

**15th Annual Scientific
Conference of the International Association for
Psychiatric Nurses**

**Disaster and War:
Psychological First Aid
and Psychosocial Support**

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Outline

- ❑ **Objectives**
- ❑ **Disaster and War**
- ❑ **My story**
- ❑ **Psychological First Aid:**
 - ❑ **Concept,**
 - ❑ **Principles, and**
 - ❑ **Process.**



Objectives of Presentation

What will participants learn (usually – Half Day not 40 minutes)?

- ❑ **This orientation aims to build the capacity of helpers in crisis situations:**
 - ❑ **To approach a situation safely, for themselves and others;**
 - ❑ **To say and do the most supportive things for very distressed people; and**
 - ❑ **To NOT cause further harm by their actions.**



Disaster and War

- ❑ **Triggering factor (hazard).**
- ❑ **Unexpected and sudden.**
- ❑ **Varying level of losses.**
- ❑ **Impact on individual and society.**
- ❑ **Difficulty to manage due to their complexity.**

My Story...

- ❑ **My First PFA Training:** Few days after 7th November 2012: “Black Wednesday in Ghana.”
- ❑ **World Mental Health day** (10th October 2016) - Psychological First Aid.
- ❑ **Lost my mum** – December, 2018.
- ❑ **Medical Mission in Sierra Leone** - Dec. 2018 – March 2019.
- ❑ **Lost my dad** – March 2019.

What comes to mind when you hear...

“Psychological First Aid”



Psychological First Aid - What it is?

- ❑ **“Humane, supportive and practical social assistance to fellow human beings who recently suffered exposure to serious stressors.”**
- ❑ **Eases both physical and emotional distress.**



Psychological First Aid - What it Involves?

- ❑ Non--intrusive, practical care and support.
- ❑ Assessing needs and concerns.
- ❑ Helping people to address basic needs (food, water).
- ❑ Listening, but not pressuring people to talk.
- ❑ Comforting people and helping them to feel calm.
- ❑ Helping people connect to information, services and social supports.
- ❑ Protecting people from further harm.



What it is not Psychological First Aid

- ❑ Trauma therapy.
- ❑ Something only professionals can do.
- ❑ It is not professional counselling.
- ❑ Not critical incident debriefing.
- ❑ It is not about pressuring people to tell you their feelings or reactions to an event.

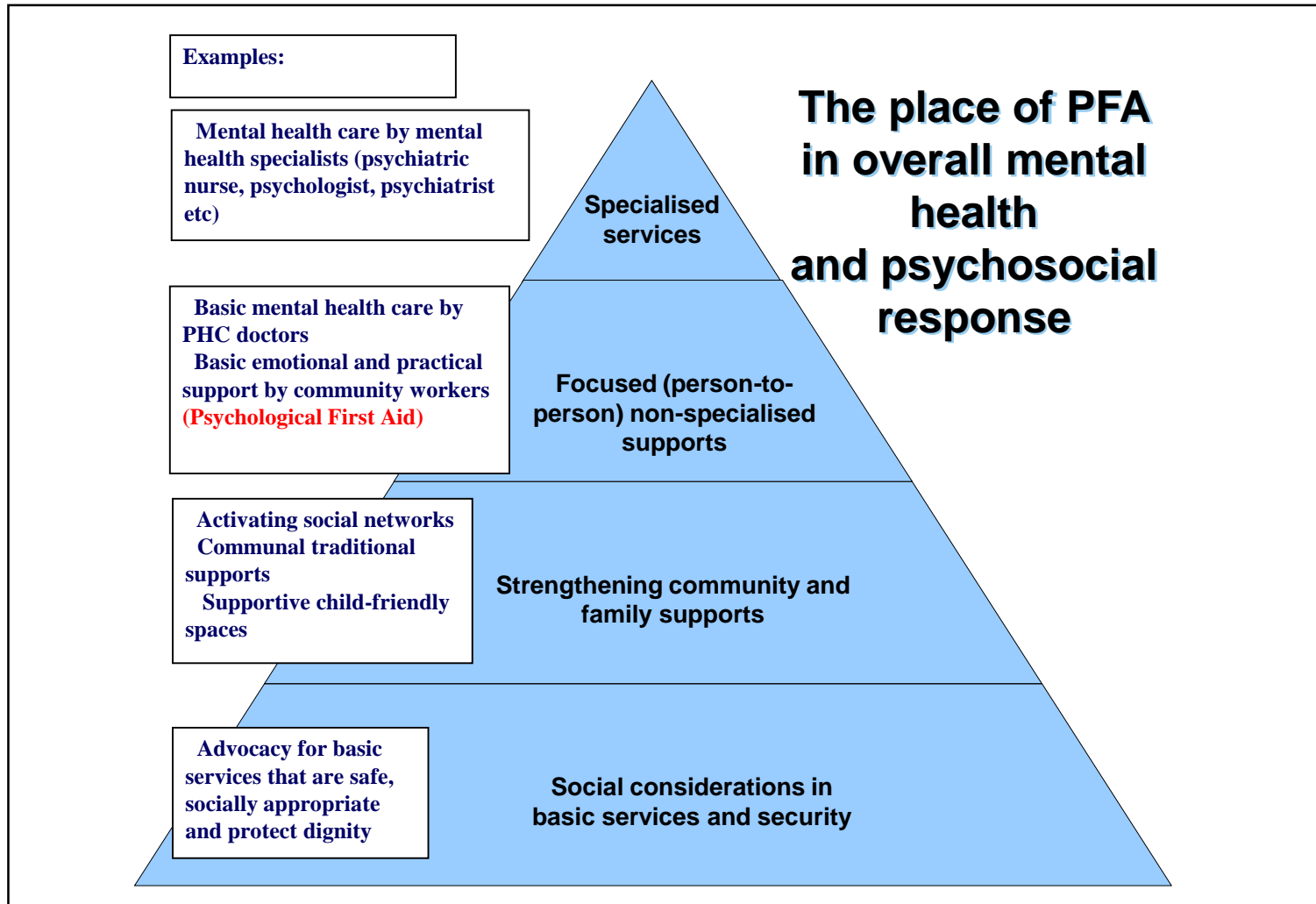


Historical Review of Psychological First Aid

- ❑ Psychological First Aid as a concept - in the mid-20th century.
- ❑ 1922 - the War Office in the United States Army saw the need to use PFA to reduce personnel combat stress.
- ❑ In 2011 - the World Health Organization (WHO), War Trauma Foundation and World Vision International - **"Psychological First Aid: Guide for Field Workers."**
- ❑ 2013 – WHO – **"Psychological first aid: Facilitator's manual for orienting field workers"**



Mental Health and Psychosocial Support (MHPSS) pyramid



http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf



Responses to Crisis Events

- ❑ **Nature and severity of the event(s).**
- ❑ **Experience with previous distressing events.**
- ❑ **Available support.**
- ❑ **Physical health status.**
- ❑ **Personal and family history of mental health problems.**
- ❑ **Cultural background and traditions.**
- ❑ **Age.**



Why PFA?

Evidence for certain resilience (protective) factors do better over the long term if they:

- 1. Feel safe, connected to others, calm and hopeful;**
- 2. Have access to social, physical and emotional support;**
- 3. Regain a sense of control by being able to help themselves.**

Psychological First Aid-When ?

- **Whenever the need is – immediate, days or weeks after stressor**



Psychological First Aid-Where ?

- **Where ever it is safe enough to do so.**
- **Where there is a private, confidential space etc.**

Psychological First Aid-Who?

- ❑ Very distressed people exposed to serious stressful event.

- ❑ All ages.

- ❑ Not everyone but those who want support.

- ❑ Others may need more than PFA:
 - ❑ With serious life-threatening injuries;
 - ❑ So distressed they cannot care for themselves or their children;
 - ❑ Who may hurt themselves;
 - ❑ Who may hurt or endanger the lives of others.



Frequent needs after emergency

- ❑ **Basic needs** –shelter, food, water and sanitation
- ❑ **Health services** - injuries or help with chronic conditions
- ❑ **Information** - what has happened, services available, information about family
- ❑ **Contact** - with their families
- ❑ **Connect** - to own religion and culture
- ❑ **Involved in** - important decisions



PFA Action Principles

Prepare

Look






Listen



Link



PFA Action Principles

Prepare	<ul style="list-style-type: none">•Learn about the crisis event.•Learn about available services and supports.•Learn about safety and security concerns.
Look 	<ul style="list-style-type: none">•Observe for safety.•Observe for people with obvious urgent basic needs.•Observe for people with serious distress reactions.
Listen 	<ul style="list-style-type: none">•Make contact with people who may need support.•Ask about people's needs and concerns.•Listen to people and help them feel calm.
Link 	<ul style="list-style-type: none">•Help people address basic needs and access services.•Help people cope with problems.•Give information.•Connect people with loved ones and social support.

A Must for Helpers

Key Action in Crises Management –

self care

- ❑ How do I take care of myself and my family.
- ❑ What do I do that helps me overcome stressful situations.



Self Care Tips as a Helper

DISASTER DISTRESS
IS CONTAGIOUS

TAP INTO YOUR OWN
SUPPORT SYSTEMS
TO MAINTAIN HOPE

MAINTAIN YOUR HEALTH –
PHYSICAL AND EMOTIONAL

TAKE BREAKS, LEAVE
WHEN YOUR SHIFT IS
DONE

KNOW YOUR LIMITS AND
GET HELP WHEN NEEDED



Vital Distress Reactions to Crisis

- ❑ **Physical symptoms (shaking, headaches, fatigue, loss of appetite, aches & pains)**
- ❑ **Anxiety, fear**
- ❑ **Weeping, grief and sadness**
- ❑ **Guilt, shame (for having survived, or for not saving others)**
- ❑ **Elation for having survived**
- ❑ **Being on guard, jumpy**
- ❑ **Anger, irritability**
- ❑ **Immobile, withdrawn**
- ❑ **Disoriented - not knowing one's name, where one is from or what happened.**
- ❑ **Not responding to others, not speaking at all**
- ❑ **Feeling confused, emotionally numb, feeling unreal or in a daze**
- ❑ **Unable to care for oneself or one's children (not eating or drinking, not able to make simple decisions)**

Helping people in distress



- ❑ Most people recover well over time, especially if they can restore basic needs and receive support (PFA).
- ❑ Those with severe or long-lasting distress may require more support.
- ❑ Try to make sure they are not left alone.
- ❑ Try to keep them safe until the reaction passes or you can find help from others.



Basic Helping Skills

- ❑ **Introduce yourself by name and agency.**
- ❑ **Ask the affected person their name and if you can help them.**
- ❑ **Protect them from harm by moving to a safer place to talk**
- ❑ **Offer some comfort (i.e., water, food, etc.) if you can.**
- ❑ **Listen and stay near without forcing talk.**
- ❑ **Ask for their needs and concerns, and help them feel calm.**
- ❑ **Reflect ways in which they have acted appropriately (i.e., keeping themselves safe) and encouraging good coping strategies.**
- ❑ **Acknowledge their worry over possible losses of those around them.**
- ❑ **Offer to help connect them with loved ones or other supports.**

Good Communication: Things to Say and Do



- ❑ Try to find a quiet place to talk and minimize outside distractions
- ❑ Stay near but keep an appropriate distance - age, gender and culture
- ❑ Let them know you hear them: nod your head and say...*"hmmmm."*
- ❑ Be patient and calm.
- ❑ Provide factual information, IF you have it and be HONEST.
- ❑ Give information in a way the person can understand - keep it simple.
- ❑ Acknowledge how they are feeling, and any losses or important events they share with you, such as loss of home or death of a loved one. *"I'm so sorry..."*
- ❑ Respect privacy. Keep the person's story confidential, especially when they disclose very private events.
- ❑ Acknowledge the person's strengths and how they have helped themselves.



Good Communication: Things NOT to Say and Do

- ❑ Don't pressure someone to tell their story
- ❑ Don't interrupt or rush someone's story
- ❑ Don't give your opinions of the person's situation, just listen.
- ❑ Don't touch the person if you're not sure it is appropriate to do so.
- ❑ Don't judge what they have or haven't done, or how they are feeling. Don't say...
“You shouldn't feel that way.”
or “You should feel lucky you survived.”
- ❑ Don't make up things you don't know.
- ❑ Don't use too technical terms.
- ❑ Don't tell them someone's else's story
- ❑ Don't talk about your own troubles
- ❑ Don't give false promises or false reassurances
- ❑ Don't feel you have to try to solve all the person's problems for them
- ❑ Don't take away the person's strength and sense of being able to care for themselves



Ethical Reminders for Helpers

Do's

- ❑ Be honest and trustworthy.
- ❑ Respect a person's rights.
- ❑ Be aware of and set aside your own biases and prejudices.
- ❑ Make it clear that even if they refuse help now, they can still access help in the future.
- ❑ Respect privacy and be confidential, as appropriate.
- ❑ Behave appropriately according to the person's culture, age and gender.

Don'ts

- ❑ Don't exploit your relationship as a helper.
- ❑ Don't make false promises or give false information.
- ❑ Don't exaggerate your skills.
- ❑ Don't force help on people, and don't be intrusive or pushy.
- ❑ Don't pressure people to tell you their story.
- ❑ Don't share the person's story with others.
- ❑ Don't judge the person for their actions or feelings.



Ending your Assistance

- **Use your best judgment of person's needs and YOUR own needs.**
- **Explain you are leaving and, if possible, introduce them to someone else who can help.**
- **If you linked them with services, be sure they have contact details and know what to expect.**
- **No matter what your experience, say goodbye in a good way, wish them well.**

Starting and ending with care for ourselves

After everthing, ask...

- ❑ How do I take care of myself?
- ❑ How does my team take care of each other?

Be responsible to yourself and others by paying attention to self-care on a daily basis.



Practice self and team care



- **Before:**
 - **Are you ready to help?**
- **During:**
 - **How can you stay physically and emotionally healthy?**
 - **How can you support colleagues and they support you?**
 - **Seek help when the need arises.**
- **After:**
 - **How can you take time to rest, recover and reflect?**



Team support

- It is best for helpers to be connected with an agency or group to ensure safety and good coordination.



- **Tips for peer support or “buddies”:**
 - Use good listening skills.
 - Show concern and empathy.
 - Be respectful.
 - Don’t blame or judge.
 - Have clear boundaries.
 - Be available when needed.
 - Help your colleague regain control and help themselves.
 - Maintain confidentiality
 - Appreciate each other.



References

1. **Bisson, J.K. & Lewis, C. (2009) *Systematic Review of Psychological First Aid*, Commissioned by WHO.**
2. **Inter-Agency Standing Committee (IASC) (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.**
3. **The Sphere Project (2011) *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: The Sphere Project.**
4. **TENTS Project Partners. *The TENTS Guidelines for psychosocial care following disasters and major incidents*.**
5. **Hobfoll S, Watson P, Bell C, Bryant R, Brymer M, Friedman M, et al. (2007) *Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence*. *Psychiatry* 70 (4): 283-315.**



Thank You



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