



The Asia Foundation

Mental Health and Psychosocial Support for First Responders – What Works and What Does Not

Key Resources from Literature

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Message from the Country Representative

The Asia Foundation has been investing in efforts to direct development work towards a more psychosocial approach in Sri Lanka for many years. The Foundation's Mental Health and Psychosocial Support (MHPSS) team has worked across multiple settings to bring forth a myriad of path-breaking initiatives to systematically conduct research providing grounded MHPSS insights that seek to enhance the existing knowledge base in Sri Lanka.

Building on over a decade of experience of working with victims of conflict and trauma, The Asia Foundation launched a new initiative in 2019, the *Psychosocial Support following Easter Sunday* (PSES) program, to work with first responders to provide psychosocial support following a disaster. This pilot project is funded by private donations from the Lotus Circle, a community of committed individuals and organizations supporting The Asia Foundation's [Women's Empowerment Program](#) which aims to strengthen economic, social, and political rights and opportunities for women and girls in Asia. The PSES initiative has a special focus on female first responders from the three districts affected by the 2019 Easter Sunday attacks.

This publication compiles a summary of literature focusing on psychosocial support available for first responders, it also specifically looks at psychosocial support available for female first responders within Low and Middle Income Countries. As an area that has received very limited attention in the past, we hope that this publication will provide practitioners with greater insights into the psychosocial needs of first responders, locally and across the region. We hope that the publication will help create more awareness on the psychosocial needs of first responders, and provide more opportunities for first responders to gain access to the psychosocial support they require, particularly following a disaster.

The Asia Foundation is privileged to have had the opportunity to work on mental health and psychosocial programs in Sri Lanka since 2005. Throughout our engagement, we have sought to advance the thinking and theoretical basis for the delivery of services and promote practical, evidence-based solutions that serve to improve the quality and consistency of service delivery. We hope that this publication will serve to focus greater attention on the psychosocial needs of first responders as well as introduce a new dimension to the work of mental health service provision in Sri Lanka.

Dinesha deSilva Wikramanayake
Country Representative

Executive Summary

This report outlines a review conducted to explore the existing knowledge related to the effective mental health and psychosocial interventions designed for first responders. The review sought to identify key resource documents of which summaries were to be compiled with special consideration of those relevant to gender and low and middle-income settings.

The search strategy was developed using a search term matrix, and Google Scholar, MHPSS.net, Intervention Journal, Pubmed, PsychARTICLES, Scopus and PsychINFO were explored to identify relevant resources. The review finally selected 15 key documents describing effective mental health and psychosocial interventions for first responders and also relevant guidance to support the design and implementation of such interventions.

Although the review was concluded prior to the COVID-19 outbreak, in May 2020, three additional key resources specific to the ongoing pandemic were selected for inclusion before publication. The postscript to this review therefore, now includes documents relevant to COVID-19 in consideration of the exceptional circumstances and need for frontline worker support in the current crisis. The key documents included in this review have been categorized into the following themes:

Understanding the First Responder Mental Health & Psychosocial Support
Psychological First Aid
Post-Traumatic Stress Disorder: Its Impact and Responses
The Role of Debriefing
Designing MHPSS Interventions for First Responders

Understanding the mental health and psychosocial status and experience of the individual is a critical consideration in intervention design and implementation. The search revealed a significant gap in studies and resources that were sensitive to gender or related to women first responders. It must be noted that there were no relevant resources that could be identified from the literature search that were specifically related to Sri Lanka or similar LMIC contexts.

This review highlighted the importance of understanding individual and social factors when designing a mental health intervention to first responders, but also emphasizes the importance of taking into consideration the nature of the experiences, the context and the type of crisis situation.

Acknowledgments

This review explores the Mental Health and Psychosocial Support available for first responders globally after crises, and the existing gaps in literature, particularly for female first responders within an Asian context. This publication was made possible with the help and support of many. The Foundation wishes to thank Ananda Galappatti, Nilushka Perera and Sabrina Cader for their flexibility and comprehensive work. The Foundation is grateful to Dr. Novil Wijesekara for his valuable insight at the initial stages of the research and to Ishita Senesi for undertaking the preliminary research on first responders during her internship with the Foundation. The Foundation also wishes to acknowledge the Lotus Circle for their investment and financial support towards this work.

Acronyms

CBT	-	Cognitive Behavioral Therapy
CISD	-	Critical Incident Stress Debriefing
DMH	-	Disaster Mental Health
EMDR	-	Eye Movement De-sensitization and Processing
EMT	-	Emergency Medical Technicians
EUP	-	Emotional Uncoupling Procedures
LMIC	-	Low and Middle Income Country
NGO	-	Non-governmental Organization
NSDUH	-	National Survey on Drug Use and Health
PFA	-	Psychological First Aid
PSES	-	Psychosocial Support following Easter Sunday
PTE	-	Potentially Traumatic Event
PTSD	-	Post Traumatic Stress Disorder
RCT	-	Randomized Controlled Trials
SITBI	-	Self Injurious Thoughts and Behaviors Interview
SSOSH	-	Self-Stigma of Seeking Help

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Introduction

First Responders are those who are required to arrive first at the scene of an emergency and provide support to those in need. Evidence from various studies have indicated that individuals exposed to more traumatic events have a higher likelihood of screening positive for depressive symptoms, anxiety disorders, alcohol use disorder, Post-Traumatic Stress Disorder (PTSD) symptoms and even chronic pain (Carleton et al., 2018). Female first responders reported a higher rate of symptoms associated with depression, anxiety and PTSD than other respondents (Ager et al., 2012), although this could be due to the fact that women respondents are more expressive in their emotions. Interventions which focus on helping first responders exposed to traumatic events are often short-term interventions and are varied in effectiveness across populations.

The Asia Foundation developed the Psychosocial Support following Easter Sunday (PSES) project to explore psychosocial support provision following the Easter Sunday attacks, with a special focus on women. The overall objective of the project is to respond to the psychosocial needs following the Easter Sunday attacks by supporting first responders and building the capacity of state counsellors and national health staff. The PSES project aims to directly and indirectly continue to strengthen the partnerships that the Foundation established with government and non-governmental organisations (NGOs), and develop the capacity of government and NGO mental health cadres and psychosocial support workers to provide effective service delivery. The PSES project aims to effectively address the emerging psychosocial needs of individuals and communities with a particular focus on women in a changed landscape and respond to trauma and other issues associated with the post-war, reconciliation, and the re-surfacing conflict environment.

There are 3 phases to the activities of the PS#ES project:

- Phase 1: Develop a collection of key resource documents on the nature of psychosocial services for first responders following a disaster in other parts of the world,
- Phase 2: Piloting the provision of psychosocial support to first responders following #EasterSunday2019,
- Phase 3: Refresher Training on Psychological First Aid and Gender sensitivity to state counsellors in the affected districts, Post-Easter Sunday 2019.

The objective of this report is to address phase 1 and develop a collection of key resource documents on the nature of psychosocial services for first responders following a disaster. This report is a collection of published resources which would provide insights to the key considerations that govern mental health and psychosocial interventions for first responders in low and middle-income (LMIC) countries whilst also identifying the gaps in the literature.

Methodology

The collection of material for this report followed an approach based on a review methodology. Key databases were explored using search combinations that were based on evidence and consensus of key stakeholders.

Key Definitions

Defining ‘The First Responder’

First responders are those who, following a traumatic event, will be amongst the first to be present at disaster sites and often the very first to attend to the victims. (Kleim and Westphal, 2011). Furthermore, the traditional definition of a public health worker or first aid worker is now challenged, as it can be arbitrary and is now shifting to further consider the different types of public emergencies that occur within a nation and the related workers that are in the frontlines. (Benedek, Fullerton, & Ursano, 2007) Mental health status differs significantly between personnel who receive formal training vs those who do not (e.g. construction workers) (Pietrzak et al., 2014), thus segregation of evidence to distinguish this could be beneficial in gaining a deeper understanding of the need.

Defining ‘Public Emergency’

Public emergencies can be natural or man-made in nature. By definition, public health emergencies can be a product of, not only the impact on health but also events leading up to it and its causes. One of the proposed definitions, according to Nelson (2007) is one that identifies situations “whose scale, timing and unpredictability threatens to overwhelm routine capabilities”. They are also referred to as major incidents in certain research studies.

Defining ‘MHPSS Interventions’

According to the IASC Guidelines, the term “mental health and psychosocial support” describes “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder” (IASC Guidelines, 2007, p.1)

Search Matrix

The definitions above were utilised to design and develop a search matrix to inform the search combinations in the selected databases. Selected databases included Google Scholar, MHPSS.net, and Intervention Journal.

Pubmed, PsychARTICLES, Scopus and PsychINFO were also used by the team at The Asia Foundation and the final list of relevant articles was reviewed and fused with the final chosen list.

Table 1 illustrates the search matrix developed for this review and Table 2 shows the search combinations subsequently developed.

Table 1: Search Matrix

<i>Concept</i>	<i>Public Emergency</i>	<i>First Responder</i>	<i>MHPSS Intervention</i>
<i>Synonyms</i>	Disaster, War, Armed Conflict, Outbreak	First Aid workers, Emergency Responders, Relief Workers, Disaster Workers, Rescue Workers	Mental Health Care/Services, Psychological / Psychosocial Support
<i>Broader Terms</i>		Public Health Workers, Frontline Health Professionals, Volunteers	Social Support, Prevention, Psychotherapy, Intervention, Social Work, Community Interventions
<i>Narrower Terms</i>	Armed Conflict, Community Violence, Bombs/Bombings, Attacks, Massacres, Road Traffic Death, Terrorism/Terrorist Attacks, Riots, Mob Violence, Sociogenic Illness/Mass Hysteria	Emergency Medical Technicians (EMT), Spontaneous Volunteers	Cognitive Behavioral Interventions, Eye Movement Desensitization and Reprocessing (EMDR), Psychiatric Services, Resilience and Coping
<i>Related Terms</i>	Outbreaks, Epidemics	Emergency Care Personnel	Self-care, Staff Care, Care for Caregivers
<i>Alternative Spellings or Variants</i>	War*	Emergency*	Intervention*

Table 2: Main Combinations of Search Terms

Mental Health, Psychological, Psychosocial, Social Work
Intervention, Services, Support
First Aid Worker, Emergency Responders, Relief Workers, Disaster Workers, Rescue Workers, Emergency Medical Technicians (EMT), Spontaneous Volunteers

Selection of Articles

Following the above search strategy, all search hits from the databases were subjected to a title and abstract screening using the inclusion and exclusion criteria given below. The selected studies were then subject to an abstract screening and subsequently a full text screening.

Inclusion Criteria	Exclusion Criteria
Studies from lower middle income countries/ contextual similarity to Sri Lanka	Articles that focus on physical health
Studies published between 1979 – 2019	Media articles, books, magazine pieces
Studies with a specific focus on gender	Studies published before 1979 and after 2019
Reports, manuals, guidelines	
Interventions studies	
Systematic Reviews/ Meta-analyses	
Journal Articles (Empirical & conceptual)	
Studies focusing on women first responders	

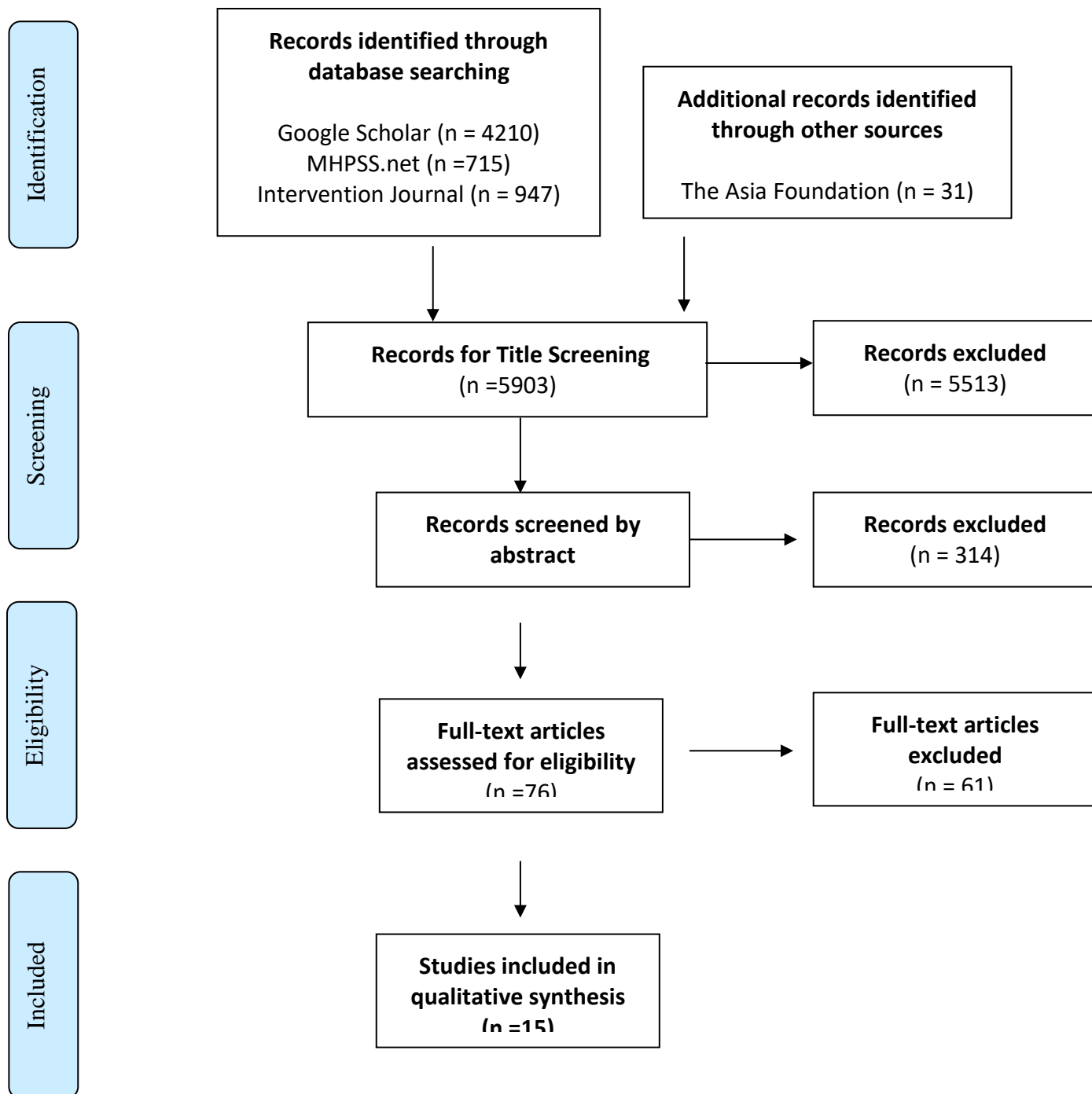


Figure 1: Adapted PRISMA flow diagram to outline the process of selection of the articles included in the study

What Does the Literature Show?

The search strategy identified 5902 articles from the databases. The title screening identified 390 articles for abstract screening. Three hundred and fourteen (314) articles were excluded, and 76 studies were screened by full text. This larger pool of articles explored varied aspects of mental health and psychosocial support for first responders which included deepening the understanding of the impact of mental health on disaster-stricken communities, challenges within specific disasters and emergencies, compassion fatigue, cognitive appraisal and other related primary studies.

After title, abstract and full-text screening, 19 articles were selected for inclusion in the report. These included three reviews, seven research studies, one theoretical study, two manuals/handbooks and two sets of guidelines. The content of the articles below has been summarized to reflect the key aspects for consideration in understanding mental health interventions for first responders, with special relevance to Sri Lanka. It must be noted that there were no relevant resources that could be identified from the literature search that were specifically related to Sri Lanka or similar LMIC contexts. Similarly, there was a significant gap in relation to consideration of gender and in particular women first responders.

The final articles have been categorized under the following themes

Understanding the First Responder: Mental Health and Psychosocial Support

Psychological First Aid

Post-Traumatic Stress Disorder: Its Impact and Responses

The Role of Debriefing

Designing MHPSS Interventions for First Responders

Understanding First Responders: Mental Health and Psychosocial Support

1. Mental health in first responders: A review and recommendation for prevention and intervention strategies

Publication Year 2011

Type of Article	Review
Geographical Focus	New York and Washington DC, USA
Population	Disaster Workers, Firefighters, Emergency Department Nurses, Ambulance Workers, Emergency Personnel, Utility Workers
Key Content	<p>This review article compiles evidence from 13 studies that took place after the 2001 terrorist attacks in the USA. It explores the prevalence of PTSD, depression and general mental health disorders. Higher rates of PTSD and depression in comparison with the national prevalence rates were documented in these studies.</p> <p>Risk Factors for Mental Health Illness</p> <p>Predictors of mental health illness varied amongst this population. Risk factors included, sex, young age, single status, previous exposure to trauma, race and prior psychiatric impairment and symptoms. Experiences during the traumatic event also contribute significantly to the development of mental health problems in this cohort. Sustaining an injury, perception of safety, organizational factors, cognitive factors and beliefs during the trauma are some key risk factors to consider. Social support is considered to be a robust predictor for PTSD following varied traumatic events, as it is considered a protective factor. Predictors are heterogenous and inconsistent amongst the different group of first responders.</p> <p>Intervention Design</p> <p>There is an ongoing controversy on the timing and population of interventions designed and delivered after a traumatic event. Single, multi-session interventions delivered early for the whole population are identified to be ineffective and harmful. Most interventions have not been formally evaluated or tested in controlled settings.</p> <p>The following is a summary of key considerations:</p> <ul style="list-style-type: none"> • Screening first responders to identify those at high risk, • Develop, test and disseminate prevention programs, • Develop interventions that boost resilience instead of targeted risk factors, • Improving organizational factors such as culture, workload, group support, supervision, work environment, self-care and education have been proposed to reduce vicarious trauma.

Kleim, B. & Westphal, M. (2011). Mental Health in First Responders: A Review and Recommendation for Prevention and Intervention Strategies. *Traumatology*, 17(4), 17-24. DOI: 10.1177/1534765611429079.

2. Psychosocial crisis intervention with military and emergency services personnel.

Publication Year	2006
Type of Article	Journal Article
Geographical Focus	Belgium
Population	NA – This is more of an exploratory piece of work
Key Content	<p>This piece of work explores and critiques the existing support for first responders. A few of the key reflections have been noted below.</p> <p>The identification and nature of traumatic events</p> <ul style="list-style-type: none"> • Multi-disciplinary coordination and cooperation efforts for psychosocial support models have been on the rise and is evident by the introduction of postgraduate courses on disaster medicine and response, which were followed by the development of psychosocial disaster plans in organizations. • There is a lack of clarity in the definition of traumatic event or critical incident and this article tries to define parameters of such an event. • The short-term and long-term effects of acute and chronic stress which accumulates can be destructive to caregivers and first responders. The article also explores the difference between directly life threatening (traumatogenic) events and depressogenic (sad or grief inducing) events and how response may differ accordingly. • The article challenges the term ‘debriefing’ and the outcome criteria of the prevention of PTSD. <p>Insights to Intervention Development</p> <ul style="list-style-type: none"> • Psychological group debriefing is recognized to be important in a major intervention. • The CRASH-model of crisis psychological support is introduced and its 3X3 matrix, which discusses the primary, secondary and tertiary victims; the impact suffered is explored in detail. • Emotional Uncoupling - a group or individual intervention based on psychological debriefing which aims to “lessen the psychological suffering caused by an emotionally disturbing or traumatic event” is explored. “It is clear that accurate memories of this event are of primary importance”. EUP (Emotional Uncoupling Procedures) is recognised to be effective in direct and delayed emotional issues in caregivers. The goals of emotional uncoupling are given in detail in this document. • The Big Five of Victimology will enable healthy coping in these types of events. They are as below: <ul style="list-style-type: none"> ○ Providing correct and honest information, ○ Mobilizing the available natural support systems, ○ Assuring the right rituals, ○ Avoiding secondary victimization (by avoiding bad reactions from outsiders), ○ Providing the necessary recognition to the concerned caregiver.

De Soir, E. (2006). Psychosocial crisis intervention with military and emergency services personnel. *Handbook of International Disaster Psychology*, 4, 113-30.

3. Mental health service use and help-seeking among women firefighters with a career history of suicidality.

Publication Year	2018
Type of article	Journal Article
Geographical Focus	USA
Population	119 Women Firefighters
Key Content	<p>This quantitative study explored the rates of mental health service use amongst 119 women firefighters while also exploring barriers to seeking treatment and identifying sources of support. The women in the sample had a career history of suicidality, which included suicidal thoughts, suicide plans and suicide attempts.</p> <p>What did they do?</p> <p>The study used various scales and tools to assess mental health service use, mental health status and other related variables to collect data and appropriate analysis was conducted.</p> <ul style="list-style-type: none"> • Demographic overview through a self-report survey. • Psychiatric treatment and support history by using an adapted version of the National Survey on Drug Use and Health (NSDUH). • Past and present suicidal thoughts and behaviors using SITBI-SF (Self-Injurious Thoughts and Behaviors Interview). • Perceived Stigma and Barriers to Care of Psychological Problems Scale. • Self-Stigma of Seeking Help (SSOSH). <p>What did they find?</p> <ul style="list-style-type: none"> • 73.1% reported using professional mental health services during their career and 43.1% reported to using other forms of support (peer support groups and informational websites). • Participants had a preference for seeking care from a psychologist, therapist, and/or counselor. • Common forms of stigma included being seen as weak, being treated differently and harming their reputation. • Self-reported stigma may not serve as a significant barrier to mental health service utilization in this sample. • Age and number of years of service were significantly associated with mental health service use. <p>Important considerations</p> <p>The sample is not representative of the broad range of women firefighters. Most of the sample (92%) identified as White/Caucasian women, thus the applicability of these findings in diverse ethnic settings (not to mention LMIC contexts) would be limited. Mandatory evaluation and checks could be a potential confounder to help seeking behavior.</p>

Hom, A. M., Stanley, I. H., Spencer-Thomas, S. & Joiner, T. E. (2018). Mental Health Service Use and Help-Seeking Among Women Firefighters with a Career History of Suicidality. *Psychological Services*, 15(3), 316-324. <http://dx.doi.org/10.1037/ser0000202>

Psychological First Aid

1. Psychological first aid: Guide for field workers

Publication Year	2011
Type of article	Guide
Geographical Focus	International
Population	NA
Key Findings	<p>This guide has been developed by the World Health Organization to help individuals provide practical support in a respectful manner during times of crises. Psychological First Aid (PFA) is identified to be an alternative for psychological debriefing and is endorsed by many relevant international bodies.</p> <p>What did they find?</p> <ul style="list-style-type: none">• The framework gives a strong overview of the key considerations that need to take place when providing PFA. The chapters include:<ul style="list-style-type: none">○ Understanding PFA,○ How to help responsibly,○ Providing PFA,○ Caring for yourself and your colleagues,○ Practice opportunities and a pocket guide.• The objective of PFA is to provide support with individuals recently affected by a crisis and can take place wherever it is safe to be done.• The guide also emphasizes the importance of cultural and contextual considerations in providing PFA.• The 3 basic action principles are: <i>Look, Listen Link</i>• Guidance on how to support those at a higher risk (Children, people with disabilities or people at risk of violence), is also given. <p>Important considerations</p> <p>The document gives a clear overview of the emotional distress experienced by individuals in crisis and offers clear step by step guidance on how to support in such situations. This guide is also adapted to the local languages in Sri Lanka (Sinhalese and Tamil), and pocket guides are available so that the key points can be carried with you anywhere.</p>

World Health Organization, War Trauma Foundation and World Vision International (2011). *Psychological first aid: Guide for field workers*. WHO: Geneva.

Post-Traumatic Stress Disorder: Its Impact and Responses

1. Treating post-traumatic stress disorder in first responders: A systematic review

Publication Year	2012
Type of article	Review
Geographical Focus	USA
Population	First Responders
Key Content	<p>The goal of this review was to summarize the evidence base regarding the treatment of PTSD in first responders. The review explores the degree to which first responders are acknowledged and discussed as an identified group in treatment guidelines and (b) to what degree the findings from first responders have contributed to these guidelines.</p> <p>What did they find?</p> <p>Seventeen studies were selected for final review and analysis. Thirteen were case or observational studies, two were randomized controlled trials (RCTs) and the rest were controlled trials.</p> <p>Types of interventions included for PTSD are as follows:</p> <ul style="list-style-type: none">• Cognitive Behavioral Therapy (CBT) as exposure therapy,• Prazosin, Sodium carbamazepine and valproate, Coaxil,• CBT as a virtual reality exposure treatment,• Manualized CBT for acute stress disorder,• Rational-emotive and cognitive therapy,• Psychodynamic therapy with emphasis on emotional catharsis,• Eclectic Psychotherapy,• EMDR,• Behavioral Activation Therapy,• Prolonged exposure. <p>Important considerations</p> <p>The RCTs that assessed PTSD explored psychosocial treatment and showed positive treatment effects. However, psychopharmacological interventions for PTSD were not found in this review. The insufficiency of existing literature to generate evidence-based recommendations for this target population is a significant concern raised by this review.</p>

Haugen, P. T., Evces, M. & Weiss, D. S. (2012). Treating post-traumatic stress disorder in first responders: A systematic review. *Clinical Psychology Review*, 32(5), 370-380.

2. Interventions for post-traumatic stress disorder and psychological distress in emergency ambulance personnel: A review of the literature

Publication Year	2003
Type of article	Review
Geographical Focus	United Kingdom
Population	Emergency Ambulance Personnel
Key Content	<p>This review aims to identify studies relating to interventions that aimed to prevent or treat PTSD or psychological distress in this population through online and hand searched sources.</p> <p>What did they find?</p> <p>Two hundred and ninety-two (292) articles were identified as relevant and 10 of these were concerned with using CISD (Critical Incident Stress Debriefing) with emergency personnel. Expressions of concern, evaluations of debriefing, literature review and tackling methodological issues all strengthened the argument of being concerned about CISD as an intervention.</p> <p>Methodological issues included low response rates, small sample size, bias in sampling and lack of uniformity and consistency across collecting and analyzing data. Concerns were also raised in measuring psychological impairment after a disaster.</p> <p>Although significant methodological issues were evident in the intervention studies, in one study the debrief was reported to be valuable to oneself and others. Further those with less social support were more likely to state that CISD helped them to cope.</p> <p>Important considerations</p> <ul style="list-style-type: none"> • Evaluating the effectiveness of interventions such as CISD need to be given further consideration and its effectiveness is currently challenged. • To improve methodological quality, developing a protocol to ensure reporting is complete and consistent, is a key recommendation (E.g. CONSORT statement). • Good quality research in other areas (stress, burnout, anxiety, depression etc.) is also important to understand and explore impact.

Smith, A. & Roberts, K. (2003). Interventions for post-traumatic stress disorder and psychological distress in emergency ambulance personnel: a review of the literature. *Emergency Medicine Journal*, 20(1), 75-78.

3. Integrative approach for the treatment of post-traumatic stress disorder in 9/11 first responders: Three core techniques

Publication Year	2014
Type of article	Journal Article
Geographical Focus	USA
Population	First Responders of the 9/11 terrorist attack
Key Content	<p>A systematic review that was done exploring the treatments for PTSD indicated that an integrative psychotherapy (Psychodynamic and CBT) showed promise with this population of first responders. This article gives an overview of a treatment approach that was tailored for this first responder population. Three core techniques used in this treatment are described:</p> <p>(a) an emphasis on meaning making, particularly regarding the traumatic event, (b) focus on the most affect-laden components of the traumatic exposure, (c) identifying and challenging the implicit strategies used by individuals to avoid discussion of components of their traumatic memories and its negative affect.</p> <p>What did they find?</p> <ul style="list-style-type: none"> • The intervention was a weekly, integrative psychosocial intervention. A brief evaluation and introduction preceded the treatment. • Initial assessment focuses on psychodynamic formulation and diagnosis of psychiatric conditions. • The Shedler-Westen Assessment Procedure, a 200-item Q-sort procedure, is used to assess fundamental conflicts regarding a patient's wishes, fears and motivations, psychological resources for adapting to both internal and external demands; and capacity for engaging in intimate relationships. <p>Important considerations</p> <p>This article is a more individual treatment approach but explores the form and ideologies behind an intervention which is crucial to its implementation. The article outlines in depth the nature of the phases of the intervention with examples which help to identify common thought patterns.</p>

Haugen, P. T., Splaun, A. K., Evces, M. R. & Weiss, D. S. (2013). Integrative Approach for the Treatment of Post-traumatic Stress Disorder in 9/11 First Responders: Three Core Techniques. *Psychotherapy*, 50(3), 336-340. DOI: 10.1037/a0032526

4. Internet-delivered cognitive behavioral therapy for post-traumatic stress disorder in international humanitarian aid workers: Study protocol

Publication Year	2017
Type of article	Journal Article
Geographical Focus	International humanitarian organizations.
Population	20 humanitarian aid workers with a full or sub-clinical PTSD diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders-IV(DSM-IV) criteria.
Key Content	<p>Humanitarian aid workers are likely to be exposed or witness complex emergencies. However, face-to-face treatment has limited utilization in the resource-constrained settings where humanitarian aid workers often operate. Internet-delivered cognitive behavioral therapy (iCBT) is a treatment option with the potential to improve the access to evidence-based care for humanitarian aid workers.</p> <p>The aim of this study is to investigate the participants' experiences and progress with the treatment, in order to determine whether TELLUS is acceptable for humanitarian aid workers.</p> <p>Important considerations</p> <ul style="list-style-type: none"> • The intervention used is TELLUS, which is a therapist-assisted Internet-delivered treatment program based on trauma-focused CBT components for individuals with PTSD. • It contains eight text-based modules, where each module is expected to be completed within one week. The topics are given below: <ul style="list-style-type: none"> ○ <i>Module 1: Psycho-education on PTSD and treatment</i> ○ <i>Module 2: Stress management</i> ○ <i>Module 3-6: Information on in-vivo and imaginal exposure</i> ○ <i>Module 7: Cognitive restructuring</i> ○ <i>Module 8: Skill maintenance</i> • A psychologist would supervise and contact each participant after completion of each module for feedback, support and guidance.

Kunovski, I., Donker, T., Driessen, E., Cuijpers, P., Andersson, G. & Sijbrandij, M. (2017). Internet-delivered cognitive behavioral therapy for post-traumatic stress disorder in international humanitarian aid workers: Study protocol. *Internet Interventions*, 10, 23-28.

5. Evaluation of operation restore: A brief intervention for first responders exposed to traumatic events

Publication Year	2018
Type of article	Journal Article
Geographical Focus	USA
Population	207 police officers, firefighters, emergency services personnel, 911 operators/dispatchers, and Federal Bureau of Investigation agents
Key Content	<p>The article summarizes the findings from an evaluation of Operation Restore, a brief post trauma intervention developed for first responders. These first responders participated in 1 of 35 deliveries of Operation Restore between 2013 and 2018. A mixed methods pre/post follow-up evaluation design was used to assess changes in first responders' scores on a post-traumatic outcome measure and to obtain their qualitative feedback. The program integrates the 7 components of the Critical Incident Stress Management Model.</p> <p>The program included a 3-night residential retreat with evening workshops. The modalities of treatment that were used were</p> <ul style="list-style-type: none"> ○ EMDR (Eye movement desensitization and reprocessing), ○ Daily group process, ○ Stress reduction techniques, ○ Alcohol and drug education prevention, ○ Suicide education and prevention, ○ Spiritual responses to post trauma, ○ Education, breathing and relaxation sessions. <p>What did they find?</p> <ul style="list-style-type: none"> • Significant growth ($p < .001$) was observed in all domains on the post-traumatic measure following participation. • In all, 92% of the first responders experienced positive growth, post retreat. • Qualitative findings supported the quantitative results and revealed that first responders could better handle their emotions following the retreat. • In addition, changes in post-traumatic growth were not associated with participant sex, race/ethnicity, occupation, or veteran status, providing evidence that the intervention was appropriate for a broad range of participants. <p>Important considerations</p> <ul style="list-style-type: none"> • The key themes that emerged from the retreat that showed positive impact on the participants were related to being able to handle emotions better, renewed sense of purpose, impact of PTSD, spirituality and faith and confiding in others and forgiveness. • Areas of improvement were around the logistics of the retreat while also providing suggestions to consider getting through an emotionally intense retreat, issues with mandatory attendance. • The program had a self-selected group of participants and lacked a control group.

Boothroyd, R. A., Green, S. & Dougherty, A. (2018). Evaluation of Operation Restore: A Brief Intervention for First Responders Exposed to Traumatic Events. *Traumatology*. <http://dx.doi.org/10.1037/trm0000168>

The Role of Debriefing

1. Group critical incident stress debriefing with emergency services personnel: A randomized controlled trial

Publication Year 2013

Type of article	Journal Article
Geographical Focus	Australia
Population	Volunteer Firefighters
Key Content	<p>This study was a randomized controlled trial of Critical Incident Stress Debriefing (CISD) with 67 volunteer fire-fighters following an occupational potentially traumatic event (PTE). The researchers acknowledge the inconsistent evidence on the efficacy and effectiveness of Group CISD and aim to explore this deeper in this study.</p> <p>What did they do?</p> <p>The study was conducted through an Employee Assistance Program, which has a broader program in place (which includes psychological first aid, education CISD, therapy and counseling) and this could be requested following a PTE. The Brigade would randomly be assigned to one of three interventions; (1) CISD, (2) Stress management education, and (3) Screening</p> <p>The goals of CISD were measured using the following tools:</p> <ul style="list-style-type: none"> • Post-Traumatic Stress: Impact of Events Scale, • Overall Psychological Distress: Kessler 10, • Quality of Life: Quality of life enjoyment and satisfaction questionnaire-short form, • Alcohol use by asking how many standard alcoholic drinks were consumed in the past 7 days. <p>What did they find?</p> <ul style="list-style-type: none"> • CISD was associated with significantly less alcohol use and significantly greater post-intervention quality of life relative to the other interventions. • There were no significant effects on post-traumatic stress or psychological distress. • Overall, CISD may benefit broader functioning following exposure to work-related PTEs. <p>Important considerations</p> <ul style="list-style-type: none"> • Social context is important to consider in a group intervention, as it can enhance social support and take advantage of the protective effects of camaraderie.

Tuckey, M. R. & Scott, J. E. (2014). Group critical incident stress debriefing with emergency services personnel: a randomized controlled trial. *Anxiety, Stress & Coping*, 27(1), 38-54.

2. Debriefing the de-briefers: An intervention strategy to assist psychologists after a crisis

Publication Year	1992
Type of article	Journal Article
Geographical Focus	N/A
Target Population	Psychologists, social workers, psychiatrist nurses and psychiatrists.
Key Content	<p>This exploratory journal article discusses the different factors in crisis intervention that contributes to making the job more difficult. It highlights the emotional effects on emergency service personnel and explores ‘debriefing’ as a method of dealing with the post-traumatic stress.</p> <p>What did they find?</p> <p>The study explores the additional pressure that needs to be borne by emergency personnel, a psychologist in this case, when going through the debriefing process. The following elements are highlighted:</p> <ul style="list-style-type: none"> • The event itself, • Victim’s responses to the event, • Psychologist’s response to the event, • Psychologist’s responses to the victims. <p>These segments are encouraged to be viewed as an individual within the context of a group and the group as a whole.</p> <p>Important considerations</p> <p>It seems like this study is one of the starting points that explored psychological debriefing. The model proposed in this combines the Critical Incident Stress Debriefing (Mitchell, 1988) and Raphael’s (1986) psychological debriefings and predominately explores crisis through the lens of an organization and not a disaster or other emergency. Note that this study was published prior to the effectiveness studies of CISD (Jacobs et al. 2004), which questioned the relevance of CISD and flagged potential harm that it may cause.</p>

Talbot, A., Manton, M. & Dunn, P. J. (1992). Debriefing the debriefers: An intervention strategy to assist psychologists after a crisis. *Journal of Traumatic Stress*, 5(1), 45-62.

Designing MHPSS Interventions for First Responders

1. IASC guidelines on mental health and psychosocial support in emergency settings.

Publication Year	2007
Type of article	Guideline
Geographical Focus	N/A
Target Population	Humanitarian actors, including community-based organisations, government authorities, United Nations organisations, non-governmental organisations (NGOs) and donors operating in emergency settings at local, national and international levels.
Key Content	<p>What does it cover?</p> <p>The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency. The focus of the guidelines is on implementing minimum responses, which are essential, high-priority responses that should be implemented as soon as possible in an emergency.</p> <p>The guidelines are only geared to be implemented through extensive collaboration between various humanitarian actors. The document covers all aspects of mental health and psychosocial aspects that should be considered during an emergency with reference to the IASC pyramid of intervention.</p> <p>Preventative mental health strategies in staff and volunteers</p> <p>In managing the human resources during an emergency, the document also provides guidance on mitigating the mental health and psychosocial impacts on humanitarian staff. Key actions as per the guidelines are given below:</p> <ul style="list-style-type: none"> • Ensure the availability of a concrete plan to protect and promote staff well-being for the specific emergency, • Prepare staff for their jobs and for the emergency context, • Facilitate a healthy working environment, • Address potential work-related stressors, • Ensure access to health care and psychosocial support for staff, • Provide support to staff who have experienced or witnessed extreme events (critical incidents, potentially traumatic events), • Make support available after the mission/employment. <p>Important considerations</p> <p>Each section of the guideline is well referenced, with sample process indicators and an example to illustrate the expected work in practice is included as well.</p>

Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial support in Emergency Settings*. Geneva: IASC.
https://www.who.int/mental_health/emergencies/9781424334445/en/

2. Disaster mental health handbook: Disaster services

Publication Year	2012
Type of article	Handbook/Manual
Geographical Focus	N/A
Target Population	Disaster Mental Health (DMH) workers providing services, including service delivery staff, supervisors and leadership
Key Content	<p>Objective of the handbook</p> <p>This handbook created by the American Red Cross, presents the approved Disaster Mental Health (DMH) interventions used to provide support. The handbook is intended to be used for DMH interventions to support individuals, families, neighborhoods, communities and Red Cross workers across the continuum of disaster preparedness, response and recovery. The handbook covers the guidelines followed by the institution but goes on to discuss in detail crucial aspects of DMH. Service delivery, overview of disaster response, administrative procedures, job responsibilities are an example of the material covered in this handbook.</p> <p>Staff mental health</p> <p>In regard to staff mental health, the material is organized as Pre, During and Post support and detailed as mentioned below. This is under Force Health Protection which aims to prevent compassion fatigue through self-care strategies.</p> <ul style="list-style-type: none"> • Pre-Deployment support: Interview individuals for appropriateness for deployment, building resilience and PFA training, • Support during deployment: Staff orientation, self-care and coping strategies, monitoring stressors, feedback and collaboration with wellness program • Post Deployment support: Opportunities to discuss experiences, resilience, appropriate referral and normalizing post deployment reactions. <p>Additional material</p> <p>The appendix section goes into detail on the different methodologies and strategies that can be used to understand elements of disaster mental health response (identification, resilience, targeted interventions etc.), understanding the DMH background and context, vulnerable populations and how to develop culturally sensitive DMH practices.</p>

American Red Cross. (2012). *Disaster Mental Health Handbook: Disaster Services*, American Red Cross.

3. Caring for volunteers: Training manual.

Publication Year	2015
Type of article	Manual
Geographical Focus	N/A
Target Population	Designed for volunteer staff (E.g. human resources staff, branch managers, volunteer managers or others working with volunteers.)
Key Content	<p>Objective of the manual</p> <p>This manual has been published by the International Federation of Red Cross and Red Crescent Societies. This document takes a more pragmatic approach and outlines a two-day workshop program that covers a training program for psychosocial support for volunteers.</p> <p>It also outlines key concepts and definitions that are crucial for field staff to know. It outlines the potential risks to volunteers' well-being in their role and presents strategies for reducing those risks.</p> <p>What does it cover?</p> <p>Some examples of the material covered are given below:</p> <ul style="list-style-type: none">• Risk, Resilience and Protective Factors,• Self-care,• Psychological first aid for volunteers,• Peer support. <p>In addition to this, monitoring, and evaluation guidance is given as well as examples for ice breakers, workshop planners and sample scenarios given to support the implementation of the training program.</p> <p>Important considerations</p> <p>This toolkit is available in English, Arabic, French, Russian and Spanish. A ToT (Training of Trainers) 3-day training program is available as well to be able to conduct this program to communities.</p>

International Federation of Red Cross and Red Crescent Societies. (2015). *Caring for Volunteers: Training Manual*, IFRC. <https://pscentre.org/?resource=caring-for-volunteers-a-training-manual>

4. Mental health and mindfulness amongst Australian firefighters

Publication Year	2019
Type of article	Journal Article
Geographical Focus	Australia
Population	114 professional firefighters
Key Content	<p>This current research aimed to examine the potential role mindfulness may have in supporting the mental health of Australian firefighters. The sample completed demographic and job-related questions followed by measures of mindfulness (FMI-14), well-being (WHO-5), depression (HADS-D) and anxiety (HADS-A).</p> <p>What did they find?</p> <ul style="list-style-type: none"> • High levels of mindfulness were associated with decreased depression ($p \leq .001$) and anxiety ($p \leq .001$) as well as increased psychological well-being ($p \leq .001$). • The study provides evidence for robust associations between dispositional mindfulness and mental health markers of depression, anxiety and well-being in Australian firefighters recently exposed to trauma. <p>Important considerations</p> <ul style="list-style-type: none"> • Mindfulness is a psychological characteristic that could be modified, although further research is required to substantiate these findings and to formally test mindfulness interventions.

Counson, I., Hosemans, D., Lal, T.J., Mott, B., Harvey, S.B. & Joyce, S. (2019). Mental Health and Mindfulness amongst Australian Firefighters. *BMC Psychology*, 7(1).

Key Reflections and Recommendations

Gender and First Responder Mental Health and Psychosocial Wellbeing

The evidence from national humanitarian aid workers in northern Uganda indicates that women workers reported significantly more symptoms of anxiety, depression, PTSD, and emotional exhaustion than males (Ager et al, 2012). Furthermore, women firefighters report increased levels of suicidal thoughts and behaviors which need to be considered in screening, prevention and interventions as well. (Stanley et al, 2017).

Furthermore, research conducted in police forces, indicates that dominant police officers adopt a paternalistic relationship with women officers to "protect" them, which can contribute to making women seem deficient in their capability. Women officers also report that they feel like an outsider group in police culture, which indicates that special attention needs to be paid in the group and gender dynamics within a first responder team. (Andersen & Papazoglou, 2014)

The search revealed a significant gap in studies and resources that were sensitive to gender or related to women first responders. This highlights an imbalance in knowledge and guidance focused on women first responders and the mental health and psychosocial support they receive during emergency situations. This warrants a significant focus on the development of interventions which address gender equity in mental health care.

The relevance of addressing this gap was further underscored by an interview conducted by TAF with Dr. Novil Wijesekara of the Disaster Preparedness and Response Division Ministry of Health, Sri Lanka in July 2019. When discussing female first responders, he recognized that, "there are quite a few females that work with the ambulance and most of the nurses in the hospitals are females. Furthermore, females are generally the ones that provide psychological first aid to people that need it."

Methodological Limitations

Most review studies highlight methodological limitations that limit the generalizability of the results to the wider diverse populations. This is particularly true in relation to low and middle-income country contexts.

The majority of the research related to mental health and first responders was around exploring and understanding the mental health status and coping experiences of emergency personnel with the aim of designing an evidence-base to inform the design of interventions and policy frameworks.

Understanding the mental health status and experience of the individual is a critical consideration in intervention design and implementation.

MHPSS Response and Support for COVID19 Frontline Workers

The COVID19 pandemic in 2020 resulted in an island wide lockdown with physical distancing measures in Sri Lanka, whilst the spread of the novel infection shifted the workload and expectations on the frontline health care workers and the health care system. Given the emerging insights into the significant impacts of involvement in the COVID-19 response on frontline workers, the research team handpicked for inclusion a few key documents that help to provide access to materials that specifically addressed the mental health and psychosocial needs of frontline workers during this pandemic. A summary of these is given below.

1. Basic psychosocial skills: A guide for COVID-19 responders

Publication Year	2020
Type of article	Guide
Target Population	All COVID19 Responders (Health professionals, first responders, supporting loved ones of communities, supervisors or managers of staff or in any kind of essential service)
Key Content	<p>Developed by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, this guide covers 5 modules related to basic psychosocial skills. The intention of this guide is to help others feel better, even during brief interactions. It covers:</p> <ol style="list-style-type: none"> 1. Your wellbeing, 2. Supportive communication in everyday interactions, 3. Offering practical support, 4. Supporting people who are experiencing stress, 5. Helping in specific situations. <p>The guide has case studies for each section that showcases the importance through an example. Further resources are also given.</p> <p>The guide has an annexure with templates that maybe useful during a pandemic:</p> <ul style="list-style-type: none"> • Advice for managers and supervisors who support staff and volunteers, • Template for setting up your own routine, • Template to explore the circles of control, • A progressive muscle relaxation script, • A template to list down all resources and referral systems in your area.

Inter-Agency Standing Committee. *Basic Psychosocial Skills: A Guide for COVID-19 Responders.*
License: CC BY-NC-SA 3.0 IGO shall be the binding and authentic edition.

2. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: Rapid review and meta-analysis

Publication Year	2020
Type of article	Journal Article
Target Population	Healthcare workers during emerging virus outbreaks
Key Content	<p>This study is a rapid review and meta-analysis that explores the psychological impact on healthcare workers during a virus outbreak and the ways of successfully managing stress and psychological distress. Rapid reviews are key in providing high quality resources to make time-sensitive decisions and this review took place in March 2020, as a response to the COVID19 outbreak.</p> <p>What did they do?</p> <p>The research team explored Cochrane Central Register of Controlled Trials, Medline, Embase, CINAHL, PubMed, Web of Science, and PsycINFO for any study that explored psychological reactions of healthcare staff in a clinical setting during any virus outbreak. The outbreaks included SARS, MERS, H1N1, H7N9, Ebola and COVID19. There were no language restrictions and the studies included ranged from qualitative, cohort or cross-sectional studies. The Joanna Briggs Institute tool for non-randomised studies was used to assess quality.</p> <p>What did they find?</p> <p>Fifty-nine (59) papers met the inclusion criteria and were from a range of countries.</p> <ul style="list-style-type: none"> • Staff who were women, younger and parents of dependent children were more likely to experience psychological distress. • Nurses were more at risk than doctors and factors associated with training, societal stigma, compensation, organizational support were linked with increased psychological distress. • Protective factors included being older and having more experience, frequent breaks, support from family, and faith in precautionary measures. • Helpful strategies included clear communication, training and education around managing infectious diseases, having access to psychological interventions and adequate supply of protective equipment. <p>Important considerations</p> <p>Only one study in this review was from a lower-middle income country and overall study quality was only fair. The study outlines in detail the factors that increase the risk of adverse psychological and protects against psychological distress which can be useful. The study supports WHO guidelines on mental health and psychosocial considerations and indicates that PFA (psychological first aid) is a better option than psychological debriefing.</p>

Kisely, S., Warren, N., McMahon, L., Dalais, C., Henry, I. & Siskind, D. (2020). Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ*, 369.

3. Mental health and psychosocial considerations: Key actions for national societies on caring for volunteers in COVID-19

Publication Year	2020
Type of article	Report
Target Population	ICRC Volunteers
Key Content	<p>This report is a quick reference guidance note to support National Societies to ensure effective support and care for volunteers during the various phases of COVID19. The need for an appropriate budget allocation for this is also highlighted in this briefing.</p> <p>What does it cover?</p> <p>The report gives a step by step guide to support volunteers before, during and after COVID-19 responses. In the first two stages, reminders that the volunteers can decline a task if they feel it is beyond their capacity is highlighted.</p> <ul style="list-style-type: none"> • Preparatory stage: This section outlines the importance of exploring how volunteers managed difficult situations during recruitment, understanding one’s limitations, importance of having adequate information, clear descriptions of work tasks and psychological well-being and coping strategies. • During Response stage: The guide outlines the importance of providing basic needs, daily briefings and regular team meetings, self-care and positive coping, sensitive communication to the media and scheduling time for rest and leisure. Furthermore, being able to adapt schedules and work plans depending on the impact of the crisis on volunteers and regular check-ins is encouraged. • After the Response stage: Organizing lessons learnt sessions, sharing information on mental health and psychosocial support and keeping volunteers engaged with other activities of the society is a part of the recommendations in the post response phase. Additionally, appreciating their contribution, assisting in re-integration in case of quarantine are also highlighted in this report. <p>The guidelines also share basic self-care tips of do’s and don’ts for volunteers. Several key reference guides are given for further reference and wider reading as well to support decision making and response.</p>

International Federation of Red Cross and Red Crescent Societies. (2020). *Mental health and Psychosocial Considerations: Key actions for National Societies for caring for volunteers in COVID-19*. IFRC. <https://pscentre.org/archives/resource-category/covid19>

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