

Remote Psychological First Aid during COVID-19



May 2020

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

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Warm thanks to everyone who assisted in creating Remote Psychological First Aid during COVID-19

Please contact the PS Centre should you wish to translate or adapt any part of *Remote Psychological First Aid during COVID-19*.

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CONTENTS

Introduction	5
Remote psychological first aid options.....	6
Action principles of PFA	7
Setting up services to provide remote support.....	8
Assessing needs and planning considerations	9
Responding to calls.....	11
Key psychosocial phrases conveying interest and empathy	12
Steps in answering calls	13
Calming techniques	15
Advice to isolated or quarantined persons.....	16
Linking, referring and ending the call.....	17
Handling aggressive callers.....	19
Ending the conversation	21
Dos and don'ts when offering PFA	22
Resources.....	23

Introduction

The outbreak of COVID-19 has created concern and worry across the world. Many people are anxious and afraid, with those directly affected in different ways by the virus at risk of heightened levels of distress. Just as happens in other crisis events, COVID-19 has disrupted everyone's social networks. It has severely restricted social interaction, which is of vital importance for human beings. Keeping a physical distance from others has become mandatory in many states across the globe.

In these challenging circumstances, it is crucial to find ways of enabling people to keep in touch with one another and to offer support, even when individuals may be self-isolating or in lockdown. Remote PFA during the CoVID-19 outbreak is intended for Red Cross Red Crescent National Societies to guide them in setting up remote services for adults during a COVID-19 response. Working remotely, National Societies can stay connected with those needing help, using a variety of platforms including phone or internet calls, various apps and other social media.

Psychological first aid (PFA) is a well-established approach of helping people in distress so that 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, offering practical assistance, such as problem solving, helping to access basic needs or referring to further options for assistance. PFA helps normalize worry and other emotions, promoting healthy coping and feelings of safety, calming, and hope.

For PFA during COVID-19 the IFRC Reference Centre for Psychosocial Support has developed an on-line training. This and Remote PFA during COVID-19 applies the usual PFA methods and adapts them to remote working.

Remote psychological first aid options

Because of the restrictions on physical contact related to COVID-19, conversations between volunteers and those affected by the virus will usually take place remotely either on the phone or via online platforms. The exception to this may be PFA provided by frontline workers.

Everyone may require PFA at some point in terms of being affected by COVID-19. Individuals may need help in dealing with practical and emotional worries related to the virus. There is also likely to be an increase in child abuse, domestic or intimate partner violence, substance abuse and anxiety related to facing severe economic hardship so there is a need to be prepared to deal with this.

National Societies may target remote PFA services in response to the needs of different groups such as:

- Self-quarantined persons in homes or other facilities
- The general population looking for 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 those who have died with the virus
- Caregivers with children at home due to closure of schools
- Older adults and other groups who may be isolated and be supported by 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.

Remote PFA services can be stand-alone MHPSS services or integrated into other services.

Action principles of PFA

Remote support based on PFA implements the three action principles of Look, Listen and Link.¹

Helpers using PFA apply these action principles, knowing that in practice they do not always follow in an ordered sequence and sometimes overlap.

Remote PFA includes the following elements:

LOOK refers to how to assess:

- the current situation
- who is seeking support
- what the risks are
- the needs of the person or the persons affected
- expected emotional reactions.

LISTEN refers to how to:

- begin the conversation
- introduce the volunteer
- pay attention and listen actively
- accept feelings
- calm 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.

¹ 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>
Also see the online training tool: Online PFA training for COVID-19 at <https://pscentre.org/?resource=online-pfa-training-for-covid-19>

Setting up services to provide remote support

There are various options for National Societies in setting up services to provide remote support:

- Setting up a 'well-being and care' call system, where volunteers call several people daily to check on their well-being to find out if they have any needs and to listen to concerns. This may be targeted at older adults, those who are lonely, or people living with disabilities, or those in isolation or quarantine, living far away from their social networks.
- Collaborating with local authorities to run call centres to answer questions from the public on COVID-19.
- Establishing a help line for people with mental health or psychosocial support (MHPSS) needs. Appointments are booked using an app and then the person seeking help would be called back at the agreed time by a PFA helper.
- Setting up a call centre to match people needing practical help and support with volunteers.

The consequences of the COVID-19 outbreak mean there will be situations where staff and volunteers work from home rather than in a call centre or helpline. This may happen due to curfews or other restrictions on movement or regulations on physical distancing. National Societies need to consider how working from home will affect the work staff and volunteers are doing. They can assist in working out how their home space can be adapted to ensure privacy and to avoid being disturbed during a call. For example, if they have other family members at home or share housing, they should try to find a quiet room or other space for their calls.

It has been found that call centres which are open 24/7 receive many calls at night from people living with pre-existing mental health conditions or other illnesses. It is important to take this into account when planning training and supervision for the volunteers doing night shifts.

Assessing needs and planning considerations

The principle of Look in relation to assessment of needs

A needs assessment for remote PFA takes the following into account:

- **The practical and emotional support callers may need**
Questions include: Are callers affected personally by worries, or by violence, or by fear of losing their livelihood? Are callers the friends or relatives of someone who has been hospitalized that they cannot visit?
- **The situation callers find themselves in**
Questions include: Are callers in lockdown, in isolation, quarantined, alone or with families or others? Are callers members of the general public, frontline responders or patients who have recovered from the coronavirus?
- **The imagined or realistic risks callers are experiencing**
Questions include: Are callers afraid of infecting others even though they may have no symptoms themselves and have followed official guidelines? Are callers afraid of infecting others they are caring for on a daily basis?

Planning remote support services

Identifying a suitable platform for remote working

Choosing the most appropriate platform for remote working depends on the type of support to be offered. Whatever channel of communication is decided on, check that devices or apps are safe, secure and easy to use. Allow sufficient time before the service goes live for technical troubleshooting.

Recruiting and supporting staff and volunteers

Staff and volunteers should be recruited and trained on PFA and arrangements made to provide supervision and support before beginning activities. If spontaneous volunteers are to be recruited too, arrange an introduction to the Movement. The leaflet accompanying these resources, *Volunteering in response to COVID-19: spontaneous volunteers*², has useful information on this topic.

2 [Volunteering in response to COVID-19-spontaneous volunteers
https://pscentre.org/?resource=volunteering-in-response-to-covid-19-spontaneous-volunteers](https://pscentre.org/?resource=volunteering-in-response-to-covid-19-spontaneous-volunteers)

The IFRC PS Centre has a number of publications on staff and volunteer support.³ The Caring for Volunteers Toolkit has comprehensive information about the management and support of volunteers. In particular, it recommends teams meet together or online at the end of a shift to discuss how things went. It is important that volunteers recognize their own capacities and limits and know when to refer a difficult call to a supervisor. Staff and volunteers should discuss any challenging calls that they have handled with their team leader or supervisor.

The physical space set up for the remote service must take account of the safety and privacy needed for both caller and responder. This includes arrangements for providing support by staff or volunteers from their own home.

Setting up the service

This is a summary of the basic requirements for a remote support service:

- Describe what the service is, including the opening hours
- Develop a set of guidelines for answering calls
- Decide on what data will be collected, such as age and gender of callers, and consent procedures if needed
- Set up links to reliable sources of information on the virus (such as WHO, government websites, etc) accessible to all staff and volunteers. This includes, for example, information on how to contact health authorities, as well as contact details of health and mental health services.
- Establish referral pathways, including procedures for referring persons with severe psychological distress
- Keep an updated list of links and other information and psychoeducational materials that can be sent to callers at the end of a call.

3 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-cres-cent-societies>. Also see the PS Centre Caring for Volunteers Toolkit at pscentre.org

Responding to calls

Remote PFA can be provided using communication platforms that feature voice only or visuals and voice. If remote PFA is offered using voice contact only, it is extremely important to speak slowly, clearly and calmly. Staff and volunteers should communicate with empathy and warmth, using their voice to express their care and attention. Listening attentively with the entire being and demonstrating listening by using affirmative sounds are crucial to communication. Acknowledging the caller's feelings and understanding of events helps them sense they are being listened to. It is also helpful to give time to callers to express their frustration about their situation. When 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 it's possible to see the caller, it can be helpful to share simple pictures representing messages about psychosocial well-being.

Overall, calls should focus on enhancing the caller's sense of control, supporting them in making good personal choices, promoting positive coping and encouraging them to seek support within their 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, sadness 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 someone in distress
- 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 confused

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. It may be that the caller may not want to say his or her name. It is OK if the caller does not wish to give their 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

- If a caller is worried, explore what the person is particularly worried about and what their specific concerns are.
“Tell me a bit about what is worrying you.”
“Is there anything else that is worrying you?”
“I sense that there is something more on your mind. “
- In cases of extreme stress, worry, fear or loss of control, reassure the caller and normalise these reactions by explaining that such feelings are normal during a crisis like COVID-19 (as in any other). Acknowledge the worry by saying:
“This is a challenging situation. There are many things that we still don’t know about the virus, and it’s quite normal to react like this and be worried.”
“What you tell me are common fears. Many people are concerned about falling ill or spreading the virus to others especially their loved ones. Many people are also afraid of losing their jobs or being stigmatized by others.”
- Another option is to mention how having good quality, accurate information is helpful by saying:
“Many people are anxious, and maybe it’s helpful to know that accessing accurate information from reliable sources can bring a sense of calm to the situation. It also

helps you in managing your reactions. I would encourage you to get the facts about COVID-19 and make sure you get your information from reputable sources.”

- One more option is to explain that naming feelings calms the mind. Explore with the caller how they might manage their worries:
“I wonder if it is any help to you to know that these feelings are natural for lots of people in the present situation. It can be overwhelming, so maybe we can talk about how to manage these feelings. The first step is to acknowledge the feelings as you rightly do. The next step is to find a way of preventing them from taking up too much time or space in your life. Should we maybe talk more on this?”
- If a caller is worrying a great deal, 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 do all the other things you have to do.”
“I would also suggest limiting the time accessing news about the virus to perhaps twice a day, for example. I would recommend especially that you avoid it completely before going to bed at night
- Next ask what the caller usually does to cope with difficult situations and to feel better. Have them name a few ideas and discuss if these ideas could help in this situation now:
“It is a difficult situation, and I do understand it’s very challenging. Let’s discuss if there is anything you can do to make the situation more tolerable.”
- Now check with the caller if they would like to choose specific things to do. Help them to think about other things they could do, if necessary or suggest they write a list to inspire them to take steps.

Calming techniques

If callers need help to calm themselves, suggest some relaxation exercises. Explain that the mind clears when it is focusing on the here and now. Suggest they begin gently by noticing their 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.

Explain that getting cardiovascular exercise is another important way of calming down and yet is often overlooked. A brisk walk outside or in the countryside if at all possible, also calms the mind.

Another exercise begins with asking the person to place their feet solidly on the floor or ground to sense the support through their feet. Now, as they sit on their chair with their feet on the floor, ask them to tense their leg muscles, pressing against the floor as if wanting to push the chair back without actually doing so.

Keep a list of information on online yoga, exercises, relaxation or mindfulness that you can share with callers.

- If callers are self-isolating or are in quarantine, check what they are doing to keep safe and well both physically and mentally. Offer to send them information on aspects of physical or mental well-being.

“If you are interested I can email you a resource for people who are self-isolating. You may find it useful. Should I do that?”

- If a caller asks what to do about a particular dilemma, 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

The following advice may be helpful for people who are having to stay at home due to COVID-19, such as working from home, being in lockdown, in self-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. For example, a group can decide to watch the same film or read the same book and discuss it later together online. Friends can arrange to have a virtual chat, drinking coffee or a cup of tea together.

Keep a daily routine: Follow a daily routine, including a well-being plan for the days and weeks ahead.

Set goals and keep active: Setting goals and achieving them enhances a sense of control and competency. Goals must be realistic in the circumstances. For staff and volunteers, this could be catching up with paperwork at a time when it's not possible to be working in the field. Making a to-do list for the day gives a sense of agency and satisfaction, ticking off tasks as you go. Creating a list of activities it would be nice to do or good to have done can help maintain energy and interest – list the books you want to read or write, the music or podcasts you want to listen to or food you want to cook and cakes to bake. Think about skills to develop like painting with water colours, knitting, sewing, learning a new language. Plan to clean the house. Find ways of getting fresh air by opening windows, or going out onto a balcony or into the garden.

Plan time alone and time together if you live with other people: Agree a list of things to do together, read books aloud to each other, play board games, listen to programmes on the radio, TV or in podcasts and discuss them together. Take turns caring for children. There are lots of online resources for activities to do at home with children.

Use humour to lighten the situation if it seems appropriate: Humour 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 often do not use them in practice. However, this might be the time to try them out.

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.

If callers need practical assistance, for example in accessing food or housing or if they need medical or professional mental health support, volunteers should refer them to a service providing the type of assistance they require.

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
- was living with a psychological disorder and/or were taking medication prior to the COVID-19 outbreak
- presents chronic health conditions and need more supports.
- presents with a severe mental health condition
- is experiencing violence or is being sexually abused in any way.
-

- In some call centres, supervisors take over calls if referrals need to be made. In this case, say:
“I am going to hand over to my supervisor now as she/he deals with providing links to other organizations offering support. Thank you for our conversation and I am now handing you over to the supervisor who is called xxx.”

Continuing the conversation using the action principle Link

- If relevant, ask what they know about the virus and where and how they get updated information.
“It seems like you are reading a lot on social media about the virus. Where do you get your information? Do you go to more official websites giving information from the authorities?”
- Ask if the caller is staying in touch with their social networks like trusted friends, family or others. Check if that is going well
- Ask if there are any practical problems 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 other practical issues that we haven’t talked about yet?”
- If needed, refer to other services:
“I have this phone number/webpage which will give you current information on the health or social care services in your area.”
“To get assistance from social services, you will have to contact them. Do you have their phone number or email address?”
- If you find you need to make a referral, get informed consent from the caller before actually beginning the process of referring them. Arrange to follow up with them, if at all possible.

Handling aggressive callers

Should government authorities impose severe restrictions, a rise in calls from upset, angry and aggressive callers should be expected. It can be very challenging to be met by such aggression and to mediate the tensions between public health priorities and the wishes of the public.

Volunteers may be completely unprepared to face aggression and insults during phone call. After all, they usually offer their time with the intention of helping others. This can be difficult to handle. Callers may complain angrily that their life situation is intolerable and be angry about restrictions imposed on them and their loved ones. They may not be able to distinguish between those answering calls (who are there to listen and help find solutions) and government authorities who are having to take very difficult political decisions in response to COVID-19.

Volunteers therefore need training in dealing with callers who are very upset. Explain that when stress runs high, stress hormones will invariably override clear thinking. It is likely that callers will be unable to think rationally at the point when emotions are intense. Volunteers should therefore not attempt to use any of the calming techniques suggested in the first phase of a difficult call. Telling someone that they are angry and need to calm down will often have exactly the opposite effect.

Look, listen and link with angry callers

Look

When someone who is upset and angry is on the line, it's usually possible to identify this within the first minute of the call. Take a deep breath and think: *This is someone who needs to let off steam. If I give them some space to do this, it will help them release the pressure building up inside somewhat. If I were in the same situation, I might feel the same. I would also be angry, upset, and want to yell at someone...*

Listen

Practising attentive listening can help in responding to angry callers. When a caller has ended their 'tirade', say: ***“Let me be quite sure I understand the situation. You are upset (see note below on rephrasing) that the authorities have closed your office, am I right?”***

Another way is to say something along the lines of: ***“I would be very upset if I were you, it sounds very difficult to have to comply with the new laws that are being introduced. Is this how it is for you?”***

Rephrasing

Rephrasing what the caller has said using words that give the situation a different twist can help people to calm down. Try using words that are less intense than what the caller conveyed through their tone of voice and way of speaking. For example, if a caller sounds very angry, say something like: “I can understand you are upset. Please help me under-

stand what upsets you the most”. Note that the word used here in rephrasing is ‘upset’ rather than ‘angry.’

Another example could be if someone says they are about to ‘give up’ – rephrase it to being ‘a lot to handle’. Rephrasing ‘impossible’ could be as ‘difficult’, etc.

If the caller says how ‘unjust, unfair, intolerable and idiotic’ things are, listen again and rephrase this as ‘challenging’: Say: ***“Yes, it is very challenging to comply with government regulations. I have heard other people are also having a very hard time with this.”***

Link

If the conversation progresses to the link phase, options include: asking if the caller has talked to other people about the situation; checking if there is anyone in the network that could help; or asking if the caller has found good ways in the past of making difficult decisions that they could use now.

Ending the call

If the caller continues to say everything is upsetting, but is beginning to be able to listen, say: ***“I can see how difficult you find the situation. We are coming to the end of our time for the call, and I have to take other calls. I just want to let you know, that if you are interested there is an option to speak to a counsellor on this number.”***

In some cases, callers will remain angry and it will not be possible to end the conversation calmly and quietly. If this happens, say: ***“I am sorry that i am not able to be of any use to you right now. If you want to call back to discuss more at a later stage, you are very welcome.”*** Then end the call.

Ending the conversation

- Summarize the conversation by highlighting the key issues discussed and any action points:
“We have talked about where you can find reliable sources of information and how you can stay in touch with your loved ones even though you are living alone and having food delivered. Also, that taking up your old hobby could help pass time in a nice way. I am glad to hear you have such good plans. I will say good-bye 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 that I will be in to take the call, but you are most welcome to call again.”
- End the call by thanking the person you have spoken to for the conversation.

Dos and don'ts when offering PFA

DO'S	DON'TS
Listen more than you speak to identify concerns	Don't pressure others to speak if they do not want to speak
Ask gently probing questions	Don't ask why this or that
Use open questions: when, where, what, who	Don't be judgmental
Acknowledge feelings and understanding of events	Don't use technical terminology
Normalize emotions and reactions	Don't talk about yourself or your own personal issues or troubles
Recognize internal resources and capacity to cope	Don't give false promises or assurances
Provide information about COVID 19. Be honest of what you don't know. This is a new virus that we are all learning about.	Don't share someone else's story or experiences
Be patient and calm	Don't exploit the trust and confidentiality shared
Allow time for emotions to be processed and ventilated	
Wait for individuals to list the options they have and help them make choices	
Keep confidential what callers share unless issues mentioned affect the safety of the individual or others	
Observe the 'do no harm' principle	

Other resources

IFRC Reference Centre for Psychosocial resources:

Additional COVID-19 and MHPSS related resources can be found on the [PS Centre's website](#), as well as materials in different languages. The website will be updated as new resources become available.

Online PFA training for COVID-19

<https://pscentre.org/?resource=online-pfa-training-for-covid-19>

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

Caring for Volunteers Toolkit

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

Volunteering in response to COVID-19-spontaneous volunteers

<https://pscentre.org/?resource=volunteering-in-response-to-covid-19-spontaneous-volunteers>

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

IASC:

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: Guide for field workers,

https://www.who.int/mental_health/publications/guide_field_workers/en/

Psychological First Aid in Ebola outbreak

https://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/

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