The International Journal of Indian Psychology
ISSN 2348-5396 (e)
ISSN: 2349-3429 (p)
Volume 4, Issue 1, No. 76,
DIP: DIP: 18.01.023/20160476
ISBN: 978-93-86162-13-7
http://www.ijip.in
October, 2016

Be Equipped Psychologically: The Psychological First Aid

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Keywords: *Psychological First Aid*

Many people who suffer from psychological and mental distress, personal crises and mental disorders can benefit from receiving psychological and mental health first aid from professionals and the general public.

One in four adults will experience mental health difficulties at one time or the other but many will receive little or no help when they present in an emergency. In contrast the majority of people with physical health difficulties who present in an emergency in a public or hospital setting will be offered physical health first aid.

Mental health crises and distress are viewed differently because of ignorance, poor knowledge, stigma and discrimination. This cannot continue to be allowed to happen, especially as we know that there can be no health without mental health. Psychological and mental health first aid should available to all, and not just a few.

In the first few moments and hours after a disaster, survivors may have medical, material, social, and emotional needs. After the

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traditional steps to guarantee physical safety, it became common practice to also offer immediate psychosocial support. A contemporary definition of psychosocial support is given by the International Federation Reference Centre for Psychosocial Support of the Red Cross and Red Crescent Societies (2011) as ‘‘a process of facilitating resilience within individuals, families and communities’’. This is based on the idea that people can rely on their own strengths to recover from the impact of a disaster or an adversity. Psychosocial support arose from the merger of social and psychological support. Social support lies at the heart of humanitarian aid organizations ever since their founding in the second half of the 19th century, fulfilling practical and social needs (e.g. reestablishing contacts with family members). Early psychological support following critical incidents was originally developed to support military personnel. After the recognition of posttraumatic as a psychiatric disorder in 1980, the idea to prevent psycho-trauma entered the work of humanitarian aid agencies from the beginning of the 1990s. However, on the field, trauma focused interventions proved to be ineffective and even harmful. Safer interventions where those that addressed the needs of the affected. Subsequently the idea of early psychological interventions merged with the social approach, leading to the concept of psychosocial support. A wide range of interventions were developed to provide psychosocial support. Today, one such intervention strategy is psychological first aid (PFA)

Psychological first aid (PFA) is a technique designed to reduce the occurrence of post-traumatic stress disorder. It was developed by the National Center for Post Traumatic Stress Disorder (NC-PTSD), a section of the United States Department of Veterans Affairs, in 2006. It has been spread by the International Federation of Red Cross and Red Crescent Societies, Community Emergency Response Team (CERT), the American Psychological Association (APA) and many others.

To deliver psychological and mental health first aid properly, training is not enough. Training people in PFA improves their confidence in applying it. There is also the need for mental health promotion and good access to health providers. The world is going

through a crisis. There are many disasters and wars, migration is a growing problem and many people require basic psychological and mental health first aid to prevent their health from deteriorating and to empower them to take action to improve their mental health.

Every 40 seconds somebody somewhere in the world dies by suicide, and the young are disproportionately affected. Providing more people with basic psychological and mental health first aid skills will help to decrease the rate of suicide.

Psychological and mental distress can happen anywhere - in our homes, in our schools, in the workplace, on the transport system, in the supermarket, in public spaces, in the military and in hospital. Psychological and mental health first aid is a potentially life-saving skill that we all need to have. Please support to make this a global reality so that we can make the world a better place ***psychologically***.

History of Psychological First Aid

Before PFA, there was a procedure known as debriefing. It was intended to reduce the incidences of post traumatic stress disorder (PTSD) after a major disaster. Debriefing procedures were made a requirement after a disaster, with a desire to prevent people from developing PTSD. The idea behind it was to promote emotional processing by encouraging recollection of the event. Debriefing has origins with the military, where sessions were intended to boost morale and reduce distress after a mission. Debriefing was done in a single session with seven stages: introduction, facts, thoughts and impressions, emotional reactions, normalization, planning for future, and disengagement.

Debriefing assumes that everyone reacts the same way to a trauma, and anyone who deviates from that path, is pathological. But there are many ways to cope with a trauma, especially so soon after it happens. PFA seems to address many of the issues in debriefing. It is not compulsory and can be done in multiple sessions and links those who need more help to services. It deals with practical issues which are often more pressing and create stress. It also improves self efficacy by letting people cope their own way. PFA has attempted to be culturally

sensitive, but whether it is or not has not been shown. However, a drawback is the lack of empirical evidence. While it is based on research it is not proven by research. Like the debriefing method, it has become widely popular without testing.

Why Mental Health First Aid?

1. Mental health problems are common, especially depression, anxiety and misuse of alcohol or other drugs.
2. Many people are not well informed about how to recognize mental health problems, how to respond to the person, and what effective treatments are available.
3. There are many myths and misunderstandings about mental health problems.
4. Many people with mental health problems do not get adequate treatment or they delay getting treatment. There is stigma and discrimination associated with mental health problems.

The Concept of Psychological First Aid

"Psychological first aid involves humane, supportive and practical help to fellow human beings who have suffered a serious crisis event."

MENTAL HEALTH FIRST AID IN SCHOOLS

Students with Disabilities or Other Impairments

- **Autism**

Children with an autism spectrum disorder (ASD), such as Asperger's Disorder, may be mainstreamed in general education classes or in self-contained classrooms depending on their disability and accompanying behavioral issues.

These students may be particularly sensitive to new people and to changes in their routine or surroundings. If possible, announce changes before they occur. These students may have heightened sensitivity to sounds, bright lights, new tastes, smells, or cold temperature that may disrupt their emotional equilibrium in response, for example, to sirens or alarm bells. Students with ASD may be obsessive or hyper-focused on some element of the crisis, and they may

upset others when they perseverate on the details of an event or exhibit self-soothing behaviors such as rocking.

Many of these students have behavior plans that include their going to a predetermined "safe place" when they are distressed. When possible to do so, allow them to follow their behavior plans. They will respond best to a familiar teacher or other person in authority who can calmly reassure them of their safety and set firm limits on their behaviors. For students in a self-contained classroom, the most helpful intervention will be a return to their normal daily routine. They may not be responsive to new people. For many of these students, attempts to teach them exercises meant to help them cope may, in fact, increase their distress.

- **Learning Disabilities**

Children with one or more learning disabilities (such as dyslexia, visual/spatial problems, expressive or receptive language disorders, memory deficits) tend to be in general education classes.

These children should be responsive to most PFA-S strategies. The nature of the learning disability may affect a child's ability to benefit from a specific exercise. For example, a student with a language disability may have difficulty expressing his/her feelings in writing, or he/she may have difficulty accurately recalling contact information such as a phone number and street address. Adapt specific exercises to the student's strengths.

- **Speech Impairment**

Children with speech and language deficits, including students with language processing issues, tend to be in general education classes. Students with language deficits may have difficulties with comprehension or with verbal expression. These students may respond best to exercises that include activities and visual cues, such as artwork, or relaxation strategies that can be modeled rather than just described.

- **Cognitive Impairment**

Students with mental retardation/cognitive delays may be mainstreamed in general education classes or in self-contained

classrooms, depending on the severity of their disability and accompanying behavioral issues.

Similar to students with autism, students with cognitive delays will do best after they return to their normal routine. Higher functioning students in general education classes may require simpler, more concrete directions, but they should respond to most PFA-S strategies.

- **Emotional Disturbance**

Children identified as having an emotional impairment may have a variety of mood (depression, anxiety, anger, fear, apathy) and/or behavioral (aggression, withdrawal, hyperactivity, temper tantrums) issues, with the most serious disturbances including distorted thinking, excessive anxiety, bizarre motor acts, abnormal mood swings, or psychosis. Some of these students will have a trauma history, and the current event may bring up reminders of past events that will be unsettling and disruptive. These students, whether mainstreamed in the general population or in self-contained classrooms, may act unpredictably and need their teachers and support staff to intervene.

While most children with an emotional disturbance status may be responsive to the PFA-S techniques you are using, ask their teachers to identify which students may be resistant or become distressed. Most of these children will have behavioral intervention plans that include options for them to follow in certain circumstances; for example, a child who may become out of control is allowed to visit a particular adult or engage in a particular activity in order to self-soothe. When possible, try to follow the familiar and established routine. If this is not feasible, the child's teacher, aide, or another familiar member of the child's team should be the one to explain the new plan to him/her.

- **Attention-Deficit/Hyperactivity Disorder (ADHD)**

In a crisis, you may see students with ADHD increase their symptoms of hyperactivity and impulsivity, resulting in out of control behavior.

Students with ADHD will benefit from activities that allow for physical movement. When giving directions, calmly tell students exactly what you expect, avoid directions with more than one or two

steps, and give warnings about specific consequences for inappropriate behavior.

MENTAL HEALTH FIRST AID IN GENERAL SETTINGS

Why everyone needs to have mental health first aid skills

- Mental health problems are common; with one in four people worldwide experiencing mental health problems, but lack of knowledge and the associated stigma may prevent people from seeking appropriate help at an early stage.
- Family, friends, neighbors and colleagues can assist by offering help to someone when they notice the signs and symptoms of a mental health problem. Where an issue is identified early on it is more likely that a mental health crisis may be avoided.
- Mental health first aid skills can be learned by anyone and should be considered as important as physical first aid because if someone sprains their ankle the chances are you will know what to do. If they have a panic attack, the chances are you won't. However, mental health first aid doesn't teach you to be a psychiatrist or counselor. A mental health first aider's role is to support and guide a person to seek appropriate professional help.

How do I know if someone is experiencing mental health problems?

- Only a trained professional can diagnose someone with a mental illness but those who have attended an MHFA course will be able to spot the signs and symptoms of a range of mental health problems, including anxiety, depression and psychosis.
- If you notice changes in a person's mood, their behaviour, energy, habits or personality, you should consider a mental health issue as being a possible reason for these changes.
- Remain aware that each individual is different and not everyone experiencing mental health problems will show the typical signs and symptoms but it's important to feel able to open up a conversation if you are concerned about someone's mental health.

How should I approach someone who I think might be experiencing mental health problems?

- Give the person opportunities to talk. It can be helpful to let the person choose when to open up. However, if they do not initiate conversation about how they are feeling it is important that you speak openly and honestly about your concerns
- Choose a suitable time to talk in a space you both feel comfortable where there will be no interruptions
- Use 'I' statements such as 'I have noticed....and feel concerned' rather than 'you' statements
- Let the person know you are concerned about them and are willing to help
- Respect how the person interprets their symptoms
- If the person doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else.

PFA is a multifactorial intervention based on five key principles as outlined by Hobfoll et al. PFA interventions therefore can take on many different forms depending on the contexts and cultures in which disasters or adversities occur. Each of these interventions should be evaluated separately in experimental studies to gain knowledge on their effectiveness. Finally, in the domain of behavioral sciences, resistance by certain professionals towards evidence-based practice and a lack of uniform definitions and terminology, might contribute to the lack of evidence. A negative attitude about evidence and evidence-based practice can be due to a lack of training and misconceptions regarding the concept of evidence-based practice.

Although PFA is considered to be an important approach for disaster-affected populations, there is a complete lack of high-quality experimental and observational studies on the effectiveness of PFA in the immediate aftermath of a disaster. Consequently, research is needed to determine the most effective, efficient, and acceptable interventions before evidence-based PFA guidelines on how to train laypeople and professionals can be developed.

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