

## Enhanced SECURE STAIRS team

### COVID-19 guide – psychological first aid for children and young people

Since the onset of the COVID-19 global pandemic, the world has been going through a frightening and stressful time. Life is very different from usual and we are all in the process of adjusting to and making sense of our new circumstances.

We know from studies of previous global or large-scale infectious outbreaks<sup>1</sup> (HIV/AIDS, SARS<sup>2</sup>, H1N1<sup>3</sup>, Ebola, MERS and Zika virus) that the fear and uncertainty associated with them can affect both our emotional wellbeing and our behavioural responses. There is no right or wrong way to feel.

Many people (at least half) feel more anxious than usual. Most of us will recover naturally from the shock of such health crises and will not need formal psychological assistance to do so. Every person has strengths and abilities that can help them cope with life's challenges.

However, some people are particularly vulnerable in a crisis and may need extra help. This includes those who may be at risk or need support because of their age (children, older people), they have a mental or physical disability, or they belong to groups who may be marginalised or targeted for violence.

Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.<sup>4</sup> It is an evidence-based intervention shown to support anyone caught up in a crisis,<sup>5</sup> including pandemics and large-scale infectious outbreaks, to recover.

PFA may be a useful tool for staff supporting children and young people in the children and young people secure estate. This is a guide to using it with this group.

#### What is psychological first aid?

- It is a resilience-focused, supportive five-step framework (see next page). The World Health Organization recommends it as the most appropriate way to help people recently affected by a traumatic crisis or event.<sup>6</sup>
- It is suitable for use with everyone in the first days, weeks and months after a crisis.
- It can be delivered by anyone in a support role and is comparable to providing first aid for physical wounds.
- It involves comforting and listening to people, but not pressurising them to talk, and helping them to feel calm and connect to information.

#### What psychological first aid is NOT

- It is not something that only professionals can deliver.
- It is not professional counselling.
- It is not 'psychological debriefing' in that PFA does not necessarily involve a detailed discussion of the event that caused the distress.
- It is not asking someone to analyse what happened to them or to put time and events in order.
- Although PFA involves being available to listen to people's stories, it is not about pressurising them to tell you their feelings and reactions to an event.

## Delivering psychological first aid

Children and young people will reflect the emotional responses of those around them. Before you start, take a moment 'to check in with yourself' and ensure that you feel calm and clear about what you want to achieve with this intervention. Taking a few slow deep breaths and reminding yourself of the key messages you need to deliver will help you provide PFA effectively.

### Getting Started - CONNECT

Staff can incorporate PFA in a typical one-to-one session with a child or young person to review how they are and offer support. Phrases such as "I want to check in with you/see how you are doing/see if you have any questions" may be useful openers.

Some children and young people will spontaneously share their feelings with staff; others may be more reluctant to do so. Either is fine. PFA does not require a person to share their feelings.

However, if they do start to express how they feel, listen but do not offer your opinions or rush to try and problem solve. Listen empathically, asking questions if necessary to clarify what you are being told, and let them express what they want. It may not feel as though you are 'doing' much, but by listening in this way you will be promoting a feeling of safety and connection for the child or young person.

## Psychological first aid: Five-step framework

This guide outlines the framework to deliver PFA, along with information and practical examples to show how it can be used in the secure estate.

1

### PROVIDE SAFETY

To keep safe at a time of crisis, an individual needs access to accurate and timely information pitched at the correct level for the individual, explained where possible and delivered in an acceptable dose.

2

### ACCEPT AND CALM

Create calm by first ensuring you are calm. Emphasise the present, the practical and the possible.

3

### INCREASE SENSE OF SELF-CONTROL

Find opportunities for meaningful activity to try to move the focus away from what the individual must NOT/can NOT do.

4

### CONNECT

Help the individual connect with friends, family and, as a therapeutic parent within the secure estate, provide meaningful contact with them at every opportunity.

5

### PROVIDE HOPE / OPTIMISM / POSITIVITY

Create hope by reflecting positive facts, and predictable, realistic steps that can be taken now. Personally maintain hope and communicate this to the child or young person.

# 1. PROVIDE SAFETY

To keep safe at a time of crisis, the child or young person needs access to accurate and timely information pitched at the correct level, explained where possible and delivered in an acceptable dose. This information should help individuals explore answers to three key questions:

- What has happened?
- What is happening now?
- What is going to happen next?

Many young people will have heard a lot of information about the COVID-19 outbreak. However, this may not all be accurate, and some of the beliefs they have may be causing unnecessary worry or distress. Checking that the child or young person has an accurate understanding of the situation and, where necessary, correcting any misapprehensions is an important intervention.

## SIMPLE EXPLANATION EXAMPLE

### What has happened?

- Humans are being infected by a new virus called COVID-19 (Why is it called this? **CO**rona**VI**rus **D**isease **2019**). It has spread rapidly around the world, causing a lot of people to get ill.
- An illness that spreads to many different countries is called a pandemic.
- People who catch the virus may develop a high temperature, a cough or have a change to their sense of smell or taste. They can be quite unwell for a few days, but most make a full recovery.
- However, not everyone will get better and some will die.

### What is happening now?

- To stop it spreading, government has told us to:
- wash our hands using soap and warm water for 20 seconds, most importantly after handling things others have touched
  - catch coughs and sneezes with a tissue, which should then be thrown away and then wash our hands
  - stay 2m apart from each other (this is referred to as 'physical/social distancing')
  - people are staying inside except to shop for essentials, attend medical appointments and exercise once a day.

### What will happen next?

- Hospital staff are helping people who have become very ill with the virus to get better.
- Those with symptoms of COVID-19, and some key workers, are being tested for the virus.
- Scientists around the world are trying to develop a vaccine for COVID-19. This could take 1-2 years.
- Government is trying to work out when it can safely end the lockdown. It reviews the situation every 3 weeks.
- Government announces latest developments each afternoon around 5pm.

**ACCURACY** – Help the child or young person develop a plan for ongoing connection with accurate resources such as BBC news reports or government briefings. Social media is not a source of accurate information and tends to focus on subjects that can trigger alarm or anger.

**TIMELINESS** – Help the child or young person to balance their requirement for reliable information with the amount of distress that information can generate. Checking the news once a day is likely to be sufficient to keep up to date enough to stay safe and avoid undue distress. Alternatively, a child or young person could choose ask staff to keep them up to date with important information.

## 2. ACCEPT AND CALM

At a time of crisis, people may experience unfamiliar feelings, thoughts and physical sensations. These are normal reactions to abnormal events and are the body's reaction to stress. They are likely to change over time and may include the six reactions outlined below.

**CHANGES IN MOOD**  
(numb, anxious, irritable)

**HYPERAROUSAL**  
(jumpy, panicky)

**RE-EXPERIENCING TRAUMA**  
(nightmares, intrusive images)

**RUMINATING ON NEGATIVE THOUGHTS**  
(eg 'what if...?')

**DEPERSONALISATION**  
(feel as if in a film, in a dream)

**PHYSICAL SYMPTOMS OF ANXIETY**  
(racing heart, sweating, distractibility, insomnia)

Promote good self-care including adequate sleep, nutrition, hydration, exercise and fresh air. Advise against excessive consumption of dietary stimulants such as caffeine and sugar.

Keeping up with personal hygiene and changing clothes every day helps to maintain self-esteem.

Encourage interventions other than medication that increase a child or young person's sense of being able to manage their bodies and emotions. Breathing exercises, muscle relaxation exercises and yoga promote a sense of calmness and improve sleep.

Following a routine is soothing for most people and provides certainty in uncertain times.

## 3. INCREASE SENSE OF SELF-CONTROL

Find opportunities for meaningful activity to try to move the focus away from what the individual must NOT/ can NOT do. This could include:

- education
- reading
- arts and crafts
- creative writing
- keeping a diary
- learning a new skill
- building knowledge of a subject
- assigned roles and responsibilities.

## 4. CONNECT

Help children and young people to stay in touch with their loved ones. Maintain and support connectedness through supporting children and young people as therapeutic parents in the children and young people secure estate. Ensure all contact with children and young people is meaningful.

Normalise the COVID-19 lockdown experience and re-inforce the message that we are all (staff, children and young people) in this together and will get through it together. Positive affirmations such as “We can do this” may be helpful.

Have shared routines, maintain social connection and consider what shared activities could be run place while maintaining physical distancing. REFLECT on:

- Daily shared discussions.
- If thought helpful and unlikely to increase distress, a daily COVID-themed discussion could explore:
  - What have you heard today about COVID-19?
  - What is the source for that?
  - How are people feeling about that?
  - Do you have any questions about that?
- Shared activities, eg decorating the unit with rainbow-themed art work, games and quizzes, watching a DVD or listening to music together.
- Themed meals or days.
- Shared fitness challenges.

Consider having a ‘joke of the day’, ‘good news story of the day’ or ‘inspirational quotation of the day’ to refocus attention on positive aspects of life.

## 5. PROVIDE HOPE / OPTIMISM / POSITIVITY

Regularly remind the child or young person that:

- this WILL end, not tomorrow, but in a matter of months.
- the vast majority of people who contract COVID-19 get better and return to their normal level of functioning
- they have coped with difficult situations before and succeeded, they can draw on the positive skills and resilience developed in those situations and use them now

1. Bults M, Beaujean DJ, Richardus JH & Voeten HA (2015) Perceptions and behavioural responses of the general public during the 2009 influenza A (H1N1) pandemic: A systematic review. *Disaster Medicine and Public Health Preparedness*, 9, 207-219
2. McAlonen GM, Lee AM, Cheung V, Wong JW & Chua SE (2005) Psychological morbidity related to the SARS outbreak in Hong Kong. *Psychological Medicine*, 35, 459-460
3. Gu J, Zhong Y, Hao Y, Zhou D, Tsui H, Hao C et al (2015) Preventative behaviours and mental distress in response to H1N1 among university students in Guangzhou, China. *Asia-Pacific Journal of Public Health*, 27,1867-1879
4. Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018. [www.spherestandards.org/handbook](http://www.spherestandards.org/handbook)
5. Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70, 283-315
6. World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.