

Psychological First Aid in the Ebola outbreak in West Africa

There are advantages to training non-specialists to provide psychosocial support during emergencies, and Psychological First Aid (PFA) can be an effective approach to building capacity for this. However, the quality and length of programmes used for PFA training must be sufficient to enable those with no background in psychosocial support to acquire, practice and consolidate key skills.

Training non-specialists to provide humane, supportive and practical help in a crisis

Psychological First Aid – a WHO-recommended approach to provision of humane, practical support to people experiencing high levels of distress - has proved extremely popular in the humanitarian field, partly because it can be used by people with no background in psychosocial support following a one-day practical training. However, several years after the PFA Guide for Fieldworkers was first published, there remains very limited evidence of how PFA training influences practice. This study produced evidence to guide humanitarian actors in effective implementation of PFA approaches.



Ramatu P. Koroma (State Enrolled Community Health Nurse-SECHN), Louisa Tommy (Community Health Officer), Lucinda Hawa Barnett (SECHN) at Segwema Community Health Centre, Kailahun. Photo credit: Rebecca Horn

Background

In emergencies across the world, non-specialists (people who lack prior professional or other specialised training in mental health and/or psychosocial support) are increasingly being trained to provide emotional and psychosocial support to people in distress. The study, which took place in Ebola-affected West Africa, aimed to investigate whether and how PFA strengthens the provision of mental health support to acutely distressed people in humanitarian crises. The focus was on those trained in the PFA approach, and how training influenced knowledge and practice.

How the research was conducted

The study consisted of two phases. **Phase 1:** Retrospective interview study of the varied training in, and use of, PFA during the Ebola outbreak in Sierra Leone and Liberia. **Phase 2:** Prospective, quantitative, randomised controlled trial of PFA knowledge and skills amongst health care providers following quality-assured training in Sierra Leone.

Key findings

- One-day trainings – well delivered – can improve knowledge and understanding of appropriate response to individuals in distress
- In the context of the Ebola outbreak, the rapid scale-up of PFA trainings had established valuable knowledge among non-specialists. However, training participants still had challenges in the following areas:
 - How to calm a person without making false promises, telling own / others stories, telling the person how they should feel, etc. Beliefs about 'unhelpful responses' are hard to shift
 - Supporting a person to identify their own coping strategies and resources (strengthening self-efficacy) – rather than giving advice or trying to solve the problem
 - Putting the 'link' action principle into practice (over-reliance on making referrals as a way of responding)
- PFA training was appreciated but did not have a measurable impact on professional attitude, confidence or work-related quality of life.

Implications for humanitarian practitioners and policymakers

PFA is a key skill set for a whole range of people responding to humanitarian crises, including community members themselves.

PFA training for non-specialists can be enhanced by:

- Ensuring fidelity and quality of training by using trainers who have strong knowledge of the PFA Guidelines, wide experience of participatory training and deep familiarity participants' work context
- Allowing time in training for a focus on role plays and feedback, ensuring that the training is practical and based on actual situations participants will encounter (with scope for participants to develop their own case scenarios for role plays)
- Move beyond a focus on 'one-day trainings' to an approach that sees refresher training and/or follow up support as a mandatory element of the process.
- Encouraging ministries, health care centres, schools, and NGOs to include PFA training and follow-up in curricula of staff.

Recommendations for future research

This study takes the first step in evaluating the effectiveness of the PFA approach, which is to understand how those who are trained acquire and use the skills.

The next step is to investigate how those receiving PFA-informed services experience the support they are offered, and what effects the approach has on their wellbeing. This has proved challenging to study since PFA is such a flexible skill-set and is integrated into a wide range of formal and informal responses to distress. Yet understanding the way in which the PFA approach contributes to the wellbeing of those affected by crises could be crucial in ensuring that capacity-building is offered in the most effective way.



David A.M.A. Collier interviewing Zainab N. Abdulai, a nurse at Daru CHC, Kailahun District. Photo credit: Rebecca Horn

The study consortium

- War Trauma Foundation (Amsterdam, Netherlands) (now ARQ International).
- Queen Margaret University (Edinburgh, Scotland)
- University of Makeni (Makeni, Sierra Leone)
- Liberia Center for Outcomes Research in Mental Health (LiCORMH) (Monrovia, Liberia).
- Vrije Universiteit Amsterdam (Netherlands).

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Articles and further reading

<https://www.elrha.org/project/strengthening-evidence-scaling-psychological-first-aid-humanitarian-settings/>



Research for health
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www.elrha.org/programme/r2hc