Psychological first aid

Psychological first aid is a method of assisting people when they are in distress and helping them feel calm and supported in coping with their challenges. It addresses both the emotional and social needs of individuals, to empower people to use their own resources, enhance resilience, and make informed decisions. The basis of psychological first aid is about adopting a humane approach to care and support individuals in distress. It involves paying attention to their reactions, listening actively and with empathy, providing practical assistance, such as the help to access basic needs. Psychological first aid is a resiliency based part of any intervention in a crisis and a component of programmes such as caring for survivors of sexual and gender-based violence or staff and peer support or staff and volunteer well-being programmes.

Why provide psychological first aid?

Everyone will experience stressful situations and events in their lives, such as having conflicts at work, getting stuck in traffic or running late for an important engagement. Most learn how to deal with such challenges; however, some experiences and situations are out of the ordinary, have been building up, repeated or are more difficult to deal with. Examples include the discovery of terminal illness, a car accident, losing a loved one or home, extreme violence, natural disasters and ongoing armed conflict. When an experience becomes overwhelming, it could result in a small- or large-scale psychological crisis, depending on the perception, scale and impacts of the event, the social support available and each person’s ability to cope.

Being in a crisis may lead to a reduced state of action and decision capacity because of the restrictions and damages accompanied by the event itself, the emergency response structures, and the person’s reactions. Psychological first aid aims to support the affected families or communities in regaining control over their lives and reducing their experience of distress. It is a method of addressing practical needs that often involves linking people with assistance from others.
Psychological first aid skills involve knowing:

- how to assess a situation
- the common patterns of reactions to crises
- how to safely approach people in distress
- how to remain calm and to manage overwhelming emotions when needed
- how to provide emotional support and practical help.

The use of these skills strives to provide comfort and care to people in distress and help them feel they have been seen, heard, and are supported.

**Psychological first aid approach**

Several different models of psychological first aid have been developed over the past years. They are all slightly different but follow the same principles by ensuring safety, promoting calmness, connectedness, hope, and a sense of efficacy. By integrating various aspects of the different approaches, the World Health Organization (WHO) developed the three action principles of ‘Look, Listen and Link’.

Psychological first aid has been developed for the staff and volunteers of Red Cross and Red Crescent Societies working in situations where psychological first aid is relevant and applicable. It is an approach particularly well-suited for the International Federation of Red Cross and Red Crescent Societies, as it is based on the fundamental principle of humanity and the intention to help prevent and alleviate human suffering.

**Psychological first aid is...**

- comforting someone in distress and helping them feel safe and calm
- assessing needs and concerns
- protecting people from further harm
- providing emotional support
- helping to address immediate basic needs, such as food and water, a blanket
or a temporary place to stay
- helping people access information, services and social supports

**Psychological first aid is not...**

- something only professionals do
- professional counselling or therapy
- encouraging a detailed discussion of the event that has caused the distress
- asking someone to analyse what has happened to them
- pressing someone for details on what happened
- pressuring people to share their feelings and reactions to an event

**Who can provide psychological first aid?**

Anyone with appropriate training including volunteers, first aid providers, and members of the general public can provide psychological first aid. It does not depend on the expertise of mental health specialists or professional psychologists. Learning and receiving training in psychological first aid enables anyone to know how to respond in supportive ways to people in distress.

**When is psychological first aid used?**

It is normal and common for people to experience distress in response to crises. Many people are able to adapt or function well in crises so not everyone needs psychological first aid. For those in acute distress and needs help, psychological first aid can help provide emotional support and practical assistance during or in the immediate aftermath of the stressful event. It can also be helpful in the days, weeks, months or even years after an event has taken place. Some people have stress reactions during or just after an event, while others have strong reactions much later. In some situations, the long-term impact of an event may be more emotionally distressing than the actual moment of the event or the stressful situation might last for a long time.
Where to provide psychological first aid?

Psychological first aid can be provided in any setting that is safe and comfortable for both the first aid provider and those in distress. It can be in a home, community centre, shopping centre, school, train station, airport, evacuation centre, hospital, clinic, under a tree, or even at the location of a crisis. It is best to be in a quiet and calm environment where everyone feels safe and secure. If someone has experienced something very sensitive, such as sexual violence, privacy is essential for confidentiality and dignity.

The three action principles: Look, Listen and Link

This section explains the three action principles ‘Look, Listen and Link’ of psychological first aid in more detail. It is important to understand that in reality, first aid providers may have to go through these actions in different ways and sequences. It is considered a cycle which can be initiated at any point and may involve repeating or cycling through “Look”, “Listen”, “Link” multiple times during the process.

LOOK for:

- information on what has happened and is happening
- who needs help?
- safety and security risks
- physical injuries
- immediate basic and practical needs
- emotional reactions.

LISTEN refers to how the helper:

- approaches someone
- introduces oneself
- pays attention and listens actively
= accepts others’ feelings
= calms the person in distress
= asks about needs and concerns
= helps the person(s) in distress find solutions to their immediate needs and problems.

**LINK in helping people:**

= access information
= connect with loved ones and social support
= tackle practical problems
= access services and other help.

**LOOK**

Look involves looking for indicators of needs and risks in the situation and people such as signs of distress in individuals, environmental safety, and any factor that may cause stress or prevent someone from feeling safe.

**• Information on what has happened, and is happening**
  > Try to get as much information as possible on what has happened and what the current situation is by using a calm, considerate and non-intrusive manner. This will help assess safety and security risks and whether others need to be contacted immediately for additional help.

**• Who needs help?**
  > Prioritising who needs help first is not always easy. Psychological first aid skills involve learning how to assess who might need help and how to safely approach them. This involves being able to recognise reactions to stress and also carefully consider frequently marginalised groups.

**• Safety and security risks**
  > Many of the most distressing events we experience involve danger and violence. The first step in psychological first aid (in situations with or without danger or violence) involves checking for security risks and ensuring safety. Once
the first aid provider is certain it is safe to continue, other actions follow, including assuring the affected person’s confidentiality. This can also help enhance the person’s feeling of personal safety. If safety at a crisis site cannot be guaranteed, then it is not appropriate to provide first aid.

Physical injuries or illness

> Another important step is to check if the affected person is ill or injured and provide first aid for them if needed. Use these Guidelines for more information on this.

• Immediate basic and practical needs

> Immediate basic and practical needs are also priorities. Check if the person needs water, shelter, clothing or a blanket, and try to provide these as quickly as possible. It is difficult for someone to focus on solving problems or reaching out to others when feeling cold or thirsty. They may also need social support such as restoring family links, medical or legal assistance. In cases of children, connecting them with caregivers is a basic need that should be prioritised. Knowing how to help people access basic needs is an important psychological first aid skill, and even though it does not mean that one must have contact details for all the resources in the community, it is vital to know how and where to get this information when needed.

• Emotional reactions

> When someone is in distress, it is normal to feel and show a range of different emotional reactions. A key part of psychological first aid is recognising emotional reactions, accepting these without judgment, and responding in a caring, empathetic and understanding way. It is important to remain calm and be mindful of your own verbal and non-verbal communication to support the person in distress. If the person in distress has strong emotional reactions that endanger oneself or others or begin to interfere with daily functioning over a longer period of time, he or she should be referred for professional mental health support.

LISTEN

Listen refers to supporting others with active listening and empathy and
understanding the concerns and needs of the affected people which can help link them to appropriate help and resources.

• **Approaches**  
  > Approach carefully, calmly, and in an appropriate manner. Both the behaviour and attitude will influence how people in distress react to an offer of help. If they meet someone who is calm and focused, this will help them to feel calm and safe. The first aid provider will introduce themselves by name, and if relevant by the name of the National Society or other organisation in a caring and non-threatening or interruptive manner.

• **Pay attention and listen actively**  
  > Look directly at the person; do not use a phone whilst talking to someone and focus on what the person says. Try to be at the same physical level as the other person. For example, if the person is sitting on the ground, kneel to be at the same eye level. Practise active listening using both verbal and non-verbal communication skills.

• **Accept and validate feelings**  
  > Never judge reactions or feelings, even if they are different from the way a first aid provider would react or expect someone to react. Remember, there is no right or wrong way to feel. Be friendly and compassionate even if a person’s behaviour appears challenging and remember that this behaviour is likely related to the distressing situation and may change during your interactions.

• **Calms the person in distress**  
  > When someone is shocked by an event or in crisis, they often have strong physical and psychological reactions. It is helpful to let people react in their own way and in their own time. If they start to cry or shout, do not calm them down by telling them to “stop” or “calm down”. It is more effective to just wait and stay there as a calm, empathetic and safe presence which can help the person withstand the strong emotions being experienced. Another strategy is to avoid approaching a person who is severely distressed with questions about the event, but to ask or talk about other things that are important to the person but that are not as distressing.

• **Ask about needs and concerns**
The first aid provider will need to ask questions that can help the distressed person identify what support they need. If someone does not want help, do not impose it. The focus of the questions should be on the help needed and the priorities, and not on the details of what happened. Remember it is important to empower people to make their own decisions instead of making decisions for them, particularly at a time where they may feel very disempowered or that they are lacking control over a difficult situation.

**Help find solutions to immediate needs and problems**

- Identify what support is required to address immediate needs and problems and affirm the person’s ability to cope with the situation. Psychological first aid aims to enable people to remain or become active and make their own informed decisions. Help them to prioritise their needs. Find helpful and feasible solutions to the issues. The first aid provider may have to accompany the person in taking the first steps and continue to empower the people to act for themselves.

- Encouraging the use of helpful coping strategies and avoiding unhelpful ones is also essential. Examples of unhelpful coping strategies are using alcohol or drugs to try to forget the problems, denial or isolating oneself. Whilst these strategies may feel like they are helping the person cope at the moment, if continued over long periods, they are likely to impact the person negatively and cause more challenges. Having information on natural and normal reactions to a crisis event can also help normal and healthy coping to be activated.

**Techniques to calm a person in distress**

- use a calm soft tone of voice
- maintain eye contact (without staring) with the person while talking with them (if culturally appropriate)
- remind them of the intent to help, and that they are safe (if it is true)
- engage in activities or create a physical distance to distract a distressed person or to reinstate a sense of normality (e.g., go for a short walk, distance oneself from the sight of the event, prepare something to drink).
Link is about connecting the person to the resources such as information, groups of people, services, and systems in the community that are appropriate and helpful for them to handle the situations and adapt well gradually. The role of the psychological first aid provider is as one source of support and to empower people to cope with the difficulties and be responsible for themselves.

**Access information**
> Accurate information about the event, the rescue, as well as information about loved ones or others who are impacted, their safety, rights and how to access the services and things are essential for anyone in a crisis. Provide accurate and useful information relevant to the individual. This could range from practical information on what happened, where to access different resources, updates on the rescue progress, or what is possible and important to do at the moment, to psycho-education that helps normalise the reaction of distress and prepare the person for possible reactions that may follow in the coming days and weeks. Information helps people feel less helpless and to make informed decisions about things that can be decided by them in a given situation.

**Connect to loved ones and social supports**
> It is a priority to connect a distressed person with their family or friends, either in person or by phone to update them on what is happening and check if the loved ones are fine. The first aid provider should also know how to link people to restoring family link services in emergencies. Ask about who should be informed and called upon in the social network.

**Tackle practical problems**
> Examples of helpful practical support are:

- contacting someone who can stay with the distressed person
- arranging for the pick-up of children, or the provision of food, shelter, clothing, and reassurance to children
- helping the person with transport to a safe place
- helping the person to access a hospital or other support services.
**Enable access to services or support**

> Linking to others or services is a key psychological first aid aspect. Depending on the circumstances, the first aid provider may have to accompany the person to the services or wait with them until more help arrives.

**Referrals**

Referral means linking a person in distress with the needed and appropriate care provided by other people, agency, or facility, by either contacting the other service directly or giving contact details to the affected person. Referrals to other professionals or services are made when an assessment has been made that the person in distress needs help beyond what the psychological first aid provider can give. It is good practice to follow-up with the person afterwards to ensure that he or she has received the support needed.

Refer for specialised psychological help if someone:

- has not been able to sleep for the last week and appears confused and disoriented
- is so distressed that they are unable to function normally and care for themselves or their children
- loses control over their behaviour and behaves unpredictably or destructively
- threatens to harm themselves or others
- uses drugs or alcohol excessively.

**Children**

Children face various challenges growing up. They may have to live with their own or a family member's serious illness. They may lose loved ones or become separated from their family or may be harassed or exploited. Psychological first aid for children is based on the same principles as for adults. However, children may require more support than adults because they depend on others for protection and care. Children do not have the same experience or physical and emotional maturity
as an adult and therefore may respond differently than an older person. Children’s reactions are influenced by how they experience the distressing event first hand. They are also influenced by how their caregivers and others around them react to the situation, and by changes in their daily life and interactions with others. Children react according to what they understand about the crisis event, which in turn is related to their stage of development, abilities, and previous experiences.

Here are some key differences between helping adults and children, or additional actions needed:

**LOOK** for:
- whether the child is alone or accompanied by others
- protection needs such as risks of exploitation or abuse.

**LISTEN** refers to how the first aid provider communicates:
- depending on children’s age and emotional and social development e.g. use of simpler words for younger children
- about needs and concerns with age-appropriate questions.

**LINK** is to:
- assess the child’s needs with the child and caregiver, whenever possible
- help the child access protection and services for basic needs
- give age-appropriate information
- help parents and caregivers support their children
- help children to distance themselves from the stressors or danger by providing space for play or referring them to a child-friendly space together with their caregivers.

**Self-care**

Helping responsibly includes first aid providers taking care of their own health and well-being. First aid providers can be affected by supporting others in crises or by their own distress. Providing can be difficult both physically and emotionally. It is not easy interacting with people who are in distress and this could lead to feelings

of guilt, sadness, and frustration if providers feel they have not done enough. These may also result in accumulative stress and burnout. It is also important to acknowledge that different situations may affect or resonate with first aid providers who are too unique individuals, shaped by their own experiences. There is no shame in finding things difficult and it is so essential to practise proper self-care and talk in the first aid providers’ own lives.

The psychological first aid principles of ‘Look’ and ‘Listen’ and ‘Link’ can be applied as the first aid providers learn to recognise their own risk factors to well-being, their own limitations, and what kinds of situations may be overwhelming. They can also discover what protective factors such as support systems and healthy stress coping strategies they have in place to link to. Building awareness of their own strengths and weaknesses as a first aid provider and knowing when to call for help from others can act as preventative measures.

It is imperative that all psychological first aid staff and volunteers are provided with supervision and continuous support while providing care and assistance for others during times of crisis to ensure they are not overwhelmed by the circumstances and can maintain their own psychological well-being. It is recommended that all psychological first aid staff and volunteers have a support system in place to talk to if they begin to feel overwhelmed or that their work helping others starts to affect them negatively. The team should take time to come together before, during, and after providing psychological first aid.

References

Non-systematic reviews


Traumatic event
Suicidal ideation
Acute grief

Explore other sections
First aid

The first aid topics included in the 2020 guidelines are organised by theme:

- General approach
- Unresponsiveness
- Breathing problems
- Trauma
- Medical conditions
- Environmental
- Mental distress
First aid education

As the largest provider of first aid education in the world, it is our duty to provide high-quality, accessible education so everyone can give help safely and effectively in a first aid emergency.

- Education strategy essentials
- Contexts
- Education modalities
About the guidelines

The IFRC’s 2020 International first aid, resuscitation and education guidelines evaluate and report on the science and good practice behind first aid, resuscitation and education.

- Introduction
- Process to develop the 2020 guidelines
- Evidence to action