

Psychological First Aid In The COVID-19 Context: Theoretical Review

Primeros Auxilios Psicológicos Ante El COVID-19: Revisión Teórica

Mari N. Arteaga^a

Abstract:

The objective of this study was to carry out a theoretical review of the protocols, guides, and manuals of Psychological First Aid developed in the COVID-19 context. It was a theoretical study by searching for articles in the following databases: Web of Science, Dialnet, Google Scholar, Science Direct, E-spacio, and Redalyc. The articles that met the inclusion criteria were classified into sections according to their characteristics. It was possible to conclude that the different classifications allow the population to apply PAPs in situations that require it, as in the case of the COVID-19 pandemic; however, the need to increase the development and unify the action protocols is evident to attend the possible repercussions of the crises uniformly; as well as to ensure the evaluation of the results of these applications in a more effective manner.

Keywords:

Psychological First Aid, COVID-19, Pandemic, Crisis.

Resumen:

El objetivo de este estudio fue hacer una revisión teórica sobre los protocolos, guías y manuales de Primeros Auxilios Psicológicos desarrollados en contexto COVID-19, se trató de un estudio teórico, realizado a través de la búsqueda de artículos en las bases de datos: Web of science, Dialnet, Google Académico, Science Direct, E-spacio y Redalyc. Los artículos localizados que cumplieron con los criterios de inclusión fueron clasificados en apartados según sus características. Se pudo concluir que las diversas clasificaciones permiten a la población aplicar los PAPs en situaciones que lo requieren como es el caso de la pandemia por COVID-19, no obstante la necesidad de incrementar el desarrollo y unificar los protocolos de acción se hacen evidentes para atender uniformemente las posibles repercusiones de las crisis; así mismo asegurar la evaluación de los resultados de estas aplicaciones de manera más efectiva.

Palabras Clave:

Primeros Auxilios Psicológicos, COVID-19, Pandemia, Crisis

INTRODUCTION

On December 30, 2019, an outbreak of localized unknown pneumonia was first reported in Wuhan, China, resulting in the discovery of similarity to SARS-CoV-2 thanks to advances in molecular identification of the strain in 2003 and MERS-CoV in 2012. So it is that since its report, it has spread rapidly from Wuhan throughout China and subsequently worldwide (ProMED, 2019 as cited in Petersen et al. 2020).

The spontaneity with which new pathogens emerge, as SARS was presented in 2003, can spread exponentially and generate severe consequences for the world (Bogoch et al. 2020). It is noticeable that the speed of contagion with which contagion statistics reflect dictate that the estimated value of people who

are infected by SARS-Cov-2 is currently 31% with a prediction interval between 26% and 37% of people in the world, however, it is not possible to know an exact figure considering the factor of asymptomatic contagions (World Health Organization [WHO], 2021).

To date, one hundred and forty-nine million eight hundred and seventeen thousand people have been reported infected worldwide, and three million two hundred and ninety-three thousand deaths, with Latin America and the Caribbean, having the highest rate of deaths, a region in which Mexico is located (REUTERS, 2021).

In turn, Mexico reports a population of 2 million three hundred and forty thousand nine hundred and thirty-four people confirmed, two hundred and six thousand four hundred and

^a Corresponding author, Universidad Autónoma del Estado de Hidalgo, <https://orcid.org/0000-0002-0127-018X>, Email: psymari_nai@hotmail.com

forty-seven thousand deaths and four hundred and thirty-four thousand one hundred and eighty suspects, of which 18% are hospitalized with an age range of 60 to 64 years old, while the rest have been treated as outpatients with an age range of 30 to 34 years; 50.04% are male and 49.96% are female (Dirección General de Epidemiología, 2021).

WHO (2021) defines SARS-CoV-2 as a virus composed of a positive strand of single-stranded RNA. Contracting the SARS-CoV-2 virus generally causes respiratory disease with mild to severe illnesses that can lead to death; however, there are people who, despite having the infection, have no symptoms. As a measure to prevent the spread of the virus, there are recommended guidelines, such as hand hygiene, physical distancing from friends, family or work environment whenever possible, not attending places where there is little ventilation and the space is narrow, the recommendation of the use of cloth masks in these spaces and; coughing and sneezing correctly, and finally in case of being in enclosed spaces ventilate and clean the area properly (WHO, 2020)

Several countries have considered quarantining entire regions, such as Mexico, to regulate the spread of infection. Quarantine is understood as the limitation and separation of the movement of people who are at risk of contracting a particular disease, thus reducing the possibility of infecting others (Centers for Disease Control and Prevention, 2017, as cited in Brooks et al. 2020).

However, the health care system, policymakers, health care personnel, and the general population may experience long-term negative consequences if their experience during quarantine has been negative (Brooks et al., 2020). According to Rodríguez-Cahill (2020), in addition to the post-traumatic stress that can be generated in people by being in the direct or indirect presence of the disease or a death event, it can cause psychological stress with anxiety and depressive states in those who witness it or go through it; thus, crisis care is an important aspect.

Experiencing the pandemic, from a psychopathological point of view, is a way of experiencing a trauma or stressor. Generalized panic and increased anxiety are products of the presence of the new COVID-19 virus; although there are no systematic studies on the effects of SARs Cov-2 on mental health, it can be predicted that it will have ripple effects (Rodríguez-Quiroga et al. 2020). One way to know this is by looking at data from viruses that years ago have alerted the population for being considered potential pandemics, for example 70 percent of patients with Middle East respiratory syndrome virus (MERS) had psychiatric symptoms, of which forty percent received prescription diagnoses during their quarantine process in the hospital, and their level of daily stress and posttraumatic stress symptoms provided the possibility of generating depression, whether the patients were diagnosed with the virus or only suspected (Kim et al., 2018).

It is to be expected then that studies about the actual mental health impact of the COVID-19 virus come mostly from China, where the pandemic began (Aranda Rubio et al., 2021). WHO (2020) stated that "More than 60% of countries worldwide report

disruption of mental health services for vulnerable people, including children and adolescents (72%), older people (70%) and women requiring prenatal or postnatal services (61%)". Considering these data, it is possible to note that different ages and situations may be vulnerable in the context of the pandemic. Therefore, these consequences that have personal and collective repercussions, given the probability of death of loved ones, and the isolation or social restriction in which the population has been forcibly established, put mental health at risk. It is important to provide early intervention in the care of the welfare and mental health of people, since although anger, anxiety and stress could be normal reactions to events that are considered adverse as is the pandemic, there is concern about the effects and the possibility of aggravating and exacerbating anxious and depressive symptoms to vulnerable exposed population or those who already have a diagnosis of mental illness (Rodríguez-Quiroga et al. 2020).

The international impact of the virus has highlighted the need for more resources and preparation of the health sector to manage new and existing patients. COVID-19 has proven the need for a rapid response approach to a mental health crisis (Rosenberg et al. 2020). Psychological intervention in an emergency crisis aims to increase the coping capacity to deal with the situation and to integrate and reorganize the new reality of the people going through it (Cohen, 1986 as cited in Cuellar et al. 2020). For this reason, it is crucial to know which interventions and programs of Psychological First Aid have been developed so that health personnel, including physicians, nurses, psychologists or social workers can apply, replicate or adjust, and use them in similar pandemic situations.

METHOD

In this theoretical study, research articles published in journals, theses, official communications, guides and protocols in English and Spanish on Psychological First Aid in Context COVID-19 were analyzed; with the use of the following databases and search engines: Web of science, Dialnet, Google Scholar, Science Direct, E-spacio and Redalyc; To achieve this, the next Spanish keywords were used: "Protocolo de primeros auxilios psicológicos COVID-19", "Guía de primeros auxilios psicológicos COVID-19", "intervención en crisis COVID-19" "PAPs COVID-19, "Manual Primeros auxilios psicológicos COVID-19"; and in the English language: " psychological first aid during COVID-19", "PFA COVID-19". The bibliographic search was carried out between May and July 2021, considering the following inclusion criteria:

- Empirical articles, of no more than 3 years of publication considering the beginning of the COVID-19 pandemic.
- Those articles that contain accurate information on how PAPS are structured and applied in the COVID-19 context.
- Manuals or guides without bibliographic references or theoretical basis were not included.
- Those that had no date or reliable origin were discarded.

Once these articles were available, we proceeded to classify the protocols, guides or manuals depending on the hospital application, remote application, application by psychologists and those that were presented for specific situations, either because of their vulnerability or the importance of being attended to.

RESULTS

What is a crisis?

Slaikeu (1996) defines crisis as a "temporary state of disorder and disorganization", which has as its main characteristic the person's limited ability to deal with particular situations by using the usual methods to solve problems with the possibility of obtaining a positive or negative result.

What is Psychological First Aid?

A common characteristic of survivors of disasters or other events is the experience of early unpleasant reactions, whether physical, psychological, behavioral or spiritual, that may cause such distress that it blocks their ability to adapt and cope; Psychological First Aid (PFA) does not indicate that these people will necessarily develop a mental health problem, rather it is intended to facilitate recovery in the first instance in a compassionate manner (Brymer et al. 2006).

Psychological first aid, also known as psychological first aid, is an intervention given in the event of a drastic change or a crisis. Psychological first aid can be applied by any person who is trained in it, and is brief and intended to regulate the emotional state of the person and prevent the possible presence of a mental disorder (Slaikeu, 1996).

Psychological First Aid Objectives

Psychological first aid, to ensure that its intervention is compassionate and non-intrusive, focuses on several objectives, among which the main ones are: To provide physical and emotional relief while providing for the improvement of the person's ongoing safety; to calm and orient while the person is in crisis; to help identify immediate needs and concerns; to make information available to access support networks; to encourage coping with current needs and concerns; to motivate the person to adapt to the situation and take a more active role; and finally to connect with other local, public sector or mental health services to improve their situation (Brymer et al. 2006).

Steps of Psychological First Aid

The main steps that Psychological First Aid suggests are concentrated in the acronym AVCDE: Activate empathic listening; Ventilation (it seeks to regulate breathing so as not to hyperventilate, which is the same as deep repair carried in therapy); Categorization of needs; Referral to support networks and Education, and finally the conditions in which the COVID-19 pandemic unfolds are taken into account, this is why the Management of Phrases to give bad news is integrated, either by

the diagnosis of contagion or the complication of the condition of a hospitalized family member (Ministry of Public Health of Ecuador, 2020).

Difference between Psychological First Aid and Crisis Intervention

Commonly it can happen that the practice of PAPs are confused with associated terms, which, if a difference is not established, could confuse the applicator and the recipient; That is why by way of summary it is possible to clarify that the PAPs have an estimated application time of minutes to hours, the applicators can be members of the social community who are trained as police, leaders, teachers and even parents, these are applied mainly in places where the initial discomfort occurs: hospitals, homes, schools, workplaces or helplines and it is possible to provide containment and balance to the person either by referring them to specialized and personalized care or to reduce suicidal risk; In contrast crisis intervention can last for weeks and is applied primarily by members of the hospital or health community such as psychologists, psychiatrists, social workers, etc. in a context intended to provide the intervention in a formal setting such as a hospital, mental health clinics, offices and clinics (Alvarez-Martinez et al. 2020).

As previously reviewed, intervening early in spaces where the crisis occurs is of utmost importance. However it is not always possible to have contact with the population that is in need and it is necessary to know those resources that allow us to approach; sometimes those interventions may depend on only a group of people for the management of terminology or techniques that are proposed; Finally, there are those interventions that, depending on the target population, offer the opportunity to provide more specialized care or with essential guidelines to be taken into account; this classification will be used below to demonstrate the protocols and guidelines for Psychological First Aid in the context of COVID-19.

Hospital Application

Articles related to the hospital environment were found, where the presence of a COVID-19 diagnosis is almost 100% confirmed and people are in a pre-hospital or hospitalization situation; firstly, the Ministry of Public Health of Ecuador (2020) proposes the "Psychological First Aid and Psychosocial Support Guide for SARS Cov-2/COVID-19 first responders" where guidelines and recommendations are detailed for the application of psychological first aid in suspected and/or confirmed cases of COVID-19; This guide allows the reader to perform psychological first aid immediately, with a scope for nurses, physicians, paramedics and related health professionals; it has a section explaining the characteristics of PAPs, action steps in their application and the implementation of the AVCDE protocol; there is a section on handling news to possibly infected and a protocol for bad news; there are suggestions for self-care guidelines to be taken into account by the applicators and recommendations for children, adolescents and older adults.

In this same classification is the document "Operational considerations for multisectoral mental health and psychosocial support programs during the pandemic of COVID-19" by Inter-Agency Standing Committee (IASC, 2020) which contains a brief adaptation of Psychological First Aid to the COVID-19 context set in hospitals, with the main objective of teaching health personnel primary early mental health care and knowledge of referral, if necessary, it contemplates an education section on PAPs, and guides the reader on adequacies on COVID-19 with the steps: Look, Listen and Relate; integrates a section on respect for safety, dignity and rights and self-care guidelines; does not have some form of progress evaluation however it is supported by an accompanying program of the same document called Mental Health and Psychosocial Support Services (SMAPS).

Valero (2020) also introduced a proposal for Crisis Intervention and Psychological First Aid for healthcare professionals in the COVID-19 pandemic with the primary objective of avoiding patient pathologization and prevention of future disorders; his action plan is based on the Basic Manual of Psychological First Aid by Hernández and Gutiérrez (2014) and the Psychological Intervention Group in emergencies, disasters and catastrophes of the Official College of Psychology of Navarra in its guide to Psychological Telephone Care COVID-19 (2020); As a differentiating factor, this intervention proposal has a section of techniques described in detail and evaluates their possible effectiveness in the description of two applied case studies.

Remote Application

Álvarez-Martínez (2020) suggested the implementation of the PAPs with the "*Manual operativo del Curso Emergente para la Brigada de Atención Psicoemocional y Psicosocial a distancia durante la pandemia de la COVID-19 en México*"; this being one of the first manuals proposed to the Mexican population on this subject and of the remote application, it has an educational section, a section destined to crisis intervention delimiting its use to only psychologists or personnel prepared to carry it out. Being a recent operational manual, it does not have results of its implementation. However, it includes a section of additional recommendations and a flow chart for application in brigades. The "*Manual de Primeros Auxilios Psicológicos Adaptado a contexto de pandemia COVID-19 y aplicación remota*" complies with the guidelines of the Red Cross and the World Health Organization for its remote application (Cordón, 2021); it includes a preparation phase for the applicator and psychoeducation, but does not specify which population can apply it; It divides the intervention of the PAPs depending on whether it is an "Emergency protocol" or "General care", the former following the "PARE" steps; Its application is a single session with follow-up referral; Finally, it includes self-care recommendations to the applicator.

Qualitative research of remote application was located: "Psychological first aid in early adults with anxiety crisis, due to social isolation, attended by telepsychology during the

pandemic" by Herrera and Garcia, (2020) to describe the application of the assistance protocol that the university of Guayaquil Brindo in May and June 2020; The results were measured through sources of information such as records, logs and reports of the Psychological First Aid applied to the early adult population, their methods were indirect observation, bibliographic analysis, analysis of interpretation and synthesis; As a conclusion, the young people who used the PAPs teleassistance service were able to unburden themselves and with the relaxation techniques applied they reported feeling more relaxed and confident with the information provided.

In the English language, the telephone directory was found: "Remote Psychological First Aid during the COVID-19 outbreak" (International Federation of Red Cross and Red Crescent Societies [IFRC], 2020), valid for people in a state of isolation, health care workers, people recovered from COVID-19, friends and family of any deceased, caregivers of children, older adults and people with disabilities, and in general adult age, its implementation is recommended by staff members of the International Federation of Red Cross and Red Crescent Societies; The Psychological First Aid protocol is based on the steps "Look, Listen and Connect".

Implemented by Psychologists

Interventions designed for application exclusively by psychologists were also found, arguing that prior training related to their profession and the use of terminology within this is necessary for its use; The virtual psychological care guide for people from vulnerable groups in crisis due to the COVID-19 pandemic by Argüero-Fonseca, (2020); Assured to be a necessary tool for the psychologist and mental health professionals; With a remote application format has the slogan of providing care even in situations of isolated patients or in remote stays; It is divided into four levels of care: Channeling, Psychoeducation and orientation, Psychological First Aid and Brief Cognitive Behavioral Intervention; the first three levels may be applied by students of psychology with training, however the last one must be executed by professionals in the field; each level presented a descriptive letter with guidelines and steps; It provides a personal evaluation section for the patient attended, in the annexes section the techniques of levels 3 and 4 already programmed in their corresponding descriptive letter were detailed..

Particular Situations

In addition to the above classifications, programs or guides for Psychological First Aid focused on situations with very delimited populations were detected, making this a very useful tool in a similar situation.

As a result of the pandemic, there are changes in the dynamics at home, so that some couples, being isolated, may present stress and anxiety; the intervention proposal of Garcés et al. (2020) with the title "Application of Psychological First Aid in couple difficulties during the COVID-19 pandemic in the city of

Villavicencio", aims to identify strategies that help the couple to go through the COVID-19 confinement in a peaceful way, this with the help of psychological first aid phases, and the support of resources such as family or friends and referral lines; This research explores the difficulties of the couple through conflicts such as isolation, stress, fights and the resulting violence and makes a qualitative exploration of the application of the PAPs distributed in 8 phases: Contact and presentation, Relief and protection, Containment, Information gathering, Case urgencies, Connection with the social support network, Coping guidelines, and contact with external services; It presents a section on ethical considerations and for the psychologist applicator; As a conclusion it is determined that several fights can be predicted and explained by isolation and modification of the routine, however a previous intervention is essential to prevent acts of violence from occurring, recommends the use of psychological first aid not only in situations of possible diagnosis before the COVID-19 but also in family and couple dynamics.

"Application of Psychological First Aid in situations of unemployment due to COVID-19 in the city of Villavicencio, Meta" (Brito, 2020), proposes a protocol of attention to people who, due to the cessation of activities due to the pandemic, were dismissed and are currently unemployed, this from a descriptive qualitative model; This proposal has a referential framework on the guidelines of the Psychological First Aid and the context of unemployment with conditional to the pandemic; the population in which it is directed is in those who reside in the city of Villavicencio, of age, and have been dismissed for reasons of cessation of activities by the contingency by COVID-19; the intervention is established at the end of 5 steps: Active listening, Breathing training, Categorization of emotions, Identification of support networks and psychoeducation; As a conclusion, the recognition and importance of providing attention to people who in addition to suffering stress due to confinement, unemployment intervenes is highlighted. The main objective of the research "Application of psychological first aid to women victims of domestic violence during the pandemic of COVID-19 in the city of Villavicencio" (Álvarez, 2020) is to use psychological first aid in women victims of violence during the pandemic and also to direct a route of attention to them; It provides a referential framework on PAPs and violence against women, its methodology is based on qualitative collection in the literature related to the subject; as a conclusion it established the importance of addressing this public health problem mainly exercised by the spouse or partner; it highlights the conditions in which pandemic acts as a triggering element of this and exposes the relevance of PAPs and timely training to psychologists and psychologists.

Hospital personnel encounter a myriad of stressors and situations of overload when performing their work during the pandemic, making them vulnerable to various psychopathologies or presence of crises; with the aim of providing care to this vulnerable group, Figueroa (2020) presented an intervention proposal in his article "Psychological first aid in health personnel

exposed to work with patients infected with COVID-19", where he first describes the stressors and situations of overload in the pandemic, making them vulnerable to various psychopathologies or presence of crises; with the aim of providing care to this vulnerable group, Figueroa (2020) presented an intervention proposal in his article "Psychological first aid in health personnel exposed to work with patients infected with COVID-19". where he first describes the most critical stressors, proposes the PAPs protocol with the PAP-ABCDE Technique: active listening, ventilation retraining, categorization of needs, referral to support networks and psychoeducation.

Finally, a guide for hospital workers in Indian/Alaskan American communities written by the Johns Hopkins Center for American Indian Health (2021) was found in English. "Psychological First Aid For COVID-19 Frontline Workers in American Indian/Alaska Native Communities" presented different characteristics due to its multicultural qualities, and its population that is at risk due to its decrease; this guide has 4 modules, the first one is different from other manuals or protocols, prioritizing the applicator's well-being, with suggestions on the modification of his/her routine and the implementation of relaxation techniques; Module two focuses on the importance of keeping the population and workers in contact through electronic devices or in person; Module three highlights the guidelines when offering assistance to the native population, using phrases in their language and providing examples of what to do and what not to do in a context developed in their culture; Module 4 is dedicated to the most vulnerable population in their community: People with mental illness, older adults, homeless or those who are not safe at home.

Table 1.

Summary of PAP protocols, guidelines and interventions in context COVID-19

Protocol	Author (s)	Population	Type of application	Protocol
Psychological First Aid and Psychosocial Support Guide for SARS First Responders Cov-2/ COVID-19.	Ministry of Public Health of Ecuador (2020)	General Adults	Hospital	AVCDE
Operational considerations for multisectoral mental health and psychosocial support programs during the COVID-19 pandemic.	Inter-Agency Standing Committee [IASC] (2020)	General Adults	Hospital	Mire, Escuche y Relacione
Operational Manual of the Emergency Course for the Brigade of Psychoemotional and Psychosocial Attention at a	Álvarez-Martínez (2020)	General Adults	Psychologists Remote application	Therapeutic alliance, active listening

Protocol	Author (s)	Population	Type of application	Protocol
distance during the COVID-19 pandemic in Mexico.				
Psychological First Aid Manual Adapted to COVID-19 pandemic context and remote application.	Cordón, (2021)	General Adults	Trained personnel Remote application	Applicator preparation and psychoeducation on phase PARE
Psychological first aid in early adults with anxiety crises due to social isolation seen by telepsychology during the pandemic	Herrera & García, (2020)	General Adults	Trained personnel Remote application	
Remote Psychological First Aid during the COVID-19 outbreak	International Federation of Red Cross and Red Crescent Societies [IFRC], (2020)	General Adults	Trained personnel	Look, Listen and Connect
Virtual Psychological Care Guide for Vulnerable Groups in Pandemic Crisis COVID-19	Argüero-Fonseca, (2020)	General Adults	Psychologists Remote application	Channeling, Psychoeducation and counseling, Psychological first aid and Brief cognitive-behavioral intervention.
Application of Psychological First Aid in couple difficulties during the COVID-19 pandemic in the city of Villavicencio,	Garcés et al., (2020)	Couples with difficulties	Trained personnel	Contact and presentation, Relief and protection, Containment, Information gathering, Case urgency, Connection to the social support network, Coping guidelines, and contact with external services.
Application of Psychological First Aid in situations of unemployment by COVID-19 in the city of Villavicencio, Meta.	Brito, (2020)	Pandemic Unemployed Adults COVID-19	Trained personnel	Active listening, Breathing training, Categorization of emotions, Identification of support networks and psychoeducation.
Application of psychological first aid to women victims of domestic violence during the COVID-19 pandemic in	Álvarez, (2020)	Women victims of domestic violence during the pandemic		Qualitative collection in the literature related to the topic

Protocol	Author (s)	Population	Type of application	Protocol
the city of Villavicencio.				
Psychological first aid in healthcare personnel exposed to work with patients infected with COVID-19.	Figueroa, (2020)	Health care personnel exposed to work with patients infected with COVID-19	Trained personnel Hospital	PAP-ABCDE
Psychological First Aid For COVID-19 Frontline Workers in American Indian/Alaska Native Communities	Johns Hopkins Center for American Indian Health (2021).	Mainline workers for COVID-19 in Native American/Alaska Native communities	Trained personnel	4 modules Applicator's well-being Contact Welfare assistance Vulnerable people

Note: The table shows a summary of the interventions, guidelines, and protocols of the theoretical review of Psychological First Aid in a context by COVID-19, contains their authors, the target population, the type of application, and a summary of their action protocol. Elaborated by the author of the article Arteaga (2021).

DISCUSSION

Since the Covid 19 pandemic occurred, the world experienced many changes and consequences of it; mental health highlighted its importance by the crisis processes that were presented, and the same need of the population required their attention, mental health experts had to adapt the crises presented to protocols already applied before, such as crisis intervention; For this reason this protocol aimed to compile those based on crisis care in context by Covid 19 which is summarized in Table 1.

However, as a result of this search, strengths and areas of opportunity have been identified that can be considered in developing or replicating protocols for psychological first aid care in the context of COVID-19 or any other event that denotes crisis in large sectors of the population.

In the first place, it is important to highlight the need to contemplate a health system that involves mental health as a priority, and the establishment of defined care protocols, with the capacity to be applied to a large number of people as it is with the remote application protocols, notwithstanding having the capacity to evaluate and record the effectiveness and thus promote the improvement of this, emphasizing an important deficiency to be considered evidence-based.

It is possible to say that it was not possible to predict that the COVID-19 pandemic would have such repercussions and would spread to such a degree that it would change the lifestyle of every Mexican and the world leading to constant crises; The need to have tools that would allow contact with others without being exposed in person gave way to the emergency hotlines, a tool used in remote care protocols that positively benefit intervention where before, most of it was applied in person; it is possible that this also involves the need to evaluate the progress differently due to the variables presented by this modality of care.

Secondly, it is important to train more psychologists in psychological first aid that can support and prevent the appearance of pathologies that can be triggered by a crisis (Zamora-Moncayo, 2021); the protocols that have been applied have been relatively few, this being a disadvantage, since those who by their profession make use of terminology and

techniques adapted to mental health care are psychologists; it is suggested to increase the development of protocols and the application of these facts by the same, also giving the opportunity to involve the psychologist in the hospital sector in which he has developed scarcely.

A common characteristic that each intervention presented, is the training and education before intervening, emphasizing empathy and active listening; the steps carried out for the intervention presented variation since most of them establish specific strategies; for example in the case of "Manual de Primeros Auxilios Psicológicos Adaptado a contexto de pandemia COVID-19 y aplicación remota" by Córdón,(2021); where using the acronym "PARE" he summarizes the steps taken for the application; Unlike Figueroa, (2020) with the manual "Psychological first aid in health personnel exposed to work with patients infected with COVID-19" that through the acronym ABCDE distributes the techniques and steps to follow; in this way it is possible to highlight the relevance of unifying the steps to follow condensing them to a universal form, in this way it is possible to facilitate its dissemination, application and evaluation.

It was identified the approach of different applicators, situations and populations where it is possible to develop a protocol, it is possible to say that it has covered the need to have protocols in hospital settings, but has left aside other sectors; Despite having some that cover vulnerable populations such as victims of violence, the sector that lost their jobs or Native Americans; It does not cover the gap between these and other groups that do not have adequate facilities for their needs, such as the infant-juvenile sector, people with disabilities, people with mental illnesses or disorders, older adults, those who have experienced major changes in the way they work or develop, such as teachers, students or workers who work as teachers, students or workers with disabilities: teachers, students or domestic workers. This review also led to the conclusion that there is no unified way to evaluate the effectiveness of these protocols, either because of the variability of their application, the difference in the location in which they have been developed, the population to which they are directed or the resources that are available in their application, it is not possible at this time to determine a quantitative way to measure results without contemplating the control of a follow-up of each of the subjects in crisis; it is suggested to increase the interest in developing the unification of protocols with a common universal format and its corresponding evaluation in order to reach results that will benefit the next crisis triggering events.

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