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PSYCHOLOGY OF EMERGENCIES IN SPAIN: CURRENT ANALYSIS, NORMS AND REGULATORY PROPOSAL

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La psicología de emergencias en España ha tenido desde finales de los años noventa hasta la actualidad un desarrollo exponencial como nueva disciplina profesional del psicólogo. La demanda de psicólogos por parte de la sociedad en incidentes con múltiples víctimas, desastres, atentados terroristas, accidentes de tráfico, suicidios, etc., ha sido una constante en estos años. Por ello, se ha desarrollado numerosa normativa en la que se contempla la importancia de prestar esta asistencia a las personas afectadas por situaciones que, por su alto impacto, pueden resultar potencialmente traumáticas. En el presente trabajo, se realiza una revisión histórica de la evolución de la psicología de emergencias, la sintomatología más común presentada como consecuencia de estas vivencias, el impacto que ha supuesto a nuestra sociedad estos acontecimientos en cuanto a personas afectadas y la necesidad de prestar asistencia psicológica tanto en situaciones de emergencia cotidiana como en grandes catástrofes. Todo ello, nos lleva a la conclusión de la importancia de trabajar hacia una regulación de la psicología de emergencias que garantice la cualificación formativa de los profesionales de la psicología que van a ejercer esta actividad, así como su incorporación e integración en el sistema público asistencial.
Palabras clave: *Desastres; Múltiples víctimas; Intervención en crisis; Normativa; Trastorno por estrés postraumático.*

Emergency psychology in Spain has experienced exponential development as a new professional discipline of the psychologist in recent decades. Society has shown a permanent demand for psychologists in mass casualty incidents, disasters, terrorist attacks, traffic accidents, suicides, etc. Consequently, numerous regulations have been developed regarding assistance in these situations which, due to their high impact, can be potentially traumatic. In the present work we present a historical review of the evolution of emergency psychology, the most common symptoms presented as a consequence of these experiences, the impact that these events have had on society, the people affected, and the necessity to provide psychological assistance, both in everyday emergency situations and in major catastrophes. We highlight the importance of the regulation of emergency psychology to guarantee the training qualification of the psychology professionals who will carry out this activity, as well as their incorporation and integration in the public healthcare system.
Key words: *Disasters; Mass-casualty incident; Crisis intervention; Normative; Post-traumatic stress disorder.*

Although no specific origin has been established for emergency psychology, it is related to a number of works developed at the end of the 19th and beginning of the 20th century, mainly motivated by the wartime conflicts of this period, which are part of the history of this new discipline of knowledge. We can say that, in Spain, the flooding of the Biescas (Huesca) campground in August 1996 was a turning point in psychological assistance in emergencies, since an express request was made for psychologists to assist people who had been affected and a psychological assistance unit was organized at the site of the incident to attend to them. There is no doubt that traumatic events and the loss of loved ones are frequent in life and can affect, to a greater or lesser extent, the mental health of the persons involved in them. In a World Health Organization study (2013a) conducted in 21 countries, more than 10% of respondents reported having witnessed violence (21.8%), suffered interpersonal violence (18.8%), accidents (17.7%), exposure to war (16.2%), or traumatic events involving loved ones (12.5%). These situations show us how vulnerable human beings are every day, since not only do they have consequences at the economic or infrastructure level for a municipality or country but also important repercussions on the physical and mental health of the individuals and communities affected. In this sense, although it is true that, since our origins, humans have developed the capacity to adapt to adverse situations, in recent times we are exposed to numerous changes of a social nature that are generating a series of factors that lead to incidents with significant losses, both material and human, and have a high impact on the mental health of those people who are directly or indirectly affected. Therefore, we are currently facing an unprecedented escalation of catastrophic situations where factors such as

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overpopulation in some risk areas and poverty increase our vulnerability. Since the 1950s the economic cost associated with these has increased fourteenfold and estimates indicate that natural disasters could become more frequent as a result of climate change and terrorist actions (Figueroa et al., 2010). These circumstances led the United Nations to declare the 1990s the International Decade for Natural Disaster Reduction, establishing the United Nations Office for Disaster Risk Reduction (Asamblea General de Naciones Unidas [UN General Assembly], 2002).

Scientific reviews indicate that most disaster victims will develop temporary psychological symptoms and while the majority of those affected will not develop psychopathology in the short or long term, a significant group of them, however, will. Thus, during the first days or weeks after a potentially traumatic situation, most people experience intense and disturbing emotional reactions, all of which are considered «normal in an abnormal situation» and do not necessarily constitute a sign of any disorder (Figueroa et al., 2016). In this sense, Bonanno (2004), describes four evolutionary trajectories: a) resilient, people who are able to continue their family, work, and social routines with a minimum level of perturbation (35-65%); b) recovering, people who experience a period of strong initial perturbation then recover after a few months (15-25%); c) delayed, when after several months of maintaining relatively normal functioning the person becomes ill (1-15%); and d) chronic, when there is a rapid deterioration in functioning and the person does not recover (5-30%). Furthermore, the hyperactivation of the sympathetic nervous system and the negative influence on cortical regions related to processing have been marked as one of the bases for the development of psychopathologies in traumatic events (Delgado-Moreno, Robles-Pérez, Aznar-Laín, & Clemente-Suárez, 2019). Among the most frequent psychological consequences are subclinical distress, major depression (Galea et al., 2002), acute stress disorder (Creamer & Manning, 1998), and post-traumatic stress disorder (PTSD) (Kessler et al, 1995; North et al., 1999), increased alcohol and drug use (Pfefferbaum & E. Doughty, 2001), other anxiety disorders (North, Smith, & Spitznagel, 1994), and somatization symptoms (North, 2007). According to various studies, it is considered that approximately 40% of people who develop an acute stress disorder during the first month post-trauma evolve into PTSD and a third of those who develop PTSD continue to be symptomatic a decade later (Figueroa, Cortés, Accatino, & Sorensen, 2016). Various studies indicate that of the total number of people who experience a traumatic event, approximately 14% will develop PTSD, it being greater in those caused by the deliberate action of human beings and those that are repeated and permanent over time, such as rape, robbery, kidnapping, war, terrorism, etc. (Kessler, 2000).

Focusing on terrorist attacks, the reviews indicate an average prevalence of PTSD among direct victims of 18-40%, with approximately 17-29% among family members of the dead and injured, 3-11% among residents of affected areas or cities, and 5-12% among emergency, rescue, and recovery personnel. These percentages exceed the prevalence of PTSD in the general population, which has been estimated at 0.5% per year in Spain, 3.5% in the USA and 0.9% in Europe (Gutiérrez Camacho, 2016). It should be noted that, although the most frequent psychological disorder following a terrorist attack is PTSD, victims may also present a wide variety of diagnosable psychological disorders, the most frequent being, in this order: major depressive disorder (MDD), anxiety disorders (especially generalized anxiety disorder), panic-agoraphobia disorder, and substance abuse or dependence disorders (García-Vera & Sanz, 2016). Table 1 shows some of the incidents that have occurred in our country in recent years with a high number of fatalities and a significant impact on the community and environment where they have occurred.

It is important to point out that, in addition to these incidents with a high number of victims, there have been others of «small magnitude» in Spain, such as traffic accidents, where, according to data from the Dirección General de Tráfico [General Directorate of Traffic] (2018), in the year 2017, 1,830 people died and 9.546 required hospitalization; drownings, in which 481 persons died in 2017 (Real Federación Española de Salvamento y Socorrismo [Royal Spanish Federation of Rescue and Life-saving], 2018); situations of gender violence with 51 fatalities in 2017 (Delegación del Gobierno para la Violencia de Género [Government Delegation for Gender Violence], 2017); and suicides, which caused 3,569 deaths in 2016 (Instituto Nacional de Estadística [National Institute of Statistics], 2016) (Table 2).

Regarding the psychopathological consequences that these situations can cause, different studies indicate that in Spain 12.3% of traffic accident victims, 57% of sexual assault victims, and 33.3% of those who are diagnosed with a serious illness, develop post-traumatic stress disorder (Cavanillas & Martín-Barrajón, 2012). With regard to victims of gender violence, it is estimated that 60% of victims of this type of violence in Spain suffer from psychological problems (Lorente Acosta, 2001), the main ones being post-traumatic stress disorder, whose prevalence rate is between 31% and 84.4%, and depression, with a rate of between 15% and 83%. Other psychopathological problems that frequently manifest are anxiety disorders, low self-esteem, alcohol and psychoactive drug abuse, severe self-harm ideation, high rate of maladjustment to daily life, cognitive distortions about themselves, the world, and others, and deficits in problem solving (Alonso Grijalba, 2007).

However, despite this, the majority of people affected by one of these situations do not usually seek help from mental health services. For this reason, given the frequency of these potentially traumatic events and their impact on the mental health of the people involved, it is essential to have qualified psychologists in the field of crisis and emergency intervention

to carry out appropriate interventions in these circumstances. In this sense, there are numerous investigations that recognize the importance of early and appropriate psychological intervention to reduce mental health problems, and prevent psychological perturbation and mental disorders in the long term by promoting the capacity for psychological recovery of those affected by these situations of high emotional impact (Pacheco Tabuenca et al., 2008). Thus, although the administration of drugs, such as benzodiazepines, are often used to alleviate the symptoms of post-traumatic stress after a critical event, various studies and scientific organizations conclude that there is no data demonstrating their effectiveness. The World Health Organisation (2013a. p. 11) states that «benzodiazepines and antidepressants should not be offered to adults to reduce the symptoms of acute traumatic stress associated with significant impairment in daily functioning in the first month after a potentially traumatic event».

In these circumstances, various disciplines have adapted their knowledge and techniques to these extreme situations and psychology cannot be an exception and remain alien to its responsibility as a science that studies human behavior and applies its work following the scientific method. It must develop research policies in emergency and disaster situations that highlight the importance of prevention, intervention, and rehabilitation of people and communities affected by these situations.

TABLE 1
LIST OF SOME HIGH-IMPACT INCIDENTS IN SPAIN IN RECENT YEARS WITH A HIGH NUMBER OF VICTIMS AND PEOPLE AFFECTED

Year	Incident	Direct victims
1959	Ribadelago disaster (flood due to a collapsed dam)	144 dead
1965	Villar de los Álamos railway accident	31 dead 60 injured
1970	Urdúliz train accident	33 dead 165 injured
1975	Mining accident in Fígols	25 dead 5 injured
1978	Muñoz level crossing accident	32 dead 61 injured
1987	Hipercor attack	21 dead 45 injured
1996	Flooding of «Las Nieves» campground in Biescas (Huesca)	87 dead 193 injured
2000	Bus accident in Golmayo (Soria)	28 dead 13 injured
2001	Bus accident in Villarrasa (Huelva)	20 dead 22 wounded
2003	Train accident in Chinchilla (Albacete)	19 dead 50 injured
2004	March 11 attacks in Madrid	190 dead 1,857 wounded
2006	Valencia Metro accident	43 dead 47 injured
2008	Accident on the Spanair flight (Madrid)	154 dead 18 injured
2010	Train accident Castelldefels (Barcelona)	12 dead 17 injured
2011	Lorca earthquake (Region of Murcia)	9 dead 324 injured Serious structural damage to almost all of the buildings in the town
2012	Derailment of the Alvia train in Santiago de Compostela	79 dead 140 injured
2014	Bus accident in Cieza (Region of Murcia)	14 dead More than 20 injured
2015	Germanwings plane crash	150 dead
2017	Terrorist attack in Barcelona	16 dead 120 injured

INTERNATIONAL INITIATIVES AND SPANISH LEGISLATION

Although emergency psychology is not regulated as a profession and we do not currently have a system of professionals integrated as emergency psychologists within our public care system, we do have numerous international initiatives and Spanish regulations that recognize the importance of and the need to provide this care in emergency situations. In this sense, organizations such as the WHO, NATO, the Inter-Agency Standing Committee, the EUR-OPA Major Hazards Agreement, the European Federation for Psychologists' Associations, the Sphere Project, and the EU-TENTS project have addressed, in recent years, prevention in risk situations and disasters by recommending the application of psychological assistance measures in emergencies to

TABLE 2
SOME ORDINARY EMERGENCY SITUATIONS IN OUR COUNTRY AND DIRECT VICTIMS CAUSED

Year	Incident	Direct victims
2017	Traffic accidents	1,830 dead 9,546 hospitalized
2017	Drownings	481 dead
2017	Gender-based violence	51 dead 77,796 calls to 016
2016	Suicides	3,569 dead

develop personal and social resilience in order to face these crisis, emergency, or disaster situations.

Thus, the World Health Organization (2013b), includes in its Action Plan on Mental Health 2013-2020 the main objectives and actions to be carried out by European countries and healthcare systems to strengthen the mental health and psychological well-being of citizens, emphasizing the importance of prevention, from a comprehensive and multisectoral approach with coordination of services in the health and social sectors.

Along these lines, on 3rd June 2010, the Council of the European Union adopted a series of conclusions on psychosocial support in the event of emergencies and disasters, calling on member states to include psychological support in their civil protection system at the various stages of risk and disaster management, stressing the need to focus on the affected population, crisis managers, and first responders. (Council of the European Union, 2010).

As for our country's legislation, the Spanish Constitution already provides in Article 41 that «the public authorities shall maintain a public social security system for all citizens that guarantees sufficient social assistance and services in situations of need» and in Article 43 it recognizes the «right to health protection, entrusting the public authorities with organizing and protecting public health through preventive measures and the necessary assistance and services». In addition to our Constitution's guarantee of health protection in general terms, we have numerous regulations that specifically provide for psychological assistance in emergency and/or disaster situations.

Below are some of the laws, royal decrees, and resolutions that provide psychological assistance for these crisis, emergency, and disaster situations:

1. Law 17/2015 of 9th July on the National Civil Protection System (Jefatura del Estado [Head of State], 2015a).
2. Law 29/2011, of September 22nd, on Recognition and Comprehensive Protection of Victims of Terrorism (Jefatura del Estado [Head of State], 2011a).
3. Law 4/2015 of 27th April on the Statute of the Victim of Crime (Jefatura del Estado [Head of State], 2015b).
4. Royal Decree 1109/2015 of 11th December, which develops Law 4/2015 and regulates the Offices of Assistance to Victims of Crime (Ministerio de Justicia [Ministry of Justice], 2015c).
5. Royal Decree 32/2009, of 16th January, approving the National Protocol for Medical-Forensic and Scientific Police Action in Events involving Multiple Victims (Ministerio de la Presidencia [Ministry of the Presidency], 2009).
6. Royal Decree 632/2013 of 2nd August on assistance to victims of civil aviation accidents and their families, amending Royal Decree 389/1998 of 13th March regulating the investigation of civil aviation accidents and incidents (Ministerio de la Presidencia [Ministry of the Presidency], 2013)
7. Royal Decree 627/2014 of 18th July on assistance to victims of railway accidents and their families (Ministerio de la Presidencia [Ministry of the Presidency], 2014).
8. Resolution of 14th May 2014, of the Undersecretary of the Ministry of the Interior, approving the Coordination Protocol for Assistance to Victims of Civil Aviation Accidents and their Families (Ministerio del Interior [Ministry of the Interior], 2014).

Similarly, we also have specific regulations of our Armed Forces in which the duty to provide psychological support service in crisis and emergency situations is established. This is reflected in the following specific legislation:

1. Ministerial Order 66/2009, of 4 November, approving the Protocol on actions to support the wounded and the families of those killed and injured in operations outside national territory (Ministerio de Defensa [Ministry of Defence], 2009).
2. Ministerial Order 71/2010, of 15th December, establishing the Support Unit for the Wounded and Family Members of those killed or injured in the service of the Armed Forces (Ministry of Defence, 2010).
3. Royal Decree 1097/2011, of 22nd July, approving the Protocol for the Intervention of the Military Emergency Unit (Ministry of the Presidency, 2011)

TOWARDS A REGULATORY PROPOSAL

For all the above reasons, there is no doubt that emergency psychology is a professional field that is increasingly present and in demand in our society. However, at present, for the performance of professional activity by psychologists in emergency management organizations (not belonging to the Spanish National Health System), it is not necessary to have any specific qualification in the field of emergencies, it being sufficient to have only a degree in psychology. However, those who do so through emergency health agencies belonging to the National Health System, under current legislation, appear to be required to hold the official title of Psychologist Specializing in Clinical Psychology, since, according to point 4 of the seventh additional provision of General Law 33/2011, of 4th October, on Public Health, «psychologists who work in centers, establishments, and services of the National Health System or in conjunction with it, in order to provide the health benefits derived from the portfolio of common services corresponding to these professionals, must hold the official title of Specialist Psychologist in Clinical Psychology referred to in Section 3 of Annex I of Royal Decree 183/2008, of 8th February, which determines and classifies the specialties in Health Sciences and develops certain aspects of the specialized health training system» (Jefatura del Estado [Head of State], 2011b). This is a point of great controversy and debate since it can be interpreted in different ways depending on whether we consider that the provision of psychological assistance in emergency situations is included in the portfolio of common

services of the Spanish National Health System, or not. If it were included in this portfolio of services, we could say that the regulations are not being complied with since this would require the inclusion of psychology professionals in all the health emergency services of all the Autonomous Communities (061, SUMMA, SEM, etc.), which is not currently the case. On the other hand, it could be considered that psychological assistance in emergencies is not included in this portfolio of services and, therefore, the requirement of a specialist qualification in clinical psychology is not necessary in order to provide this service in these organizations, but rather the requirement of a health psychologist (in any of the regulated routes: Specialist in Clinical Psychology, General Health, or Health Habilitation) could be valid for access to these positions, with training and experience in emergencies being established as a differentiating criterion for access.

For this reason, we believe it would be appropriate to modify this point of the law so that it does not give rise to

TABLE 3
SUMMARY OF SPANISH REGULATIONS CONCERNING PSYCHOLOGICAL ASSISTANCE IN EMERGENCY SITUATIONS

Institution	Laws and Royal Decrees	Central aspects
Jefatura del Estado [Head of State]	Law 17/2015 of 9th July on the National Civil Protection System	It includes psychological care as part of the immediate response to emergencies by Civil Protection.
	Law 29/2011 of 22nd September on the Recognition and Comprehensive Protection of Victims of Terrorism	Among its actions for the care of victims, it provides immediate and free psychological assistance.
	Law 4/2015 of 27th April on the Statute of the Victim of Crime	Measures to assist and support the victim of the crime include the provision of psychological support and assistance.
Ministerio de la Presidencia [Ministry of the Presidency]	Royal Decree 32/2009, of 16th January, approving the National Protocol on Forensic Medical and Scientific Police Action in Events involving Multiple Victims	It establishes the creation of a psychological assistance area where psychologists are located to attend to the victims' families and relatives.
	Royal Decree 632/2013 of 2nd August on assistance to victims of civil aviation accidents and their families, amending Royal Decree 389/1998 of 13th March regulating the investigation of civil aviation accidents and incidents.	It provides that the Civil Protection plans will include psychological assistance to the victims and their families, with the airlines being responsible for providing the psychological support needed to cope with the accident and subsequent mourning.
	Royal Decree 627/2014 of 18th July on assistance to victims of railway accidents and their families	It indicates that the railway undertakings will provide the seriously injured and their families with the psychological support objectively necessary to cope with the accident. Establishing the provision of assistance in the area of health, social, and psychological care.
	Royal Decree 1097/2011 of 22nd July, approving the Protocol for the Intervention of the Military Emergency Unit	The UME has the mission of intervening to contribute to the security and well-being of citizens together with state institutions and public administrations, which includes guaranteeing adequate psychological assistance.
Ministerio de Justicia [Ministry of Justice]	Royal Decree 1109/2015 of 11th December, which implements Law 4/2015 and regulates the Offices of Assistance to Victims of Crime	It determines the implementation of a psychological support plan for the most vulnerable victims and the need to provide a specialized psychological response to the victims of the crime.
Ministerio de Defensa [Ministry of Defence]	Ministerial Order 66/2009, of 4th November, approving the Protocol on actions to support the wounded and families of those killed and injured in operations outside national territory	It contemplates the figure of the psychologist within the Close Family Support Team to provide psychological support to family members and relatives.
Ministerio del Interior [Ministry of Internal Affairs]	Ministerial Order 71/2010 of 15th December establishing the Support Unit for the Wounded and Family Members of those killed or injured in the course of their duties in the Armed Forces	It establishes as functions the psychological care of the injured and relatives of those killed in the line of duty.
	Resolution of 14th May 2014 of the Under-Secretary of the Ministry of the Interior approving the Coordination Protocol for Assistance to Victims of Civil Aviation Accidents and their Families	Psychological assistance services will be available to the contact person responsible for informing victims and relatives. It also provides for the establishment of a Centre for the Care of Victims and their Families in which psychological support is included.

misunderstandings or misinterpretations. We also believe this condition should be reconsidered, since it would be appropriate to ask ourselves whether the requirement of a Specialist in Clinical Psychology is absolutely essential to carry out the activity of an emergency psychologist or, due to its characteristics, it would be more appropriate to access it through other alternatives in which training in the field of emergencies rather than the clinical specialty would prevail, since emergency psychology can be considered an applied field of health psychology and an extension of health psychology with its own technical and conceptual development (Comisión Nacional de Acreditación Profesional [National Commission for Professional Accreditation], 2017; Losada Fernández, 2004).

In addition to this aspect, in which the necessary qualification for the performance of this professional activity is not clear or delimited, we must emphasize the generally voluntary nature of the provision of psychological assistance in emergencies, since it is usually developed through groups and/or collectives belonging fundamentally to non-governmental organizations, (mainly the Red Cross or Protección Civil [Civil Protection]) or through agreements signed with psychological associations and private entities. Given the diversity of these teams and response models, we believe that this is not helping to guarantee the quality of the assistance provided to our society in these situations, since there are many occasions in which there is a lack of resources, lack of coordination, duplication, or absence of this assistance.

Therefore, at present, we are offering a response that is fundamentally outsourced, in an isolated manner and on an ad hoc basis at the request of the emergency management bodies, such that on most occasions it is provided only in those cases in which the latter consider this action to be appropriate, so on many occasions psychological assistance is not guaranteed in situations in which it would be necessary to carry it out, nor is the qualification of the professionals who provide this assistance guaranteed. With respect to this system based on volunteers, we must mention that as established in Law 17/2015, of 9th July, of the National Civil Protection System (Jefatura del Estado [Head of State], 2015) and in the second exposition of the Resolution of 23rd October 2017, of the framework agreement of collaboration with the Spanish Red Cross and the Ministry of Health, Social Services, and Equality (Ministerio de Sanidad [(Ministry of Health], 2017), volunteer activity should be carried out in an auxiliary, complementary, and collaborative manner with the Public Administrations, thus demonstrating the need for a professionalized service made up of emergency psychologists incorporated into the public healthcare system.

Therefore, in order to cover the needs of today's society and to comply with the rights of citizens established in the current legislation, we must work in two directions: the regulation of the education and training necessary to carry out this professional activity, and the incorporation of the necessary resources of emergency psychologists (with this training) into the agencies with competencies in the management of emergency situations.

In this regulatory line, the Spanish Psychological Association issued the National Accreditation of Expert Psychologist in Emergency and Disaster Psychology (Comisión Nacional de Acreditación Profesional [National Commission of Professional Accreditation], 2017), establishing national accreditation criteria that respond to the training needs of this professional, as «a specialty of the health field, mainly following international training models. The aim was to guarantee a specific theoretical training of excellence and a supervised practical training also of excellence. However, the proposal to regulate the creation of the figure of the emergency psychologist as a regulated profession was initiated in the Regional Assembly of Murcia (2015, 2017) with the approval of two motions urging the Government of Spain to do so.

The terms of these initiatives to establish a facilitating master's degree for the exercise of this profession were made following the criteria of the recently regulated General Health Psychology. However, this mode of regulation is the subject of some discussion because if this profession were regulated establishing the requirement of being a health care professional it would imply, at present, the completion of two masters degrees for the exercise of this profession: the Master's degree in General Health Psychology and the Master's degree in Emergency Psychology. For this reason, in 2018 a non-Law Proposition was registered in the Congress of Deputies urging the Government to propose the approval of the Diploma of Accreditation for Emergency Psychologists (Congreso de los Diputados [Congress of Deputies], 2018).

The creation of this Diploma of Accreditation proposed by the Ministry of Health for emergency psychologists, could be a possible option for the regulation of this discipline within the current regulatory framework, having access to all psychologists accredited as health professionals by any of the routes regulated at the national level. In addition, this accreditation could be required as a professional merit in the systems of provision of places, which would help to guarantee that the psychology professionals who would have access to them were professionals with experience and training accredited by this Accreditation Diploma.

The rules within which we could establish the appropriate mechanisms for this regulation following the initiative presented in the Congress of Deputies, would be the following:

1. Law 16/2003, of 28th May, on the cohesion and quality of the National Health System (Jefatura del Estado [Head of State], 2003a).
2. Law 44/2003 of 21st November 2003 on the organization of the health professions (Jefatura del Estado [Head of State], 2003b).

3. Royal Decree 639/2015 of July 10th, regulating the Accreditation and Advanced Accreditation Diplomas (Ministerio de Sanidad [Ministry of Health], 2015).

On the other hand, we would like to make a brief mention of the regulation of emergency psychology within the scope of our Armed Forces, since we consider it appropriate that both regulations share common elements with regard to the criteria that may be established for this purpose. In this sense, Order DEF/2892/2015, of 17th December, which establishes the complementary specialties of the Military Health Corps only considers Clinical Psychology in its Annex, as a complementary specialty for the Fundamental Specialty of Psychology (Ministerio de Defensa [Ministry of Defense], 2016). On the other hand, Order DEF/598/219, of 27th May, modifying Order DEF/2892/2015 contemplates the complementary specialty within the fundamental specialty of Nursing with the name «Emergency Nursing in Operations» (Ministerio de Defensa [Ministry of Defence], 2019) so the option of emergency psychology as a new specialty could be considered. We consider that training in this area is essential for the work of military psychologists both in national territory and in the area of operations, and specific training to provide specific skills is desirable. In this sense, another option would be to create a regulation similar to those existing for other key specialties such as flight medicine and nursing, or medicine and nursing in hyperbaric environments. This would allow the General Directorate of Personnel of the Ministry of Defense the possibility to determine posts in the List of Military Posts in the Fundamental Psychology Specialty that would require the possession of this aptitude.

In short, we can say that these have been the most relevant regulatory proposals made until now in our country. However, the debate on the best way to carry out this regulation is on the agenda and must be addressed and agreed upon with the greatest possible consensus, taking into account the opinion and criteria of experts, professional associations, scientific societies, and all the bodies involved in this task both in the health field and in the general emergency field such as Civil Protection or the Military Emergency Unit, among others.

CONCLUSIONS

As we have indicated in this analysis and review of the situation of emergency psychology in Spain, although numerous laws have been developed determining the importance of the figure of this professional in the different fields of action of emergency and disaster situations, we still do not have a regulatory proposal that normalizes their professional activity or the training required for their performance. In other words, although we have this legislation that refers to the provision of assistance, we do not have the necessary regulations that govern the profession of the emergency psychologist. Therefore, on the one hand, we have the regulations that determine that psychological assistance must be provided in emergency situations, and on the other hand, we lack the legislation that establishes the necessary training requirements that psychology professionals must have in order to provide it, just as we lack the integration of these professionals within the public assistance system as resources to carry out this service.

Therefore, we do not have a psychological response system in place for emergency or disaster situations, where psychology professionals are part of the permanent staff of public emergency management bodies. On the contrary, the usual practice in providing this assistance is mainly voluntary through non-governmental organizations or agreements established with other associations, private companies, or professional psychological associations. However, we must not forget that these voluntary services must always be of a collaborative nature and complementary to the resources belonging to the Public Administration, and therefore, in no case can they replace the services of professionals integrated therein. For this reason, the inclusion of psychologists with specific competencies and training in emergencies should be a priority for our public care system.

Although we have pointed out the two ways of regulation that have materialized in parliamentary initiatives to date in our country, we would like to carry out a brief analysis of other possibilities that could be considered and that could be a source of debate. We refer to the option of regulating this profession through the Specialty format. In this sense, we would like to indicate that, at present, due to the way in which psychologists have been working in emergency situations with a mainly externalized, occasional, and voluntary character, as well as the fact that they are practically not implemented as job positions in our public health care system, we do not consider it viable or opportune to regulate this profession through the postgraduate training system in its PIR type residence modality. On the other hand, we do not consider the option of doing it through the Specific Training Area Diplomas as positive either, since it would be necessary to have the Specialist requirement, something that at present only Clinical Psychology Specialists have, which would imply that only they could have access to this training and diplomas, further increasing the current difficulties of psychology professionals in general to access this qualification and therefore to be able to guarantee the care needs in emergency situations and/or disasters that may occur.

Another possibility would be to implement the 3 + 2 university model, such that at the end of this training, psychologists would have the professional qualification of health psychologists and from there they would go on to do, for example, a university master's degree in emergency psychology, which would qualify them to exercise the profession with a degree linked to this activity. This option would also be of interest for other professions that psychologists consider appropriate to link to the professionalization of other health fields, although we are aware that the regulation of new professional qualifications

must comply with Directive 2013/55/EU of 20th November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and (EU) Regulation No 1024/2012 on administrative cooperation through the Internal Market Information System (Parlamento Europeo y Consejo de la Unión Europea [European Parliament and Council of the European Union], 2013) and Royal Decree 581/2017, which incorporates these regulations into Spanish law (Ministerio de la Presidencia y para las Administraciones Territoriales [(Ministry of the Presidency and for Territorial Administration], 2017). In our opinion, it is essential to work on the modification of Law 44/2003, on the organization of the health professions, so that emergency psychology can be included as a profession, as well as redefining the General Law 33/2011 on Public Health in such a way that it allows the inclusion of General Health Psychologists in the National Health System with limited functions and competencies that differentiate them from specialists in clinical psychology and therefore these professionals can reinforce this service so that we can respond to the current mental health needs in our society.

For all the above reasons, we wish to highlight the idiosyncrasy of the professional profile of the emergency psychologist, which we consider requires the creation of a specific training program for this area of competence. We recommend that this training not be diluted within other programs belonging to other areas of psychology, such as the bachelor's degree in psychology, the master's degree in general health psychology, or the training program for the resident psychologist intern (PIR). We consider it important that the training process that is established be based on new teaching methodologies that facilitate a more active and significant learning: case studies, cooperative, and problem-based learning that foster the development of complex competences, etc. Just as professional performance should be evaluated and assessed through different types of evidence: of knowledge (written tests, professional practice reports, publications, etc.); of performance (tests of direct observation of professional practice, oral tests of skills in front of an assessment panel, etc.); and evidence of attitude in which the personal predisposition or tendency of the psychologist to carry out actions in a given critical situation is assessed.

In short, it seems that the regulation of this profession is a matter of time and, although, there are some doubts as to what the final regulatory design will be, it does seem clear that this need exists in our country and we must work so that this is carried out in the shortest time possible in order to be able to guarantee quality professional assistance to citizens.

CONFLICT OF INTEREST

No conflict of interest

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