

The Impact of Nurses' Integration of Psychological First Aid on Long-Term Mental Health

Outcomes

Yana Quel

Margaret H. Rollins School of Nursing

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Dr. V. A. Baich, DNP, MSN, RN

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Psychological first aid (PFA) has evolved and proven extremely beneficial in responding to disasters, pandemics, and trauma. PFA providers help individuals after they have experienced an acute disaster or trauma, without diagnosing, encompassing main five components– safety, calming, connectedness, self-efficacy, and hope– with eight core actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection, information on coping, and linkage (Sijbrandij et al., 2020; Sim & Wang, 2020; Wang et al., 2021). PFA is a type of trauma-informed care that emphasizes safety and stabilization rather than sensitivity to previous trauma in various settings. Nurses have come to the forefront in administering PFA to individuals as it enhances their already compassionate, patient-centered care within their scope of practice. Nurses who utilize psychological first aid (PFA) for patients after experiencing acute trauma– death, injury, natural disasters, or pandemics– can increase resiliency & self-reliance while decreasing long-term risks of post-traumatic stress disorder (PTSD) and depression.

PTSD may develop immediately or years after a disaster or traumatic event if not initially managed therapeutically and appropriately with PFA. According to the National Institute of Mental Health (NIMH), “3.6% of the U.S. adults had PTSD in the past year”, with females at 5.2% and males at 1.8% (n.d.). With the number of natural disasters and violence in the world increasing, it is safe to assume this percentage is even higher today. Pre-trauma factors for PTSD development are “female, low IQ, prior trauma exposure, prior mental health condition, personality factors, [and] genetics” (Harness & Javankbakht, 2021). Considering previous mental health conditions can affect how one copes with a trauma, resiliency is crucial to ward off severe

impairments that PTSD may cause. Depression is a common comorbidity co-occurring with PTSD after a trauma has occurred, with an individual feeling guilty, internalizing the event, and having a changed, more pessimistic, negative worldview (Harness & Javankbakht, 2021). One of the most important communication skills that PFA utilizes is not asking or talking about what just happened, but rather focusing on their emotional and basic needs, so as not to debrief for fear that re-traumatization will worsen potential symptoms and become a long-term disability with mild to severe symptoms lasting years (Sijbrandij et al., 2020). First responders, and specifically nurses, are essential caregivers who can intervene to help these individuals feel comfortable and safe after a crisis. As being female is a risk factor for developing PTSD, who have a higher percentage of development, it is essential for nurses to recognize this and intervene at a higher level.

With the increase in disasters and traumatic events in our world today, it has been suggested that healthcare workers and first responders should receive mandatory PFA training (Wang et al., 2021). With PFA training, psychological interventions show effectiveness at three and six months through role-play and recognizing signs of stress (Sijbrandij et al., 2020). It should ideally be implemented within 24 hours and has been shown to best be given by nurses through smooth integration into their scope of practice (Sim & Wang, 2020). This is especially important in the emergency department to link patients to case management to receive appropriate resources and continued mental health care after discharge. One such link would be to a psychiatrist to provide cognitive behavioral therapy (CBT) to rewire the pessimistic worldview as depressive symptoms get worse and to help understand how thoughts and behaviors work together as a vicious cycle to decelerate black and white negative thinking (Harness & Javankbakht, 2021; Wang et al., 2024). It is crucial for nurses to advocate for their

patient and consult with necessary members of the healthcare team to best care for their patient.

In relation to vouching for mandatory PFA training, psychiatric nurses who received theoretical as well as practical training felt more prepared to intervene after disaster rather than only receiving theoretical education. For example, those who participated in drills and role-playing scenarios had stronger PFA application skills as it best simulates an actual disaster or crisis (Ikican et al., 2024). Along with recommendations of mandatory PFA training, nurses should be required to go through monthly simulations with patients coming into the emergency department. This can ensure their PFA skills are used frequently enough that when an event occurs, they are prepared to utilize their training and provide the care the patients deserve.

As previously stated, PFA is more effective when all rescuers are trained to provide more efficient intervention “to reduce the impact of the limbic system hyperactivity” (Farchi et al., 2024, p. 1). In other words, reducing this hyperactivity of the so-called emotional brain can help reduce the time it would take for PTSD-like symptoms to develop if in an environment of safety and support. The optimal way to provide this care is to also have non-professionals PFA trained, such as the Delaware Behavioral and Emotional Support Team ([DE BEST], n.d.). DE BEST is involved in the community and responds to mental health crises that may not need law enforcement intervention. More response teams like them are evolving all around the world and country to counteract the increasing number of traumatic events and disasters. They also offer free PFA trainings to anyone without any clinical background throughout the three counties in Delaware to reduce unnecessary hospitalizations and law enforcement from being on site. This can reduce any further re-traumatization or further unintentional mental health harm that potentially is provided without PFA training. While law enforcement is here to protect us, it may not be exactly what the patient needs due to fear and stigmatization. The more individuals who

are trained, especially within our community and hospitals, can help the largest number of patients in need with appropriate and timely interventions.

The DE BEST team also can offer a bridge between crisis and the hospital, putting less burden on healthcare facilities and staff. They are also helpful for patients who have low socioeconomic statuses, as mentioned as a pre-trauma risk factor, who may typically also have previous mental health conditions and exposures to trauma. Being able to meet patients where they are to provide them the care that they may not have ever received if not for mental health response teams providing PFA is crucial to their future resiliency and self-efficacy. Further, for patients with low access and affordability to healthcare, intervening quickly with PFA can help reduce long-term health effects of PTSD such as “heart disease, diabetes, obesity, chronic pain, depression, and substance use” (Harness & Javankbakht, 2021). This all goes to show that PFA can help reduce the potential for PTSD-like symptoms, which further develop into PTSD and depression, and subsequently into chronic illnesses, that are already difficult enough to manage. Adding mental health conditions into the picture can easily threaten an individual’s well-being, and DE BEST is able to provide compassionate, holistic mental health care to those in severe need.

As previously mentioned, PTSD is the most common psychological outcome after exposure to a traumatic event, followed by depression as a common comorbidity. For patients who receive PFA, their immediate and long-term scores for PTSD and depression decrease while improving resilience and self-efficacy (Wang et al., 2024). The immediate action of PFA involving calming and safety can help reduce the hyperactivity developing into PTSD, and further internalize into depressive thoughts and feelings. From this, the individual’s ability to accept that there is hope from those who are PFA trained can help promote resilience and

subsequently enhance their self-efficacy. This is shown by improving daily adaptive functioning, such as healthy coping skills integrated with goal setting, and developing an individual suicide prevention plan if necessary (Wang et al., 2024). This can happen with creating positive relationships and leaning on support systems while simultaneously taking care of oneself after such hardship. Goal setting can be especially important after a disaster or trauma to focus on the future, create resiliency and self-efficacy instead of dwelling negatively on the past. The highest satisfaction patients felt during long-term implementation of PFA was within a group or peer delivery setting. Sharing traumatic experiences can help alleviate loneliness, stigmatism, and enhance trust in the process related to openness and leading to individual resilience (Sim & Wang, 2021; Wang et al., 2024). This can also create positive, supportive relationships with people who understand what it is like to go through a recent disaster and trauma. This relates back to the component of connectedness, and in knowing they are part of a newly found community can give them hope to keep moving forward.

In conclusion, PFA's main components and core actions help alleviate and decrease the potential for developing PTSD and depression after a trauma or disaster. It fosters an environment of safety, calm, and connectedness to decrease the highly stressful emotional response activated by such an event, to increase chances for recovery and hope. It is essential for healthcare workers, law enforcement, nurses, and frontline workers to be trained in PFA to ensure all patients receive the care they need to be the healthiest version of themselves. Response teams, such as DE BEST, are a wonderful way to integrate PFA and mental healthcare into our community and help those at high risk. With all the evidence-based practice PFA proves, it is important for this research to be a normalized practice by all first responders and healthcare professionals to promote the patient-centered care they strive to administer every day.

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