

# Psychological First Aid in Disaster Response for Federally Qualified Health Centers (FQHCs)

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# Learning Objectives

- By the end of this session, attendees will be able to:
  - Define Psychological First Aid (PFA)
  - Understand disaster-related mental health impacts
  - Explore the PFA framework
  - Apply practical implementation of PFA in FQHCs

# Introduction to Psychological First Aid (PFA)





# Definition, Goals, and Evidence Base

## **Purpose of Psychological First Aid (PFA)**

PFA aims to reduce distress and promote both short- and long-term adaptive coping after disasters.

## **Core Goals of PFA**

Focuses on reducing psychological distress, encouraging coping strategies, and enhancing resilience and recovery.

## **Evidence and Evolution**

PFA evolved from crisis intervention and is supported by research showing improved emotional outcomes.



# Why Mental Health Matters in Disaster Response

## **Psychological Impact of Disasters**

Unaddressed psychological distress can delay recovery and disrupt community resilience and individuals' daily functioning.

## **Importance of Early Intervention**

Early mental health supports and prevents long-term psychological issues and aids community healing.

## **Psychological First Aid Framework**

PFA provides practical strategies to address immediate mental health needs in disaster settings.

## **Role of Federally Qualified Health Centers**

FQHCs implement PFA to support mental well-being during and after emergencies effectively.



# Common Reactions and Vulnerable Populations

## Psychological Reactions to Disasters

Disasters cause stress, anxiety, depression, and PTSD that may become debilitating if untreated.

## Children and Youth Vulnerability

Children experience disrupted routines and fear after disasters, which can affect their mental well-being.

## Older Adults' Mental Health Risks

Older adults may suffer isolation and anxiety about health following disaster events.

## Pre-existing Conditions Risk

People with mental health conditions risk symptom worsening after disasters if unsupported.



Source: Images from Aftermath of Hurricane Katrina, [www.dailysignal.com](http://www.dailysignal.com)

# Role of FQHCs in Disaster Response



Increased Access to  
Healthcare



Improved Health  
Outcomes



Cost-Effective  
Healthcare



Timely Response to  
Emergencies



Support for Chronic  
Disease Management



Reducing Healthcare  
Disparities



Enhancement of Public  
Health Surveillance



Empowering  
Communities

# Integrating Mental Health into Primary Care

## **FQHC Role in Disaster**

FQHCs provide comprehensive care to underserved populations during emergencies.

## **Integrating Mental Health**

Embedding mental health services in primary care effectively addresses psychological needs.

## **Training and Screening**

Staff training in PFA and routine mental health screenings improves patient outcomes.

## **Referral Pathways**

Establishing referral systems connects patients to behavioral health providers seamlessly.



# The PFA Framework

## Psychological First Aid Core Actions

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services





# Core Actions of PFA

## **Contact and Engagement**

Initiate compassionate, respectful interactions to build trust and rapport.

## **Safety and Comfort**

Ensure physical and emotional safety to create a supportive environment.

## **Stabilization**

Assist individuals in managing overwhelming emotions to regain calmness.

## **Information Gathering**

Understand immediate needs and concerns through attentive listening.



## Core Actions of PFA cont'd

### **Practical Assistance**

Addressing basic needs and problem-solving.

### **Connection and Social Support**

Facilitating access to family and friends and community resources.

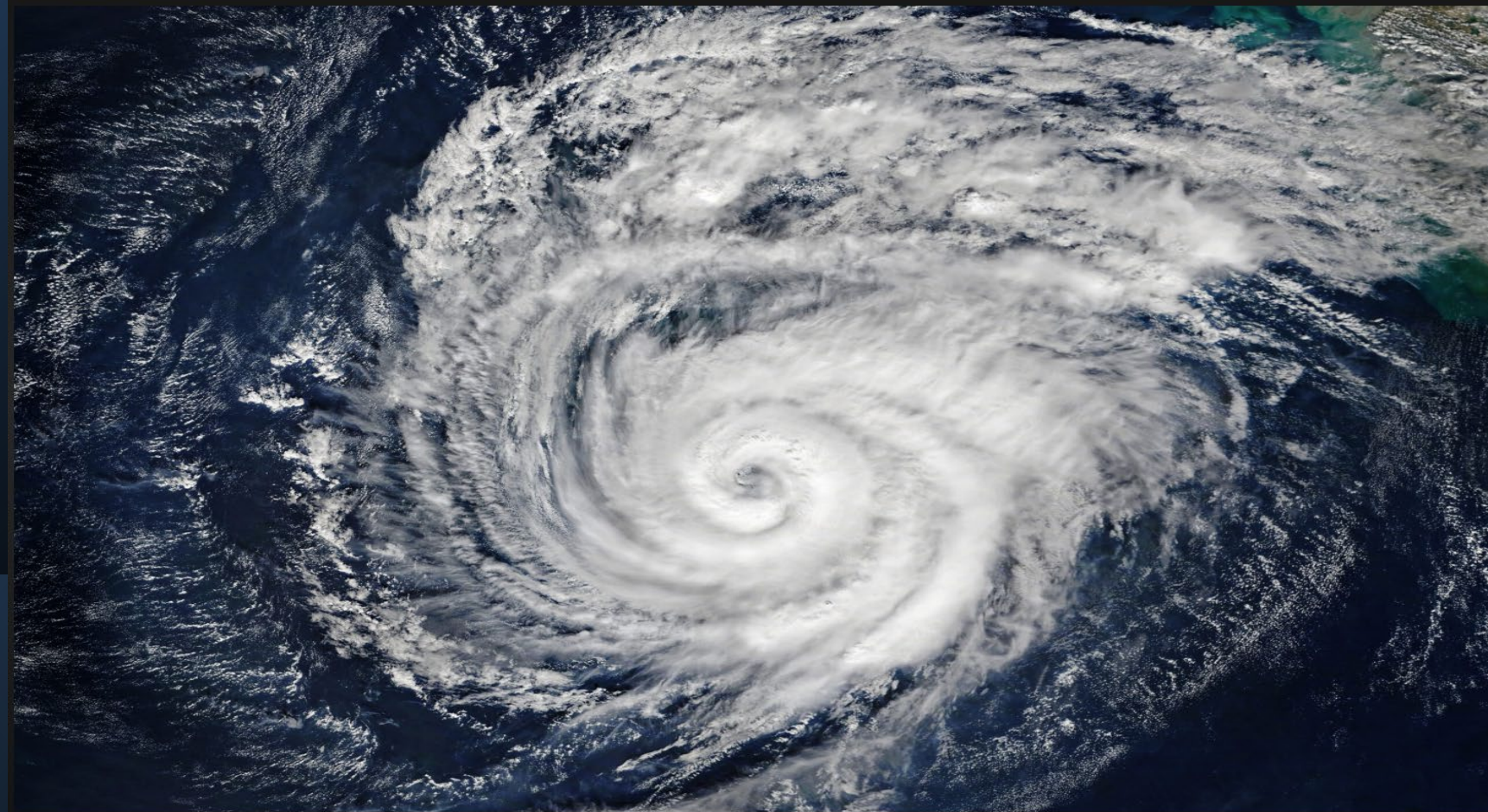
### **Information on Coping**

Providing guidance on stress management and resilience.

### **Linkage with Collaborative Services**

Connecting individuals to ongoing support and services.

# Skills and Approaches for PFA



# Building Trust and Effective Communication

## Building Rapport with Empathy

Establish trust through empathy and respect to create a supportive environment.

## Active Listening Skills

Listen actively to fully understand individuals' experiences and feelings.

## Emotional Validation

Acknowledge and validate feelings to help individuals feel heard and supported.

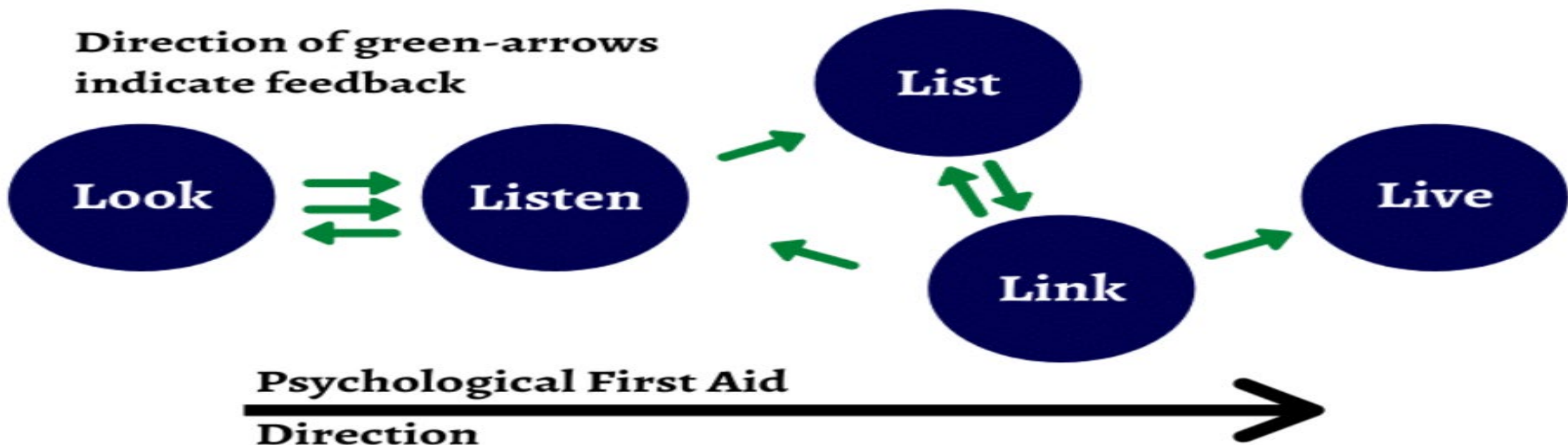
## Community Connection

Promote community support to reduce isolation and enhance belonging.



# How to give Psychological First Aid

Direction of green-arrows indicate feedback



**Psychological First Aid**  
Direction

1. **Look** for signs of distress
2. **Listen** to the concerns
3. **List** ways you can help
4. **Link** to things that can help
5. **Live** by learning to cope



# Implementing PFA in FQHCs

## Behavioral Health Crisis Care Interventions



# Strategies for Integration and Capacity Building



## **Staff Training in PFA**

Training staff across disciplines in PFA principles ensures a unified approach to mental health support.

## **Integrating PFA Protocols**

Developing protocols to embed PFA into clinical workflows helps standardize and streamline practices.

## **Behavioral Health Partnerships**

Partnering with behavioral health providers enhances care continuity and referral processes.

## **Trauma-Informed Environments**

Creating trauma-informed settings promotes safety, trust, and empowerment for patients and staff.

# Case Studies and Lessons Learned



A satellite image of Hurricane Katrina, showing a well-defined eye and spiral cloud structure over the Gulf of Mexico. The image is in grayscale, highlighting the intricate patterns of the storm's clouds.

# Case Study 1: Hurricane Katrina (USA, 2005)

**Context:** After Hurricane Katrina devastated New Orleans, thousands were displaced and experienced acute psychological trauma.

**PFA Implementation:**

- Mental health professionals and trained volunteers used PFAs in shelters and community centers.
- Core actions included emotional stabilization, practical assistance, and connecting survivors to services.

**Outcome:**

- PFA helped reduce panic and distress in the immediate aftermath.
- Survivors reported feeling safe and more supported, especially when PFA was delivered by culturally competent teams.

**Reference:** Hobfoll et. al (2007). *Five essential elements of mass trauma intervention*. *Psychiatry*, 70 (4), 283 – 315.



# Case Study 2: Camp Fire (California, USA 2018)

**Context:** The 2018 Camp Fire was one of the deadliest wildfires in California history, displacing thousands.

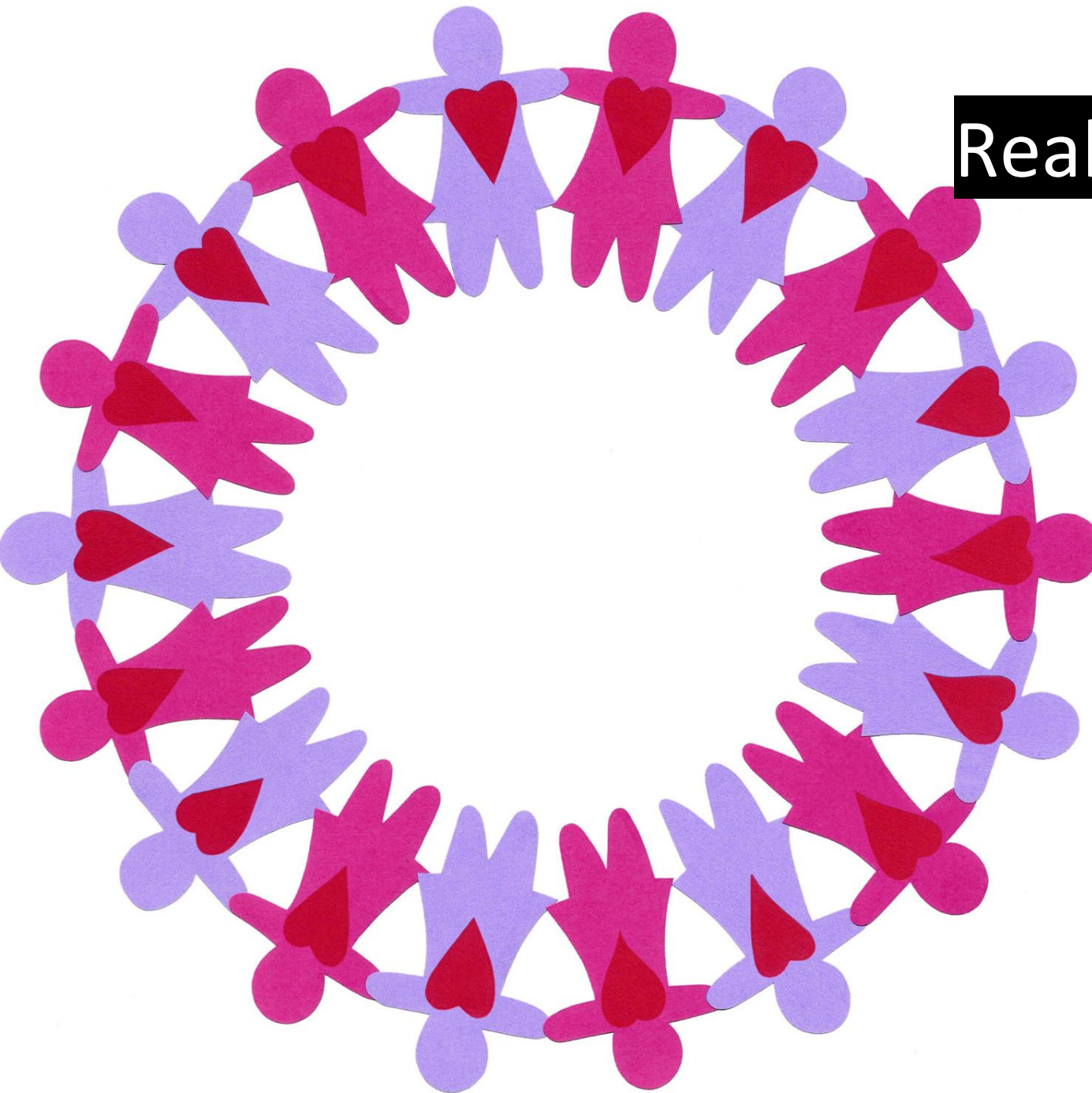
## **PFA Implementation:**

- FQHCs and emergency shelters integrated PFA into intake and triage processes.
- Staff were trained to identify distress, provide emotional support, and refer patients to behavioral health services.

## **Outcome:**

- PFA improved patient engagement and reduced emergency room visits for stress-related symptoms.
- FQHCs reported stronger community trust and continuity of care.

**Reference:** Everly & Lating (2019). *The Johns Hopkins Guide to Psychological First Aid*. Johns Hopkins University Press.



# Real-World Applications of PFA

## **Community Engagement Importance**

Strong community involvement enhances PFA's disaster response.

## **Cross-Sector Collaboration**

Effective PFA requires collaboration across different sectors and organizations.

## **Challenges in Implementation**

Logistical issues, limited resources, and gaps in staff training can hinder PFA delivery.

## **Lessons for Future Response**

Lessons learned guide planning, training, and adaptability for improved psychological support. <sup>21</sup>

# Barriers to PFA Implementation



# Challenges and Cultural Considerations



## **Mental Health Stigma**

Stigma around mental health can stop individuals from seeking help or sharing their needs.

## **Cultural Sensitivity**

Cultural beliefs about mental illness require tailored, respectful approaches for acceptance.

## **Resource Limitations**

Limited staffing and resources restrict organizations from providing consistent mental health support.

## **Coordination Challenges**

Complex emergencies demand coordination across departments, which can be difficult to manage.

# Overcoming Barriers to PFA in FQHCs



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## **Mental Health Stigma**

Normalize mental health conversation through patient education and community outreach.

## **Cultural Sensitivity**

Translate materials and adapt interventions to reflect local community needs.

## **Resource Limitations**

Cross-train existing staff in PFA principles to maximize capacity.

## **Coordination Challenges**

Establish clear protocols, use shared digital platforms for referrals and case tracking, and designate a disaster response coordinator to streamline efforts across teams.



# Tools, Takeaways, and Call to Action

## Available Support Tools

Various training platforms and toolkits help build capacity for effective PFA implementation.

## Key Takeaways

Early intervention and community-based approaches are vital for successful psychological support.

## Call to Action

Prioritize mental health, invest in training, and foster a culture of resilience and preparedness.

# Resources



## **Georgia 988: Disaster Recovery**

<https://www.youtube.com/watch?v=Z949jq-uVvY&t=30s>

## **Primary Care Behavioral Health Screenings tools**

Parent screening tool for children (6yr +)

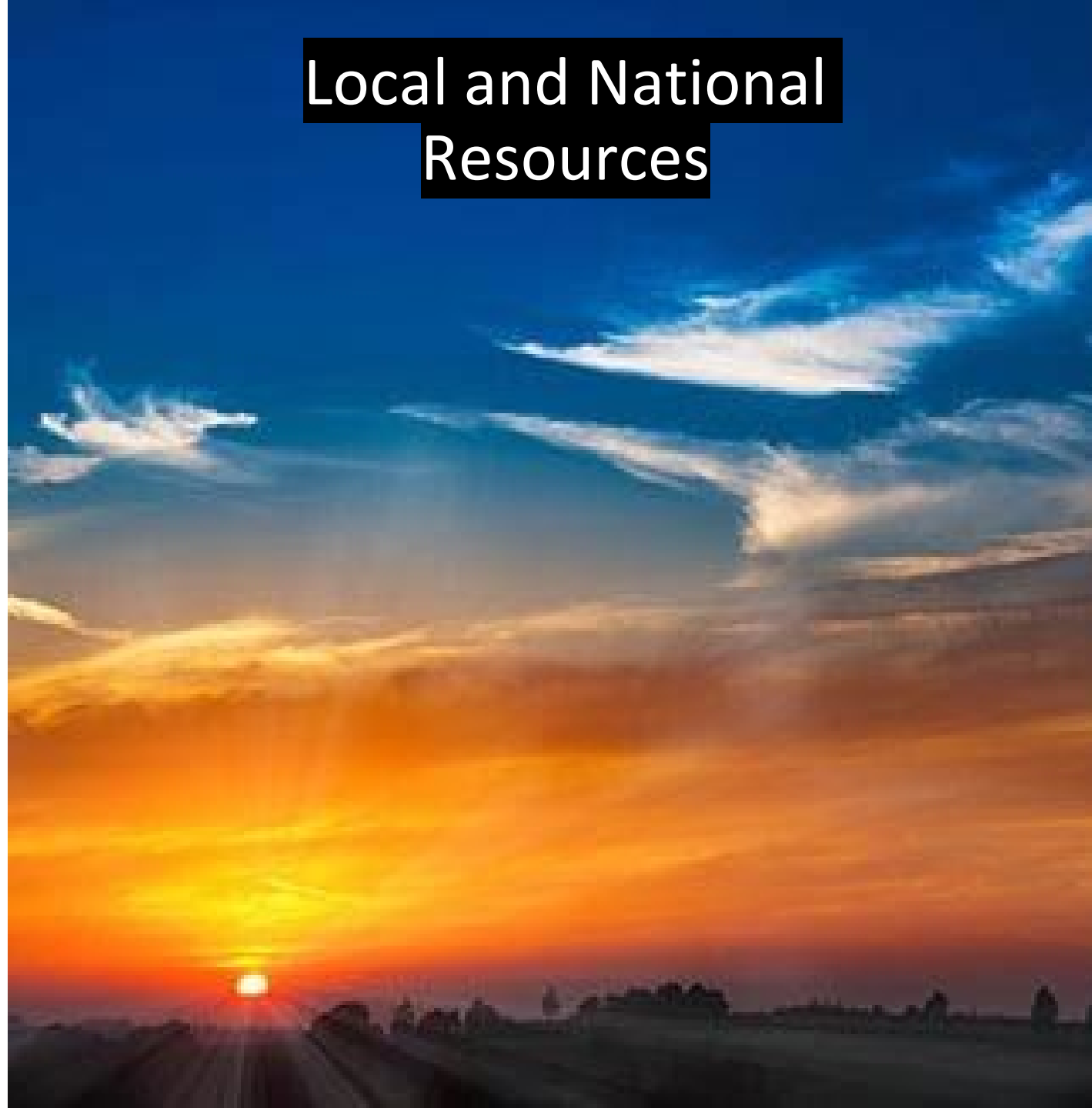
Adolescent screening tool for ages (11-17yrs)

Adult screening tool (18yr +)

## **National SAMHSA**

<https://www.samhsa.gov/technical-assistance/dtac/disaster-behavioral-health-information-series-resource-center>

**Local and National Resources**



# Q&A / Open Discussion



# References

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Thank you

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