

The importance and implementation of Psychological First Aid (PFA) in emergency mental health response

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ABSTRACT:

Psychological First Aid (PFA) has emerged as a vital early intervention strategy in emergency mental health care, aimed at reducing initial distress and fostering short- and long-term adaptive functioning. It is not a clinical or diagnostic tool but a supportive response tailored to individuals experiencing the aftermath of trauma, disaster, or crisis. As global emergencies including natural disasters, armed conflicts, pandemics, and mass casualty events continue to rise, the relevance of PFA in both humanitarian and clinical settings has become increasingly evident. This article explores the core principles, practical applications, and significance of PFA in promoting resilience and mental well-being among affected individuals and communities. By grounding the discussion in contemporary research and field practice, the article emphasizes the need for widespread training, ethical application, and culturally sensitive delivery of PFA to mitigate psychological harm in crisis situations.

KEYWORDS: Psychological First Aid, Emergency mental health, Trauma response, Crisis intervention.

INTRODUCTION

In times of crisis, mental health often becomes a secondary concern to physical survival. However, the psychological aftermath of trauma can be just as debilitating as physical injuries, often persisting long after the immediate danger has passed. Psychological First Aid (PFA) is an evidence-informed approach designed to address the immediate emotional and psychological needs of individuals affected by emergencies. Unlike traditional mental health interventions, PFA is not intended to diagnose or treat mental illness but rather to provide humane, supportive, and practical assistance to those in distress (Bisson JI, 2009). The origins of PFA can be traced back to wartime interventions and disaster response frameworks, where the need for compassionate and scalable psychological care became evident. Over time, organizations such as the World Health Organization (WHO), the American Psychological Association (APA), and the National Child Traumatic Stress Network (NCTSN) have contributed to standardizing PFA models, making them accessible to both mental health professionals and trained laypersons. This democratization of psychological support is critical in emergency contexts where professional resources are scarce or overwhelmed (Brymer M, 2006).

Psychological First Aid is structured around a set of core principles: ensuring safety, fostering calm, promoting connectedness, instilling hope, and encouraging self-efficacy. These principles serve as a guide to help responders provide immediate comfort and stabilization, connect individuals to support systems, and empower them to regain a sense of control. One of the strengths of PFA lies in its flexibility (Everly GS, 2021). It can be delivered in diverse settings refugee camps, hospitals, schools, or the aftermath of natural disasters and can be adapted to various cultural and social contexts. This adaptability makes PFA an invaluable tool in global mental health efforts, especially in low-resource or high-stress environments where traditional mental health infrastructure is lacking (Kane D, 2006). In practice, PFA may involve simple acts such as listening non-judgmentally, providing accurate information about the situation, helping individuals meet basic needs, and referring them to more specialized support when necessary. These actions, while seemingly small, can have a profound impact on an individual's emotional recovery and resilience (Kantor EM, 2011).

The implementation of PFA has been especially significant during large-scale emergencies such as the COVID-19 pandemic, where widespread uncertainty, isolation, and fear affected populations across the globe. Frontline workers, bereaved families, and individuals subjected to prolonged quarantine have all benefited from PFA-informed support mechanisms (Kilic N, 2019). Similarly, in areas affected by war, natural disasters, or displacement, PFA has been used to address the acute emotional needs of both children and adults. Research indicates that when applied appropriately,

Received: 01-Jan-2025, Manuscript No: ijemhhr-25-165107;

Editor assigned: 02-Jan-2025, Pre QC No. ijemhhr-25-165107 (PQ);

Reviewed: 15-Jan-2025, QC No. ijemhhr-25-165107;

Revised: 20-Jan-2025, Manuscript No. ijemhhr-25-165107(R);

Published: 27-Jan-2025, DOI: 10.4172/1522-4821.1000674

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PFA can reduce the risk of developing long-term mental health issues, such as post-traumatic stress disorder (PTSD), depression, and anxiety. It fosters a protective buffer against psychological deterioration by reinforcing a sense of stability, trust, and hope during periods of chaos (Minihan E, 2020).

Training and ethical practice are essential components of effective PFA delivery. Not everyone is naturally equipped to handle emotional crises, which is why structured training programs are vital. These programs teach responders how to recognize signs of distress, respect the dignity and autonomy of affected individuals, and avoid actions that may unintentionally cause further harm (Ruzek JI, 2007). Ethical considerations such as consent, confidentiality, and cultural sensitivity must always be prioritized. For instance, imposing support without understanding an individual's cultural background or personal boundaries can lead to traumatization rather than relief. Furthermore, the well-being of the PFA provider is also a critical factor. Those offering support may themselves be affected by the crisis or experience secondary traumatic stress, which underscores the importance of supervision, peer support, and self-care practices among responders (Shultz JM, 2014).

Despite its many advantages, PFA is not a substitute for long-term psychological care. It should be viewed as the first step in a continuum of mental health support that may include counseling, therapy, medication, or social services. Integration with broader mental health systems ensures that those who require further intervention can access it in a timely manner. Governments, NGOs, and international agencies play a vital role in institutionalizing PFA as part of emergency preparedness and response protocols. Investing in training, policy development, and public awareness about psychological first aid can significantly enhance a society's ability to respond compassionately and effectively in times of crisis (Sim T, 2021). To maximize its impact, it is essential to integrate PFA into emergency response systems, invest in widespread training, and promote ethical, inclusive

practices. In doing so, communities can be better prepared to not only survive crises but to heal from them with strength and dignity.

CONCLUSION

Psychological First Aid (PFA) represents a humane and practical approach to supporting individuals affected by trauma and crisis. Its emphasis on empathy, safety, and empowerment aligns with the universal need for dignity and compassion during emergencies. As the world faces increasing threats from natural disasters, conflicts, and public health crises, the importance of scalable and culturally sensitive psychological interventions like PFA cannot be overstated. While it does not replace professional mental health care, PFA serves as a crucial first response that can prevent further psychological harm and pave the way for recovery and resilience.

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