



Croce Rossa Italiana
Organizzazione di Volontariato

Mid Term Report Italian Red Cross

Resolution 2 – Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies

December 2021

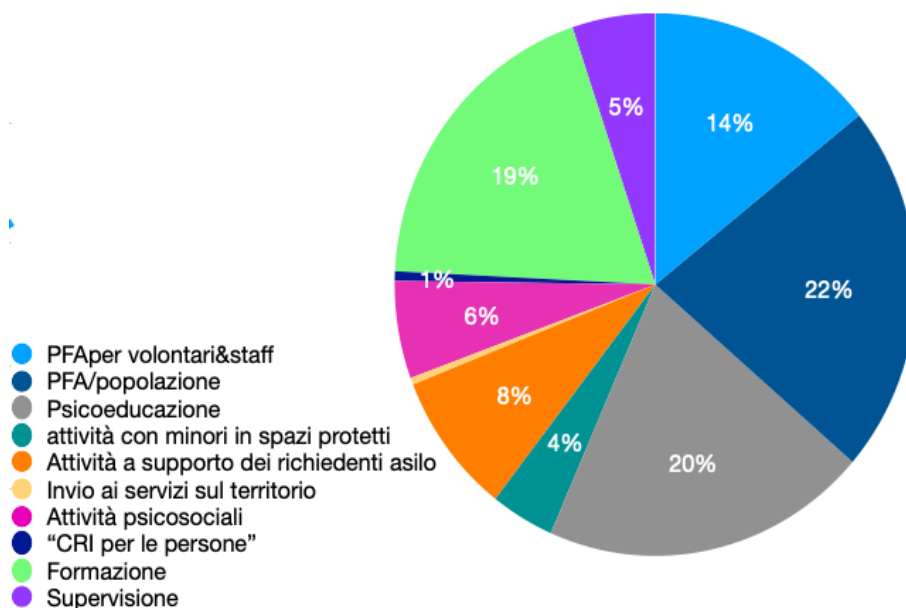
Mid Term Report Italian Red Cross

Resolution 2 – Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies

Elements of the resolutions implemented

Italian Red Cross (ItRC) MHPSS activities are carried out by using a combination of stand-alone and integrated approaches. The stand-alone approach is used for basic psychosocial support (such as Psychological First Aid (PFA), basic psychoeducational, and awareness. An integrated model is used in caring for migrants, preparedness plans, and response to emergencies, the HCiD project.

The MHPSS activities carried out by the ItRC PSS Service reached a total of 52848 people in a year and a half (March 2020 - October 2021). Most activities (38%) have been delivered to protect and promote the mental health and psychosocial well-being of staff and volunteers (Resolution point 9/ Roadmap priority action area 1 and 3) (psychological first aid (14%) training (19%) and supervision/mentoring system (5%). While 29% activities have been PFA for population (22%), addressing the basic PS needs of the communities (7%) (Resolution point 1), 20% awareness and psychoeducation for staff and volunteers and population (Resolution point 2), 12% activities related to migrants/RFL (8%) and caring for minors (4%) (Resolution point 5) /see graphic below,



Examples / Good practices

- Special care activities for volunteers and staff deployed during the first phase of the covid-19 emergency (March-July 2020): local branches, telephone calls, video calls working 24/7;
- Setting up of new trainings and supervision system for volunteers and staff deployed in ER, provision of basic PFA for people in Emergency Room;
- Dissemination of IEC materials for awareness/coping with stress, for special targets (webinars, videos, podcast);
- Engagement of temporary volunteers (trained, coached): most of them have been associated subsequently;
- Exchange webinars (technical exchange with Sister NSs on Covid 19 PS response. Topics: psychosocial support for health workers and volunteers, PSS support for the people in quarantine facilities, PSS to the general public).
- Strengthening of the toll-free number service offered by ItRC "*CRI per le Persone*"

Describe the impact on the implementation of this resolution

Thanks also to the use of the digital resource, we could reach, support, train, and supervise several volunteers and staff, align our workforce to the common framework of the service provided, establishing a basic level of psychosocial support.

Challenges during the implementation

The implementation has been carried out during the Covid-19 pandemic. This contest has pushed to build new tools and procedures, adapting and shifting some services online. The digital resource has become a mandatory option to tackle the increase of the needs of MHPSS services, especially during the first year (2020) of the pandemic. In particular, a big challenge has been to ensure data security.

Partners on the implementation

Ministry of Health (vaccination hubs);

Ministry of Defense (migrants);

Donors and Municipalities (basic needs and PS activities)

- **ItRC toll-free number “CRI per le persone”:** Psychological First Aid service of the National Response Centre

Elements of the resolutions implemented

Health/MHPSS
Education
Older people
Violence
Social Protection
Vulnerable population

Describe Examples / Good practices

The Psychological First Aid service of the ItRC toll-free number for people was born in June 2019 thanks to funding from the Ministry of Labour and Social Policies, by which the Italian Red Cross promoted the project “**CRI per le persone**”. Initially aimed mainly at people in conditions of loneliness and at risk of social isolation, in this case, the elderly who - more than others - live the summer often confined to their homes and away from their families. The toll-free number 800-065510 became a single point of access for anyone who needs company and listening.

With the spread of the Sars-Cov-2 emergency, the toll-free number 800-065510 and the Psychological First Aid service continue, even more, to be an important reference for thousands of people, and the Italian Red Cross decided to implement the service in order to better respond to emerging requests.

- 1) **Setting up a team of professionals.** On 23 March 2020, the Italian Red Cross set up a team of 21 people, including psychologists and therapists, to answer the calls from Monday to Sunday, from 8 am to 8 pm, providing a tier-2 response to all those in need of support.
- 2) **Establishing guidelines for incoming calls.** People in need of mental health support can call the toll-free number 800-065510; the tier-one operators collect the caller’s details and needs and send a report to the team of psychologists and therapists; the caller is then called back within the following 24 hours to be taken into charge.
- 3) **Establishing guidelines for taking into charge.** After the first interview with the team of psychologists and therapists, they then assess the possible treatment pathway: whether temporary mental health and well-being support with 4 or 5 interviews or – in addition to the interviews – treatment in a local mental health unit.

- 4) **Providing social support, if necessary.** In the interviews with the professional people often express other needs. If any social needs are expressed or inferred, the helpline psychologist alerts the competent local Red Cross committee and social services, besides other volunteer organisations.
- 5) **Establishing the basis for psychiatric support.** In the early stages of the emergency, it was difficult to work as part of a network because the community-level mental health services had been temporarily suspended. The Italian Red Cross endeavored to find 2 consultant psychiatrists, to whom the team of psychologists and therapists requested advice regarding any needs related to pharmacological plans.
- 6) **Providing mental health support to frontline workers as well.** Being aware of the enormous emotional strain on frontline workers who, even during the worst of the emergency, have always guaranteed essential services, the Italian Red Cross has set up a dedicated helpline for healthcare workers and prison police providing direct access to the professionals, without the first tier filter.
- 7) **Providing mental health support to the volunteers and employees of the Italian Red Cross.** Among the people ensuring essential services throughout the emergency period, there were also the volunteers and employees of the Italian Red Cross and also at the national helpline. They have been offered the possibility of individual or group mental health support sessions and helped to stress management tools and to establish improved relations with the more “critical” patients, besides providing a space for addressing emotional discomfort.

In conclusion, the Italian Red Cross has been at the forefront since the beginning, strengthening the tradition that the Psychological First Aid service has always represented for the Organisation. The PFA, in fact, is a milestone of the support provided by the Red Cross and Red Crescent Movement, together with emergency mental health support.

PFA means being there and offering basic support.

PFA means giving practical advice and showing empathy, interest, respect and trust in the reaction capacity of people affected by an “emergency” situation.

PFA means explaining the reactions that we can all have in stressful situations.

PFA means mental health education.

Which users and which responses: the modus operandi

To sum up the matter, the following is a non-standard list of callers and the type of response by the Italian Red Cross helpline operators.

- **People with serious prior mental health issues**

The people in this group are often already involved in care and treatment programmes by the community mental health services, or private professionals, especially with regard to medicinal treatments. During the lockdown we observed a worsening of the symptoms, a rise in relational conflicts, a heightening of the sense of solitude. In their own words, the medicines could only calm their more serious symptoms. This depressive aspect was taken into account by our helpline.

With these callers, the Italian Red Cross operators adopted the following strategy:

- welcoming, listening and setting a timeline;
- referring the caller to an Italian Red Cross psychiatrist, if requested or deemed necessary;
- understanding whether the cases were serious, become chronic over time and due to medicines;
- keeping the calls short, because these are people who require a great deal of energy, the same energy that should be dedicated to other people who better respond to the mission of the service which, we would like to remember, is a Psychological First Aid service for the Covid emergency;
- reducing the length of the call in the case of people who call on a daily basis: 20 minutes the first time, 10 minutes for subsequent calls;
- assessing the potential alertness of the caller, towards both the operator and other people, activating the social or mental health services, where necessary. In this respect, we would like to emphasise how, in certain cases, it has proved urgent to refer certain situations to the 112/118 emergency services.

➤ **People with first-time delusional attitudes**

These are people who, before the Covid emergency, had never experienced delusional disorders. The “reclusion” imposed by the measures for containing the spread of the Covid virus, probably facilitated the onset of this mental and emotional disorder. It is the case of frightened people who did not understand what was happening to them and called the helpline in search of information about what to do and who to contact.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- activating the community mental health services;
- activating the general practitioners for prescriptions for psychiatric exams or to direct the person to a psychiatric emergency facility without a prescription;
- inviting the caller to contact their local mental health service to book a meeting without a prescription by the GP;
- advising the caller to contact the 112/118 emergency services, if the reported behaviour is potentially harmful for the person and/or others;

- being there for anybody, because any kind of directions may prove useful in preventing a person from getting lost in their delusion.

➤ **People with prior mental health issues**

These are people with a long history of mental and emotional disorders with anxious and depressive symptoms. They report attacks of anxiety, panic, hypochondria, obsessive disorders with compulsive behaviour. Many of them also report existential and relational issues. Following the lockdown their issues have become acute, confirming the positive or limited effect of the medicines they were taking.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- helping the person manager and give a sense to the reported symptoms;
- advising breathing exercises, strategic prescriptions, meditation, mapping of the inner resources to be activated;
- referring the person to the Italian Red Cross psychiatrist or to the community mental health services, if requested or deemed expedient;
- advising psychotherapy, if requested or deemed expedient. In this case, the person was directed to the website of the *Ordine Nazionale degli Psicologi* (National Society of Psychologists) for the choice of a therapist.

➤ **People grieving for a loss**

These are people who have lost a loved one. The mental or emotional discomfort they expressed was not directly linked to the Covid emergency, which, however, acted as a sort of trigger, allowing the re-surfacing of unpleasant experiences of solitude or illness.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- receiving their request and conducting between 3 and 4 conversations;
- referring the person to a grief consultants, free of charge, present throughout the country.

➤ **People with prior disorders**

These people are affected by long-term chronic or degenerative disorders, or other forms of malaise. Following the lockdown, these people have found it hard to treat their disorder, with unpleasant psychological effects; examples are people suffering from Alzheimer, Parkinson, autism spectrum disorders, physical disabilities. Many community services have been suspended, with serious social and mental effects and difficulties in re-organising and managing daily living activities.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- receiving their request and conducting between 3 and 4 conversations;
- referring the person to specialist services, free of charge, present throughout the country, such as mental health support services for cancer patients;
- where it does not prove possible to refer the people to any services, more conversations have been scheduled.

➤ **People developing Covid-related emotional, mental health and relational disorders**

These are people who, following the lockdown, have developed mental health and emotional issues, such as anxiety, hypochondria, panic attacks, depression and, in some cases, compulsive behaviours. In the lockdown period many relationships have been either interrupted or have forcibly changed, while others, even before the emergency, were already conflictual or non-existent. For many isolation and social distancing have obliged them to “come in touch with” or “become aware of” their life, to “look into” certain unsatisfactory aspects of their life. This often takes place through signs and symptoms, the same produced by the organism to adapt to new conditions described as “abnormal”. In this case, one should not underestimate the insecurity and distress that appear when faced with an uncertain future, as a result of an unstable and precarious economic and social situation.

With these callers, the Italian Red Cross operators have observed the positive impact of their intervention. It was possible to “help” these people more effectively, because, through the Psychological First Aid (PFA) service, they contained the “normal” reactions – mental and

emotional – to an “abnormal” event. This was made possible by putting into practice the principles of emergency psychology, which directed the Italian Red Cross operators to adopt the following strategy:

- empathic listening and emotional presence;
- providing realistic, simple and clear information;
- legitimising the emotional responses;
- focusing on the “here and now”;
- normalising the symptoms and signs;
- explaining the physiological reactions of the organism;
- giving advice on how to manage the re-adaptation of the organism. In these cases it was important to reassure the callers on the fact that, generally speaking, these signs and symptoms disappear after several weeks. If this did not occur, however, the people were invited to seek therapy outside the Italian Red Cross for elaborating on prior experiences; only in a very few cases, when the symptoms were thought to be significant, did the service advise on psychiatric consultation for the prescription of drugs;
- providing support and development in the resilience zones.

➤ **Women victim of abuse**

Women suffering from psychological or physical abuse either habitually or during the lockdown.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- welcoming the request for help and preparing a personal and relational report;
- supporting the person by helping her to clearly realise her situation;
- providing the national helpline for reporting abuse (1522);
- directing the person to specialist services providing legal advice and to the local social services to build a protection network around her;
- scheduling a number of conversations.

➤ **Covid-infected people or with a loved one in an intensive care unit**

These people experience feelings of distress, fear of death, feelings of guilt for unresolved emotional issues, anxiety for not being able to see their loved ones and not being able to solve any unresolved issues and to tackle the sudden interruption. A sense of loss for what could have been done to avoid infection. Anger towards the people responsible for having infected them. Many people in this condition also experience a sense of helplessness.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- assigning priority to an active presence;
- adopting a “step-by-step” approach, focusing on the present and tackling the crisis on a day-to-day basis;
- helping the person to recognise and name their emotions;
- suspending judgment and normalising the most bizarre thoughts associated with the person’s emotions;
- accompanying the person through a number of conversations (4/5) and assessing the possibility of more;
- not advising any therapy: it’s not yet the right time.

➤ **People who have lost loved ones as a result of Covid-19**

These are people who have suffered the loss of a loved one as a result of Covid and who, in many cases, have also been a vehicle of contagion or who felt an “accomplice of the contagion”, such as children with parents and/or relations in care homes.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- accepting the expressions of grief or other emotions;
- adopting the psychological debriefing protocol, reviewing the facts(what happened) and thoughts (in relation to what happened) and emotions (helping the person to get in touch with what they feel, rather than with what they think and what happened);
- naming their emotions;
- recognising thoughts that are often judged as bizarre and giving them a meaning;
- providing psychological education in relation to the stages of grieving;
- assessing whether the person can become a danger for themselves or others;
- investigating their social and family relations;
- scheduling a number of conversations;
- assessing whether to refer the person to a community mental health service, if requested.

➤ **Households with children**

These people have experienced the lockdown through the feelings and moods of other people living with them and of a particular age, whether children or teenagers. In our experience, children have experienced the lockdown in a deeper and more silent way. The Italian Red Cross operators have received calls, but from the parents requesting help for their children due to “normal” situations becoming abnormal due to the quarantine.

With this type of caller, the Italian Red Cross operators adopted the following strategy:

- helping them understand the problems in managing the time and emotions of their children;
- helping them understand the absence of parental figures, even though also involved in smart working;
- accompanying the feeling of complexity caused by mothers employed outside or in the home, in a totally changed daily framework;
- supporting the parents in the case of separated spouses with children;
- supporting the parents in situations in which marital conflict has been exasperated by the lockdown;
- helping the person back to the present time, i.e. to a useful reality for assessing “what is needed now” and, in this case, helping the parents to shift their focus, as far as possible, from their own to their children’s needs.

➤ **Healthcare workers**

The people providing emergency treatment, care and support during the Covid emergency, primarily doctors and nurses, but also social workers, drivers and rescue personnel. Frontline workers, but also the “victims” of the first type, of mental and physical stress due to their demanding and distressing working conditions.

Following is an overview of the effects of and reactions to these conditions reported to the Italian Red Cross operators:

- **Powerlessness and frustration.** Feelings common to many health workers who felt inadequate in the face of the enormous need of care and totally lacking the means to contrast the growing death toll.
- **Fear of becoming infected or infecting others.** Being in constant touch with Covid-infected people has exposed health workers to emotional discomfort associated primarily with the area of fear (anxiety, hypochondria, panic attacks, compulsive behaviour) and feelings of guilt. Many were afraid of infecting their families.
- **Isolation from family members.** To avoid infecting family members many health workers have preferred to self-isolate. This has ensured their protection and contained the spread of contagion, at the price of keeping most of them separated from their loved ones.
- **Sense of loss of identity and humanity.** The protection measures and personal protective equipment have helped keep infection at bay, but they have also hampered recognition of colleagues and co-workers. In some cases there have been episodes of depersonalisation and dehumanisation.
- **Communication difficulties.** Many health workers have spoken of a great personal emotional sadness for not having been able to provide proper comfort to Covid patients. Even more emotionally devastating was the fact that patients were obliged to die in total solitude.

- **Constant exposure to potentially traumatic stimuli.** For a protracted period of time health workers were exposed to potentially traumatic visual, hearing, olfactory and tactile stimuli. It should be highlighted that the feelings, emotions and thoughts experienced during care and treatment tend to be "frozen", so to speak, and temporarily removed because the focus is all on doing one's job as efficiently as possible. The problem is that they don't just get blown away and, as soon as one returns to a sort of "normality", they can violently resurface and create situations of emotional, psychological and behavioural distress.
- **Resurfacing of painful personal experiences.** Being in contact with an unknown disease and high numbers of hospitalised and infected people, in the middle of an emergency has exposed healthcare workers to other people's life stories. This has led, in many cases, to a phenomenon called "emotional resonance". In this case, the best possible psychological aid was recreating a healthier "distance" between health worker and Covid patient.
- **Feeling exposed.** Especially during the early stages of the emergency, many health workers have spoken of a feeling of anger and resentment towards a "System" that should have protected them more. Of course, the feeling of being exposed to a risk without adequate protection has fuelled the fear of becoming infected themselves and infecting others.
- **Feeling like "disease spreaders".** Although rare, some health workers felt incredulity and bewilderment at being kept at a distance by family members because seen as "disease spreaders". These situations of relational hardship were primarily caused by ineffective communication.

Describe the impact on the implementation of this resolution

The following figures refer to the period from 15 March to 30 April 2020: 45 days of incoming calls to the National Helpline of the Italian Red Cross.

The helpline received 1,864 calls for mental health support from the public, of which 67% were from people with prior psychological and psychiatric problems, while the remaining 33% were from people suffering from mental and emotional discomfort as a direct consequence of the Covid emergency. Each request for mental health support involved 3 conversations, on average, totaling about 5,000 conversations.

Challenges during the implementation

Establishing the basis for psychiatric support. In the early stages of the emergency, it proved difficult to work as part of a network because the community-level mental health services had been temporarily suspended. The Italian Red Cross endeavored to find 2 consultant psychiatrists, to whom the team of psychologists and therapists requested advice regarding any needs related to pharmacological plans.