identification of specific needs and evaluation of the effectiveness of measures.

Psycho-hygienic assessment of operations is another important objective of the documentation. PSEC staff should be able to use the operational protocol to signal when they require support in the form of debriefing or supervision. This equips operations management to fulfill its duty of care and initiate support measures

Objectives*	Sources
Quality assurance and development	Hering & Helmerichs, 2018; GRC, 2008; PsychoKat, 2022-2024.
Psycho-hygienic operational assessment	PsychoKat, 2022-2024.
Evaluation & (scientific) analysis	Hering & Helmerichs, 2018; GRC, 2008; BBK, 2012; PsychoKat, 2022-2024.
Comparability through cross-regional standardization	Hering & Helmerichs, 2018; PSAH, 2021; BBK, 2012; PsychoKat, 2022-2024.
Legal protection & insurance cover	Hering & Helmerichs, 2018; PsychoKat, 2022-2024.
Protection of personal data	Hering & Helmerichs, 2018; PsychoKat, 2022-2024.

Table 2: Objectives of PSEC operational documentation, Source: Author's illustration.
The order of objectives should not be interpreted as prioritization.

in good time. The operational protocol can be used to record incidents and important topics for debriefing.

What is more, the standardized PSEC operational documentation creates a robust basis for further **evaluations and (scientific) analyses**. These can be used to identify long-term trends and for ongoing evidence-based development of PSEC.

Another key aspect is therefore comparability through standardization, particularly on a supra-regional level. Uniform documentation makes operations within various regional structures **comparable**. If relevant information such as type of operation, persons affected and measures taken are recorded in a structured manner, internal understanding will improve alongside use of the results for comprehensive analyses. Standardized recording also enables pattern identification, determination of the effectiveness of measures and optimization of future operations. Standardization also allows for comparable data from different regions and time periods, which is particularly important for science and the continued development of PSEC standards.

The documentation also serves as **protection from a legal and insurance perspective** – for the PSEC staff and those affected alike. Systematic recording of all

relevant operational data and processes can be used as legally sound evidence in the event of legal inquiries and insurance claims.

The **protection of personal data** relating affected persons and operational staff is an elementary component of operational documentation. Compliance with the General Data Protection Regulation (DSGVO) is mandatory. Sensitive information – personal or medical data in particular – may only be collected to the necessary extent. Data protection can restrict other objectives such as scientific analysis of the data.

The design and structure of the content follows requirements placed in the protocol for operational staff and complements the objectives of the PSEC documentation in regard to content. For example, the length of the protocol should be no more than two pages to ensure quick and uncomplicated processing (focus group discussion 2022; GRC survey 2023). Another point of emphasis was the need for the protocol components to be clear, intuitive and concise in order to facilitate their use (ibid.). In addition, use of a clearly legible font is recommended to further increase the protocol's readability (HRC survey 2023).

4.3 Previous PSEC documentation practices at GRC

An evaluation of two focus group discussions in October 2022 (see Figure 2) shows that PSEC teams use both their own protocols and prefabricated protocols from outside the organization. It also became clear that there are variations in the documentation practice, not only between, but also within the teams. For example, some teams practice uniform protocol management, while personal adjustments and variations can be observed in others (focus group discussion 2022).

A total of 23 PSEC-A protocols were evaluated in a quantitative analysis. Initially, only protocol components (variables) identified in at least twelve protocols (≥ 50%) were considered. Of the 126 protocol components recorded, twelve exceeded the defined threshold of 50 percent (see Table 3). Defining a threshold value ensured that the analysis primarily included frequently used protocol components.

The comparative analysis of operational protocols reveals pronounced heterogeneity that is manifested in both content and structure (focus group discussion 2022; GRC survey 2023; exploratory expert interviews 2023). Protocol design varies between standardized formats with selection fields and drop-down options, which enable efficient processing, and free text formats, which allow more detailed documentation but require more time.

Despite the pronounced variability in the form, structure and scope of PSEC documentation practices in the GRC, it was still possible to identify common content that lays a foundation for standardized documentation and was enriched by supplementary information from further research steps.

Based on the findings of the analysis steps described above, two protocol variants were developed as intermediate products, which differed primarily in their visual design (inclusion of ledger lines) and minor modifications to the content. The decision in favor of precisely this differentiation built on the findings of a preceding scenario workshop with PSEC operational staff.

Protocol component	Frequency as a %	Number (n=23)
Date	100 %	23/23
Operation scene	96 %	22/23
Indication for the operation	96 %	22/23
End of the operation	87 %	20/23
Number of persons cared for	87 %	20/23
Arrival	83 %	19/23
Free field for the operation report/operation notes	83 %	19/23
Employees deployed	78 %	18/23
Alarm sounded by	65 %	15/23
Alarm time	61 %	14/23
ILS operation number	52 %	12/23
Team signature	52 %	12/23

Table 3: Frequency of PSEC-A protocol components

4.4 Validation under real operating conditions

Validation of the envisaged operational protocol took place as part of a field test from May to July 2024. This involved testing the two different protocol variants, and the findings were then incorporated into a final operational protocol. In total, 41 PSEC teams from six regional and 15 provincial branches took part in this test. The two protocol variants were assigned to the participating PSEC teams on a random basis. Assessments of the PSEC operational staff were recorded using a two-stage online survey at the beginning and end of the test phase. In the initial survey (n=31), the operational staff assessed the comprehensibility of the content and the design of the protocols. The subsequent survey (n=20) focused on practicability and user experience under real operating conditions (see 2.3 Methodology).

Evaluation was based on five central evaluation criteria:

1. **Comprehensibility of content:** Determines the clarity and comprehensibility of protocol content for operational staff

2. **Practicality:** Evaluates operational applicability of individual protocol sections under real operating conditions

3. **Perceived benefit:** Records the expected added value for operational practice

4. **Perceived ease of use:** Records assessments by operational staff on the practical manageability of the protocol

5. **Design:** Assesses the visual and structural layout of the protocol

Overall, the evaluation reveals a clear preference for variant 1 of the two operational protocols across almost all evaluation criteria. In the assessment of completeness of content, 50 percent of respondents (n=14) voted for variant 1, while only 23.5 percent (n=17) felt that variant 2 was complete (see Figure 9)[17]. Evaluation of the design also revealed a clear preference for variant 1, whose design was consistently rated as comprehensible and structured, whereas variant 2 of the operation-
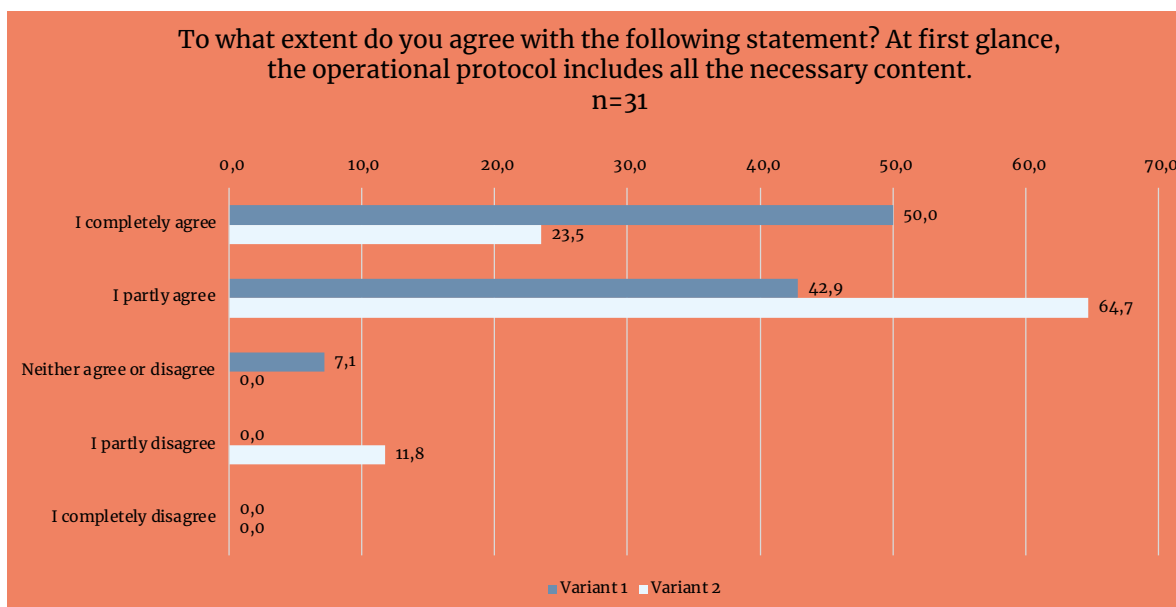

Figure 9: Evaluation of the completeness of content in the protocol variants by PSEC operational staff (n_1=14, n_2=17). Evaluation took place according to a 5-point Likert scale from "I completely agree" (5) to "I completely disagree" (1). The illustration shows the percentage distribution of approval ratings for both protocol variants.

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[17]   Recorded on a 5-point Likert scale from "I completely agree" to "I completely disagree".

al protocols initially received praise, but became less accepted over the course of the field test.

Evaluation of ease of use and practical applicability also reveals a difference: While variant 1 received consistently positive ratings, the assessments of variant 2 were far more mixed. Despite the initially positive response

to the design of variant 2, it fell short of variant 1 during the course of the field test in terms of acceptance.

Based on these observations, variant 1 was further developed into the final version after appropriate optimization based on the overall results of the field test (see section 4.5).

4.5 Consolidation of results

Development of the final standardized operational protocol draws on a systematic integration of multiple data sources: The quantitative surveys provided statistically sound assessments of the most commonly used protocol components, while the qualitative analyses delivered more profound insights into application experiences. The practical workshops and the field test validated the initial findings under practical and realistic operating conditions. This methodical triangulation ensured the development of an operational protocol that was based on scientific standards while at the same

time meeting the practical requirements and needs of the PSEC operational staff.

The resulting protocol is structured into three central documentation areas: the "Basic operational data" (see Table 4), the "Care information" and "Indications" (see Table 5) and the "Conclusion of the operation" (see Table 6). This threefold division enables systematic and chronological documentation of the operation while at the same time ensuring practical manageability.

Protocol component	Validation	Objective
Basic operational data		
Date	Quantitative survey (≥ 50%); interviews with experts; feedback workshop; field test	Traceability and legal protection
Operation scene	Quantitative survey (≥ 50%); interviews with experts; feedback workshop; field test	Operation scene for planning, analysis of operational scope
(ILS) operation number	Quantitative survey (≥ 50%); interviews with experts; feedback workshop; field test	Unique identification to assist with legal proof and insurance issues
Arrival, end of the operation (duration of the operation)	Quantitative survey (≥ 50%); Feedback workshop; field test	Recording of time sequences to analyze the operation's efficiency and duration
Arrival of operational staff with vehicle	Feedback workshop; field test	Documentation of logistical details and as proof for insurance claims
Alarm time and alarm sounded by	Quantitative survey (≥ 50%); Interviews with experts, Feedback workshop; field test	Support in the review of alarm sources and response times for quality assurance purposes
Employees deployed	Quantitative survey (≥ 50%); Interviews with experts, Feedback workshop; field test	Documentation of personnel resources for legal traceability and planning
Situation at the operation scene	Field test	Recording the services deployed on site and those alerted later

Table 4: Validation methods and objectives of the protocol components: Basic operational data

The **basic operational data** comprises protocol components such as date, scene, operation number, duration of the operation, arrival of the operational staff and employees deployed. This basic data aims to ensure the quality of PSEC operations, guarantee legal protection and provide important information for operational planning and analysis.

The area of **care and indication components** includes information on the number of people receiving care and their age in order to record the scope of care and identify special needs. The operational indication documents the reasons for deployment and thus enables structured analysis and evaluation. Psychosocial support measures are also recorded, including specific aspects such as indications of suicidal tendencies, social support network and the opportunity to say goodbye to the deceased. This information promotes targeted aftercare, emotional support and contributes to the quality assurance of PSEC operations.

The **conclusion of the operation** summarizes the final protocol components, including the recording of possible personal injuries, the operation report, debriefing and signature of operational staff. This section is primarily intended to offer legal protection for the operational staff and enables reflective aftercare following the operation. It also provides space for psycho-hygien-

Protocol component	Validation	Objective
Care information and indication		
Number of persons cared for	Quantitative survey (≥ 50%); feedback workshop; field test	Recording the scope of care for quality assurance and needs analysis
Age	Focus group discussion; feedback workshop Scenario workshop; field test	Identification of special care needs, e.g. for children or older people
Gender	Scenario workshop; field test	Documentation of gender-specific aspects for needs-based care
Indication for the operation		
Indication for the operation with quantitative survey (≥ 50%); recorded, no single indication over 50 percent – shows variety in reasons for the operation	Focus group discussions; quantitative survey (≥ 50%); Interviews with experts; feedback workshop; field test	Determining the reason for the operation for structured documentation and analysis
Measures implemented		
Mainly covered at present by free text field	Feedback workshop; field test	Documentation of measures implemented for the evaluation and ongoing development of PSEC
Indication of suicidal tendencies in those affected		
Affected persons are referred to specialized services	Feedback workshop; Scenario workshop; field test	Early warning and documentation of particular risks for targeted aftercare and legal protection
Social network after acute care		
Refers to the potential support environment for those affected	Feedback workshop; field test	Support for those affected through social-structural aftercare, based on recorded connections
Farewell to the deceased		
Opportunity for relatives to say goodbye to the deceased in a protected setting. This process supports the grieving process.	Feedback workshop; field test	Enabling and documenting the grieving process for the psychosocial stabilization and emotional support of those affected

Table 5: Validation methods and objectives of the protocol components: Care information and indication

ic processing by enabling the operational staff to register additional support requirements and record relevant incidents.

The consolidation of data collected in the PsychoKat project illustrates that standardized operational documentation is far more than just an operational tool. A standardized operational protocol lays the foundation for comprehensive quality assurance, psycho-hygienic follow-up of operations, evidence-based analyses and legal and insurance protections.

The requirements for standardizing the operational protocols were mapped precisely and implemented meaningfully thanks to close cooperation with PSEC specialists. Continuous integration of practical feedback into scientific findings has resulted in user-friendly and efficient documentation that meets both operational needs and long-term strategic goals. The final version now provides an operational protocol that supports and improves the ability to adopt long-term practices in PSEC.

Protocol component	Validation	Objective
End of the operation		
Personal injury (accident, injury, etc.)		
Refers to injuries or other health impairments experienced by operational staff during an PSEC operation	Feedback workshop Interviews with experts; Scenario workshop; field test	Documentation of personal injury for insurance purposes and to fulfill the duty of care
Operation report		
Refers to the detailed documentation of the course of the operation, including special incidents and relevant observations and reflections	Quantitative survey (≥ 50%); feedback workshop Interviews with experts; field test	Documentation of the course of the operation and particular incidents that are not recorded in the protocol; support for reflection and mental hygiene among operational staff
Debriefing		
Includes discussions and measures for the emotional processing and stabilization of operational staff after an operation	Feedback workshop Interviews with experts; field test	Opportunity for operational staff to voice their need for additional debriefing and mental hygiene, over and above regular operational management
Signature		
Formal confirmation of the operational documentation by operational staff	Quantitative survey (≥ 50%); field test	Confirmation of the operational documentation by the operational staff for legal protection and traceability

Table 6: Validation methods and objectives of the protocol components: End of the operation

4.6 The developed operational protocol

The developed operational protocol, including instructions, can be used in both digital and analog form and is freely available via the following QR code and at **https://qrco.de/bewDLv**. You can also find the documents on the GRC Civil Protection Research and Innovation Transfer website under the PsychoKat project page and on the PSEC website. The protocol is only available in German.

Deutsches Rotes Kreuz

Einsatzprotokoll PSNV-B

1. Einsatztechnische Grunddaten

Datum (TTMMJJ):   ILS-Einsatznummer:

Alarmierung durch: Alarmzeit (hh:mm):

Einsatzort (Stadt/Bezirk):

Situation an der Einsatzstelle:

☐ RD ☐ NA ☐ Polizei/Kripo ☐ Sonstige:

PSNV-Team/Eingesetzte Mitarbeitende:

☐ Nachalarmierung von:

Eintreffen Einsatzkräfte mit Fahrzeug:
☐ Privat-PKW   ☐ Einsatzfahrzeug
Fahrzeugtyp:

Eintreffen (*hh:mm*):	Einsatzende (vor Ort) (*hh:mm*):	Einsatzende (gesamt) (*hh:mm*):	Einsatzdauer (*hh:mm*):

2. Betreute Person(en)

Betreute Personen Gesamtanzahl:

Person 1:	Alter:	☐m ☐w ☐d	**Person 3:**	Alter:	☐m ☐w ☐d
Person 2:	Alter:	☐m ☐w ☐d	**Person 4:**	Alter:	☐m ☐w ☐d

3. Einsatzindikation

☐ Überbringen Todesnachricht
☐ Reanimation (erfolgreich/erfolglos)
☐ Tod öffentlicher Bereich
☐ Tod häuslicher Bereich
☐ Tod eines Kindes unter 18 Jahren
☐ Suizidversuch

☐ Tötungsdelikt
☐ Suizid
☐ Psych. Syndrom/Lebenskrise
☐ Gewalttat
☐ Vermisstensuche
☐ Brand

☐ Großschaden/Katastrophe
☐ Verkehrsunfall
☐ Einsatz abgebrochen/abbestellt
☐ Sonstige Einsatzindikatoren

4. Durchgeführte Maßnahmen

☐ Geschützten Raum schaffen
☐ Aktivierung „Soziales Netz"
☐ Strukturierung der nächsten Tage
☐ Aufklärungsgespräch (Psychoedukation)
☐ Sonstige Maßnahmen:

5. Hinweis auf Suizidalität bei Betroffenen

☐ Betroffene Person hat akute Suizidgedanken direkt und glaubhaft geäußert
☐ Falls ja, Polizei und Rettungsdienst/Notarzt alarmiert
☐ Falls ja, an Krisendienst Psychiatrie (falls vorhanden) übergeben
☐ Weitere Maßnahmen veranlasst:

6. Soziales Netz nach der Akutbetreuung

☐ Verwandte/Angehörige
☐ Freundeskreis/Bekanntschaften/Nachbarschaft
☐ Bestehende Therapiestrukturen
☐ Bestehende Betreuungsstrukturen
☐ Keine Angaben
☐ Kein soziales Netz vorhanden (Vermittlung weiterer Hilfe)**:**

7. Abschiednahme vom Verstorbenen

☐ War möglich   ☐ War nicht gewünscht
☐ Nachholtermin:
☐ War nicht möglich, weil:

8. Eigenschäden (Unfall, Verletzung, etc.)

Seite 1 von 2

Figure 10: The standardized PSEC-A operational protocol – page 1

**Deutsches
Rotes
Kreuz**

Einsatzbericht

9. Kurze Schilderung des Einsatzes & Einsatzbewertung (Anlass, Verlauf, Besonderheiten, Zusammenarbeit im Team, Reaktionen, Abschluss, aufgetretene Schwierigkeiten)

10. Nachbesprechung	**11. Unterschrift/en und Datum**
☐ Einsatznachbesprechung mit fachlicher Leitung/ Supervision gewünscht	

Seite 2 von 2

Figure 11: The standardized PSEC-A operational protocol – page 2

5 | Strengthening PSEC together: For effective and humane crisis management

Past crises and disasters such as the corona pandemic and their far-reaching effects on the mental health of the population impressively underline the importance of PSEC and the need to continue strengthening this discipline in the context of civil protection. The multifaceted effects of climate change are intensifying in view of the rapidly increasing number of damage situations relating to the climate change (World Health Organization, 2022). With this in mind, it is essential to continuously advance PSEC as a key instrument of civil protection, disaster control and civil defense in order to adequately meet the growing challenges.

Throughout Germany, numerous volunteers are involved in PSEC operations, both in the GRC and in other (aid) organizations. As a valuable resource, they should receive the best possible support in their work and be deployed prudently. This necessity is further reinforced by predictions by experts that the importance of PSEC will continue to grow due to increasing climate-related crises and potential civil protection scenarios.

This report represents the first comprehensive analysis of PSEC structures in the GRC. Project findings reveal both remarkable strengths and significant development potential for PSEC in the GRC. Our research shows that the GRC has a sizeable PSEC structure, but that it often operates "underground" and is inadequately represented in the public eye. This discrepancy between actual performance and public perception is a central challenge. This must be overcome in order to make the commitment of the PSEC operational staff visible, to establish the GRC more strongly as a reliable service provider and to ensure that those affected in crisis situations are aware of and can use PSEC services.

What is more, pronounced heterogeneity was uncovered in the structure and availability of PSEC services in different regions and provincial branches. Analysis of the status quo underpins the previous assumptions of a PSEC landscape that is heterogeneous, fragmented and often insufficiently networked. This inequality in

care underlines the need to strengthen PSEC at national level and to harmonize services overall. In order to professionalize PSEC, the efforts initiated by the consensus process of the Federal Office of Civil Protection and Disaster Relief (BBK) from 2007 to 2010 must be intensified: ongoing development and implementation of common standards and quality requirements for PSEC operational staffs as means of establishing a uniform basis for PSEC in Germany.

The main focus of the underlying research in the PsychoKat project was on how GRC logs its operations. The study also revealed a highly heterogeneous situation with regard to this process detail: Documentation and evaluation of operations and PSEC measures are largely inconsistent and must also often be considered inadequate in regard to systematic quality assurance and a structured experience sharing. While some agencies work according to the latest findings and standards, there is a need for adaptation elsewhere in order to deliver optimum care to those affected and ensure ideal support for operational staff. Harmonization has been impeded thus far by federal structures, locally divergent circumstances and limited networking and knowledge transfer.

Experience gained from complex danger and damage situations clearly shows the need for coordinated efforts to strengthen psychosocial crisis management in every respect. This was particularly evident in operations involving a number of teams – for example in response to major emergencies, supra-regional disasters or transnational events. Communication obstacles between different aid organizations, inconsistent documentation standards or divergent operational strategies frequently made cooperation difficult. A harmonized approach enables operational staff to adopt optimized practices and provide the best possible assistance. Further development of PSEC is an ongoing process that must be based on scientific findings to ensure, for example, that training or measures are effective, well-founded and adapted to current challenges.

In this context, Beerlage (2021, sec. "Outlook") emphasizes the importance of a thorough review of both the measures implemented and the performance of current PSEC structures. But the performance of these assessments will require a common basis: standardized documentation structures. In its absence, it would be impossible to compare the work of different PSEC teams and draw well-founded conclusions for continued development. The sub-project within the PsychoKat project led by the GRC is a milestone on the road to creating standardized documentation and is a step towards the evidence-based development of PSEC.

Overview of project findings

Chapter 1 of this report highlights the urgent need to optimize and harmonize PSEC structures. Although not new (see consensus process), this finding indicates that the practical implementation of the adopted quality standards is at different stages in different regions and is still pending in some places. Standardized logging is an important first step towards efficient evaluation and optimized measures.

The systematic mapping of PSEC structures in the GRC – which was carried out for the first time as part of this project – has created a record of the status quo (see Chapter 3). This study revealed a remarkably strong PSEC structure within the GRC, but also revealed a considerable need for development. In particular, it became clear that many provincial branches are yet to appoint persons responsible for establishing PSEC teams.

This project reveals considerable discrepancy between current PSEC services and public perception. These GRC services are largely unknown to the general public, despite the extensive structures and the team's high operational readiness (see Chapter 3). The study showed that awareness and perception of PSEC vary across different population groups. The findings suggest that optimizing communication to specific target audiences may help to bridge this information gap.

The findings (see Chapter 4) also show considerable variance in the current documentation processes for PSEC in the GRC. An examination of the currently used operational protocols reveals wide variety in terms of content, form and structure. This heterogeneity leads to inconsistent practices in the logging of operations and is accompanied by both untapped opportunities and challenges:

1. **Quality assurance:** Inconsistent documentation in PSEC makes it difficult to systematically evaluate and ensure the quality of services. A lack of standards hinders meaningful comparisons and the identification of areas with room for improvement.
2. **Knowledge transfer:** Valuable experience and best practices cannot be shared effectively due to the different logging methods.
3. **Interdisciplinary collaboration:** The variety of protocols impedes collaboration with other aid organizations and authorities.
4. **Research and development:** Data heterogeneity limits the possibilities for comprehensive scientific analyses. This inconsistency hinders continued evidence-based development of PSEC practices and the derivation of generally applicable findings.

While PSEC operational protocols are mainly used at present for documentation, debriefing and supervision, their full potential remains largely untapped.

Based on the project findings, the pilot operational protocol presented in Chapter 4 illustrates not only the content, formats and design elements identified as relevant for a standardized PSEC operational protocol, it also creates the first systematically mapped and organization-wide harmonized documentation basis for PSEC-A operations in the GRC.

Standardized operational documentation harbors the potential to create a basis for fundamental changes in the PSEC landscape. By providing a standardized framework for the collection of operational data, it enables a systematic analysis and evaluation of PSEC measures across the board. Until now, documentation practices have often been inconsistent and characterized by local circumstances, which has made it difficult to perform a comparative evaluation and derive generally applicable findings. Data from different operations, regions and time periods could be aggregated and evaluated by using a harmonized operational protocol. To this end, appropriate evaluation structures and processes must be developed going forward, accompanied by the establishment of clear responsibilities for systematic evaluation of the protocols. This presents fresh opportunities for the identification of best practices, the optimization

of PSEC measures and the needs-based improvement of PSEC services.

At the same time, the data can be used to identify training and further education needs and to develop bespoke programs for operational staff. The protocol helps in this way to ensure and improve the quality of psychosocial care in the long term. It also promotes the establishment of a common language and a uniform understanding of central concepts and processes within PSEC. This facilitates communication and experience sharing between operational staff, researchers and decision-makers.

The significance of this protocol therefore extends beyond mere documentation. For example, it provides a solid foundation for future research projects, which should not be limited to documentation processes and instead address the entire spectrum of PSEC practices. To this end, it is essential to take further steps engage in joint data collection for the purpose of analysis. Going forward, it would therefore be possible to investigate the effectiveness of various intervention strategies, long-term psychosocial care after major emergencies or the integration of new technological approaches into PSEC work. By using the protocol, researchers will be able to access standardized data in the future and generate meaningful results that can be translated directly into practice. But this is predicated on widespread implementation of the protocol and compilation of data records.

In summary, the project findings highlight the need for a two-pronged strategy to optimize PSEC moving forward:

1. **Internal optimization:** Ongoing development of common standards, harmonization of operations and documentation processes within the GRC and strengthening of networking between PSEC teams
2. **External visibility:** Significant increase in public awareness and improved accessibility of services across all population groups

In the long term, the aim is to work together to create a resilient, effective and people-centered PSEC system that is capable of meeting the complex requirements of future crises and disasters. PSEC faces the task of continuously developing its structures and services. Only then will PSEC be equipped to meet the growing demands of civil protection and sustainably strengthen its support services for people in crisis situations.

These research findings and the developed operational protocol are intended to provide impetus for the future-oriented and ongoing development of PSEC. They provide a scientific basis and practical tools to continue strengthening PSEC as an indispensable element of modern, people-oriented civil protection.

6 | Acknowledgements

7 | Bibliography

AG PSAH (2021). Mindeststandards in der Psychosozialen Akuthilfe (PSAH). Arbeiter-Samariter-Bund Deutschland e.V. (ASB), Bundeskonferenz Katholische Notfallseelsorge in der DBK (BKN), Deutsches Rotes Kreuz e.V. (DRK), Johanniter-Unfall-Hilfe e.V. (JUH), Konferenz Evangelische Notfallseelsorge in der EKD (KEN), Malteser Hilfsdienst e.V. (MHD).

Beerlage, I. (2021). Psychosoziale Notfallversorgung (PSNV). Published by the Federal Centre for Health Education (BZgA). Bonn (Leitbegriffe der Gesundheitsförderung und Prävention. Glossar zu Konzepten, Strategien und Methoden).

Federal Office of Civil Protection and Disaster Relief (BBK) (Pub.) (2012a). Psychosoziale Notfallversorgung. Qualitätsstandards und Leitlinien : Teil I und II. Federal Office of Civil Protection and Disaster Relief (BBK). 3rd edition, as at 07/2012. Bonn (Praxis im Bevölkerungsschutz, 7).

Federal Office of Civil Protection and Disaster Relief (BBK) (2012b). Psychosocial emergency care: Qualitätsstandards und Leitlinien, Teil I und II. Published by the Federal Office of Civil Protection and Disaster Relief (BBK). Federal Office of Civil Protection and Disaster Relief. Retrieved online at https://www.bbk.bund.de/SharedDocs/Downloads/DE/Mediathek/Publikationen/PiB/PiB-07-psnv-qualitaet-stand-leitlinien-teil-1-2.pdf?__blob=publicationFile&v=6, last checked on 08/30/2023.

Federal Office of Civil Protection and Disaster Relief (BBK) (Pub.) (2013). Hotline im Krisen- und Katastrophenfall: Psychosozialer Gesprächsleitfaden. With contributions from Rike Richwin, Jutta Helmerichs and Malte Kromm. Federal Office of Civil Protection and Disaster Relief. Bonn. Retrieved online at https://www.bbk.bund.de/SharedDocs/Downloads/DE/Mediathek/Publikationen/PiB/PiB-10-psysoz-gespraechsleitfaden.pdf?__blob=publicationFile.

Federal Office of Civil Protection and Disaster Relief (BBK) (2019). Führungskräfte PSNV Anforderungen und Qualifizierung. With contributions from Mareike Mähler, Gesine Hofinger, Laura Künzer, Robert Zinke and Franz Kather. Federal Office of Civil Protection and Disaster Relief. Retrieved online at https://www.bbk.bund.de/SharedDocs/Downloads/DE/Mediathek/Publikationen/FiB/FiB-21-psnv-fuehrungskraefte.pdf?__blob=publicationFile, last checked on 09/19/2022.

Federal Office of Civil Protection and Disaster Relief (BBK) (2020). Press release: Psychosoziale Notfallversorgung bundesweit fest verankert. In: BBKWEB, 11/10/2020. Retrieved online at https://www.bbk.bund.de/SharedDocs/Pressemitteilungen/DE/2020/11/pm-psnv-bundesweit-fest-verankert.html, last checked on 08/27/2024.

Federal Office of Civil Protection and Disaster Relief (BBK) (2022). Checklisten und Infos für den PSNV-Einsatz in komplexen Lagen. Führungsmittel für PSNV-Führungskräfte. With contributions from Thomas Knoch and Mark Overhagen. 1st edition. Retrieved online at https://www.bbk.bund.de/SharedDocs/Downloads/DE/Mediathek/Publikationen/NOAH/checklisten-und-infos-psnv-einsatz.pdf?__blob=publicationFile&v=1, last checked on 09/19/2022.

Federal Office of Civil Protection and Disaster Relief (BBK) (2024). Extremwetter. Retrieved online at https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Fuer-alle-Faelle-vorbereitet/Kampagne-Extremwetter/kampagne-extremwetter_node.html, zuletzt aktualisiert am 27.08.2024, last checked on 08/27/2024.

Federal Ministry for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection (2024). Extremwetterereignisse. Retrieved online at https://www.bmuv.de/themen/gesundheit/gesundheit-im-klimawandel/extremwetterereignisse/ueberblick-extremwetterereignisse, zuletzt aktualisiert am 27.08.2024, last checked on 08/27/2024.

Deutsches Rotes Kreuz e.V. (GRC) (2022). DRK-Rahmenkonzept Psychosoziale Notfallversorgung (PSNV). 2nd revised edition. Berlin, 03/05/2022.

German Red Cross (2008): DRK-Rahmenkonzept Psychosoziale Notfallversorgung (PSNV).

European Commission (Pub.) (2024). COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS. Managing climate risks – protecting people and prosperity. European Commission. Retrieved online at https://eur-lex.europa.eu/legal-content/DE/TXT/PDF/?uri=CELEX:52024DC0091, zuletzt aktualisiert am 16.09.2024, last checked on 09/16/2024.

Gerhold et al. (Pub.) (2025). Psychosoziales Lagebild im Bevölkerungsschutz. Grundlagen, Daten und technische Umsetzung. Braunschweig: Abteilung Psychologie soziotechnischer Systeme, Technische Universität Braunschweig.

Hausmann, C. (2006). Einführung in die Psychotraumatologie. 1st edition, Vienna, Stuttgart: Facultas; UTB GmbH (UTB Psychologie, 2829).

Hering, T. & Helmerichs, J. (2018). Standardisierte Einsatzdokumentation in der psychosozialen Notfallversorgung. In: Notfall Rettungsmed 21 (3), p. 205–211.

Hoppe, S. (2021). Von Herausforderungen und Chancen: Wirksamkeitsforschung im Feld der PSNV-B. In: Trauma - Zeitschrift für Psychotraumatologie und ihre Anwendungen 19 (2), last checked on 01/23/2024.

IFRC (2008). Guidelines for emergency assessment. https://www.icrc.org/sites/default/files/external/doc/en/assets/files/publications/icrc-002-118009.pdf.

Krueger, R. A., & Casey, M. A. (2015). Focus group interviewing. Handbook of practical program evaluation, p. 506–534.

Landtag Rheinland-Pfalz (2023). Final report of the Enquete Commission 18/1 "Konsequenzen aus der Flutkatastrophe in Rheinland-Pfalz: Erfolgreichen Katastrophenschutz gewährleisten, Klimawandel ernst nehmen und Vorsorgekonzepte weiterentwickeln." Retrieved online at https://dokumente.landtag.rlp.de.

Mayring, P. & Fenzl, T. (2019). Qualitative Inhaltsanalyse. In: Handbuch Methoden der empirischen Sozialforschung: Springer VS, Wiesbaden, p. 633–648. Retrieved online at https://link.springer.com/chapter/10.1007/978-3-658-21308-4_42.

Plagge, G. & Karutz, H. (2021). Kinder in Naturkatastrophen: Risiken, Belastungen, Vorsorgestrategien und Psychosoziale Notfallversorgung. In: Rettungsdienst (special online publication). Retrieved online at https://www.harald-karutz.de/wp-content/uploads/2019/02/Karutz_Artikel_Naturkatastrophen_1.pdf, last checked on 01/17/2024.

PSNVG Berlin House of Representatives (2021). Act on Psychosocial Emergency Care for the State of Berlin (Psychosocial Emergency Care Act – PSNVG). PSNVG, dated 27.08.2021, https://gesetze.berlin.de/bsbe/document/jlr-PsychNotVersGBEpP2/part/S.

Röhr, S., Müller, F., Jung, F., Apfelbacher, C., Seidler, A. & Riedel-Heller, S. G. (2020). Psychosoziale Folgen von Quarantänemaßnahmen bei schwerwiegenden Coronavirus-Ausbrüchen: ein Rapid Review. In: Psychiatrische Praxis 47 (4), p. 179–189. DOI: 10.1055/a-1159-5562.

Waterstraat, P., Scheuermann, A. & Karutz, H. (2023). Aktuelle Überlegungen zur Psychosozialen Notfallversorgung (PSNV) in Pandemien, Großschadensereignissen, Katastrophen und Mangellagen. In: IB 48 (04), p. 93–98. DOI: 10.5414/IBX00601.

World Health Organization (2003). Mental Health in Emergencies. Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors. https://iris.who.int/bitstream/handle/10665/67866/WHO_MSD_MER_03.01.pdf?sequence=1.

World Health Organization (2022). Mental Health and Climate Change: Policy Brief. https://iris.who.int/bitstream/handle/10665/354104/9789240045125-eng.pdf?sequence=1

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9 | Annex

Annex 1. Model region survey on the perception of PSEC at GRC – test values

Topic	Factor	Statistical test value	Interpretation
General PSEC awareness	Age group	$Chi^2(1) = 13.87$; $p < 0.05$	Significant differences in the age groups
General PSEC knowledge	Gender	$t(805) = 3.94$; $p < 0.001$	Significant differences between genders
General PSEC knowledge	Age	$r = -0.19$, $p < 0.001$	Knowledge decreases significantly with age
PSEC services offered by GRC	Gender	$Chi^2(1) = 8.18$; $p < 0.01$	Significant differences between genders
PSEC services offered by GRC	Age group	$Chi^2(5) = 49.20$; $p < 0.001$	Significant differences in the age groups
PSEC services offered by GRC	School qualifications	$Chi^2(2) = 12.27$; $p < 0.01$	Significant differences in school qualifications
Awareness channels: social media	Gender	$Chi^2(1) = 4.77$; $p < 0.05$	Significant differences between genders
Awareness channels: social media	Age group	$Chi^2(5) = 12.72$; $p < 0.05$	Significant differences in the age groups
Awareness channels: among PSEC operational staff workers	School qualifications	$Chi^2(2) = 9.03$; $p < 0.05$	Significant differences in school qualifications
Accessibility channels: Emails	Gender	$Chi^2(1) = 6.38$; $p < 0.05$	Significant differences between genders
Accessibility channels: Contact at the provincial branches	School qualifications	$Chi^2(2) = 7.00$; $p < 0.05$	Significant differences in school qualifications
Satisfaction with the PSEC services	Gender	$t(115) = 3.38$, $p < 0.01$	Significant differences between genders
Satisfaction with the PSEC services	School qualifications	$beta = 0.54$; $p < 0.05$	Significant differences in school qualifications

Chi^2 = statistical test between two nominally scaled variables

t = statistical test between one metric variable in two groups

r = statistical test between two metric variables

beta = single regression with metric variable as dependent variable and several groups as independent variable (more than two groups)

Annex 2. Model region survey on the perception of PSEC at GRC – questions and possible responses

Category	Question	Attributes
General awareness of PSEC	Were you aware of what psychosocial emergency care (PSEC for short) means before this survey?	• No • Yes
General knowledge of PSEC	How would you rate your knowledge of psychosocial emergency care (PSEC) in crises and disasters?	1 "no knowledge at all" to 7 "very significant knowledge"
PSEC services at the GRC	Are you aware of the psychosocial emergency care (PSEC) offered by the GRC in your region?	• No • Yes
Awareness channels	How did you become aware of the psychosocial emergency care (PSEC) offered by the GRC in your region? Note: Please mark each applicable response. Multiple responses are possible.	• Website • GRC app • Social media • Mailing list • Brochure • Poster/billboard • Events • News • Social environment • PSEC operational staff • Personal use of PSEC • PSEC was used in the immediate social environment. • I am PSEC operational staff. • Other (open entry)
Accessibility channels	With which channels are you familiar to access psychosocial emergency care (PSEC) services offered by the German Red Cross?	• Fixed address • Phone number • Email • Website (contact form) • Social media • Chat service • Contact at the provincial branches • Mobile app • Other (open entry)
Satisfaction with the service	How satisfied are you with the psychosocial emergency care (PSEC) offered by the GRC in your region during crises and disasters (such as the coronavirus pandemic, the war in Ukraine or flooding)?	1 "completely dissatisfied" to 11 "completely satisfied".

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