



**LET'S OVERCOME
THIS CRISIS
TOGETHER.**

**INDUSTRY'S BATTLE AGAINST
COVID-19.**

**SESI Guide to Mental Health
in times of COVID-19**

Version 1 - Updated on 04/13/2020

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Introduction

On February 26, the Ministry of Health of Brazil confirmed the first case of coronavirus in Brazil. The chronology of COVID-19 reveals a rapid worldwide spread, which made the WHO declare Public Health Emergency of International Interest in late January. On March 1, 2020, the pandemic caused by the new coronavirus (Sars-Cov-2), the COVID-19, was declared.

Regarding mental health, a pandemic of this magnitude implies such a psychosocial disorder that it may overcome the affected population's ability to cope with it. The entire population may suffer tensions and anxieties to a greater or lesser extent.

Under the circumstances of a pandemic, new modes of life and work may contribute to an increase in psychiatric disorders. Between one third and to half of the exposed population may show manifestations of psychopathology, according to the magnitude of the event and the degree of vulnerability. Although it should be noted that not all psychological and social problems could be classified as diseases, most of them are normal reactions to an abnormal situation, such as a pandemic.



The Brazilian industry has an essential role on providing essential products and services during the COVID-19 outbreak, through the production of medicine and health equipment, hygiene supplies, food and beverage; generation and distribution of electrical energy, gas, internet and telecommunications signal; capture and treatment of water, sewage, garbage; production and distribution of fuel, as Decree the 10,292 / 2020.

In order to contribute in the best possible way to the national strategy to cope with the pandemic, the industrial sector needs to deal with different work managements, aiming to protect workers' health and, at the same time, adjust their productive capacity to emerging demands.

This document seeks to consolidate official, scientific and technical content, which includes strategies, guidelines, policies, methods and recommendations to promote mental health and cope with psychosocial risks.



Goals

Main Goal

To support companies with useful content for promoting workers' mental health during the COVID-19 pandemic in 4 contexts of work and / or temporary leave:

- i. People who have to work in person.
- ii. People who can work remotely.
- iii. Asymptomatic workers who have to be compulsorily removed from workplace and cannot work remotely.
- iv. People who have to be isolated at home for suspected or confirmed cases of COVID-19.

Specific Goals

- i. To consolidate reference public content, from competent national and international agencies, regarding measures to promote mental health and training for social support in work environments in pandemic contexts.
- ii. To guide company managers on topics related to mental health and work associated with COVID -19.
- iii. To provide information to be used with workers and family members to promote mental health during the COVID-19 pandemic.



Why promote mental health during a pandemic

According to the Pan American Health Organization - PAHO (2005) epidemics are health emergencies in which there is a threat to people's lives and which cause a significant number of patients and deaths. They are contexts of life in which local resources can be overburdened (health systems, PPE stock, among others) and the normal functioning of the community is threatened. Like any other catastrophic events, epidemics are also true human tragedies. Therefore, it is necessary to cope with their psychological consequences and distress.

The world strategy to cope with the COVID-19 pandemic requires changes in the mode of life and work, such as adopting more severe hygiene habits, wearing masks, reducing human physical contact and increasing social isolation for the general population, especially from groups composed of people over 60 years old and with chronic diseases.

The strategies to contain the outbreak of COVID-19 based on social isolation, as the main preventive measure as established by public authorities such as WHO and the Ministry of Health, cause people to change their routines habits abruptly. This can lead to psychic consequences. In addition, psychological and social aspects should be considered, given that people's active engagement and participation are necessary conditions for the successful implementation of behavioural measures to halt the epidemic.

The psychological effects triggered by the isolation of groups or of the population as a whole and by the economic crisis that accompanies this process are described as a permanent state of anxiety, symptoms of depression and post-traumatic stress. To Brazilian culture, non-physical contact, restriction to touch, kiss and hugs, not being able to get together, are relevant roots of suffering.



Added to that, there are risks related to:

- Fear of falling ill and losing loved ones.
- Fear of losing job and income during the pandemic.
- Feeling of being worthlessness by those who need to be removed from work and isolated at home because they belong to risk groups.
- Difficulties to adapt to the new.
- Difficulties to manage work, children's home schooling and household chores.
- Pre-existing mental disorders.

Taking into account the Brazilian culture, industries will need to adjust production processes and, at the same time, contribute to workers' conformation and strategic reframing.

Managing risk factors is critical to maintaining workers' health and productivity throughout the journey of coping with the pandemic.

Psychosocial vulnerability: factors that influence people's response

The occurrence of a large number of patients and deaths and enormous economic losses in the context of the pandemic leads to high psychosocial risk. A rational approach to mental health care implies recognizing the differences in vulnerability of population groups (PAHO, 2005).

According to PAHO (2005), vulnerability, whether born with it or acquired as a result of a traumatic threat or event, is the internal state of an individual or group that causes harm to physical and mental health.

Psychosocial vulnerability results from a dynamic process in which various factors interact. The most vulnerable groups are those who have the greatest difficulties to rebuild their means of subsistence and social support network during and after the pandemic.

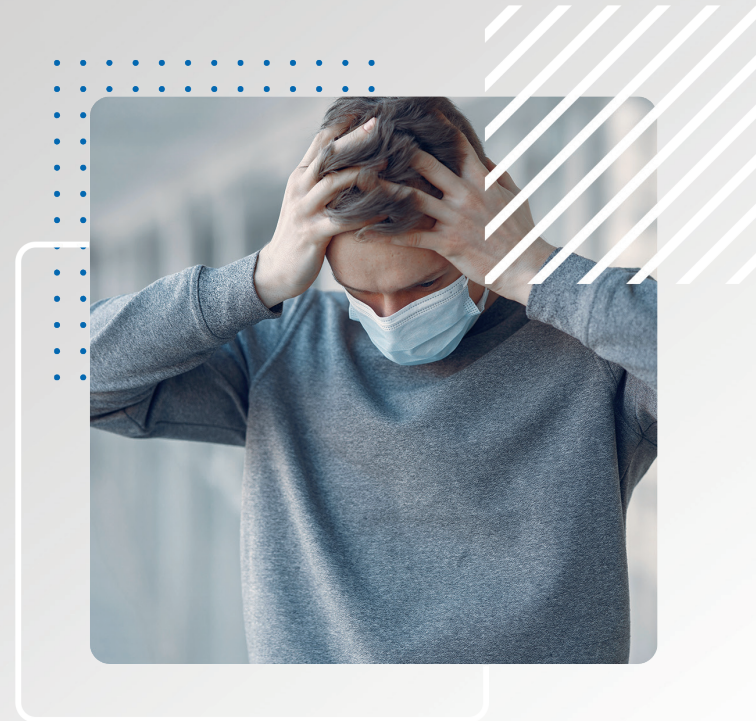


Although everyone is affected in some way by these events, there are a wide variety of reactions and feelings that each person can experience. Many people may feel overwhelmed, confused, or disoriented about what is going on. They may feel frightened, anxious or numb. Some may have mild reactions, while others may react more severely. How people react depends on many factors constitute their degree of vulnerability, including (PAHO, 2015):

- Nature and severity of the event (s) to which he/she was exposed;
- Previous experience of crisis situations;
- Support he/she receives from other people during their lives;
- Physical health status;
- Personal and family history of mental health problems;
- Personal culture and traditions;
- Age and gender.

The socio-cultural pattern that determines the behaviour of men and women in society is one of the examples that illustrate the chances of people responding differently to the adversities of a pandemic. Men are culturally encouraged to suppress painful emotions, for expressing emotions may be interpreted as weakness. This factor puts them at greater risk of developing responses such as excessive alcohol intake or violent behaviour. Women, on the other hand, are encouraged to express their fears and seek support and understanding for themselves and their children.

Another example concerns age. The elderly, despite the wisdom for having faced adversities throughout their lives, may be in situations of vulnerability as a result of chronic and disabling diseases, for being isolated and not having family and social support networks.



Every person has the strength and ability to deal with challenges in life. However, some people are particularly vulnerable in crisis situations and need more help.

Taking these factors into account, the company can adopt multidirectional prevention strategies for the population of workers. Experience shows that the strategies for mental health promotion and protection cannot be limited to expanding and improving specialized services offered directly to the people affected, rather, the perspective needs to shift toward a much broader area of expertise (PAHO 2005).

How to know if the psychological response is normal or psychopathological

Each person lives under a set of conditions that makes them more or less vulnerable. In this sense, at the individual level, many people may face a crisis, generated by an external vital event that exceeds the person's emotional response capacity. Their coping mechanisms are insufficient and there is an imbalance and inability to adapt psychologically (PAHO, 2005).

In a situation with great emotional burden - such as suffering from a serious illness and/or the death of beloved relations - certain feelings and reactions are frequent, normal and expected. How to know when these reactions are transient and understandable in the face of the traumatic experience? When do they indicate that they are a pathological condition that requires a professional approach?

According to PAHO (2005), the criteria for determining whether an emotional manifestation is becoming symptomatic of a mental disorder are:

- Prolonged suffering;
- Intense suffering;
- Associated complications (for instance, suicidal behaviour);
- Significant impact on an individual's routine and social functioning.

The risk of appearing disturbance is increased in accordance with the characteristics of traumatic experiences and vulnerability factors.

The most frequent mental disorders are:



Immediate reactions

- Depressive moments
- Acute, transitory stress reactions
- Violent behaviour
- Excessive alcohol consumption



Delayed psychic disorders:

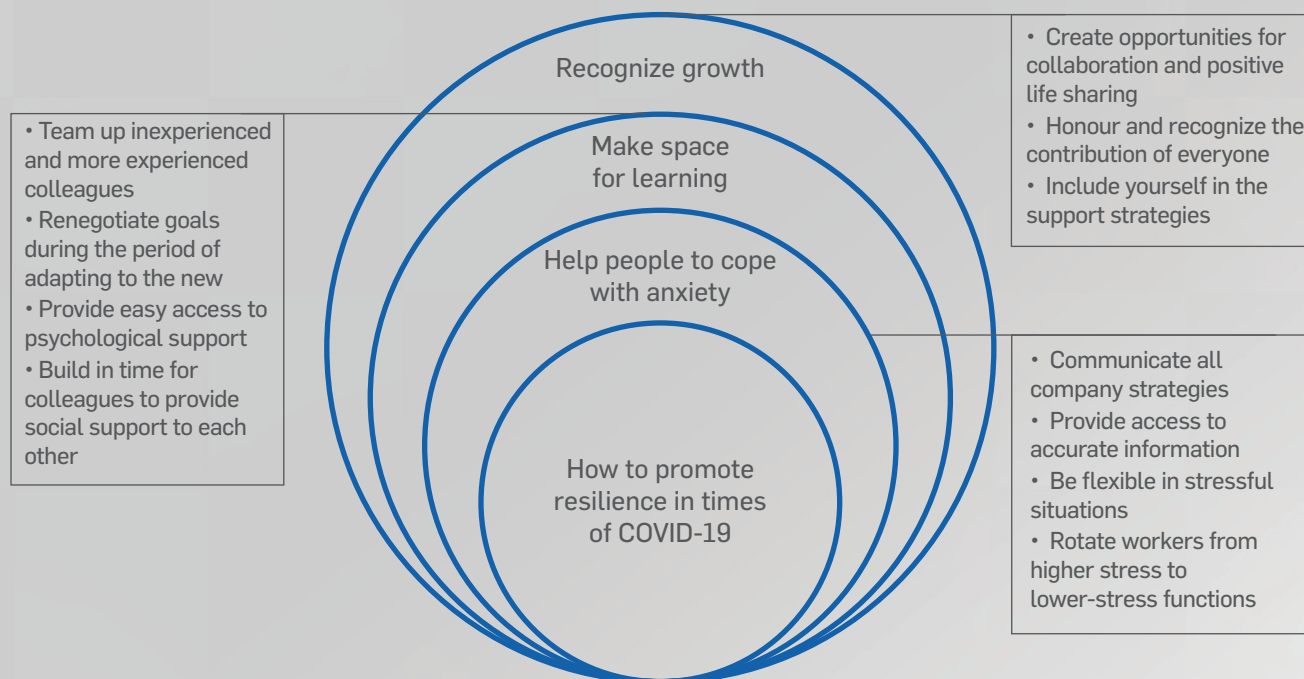
- Pathological grief
- Depression
- Adjustment disorders (difficulty to adapt to vital changes resulted from loss)
- Manifestations of post-traumatic stress
- Abuse of alcohol or other addictive substances
- Psychosomatic disorders



Patterns of prolonged suffering (frequently become serious and long lasting):

- Sadness
- Generalized fear
- Physically expressed anxiety

General recommendations for company managers and team leaders



Adaptation from "Quem Quero Ser Durante COVID-19" of @parteaguaspodcast

The coronavirus pandemic increases stress and psychological distress. The World Health Organization has outlined general recommendations for dealing with this scenario by maintaining mental and psychological well-being during the pandemic.



1. Ensure good quality and effective communication with workers, providing information and strategy updates. Don't limit to written strategies to share messages with people. Consider that there are differences and communication difficulties of various kinds.



2. Provide access to accurate information and safe sites for workers to learn about practices of self-protection and protection of their family members.



3. Be flexible to workers who are directly impacted or have a family member affected by a stressful event.



4. Rotate workers from higher stress to lower-stress functions.



5. Encourage teams to pair up inexperienced and experienced workers.



6. Renegotiate and re-plan workers' goals so they can adapt to the forms of work (remote work, new shifts, new procedures, new schedules).



7. Ensure easy access to mental health and psychological support services.



8. Encourage experienced colleagues to provide social support, monitor stress and reinforce safety procedures.



9. Provide guidance to workers on new ways of providing practical and emotional support to colleagues and family members.

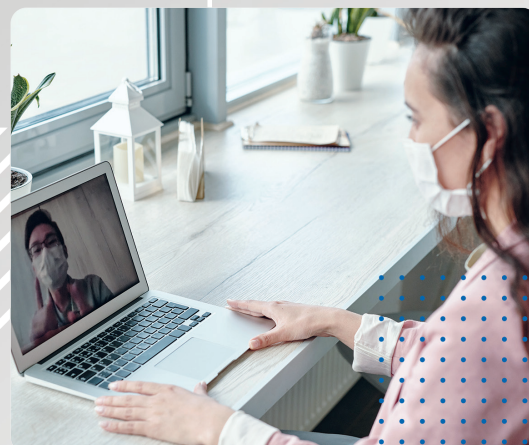


10. Find opportunities in the workplace and in digital methods for people to share hopeful stories and positive images of people who have recovered from COVID-19 and people who have found creative strategies for family and community support.



11. Honour and recognize the importance of all workers, reinforcing their relevance to society in this moment of coping with COVID-19.

Managers face stresses that are similar to their staffs' and may suffer additional pressure relating to the responsibilities of their job. It is important that the above strategies are in place for both workers and managers. Ensure that all are trained to self-care strategies to mitigate stress. n de las estrategias definidas.



General mental health suggestions for workers:

The tips below were adapted from the WHO document Mental Health Considerations During Covid-19 outbreak (2020):

1. COVID-19 is not associated with any race or nationality. People affected with COVID-19 have done nothing wrong.

2. Do not refer to people as "COVID-19 cases", "victims of COVID-19", "the diseased and infected with coronavirus". Refer to them as "people who are being treated for COVID-19" or "people who are recovering from COVID-19".

3. Avoid watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed.

4. Seek practical information that help you plan and adopt strategies for self-protection and protection of your loved ones.

5. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried.

6. Gather information at regular intervals from the Ministry of Health, FIOCRUZ, State Secretaries of Health and SESI sites so you can get the facts; not rumours and misinformation.

7. Feeling under pressure is a likely experience during a pandemic. Stress and the feelings associated with it are by no means a reflection that you cannot do your job.

8. Be tolerant to yourself and others.

9. Try and use helpful coping strategies to manage stress and keep your physical well-being.

10. Use strategies that have worked for you in the past to manage times of stress and that have benefitted you. They can be useful to you now.

11. Find and share helpful stories and positive images of people who have recovered from COVID-19 and people who have found creative solutions to overcome challenges and give social support to others.

12. Stay connected to friends and family, even if it is necessary to use digital technology. Social support is key to overcome challenges.

13. Ask for help when you need it for those you trust. People may be going through similar situations and the exchange of ideas and experience can be helpful to everyone.

14. Share with friends and colleagues contacts of suppliers (fairs, markets, pharmacies and others) of essential services that you know and trust.

15. Protect yourself and be supportive to others. Assisting others in their time of need can benefit both the person receiving support and the helper.

16. Honour and acknowledge the importance of the contribution that each person can make to strengthening the country's strategy to contain the pandemic.

17. Honour and recognize the importance of professionals who support society by providing essential services and products to cope with COVID-19.

Psychosocial factors according to the context of work and quarantine / isolation

There are four possible contexts of work or isolation / temporary leave associated with the coping strategy for the COVID-19 pandemic. They require specific attention and care to promote mental health:

1. People who have to work in person
2. People who can work remotely
3. Asymptomatic workers who have to be compulsorily removed from workplace and cannot work remotely
4. People who have to be isolated at home for suspected or confirmed cases of COVID-19

The description of the psychosocial risks associated with the four contexts described above aims to support companies in designing strategies for these conditions.



People who have to work in person

It refers to workers who continue their work activities in their workplace, such as, for example, those who perform activities and provide services that are essential to life subsistence during the pandemic, as established by Brazilian Federal Executive Decree No. 10.282/20. Some examples: food and beverage retail stores, gas stations, shops, and drugstores, among others.

For those who continue in their workplace, the fear of becoming infected and of transmitting the disease to family members may be even greater than for those who are working from home. Also, the measures adopted for physical distance at work can lead to a feeling of rejection and they can make it difficult to connect with colleagues from work.



Tips for those who have to work in person



At home

- When you get home, before hugging your family, take a shower. After that, take advantage of the proximity to them, talk and catch up.
- Hygiene at home is important, but don't be paranoid, just follow cleaning recommendations.
- Try not to compensate the difficulties with harmful strategies such as alcohol abuse, smoking, drug use, overeating.



At work

- It is normal to feel stressed with the process of adaptation to change. That does not mean you won't be able to adapt.
- Be creative not to get emotionally distant from your colleagues.
- Be more tolerant to yourself and others.
- In case you have flu symptoms such as cough, runny nose and fever, talk to your manager, preferably by telephone and before going to your workplace.
- In case you don't feel well during working hours, report it to your manager immediately.
- If you have difficulties to adapt to physical distancing:
 - Talk to your manager, colleagues, and family so you can work on a solution together.
 - Seek for psychological help.
 - Check if your company offers psychological support or search for free psychological on-line sessions. You may also ask friends or family to do that for you.

People who can work remotely

It refers to workers who are working from home. These people are not sick, nor do they have flu symptoms. They may or may not be at risk groups (chronic health condition or ≥ 60 years).

There is a huge difference between working at the worksite and working from home. It is a new experience for many. At the workplace, we generally focus our total attention on our work tasks. Also, for our benefit, we have operational and logistical support. At home, our attention is divided with household chores and care of family members, making it harder to concentrate on work.

Workers should be assisted during the period of adaptation to remote work. In future editions of this material, we will provide strategies to assist workers cope with this process.

Tips for people who can work remotely

Adapt your house

- Having a place to work and a routine is important for you to develop a new behaviour at home.
- Negotiate with family and mates specific times for virtual meetings.
- Use headphones to listen to calm music or simply to isolate from home noise during work.
- The period of adaptation can last longer. Negotiate flexible goals with your team and manager for this period.



Working from home

- This scenario is new and challenging for many workers. It is ok if you don't have all answers and need time to adapt.
- Be comprehensive with yourself during the period of adaptation. Difficulties are common, but it doesn't mean that you will not be able to adapt.
- Create strategies to have healthy work routine at home. Share them with your colleagues.
- Being collaborative is key for everyone to feel supported and less lonely.
- If you are facing difficulties to adapt to remote work:
 - ▶ Seek for psychological help.
 - ▶ Check if your company offers psychological support or search for free psychological on-line sessions. You may also ask friends or family to do that for you.



Asymptomatic workers who have to be compulsorily isolated from workplace and cannot work remotely

It refers to workers whose jobs are not likely to be performed from home such as bakers, drivers, bricklayers and were compulsorily removed from their workplaces.

These are people who are not sick. They do not have flu symptoms, but they had to be removed from worksites due to:

- Social isolation decreed by the government so as to reduce disease transmission at a given location, or;
- They belong to risk group for which social isolation has been recommended as a health and safety policy (people with chronic diseases and/or over- 60s).

It is a great challenge for these people to remain in social isolation. This compulsory distancing can be felt as a loss, since people feel they are able to work and wish to continue contributing to their agency or company. It can be also seen as worthlessness, as if the company and society does not recognize the value of their work. That can cause grief, depression, anxiety, anguish, for they may fear losing their jobs or having their wages suspended, and, consequently, failing to keep up with their financial responsibilities. In addition to taking all preventive measures advised by health authorities, it is important to care for mental health.

In this context, companies can be a great ally of the worker and the health system. Offering training courses may bring back employees' feeling of being useful. Companies and agencies can also offer some type of remote support by providing self-help and mutual assistance mechanisms.

A communication channel between the company and its employees must be encouraged.



Tips for workers who have to be compulsorily isolated from workplace and cannot work remotely

Transform yourself

- Seek for on-line professional development courses. You can take your time in isolation to deepen your knowledge.
- Try to contribute to the well-functioning of your house during the pandemic by providing social support, doing household chores and exchanging ideas.
- Implement personal projects that are possible to execute in isolation: learning a new language, playing the guitar, singing, cooking and writing.

Transform yourself at work

- Be in contact with colleagues and managers, exchange ideas on how to deal with the pandemic.
- Be a social support for those colleagues who still are at the workplace.
- Acknowledge the importance of your contribution to combat Covid-19 by being socially isolated.
- If you are facing difficulties to adapt:
 - Seek for psychological help.
 - Check if your company offers psychological support or search for free psychological on-line sessions. You may also ask friends or family to do that for you.

People who have to be isolated at home for suspected or confirmed cases of COVID-19

It refers to workers referred to home isolation due to confirmation or suspicion of COVID-19. This seclusion is supported by medical leave, which can also be applied to people who are apparently healthy, but who have had close and frequent home contact with infected people or with flu symptoms. This measure is taken in order to prevent the disease from spreading. Unlike remote work or compulsory isolation, this worker will be away for a specific time of 14 days.

In these cases, the company does a distance or face-to-face monitoring by a health professional every 48 hours to monitor the health situation of the worker and his / her family.

This type of situation can lead to different scenarios. A worker may live alone and, being debilitated by the symptoms of COVID, he/she may not have care support. Or, he/she may live with other people and have to be isolated inside his/her home. Both situations can cause anguish and pre-existing illnesses decompensation. Therefore, there should be a means of communication between the company and a worker who falls ill to show support and care.

In such case of isolation, a person may suffer losses, fear and anguish due to their physical and social vulnerability or due to the possibility of contaminating family members.



Tips for people who have to be isolated at home for suspected or confirmed cases of COVID-19

That will pass

- The best you can do for your family is to keep yourself physically distant and emotionally close to them.
- Follow the hygiene measures recommended without getting paranoic.
- If you are facing difficulties to adapt:
 - ▶ Seek for psychological help.
 - ▶ Check if your company offers psychological support or search for free psychological on-line sessions. You may also ask friends or family to do that for you.

In the meantime, transform yourself

- Being alone is really challenging, but it is also a great opportunity to learn how to be your own company.
- Take advantage of the moment to recognize yourself.
- Allow yourself to feel hope and open to mutual care and support.
- If possible, create a project, which makes you feel alive and motivated, to keep your mind active.
- Always talk to friends and family: make phone and video calls, exchange e-mails and social network messages. Try to listen and to be listened.



When action is needed and what to do

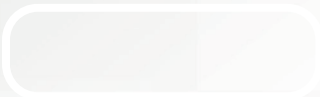
The PAHO document on mental health protection (2005) reinforces that, after major catastrophes, mental health problems require prolonged care to survivors, while people and communities need to face the task of rebuilding their lives. It raises the need for devising psychosocial protection and recovery plans. In terms of care, three time periods (before, during, and after the epidemic) can be identified, along with four groups of people:

- The sick;
- Those who had the disease and survived;
- Those who are not sick, but could get sick, and who have experienced major losses (death or illness among family members, friends, or neighbours); and
- Members of the emergency response team.



Mental Health Actions by Time Period

Psychological and social manifestations among the population	Mental health actions
Before: <ul style="list-style-type: none">• Expectation of the inevitable.• Over- or under-estimation (denial). of the potential epidemic.• Exaggeration of pre-existing personality traits (positive and negative).• Anxiety, stress, insecurity, and hyper vigilance for symptoms of the disease.	<ul style="list-style-type: none">• Sensitization about and information on the subject.• Identification of vulnerable groups from a psychosocial standpoint.• Promotion of community spirit and community participation.• Communication of risk to the population, emphasizing vulnerable groups.• Preparation of emotional support and counselling groups (peer support) and Psychological First Aid-PFA.• Identification/ organization of mental health services for adequate response during emergency.



Psychological and social manifestations among the population	Mental health actions
During: <ul style="list-style-type: none"> • Fear and a sense of abandonment and vulnerability . • Need to survive and adaptation to changes in the normal patterns of living. • Loss of initiative. • Spontaneous leadership (positive or negative). • Behaviour that can fluctuate between heroic and horrible, violent and passive, and sharing or selfish. • Restriction of movement, use of masks, reduction in direct physical contact, temporary school closures, etc. • Anxiety, depression, grief, peri-traumatic stress, emotional and panic crises, group reactions to disturbances, regression to pre-existing psychological disorders, and psychologically-based sleep disorder. 	<ul style="list-style-type: none"> • Rapid evaluation of the psychosocial needs of the population. • Actions of early detection, reporting and care. • Mass communication- information and recommendations on: what is happening, what is being done, and what people should do. • Transmission of: organization, safety, authority, morale, calm, support and encouragement. • Individual and group support and psychosocial care for affected people, families, and communities. • Promotion of self-help and mutual assistance mechanisms, including groups and peer assistance. • Recovery of initiative and improvement of self-esteem. • Mobile groups to work in the community and PFA, collaborative and community projects. • Emotional first aid from non-specialized personnel (health and humanitarian assistance), especially for grieving families. • Psychiatric care for people with defined mental disorders.

Psychological and social manifestations among the population	Mental health actions
After: the pandemic is under control <ul style="list-style-type: none"> • Fear of a new epidemic. • Aggression and protests against authorities and institutions. • Social and mental health side effects: depression, pathological grieving, post-traumatic stress, alcohol and drug abuse, as well as violence. • Start of a slow and gradual recovery process. 	<ul style="list-style-type: none"> • Continuation of a good mass communication strategy to promote recovery. • Individual and group mental health services for affected people, families, and communities, as part of a medium-term psychosocial recovery plan (6 months at the very least). • Rehabilitation is moving foward and hope is reappearing; new life plans should be strengthened. • Discussion of experiences and lessons learned.

Table adapted from POHA's document: PROTECTING MENTAL HEALTH DURING EPIDEMICS

Basic messages for mental health protection plans:



1. We should not think only in terms of psychopathology, but also in broad terms about collective problems and social vulnerability.



2. The area of expertise of mental health professionals needs to be expanded: training, collective social support initiatives and strategies for early diagnosis.



3. The majority of psychosocial problems can and should be addressed by non-specialized personnel (peers, supervisors, community members).

Psychological First Aid- PFA

The First Psychological Aids are humane, supportive and practical assistance to follow up human beings who recently suffered a serious stressor. They help people do better over the long term, for they:

- Feel safe, connected to others, calm and hopeful
- Have access to social, physical and emotional support
- Regain a sense of control by being able to help themselves and community members.

The full guide on PFA, which resulted in this adapted chapter, can be accessed and downloaded from: https://www.paho.org/bra/index.php?option=com_docman&view=download&category_slug=prevencao-e-cont-doencas-e-desenv-sustentavel-071&alias=1517-primeiros-cuidados-psicologicos-um-guia-para-trabalhadores-campo-7&Itemid=965

Psychological First Aid

What PFA is

- Non-intrusive, practical care and support.
- Assessing needs and concerns.
- Helping people to address basic needs (food, water and information).
- Listening, but not pressuring people to talk.
- Comforting people and helping them to feel calm.
- Helping people connect to information, services and social supports.
- Protecting people from further harm.





What PFA is not

- It is NOT something only professionals can do.
- It is NOT professional counselling.
- It is NOT “psychological debriefing”.
- It does NOT involve detailed discussion of the distressing event.
- It is NOT about asking people to analyse what happened or to put events in chronological order.
- It is NOT about pressuring people to tell you their feelings or reactions to an event.

Who can benefit from PFA?

PFA is intended to reach all people who have experienced a crisis event and are distressed. They should be willing to receive care. Do not force help on people. Be available for those who want support. Some people may need specialized psychological assistance, rather than PFA. Recognize your help is limited and ask for professional support. .

PEOPLE WHO NEED IMMEDIATE MORE SPECIALIZED SUPPORT

	People with serious life- threatening injuries and need emergent medical care
	People who are so upset they cannot care for themselves or their children
	People who may hurt themselves
	People who may hurt or endanger the lives of others

When should PFA be offered?

PFA should reach all people who have recently been affected by a crisis event. It is aimed to be the first contact with people in distress. This usually occurs during or right after an emergency. Sometimes, it may occur days or weeks after a crisis event.

Where should PFA be offered?

It should be offered anywhere safe that allows for private conversation, be it face to face or remotely.





How to help with responsibility?

To offer help with responsibility, consider the following:

1. Respect safety, dignity and rights.
2. Adapt what you do to take a person's culture into account.
3. Be aware of other emergency response measures.
4. Take care of yourself.



1. **Respect safety, dignity and rights**

All your actions should be done with respect to safety, dignity and rights of the affected person, who is entitled to be protected against discrimination of age, gender or ethnicity.



ASPECTS TO BE RESPECTED



Safety:

- Don't expose people to further harm
- Ensure adults and children are safe and protected from further physical or psychological harm

Dignity

- Treat people with respect and according to their cultural and social norms

Rights

- Ensure access to impartial assistance without discrimination
- Assist people to claim their rights and access available support
- Act only in people's best interest

Follow all recommendations in a way that affected people are not exposed to further harm. Ensure access to the best possible service and act only in people's best interest.



What to do

- Be honest and trustworthy
- Respect the rights of people to decide for themselves.
- Take into account your preferences and prejudice and set it aside.
- Make sure people may not want help at the moment, but may receive it any another time.
- Respect privacy and maintain confidential the person's history.
- Behave properly, taking into account culture, age and the gender of the person.



What not to do

- Don't take advantage of your professional position and health professional.
- Do not ask for money or favors to care for people.
- Do not make false promises or give false information.
- Do not force people to receive help and avoid being intrusive or aggressive.
- Don't force people to talk about personal stories.
- Do not spread any personal story.
- Don't judge people by their actions and feelings.



2. Adapt what you do to take a person's culture into account

Culture guides the way we relate to other people and what we can and cannot say or do. As a caregiver, it is important to be aware of cultural contexts and faith so you can offer impartial assistance in the most appropriate and comfortable manner.



QUESTIONS TO BE THOUGHT OF WHEN PFA IS OFFERED IN DIFFERENT CULTURAL CONTEXTS

Dressing

- Do I need to be dressed in a specific manner to be respected?
- Are infected people in need of certain type of clothing to maintain dignity and tradition?

Language

- How do people greet each in this culture?
- What language do they speak?

Gender, age and power

- Should affected women be approached only by female professionals?
- Who should I contact? (In the family or community)

Touching and behaviour

- What are the social rules for touching?
- Is there a problem if I hold someone's hand or touch his/her shoulder?

Religion and beliefs

- What beliefs or practices are important for the affected people?
- How can I explain what has happened?



3. Be aware of other emergency response measures

It is usually a challenge for PFA staff and volunteers to know exactly what services are available and where those services are. You need to be aware of what services and supports may be available to share this information with the people who receive your help and inform them about how they can access practical help.

It is not required to be a professional in the area or to have work experience in psychosocial care to offer PFA. However, PFA should be offered by organizations or community groups with members who are trained and supported by professionals.



4. Take care of yourself

Caregivers can be affected by what they experience in each crisis situation and by how their family members or loved ones are affected. Therefore, it is essential that caregivers give extra attention to their own health and well-being.



Proper communication with affected people

People who have gone through a critical event may be sad, anxious or confused, while others may blame themselves for things that happened during a pandemic situation. Being calm and showing understanding can help them feel more secure, protected, understood and respected.

Listening to someone's story can be a great support. However, some people may not want to talk about what happened. They may enjoy having the company of a caregiver, even in silence. It is important that the caregiver let them know he/she is available for whenever they wish to talk. Offer practical help such as a meal or a glass of water.

Remaining silent for a period of time can give people space and encourage them to share what happened.

To communicate well, the caregiver must be aware of words and body language, such as facial expressions, eye contact, gestures and the way he/she sits or stands in relation to the other. Each culture has certain types of behaviour that are considered appropriate and respectful. That is why it is important to speak and behave in a way that takes into account the person's culture, age, gender, habits and religion.



Things to say and do

- Try to find a quiet place to talk to minimize outside distractions.
- Respect privacy and keep the person's story confidential.
- Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- Let them know you are listening; for example, nod your head or say "hmmmm...."
- Provide factual information, if you have it. Be honest about what you know and don't know. "I don't know, but I will try to find out about that for you."
- Give information in a way the person can understand – keep it simple.
- Acknowledge how they are feeling and any losses or important events they tell you about. "I'm so sorry. I can imagine this is very sad for you."
- Acknowledge the person's strengths and how they have helped themselves.
- Allow for silence.



Things not to say or do

- Don't pressure someone to tell his or her story.
- Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly).
- Don't touch the person if you're not sure it is appropriate to do so.
- Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
- Don't make up things you don't know.
- Don't use terms that are too technical.
- Don't tell them someone else's story.
- Don't talk about your own troubles.
- Don't give false promises or false reassurances.
- Don't think and act as if you must solve all the person's problems for them.
- Don't take away the person's strength and sense of being able to care for him/herself.
- Don't talk about people in negative terms (for example, don't call them "crazy" or "mad").

PFA Action principles: look, listen and link

The three basic PFA action principles are: look, listen and link. They guide caregivers on how to observe for people's safety, to make contact with people who may need support, to listen and understand what people need and help them find practical help for basic needs and information.

PFA ACTION PRINCIPLES



LOOK: Observe for safety; observe for people with obvious urgent basic needs; observe for people with serious distress reactions



LISTEN: Make contact with people who may need support; ask about people's needs and concerns; listen to people and help them feel calm



LINK: Help people address basic needs and access services; help people cope with problems; give information; connect people with loved ones and social support

LOOK

It is important to take time- even a quick scan- to look around and observe before offering help. This may be a fast check, but it will allow caregivers to prepare, be calm and safe and think before acting.

Look	Questions	Questions
Safety	Are there any safety risks (heat, opportunity for contamination, noise, cutting object)? What measures should I take to protect myself and the person in distress?	Start helping in unsafe situations may lead to distraction and health harm.
People with obvious, urgent, basic needs	Is the person critically injured? Does the person need rescue and medical assistance? In case of emergency, who else is available to help?	Know your role. Try to obtain help for people who need special assistance.
People with serious distress	Is the person extremely upset, immobile, not responding to others or in shock?	Consider who may benefit from PFA and what is the best way to help.

There are different ways to react psychologically to a crisis situation:

- Physical symptoms (shaking, headaches, fatigue, loss of appetite, aches and pains)
- Weeping, grief and sadness
- Anxiety, fear
- Being on guard, jumpy
- Concern that something very bad is about to happen
- Insomnia, nightmares
- Anger, irritability
- Guilt, shame (for having survived, or for not saving others)
- Feeling confused, emotionally numb, feeling unreal or in a daze
- Immobile, withdrawn
- Disoriented – not knowing one’s name, where one is from or what happened
- Unable to care for oneself or one’s children (not eating or drinking, not able to make simple decisions)

Most people recover well over time, especially if their basic needs are met and if they receive PFA or support from their loved ones.




Ensure that those with severe or long-lasting distress are not left alone and are kept safe until you can find help from health professionals or from a supervisor of the company that may offer help.

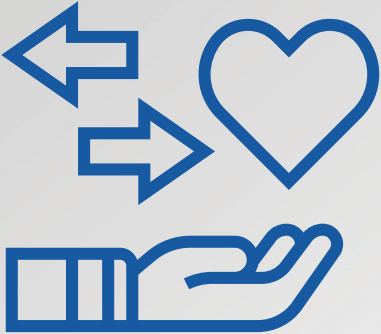


LISTEN

Properly listening to people is essential to understand the situation and what they need in order to help them feel calm and offer appropriate support. Learn to listen with: eyes (undivided attention), ears (truly listen to their concerns) and heart (carefully and respectfully).

LISTEN: WITH EYES, EARS AND HEART

	1. Make contact with people who may need support
	2. Ask about people's needs and concerns
	3. Listen to people and help them feel calm



1. Make contact with people who may need support
- Approach respectfully, and in accordance with their culture.
 - Introduce yourself.
 - Ask if you can provide help.
 - If possible, find a safe and quiet place.
 - Help the person feel comfortable; for example, offer some water.
 - If a person is very distressed, make sure he /she is not left alone.



2. Ask about people's needs and concerns
- Although some needs are obvious, always ask what their needs and concerns are.
 - Find out what is most important to them at that moment and help them set their priorities.



3. Listen and help people feel calm

- Stay close to the person.
- Do not pressure him/her to talk.
- Listen in case he/she wants to talk.
- If a person feels very distressed, help he/she feel calm and make sure they are not left alone.

Techniques to help people calm down

- Keep your tone of voice soft and calm.
- If it is culturally accepted, maintain some eye contact while you talk to the person.
- Reassure them they are safe and that you are there to help, if it is true.
- If someone feels “unreal” or “disoriented”, help them make contact with their surroundings e with themselves. You can do by asking them to:
 - ▶ Feel their feet on the floor.
 - ▶ Tap hands or fingers on their lap.
 - ▶ Find calming elements in their surroundings (things they can see, hear or touch).
 - ▶ Focus on their breath and breathe slowly.

LINK

Helping people find practical help is the main goal of PFA. PFA is usually a single intervention and the support offered can last for a short period of time. Affected people need to use their own abilities to deal with problems for them to be able to recover in long term. PFA aims to help people to help themselves, leaving a situation of confusion and helplessness and taking control of their lives.

LINK



Help people address basic needs and access services



Help people cope with problems



Give information



Connect people with loved ones and social support



1. Help people address basic needs and access services

People in distress due to COVID 19 may need:

- Basic needs: shelter, food, water, income, hygiene products and isolation.
- Health services and medicine for COVID-19 and other health harms or chronic diseases.
- Accurate information on the pandemic, prevention methods, information on the loved ones and services.
- Contact with family, friends, and other social support.
- Access to support related to religion or cultural tradition.
- To be consulted and be involved in important decisions.

Help affected people address their basic needs by:

- Identifying their specific basic needs.
- Linking people to services related their needs.
- Following up if you promise to do so.



2. Help people cope with problems

- Help them identify urgent needs and prioritize and find solutions.
- Ask them to find what needs to be solved immediately and what can wait for later.
- Being able to cope with problems gives people sense of control of the situation and strengthens their abilities to solve problems.
- Help them identify people (friends and family) who can offer support.
- Give practical suggestions how they can meet their needs (for example, explain how one can register for government's or company's social programs).
- Help them remember how they coped with difficult situations in the past and ensure they can deal with the current situation.
- Ask people what helps them feel better. Encourage them to use positive coping strategies and avoid negative coping strategies.





3. Give information

Getting accurate information in a situation of pandemic may be hard because the situation and the strategies to deal with it change. According to the evolution of COVID-19, support measures have to be adjusted. Added to that, there is a great deal of fake news nowadays. Companies and PFA caregivers need to have updated news before approaching a group. Make sure you provide clear information on where and how people access services.

People who are affected by a situation of crisis need information on:

- The pandemic and its consequent events
- Family and other people who have been affected
- Safety
- Rights
- How to access services and address basic needs.

When giving information to affected people:

- Report your source of information and its limitations
- Tell them only what you know – never make up information that you do not know
- Keep messages simple and accurate, and repeat the message to be sure people hear and understand the information.
- Giving information to a group can help dispel rumours and ensure that everyone receives the same message
- Let them know when/where you will update them



4. Connect people with loved ones and with their social support

People who feel they had good social support after a crisis cope better than those who feel they were not well supported. Thus, connecting affected people with loved ones and with social support is an important part of PFA.

- Help Keep families together. Children should be with their own parents and loved ones.
- Help people contact friends and loved ones in order to reach support.
- If people tell you about the importance of their religious practices, help them have access to religious leaders and spiritual community.
- Affected people may be able to help each other, help bring them together. Encourage support networks among colleagues.



Ending your assistance

Explain you are leaving and, if possible, introduce them to someone else who can help. If you linked them with services, be sure they have contact details and know what to expect. Say goodbye in a positive way and wish them well.

How to apply social support among teams: social solidarity circle

This practice was based on the Social Solidarity Circle Guidelines, which is part of the Institute Toolkit. The circle of social solidarity allows access to the team's collective intelligence to let new meanings and solutions emerge together to deal with the challenges of the COVID-19 pandemic. Although team members can be in their homes (remote work) or at the workplace, you can practice social solidarity. The solidarity circle is an updated version of the 'Coaching Circle' methodology.

- Activate one Circle of Social Solidarity with members of your team or the company.
- Find some time; find your people and schedule weekly session.



Activity description

Stage	Time	Process
1	5 min	Welcome+ Introduction <ul style="list-style-type: none">• Open for those who want to speak spontaneously:<ul style="list-style-type: none">▶ Name▶ Place▶ What question is live at the moment and that you want to explore further?• At the beginning of the weekly sessions, the manager starts by introducing himself to break the ice and serve as a model / reference. Over the weeks, with training, other members can start.
2	5 min	Silence (people remain silent for a while) Facilitator can lead the group to take a deep breath, together, three times, slowly exhaling.
3	25 min	Share personal status, one by one (5 min per person). If the team is large, separate into small groups of up to 5 people. <ul style="list-style-type: none">• How are you?• What is happening in your team or family during the pandemic?• What is your state of mind?• How do you let feelings and beliefs go away (detachment)?• What is emerging (ideas, learning, new ways of being)? Obs: if the circle is made remotely, create subgroups in the virtual meeting platform.

Stage	Time	Process
4	10 min	<p>Mirroring (in smaller groups, if applicable)</p> <p>After everyone has shared ... PAUSE.</p> <ul style="list-style-type: none"> Breathe in. Exhale. Let the resonance of stories pass through you Take a moment to understand what is happening to you (mind, heart, body) now. Share an image / a metaphor, a feeling, a drawing or a gesture that emerged in silence or while heard the stories.
5	5 min	<p>Final considerations (in the larger group)</p> <ul style="list-style-type: none"> What are you doing to support yourself in the coming weeks to strengthen your ability to cope with this situation and prepare for what is coming up? <p>Open for two team members to share</p>
6	3 min	<p>Journaling / each one in his/her own</p> <ul style="list-style-type: none"> Any thoughts, practices or inspirations that you would like to continue to explore in the coming weeks.
7	5 min	<p>Closing</p> <ul style="list-style-type: none"> Make sure the time for the weekly meeting works for the next 14 weeks. Is there a shared question that we would like to explore together in this period?



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