

# Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies

## Remote Psychological First Aid during the COVID-19 outbreak

Interim guidance - March 2020

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## Introduction

The outbreak of COVID-19 has created concern and worry among the general population worldwide. Many will be anxious and afraid and those directly affected in different ways by the virus may be in greater panic, fear and worry.

Psychological first aid (PFA) is a method of helping people in distress so they feel calm and supported to cope better with their challenges. It is a way of assisting someone to manage their situation and make informed decisions. The basis of psychological first aid is caring about the person in distress and showing empathy. It involves paying attention to reactions, active listening and, if needed, practical assistance, such as problem solving, help to access basic needs or referring to further options for assistance. PFA helps normalize worry and other emotions, PFA also promotes healthy coping and provides feelings of safety, calming, and hope.

Any crisis impacts the social networks of the affected, and social interaction is of vital importance for human beings. Therefore, it is important to support the affected to find ways to keep in touch with others, even though being in isolation or quarantine. During the time of the virus outbreak, keeping a physical distance to others is mandatory, however keeping socially connected and closely in dialogue with others is vital. This can happen through phone or internet calls, Apps and other social media.

These guidelines can be used by Red Cross Red Crescent National Societies to set up and run different kind of remote services for the public during the time of a COVID-19 response. It should be noted that the target group for the guidelines are adults.

## Remote psychological first aid options

In the context of COVID-19, the talks between helpers and affected usually persons takes place using phones or online media to avoid spread of the virus. The exception to this may be PFA provided between frontline workers.

In addition to handling the accompanying practical and emotional fear and worries related to the virus, there are many other related issues relating to an outbreak: A potential increase in child abuse, domestic or intimate partner violence, substance abuse and anxiety related to facing severe economic hardship are to be expected.

Even though everyone affected by COVID-19 may require PFA at some point in time during an outbreak, a National Society can provide remote PFA services to:

- Self-quarantined persons in homes, hotels or appointed facilities
- The general population who may call to seek information and support.
- Health workers and social welfare responders providing care and treatment to patients
- People who have recovered from COVID-19
- Families and friends of deceased
- Caregivers with children at homes due to closure of schools

- Older adults and other groups who may find themselves isolated and appreciate a daily well-being and care call
- Other groups with previous vulnerabilities such as mental health or substance abuse problems, that may be in need of support

These services can be stand-alone MHPSS services or integrated in other services.

### Action principles of PFA

Helpers will use the PFA action principles of **Look, Listen and Link**<sup>1</sup> when offering remote support. A PFA helper will follow these action principles, knowing that when used in practice they overlap.

For remote PFA offered without any physical contact the following points describe the principles:

**Look** refers to how to assess:

- the current situation
- who seeks support
- what the risks are
- the needs of the affected
- expected emotional reactions.

**Listen** refers to how to:

- begin the conversation
- introduce the helper
- pay attention and listen actively
- accept feelings
- calming someone in distress
- ask about needs and concerns
- help find solutions to needs and problems.

**Link** refers to how to assist with:

- accessing information
- connecting with loved ones and social support
- tackling practical problems
- accessing services and other help.

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<sup>1</sup> Adapted from IFRC PS Centre: A Guide to Psychological First Aid for Red Cross and Red Crescent Societies with training materials at <https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>

## Establish call in options and preparing to support

National Societies can run different type of call services:

- Systems where each volunteer calls several people daily to check on their well-being, needs and to listen to concerns. It may be older or lonely people, people living with disabilities, or those being in isolation or quarantine far away from social networks.
- Call centres in collaboration with the authorities answering all types of questions or concerns from the public.
- Help lines where those with MHPSS needs and concerns can call in simply to talk. In some cases, this is done booking a time for a call through an app. The requester will then be called at an agreed time by a PFA helper.
- Call centres matching those who need practical help and support with those who volunteer to help.

It should be noted that during a COVID-19 outbreak there will be situations where helpers are working from home and not from a call-or hotline centre due to e.g. curfews or restrictions. In such cases, it is important to consider and adapt the physical environment, to ensure privacy and to avoid disturbance during a call: e.g. make sure no one will disturb. Let family members and others know that the room is used for a call or video conference, and choose a quiet place.

It has been an experience, that call centres open 24/7 receive many calls especially at night from people living with pre-existing mental health conditions or other illnesses, and therefore helpers on such shifts may need more training and supervision.

## Assessing needs and planning considerations

### **The principle of Look in relation to assessment of needs:**

An assessment of the following needs:

- The practical and emotional support callers may need; are they affected personally by worries, by violence, fear of losing their livelihood, are they friends or relatives of someone hospitalized that they cannot visit etc.
- The situation callers will find themselves in: are they in lockdown, in isolation, quarantined, alone or with families or others, could they be the general public, frontline responders or recovered patients etc.
- The imagined or realistic risks callers are experiencing; are they fearing infecting others though showing no symptoms and having followed the guidelines set by the authorities or afraid of infecting others who need their support on a daily basis etc.

## Planning the remote support

There are several issues to consider apart from practicalities such as choosing the most appropriate channel of communication, deciding upon opening hours and how to disseminate information about the service. The space allocated must allow for the safety and privacy needed for both caller and responder, this must also be assured if the responder is providing support from their home. Assure that the tools used for communication is safe, secure and easy to use and allow for sufficient time for technical troubleshooting.

Referral pathways must be established, recruitment of staff and volunteer helpers done, training and supervision on PFA of helpers conducted before beginning the service.

In case spontaneous volunteers are enrolled, ensure they also get an introduction to the Movement e.g. using the IFRC PS Centre folder *Volunteering with the Red Cross Red Crescent*, a folder for spontaneous volunteers<sup>2</sup>. It is important to ensure helpers recognize their own capacity and limit and know when to refer a difficult call to a supervisor. Helpers must also be keenly aware, that should any call have posed challenges it is important to discuss this with the team leader or supervisor.

In general, the following should be planned:

- Guidelines for answering calls.
- Should it be a requirement to note any statistical information as age and gender of callers, verbal consent must be obtained from the caller.
- Updated information on the virus, websites and measures by the authorities and available services must be available at all times, such as for example information on how to contact health authorities, as well as contact details of health and mental health services.
- Procedures for when and how to refer persons with severe psychological distress.
- An updated list of links and other information and psychoeducational materials that can be sent to the caller when ending the call.
- The support that will be offered to staff and volunteers and how to ensure their well-being when having to take many or difficult calls. The IFRC PS Centre has a number of publications on support to staff and volunteers that can be useful<sup>3</sup>. It is recommended that teams meet together or online at the end of the shift to discuss how things went. More information on running team meetings can be found in the IFRC PS Centre *Caring for Volunteers Toolkit*.

## Responding to calls

PFA can be offered either through communication tools that allow for visual or only auditive contact. When offering PFA without visual contact, it is even more important to speak slowly, clearly and calmly and to communicate with empathy and warmth through modulating the voice in a way that shows care. Listen

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<sup>2</sup> Volunteering with the Red Cross Red Crescent in crisis situations – disasters and pandemics. IFRC PS Centre [pscentre.org](https://pscentre.org/?resource=volunteering-with-the-red-cross-red-crescent-in-crisis-situations-disasters-and-pandemics)  
<https://pscentre.org/?resource=volunteering-with-the-red-cross-red-crescent-in-crisis-situations-disasters-and-pandemics>

<sup>3</sup> A Guide to Psychological First Aid for Red Cross and Red Crescent Societies has a chapter on PFA in groups – support to teams pp. 65 to 78.  
<https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>. Also see the PS Centre Caring for Volunteers Toolkit at [pscentre.org](https://pscentre.org)

attentively with the entire being and demonstrate listening by using affirmative sounds. Acknowledge the caller's feelings and understanding of events and allow for ventilation of frustration. If talking to a very worried caller, it is important to create a sense of calm and safety by using a calm tone of voice. If visual contact is used simple visuals can be created and shared to support psychoeducative messages.

Overall, the focus for the PFA helper's side is on enhancing the sense of control, supporting good personal choices and positive coping of the caller, as well as encouraging seeking support from the caller's social network. Callers may have many different needs, and a caller needing practical help may also be worried and in need of psychosocial support.

During the call, use open questions (what, where, who and when – be mindful not to ask why), ask one question at a time and avoid interpreting what the caller is saying. Be aware that it's normal to react with anger, frustration or confusion when experiencing adversity.

### **The principle of Listen when responding to a call**

**Listen** refers to how the helper:

- begins the conversation
- introduces him or herself
- pays attention and listens actively
- accepts feelings
- calms the distressed
- asks about needs and concerns
- helps those in distress find solutions to their needs and problems

### Key psychosocial phrases conveying interest and empathy

I understand your concerns and most people do think a lot about the situation ...

It is very natural to be sad, angry, upset or ....

I hear what you are saying, about having to ...

I fully understand that you are feeling this way ...

In this situation, your reaction is quite natural ...

Maybe we can discuss possible solutions ...

What we can offer is ...

I am concerned about you, and would like to suggest to refer you to someone who can help you

## Steps in answering calls

### Opening the conversation and listening for needs

- Introduce yourself to the person calling, by saying your name, organization and position.  
*"You are speaking to Peter/Maha from the Red Cross Red Crescent, and I am working at the Red Cross Red Crescent call centre as a volunteer....."*
- Ask how you may help and if suitable also ask the name of the caller. Accept it, that the caller may not want to say his or her name.  
*"How may I help you? May I also ask your name, so I know what to call you?"*
- Agree on the duration of the call depending upon what the caller is asking about.  
*"I can certainly help you with this information..... Now is there anything else I can do for you?"*  
*"There seems to be a lot on your mind. On this call we can talk for about 15 minutes and then decide how to move on."*  
*"When we have talked for about 10 minutes we can take stock and decide how best to proceed."*  
*"What are the most important issues I can help you with?"*

### Listen to emotional and practical needs

- Should the caller be worried, explore what the person is particularly worried about and what their specific concerns are.  
*"Tell me a bit about what worries you."*  
*"Is there anything else that worries you?"*  
*"I sense that there is something more on your mind..... "*
- In cases of extreme stress, worry, fear or loss of control, reassure and normalize these reactions by explaining that such feelings are normal during this and any other crisis. Acknowledge the worry by saying:  
*"It is a challenging situation as there are many things that is still not know about the virus, and its quite normal to react and be worried."*  
*"What you tell me are common fears. Many are concerned about falling ill or spreading the virus to others especially loved ones. Many also fear losing their livelihood or being stigmatized by others."*
- Another option is to mention how having updated and correct information is helpful by saying:  
*"Many are anxious, and it is a fact that having access to correct information can help calm a person. It also makes it easier to decide how to react when knowing about the situation. So, I would encourage you to get the facts and rely on legitimate and reputable sources."*
- One more option is to explain that naming feelings calms the mind and explore how to manage worries:  
*"I wonder if it is any help to you to know that these feelings are natural for many in the present situation. It can be overwhelming, so maybe we can talk about how to manage the feelings. The first*

*step is to acknowledge the feelings as you rightly do, the next to ensure they don't take up too much time or space in your life. Should we maybe talk more on this?"*

- Should a caller worry or ruminate excessively, it can be helpful to suggest setting time limits for the worrying.  
*"It can help to have one or two daily worry times for example half an hour in the afternoon. If worrying thoughts occur during other times of the day and night, ask them to come back later, or tell yourself that you will take care of them during the worry time. This will give you time to take care of what else you have to do."*  
*"I would also suggest limiting the time following news on the media to e.g. twice a day and avoid doing it before going to bed at night."*
- Next ask what the caller usually does to cope with difficult situations and feel better. Have them name a few and discuss if they can be useful in the actual situation:  
*"It is a difficult situation, and I do understand its very challenging. Let's discuss if there is anything, you can do to make the situation more tolerable."*
- Ask what the caller will chose to do and assist the caller to find out more and other things they can do or suggest they write a list for inspiration.

## Calming techniques

Should a caller need help with calming techniques, suggest breathing and relaxation exercises for reducing worry and for calming down. Inform the caller, that the mind clears when focusing on the here and now. Suggest they begin gently by noticing the breathing going in and out, feeling it in the nose or mouth on the way in and sensing how it fills the lungs and expands the belly, sides of the chest and the lower back.

It can also be helpful to ask the person to place their feet solidly on the floor or ground and sense the support from floor or ground. If sitting on a chair, feet on the floor, tensing the leg muscles by stemming the feet against the floor as if wanting to push the chair back without actually doing so, can also be useful. Getting cardiovascular exercise is also an important and often overlooked resource in calming down. A brisk walk, outside or in nature if at all possible, also calms the mind.

Refer to good sources for on-line yoga, exercises, relaxation or mindfulness.

- If relevant, ask callers what they do to keep physically and mentally safe if quarantined or self-isolated; if needed, provide further information on hygiene or other measures.  
*"If you are interested I can mail you a resource on what to do when in isolation. You may find it useful. Should I do that?"*
- Should a caller ask what to do, the helper can say:  
*"I am not sure I can answer that question for you. What are you thinking about when having to make this decision?"*



## Advice to isolated or quarantined persons

It can be helpful to offer the following advice to those who are to enter or are already in lock down, working from home, are in isolation or quarantine

**Stay socially close even when maintaining physical distance:** Stay digitally connected by keeping in touch with friends, colleagues and family using mail, Apps or social media. Watch the same films, read the same books and discuss in virtual meetings, have a virtual chat whilst drinking coffee or a cup of tea together.

**Daily routine:** First of all, plan and uphold a daily routine and also create a well-being plan for the days and weeks.

**Set goals and keep active:** Setting goals and achieving them enhances the sense of control and competency. Goals must be realistic in the given circumstances and for staff and volunteers, it could also be keeping up with paperwork even if not able to work in the field. For some it gives a sense of agency and satisfaction to make a to do list for the day and tick off tasks as they go along. Create a list of activities it would be nice to do, great to have done, books to read or write, music to listen to, food to cook and cakes to bake, paint water colours, knit, stich and sew, learn a new language or skill, listen to podcasts, clean the house, get fresh air through windows, balcony or garden.

**Plan time alone and time together if living with others:** Create a list of things to do together, read books aloud to each other, play board games, listen to and discuss radio, tv and podcasts. Take turns caring for children. There are many online resources for activities to do at home with children.

**Look for or inject humor into the situation if appropriate:** Humor can be a strong antidote to hopelessness. Even smiling and laughing inwardly can provide relief from anxiety and frustration.

**Maintain hope:** Believe in something meaningful, whether family, faith, country or values.

**Use stress management techniques:** Physical relaxation techniques can reduce stress levels and are useful methods to manage pain and emotional turmoil. Most people are familiar with stress management techniques but not all use them in practice; however, this is the time to encourage the use of such techniques.

**Accept feelings:** Being in a stressful situation can cause a lot of different emotional reactions like anger, frustration, anxiety, regrets, second guessing yourself, self-blame etc. These feelings are normal reactions to an abnormal situation.

## Linking, referring and ending the call

**Link** refers to how the helper assists in:

- accessing information
- connecting with loved ones and social support
- tackling practical problems
- accessing services and other help.

There is a need for the helper to refer to specialized services, if the caller needs practical assistance, for example food or shelter, or for medical or professional mental health support.

Refer to specialized psychological help if a caller:

- has not been able to sleep for the last week and is confused and disorientated
  - is so distressed that they are unable to function normally and care for themselves or their children by, for example, not eating or keeping clean
  - loses control over their behaviour and behaves in an unpredictable or destructive manner
  - threatens harm to themselves or others
  - starts excessive and out-of-the-ordinary use of drugs or alcohol
  - are living with a psychological disorder and/or were taking medication prior to the situation of distress may also need continued mental health support.
  - presents chronic health conditions and need more supports.
  - presents symptoms of severe mental health conditions
  - is experiencing violence or is being sexually abused in any way.
- In some call centre units, there will be a supervisor that can take over calls where referrals are needed:  
*“To give you the best service I will hand over to my supervisor, who is more experienced than I am. Thank you for the talk and now I hand you over to the supervisor who is called xxx.”*

### **Continuing the conversation using the action principle Link**

- If relevant, ask what they know and believe about the virus and where and how they get updated information.  
*“It seems you read a lot on social media about the virus. Could you tell me more about where you get your information? Do you also visit the official websites?”*
- Ask how the caller stays in touch with social networks like trusted friends, family or others
- Ask if there are any practical problem or challenges:  
*“We have talked about how to stay in touch with friends abroad using video calls and social media, which are great resources. Are there any practical issues you face that we haven’t talked about yet?”*
- If needed, refer to other services:

*“For information on the health or social care services in your area I can refer to this phone number/webpage for updated information.”*

*“To get assistance from the social services, you will have to phone them. Do you have their phone number or mail address?”*

- Ensure informed consent from the caller and make the referral. Agree on a follow up if possible.

**Ending the conversation**

- Summarize the conversation by highlighting key issues discussed and action points.  
*“We talked about where you can find reliable sources of information, and how you can stay in touch with your loved ones even though living alone and having food delivered. Also, that taking up your old interest could help pass time in a nice way.”*  
*“I will say goodbye and wish you a pleasant day.”*
- Agree if a follow up conversation is needed, and if so, find a suitable time.  
*“If you would like to talk another time, please don’t hesitate to call again and talk to me or one of my colleagues. Of course, I cannot be sure, I will be in to take the call, but you are most welcome to call again.”*
- End the call by thanking for the conversation.

**Dos and don’ts when offering PFA**

Do’s	Don’ts
<p>Listen more than you speak to identify concerns            Ask gently probing questions            Use open questions: when, where, what, who            Acknowledge feelings and understanding of events            Normalize emotions and reactions            Recognize internal resources and capacity to cope            Provide information about COVID 19. Be honest of what you don’t know. This is a new virus that we are all learning about.            Be patient and calm            Allow processing and ventilation of emotions            Listen for individuals' options and help them make the choices            Ensure confidentiality unless issues mentioned affect the safety of the individual or others            Ensure the do no harm principle is upheld</p>	<p>Pressure others to speak if they do not want to speak            Ask why this or that            Be judgmental            Use technical terminology            Talk about yourself or personal issues or troubles            Give false promises or false assurances            Share someone else’s story or experiences.            Exploit the trust and confidentiality shared</p>

## Reference materials and links

IFRC Reference Centre for Psychosocial resources:

A Guide to Psychological First Aid for Red Cross and Red Crescent Societies

<https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>.

Basic Psychological First Aid - training module 2

<https://pscentre.org/wp-content/uploads/2019/05/PFA-module-2-Basic.pdf>

Psychological First Aid for Children – training module 3

<https://pscentre.org/?resource=psychological-first-aid-for-red-cross-red-crescent-module-3-children>

Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus

[https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020\\_ENG-1.pdf](https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020_ENG-1.pdf)

Caring for Volunteers Toolkit

<https://pscentre.org/?resource=caring-for-volunteers-a-psychosocial-support-toolkit-english>

Volunteering with the Red Cross Red Crescent in crisis situations – disasters and pandemics

<https://pscentre.org/?resource=volunteering-with-the-red-cross-red-crescent-in-crisis-situations-disasters-and-pandemics>

All IFRC Reference Centre for Psychosocial Support materials on COVID-19 are to be found in different languages at <https://pscentre.org/archives/resource-category/covid19>

IASC resources:

IASC Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak version 1.5

<https://pscentre.org/?resource=iasc-briefing-note-on-addressing-mental-health-and-psychosocial-aspects-of-covid-19-outbreakversion-1-1>

WHO resources:

WHO: Mental Health Considerations during COVID-19 Outbreak

<https://pscentre.org/?resource=9031>

Psychological First Aid in Ebola outbreak

[https://www.who.int/mental\\_health/emergencies/psychological\\_first\\_aid\\_ebola/en/](https://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/)