



Project

“Towards safe, healthy and declared work in Ukraine”

Pilot initiative on developing and implementing programmes of psychosocial support at workplace in war and post-war times

“With care for yourself and everyone”

Offline training for trainers

**Psychological first aid
as an important part of the staff psychosocial support programme**

January 2023

REPORT

OBJECTIVE OF THE TRAINING

- To train the representatives of the enterprises participating in the pilot phase concerning development and implementation of the psychosocial support at workplace on the basics of providing psychological first aid (PFA) to workers;
- To facilitate the process for pilot enterprises to introduce psychological first aid (PFA) as an effective tool to strengthen employees' resilience and create the basis for psychosocial support environment.

TASKS

- Improve knowledge on PFA provision;
- Improve knowledge on delivery of interactive training to the adult audience;
- Provide knowledge and skills for delivery of a PFA training among colleagues at an enterprise;
- Create conditions for the elaboration of ways of implementing PFA at the enterprise level.

EXPECTED OUTCOME

Trainees:

- understand the meaning of the “psychological first aid” (PFA) concept and its importance for an individual and for the world of work;
- know PFA provision principles and strategies;
- realize the role and duties of a workplace PFA provider;

- are able to recognize behavioural, cognitive, emotional and physical signs (signals) of acute stress responses and of probable mental health conditions (anxiety disorder, depression, post-traumatic stress disorder (PTSD));
- feel confidence in PFA delivery, know how to intervene effectively, to have a supportive talk, and to refer to qualified assistance properly;
- know how to build PFA into the enterprise's psychosocial support policy and programme, and have designed ways of involving workers as PFA users and providers;
- know how to deliver an effective preventive training at workplace.

TARGET GROUP

In view of a large number of those willing to participate in the training, it was decided to hold it twice, for 28 persons in each training group, 56 in total. The trainings were attended by representatives of 11 out of 12 pilot enterprises. Besides, each group included representatives of the employers' organizations and trade unions that make part of experts' group within the pilot.

Table 1. Number of participants and profile of the training groups

Participants	Date of training	Total number of participants	Male	Female
Representatives of the SLS Central Office and territorial units, the Federation of Trade Unions of Ukraine, a vocational training school from Kremenchuk, and a Kyiv-based IT company	24-25.01.23	28	9	19
Employees of health care institutions from Rivne, Lviv, Chernihiv, Kyiv, Zhytomyr, Bila Tserkva, Brovary and Zboriv (Ternopil oblast), representatives of health care sector employers' organizations	26-27.01.23	28	6	22
Total number of participants		56	15	41
% of males and females			27.0	43.0

METHODOLOGY AND TOOLKIT

The following interactive teaching methods were used during the training: presentations, group work, discussion, brainstorming, case studies, role play, thematic game, feedback, questionnaire survey, quiz, video clips for analysis and learning of materials.

Training and information tools and handouts have been developed and used, including:

- an interactive PPT presentation;
- information handouts for the training:
 - 1) mental health first aid: evidence validity and good practices
 - 2) regulations on the workplace PFA helpers: recommendations
 - 3) talking with a colleague on mental health: recommendations

- 4) how to deliver an effective training on PFA: a methodological toolkit and supporting materials for practical exercises
- Questionnaire for evaluating the pre- and post-training levels of knowledge on the subject
- Feedback questionnaire

QUANTITATIVE AND QUALITATIVE INDICATORS AND RESULTS

Overall results of the questionnaire survey for evaluating the level of awareness on the subject before and after the trainings are presented in *Table 2*.

General feedback from the participants based on the outcomes of the trainings is provided in *Table 3*.

Conclusions and recommendations based on the outcomes of the two trainings have been provided.

LEVEL OF AWARENESS ON THE SUBJECT BEFORE AND AFTER THE TRAINING

55 participants filled out an entry questionnaire, and 36 participants filled out an exit questionnaire, that being 98.2% and 64.3%, respectively, of the total number of the participants from the two training groups.

The training participants filled out entry and exit questionnaires (%)

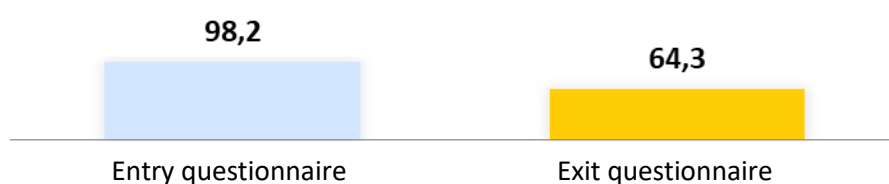
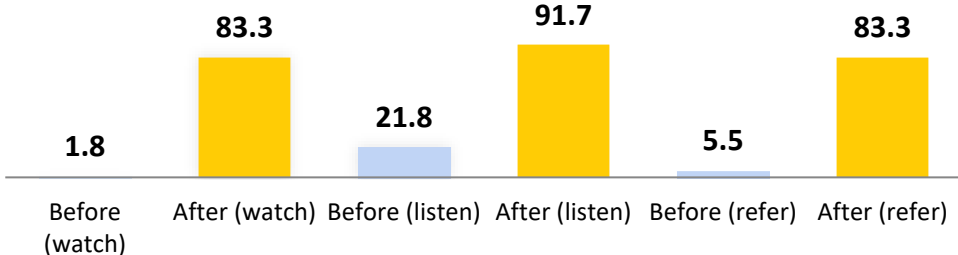
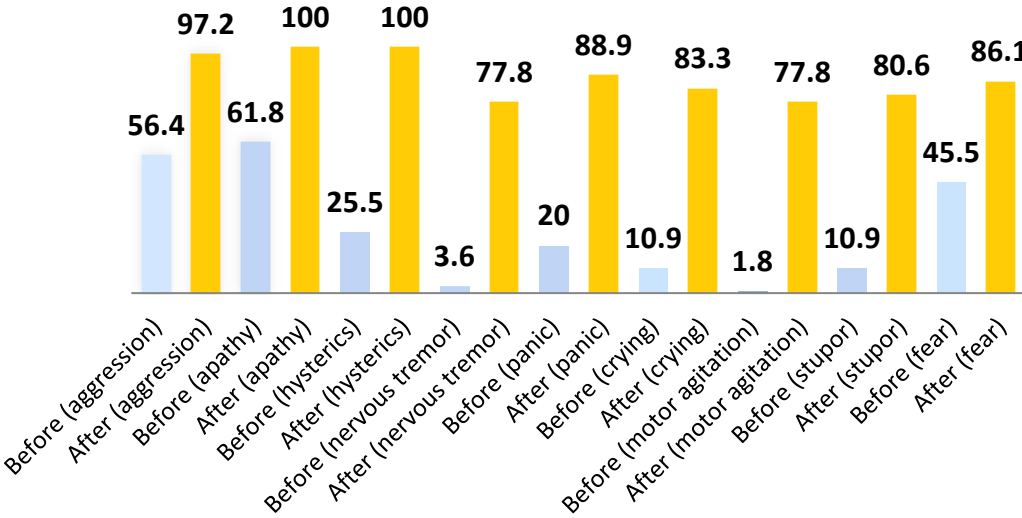
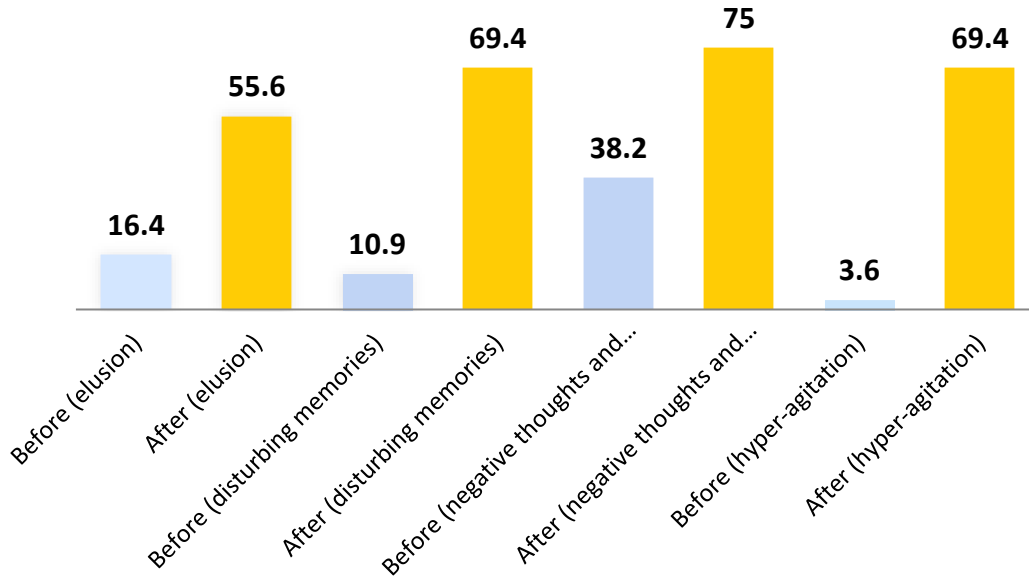
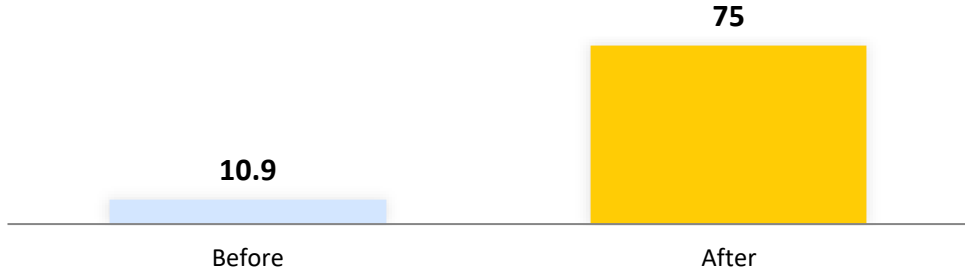


Table 2. Level of awareness on the subject before and after the training

Questions	Result					
	Number of correct answers BEFORE and AFTER the training (%)					
1. Write down three groups of psychosocial risk factors at work						
	3.6	25	16.4	38.9	10.9	30.6
	Before (organization of work)	After (organization of work)	Before (social factors)	After (social factors)	Before (working environment aspects)	After (working environment aspects)

2. Write down three principles- actions of psychological first aid provision (algorithm)	 <table><tr><th>Principle</th><th>Before</th><th>After</th></tr><tr><td>watch</td><td>1.8</td><td>83.3</td></tr><tr><td>listen</td><td>21.8</td><td>91.7</td></tr><tr><td>refer</td><td>5.5</td><td>83.3</td></tr></table>	Principle	Before	After	watch	1.8	83.3	listen	21.8	91.7	refer	5.5	83.3																		
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3. Write down names of acute stress responses, using the first letters of the names as hints	 <table><tr><th>Response</th><th>Before</th><th>After</th></tr><tr><td>aggression</td><td>56.4</td><td>97.2</td></tr><tr><td>apathy</td><td>61.8</td><td>100</td></tr><tr><td>hysterics</td><td>25.5</td><td>100</td></tr><tr><td>nervous tremor</td><td>3.6</td><td>77.8</td></tr><tr><td>panic</td><td>20</td><td>88.9</td></tr><tr><td>crying</td><td>10.9</td><td>83.3</td></tr><tr><td>motor agitation</td><td>1.8</td><td>77.8</td></tr><tr><td>stupor</td><td>10.9</td><td>80.6</td></tr><tr><td>fear</td><td>45.5</td><td>86.1</td></tr></table>	Response	Before	After	aggression	56.4	97.2	apathy	61.8	100	hysterics	25.5	100	nervous tremor	3.6	77.8	panic	20	88.9	crying	10.9	83.3	motor agitation	1.8	77.8	stupor	10.9	80.6	fear	45.5	86.1
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4. What PFA action is common in the situations where a person shows signs of fear and in the situation of panic? (open-ended question)	Percent of correct answers  <table><tr><th>Situation</th><th>Before</th><th>After</th></tr><tr><td>fear and panic</td><td>0</td><td>75</td></tr></table> After the training, 75% of the respondents wrote the correct answer – “help normalize breathing”. Entry questionnaire results showed 0 correct answers.	Situation	Before	After	fear and panic	0	75																								
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5. Write 4 groups of the key signs typical of a person with PTSD	 <table><tr><th>Category</th><th>Before (%)</th><th>After (%)</th></tr><tr><td>Before (elusion)</td><td>16.4</td><td>55.6</td></tr><tr><td>After (elusion)</td><td>10.9</td><td>69.4</td></tr><tr><td>Before (disturbing memories)</td><td>38.2</td><td>75</td></tr><tr><td>After (disturbing memories)</td><td>3.6</td><td>69.4</td></tr></table>	Category	Before (%)	After (%)	Before (elusion)	16.4	55.6	After (elusion)	10.9	69.4	Before (disturbing memories)	38.2	75	After (disturbing memories)	3.6	69.4
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6. What is the role of a mental health ambassador at the enterprise?	Percentage of correct answers  <table><tr><th>Category</th><th>Percentage (%)</th></tr><tr><td>Before</td><td>10.9</td></tr><tr><td>After</td><td>75</td></tr></table>	Category	Percentage (%)	Before	10.9	After	75									
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FINDINGS

The overall level of the trainees' knowledge on the subject after the training has increased by **56.5%** on average. The respondents gave **18%** of correct answers in the entry questionnaire survey, and **74.5%** in the exit questionnaire survey.

Importantly, the first group of trainees showed higher entry indicators on psychological first aid provision than the second group. It is because most members of the first group had taken part in online trainings on PFA within the ILO Project earlier.

The overwhelming majority of the participants had not known the meaning of the concepts "psychosocial risks and hazards" at work before the training. Results of the questionnaire survey showed improvement of knowledge by **22%**. Analysis of the situation indicates that the topic of

workplace psychosocial risk management and psychological safety building, needs a separate training to have more time and opportunities for better learning of this topic.

In the course of the training, its participants had the opportunity not only to hear information about the PFA provision algorithm but also to practice it in groups and consolidate their skills using the role play method. As a result, the level of knowledge on this increased by **76.4%**. However, despite such an indicator, the participants point out that such kind of trainings on practical mastering of PFA skills must take place more often.

As a result of the training, the overwhelming majority of the participants have learned to recognize emotional responses to acute stress and signs that may indicate PTSD.

Results of the entry questionnaire survey showed that only **10%** of the participants had understood the role of mental health ambassadors at enterprises,¹ particularly that the ambassadors are workers from among the enterprise staff who influence reduction of stigma at work because of mental disorders, encourage workers to care for their own mental health, and help shape a positive inclusive culture and psychological safety at workplace, which impacts staff involvement, retention and productivity. This figure increased by **64%** after the training.

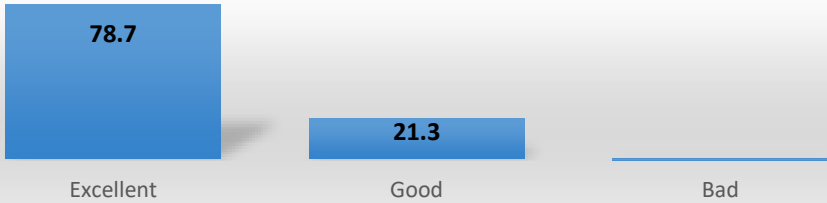
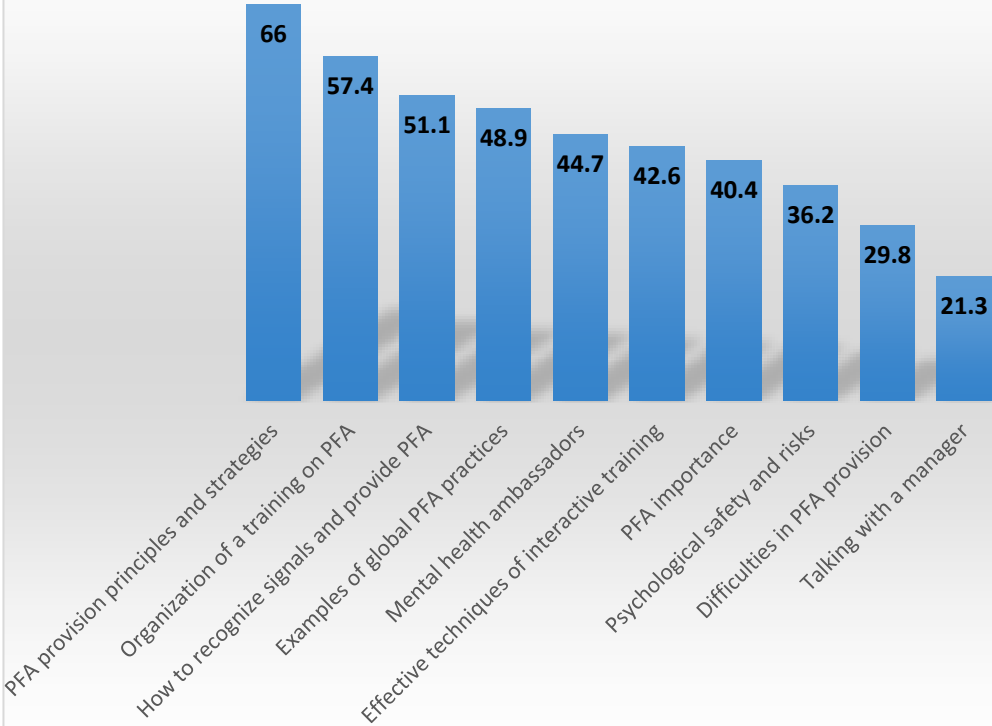
The participants had the opportunity at the training to think of what first three steps they were ready to make to organize and hold a PFA training at their enterprise. Answers to this question were given by 32 participants from the two training groups. Most respondents pointed out the following: 1. Agree upon with the management. 2. Find a venue and fix a date. 3. Get colleagues interested/involved in the training. Besides, everybody took into consideration that the preparation for a training and analysis of workers' feedback after the training are important as such.

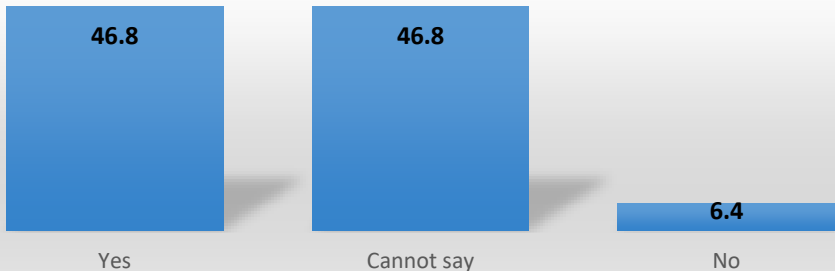
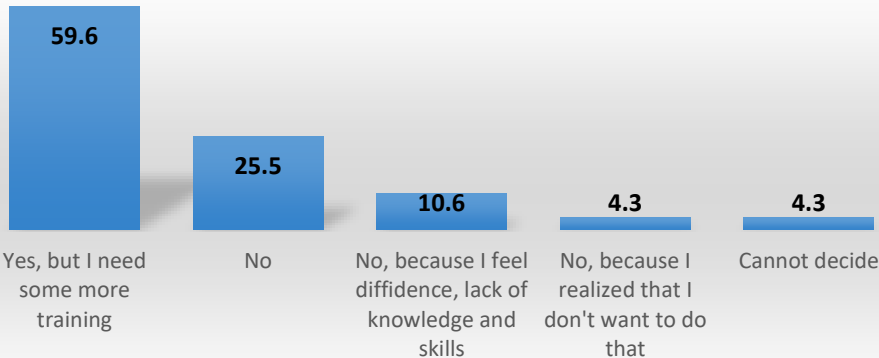
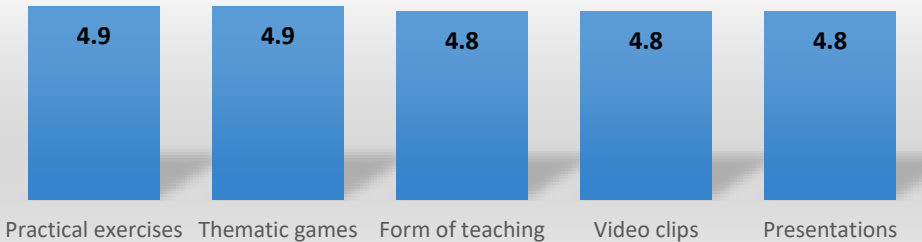
¹ <https://www.wellbeing.work/courses/mental-wellbeing-ambassadors/>

FEEDBACK

The feedback questionnaire was filled out by 47 of 56 participants of the two trainings. As it became known later, some participants provided joint feedback (i.e. filled out one questionnaire for all) from their enterprise.

Table 3. **General quantitative and qualitative analysis of feedback provided by the participants of two trainings, based on an anonymous questionnaire survey**

Questions	Result <i>Evaluation of the subject relevance, quality of the training and information materials (%)</i>																						
1. How much was the training subject disclosed to you?	 <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td>78.7</td> </tr> <tr> <td>Good</td> <td>21.3</td> </tr> <tr> <td>Bad</td> <td>0</td> </tr> </tbody> </table>	Category	Percentage (%)	Excellent	78.7	Good	21.3	Bad	0														
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3. Are you ready to become a mental health ambassador at your enterprise?	 <table border="1"> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>46.8</td> </tr> <tr> <td>Cannot say</td> <td>46.8</td> </tr> <tr> <td>No</td> <td>6.4</td> </tr> </tbody> </table>	Response	Percentage	Yes	46.8	Cannot say	46.8	No	6.4				
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5. Evaluate how successful the training was (1 point – very bad, 5 points – very good)	 <table border="1"> <thead> <tr> <th>Training Method</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Practical exercises</td> <td>4.9</td> </tr> <tr> <td>Thematic games</td> <td>4.9</td> </tr> <tr> <td>Form of teaching</td> <td>4.8</td> </tr> <tr> <td>Video clips</td> <td>4.8</td> </tr> <tr> <td>Presentations</td> <td>4.8</td> </tr> </tbody> </table>	Training Method	Score	Practical exercises	4.9	Thematic games	4.9	Form of teaching	4.8	Video clips	4.8	Presentations	4.8
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6. Evaluate how convenient the series of information materials "Psychosocial support at workplace in war"	Result based on answers of the respondents who evaluated these information materials (33 out of 47). 14 respondents have no answered to this question.												



CONCLUSIONS

The main themes of the training were fully touched upon and unwrapped for almost **80%** of the respondents, however about **20%** were left with some unanswered questions. As analysis showed, these 20% are members of the second training group. Such an outcome is probably connected with the fact that the second training day for the second group had to be shortened because of force majeure (air raid alert and an abrupt change of weather conditions), so some themes were not presented in detail. In view of that situation, additional information materials were developed after the training for further self-study.

The PFA provision algorithm turned out to be the most useful topic (**66%**). Considering results of the information needs assessment of labour inspectors and representatives of pilot enterprises before the training, which had shown lack of knowledge and skills exactly on this subject, this training aimed to teach principles and actions of PFA provision at workplace as much as possible. A variety of forms and methods of interactive training were used for that purpose.

Importantly, **57%** of the participants pointed out usefulness of the topic concerning the organization and delivery of a PFA training at workplace. It implies that these participants intend to use their knowledge and skills on that subject to disseminate information about mental health support among their colleagues.

Analysis of the pre-training situation showed that workers are mostly unsure about intervention because they don't recognize warning signs indicating likely mental disorders (acute or chronic). The training showed that **51%** of the participants note usefulness of this topic at the given training.

Evaluation of the participants' readiness to engage in mental health promotion at their enterprises, advance psychosocial support programme ideas and share their own experience showed that actually half (**46.8%**) of the respondents are ready for this role and only **6.4%** are not. Among the arguments for becoming a mental health ambassador, the respondents highlighted, inter alia, the following: "I want to restore demand for workers' mental health and increase productivity"; "this topic impresses me, I think it's important"; "it's important and relevant in martial law settings"; "capability and desire of being an ambassador"; "I have a desire and relevant knowledge and skills"; "I have already started this activity"; "I am sociable, I think I will succeed"; "to improve the mental environment in the work team"; "it's my life mission". Another part of the

respondents have some doubts concerning this role, in particular, some participants stated: “insufficient skills, I am not sufficiently confident, I have difficulties working in public”; “I am not sure I can do it because I feel big psychological burden”; “I’ve just come back from the area of hostilities so I need help myself”; “I work in such a team where these matters will, unfortunately, be perceived inadequately, but I am ready to work if I change my job”; “given support from managers”; “subject to proper financing”. By the way, availability of financing as an argument was only pointed out by one participant. Such results indicate also that the theme of leadership and communication in mental health support at the enterprise level requires a separate training to be able to cover a wider range of problematic issues.

The indicator of the participants’ readiness to provide PFA to their colleagues – **85%** - is a good result of this training. It corresponds to the training’s objective and tasks. In particular, the participants pointed out: “I plan to use new knowledge for my colleagues and patients”; “I plan to learn more information on psychology”; “I have knowledge and experience”; “I always help people”; “as a matter of fact, colleagues can be trained on”; “a healthy climate in the team is a priority so I observe the condition and mood of my colleagues”, etc. At the same time, **15%** of the respondents are not ready to provide PFA to their colleagues. Such a result indicates that training on PFA should take place periodically to enhance knowledge, practice skills and develop confidence. Formal appointment of a worker will not bring a desired result. In addition, **4%** of the respondents realized due to the training that they would not be “first helpers” for mental health at their enterprises, which is also a result of such kind of training. Hence, it should be emphasized that it is important to select for such work the persons interested in it and internally motivated to engage in these activities, ready to learn and improve their skills continuously.

The participants had an opportunity of evaluating quality of the training, namely how successful the interactive methods of information provision and mastering of skills were. The average score, according to both training groups’ feedback, was 4.8 on a scale with 5 as the highest success indicator.

A separate question in the feedback questionnaire was to evaluate the series of information materials on psychosocial support at workplace available at the SLS website². The goal of the survey is to keep improving that information toolkit. Hence, all the respondents who evaluated that resource pointed out that is user friendly and easy to understand. However, 14 respondents did not answer this question, which is explained perhaps by the fact that they had not known about that resource before, so they could not evaluate it.

RECOMMENDATIONS

1. Development of additional information materials on PFA

The training has shown what other information materials are necessary to the workers intending to become enterprise champions in mental health support, namely a checklist on personal readiness to provide PFA to colleagues/clients/patients, and recommendations concerning the regulations on “PFA first helpers” as an annex to the policy of psychosocial support at workplace.

Results of the training have shown that the role play method is an effective technique for acquisition of knowledge and skills for PFA provision. Therefore, the trainees who plan to deliver trainings at their workplaces are advised to use ready-made situation scenarios to play them out and master the PFA skills when training their colleagues. It influences not only development of

² Developed with the support of the EU funded ILO Project.

relevant skills and mastering of the PFA provision algorithm but also creation of an inclusive, psychologically safe culture in a work team. Such scenarios and/or training dialogues in a quiz format can be designed subject to specifics of a respective occupational sector and used when taking a study course on PFA at workplace.

2. Duration of the training and its content

Monitoring and evaluation of the trainings have shown that some participants find it hard to absorb information with such a number of themes and tasks within such a period of time. It is recommended to deliver trainings more often, at most one day long, but only on a single topic, so that to have more time for mastering of practical skills and discussion of possible problems. In case of better conditions, it is recommended to divide this training into 4 one-day trainings:

- practical mastering of knowledge and skills on provision of PFA at work;
- establishment of psychological safety at workplace and psychosocial risk management;
- psychosocial support and the role of a mental health ambassador at an enterprise;
- how to deliver a successful training on PFA at workplace.

3. Training of line managers

Analysis of discussion of thematic issues during the training has shown that successful implementation of the PFA at workplace programme requires training of the enterprise management. Understanding by employers and line managers of the benefits of psychosocial support provided to workers, including by implementing the PFA at workplace programme, promotes creation of psychological safety and inclusive culture, and increases psychological resilience of staff in difficult times. Especially important is that managers should verbalize importance of mental health in their work teams, and share their own experience to reduce stigma and motivate staff to care for the latter's own mental health.

4. Steps of implementation of PFA at workplace

Results of the training have shown how important it is to train workers in any sector the skills of PFA provision at workplace. It should become an integral part of the policy and programme of workers' psychosocial support. To implement a permanently active peer-to-peer system in mental health, the following is recommended:

- management commitment and support;
- availability of a PFA coordinator;
- development of relevant regulations on the role and functions of "first helpers on mental health" within the Policy framework, on support of the PFA providers themselves, and on obligations of all workers concerning acceptance of such support from their trained colleagues;
- a system of training and knowledge and skills development concerning PFA.