DIGNITY IN MENTAL HEALTH

PSYCHOLOGICAL & MENTAL HEALTH FIRST AID FOR ALL

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PSYCHOLOGICAL FIRST AID: PRESERVING DIGNITY IN CRISIS RESPONSE

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Key Messages:

- Crisis events involving exposure to trauma and sudden loss occur in all communities of the world.
- Orientation in psychological first aid gives responders a framework for how to respond in a natural, supportive, practical manner.
- A common mistake in current humanitarian responses in many countries is to only make psychological first aid available in the absence of other care.
- Psychological first aid is feasible and appropriate during crises and should be complemented with other essential mental health and psychosocial activities.

Crisis events involving exposure to trauma and sudden loss occur in all communities of the world. Indeed, few villages or city neighbourhoods are immune to motor vehicle accidents, domestic violence, rape, or violent muggings, and many experience natural disasters. Trauma and loss at a large scale are hallmarks of war. Brutal conflicts in numerous countries currently ravage the lives of more than 100 million women, men, girls and boys with more than 60 million people displaced — the highest numbers since World War II.

The potential mental health and psychosocial consequences are well-known, as rates of mood and anxiety disorders, substance use, general psychological distress, social needs and impairments in social functioning increase among those exposed to crisis events.

The mental health and psychosocial response to these events should be multi-sectorial. In the long run, all communities need to have community mental health, social and educational services that address the long-term increase in needs, including clinical services for mental disorders. The acute response needs to be multi-sectorial as well. The initial response tends to be offered mainly by people in local communities, for example by ambulance workers in case of vehicle accidents, by police in case of armed robbery, by local general health staff in case of physical trauma, by teachers if the events occur at school, by protection workers whether in case of recent child abuse or asylum seeking, and so on.

Many of these local responders respond naturally in a warm, supportive and practical manner when they help emotionally distressed people who have just survived a crisis event. However, others are uncomfortable with the emotional distress of survivors — or their own distress if they are also affected — and stiffen up. Others ignore people's emotional distress altogether, and again some even naively trample over people's dignity in the hurry to carry out their job.

Orientation in psychological first aid — an approach that perhaps would be better called psychosocial first aid or even social first aid — gives responders a framework for how to respond in a natural, supportive, practical manner, emphasizing listening without pressing the person to talk; assessing needs and concerns; ensuring that basic physical needs are met; providing or mobilizing social support, and providing essential information.

Although psychological first aid is a term that has been used since the 1940s, it has become more widely known over the last 15 years. It has been recommended by the Inter-Agency Standing Committee (IASC), National Child Traumatic Stress Network and National Center for Posttraumatic Stress Disorder, National Institute for Mental Health (NIMH), National Institute for Health and Care Excellence (NICE), the Sphere Project, the Tents Project, and the World Health Organization (WHO), amongst others. Indeed, in 2009, WHO's mhGAP Guidelines Development Group evaluated the evidence for psychological first aid and psychological debriefing. It concluded that psychological first aid, rather than psychological debriefing, should be offered to people in severe distress after recent exposure to a potentially traumatic event. Caution against the use of individual psychological debriefing after exposure to traumatic events has fuelled the popularity of psychological first aid. Psychological first aid is very different from psychological debriefing in that it does not necessarily

involve a discussion of the event that caused the distress. Support based on the principles of psychological first aid is a form of support that may be delivered by professionals and non-professionals alike after a brief orientation of a less than a day.

In 2011, WHO, together with partners, released its own field manual of psychological first aid, followed by a guide for capacity building. The field manual has been tremendously popular, being among the top 10 most ordered products in the WHO bookstore and with translations in more than 20 languages. Psychological first aid, because of its scalability, is now most likely the most implemented form of mental health support in large humanitarian crises, such as today in Syria, last year during the Ebola epidemic in Guinea, Liberia and Sierra Leone and after the earthquake in Nepal, and currently during the refugee crisis in Europe.

Although psychological first aid should be scaled up widely, psychological first aid should be a component of the overall response to emergencies, but by itself it is an insufficient response for public mental health response. Guidance — such as the WHO mhGAP module on Assessment and Management of Conditions Specifically Related to Stress, the WHO Humanitarian Intervention Guide, and the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Supports in Emergency Settings — include psychological first aid as one of a multitude of complementary mental health and psychosocial supports that should be made available to people exposed to crises. Importantly, these supports also include strengthening community and family supports, management of people with mental disorders, and protection of vulnerable people, including those with severe psychosocial disabilities. Thus, while scale up of psychological first aid is feasible and appropriate during crises, it should be complemented with other essential mental health and psychosocial activities. A common mistake in current humanitarian responses is to only make psychological first aid available. Yet, an organized mental health response that exists of psychological first aid only is as inappropriate as a physical health response that exists of physical first aid only.

In various countries of the world, psychological first aid has been incorporated into disaster preparedness. Building on this experience, national disaster management authorities may consider having teams ready who could travel to disaster-affected regions to orient local first responders in psychological first aid when disaster strikes. Psychological first aid may also be included in training of workers who meet trauma survivors as part of their daily job such as firemen, police officers, health staff in hospital emergency units and humanitarian aid workers.

The World Federation for Mental Health has been in official relations with the World Health Organization for more than 65 years; WHO is proud to be associated with the Federation in the events related to the World Mental Health Day 2016. We appreciate World Federation for Mental Health's initiative to include psychological first aid in its theme for World Mental Health Day 2016.