



The Indigo Book — Professional Support

Choose a service that has the authority and capability to change the problem.

Actual emergency?

Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What change is needed?
- Which service owns it?
- What should I say and record?

What this book does

Match a named problem to the service able to change it, then prepare a usable handoff and backup.

What it hands off

Does not guarantee service availability, accommodation, treatment, legal outcome, or response time.

Contents

- Germany quick reference
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- The call script — location before autobiography
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Professional systems are different kinds of leverage, not rungs on a ladder from “minor” to “serious.” A hospital can treat an acute illness but cannot find you a flat. A therapist can treat you but cannot repair a gas line. A friend can stay, write, drive, and call but cannot issue a prescription. An authority finder can name the responsible office but cannot promise that office has a bed.

So the useful question is not “how bad is this?” It is **what needs to change, and who actually has the power to change it?** Get that the wrong way round and you can spend an afternoon being very politely redirected.

Germany quick reference

[supp . 1]

NEED	CONTACT	USE
Life danger / possible lasting harm / fire	112	Rescue service and fire brigade
Active crime or threat requiring police	110	Police
Urgent medical problem, not life-threatening	116 117	Medical on-call service
Psychological crisis conversation	116 123	TelefonSeelsorge, around the clock
Public authority finder	115	Identifies responsible authority, Mon–Fri 08:00–18:00; not an emergency or accommodation guarantee
Violence against women	116 016	24/7, free, anonymous, multi-lingual, online/sign/easy-language access
Violence against men	0800 1239900	Anonymous support during published service hours, plus online counselling
Children and young people	116 111	Nummer gegen Kummer
Poisoning, no immediate life danger	regional poison centre	Directory via gesund.bund.de
Immediate self- or other-endangerment	112	Rescue service

Numbers and scope should be rechecked before local printing. The listed routes were reviewed on **26 July 2026**.¹

112 and 116 117 — similar-looking numbers, different infrastructure

ROUTE	PURPOSE	WHAT HAPPENS BEHIND IT	USEFUL CONSEQUENCE
112	acute or potentially life-threatening emergency; fire and rescue	the responsible local emergency control centre receives the call, gathers location/state/danger, dispatches suitable fire/rescue resources, and may coach immediate actions	call early, use speaker-phone, answer questions, and do not hang up until told
116 117	urgent medical problem that is not life-threatening and cannot reasonably wait for ordinary practice hours	the medical on-call service organized through the Kassenärztliche Vereinigungen advises, identifies an appropriate on-call practice, and can arrange a home visit when indicated	use it for urgent routing, not as a slower preliminary examination before an emergency call

Both telephone routes are available without a fee. Their effect is not merely “someone gives advice”: they connect the caller to different operational systems. **The mini-why matters because choosing by number familiarity rather than task can add delay.**¹

Support-selection matrix

[supp.2]

Professional route selector linking a named problem to the system able to change it and a backup or escalation route

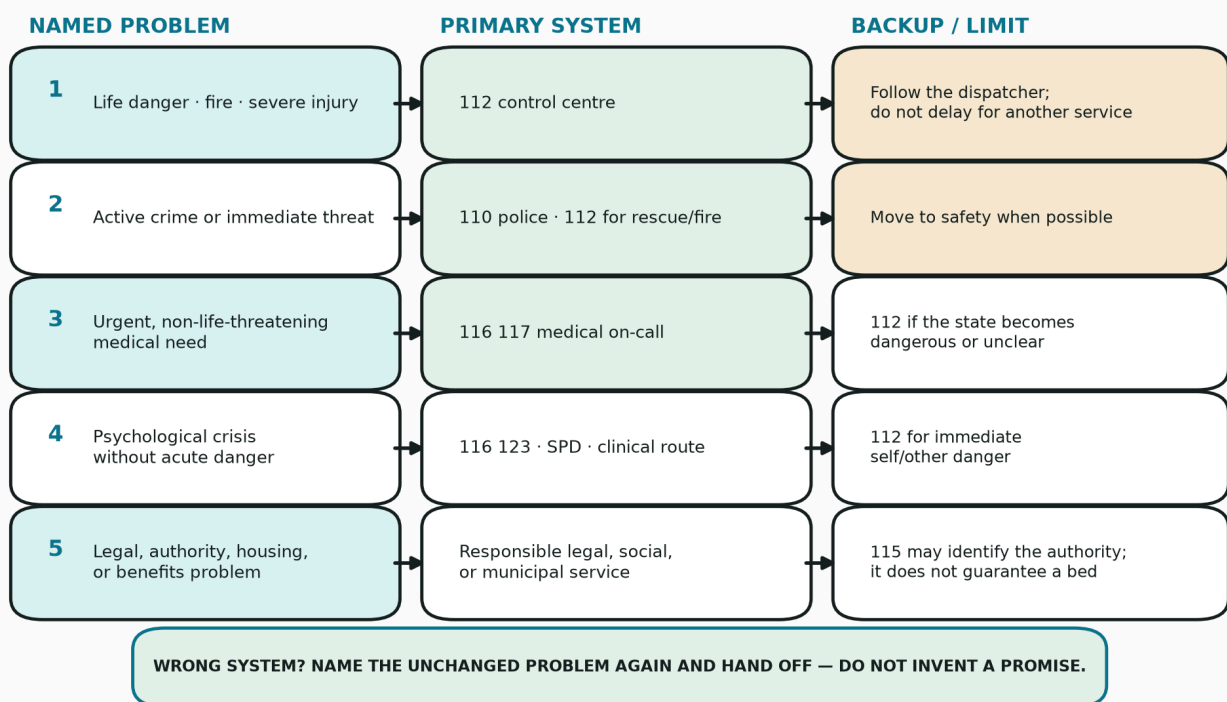
[supp.fig.2]

Which professional system can change the named problem, and what backup or escalation route remains?

LARGE PRINT / TEXT ROUTE FOLLOWS

Name the problem, then choose the system

A service is useful when it can change the named problem. Keep one backup and escalate when immediate danger appears.



The diagram compresses the same rule as the table: name the problem, choose the system that can alter it, and keep one backup. Immediate danger overrides the ordinary sequence.

SITUATION	FIRST PROFESSIONAL ROUTE	BACKUP ROUTE
immediate medical/fire danger	112	dispatcher instructions
active violence/crime	110	112 for medical/life danger
urgent non-emergency illness	116 117	practice/emergency department as directed
acute psychological danger	112	psychiatric emergency service
crisis without acute danger	116 123 / local service	116 117 / GP

SITUATION	FIRST PROFESSIONAL ROUTE	BACKUP ROUTE
domestic or gendered violence	116 016 / specialist shelter	110 / 112 in danger
no housing tonight	D / Situation G → municipal emergency accommodation; 115 may identify authority during hours	110 / 112 if unsafe/exposed
accommodation fails access or care	D / Situation G → accessible local destination / care team / 116 117	112 if essential function or transfer fails
legal problem	qualified lawyer / specialist advice	Beratungshilfe if eligible
caregiver overload	care/family/youth/social service	crisis or emergency route if unsafe

The call script — location before autobiography

[supp . 3]

The first useful packet is small: **where, what, when, current state, current danger, callback number**. Vocabulary and chronology can expand after contact. Use this:

Six-field professional call packet: where, what, when, current state, danger, and callback number

[supp . fig . 1]

Which six facts form a useful first packet for a professional or emergency call?

LARGE PRINT / TEXT ROUTE FOLLOWS

Professional call packet

Externalize six facts first. The call handler chooses the next question and operational response.

1 WHERE

address · floor · access

2 WHAT

one-sentence problem

3 WHEN

started · last known well

4 STATE

awake · breathing · symptoms

5 DANGER

fire · violence · traffic · substance

6 CALLBACK

number and usable channel

ANSWER QUESTIONS · USE SPEAKERPHONE WHEN SAFE · STAY ON THE LINE

The figure is only a memory offload. The complete packet is the six labelled fields above and the script below; the call handler may change the order and ask for details required by that service.

“I am at **[address, floor, door code]**.
 The problem is **[one sentence]**.
 It started **[time]**.
 The person is **[awake/unresponsive]** and **[breathing normally/not]**.
 There is **[danger/no known danger]** at the scene.
 My callback number is **[number]**.”

Then answer questions and stay on the line. Do not hang up merely because the first sentence was delivered.

When words are failing

Say or show only:

“I need help at **[location]**. Someone may be in danger. My number is **[number]**.”

The call handler will ask the rest. Fluency is not an entrance exam.

When voice is not the usable channel

Use the shortest reliable channel available: writing, text, sign-language video service, relay, pointing, a yes/no card, or a chosen communication partner. Ask before involving another person and do not let the helper replace the affected person’s answers when they can answer themselves.

The **115** administration service publishes easy-language information and a sign-language video service. **116 016** publishes telephone, online, multilingual, sign-language, written-language, and easy-language routes. These channels require the relevant device, connection, service availability, and a safe context; they do not replace **112 / 110** during immediate danger.

For emergencies in Germany, **nora** is the official emergency-call app of the federal states. It reaches police, fire and rescue control centres without a spoken call, transmits your location, and supports text chat once the call is placed. It is worth installing, registering and testing **before** you need it — there is a demo mode. Do not make installing an app a step inside an emergency.²

Useful instruction:

“I communicate best by **[writing / text / sign / pointing / yes-no]**. Please use one sentence and one question at a time.”

Make the contact operational — ask, confirm, record [supp.4]

Reaching a number, a directory, a waiting room, or an inbox is not the same as having handed anything over. Before you end the contact, get the smallest packet that still works:

1. **Ask for the concrete outcome.** Advice, assessment, transport, an appointment, accommodation, a home visit, a document, or another named action are different requests.
2. **Give the minimum facts.** Location, access, current state, immediate danger, relevant time, and a callback route usually matter before a complete history.
3. **Confirm what now exists.** Write down who accepted the handoff, what they will do, where and when it happens, and what is left for you.
4. **Name the backup.** Ask what to do if no reply arrives, access fails, the state worsens, or the promised resource is unavailable.
5. **Assign the next check.** A name and a time are what stop “someone should follow up” from quietly becoming nobody, never.

Use **T — Templates** to carry the facts, so you are not rebuilding them from memory on every call.

The Indigo / Grey contract

Indigo owns the selection logic and the limits. Grey owns the current contact data. Names, numbers, opening hours, access channels, verification dates and local addresses live in the Grey Book, beside the emergency call card and the location-and-access card.

That split is what stops a long explanatory book from quietly becoming a second, staler phone directory.

Psychological support

[supp . 5]

IASC support pyramid — start with foundations

The Inter-Agency Standing Committee describes layered mental-health and psychosocial support in emergencies:³

1. **Basic services and security:** safety, shelter, food, water, medical care, information, continuity of essential services.
2. **Community and family support:** connection, routines, schools, groups, practical mutual aid.
3. **Focused non-specialized support:** structured help from trained general health and social-service workers.
4. **Specialized services:** psychological and psychiatric treatment for people who need it.

The layers are not a ranking of deservingness. They show why therapy cannot replace housing and why housing does not replace treatment.

Four support-system layers: basic services and security, community and family, focused non-specialized support, and specialized services

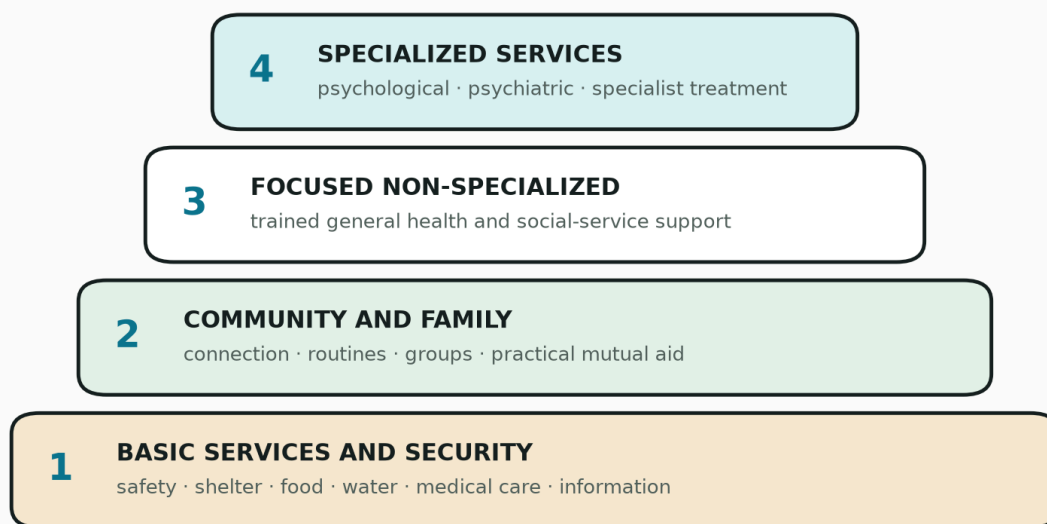
[supp.fig.3]

How do basic services, community support, focused general support, and specialist services relate?

LARGE PRINT / TEXT ROUTE FOLLOWS

Support systems work in layers

The layers can operate together. They are not a ranking of deservingness or a rule to exhaust lower layers first.



Housing cannot replace treatment. Treatment cannot replace safety, shelter, food, or continuity.

Read the image from the foundation upward, but do not treat it as a queue. A person may need shelter, community help, a trained general service, and specialist treatment at the same time.

Acute danger

If someone may act on suicidal or violent thoughts, cannot stay safe, is severely confused, or has lost contact with reality in a dangerous way, call **112**. Stay nearby only if safe. Reduce access to means if this can be done without confrontation or risk.

Asking directly “Are you thinking about killing yourself?” does not plant the idea. It can clarify urgency. A “yes,” an unclear answer, a plan, access to means, recent attempt, severe intoxication, or inability to remain safe needs real-time professional help.

Urgent support without acute danger

- **116 123** — TelefonSeelsorge;
- **116 117** — medical on-call service;
- local Sozialpsychiatrischer Dienst;
- psychiatric emergency department;
- GP, psychiatrist, or psychotherapist;
- trusted person who can stay and help make contact.

The public health portal describes social psychiatric services as low-threshold, free, available to relatives as well as affected people, and sometimes able to provide home visits.⁴

Ongoing support

Seek planned professional care when symptoms recur, function declines, sleep or self-care collapses, trauma symptoms persist, substance use becomes central, or relationships and responsibilities repeatedly become unsafe.

Possible routes:

- GP for initial assessment and referral;
- psychotherapeutic consultation;
- psychiatrist for diagnostic and medication questions;
- addiction counselling;
- trauma, grief, eating-disorder, or other specialist service;
- self-help group as an addition, not a compulsory identity;
- workplace, school, university, or social counselling.

Friends' psychological-support guide

When someone you care about is struggling:

1. **Listen before fixing.** Ask: "Do you want listening, suggestions, or practical help?"
2. **Check danger directly.** Ask about self-harm or other immediate risk when concerned.
3. **Do not minimize.** Avoid "others have it worse" and "just think positive."
4. **Offer one specific action.** A meal, transport, a phone call, ten minutes of company.

5. **Stay connected.** A short reliable check-in can matter more than one grand speech.
6. **Know your limits.** You are a friend, not the entire care system.
7. **Escalate.** Involve professionals when safety, reality contact, basic care, or your own capacity is failing.
8. **Protect yourself.** Boundaries are compatible with care.

Useful sentence:

"I care about you. I can stay for the next hour and help call someone. I cannot safely hold this alone."

Violence and coercion

[supp . 6]

Do not optimize for a perfect confrontation. Optimize for safety.

- Use **110 / 112** during immediate danger.
- **116 016** supports women affected by violence and people around them.
- Save evidence only when doing so does not increase discovery risk.
- Use a trusted device if the current device may be monitored.
- Arrange a code word, transport, medication, documents, and a safe destination.
- Tell one trusted person what would trigger police or rescue.

A bathroom lock is a delay mechanism, not a complete safety plan.

Digital safety

When device monitoring is possible:

- use a trusted device or private browsing only if that is actually safer;
- change passwords from a safe device;
- review account sessions, location sharing, shared cloud access, and recovery contacts;
- avoid sudden visible changes when they may provoke danger;
- ask a specialist service for a tailored plan.

Deleting history is not always safe and does not remove logs from every device or account. Digital hygiene is context, not magic dust.

Legal support

[supp . 7]

Immediate priorities

After violence, accident, threat, arrest, housing crisis, or another legal problem:

1. secure safety and medical care;
2. preserve documents, messages, photographs, dates, and witness details;
3. write a factual timeline while memory is fresh;
4. avoid public posting about an active dispute;
5. obtain qualified advice before making strategic decisions.

Finding legal help

- lawyer or relevant Fachanwalt;
- local Rechtsanwaltskammer directory;
- tenant association, consumer advice, union, victim support, debt advice, migration advice, youth welfare, or specialist counselling where relevant;
- **Beratungshilfe** for eligible people needing out-of-court legal help;
- **Prozesskostenhilfe / Verfahrenskostenhilfe** for eligible court proceedings.

Hamburg and Bremen are exceptions: they run public legal-advice offices instead of ordinary Beratungshilfe. Prozesskostenhilfe remains separate and applies to court proceedings either way.⁵

Official Justiz-Services explain that Beratungshilfe can cover legal advice and out-of-court representation for people who meet the financial and necessity criteria. Applications can be prepared online, submitted to the Amtsgericht, or sometimes handled by a law office; a small statutory fee may apply.⁵

Legal-call preparation

Bring or list:

- dates and deadlines;
- letters, contracts, notices, emails, and messages;
- names and addresses of parties and witnesses;
- photographs or medical records;
- what you already tried;
- the result you want;
- income/expense documents if applying for legal aid.

A folder called “everything_final REALLY_final2” is still a folder. Sort by chronology before the appointment if possible.

Medical support

[supp .8]

General medical

- **112**: life danger or possible lasting harm;
- **116 117**: urgent but not life-threatening problem outside practice hours;
- GP or specialist for ongoing assessment;
- pharmacy for medicine-use questions and minor ailments within scope;
- poison centre for substance-specific guidance when no immediate life danger.

Reproductive health

- maternity or gynecological service for symptoms and follow-up;
- recognized pregnancy counselling for decisions and support;
- Embryotox for evidence-based medication information during pregnancy and breastfeeding;
- **112** for heavy bleeding, collapse, seizure, severe pain, severe breathlessness, unexpected active birth, or serious concern.

Pediatric and child health

Use pediatric practice, **116 117**, or emergency services based on urgency. Call **112** for abnormal breathing, unresponsiveness, seizure, severe allergic reaction, major injury, severe dehydration signs with altered state, or serious concern.

For development, feeding, hearing, vision, movement, behaviour, or caregiving concerns, bring concrete observations rather than attempting diagnosis through milestone tables.

Veterinary support

Know the nearest veterinary emergency service and transport route. Call for collapse, breathing difficulty, severe bleeding, poisoning, seizures, major trauma, inability to urinate, severe pain, or rapidly worsening condition.

Children, dependants, and caregiving

[supp .9]

For care overload, involve:

- family or trusted backup;
- Pflegeberatung and respite services;
- youth welfare office and family support;
- school, daycare, disability, or social services;
- GP, pediatric, psychiatric, or veterinary care;
- emergency service when safety fails.

If you fear you may become aggressive, create safe distance, make sure the dependent person is supervised, and call a crisis or emergency service.

State and community support

Depending on the situation, useful services may include:

- Jugendamt and Frühe Hilfen;
- Pflegekasse / Pflegestützpunkt;
- Sozialamt, Jobcenter, housing office, and municipal social service;
- disability and participation counselling;
- family, pregnancy, debt, addiction, migration, and victim counselling;
- food banks, neighbourhood initiatives, mutual aid, and community centres.

The correct service is often the one responsible for the **next concrete problem**, not the one whose website contains the most inspiring stock photo.

Housing and “no place tonight”

[supp. 10]

Use **D — Threat and Safe Place**, especially its **Situation G — No Safe Place** branch, before choosing a service. It separates:

1. violence, coercion, or an active threat;
2. no weather-safe roof tonight;
3. accommodation that fails access, medication, powered-device, child, or caregiver requirements;
4. a physically safe place made unworkable by social or internal crisis.

For ordinary municipal routing, contact the local emergency-accommodation, homelessness, social, or after-hours authority. During service hours, **115** may identify the responsible public office, but it is not an emergency number and

cannot promise a bed. Specialist violence services, youth emergency services, accessible accommodation, transport, powered destinations, and animal-compatible places remain local fields that must be confirmed before deployment.

Use the D / Situation G handoff:

“I need a safe place for **[tonight / one hour / until treatment resumes]**. The reason is **[route]**. Access and care needs are **[list]**. What can you confirm now, and what is the backup if that fails?”

Use **112 / 110** for exposure, violence, acute illness, self-harm danger, or a failed essential-care bridge.

Housing evidence pack

Keep copies of:

- ID and registration documents where available;
- rental agreement and notices;
- payment records;
- medical or disability needs;
- children’s documents;
- contact attempts and deadlines;
- photographs of unsafe conditions;
- pet information when accommodation depends on it.

Do not delay leaving immediate danger to obtain the perfect folder.

Pair support with a maintained Grey Book resource

[supp.11]

Complete the **Local professional contacts** page before deployment, and keep the **Emergency call card**, the **Location and access card**, and any route-specific form beside it. The contact page owns names, numbers, hours, access channels, verification dates, and backups; **P — Professional Support** owns the selection logic and limits. Keeping those jobs separate prevents a long explanatory route from becoming a second, stale contact database.

Do not print passwords, PINs, alarm codes, hidden safe-place locations, or secret key locations in a guide left in a shared bathroom. Toothbrush proximity is not a security model.

Optional reading — explanations are not prerequisites [supp. 12]

Some of the following could reasonably live in the Copper Book, a psychology methods lecture, or a small forest of legal footnotes. That objection is not obviously wrong. It stays here because it explains why several routes above are shaped the way they are.

Do not finish an interesting study, framework, or doctrine before making a call that already needs making. **Action and handoff outrank explanation.**

Therapy evidence — what can honestly be said

Psychotherapies such as cognitive behavioural, psychodynamic, trauma-focused, interpersonal, and other structured approaches can be effective for many conditions. Outcomes vary with diagnosis, severity, therapeutic relationship, access, method, and individual preference.

A therapy response percentage detached from diagnosis, comparator, follow-up, and study population is decoration. Better questions are:

- Is the method appropriate for the problem?
- Is the professional qualified?
- Are goals and risks discussed?
- Is progress reviewed?
- Can the person say when the fit is poor?

Treatment is evidence-based when evidence guides a shared clinical decision, not when a number is pasted onto hope.

Social connection is not decorative trim

Social connection: associations, not personal fate

[supp.fig.4]

What adjusted mortality associations did a 2015 longitudinal meta-analysis report for isolation, loneliness, and living alone?

LARGE PRINT / TEXT ROUTE FOLLOWS



What to notice: The three reported associations are similar in magnitude, but observational estimates do not establish individual causation or prognosis.

Limit: Associations do not prove that one social state caused one death and do not predict an individual future.

A 2015 meta-analysis of longitudinal observational studies reported adjusted mortality odds ratios of **1.29 for social isolation**, **1.26 for loneliness**, and **1.32 for living alone**.⁶ These are associations across populations and follow-up periods—not proof that one feeling directly caused one death, and certainly not a personalized forecast.

The finding is still useful at the correct scale: stable contact, practical mutual aid, and routes back into community belong alongside medical and psychological care. “Call one person” is not a magical treatment. It is a small way to stop a crisis from becoming a closed system with one frightened operator.

Self-defence law — why this guide refuses a four-line verdict

German self-defence law under §32 StGB depends on a present unlawful attack and on the defensive action being necessary and legally permissible in context. Specific facts matter, and adjacent rules may apply.

The guide therefore does **not** state that one force level is automatically proportionate, that retreat is always required or never relevant, or that a reader should delay safety while performing legal analysis. Get safe, call police/rescue, preserve facts, and consult a criminal-law professional when needed.

Quick reference card

[supp. 13]

GERMANY — CALL THE RIGHT DOOR

112 life / fire / medical danger

110 active police threat or crime

116 117 urgent, non-life-threatening medical help

116 123 crisis conversation

115 responsible public authority, service hours only

116 016 violence against women

0800 1239900 violence against men, published hours

116 111 children and young people

Where next?

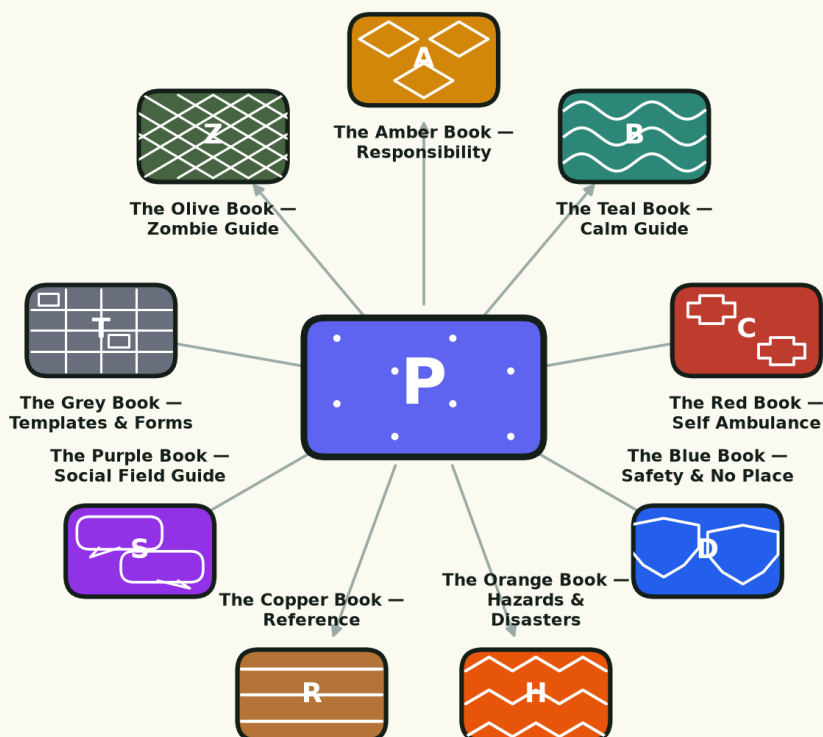
P

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.
- **Z — The Olive Book — Zombie Guide** — use it when that problem becomes primary.

LARGE PRINT / TEXT ROUTE FOLLOWS

You are here: P — The Indigo Book — Professional Support



Complete route names follow as text. Immediate danger bypasses this map.

Connections from P — The Indigo Book — Professional Support

1. gesund.bund.de, "Nummern für den Notfall": <https://gesund.bund.de/notfallnummern> ; TelefonSeelsorge: <https://www.telefonseelsorge.de/> ; Violence against Women Helpline: <https://www.hilfetelefon.de/>↵↵
2. nora, the official emergency-call app of the German federal states — reaches control centres without a spoken call, transmits location, supports text chat, and offers a demo mode for preparation: <https://www.nora-notruf.de/en-en/startpage>↵
3. Inter-Agency Standing Committee, *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>↵
4. gesund.bund.de, "Sozialpsychiatrischer Dienst – Hilfe bei psychischen Krisen": <https://gesund.bund.de/sozialpsychiatrischer-dienst>↵
5. Official German Justiz-Services, Beratungshilfe and Prozesskostenhilfe: <https://service.justiz.de/beratungshilfe> and <https://service.justiz.de/prozesskostenhilfe>↵↵
6. Holt-Lunstad J et al., "Loneliness and social isolation as risk factors for mortality: a meta-analytic review," *Perspectives on Psychological Science* 10 (2015): 227–237. Adjusted observational associations were OR 1.29 for social isolation, 1.26 for loneliness, and 1.32 for living alone; baseline health and other factors influenced findings. <https://doi.org/10.1177/1745691614568352>↵