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SUPPORTIVE VOICES

A GUIDE TO ESTABLISH AND OPERATE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT HELPLINES

Supportive Voices. A guide to establish and operate mental health and psychosocial support helplines

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The IFRC Reference Centre for Psychosocial Support is hosted and supported by Danish Red Cross.

Suggested citation: *Supportive Voices. A guide to establish and run mental health and psychosocial support helplines.* IFRC Reference Centre for Psychosocial Support, Copenhagen, 2023.

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ACKNOWLEDGEMENT

Special thanks to the following National Societies, organizations and individuals for their contributions: Armenian Red Cross, Australian Red Cross, British Red Cross, Canadian Red Cross, Croatian Red Cross, Danish Red Cross, Icelandic Red Cross, Liberian Red Cross, Polish Red Cross, Republic of North Macedonia Red Cross, Slovak Red Cross, Spanish Red Cross, European Union Red Cross Office, International Council for Helplines, Lifeline Australia and Hjálmar Karlsson.

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The guide is developed with the support of the Canadian Red Cross, Danish Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross and Swedish Red Cross.

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INTRODUCTION TO SUPPORTIVE VOICES. A GUIDE TO ESTABLISH AND OPERATE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT HELPLINES

The guide is developed to promote best practice in mental health and psychosocial support (MHPSS) helplines. It aims to support National Societies with guidance and tools to assess the need for, establish, and manage different types of mental health and psychosocial support helplines. The guide is relevant for helplines where the primary objective is MHPSS; and where the primary objective is other support, and where psychosocial support is or could be mainstreamed into a helpline service. The tools and guidance in this guide serve as minimum considerations for helplines with MHPSS components and can be adapted to suit the needs and context of National Societies, acting as an inspiration or to supplement or improve existing tools and practices.

The guide includes:

- An assessment tool to determine the need for establishing MHPSS helplines
- Recommendations on basic structures, practical needs and other considerations guiding the establishment of helplines
- Recommendations for MHPSS trainings for different types of MHPSS helplines
- Recommendations for supportive supervision for service providers
- Basic guidance on how to work with challenging enquires such as frequent or abusive service users, intimate partner or domestic violence, sexual exploitation, abuse and harassment, human trafficking, medical emergencies, self harm, and suicide
- A monitoring and evaluation tool for MHPSS helplines
- Basic scripts for helpline service providers

GLOSSARY

Key mental health and psychosocial helpline terms

- **Counselling** - MHPSS support focused on a specific issue for a limited amount of time
- **MHPSS helpline** - a phone or web-based helpline designed to provide support to protect and promote mental health and psychosocial well-being
- **MHPSS helpline service provider** - individuals who provide MHPSS via a helpline
- **MHPSS helpline service user** - individuals who use or contact MHPSS helplines
- **Therapy** - MHPSS that may be longer-term than counselling with a focus on the individual/s and the presenting issues

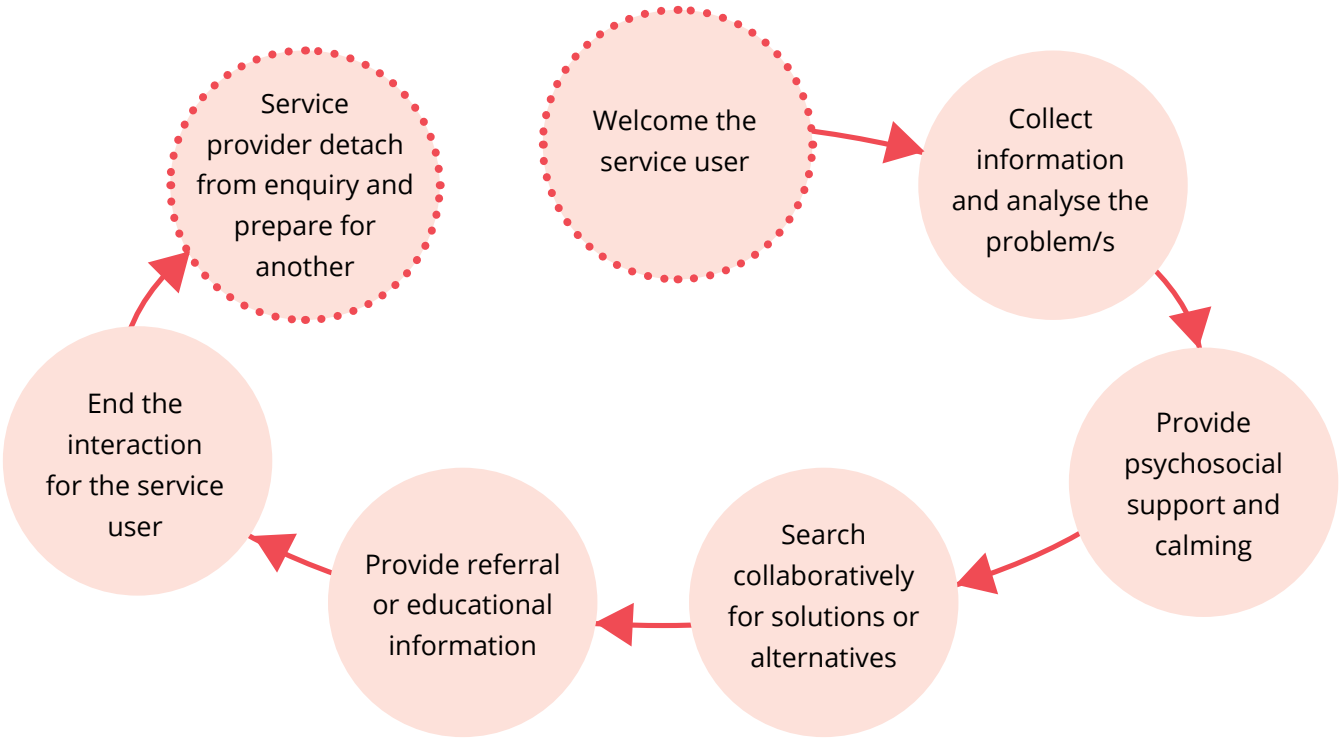
INTRODUCTION

The purpose of MHPSS helplines is to offer support to protect and promote the mental health and psychosocial well-being of those contacting the helpline. Helpline service providers endeavour to do this through fostering a sense of security and calm, encouraging feelings of self-efficacy and collective efficiency, encouraging connection, and encouraging feelings of hope.

MHPSS helplines offer active listening, a sense of presence and closeness, psychosocial support, and calming. They also encourage understanding, support problem solving, and promote self-reliance. MHPSS helplines frequently offer educational, psychoeducational, or referral information to other sources which are relevant to the service users needs. Many MHPSS helplines also offer support for suicide prevention and response, while some MHPSS helplines offer support through therapy or counselling.

The advantages of MHPSS helplines are often cited as the anonymity, confidentiality, accessibility, and availability of the service. Other benefits frequently cited include the feelings of control and security that many service providers report after engaging with a MHPSS helpline, and the perception of the helpline as a low or no cost MHPSS service for the user.

The majority of MHPSS helplines follow a similar basic protocol for handling inquiries:



If the helpline has a dual purpose, for example it is both a MHPSS helpline and also manages cash grants, or if a more complex issue has arisen, the basic protocol is extended to accommodate the additional needs.

TYPES OF MHPSS HELPLINES

MHPSS helplines come in many different forms. Helplines may:

- Have a general focus, or be specific to a particular population or situation
- Focused on emergency, humanitarian, non-emergency, or all contexts
- Handle inbound, outbound[1], or both types of enquiries
- Support only individuals, only groups, or both
- Offer only talk, only chat or text, or both
- Be established rapidly or established over a longer period of time
- Be permanent and ongoing or transient and terminated after a period of time
- Open 24 hours a day or open at specific fixed times

In addition to the form, MHPSS helplines also offer different types of services. The three primary categories of services offered are:

- Helplines where MHPSS is a secondary objective
- Helplines where MHPSS is the primary or sole objective, and active listening and psychosocial support is offered, but not therapy or counselling
- MHPSS helplines that also offer therapy and counselling

Helplines where MHPSS is a secondary objective. The primary purpose of these helplines is non-MHPSS specific. A helpline where cash voucher assistance is the primary purpose, and the secondary objective is to provide MHPSS support should the need arise is one such example. Service providers need to be skilled to respond to both the MHPSS and non-MHPSS needs of the helpline service.

Helplines where MHPSS is the primary or sole objective, and therapy or counselling are not offered. As the name indicates, MHPSS is the primary or sole objective and therefore helpline service providers spend the vast majority of their time handling MHPSS specific calls. These helplines do not provide counselling or therapy, nor do they provide long-term mental health treatment or diagnose what people are experiencing.

Helplines where MHPSS is the primary objective and where psychotherapy and counselling are offered. The purpose of these services is to provide either short or longer term therapy, counselling, and treatment for MHPSS related matters. Service users normally speak to the same operator each time, often at a scheduled time, and services are typically not open 24 hours a day.

Many of the basic structures and practical considerations for establishing and maintaining MHPSS helplines are similar between different types of MHPSS helplines. However, at times, there can be significant differences in the procedures and protocols. In recognition of this, this framework offers both generalized helpline information and, where appropriate, differentiated resources.

ASSESSMENT OF NEED FOR A MHPSS HELPLINE

The first step in deciding if a MHPSS helpline is needed and operationally feasible is to undertake an initial assessment. The initial assessment is intended to:

- Give a high level view of the main areas for consideration
- Support informed decision making regarding the establishment or adaptation of existing helplines
- Provide guidance on how to set up the MHPSS helpline service for success

Initial assessments need to include specific information about:

- The context: What are the MHPSS needs and who are the target audiences
- The communication landscape: Suitability of a helpline, languages spoken by the target audiences, and acceptance of a helpline service
- Operational feasibility: Your operation, other operations, laws, regulations, and requirements

Essential steps in undertaking an initial assessment include to:

- Develop assessment questions
- Consider the level of financing, staffing, and time that can be devoted to the initial assessment
- Collect and review existing sources of secondary data about the context, communication landscape, and operational feasibility
- Conduct interviews with groups and individuals using quantitative and/or qualitative methods
- Ensure information is informed by and validated with local informants and local MHPSS stakeholders
- Synthesize and assess information

Annex 1 Needs assessment for MHPSS helplines provides a template for undertaking a MHPSS helpline needs assessment. It contains key guiding questions to assess the context, communication landscape, and operational feasibility and can be readily adapted to suit the local context. It is important to remember that all assessments provide only a snapshot in time. This is especially true in emergency contexts where the situation may be changing rapidly. Ongoing monitoring, evaluation, and potential programme adjustment are essential to ensure the helpline service continues to be operationally feasible and effectively meet the MHPSS needs.

If the initial assessment proves suitable, the next steps in the process include to:

- Carry out further stakeholder consultation and analysis
- Determine the specific structure of the MHPSS helpline including the focus of the helpline, hours of operation, communication platforms, number of staff required, training required, space requirements

- Prepare a business plan
- Undertake resource mobilization
- Develop guidelines for answering inquiries, escalating cases, and data collection
- Hire and train the helpline service providers
- Establish referral pathways
- Establish or source reliable referral information, links, and psychoeducational material
- Acquire and set up the necessary equipment to run the helpline
- Advertise and launch the MHPSS helpline

THE HELPLINE SPACE

There is no one ideal space which will suit all types of helplines as the helpline space is largely determined by factors such as the availability of suitable sites and workspaces, budget, and workforce and employer preferences.

Desirable site selection and work space features include ensuring:

- Physically safe and accessible for all helpline service providers
- Good phone and/or internet connectivity
- Reliable electricity connectivity if needed
- Enough charging stations or electricity outlets
- Good light, ventilation, and sound insulation
- Confidentiality for helpline service users
- Contain or have access to basic amenities such as a toilet and handwashing facilities
- The right size for the number of helpline service providers

Additional good features may include a space for breaks for helpline service providers and a space to prepare or eat food if longer shifts are required.

Determining the right size for a helpline can be achieved by using traditional metrics such as call volume and the number of helpline service providers required and multiplying this by the standard call centre space metric of 9 to12 square metres per workstation. It is important to note that this estimate includes common areas such as interior walkways, break rooms, training rooms, and other site amenities. Using the standard measure, if you have ten helpline service providers, then between 90 to120 square metres is recommended. Smaller spaces can work well however if the right sound insulation is in place, or if the space doesn't require space for training or rooms for breaks. Typically,

the larger the space, the higher the running costs, however it is usually more economical to have one large space, rather than two smaller spaces due to duplication of amenities and overall real estate inefficiencies.

Key considerations for determining the budget for the helpline space, include:

- Rental costs and/or maintenance costs
- Utilities such as light, heat, electricity, internet connection, water etc.
- Office equipment such as desks, phones, headsets, computers, paper, pens
- Equipment repair, maintenance, and replacement costs

Considering staffing preferences in the selection and design of a work space can help to improve helpline service provider well-being at work and reduce turnover rates. For example, ensuring that the site and workspace is accessible and safe for all helpline staff is critical to attracting and retaining staff. Likewise considering preferences for remote and work from home options can have multiple benefits beyond merely saving on office costs. These include:

- Potential lower noise compared to a busy call centre environment
- Sickness will not spread as in an office environment
- Each helpline service provider has their internet or phone connection at home so if one person loses internet, it is possible other people are still online
- Increased likelihood of staff taking overnight or weekend work as travel is eliminated
- Helpline service providers have immediate access to self-care tools, for example being in a comfortable and familiar space, access to gardens or pets that they benefit from

Remote work does however also have a number of disadvantages including:

- Potential feelings of isolation
- Distractions of home life
- Challenges of ensuring confidentiality for service users
- Less visibility of signs that workers are struggling
- No commute removes a space for self-care or transition between work and home life

TECHNICAL SYSTEMS AND EQUIPMENT

The technical elements of a MHPSS helpline can range from simple through to highly sophisticated. It is important to carefully consider the budget and the needs of the helpline to ensure that the systems and equipment are fit for purpose and affordable over the life of the helpline.

Key considerations include:

- Expected call volume
- Expected staffing levels
- Availability of internet and phone connectivity
- Data security and privacy offered on the technical systems and equipment
- Local rules and regulations, for example related to privacy rules, data protection, systems or platforms not allowed in country
- Which data points will be tracked and if tracking will be manual or automated
- Availability of reputable technical service providers and support
- Budget for the start up costs of technical systems and equipment
- Budget for ongoing costs associated with technical systems and equipment
- Software subscriptions or costs associated with developing and maintaining online platforms
- Duration and reliability of funding sources, especially with expensive tech solutions

SUCCESSFUL LOW TECH MHPSS HELPLINE

The Liberian Red Cross set up a highly successful low-tech MHPSS helpline in 2020. As of 2023, one part-time and two full-time helpline service providers were managing the helpline which was receiving approximately 95 calls per month and also placing approximately 125 outbound MHPSS calls per month. Following a needs assessment, the Liberian Red Cross determined that two mobile phones were required - one for each network operating in the country. Monitoring and evaluation information was recorded in a handwritten ledger which was compiled into a monthly report for management. The Liberian Red Cross had access to the internet, when available, through a laptop to look up specific information as required and they also had an extensive array of information printed out for service providers to access during calls. The helpline was funded by the Danish Red Cross through the Swedish Red Cross based in Liberia, and operated in close collaboration with the Liberian Ministry of Health and the Ministry of Gender, Children and Social Protection.

SUCCESSFUL HIGH TECH MHPSS HELPLINE

The Icelandic Red Cross has managed a 24 hour phone and chat MHPSS helpline since 2002. In 2022 the helpline had approximately 100 staff and volunteers who managed around 15,000 incoming conversations. Helpline service providers were located between two main call centres and the staff also had the option to work from home. The Icelandic Red Cross outsourced all its technical support to local providers who guaranteed compliance with local and European data protection laws. Home-based service providers used their home internet connection and a laptop to log in to the internet phone and online chat to receive incoming calls. Those who worked onsite were provided with a computer, internet connection, internet phone, online chat, and headsets. Helpline service providers had access to electronic and paper-based referral information and psycho-educational materials and were able to use the internet freely to look up information as required. Monitoring and evaluation information was recorded manually in an electronic database and also through automated systems. Shift and daily reports were generated which tracked trends, while a monthly report provided more detailed information.

List of technical systems and equipment

There is no single defined list of essential technical systems and equipment as is evident from the two examples of different National Societies. The key essential elements include:

- A means for people to contact the helpline such as a phone number or web address
- A means to answer enquiries such as a phone or computer
- A case management system to support service providers in responding to different enquiries
- A way to record monitoring and evaluation information in a handwritten ledger, Excel sheet, or through automated data capture
- A means of managing technical support issues - in-house and/or external

Technical support

All helplines require technical support. Organizations need to decide if they want to do their own technical support or outsource part or all the technical support. For simple systems, minimal technical support is usually required, however for more complex systems or larger helplines, the technical support roles and responsibilities can become complex.

The responsibilities of technical support include:

- Installing and configuring hardware and software
- Troubleshooting technical issues
- Diagnosing and repairing hardware and software faults
- Resolving network issues
- Replacing or repairing necessary parts
- Supporting the roll-out of new applications
- Conducting electrical and other safety checks on equipment

HELPLINE MANUALS

A helpline manual provides a single reference point to support helpline service providers through the onboarding process and guide them through commonly faced issues or challenges. Manuals inspire confidence to resolve problems and overcome setbacks. As an added benefit, when service providers consult the manual in the first instance, they potentially reduce the workload of shift supervisors. Manuals should be written in an active voice, use descriptive language and relevant visuals, and include tips on how to work effectively with both common and more challenging conversations.

Key areas that helpline manuals typically cover include:

Basic information about the helpline, for example:

- The philosophy, values, approach, and focus of the helpline
- Hours of operation
- The type of issues or conversations managed
- Approximate number of conversations managed per shift / month / year
- Approximate number of staff and volunteers

Information on workplace supports and expectations including:

- Minimum and maximum shift durations and frequency
- Required training and skills
- Supervision and peer support
- Personal well-being tips and expectations
- Remuneration or other forms of reward or compensation

Information on procedures, such as:

- How to operate technical systems and equipment
- How to open, close, and handover a shift
- How to record monitoring and evaluation data

- What to do if technical difficulties arise
- What to do in the event of a service provider's absence

Tips and guidance on the helpline service providers' role including:

- Do's and Don'ts of responding to enquiries
- How to open and end a conversation
- How to use MHPSS conversation techniques effectively
- Basic scripts on common and more challenging situations

Guidance on managing more difficult conversions, for example:

- High frequency or repeat service users
- Abusive service users
- Disclosure of criminal behaviour
- Self injury
- Sexual abuse, exploitation and harassment, and human trafficking
- Suicidality, including assessment of risk and protocols

Referral information including:

- Details of or links to psychoeducational information
- Contact details and brief description of services that users may be referred to

HUMAN RESOURCE MANAGEMENT

The management of paid and volunteer staff is a critical component of any MHPSS helpline service. Key management and staffing elements include:

- Training, including core skills and competencies (see page 21)
- Supportive supervision (see page 35)
- Shift durations and frequency
- Ratio of staff to shift supervisors
- Management systems
- Conditions including remuneration, rewards, or other benefits

Shift duration and frequency

Minimum shift durations allow helpline service providers time to settle into a shift, while maximum shift durations are part of good fatigue management practices which supports reduced rates of burnout and staff turnover. The recommended minimum shift duration is two hours and

recommended maximum six hours. If the helpline is managing particularly challenging enquirers, then a maximum shift duration of four hours or less may be more suitable.

To keep skills and experience current, it is important that helpline service providers are regularly undertaking shifts. While at times longer breaks between shifts may be necessary, the ideal minimum is approximately four hours every two weeks. This is in addition to training and supervision. As part of good fatigue management practices, a maximum shift frequency of two days off for every five days worked is recommended.

When considering shift duration and frequency, it is important to keep in mind local regulations and policies on staff working time, including clauses in paid and volunteer contracts for maximum or minimum times.

	MINIMUM	MAXIMUM
Shift duration	2 hours	6 hours
Shift frequency	Four hours every two weeks	Five days on, two days off

Staff to shift supervisor ratio

Shift supervisors need to be fully trained and experienced in all the helpline providers' specific responsibilities. They also need to be knowledgeable and current on all policies and procedures relevant to the helpline. It is important that shift supervisors have specialised training in managing, supervising, and supporting helpline service providers. With this broad skill set, shift supervisors can serve the dual role of a helpline service provider and also step into the role as required of managing staff and other helpline matters during a shift.

Best practice recommendations for the ratio of helpline service providers to shift supervisors is approximately 1:6 - one supervisor for every six helpline service providers. If a helpline is handling more complex issues or is managing staff across several locations, the recommended ratio is lowered to 1:5. If there are many new staff on a shift, it may be more suitable to have a lower ratio of staff to shift supervisors so the staff can be fully supported in their new role.

Management systems

Management is essential to the smooth running of any MHPSS helpline. Most helplines have busy and slow periods and periods where more and less demanding enquiries are received. Likewise, staff have unique skill sets and preferences for specific types of shifts and shifts at particular times of the day. Achieving the best possible fit between the forecasted work and the providers, will reduce operational costs, lower workforce turnover, and improve the experience for service users.

To get the best possible fit, an organization needs to understand its staff and understand the workflows. Questionnaires are an easy way to know preferences for shift times and the type of work preferred. Observing staff while operating the helplines and during training and supportive supervision, provide opportunities for management to better understand the unique skill set of their workforce.

To understand workflows, it is important to put in place a system to monitor both call volume and types of calls. This will require helpline service providers to track the time and reason for each call. This can be done either in a handwritten ledger or using an online programme such as Excel with drop down tabs for type of call. Some helpline technical systems are able to automatically record call volumes.

It is not enough to use forecasted data and assign schedules based on service provider preferences and skills. The helpline providers also need to be able to readily access the shift schedule. Closed social media groups are useful places to post shift schedules as it is easy to update the schedule and broadcast it to all in the event of changes. For smaller operations or where good internet connectivity is not available, individually telephoning helpline service providers to notify them of shift schedules or changes may be a more suitable option.

Volunteer management

Many Red Cross Red Crescent MHPSS helplines are staffed either partially or fully with volunteers. It is critical that volunteer management systems are firmly in place including organizational policies which outline the working conditions and expectations for volunteers. Managing volunteers and teams of volunteers requires a special set of skills and training and it is critical that managers are provided with the necessary tools and training to manage volunteers safely and effectively.

Helpline service provider conditions and benefits

Most MHPSS helplines use a blend of paid and volunteer staff. What each organization offers as conditions and benefits will vary according to the context. Favourable conditions and benefits are known to lead to higher retention rates and increased volunteer and/ or staff satisfaction.

Beyond monetary benefits, helplines may also choose to offer staff and volunteers:

- Free or subsidized access to non-essential training and courses
- Access to free counselling sessions
- Flexible working arrangements
- Free drinks and snacks while on shift
- Comfortable office facilities
- Reimbursement for costs to travel to the helpline office

TRAINING

Staff and volunteers provide critical support to people experiencing a diversity of crises, and in doing so they require a wide range of specific skills and competencies.

Core essential MHPSS skills and competencies

The core MHPSS skills and competencies required for all MHPSS helplines include:

- Good listening skills
- Ability to develop a connection or rapport with help seekers
- Ability to express empathy and respect for others
- Ability to be non-judgemental
- A strong sense of self
- Openness to diversity
- Self-awareness and awareness of personal biases
- Ability to maintain clear boundaries and sufficient emotional distance to help seekers
- Ability to respond reflectively to feedback given in training and supervision and to apply feedback to ongoing practice

Other frequently required knowledge or training includes:

- Specific MHPSS topic, experience with or knowledge on special groups of users for focused helplines
- Comfort discussing suicide, self harm and sexual exploitation and abuse

Essential non-MHPSS skills and competencies

There are also a range of essential non-MHPSS skills and competencies required to effectively operate a MHPSS helpline. These include:

- Knowledge on the mission, values, and purpose of the organization and helpline
- Knowledge of the helplines' procedures and policies
- The ability to effectively operate the technical aspects of the helpline - for example how to answer and transfer calls, how to use chat systems, how to record statistics
- Knowledge on closely related MHPSS topics including: protection, gender and inclusion, disability inclusion, sexual and gender based violence, protection from sexual exploitation and abuse
- For Red Cross Red Crescent helplines, familiarity with the seven principles of the Red Cross Red Crescent as well as key IFRC policies is essential

All training and learning should be delivered using different methods and a range of techniques that promote deep learning and the ability to apply the skills in real helpline situations. Training should also ensure the providers' skills remain current and are matching the needs of the helpline. Such techniques include:

- Role-playing calls and scenarios
- Observing or shadowing another more experienced employee
- Continuous skills development and refresher training
- Ongoing supportive supervision and peer support
- Regular, direct, actionable feedback provided to helpline providers
- Basic scripts available on how to respond to specific challenges
- List of current and relevant safe referral sources and emergency numbers
- Peer support or chat help groups for service providers
- Managers or team leaders on call as required

As training requires time and financial commitments, it is prudent to screen all potential service providers through an initial face to face or virtual intake interview to assess their basic communication skills and other helpline attributes before offering training. Depending on the context, background and criminal record checks may be important for safeguarding purposes.

Focus and duration of MHPSS training

Each MHPSS helpline will have its own required hours and criteria depending on:

- The focus of the MHPSS helpline
- How quickly the service needs to be rolled out
- Available staffing
- Financing

Lifeline Australia, an established helpline service that supports over 1 million calls per year and has approximately 3,500 crisis support helpline employees, sets a minimum requirement of approximately 170 hours of training over 12 months before qualifying to become a helpline service provider. This includes online and face to face training, role-plays, and supervised shifts. In addition, Lifeline Australia requires all helpline service providers to undertake further requirements related to training, supervision, and hours of calls worked each year to remain current.

The Crisis Helpline Specialist Certification from the International Council for Helplines[2] requires 150 hours of direct talk, chat, or text time, and successful completion of a training programme based on the International Council for Helplines core competencies[3] or similar education and training.

With a rapidly established MHPSS helpline, for example in response to a mass disaster or violence situation, the training may initially be several hours or one to two days in duration before helpline service providers commence working. Typically in emergency or quick start up contexts, the training is staged so that the most important skills are taught first and then the basic training is supplemented and built out over time to ensure all the core competencies and skills are achieved as soon as practical.

The table below provides a list of essential MHPSS training topics and learning outcomes. While many of the basic core skills and competencies are similar across different types of helplines, the depth of knowledge required, and therefore the duration and intensity of the training will be different for the different types of helplines. Hours of training has not been included in the table as different organizations will have or require different amounts of time to train each skill. The most important element to focus on are the learning outcomes listed. When providing training it is essential to ensure the learning outcomes have been met, and that the learning outcomes are correctly applied in real life helpline situations.

TRAINING TOPIC	LEARNING OUTCOMES
ALL HELPLINES WITH MHPSS AS A PRIMARY OR SECONDARY OBJECTIVE, WITH OR WITHOUT THERAPY AND COUNSELLING	
Psychological first aid (PFA)	• Understand what PFA is and what it is not. • Understand the action principles of 'Look, Listen, and Link'. • Successfully engage in role-play practice providing PFA to a person in distress over a helpline. • For Red Cross Red Crescent helplines: Understand the Red Cross Red Crescent approach to PFA and psychosocial support.[4]

TRAINING TOPIC	LEARNING OUTCOMES
Rapport building, communication, and listening skills	• Understand and practice reflective, active, empathetic and non-judgemental listening skills. • Understand how to build rapport with the caller and practice doing so in a simulation. • Understand and practice how to promote a sense of security and calm, encourage feelings of self-efficacy and collective efficiency, encourage connection, and encourage feelings of hope over phone and/chat services. • Practice through role-play and understand how to respectfully ask for clarification on unknown service user nomenclature.
Information on a range of relevant MHPSS topics	• Possess knowledge on relevant MHPSS topics. The helpline needs assessment will inform the exact topics, however some suggestions include: depression, isolation and loneliness, anxiety, stress, grief and loss, ambiguous loss, cultural adjustment, interpersonal violence, violence against older adults, addiction and substance use, disasters and emergencies, mass violence.
Trauma informed care and crisis intervention	• Acknowledge high incidence of trauma in helpline service users. • Understand how trauma impacts psychosocial outcomes. Understand how service users can be re-traumatized through their contacts with public services and helping organizations. • Understand the principles of trauma informed care and apply those in a role-play situation. • Understand the principles of crisis intervention and apply those in a role-play situation.
Collaborative problem solving	• Understand the principles of collaborative problem solving. • Practise the principles in a role-play.
Psychosocial safety planning	• Understand and practice in a role-play how to help service users develop short term plans to keep themselves emotionally safe while they make a decision about their situation.

TRAINING TOPIC	LEARNING OUTCOMES

Challenging calls	• Understand how to respond to and role-play various scenarios related to:
	  • aggressive or abusive service users
	  • frequent service users
	  • disclosure of criminal behaviour
	  • sexual exploitation, abuse and harassment
	  • intimate partner and domestic violence
	  • human trafficking
	  • medical emergencies
	  • people under intense substance use
	• Have good knowledge of local referral sources.
	• Have good knowledge of local protocols and requirements related to mandatory reporting.

Setting boundaries	• Understand how to set and maintain clear boundaries within the helpline setting. • Demonstrate ability to maintain clear boundaries and sufficient emotional distance to help seekers.
Suicide	• Understand how to manage conversations about suicide, disclosure of suicidal thoughts, establish safety plans, decide the level of risk, and refer for suicide prevention and response services. Practice these skills within the training. • Understand relevant local laws and protocols related to suicide. • Understand the importance of staff safety and well-being as it relates to suicide helpline interactions.
Self awareness and bias	• Understand personal biases related to service users and service user issues. • Have a good awareness of personal traits.

TRAINING TOPIC	LEARNING OUTCOMES
Diversity and cultural awareness	• Awareness of local customs and practices. • Awareness of specific relevant populations, for example: LGBTQIA+, minority, and at-risk populations.
Data safety and privacy	• Understand local rules and regulations on data safety and privacy. • Understand the measures that can be taken internally to promote and ensure data safety and privacy. • Know the referral contact for taking down unlawful content from the internet and other platforms.
Community resources and safe referrals	• Understand and apply the principles of safe referrals in a simulation exercise. • Know how and where to access information on local referral sources and do this in a simulated situation.
Self-care	• Understand the importance of self-care. • Understand how to recognize the signs of stress and reduced or poor coping in oneself. • Know how helpline service providers can build personal resilience and well-being. • Undertake practical self-care exercises.
Code of conduct and local and national laws	• Understand the organizational Code of Conduct. • Be familiar with local and national laws and organizational policies relating to common service user issues such as child protection, domestic and intimate partner violence, sexual exploitation, abuse and harassment, immigrant rights, trafficking, etc.
Training and observation shifts	• Observe someone else responding to a helpline enquiry. • Respond to a helpline enquiry while under supervision. • Respond reflectively to feedback given on training and other shifts and apply feedback in future helpline interactions.

TRAINING TOPIC	LEARNING OUTCOMES
Supportive supervision	• Attend and actively participate in supportive supervision sessions at regular intervals. • Respond reflectively to feedback given during supportive supervision and apply feedback to ongoing practice.
Ongoing professional development	• Attend and actively participate in ongoing and refresher training as appropriate.
Ad hoc as required	• Ad hoc training if anything changes or is updated for example new policies or procedures.
AS RELEVANT	
Red Cross Red Crescent	• Understand how to apply the seven principles of the Red Cross Red Crescent in helpline contexts. • Know how to apply relevant policies and procedures of the Red Cross Red Crescent such as the Code of Conduct and Child Protection Policy.
Working with interpreters	• Understand the key principles of how to work effectively with interpreters specifically as it applies to MHPSS helplines. • Practice through role-play being both a service user and a service provider where an interpreter is used.
PFA in Groups	• Attend PFA in Groups: Support to Teams session/s as required.
CHAT SPECIFIC HELPLINES	
Chat skills	• Understand the local meanings of common emojis. • Understand how to read between nomenclature, syntax, etc, • Understand best practice for responding to crisis messages. Practice these skills within the training.

TRAINING TOPIC	LEARNING OUTCOMES
MHPSS HELPLINES WITH COUNSELLING AND THERAPY In addition to all the above listed training topics and learning outcomes.	
Formal qualification	• A formal qualification such as a degree in psychology, psychiatry, social work or extensive formal training as a mental health nurse, or MHPSS professional.
Mental health conditions	• Understand the symptoms and best practice MHPSS treatment for common mental health issues.
Local knowledge	• Understand local representations of common mental health issues. • Be familiar with common local practices to resolve mental health distress.
MANAGERS AND TEAM LEADERS	
Helpline training	• Managers and team leaders should undertake the same training as their team members in addition to the below training.
Staff well-being and management	• Understand best practice to support staff well-being including structural well-being issues such as realistic workloads and work expectations, contracts and pay, boundaries and breaks, and maintenance of appropriate skill and confidence levels. • Understand the causes, signs and symptoms of staff burnout. • Understand key MHPSS helpline management roles and responsibilities.
Providing feedback	• Understand how to provide effective and actionable feedback. Practice this skill through role-play.

TRAINING TOPIC	LEARNING OUTCOMES
Supervision	• Understand the importance of regular supportive supervision.
PFA in groups	• Understand how to accurately assess if and when a PFA in Groups: Support to Teams meeting is needed. • Understand how to prepare for and run PFA for Groups: Support to Teams meetings or have the skills to select well-suited facilitators.
AS RELEVANT	
Supporting interpreters	• Understand the importance of providing care and supervision to interpreters.

CHALLENGING CONVERSATIONS

MHPSS helpline service providers manage inquiries from people who are experiencing a range of emotions and challenges. The below guidance is intended to support helpline service providers with some of the more challenging conversations that may be encountered.

Frequent service users
Some individuals will repeatedly contact a MHPSS helpline for the purpose of communicating whatever is on their mind - for example, the weather or a sports score - and not because they want support with any particular MHPSS issue. The person is contacting the helpline due to an unmet need and should be met with respect and kindness. It is recommended to remind the individual of the purpose of the helpline and to set limits on the length of these contacts so as to keep the line open for other enquiries. Each organization will set its own time limits - potentially five to ten minutes. If the helpline provider needs to end the interaction, they should do so politely and also inform the service user they are welcome to contact again if they have needs matching the service.

Abusive service users
Anger and agitation are normal emotions that individuals may display as a reaction to a distressing situation. If these emotions are present, but the individual is respectful towards the helpline service provider, then the normal processes are followed. If however, the service user is abusive or

disrespectful, it is recommended to provide an opportunity for the person to correct their behaviour through giving a warning that the interaction cannot continue if the person continues to be abusive or disrespectful. If the person doesn't adjust their behaviour, it is recommended to politely close the interaction and inform the service user they are welcome to contact again if they are able to be respectful towards the service provider.

Silent service users

Helpline service users may not always communicate immediately or even at all. Silent contacts can be disconcerting to start with, but a service user does not necessarily need to communicate to gain some benefit from the service. There may be many reasons for a silent contact, and it is important that it be considered genuine unless it is proven to be otherwise. It is recommended to give space and encouragement to communicate if they wish. Some of the following phrases might be helpful to use in this context. Remember to leave silences of approximately 30 seconds between phrases:

- Sometimes it's hard to know where to start.
- It can be a bit frightening to contact a helpline.
- All contacts are confidential.
- Are you able to tell me your name?
- Maybe if I ask you a few questions, you need only say 'yes' or 'no'.
- Take your time.
- I'm still here.

If the service user still makes no contact, ask them to tap the receiver or any key to let you know that they are there. If after a couple more minutes there is still no response, let the person know that you are going end the interaction, inform them of the support line operating hours, and invite them to contact the service again. Useful phrases that can be used in this instance are:

- Could you let me know you are still there by tapping the receiver or typing any key.
- I'm aware that other people are trying to get through.
- I'm going to end the conversation now, do contact the service another time.

Criminal or immoral behaviour

If a service user discloses criminal behaviour or behaviour that the service provider finds immoral, it is recommended that the service provider does not judge or justify the individual's actions. It is recommended to instead focus on the MHPSS needs present, for example to be listened to, or to be directed to appropriate resources. If under local laws it is required to report the behaviour - for example child abuse - then the service provider should follow the protocols related to this.

Intimate partner and domestic violence

Respond to intimate partner and domestic violence in a similar way as other MHPSS issues. Listen actively, don't tell the person what to do, focus on the MHPSS and medical needs present, provide information on options, and if appropriate, provide information on suitable resources. Intimate partner and domestic violence may be physical, sexual, emotional, economic, psychological, or technological. If it is required by law to report a specific type of violence, then clear protocols should be established within the helpline and followed as required.

Sexual violence and rape

When sexual violence or rape is disclosed, helpline service providers should be supportive and listen without judgement. They should inform the survivor of the limitations of confidentiality if any exist, assess the individuals' immediate safety, provide relevant information, and, if appropriate, inform the individual of other suitable support services. It is important that service providers do not respond with victim-blaming, minimizing or dismissive responses. Such responses can have a negative impact on both perpetrator and survivor ability or desire to seek further support.

Human trafficking

When communicating with someone in a dangerous or potential trafficking situation, communication should be open and non-judgemental and helpline staff should use yes or no questions until the person indicates it's safe to communicate more freely. It's important for helpline staff to recognize that the person in the situation knows their situation best and honour the help seekers' requests to ensure their safety. Helpline providers must assess the current risk and identify current and potential safety concerns; learn more about the person's needs and wishes moving forward; work with the person to create strategies for avoiding or reducing the threat of harm; and discuss concrete options for responding when safety is threatened or compromised. Helpline providers should be trained in recognising the signs of human trafficking, developing safety plans with trafficked persons, and be aware of safety tips and resources for during and also after leaving a trafficking situation.

Identity crisis

When uncertainty or insecurity about a sense of identity is present, respond by listening supportively and without judgement. Helpline service providers should support the individual to explore the feelings and changes or stressors they are experiencing, and encourage reflection on core values, beliefs, interests, and goals in life, and the types of things that bring the individual joy and happiness. The focus for helpline service providers is to support the individual to identify and understand the feelings they have about identity and support them in acknowledging and accepting these.

Sexuality issues

Sexuality issues including sexual health, orientation, identity, dysfunction, and body image are common reasons for individuals to contact a helpline. Helpline providers should respond to sexuality issues in a similar way to other MHPSS issues - listen actively and without judgement, provide information on options, and if appropriate, provide information on suitable resources.

Medical emergency

Each organization will have its own protocols on how to respond to urgent medical care issues. These protocols may be informed by local or national laws and requirements. It is important that protocols for medical emergencies are clearly documented and well known by all helpline service providers and shift supervisors. Some organizations may, for example, have a policy to only call for medical help if the service user requests or if the service user gives consent. Other organizations may have a policy to call medical help for all medical emergencies. It is recommended that medical emergency protocols are in an easily accessible place - such as printed out and posted up in the helpline space or stored in an easy to find electronic file - as during medical emergencies quick access to the protocol is important.

Intense substance use

It is not uncommon for service users to be affected by substances when contacting a helpline. If a service user appears to be dangerously or intensely affected by substances - for example is heavily slurring words, displays very slow or rapid, erratic speech, is exhibiting signs of paranoia, hallucinating, or is going in and out of consciousness - is it important to assess the individual's safety. Asking direct questions about substance use is recommended. If there are limits to confidentiality, helpline service users should be informed of this. Intense substance use may be a medical emergency and, as such, organizational protocols for medical emergencies should be followed.

Self harm

Respond to self harm with active listening and calm and focus on the MHPSS issues present, rather than focusing on the details of any particular injury or behaviour. An important step in responding to self harm is assessing the severity of injuries and the safety of the individual. If the individual is bleeding profusely, a cut is very deep, there is a feeling of weakness, or the person is going into shock having rapid breathing, fast heart rate, feeling faint or panic attacks, the helpline provider should encourage the individual to seek help immediately and/or follow the medical emergency protocols of the helpline.

Suicide

It is important that all helpline service providers - even where MHPSS is a secondary objective - are trained in how to respond to suicide related calls - see the next section for further details. When suicidal thoughts or intentions are disclosed it is recommended to ask directly about the nature and frequency of suicidal thoughts including; plans, access to means, and past attempts. Asking directly allows the service user an opportunity to hear their own thoughts reflected back, and it also provides the service provider the opportunity to assess the level of risk. If there are limits to confidentiality, then it is important that the service user is informed of this as early as possible into the interaction. It will not encourage someone to take their own life by talking or asking about their suicidal thoughts or previous suicidal attempts. Each organization will have their own desired outcome which may be informed by local or national laws. Typically, the desired outcome is to support the individual to find other solutions to their presenting issues or to postpone their suicide decision.

Talking about suicide decreases the risk of a person taking their own life. Useful questions that a helpline service user may ask related to suicide include:

- Have they attempted suicide in the past? If so, when?
- What, if anything, stopped them from attempting to take their own life last time?
- Do they have any plans to attempt it again in the future? If so, how and when?
- Do they have access to a method? If so, what?
- Do they have any support or anyone who could be contacted? If so, who and how?
- Be direct: 'Do you have any current thoughts or plans about taking your own life?'

SUICIDE, SELF HARM, AND EMERGENCY INTERVENTIONS

It is important that all helpline service providers - even where MHPSS is a secondary objective - can respond to suicide, self harm, and emergency related calls. What competence looks like in each organization will differ. For some organizations helpline service provider competence will mean knowing how to immediately refer to a supervisor or transfer the help seeker elsewhere, whereas for another organization competence will mean the helpline service provider manages the entire conversation. Support through a helpline may be the only viable option for providing suicide prevention, self harm support, or assistance for emergency related concerns due to population access barriers as for example for those in rural or geographically dispersed communities, for care outside of core operating hours (24-hour helplines), or due to the effects of emergencies that might hamper ordinary service provision. It is therefore imperative that all helplines with MHPSS components have a set of guidelines or protocols which are easy to access and follow and that clearly define the role, the steps, and specific actions to be taken for suicide, self-harm, and emergency situations.

The responsibility of the MHPSS helpline is to:

- Map available resources related to suicide, self harm, and emergency care
- Ensure the referral pathways are safe and functioning
- Develop organizational protocols and guidance
- Train staff and volunteers to respond
- Provide continuous skill development for helpline service providers
- Promote staff and volunteer well-being
- Provide access to supportive supervision so helpline providers feel supported before, during, and after responding to such situations

Successful and safe helpline support is reliant on all helpline service providers being thoroughly trained in using the organizational tools and protocols and having regular coaching and supervision under real and simulated situations.

Typical suicide and self-harm training includes information on:

- Organizational tools, guidance, and protocols
- What is suicide, what is self harm, including the warning signs and risk factors
- How to listen to and acknowledge self harm and suicidal thoughts and feelings
- How to assess self harm and suicide risk
- How to work with and identify protective factors
- How to develop safety plans that support help seekers to self manage suicide and self harm risks

- How to communicate clear limits to confidentiality
- How to manage own reactions and biases
- How to make referrals for suicide and self harm related inquires
- How to document interactions and decisions made
- How to undertake effective follow up contact if relevant to the organization

Training also typically covers information on:

- Common helpline service provider reactions and behaviours
- Resources and supports available to helpline service providers

Annex 2 provides a sample risk assessment script for suicide risk, while Annex 3 provides a personalized sample safety plan[5].

TRAUMA INFORMED APPROACH

All MHPSS helplines should take a trauma informed approach to how they establish and manage their helpline. Trauma informed approaches consider how common trauma experiences are across the population, including for both for helpline service users and service providers. Such approaches recognize that exposure to trauma - both recent or in the past - can impact all areas of an individual's life including neurological, biological, psychological and social development, across the life course.

The British Red Cross actively incorporates trauma informed practices into their helplines using their CALMER framework. The below CALMER trauma informed mnemonic and text is reproduced with permission from the British Red Cross.

CONSIDER	How common trauma experiences are and the possible trauma experiences of the people we work with, as well as those of our staff and volunteers.
ACKNOWLEDGE	The impact that trauma can have across all areas of people's lives, that those with less power experience more trauma, that people can be re-traumatized, even in helping organizations, unless we work hard to prevent this.
LISTEN	To the voices of those with lived experience of trauma in co-designing safe and helpful services.
MANAGE	The risk of re-traumatization by putting trauma informed principles of **safety, choice, empowerment, collaboration, trustworthiness, cultural humility and peer support** at the heart of everything we do.
ENABLE	People to stay within their **window of tolerance**[6] including ourselves, to stay calm and connected.
RESOURCE	Safe and healing relationships that support resilience and help people recover.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines six key principles of trauma informed practice: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, cultural, historical and gender issues.

These trauma informed principles can be applied within MHPSS helplines in multiple ways[7].

Safety

The safety of both helpline service users and providers is strengthened when helplines:

- Enact trauma informed policies, practices, and safeguarding arrangements (see Annex 4 for an example of a trauma informed policy)
- Provide a safe working environment for helpline staff that is free from threat or harm
- Train helpline service providers on key MHPSS issues and trauma informed practice
- Provide ongoing supportive supervision for service providers with a focus on ensuring strong skills, knowledge, and implementation of trauma informed practices, and supporting the well-being of helpline service providers
- Offer helpline service providers MHPSS support following challenging helpline interactions

Trustworthiness and transparency

Trustworthiness and transparency in MHPSS helplines are fostered when:

- Helpline providers explain what they are doing and why
- Helpline providers do what they say they will do
- Helpline providers don't make promises they can't keep
- Information on the objective, approach and focus of the helpline is clear and accessible
- Helpline policies and procedures relevant to service users and helpline staff are transparent and accessible

Peer Support

Effective trauma informed peer support within the helpline context is promoted when:

- Peer relationships are based on autonomy and connection
- The personal realities of peers are validated
- Trust and connection is fostered among peers

- Personal boundaries are respected
- Peer support is non-judgemental, respectful, reciprocal and empathetic
- Safe spaces are created between peers to consider new coping strategies
- Helpline providers are educated about trauma and peer support
- Self-care is promoted by peers

Collaboration and mutuality

Collaboration and mutuality to overcome challenges and improve the helpline are fostered when helplines:

- Offer formal and informal peer support for service providers
- Encourage positive, interactive relationships between service providers and users
- Work alongside and actively involve helpline service users in the delivery of services, including by encouraging people with lived experience to apply for helpline provider roles
- Service users and staff are asked what they need - and how these needs can be met is collaboratively considered

Empowerment, voice and choice

Empowerment, voice and choice are strengthened when helpline service providers:

- Validate the feelings and concerns of helpline service users
- Actively listen to the needs, wants and wishes of service users
- Support service users to make decisions and take action
- Explain choices clearly and transparently
- Support shared decision-making, choice, and goal setting
- Create opportunities for helpline service users and providers to give feedback on the helpline
- Make efforts to share power and give voice to service users and providers in the decision-making of the helpline and its services
- Acknowledge that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences, and have feelings of low self-worth

Cultural, historical and gender issues

Cultural, historical and gender issues are is supported when MHPSS helplines:

- Incorporate policies, protocols, and processes that are responsive to the needs of individuals served
- Provide training on self-awareness, bias, diversity and cultural awareness, including awareness of local customs and practices related to MHPSS
- Differentiated helpline services are provided as needed
- Helpline service providers are respectful and leverage traditional cultural practices to support psychological well-being

SUPPORTIVE SUPERVISION

What is supportive supervision

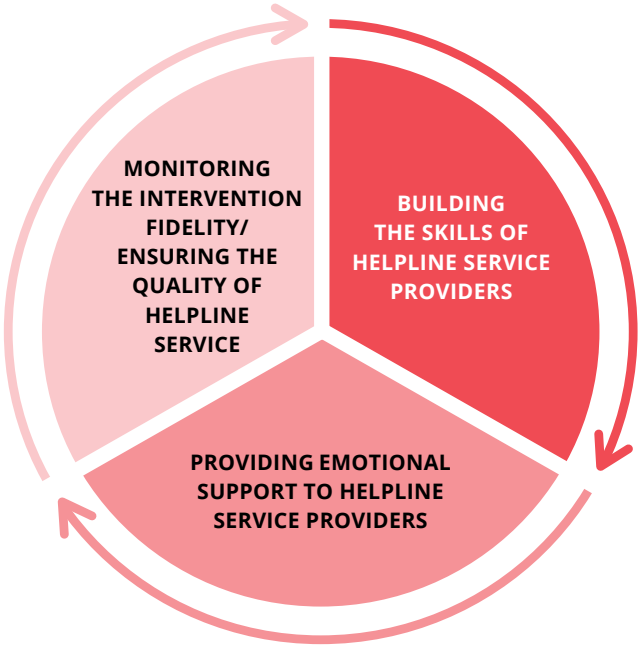
Supportive supervision, also commonly referred to as reflective practice, is a process and approach of providing emotional support and building the skills of helpline service providers[8].

While supportive supervision sessions can be structured in a number of ways, the sessions have a range of features in common including[9]:

- The provision of a forum for acknowledging emotional responses associated with work
- A focus on sharing experiences and reflecting on the work
- Time and space outside the normal work routine or environment
- Relatively structured by a facilitator who explicitly applies theories, evidence, and policy to the experiences of group members

The three components of supportive supervision for helplines are:

- Building the skills of helpline service providers
- Providing emotional support to helpline service providers
- Monitoring the intervention fidelity/ensuring the quality of helpline service



The purpose of supportive supervision is to create a safe and structured space for helpline service providers to:

- Think about and discuss the emotional impacts of their work
- Develop competencies in caring for people facing a range of crises
- Offer space for collaborative planning and problem-solving around areas of difficulty
- Discuss mistakes
- Raise challenges
- Support resilience in the workforce
- Reflect and receive constructive feedback and emotional support

Supportive supervision also allows managers to better understand the demands placed on the helpline service providers, monitor their workloads, and determine gaps in helpline provider skills or confidence.

Supportive supervision is essential for all types of helplines, and for all helpline providers at every stage of their practice including shift managers, interpreters, experienced, inexperienced, paid, and volunteer service providers. This is because evidence shows that individuals delivering psychological interventions do not improve their skills based on short-term training or experience alone, but also need reflection, focused feedback, and the application of the feedback into practice.

Selecting which type of supportive supervision

All supportive supervision groups should work to hold the boundaries of safeguarding and confidentiality, and work to ensure the space is welcoming, respectful, as safe as possible, and shared between the group members. In terms of structuring a supportive supervision session it is important to understand the needs of the group participants and engage them closely in the design and delivery of the group. With these principles in mind, there are four basic ways supportive supervision groups can be structured: individual, group, peer, and live.

Individual supportive supervision

Individual supportive supervision is a one-to-one meeting between a supervisor and the helpline service provider or interpreter. Supportive supervisory sessions will usually last approximately 60 minutes, or 90 minutes if working through an interpreter. Annex 5 provides a sample agenda for an individual supportive supervision session.

Group supportive supervision

Group supportive supervision is between a supervisor and two or more helpline service providers or interpreters. It can include various activities depending on the group composition, such as role-plays, case presentations, skill development activities, reflection and self-care, or more informal

discussions facilitated by a supervisor. Supportive supervisory sessions will usually last approximately 90 minutes, or 120 minutes if working through an interpreter. Annex 6 provides a sample agenda for a group supportive supervision session.

Peer supportive supervision

Peer supportive supervision is two or more helpline provider or interpreter peers that come together to support one another in mutual training or learning. Peer supervision is not directed or facilitated by a supervisor. Peer group members discuss cases, tools, techniques or other related areas of interest. This approach allows collaboration and mutual learning without the power difference in traditional supervisor and supervisee arrangements. Peer supervision should not be the only supervisory support available for less experienced helpline operators.

Live supportive supervision

Live supportive supervision sometimes also referred to as 'direct', 'on-the-job' or 'in vivo' supervision. It is the process of a supervisor directly observing a helpline provider or interpreter while they are responding to a service user. This allows supervisors to provide specific real-time feedback to the helpline provider or interpreter based on what they see in the interactions, including reinforcing best practice and identifying areas that require development.

It is also possible to record an interaction between the helpline provider or interpreter and the service user and use this interaction in individual, group, or peer supportive supervision. When using live supportive supervision or recording an interaction, it is imperative that the helpline user and provider have given permission for this to occur.

Deciding which type or types of supportive supervision an organization utilises will depend on a range of issues. These include:

- Financial resources
- Level of helpline provider or interpreter skills and experience
- Number of helpline personnel
- Location
- Cultural norms
- Security concerns

Annex 7 provides a useful decision tree to support managers and helpline providers in deciding which type of supervision is most suitable for their organization.

Deciding the regularity and duration of supportive supervision sessions

The precise regularity, duration, and type of supportive supervision should be based on the needs of group members, as well as on contextual factors such as the resources available, and the type of MHPSS being provided by the helpline. As a general principle, supportive supervision should be more regular immediately following training or when a helpline service provider or interpreter is newly recruited. It is also important to provide supportive supervision in a way that is both flexible and consistent to encourage and maintain attendance at its maximum, and also to acknowledge that at times helpline providers and interpreters may not be able to attend. In this way, supportive supervision is an offer that is strongly encouraged, and it is not mandatory to attend every session.

Recommendations for supportive supervision

The below recommendations are minimum recommendations that are required for supportive supervision. Organizations are encouraged to consider if more than the minimum would be beneficial for their helpline.

At certain times, helpline providers and interpreters may require or benefit from more frequent supportive supervision sessions. For example, where helpline providers and interpreters are dealing with more difficult or emotionally demanding cases such as suicide prevention or working with individuals who have experienced extreme violence.

Helplines with MHPSS as a secondary objective:

Once per month. Minimum 60 minute session. Individual, group, peer, or live

Attendance at four out of every six sessions

Helplines with MHPSS as a primary objective where psychotherapy or counselling is not offered:

Once per month. Minimum 60 minute session. Individual, group, peer, or live

Attendance at four out of every six sessions

Helplines with MHPSS as a primary objective and psychotherapy or counselling is offered:

Every two weeks. Minimum 60 minutes. Individual, group, peer, or live. One supervision session per month should be conducted individually, group or live

Attendance at four out of every six sessions

Structured reviews

Structured reviews, also sometimes referred to as debriefing sessions, are different from supportive supervision in that they do not usually provide space to build the skills of helpline service providers. Structured reviews are however an effective means of touching base with service providers and gathering real time feedback from the perspective of the helpline service providers. Structured reviews are commonly used for large MHPSS helplines or when several helpline staff finish a shift at the same time. They typically last for 15 to 20 minutes and involve everyone who has been working a shift to attend the session before leaving for the day. The purpose of a structured review is to:

- Check in with all who have been working
- Get input as to what went well
- Get input on what didn't go well or went badly
- Get input on how things could improve next time

It is important that each team member has the opportunity to provide input at the structured review.

Key questions to cover during a structured review include:

- How did it go today?
- How do you feel right now?
- What went well?
- What did you like most about today?
- What did you like least about today?
- Are there any problems that need resolving?

Structured reviews are typically led by the team leader, whereby the team leader's role is to:

- Thank the team for their efforts during the shift
- Update the team on any matters of importance
- Be alert to the emotional and physical well-being of the team
- Remind the team of the importance of self-care and available resources
- Make written notes of any key points made during the structured review session as follow up

Support for helpline service providers and interpreters

In addition to supportive supervision, it is important that all helpline service providers and interpreters, both paid and volunteer, have access to staff and volunteer support. Helpline service providers and interpreters are at risk of being negatively impacted by hearing disturbing accounts from service users, and of developing compassion fatigue or vicarious trauma from empathic engagement with distressed and traumatized people. At a minimum, helpline service providers and interpreters need to be provided with:

- Adequate training and skills to perform the helpline service or interpreter role
- A safe and supportive working environment

- Education and skills on how to cope with stressful situations
- Education and skills on how to effectively take care of oneself
- Education and skills on how to seek support when needed
- Ongoing supportive supervision
- Additional support available in the event of crisis situations

Many helplines also offer:

- Peer support
- Free or subsidized sessions with a counsellor or psychologist
- Access to a professional on-site staff and volunteer mental health support team member

The IFRC Reference Centre for Psychosocial Support has a number of useful resources related to staff and volunteer support on their website www.pscentre.org and as listed in the resources section of this guide.

MAKING SAFE REFERRALS

It is the responsibility of MHPSS helplines to develop a list of trusted referral sources and provide information about the referral source to the helpline service user. MHPSS helplines do not usually contact referral sources on behalf of helpline service users, rather the service user decides if they want to contact the referral source themselves. A common exception to this is in the event of a serious medical emergency, whereby MHPSS helplines often directly contact ambulance or medical services if the service user is unable to do so themselves and has given consent.

When establishing a list of safe referrals, it is important that the helpline has a high level of confidence that the referral is of a suitable quality. This often requires that the helpline visits or contacts the referral source to better understand:

- What service is specifically provided
- Service eligibility criteria
- Average wait times
- Methods of service provision
- Training and qualifications of staff
- Confidentiality of the service
- Costs associated with the service

Once a list of safe referral sources has been developed it is important that this list is kept current by checking that the service is still operational and the contact details are accurate.

An important component of MHPSS helpline monitoring and evaluation is seeking feedback from referral source users on their experience of services. Good questions to ask include:

- Did you receive the services you needed?
- Were you satisfied with the service?
- Was there something that was not good about the service?

If service users report that a particular service has been unsatisfactory, then the helpline needs to follow up and consider if the service should remain on their list of safe referrals.

Referrals not only encompass organizations who provide services, but also referrals made to websites and psychoeducational materials. It is important that all websites and psychoeducational materials are thoroughly checked to ensure the content is of a suitable quality. It is recommended to select websites from well known and highly trusted sources - for example a trusted government or health authority, an IFRC Reference Centre, a reputable local, national or global provider, or a reputable specialist organization.

Helpline service providers need to be well trained in how to make a referral. Flow charts and quick reference guides are often helpful to guide the service provider through the process. When making a referral, helpline service providers should:

- Identify the problem, need, risk, and client strengths
- Select one or more appropriate referral sources
- Ensure the help seeker is eligible for and able to access the referral source
- Inform about the referral and, if it is a service, explain the eligibility criteria, wait times, costs, and other relevant information
- Make the referral, ensuring that any details are clarified or repeated as necessary

DATA PROTECTION

The knowledge that what is, and what is not shared will remain confidential, is a key element that supports people to feel comfortable contacting a helpline and revealing information about their well-being or mental health. Most helplines do however collect some data for the purpose of improving the helpline service, demonstrating outputs, or for use related to very specific crisis situations.

The ability of helpline technologies to automatically record and store data, and for service providers to manually record data without being physically seen by the service user, adds another layer of complexity to data protection and security. Therefore, it is important that every helpline has clear and explicit policies and procedures on data collection, storage, and usage and that these policies are transparently communicated with service users. For example, in the European Union, the General Data Protection Regulation (GDPR), the Data Protection Law Enforcement Directive and other rules concerning the protection of personal data require organizations to safeguard personal

data and uphold the privacy rights of anyone in European Union territory. The regulation includes seven principles of data protection that must be implemented and eight privacy rights that must be facilitated. It also empowers member state-level data protection authorities to enforce the GDPR with sanctions and fines.

It is recommended that all helplines have an internal data policy which at a minimum details[10]:

- The type of data to be collected
- Whether sensitive information will be collected
- For what purposes the data will be used
- How the data will be collected
- How and where the data will be stored and backed up
- Who will have access to the personal data
- Whether personal data or sensitive personal data will be disclosed
- Whether any data will be transferred to other organizations or countries

To support transparency of data collection policies it is useful to have a standard spoken or recorded data privacy notice in addition to written policies. Below is an example drawn from an Australian Red Cross helpline.

'You have called (insert name of helpline). During your call we will collect some basic personal information from you so that we can support you with your enquiry or provide follow up where required. If you do not wish to have your information recorded, please let us know. You can also read our privacy statement at (insert website link).'

The below 10 tips can support helplines in managing data protection within their helpline.

1. **Just enough data.** Only collect data if there is a legitimate reason for doing so, and only with consent.

2. **Informed and meaningful consent.** Users may provide legal consent, however in order to give informed and meaningful consent users must be able to understand what they are consenting to. Use easy to understand language.

3. **Transparency.** Provide written information explaining privacy policies and how personal information will be handled. If there will be any exception to these policies, it's important this is clearly explained.

4. **Anonymize data.** Remove personal identifiers including names, specific location, phone numbers or IP addresses from all data collected.

5. **Delete chat records.** Many web-based chat systems automatically store conversations. Best practice is to immediately delete chats or disable autosave functions.

6. **Minimize or don't share data with third party organizations.** Third party data sharing raises ethical concerns which can be avoided if data is never shared in the first instance. In special cases where it is mandatory or helpful to other MHPSS programmes to share data, limiting data shared to number and type of enquiries received is best practice.

7. **Data breach planning.** A plan should be in place and if data is ever breached, those affected should be alerted and informed of potential risks as soon as possible.

8. **Secure archiving.** Delete or anonymise any personal data that is no longer needed.

9. **Norms for storage and access.** Have security procedures in place that govern access, storage, and use of the data. Only hold data on secure servers and ensure that the software (Microsoft Excel, for example) and hardware (a laptop, storage device, phone, server, etc.) are adequately protected. Lock the equipment when not in use, password-protect the hardware and software, and encrypt sensitive files. Only share password protected files (unless you have removed all personal and sensitive data).

10. **Use reputable providers.** All hardware, software and technical support should be from reputable providers that are bound by data protection protocols as needed by the helpline.

In addition, it is essential to follow all local and organizational rules on data protection and confidentiality and ensure all helpline staff and volunteers sign confidentiality agreements which clearly outline what information they can and can't share.

PRE-RECORDED MESSAGES

It is recommended to use a pre-recorded message that is played when helplines are unavailable. Below are examples of recorded message scripts that can be adapted for context.

Out of hours with call back or return message service
Thank you for contacting the confidential support line offered by (insert organization name). The service is open Monday to Friday 9am to 5pm and Saturday and Sunday 10am to 2pm. We will return messages left outside these hours as soon as we can. Our contact will show as an unknown number, no caller ID, or unknown email provider. If this will cause a problem please include in your message possible times we could contact you or whether your service will accept a message from us when we could suggest an appropriate time for us to contact you. If this is a life threatening emergency please immediately contact (insert local emergency number). Thank you for your patience.

Out of hours with no call back or return message service
Thank you for contacting the confidential support line offered by (insert organization name). The service is open Monday to Friday 9am to 5pm and Saturday and Sunday 10am to 2pm. We do not offer a call

back or return message service. Please try to contact us again within our open hours. If this is a life threatening emergency please immediately contact (insert local emergency number). Thank you for your patience.

Service busy with call back or return message service
Thank you for contacting the confidential support line offered by (insert organization name). The service is currently busy. Please wait in the queue or leave a message with your name and number or email address and we shall endeavor to contact you as soon as possible. Our contact will show as an unknown number, no caller ID, or unknown email provider. If this will cause a problem please include in your message possible times we could contact you or whether your service will accept a message from us when we could suggest an appropriate time for us to contact you. If this is a life threatening emergency please immediately contact (insert local emergency number). Thank you for your patience.

Service busy use with no call back or return message service
Thank you for contacting the confidential support line offered by (insert organization name). The line is currently busy. Please wait in the queue or contact us again later in the day within our open hours. If this is a life threatening emergency please immediately contact (insert local emergency number). Thank you for your patience.

Service down for technical reasons
Thank you for contacting the confidential support line offered by (insert organization name). We are having some technical difficulties at the moment and are working hard to be back up and running as soon as possible. If this is a life threatening emergency please immediately contact (insert local emergency number). Thank you for your patience and we are sorry for any inconvenience caused.

MONITORING AND EVALUATION

Monitoring and evaluation is an essential part of a MHPSS helpline service. When selecting which indicators to measure, it is important to carefully consider what information is needed and will be most useful as some types of information can be extremely useful to running an effective MHPSS helpline. Information such as call wait time, number of calls answered, calls abandoned in the queue, and average talk time will provide important information about the number of people reached, required staffing levels, and information technology requirements. Other information such as the reason for the call, potentially the age of the caller, and if the users find the service helpful, can inform the type of training required. Information on helpline service provider well-being at work, and job knowledge and confidence can inform staff and volunteer care initiatives, the focus of supportive supervision, and also training requirements. Listed below are some suggested metrics that would be relevant for all types of helplines. Figure 1 shows these metrics with outcomes /outputs, means of verification, and person responsible. Metrics and indicators should be adapted to suit the needs of each helpline.

- Number of calls answered and supported
- Number of calls abandoned while waiting in the queue
- Average talk time - the amount of time between the call being answered and hanging up
- Reason for call
- Gender and approximate age (only collect if necessary)
- Informed consent registration
- How useful the service user found the service
- Helpline provider satisfaction and well-being at work
- Helpline provider job knowledge and confidence

FIGURE 1

OUTPUT / OUTCOME INDICATOR	MEANS OF VERIFICATION	WHO SHOULD COLLECT THE DATA
	HELPLINE	
Output • Number of calls answered / supported • Missed and declined calls • Abandoned in the queue • Average talk time	**Output** • Automated system such as an app or web system that automatically logs data and analyses • Manual log • Spreadsheet	**Output** • Automated system • Manual system - Helpline staff
Output • Gender (if relevant) • Approximate age (if relevant) • Reason for call - suggest using a dropdown menu with set options • Informed consent registration	**Output** • Excel spreadsheet with key data points • Manual log	**Output** • Helpline staff
Outcome • Whether the service received was useful	**Outcome** Random sampling opt in / out using a pre / post interaction survey with a 5 point Likert or smiley face scale. Sample questions include: • How useful was the service? • Was it damaging or unhelpful? • Did it reduce your distress? • Did it give you positive ideas on how to cope with your challenges? • What suggestions do you have to improve the helpline service?	**Outcome** • Automated system that logs data and analyses • Planning, Monitoring, Evaluation, Reporting (PMER) focal point in National Society • Helpline programme managers or team leaders • Helpline staff

OUTPUT / OUTCOME INDICATOR	MEANS OF VERIFICATION	WHO SHOULD COLLECT THE DATA
	STAFF AND VOLUNTEER CARE	
Outcome • X% of staff and volunteers feel supported and confident to do their work	**Outcome** Anonymous survey. Sample questions (with a number scale or smiley face scale for responses) • Do you feel supported at work? • How do you rate your current workload? • How do you rate your well-being at work? • How confident do you feel to perform your job? • What suggestions do you have to improve the workplace or the helpline service? (free text question)	**Outcome** • Helpline programme managers or team leaders • Human Resources manager
Output • # of IEC materials (posters, SMS messages, e-mails, leaflets, social media messages) developed promoting staff and volunteer care • # of peer support initiatives (e.g., selfcare briefings, team well-being meetings, social media groups, shift rotations, team telephone hotlines, buddy systems)	**Output** • Template of an Excel spreadsheet with key data points, where each IEC material represents a row in the spreadsheet • Peer support initiatives could also be counted and listed perhaps using a drop down menu of options	**Output** • Communication department • HR • Volunteer management department

OUTPUT / OUTCOME INDICATOR	MEANS OF VERIFICATION	WHO SHOULD COLLECT THE DATA
TRAINING FOR HELPLINE PROVIDERS		
Outcome • % of participants that are competent in providing the specific intervention e.g., PFA / suicide response support etc. • Perceived confidence and skills in the specific intervention (e.g., PFA skills)	**Outcome** • Competency checklist (could be filled in during remote or in-person supervision sessions) • Training participants perceived skills & confidence survey	**Outcome** • Volunteer team leaders or managers fill in competency checklist • Trainees or participants report on their confidence and skills
Output • Number of persons trained • Gender • Approximate age • Training topic(s) • Modality: face-face, remote, online (dropdown menu option)	**Output** • Template Excel spreadsheet with key data points	**Output** • Trainers

TIPS FOR MHPSS HELPLINE PROVIDERS

Adapted with permission from the Icelandic Red Cross

Be clear about how service providers should act
It's important that all helpline service providers clearly understand how they are expected to act when handling enquiries. These expectations should be readily accessible to all helpline service providers, however it is not necessary to share these with service users. An example of helpline service provider expectations is as follows:

What we do

- We treat everyone with kindness and respect
- We respect the different experiences of individuals
- We acknowledge the person's feelings

- We listen with interest and give the service user our full attention
- We strive to help the individual to find solutions to their own problems
- We provide information about services and resources for each individual case
- We show tolerance, patience, empathy and understanding
- We are aware of our roles and limitations and do not go beyond our procedures
- We assume that the service user is telling the truth
- We encourage our service providers to take care of their own mental health and seek support as needed
- We bear in mind that we are representatives of the Red Cross Red Crescent and conduct our speech and writing, including on social media, in accordance with the values and Fundamental Principles of the Red Cross Red Crescent

What we don't do:

- We do not disclose information about the helplines shift schedule or other procedures
- We do not talk about our own experiences with the service user
- We do not take a side or position on issues
- We do not make promises we cannot keep

Use voice and chat effectively

When offering support through a helpline, it is important to speak slowly, clearly, and calmly and to communicate with empathy and warmth. Modulating the voice in a way that shows care and using affirmative sounds such as 'mmm', 'ah ha', 'yes' or other such culturally appropriate sounds or encouraging words demonstrate attentive listening. Acknowledging a person's feelings and understanding of events, while using a calm tone of voice can help to create a sense of safety and calm for someone who may be feeling distressed. Likewise in chat messages, communicate clearly and with empathy and warmth. Type affirming text and encouraging words as appropriate to demonstrate attentive listening. Wait until the service user has finished typing a message before responding.

Ask open-ended questions

During the call, use open ended questions rather than closed questions. Open-ended questions encourage the person to put their feelings into words which can help them gain a better understanding of their situation or the way they wish to move forward. Ask questions and listen attentively to the answers. What, Where, Who, and When questions are often helpful. Be mindful not to ask closed or Why questions.

Examples of less helpful closed and why questions include:

- 'Why did you do that?'
- 'Do you feel unwell?'

Examples of more helpful open-ended questions include:

- 'What is stopping you now from making changes?'
- 'How are you feeling now?'

Validate reactions

It is natural for people to react to adversity with confusion, anger, sadness, calm, or even laughter. Validate and allow room for emotions. Be mindful not to validate unhelpful behaviours or take sides in an argument.

Examples of less helpful responses that validate behaviour and take sides include:

- 'I agree, you had a right to hurt that person who was annoying you.'
- 'You are right, and the other person is definitely wrong.'

Some helpful phrases which validate feelings may include.

- 'In this situation, your reaction is quite natural …'
- 'It is very natural to be sad, angry, upset or ….'
- 'I hear what you are saying, about having to …'
- 'I understand that you are feeling this way …'

Minimize interruptions

It's important to ask one question at a time and avoid interpreting what the person is saying. At times it may be useful or necessary to ask the individual to pause so the helpline provider can summarize, re-frame, or ask for clarifications. If a person is becoming very overwhelmed or revealing a lot of traumatic information, it may be useful to pace the individual or even to pause the conversation and undertake a calming exercise together.

Ask for clarifications as needed

It is important to ask for clarifications as needed. It is often the case - especially when there are generational, language, or cultural differences - that individuals may use phrases or expressions that the helpline service provider may be unfamiliar with. Clarifications can not only assist the service provider to better understand the help seeker, but can also support the help seeker to see their own perspective more clearly as they are required to explain their situation or reaction using different words.

Don't make promises that can't be kept

It is common in daily life that people make promises that can't be kept when someone reveals something upsetting. For example if a friend tells us they have lost their job, we might say 'Don't worry, I'm sure you will get another job soon'. However this is a promise that cannot be kept. When providing MHPSS helpline support a more helpful response would be 'That sounds difficult. Do you want to tell me what it is that bothers you most about losing your job?' or 'What do you think might be a good thing to do in this situation?'

Allow time for each conversation

It is common for helplines to have suggested time limits or indicators for when to end a call that service users are not aware of. These are often determined by how busy the helpline is, if service users begin to repeat themselves, or if there is nothing further that the helpline can offer the service user. As it can be challenging, especially for new operators, to end some calls, these indicators should be made explicit and practiced during training sessions. The recommended way to close such conversations is to use polite, direct language and to provide the service user with the opportunity to call back later. For example:

- 'Thank you for speaking with me today. Unfortunately, I will need to end our call now as we have many people waiting to get through. You are welcome to call back anytime you want to speak with us again.'
- 'We have covered a lot of ground today and I have provided you with all the referral information we have. I don't think there is anything else I can offer you right now. Please call again if you have any other inquiries.'

Help individuals find their own way

The purpose of MHPSS helplines is not to tell others what to do, but to support individuals to make their own decisions. Helpline providers can support individuals to find their own way through a range of techniques including:

- Providing a calm and non-judgemental space
- Listening reflectively
- Mirroring responses
- Asking direct, open-ended questions
- Reframing
- Providing accurate information and resources
- Referring where appropriate

Referrals

Safe referrals and clear referral pathways should be established before the helpline becomes operational. This includes having clear procedures which all helpline service providers know how to follow. Referral sources include psychoeducational materials, websites, and MHPSS service providers.

Monitoring and evaluation

Helpline service providers need to be fully aware of which data they should be collecting for monitoring and evaluation purposes and be confident to use the systems in place to do so. Having prepared scripts to explain data protection and privacy supports helpline services to accurately communicate about such matters.

SCRIPTS FOR MHPSS HELPLINE PROVIDERS

It is recommended that MHPSS helplines develop locally contextualized scripts to respond to common enquiries and challenging situations. It may be necessary to develop a number of scripts based on the needs of the helpline, for example:

- Standard incoming enquiries
- Standard outreach or well-being checks
- Text and chat enquiries
- Suicide or emergency related enquiries

The purpose of a helpline script is not to read the script statically or word for word, but to use the script as a prompt. In this way, helpline scripts have been shown to:

- Reduce errors
- Promote consistency across the helpline
- Decrease training time
- Create a sense of continuity for service users
- Support solving common challenges quickly and professionally
- Ensure critical information is readily available
- Promote service provider confidence
- Allow service providers to act more naturally and listen more effectively as they don't have to worry about crafting the perfect response or remembering what to say next

Helpline scripts should be:

- Concise and skimmable
- Clear and easily understood
- Readily adaptable to different situations
- Flexible to change
- Incorporate feedback from service providers
- Revised often
- Contextualised to the specific helpline

The four scripts below (standard incoming call, CALMER framework, chat and text, and outreach), are based on scripts currently used in National Society MHPSS helplines. The scripts can be adapted to suit the needs and context of an organization, or act as an inspiration to supplement or improve existing scripts.

SCRIPT - STANDARD INCOMING CALL

INTRODUCE

'Hello. You are speaking with (insert either real name, alias name, or say a representative) from the (name of helpline)'.

If relevant: 'Would you like me to organize an interpreting service to assist in our conversion?' (Modify this sentence depending on how interpreting services are offered).

Privacy statement: 'During our conversation I will collect some basic personal information so that I can support you and improve our helpline. If you do not wish to have your information recorded, please let us know. You can access our full privacy statement at (insert website address).'

'Are you happy to proceed?'
If no, follow organizational policies on if the call should be terminated.

PROVIDE PSYCHOSOCIAL SUPPORT

Opening question: 'How can I help you?' or 'How can I be of service to you?'

Assess the current situation. Check for safety, urgent basic needs and signs of distress (crying, shaking voice, rapid speech, other noises.) For example:

- 'Is anybody with you right now?'
- 'Are you bleeding, or do you need medical attention?'

Ask open questions, for example What, When, Who, When, How, and Tell me more. For example:

- 'What have you done in the past to cope with this situation?'
- 'What is bothering you the most about this situation?'
- 'Can you tell me more about that?'

Clarify an issue to ensure understanding. For example:

- 'Did the flood water come inside your building, or stop at the doorstep?'
- 'I am sorry, I didn't understand what you meant when you said you felt complete anhedonia. Could you explain that for me please?'

continued

Demonstrate active listening by being engaged in the conversation and reflecting back. For example:

- 'There was nowhere to hide, so you hid behind the door for safety.'
- Use encouraging sounds and words during the conversation such as, 'mmm', 'aha', 'yes'.

Ask about coping strategies and encourage positive coping mechanisms. For example:

- 'What have you done in the past that helped you feel better?'
- 'What is stopping you from trying (insert their positive coping mechanism) again?'
- 'Maybe you could use (insert their positive coping mechanism) again.'

Promote connectedness with loved ones and social supports. For example:

- 'Who do you normally turn to for support in similar situations?'
- 'Would it be possible to text or call your friend right after we finish talking?'

If relevant, provide referral information. For example MHPSS services, websites or psychoeducational materials.

Record required data for safety reasons, For example actions taken during an emergency or suicide related call.

Record required monitoring and evaluation data, For example: reason for the call, call duration.

SCRIPT - STANDARD INCOMING CALL USING THE CALMER FRAMEWORK

The British Red Cross uses the CALMER Framework to provide a structured and flexible way to respond to individual needs and differences.

C Consider the service users needs as well as the helpline operators' needs

A Acknowledge what the service user is feeling and the helpline operators' role

L Listen actively and with empathy

M Manage the situation; what needs to happen now, how can support be provided?

E Enable the service user to make their own decisions

R Resource so the service user can take the next steps forward

The CALMER framework acknowledges that helpline interactions usually begin with a 'getting to know you' or scene setting phase, where the helpline service provider **Considers** what it is the service user wants to talk about and **Acknowledges** what is said. **Listening** is also used to develop a level of trust. The **Manage** stage is used to show respect and promote dignity through the types of questions used, the tone of voice, and the pace of the call, for example, not interrupting or hurrying the individual. **Enable** refers to the way the helpline service provider explores options with the individual and supports them to move on to thinking about the **Resources** they have or need.

Every operator will have their own individual style and CALMER is not a linear model, but an iterative process. It is common that a helpline interaction will begin with scene setting and then oscillate between the helpline service provider acknowledging what they are saying, listening and managing the call. The better the scene is set, the more successful the helpline service provider will be at getting the story and similarly, the better the helpline service provider listens to the story, the more successful they will be at moving the service user onto **Enable** and **Resource**.

continued

Below is a list of appropriate responses and phrases that may be used to: set the scene, hear the story, provide empathy and look for options.

- 'Hello (insert support line name here and your name), how can I help?'
- 'Would you like to tell me what's on your mind?'
- 'We're here to listen.'
- 'How are you feeling?'
- 'What happened then?'
- 'What do you mean by that?'
- 'How did that affect things?'
- 'Would you like to tell me some more?'
- 'Is there anything else that you want to talk about?'
- 'It sounds as if that was: very upsetting / difficult / distressing / frustrating for you.'
- 'Have you thought about what you can do about it?'
- 'What do you think your options are?'
- 'How might you go about it?'
- 'May I make some suggestions?'

SCRIPT - STANDARD CHAT AND TEXT

WAITING MESSAGE

If relevant: 'Please select the language you wish to have this chat in' (options to select from).

Immediate opening message: 'A helpline provider will respond as soon as possible. In an emergency, contact (.....).'

Privacy statement: 'During our chat we will collect some basic personal information so we can support you and improve our helpline. If you do not wish to have your information recorded, please let us know. You can access our full privacy statement at (insert website address).'

Waiting message: 'Hello. Please start writing and a helpline provider will get back to you soon.'

INTRODUCE

Open the conversation: 'Hello. How can I help you?'

PROVIDE PSYCHOSOCIAL SUPPORT

Assess the current situation. Check for safety, urgent basic needs and signs of distress (crying, shaking voice, rapid speech, other noises.) For example:

- 'Is anybody with you right now?'
- 'Are you bleeding, or do you need medical attention?'

Ask open questions, for example What, When, Who, When, How, Tell me more. For example:

- 'What have you done in the past to cope with this situation?'
- 'What is bothering you the most about this situation?'
- 'Can you tell me more about that?'

Clarify an issue to ensure understanding, for example:

- 'Did the flood water come inside your building, or stop at the doorstep?'
- 'I am sorry, I don't know what 'adih' means. Could you explain that for me please?'

continued

Demonstrate active listening by being engaged in the written conversation and reflecting back. For example:

- 'There was nowhere to hide, so you hid behind the door for safety.'
- Use encouraging words if there are very long pauses. 'I am still here' or 'Do you want to keep chatting?'

If relevant, engage in calming exercise. Suggest deep breathing by asking the service user to count the number of in-and out breaths during a minute or suggest a grounding exercise, and if the service user agrees, write the text of a grounding exercise in the chat.

Ask about coping strategies and encourage positive coping mechanisms. For example:

- 'What have you done in the past that helped you feel better?'
- 'What is stopping you from trying (insert their positive coping mechanism) again?'
- 'Maybe you could use (insert their positive coping mechanism) again.'

Promote connectedness with loved ones and social supports. For example:

- 'Who do you normally turn to for support in similar situations?'
- 'Would it be possible to send your friend a message straight after this chat?'

If relevant, provide referral information. For example MHPSS services, websites or psychoeducational materials.

RECORD

Record required data for safety reasons. For example actions taken during an emergency or suicide related call.

Record required monitoring and evaluation data. For example: reason for the call and call duration.

Delete chat record, if relevant.

BASIC SCRIPT - OUTREACH

Adapted with permission from the Australian Red Cross

INTRODUCE

'Good morning / afternoon'.

'My name is (insert name), I am calling from (insert name of organization). Am I speaking with or May I speak to (.....)?'

'(Name of organization) is contacting people who are (insert who they are contacting, for example, people in a flood zone, affected by wildfire smoke) to check in to see how they are and whether they require additional support.'

'Would you like to talk for a few minutes?'

CONFIRM IDENTITY

'Am I speaking with (.....)?'

READ PRIVACY / INFORMATION COLLECTION

'As part of our role, and to protect your privacy, I need to read our privacy statement to you.'

Read privacy statement to client. Example privacy and information collection statement below.

'During our call we will collect some basic personal information from you so that we can support you or provide follow up where required. If you do not wish to have your information recorded, please let us know. You can also read our full privacy collection notice and privacy statement at (insert website address).'

'Are you happy to proceed?'

- Yes
- No, if no, follow organizational protocols on if the call should continue or be terminated.

INTERPRETING SERVICES (IF OFFERED)

'Would you like me to organize an interpreting service to assist in our conversion?'

- No
- Yes, 'Which language?' (Refer to organizational guidance on how to connect with interpreting services)

continued

PROVIDE PSYCHOSOCIAL SUPPORT

Key areas to cover in the psychosocial support component of the conversation include:

- Safety and well-being check
- Social connection and supports
- Information
- Practical needs

Convey interest and empathy when providing psychosocial support. Suggested phrases include:

- 'I hear what you are saying, about having to …'
- 'It is very natural to be sad, angry, upset or …'
- 'In this situation, your reaction is quite natural …'
- 'Maybe we can discuss possible solutions …'
- 'What we can offer is …'
- 'I am concerned about you, and would like to suggest to refer you to someone who can help you.'

If safety or well-being concerns arise in the discussion, follow your organizational protocols. Protocol actions may include: record details, refer, escalate to team leaders for follow up.

WELL-BEING CHECK

First call: 'How have you been doing since (insert reason for making the contact)?'
Follow up calls: *(be familiar with previous contact notes)* 'I am calling to hear how you are today?'

'Is there anyone else with you?'

- If yes, ask: Who is there? How is each one of them? How are they coping together?
- If there are children or older adults, ask specifically about how they are doing.
- If no, move on to social connections and supports questions.

SOCIAL CONNECTIONS AND SUPPORTS

'How are you staying in contact with family members or friends?'
(Listen actively and encourage positive contact)

'Do you have family members or friends who are able to support you?'
(Listen actively and encourage help seeking behaviour as appropriate)

(If the person has no regular contact or support options from family members, friends or other supports, more frequent contact may be required)

ACCESS TO INFORMATION

'Do you feel as though you have enough information to make informed decisions for yourself and your household given the current *(explicitly say the name of the situation, for example flooding, wildfires)* situation?'

'Are you having any trouble accessing reliable, accurate information?'
(Listen actively and provide suggestions on where to find reliable, accurate information)

PRACTICAL NEEDS

'Do you have everything you need to be able to stay or safely evacuate the situation?'
(Based on the conversation, explore options for support from friends and family. Provide information on other support agencies or referrals as required).

REFERENCES AND RESOURCES

SUPPORTING STAFF AND VOLUNTEERS

- *Caring for Volunteers. A psychosocial support toolkit.* IFRC PS Centre, 2012. This toolkit describes in detail the support system that National Societies should set up before, during and after a crisis. It describes the steps for implementing policies, structures and practices and contains a curriculum for a two-day training for managers. The toolkit and the accompanying training materials are available in Arabic, French, English, French, Italian, Russian, Spanish and Ukrainian. https://pscentre.org/?resource=caringforvolunteersers&selected=single-resource
- *Caring for Volunteers. Training manual.* IFRC PS Centre, 2015. https://pscentre.org/?resource=caring-for-volunteers-a-training-manual&wpv_search=true&selected=single-resource
- *Supporting Volunteer Teams*. IFRC PS Centre, 2023. This infographic poster gives simple advice on how to support and lead volunteers through leadership skills, peer support, conducting check-ins, team meetings and volunteer team management, team communication channels, and appreciation of volunteers and staff. https://pscentre.org/wp-content/uploads/2022/10/Poster-Staff-and-volunteer-1.pdf
- Maslow Burnout Inventory (MBI). This inventory is a widely validated tool to measure burnout including among health care providers. The MBI is copywritten. Permission to use the inventory or translate it must be obtained from the publisher, Mind Garden (see: https://www.mindgarden.com/maslach-burnout-inventory-mbi/173-mbi-license-to-reproduce.html)

SUICIDE PREVENTION

- *Remote Psychological First Aid during COVID-19*. IFRC PS Centre, 2020. https://pscentre.org/wp-content/uploads/2021/09/suicide_prevention_sept_21.pdf)

SUPERVISION AND PEER SUPPORT

- *Integrated Model of Supervision for Mental Health and Psychosocial Support Handbook*. Version 2. IFRC PS Centre, 2021. https://pscentre.org/wp-content/uploads/2021/11/IMS-Handbook-Web.pdf
- Davidson, Morley, Aredez Arriazu, Wood. (2022). 'Supporting Staff and Volunteers Delivering Services to People in Crisis', in *Psychological staff support in healthcare*, pp.149-165.
- *The Well-Being Guide: reduce stress, recharge and build inner resilience.* IFRC PS Centre, 2022. https://pscentre.org/wp-content/uploads/2022/02/The-Well-being-Guide-Reduce-stress-recharge-and-build-inner-resilience.pdf
- *Peer support in volunteer organizations,* The IFRC PS Centre, 2022. Outlines two types of peer support - buddy support systems and peer support. https://pscentre.org/wp-content/uploads/2023/06/Peer-support-in-volunteer-organizations.pdf

DATA PROTECTION

- Kuner, C., Marelli, M., (2020). *Handbook on Data Protection in Humanitarian Action*. ICRC and Brussel Privacy Hub. https://www.icrc.org/en/handbook-data-protection-humanitarian-action
- *IFRC feedback starter-kit*. Includes overall guidance, including on data protection, and templates to collect, analyse and visualise data: https://communityengagementhub.org/resource/ifrc-feedback-kit/

REMOTE SUPPORT

- *Remote PFA during COVID-19. IFRC PS Centre, 2020.* https://pscentre.org/?resource=remote-psychological-first-aid-during-covid-19-may-2020&selected=single-resource

ANNEXES

ANNEX 1. NEEDS ASSESSMENT FOR MHPSS HELPLINE[11]

CONTEXT - MHPSS NEEDS AND TARGET AUDIENCE

1. What are the MHPSS needs

Stress and coping

- Emergency context: Since the emergency what changes have you noticed in yourself and others?

- What are some of the stressors for women, girls, boys, men, and other genders in the community?

- What do women, girls, boys, men, and other genders normally do to overcome difficulties and deal with stress?

Protection and violence prevention

- What are the dangers to womens', girls', boys', mens' and other genders' sense of safety?

- Are there any groups at the highest risk of violence? What makes them especially vulnerable?

Formal and informal supporting resources

- What supportive and protective resources are in place in the community (formal and informal including faith-based supports)?

- How do people support each other in the community?

- Are the protective systems working (can people access, etc.)? What are the barriers? What can be done to overcome the barriers?

2. Who are the target audiences?

Deciding the target audiences may be linked to the outcomes of the MHPSS needs assessment.

- ☐ Male
- ☐ Female
- ☐ Child 0-14
- ☐ Youth 15-25
- ☐ Adult 26-64
- ☐ Adult 65 +
- ☐ People with disabilities
- ☐ LGBTQIA+ persons
- ☐ Illiterate
- ☐ Diaspora
- ☐ Host nation residents
- ☐ Indigenous persons
- ☐ Directly affected by a crisis
- ☐ Indirectly affected by a crisis

3. Briefly describe the target audiences and their key MHPSS needs

COMMUNICATION LANDSCAPE

4. Suitability of a helpline. Rate the following low, medium, high:

LOW	MEDIUM	HIGH	
☐	☐	☐	Are people literate?
☐	☐	☐	Are people digitally literate?
☐	☐	☐	Do people own, or have access to, mobile phones or other communication hardware?
☐	☐	☐	Can people afford to use mobile phones e.g. cost of calling and data?

LOW	MEDIUM	HIGH	
☐	☐	☐	Can people afford to use the internet as e.g. cost of data?
☐	☐	☐	Will a toll free helpline number be offered?
☐	☐	☐	Do people of all ages and genders have access to a source of power to keep devices charged?
☐	☐	☐	Is there connectivity in the target area or can it be restored soon?
☐	☐	☐	Are there physical limitations to communicating with people by telephone or online?

5. Languages

- What languages do the target groups speak?

- Is there a priority language in the target group?

- What languages can the helpline support?

6. Promotion and acceptance

- Would a helpline be accepted by the target audiences?

- Are there different perceptions of which form a helpline would be useful in the different subgroups?

- Who would be best to spread awareness and promote a MHPSS helpline in the community?

OPERATIONAL FEASIBILITY

7. The operation

- Are there any regulations or other laws not allowing the establishment of a helpline?

- Who might be collaborating partners to launch and run the helpline?

- Who will the helpline collaborate with for case referrals?

- Are any technologies banned?

- Is suicide and/or talking about suicide illegal in the context?

- Is a license or other paperwork required to get started?

- What staffing resources are available either paid or volunteer to run the service? (consider: training service providers, answering helpline inquiries, providing ongoing supervision, technical helpline support)

- Is there a suitable space to house the service?

8. Other Operations

- Are other helplines operating in the same environment and targeting the same audience?

☐ YES ☐ NO

- If yes, list those helplines and describe how they may affect your helpline

9. What are the requirements, regulations and laws of the below bodies. *(Consider regulations and laws that govern: privacy and confidentiality, data security, Do No Harm principles, use of social media, content dissemination, free speech, data collection, imports and exports - especially on equipment, labor/human resources).*

- Country

- The organization

- Donors

- Partner organizations (if applicable)

- Regional bodies (if applicable)

- Other

10. Overall assessment summary

- Context. Summary and considerations.

- Communication landscape. Summary and considerations.

- Operational feasibility. Summary and considerations.

- [ ] Low confidence all around? Consider if the National Society or organization is the right partner to start and manage this helpline.
- [ ] High confidence in some places but not others? Consider partnerships.
- [ ] Low confidence in communications? Opt for simple technology and channels.

11. What are the next steps? Consider what information is still required, who should be contacted, what are the next steps.

ANNEX 2. SAMPLE SUICIDE RISK ASSESSMENT SCRIPT

SAMPLE SUICIDE RISK ASSESSMENT SCRIPT

Sample sentences and probing questions for volunteers are shown in italics. Begin by reviewing with the affected person how confidentiality is observed and explain how there are limits in relation to persons at risk of self-harm or suicide. This should always be done at the start of any helping relationship. When assessing risk of self-harm and suicide, it is important to review these limits. Failure to do so can negatively impact relationship between the service provider and the affected person. Then begin the risk assessment by saying:

'It sounds as though you have been going through a difficult time. I am concerned about you. I'm wondering if I could ask you a few questions to help me understand how best to support you. Often when people are feeling like you are (insert what person has disclosed to you: hopeless, sad, angry), they might think about hurting themselves. These questions will help me to better understand what you are going through.'

Sample questions (choose the questions that are most appropriate to the situation):

- *'Have you had thoughts of killing yourself?'*
- *'Do you think about dying or sometimes wish that you were dead?'*
- *'I have heard you say things such as 'It would be better if I were gone'. I am wondering if you sometimes think about hurting yourself? Or have you ever thought about it in the past?'*
- *'Have you ever tried to harm yourself in the past?'*
- *'Have you ever felt like you were no longer in control?'*

If the person says 'no' and the person does not appear to be at risk, discontinue the assessment. If the person says 'no', but they have expressed feelings of hopelessness, being alone, isolated and have few supports, continue with the assessment. It is important for staff and volunteers to trust their intuition.

If the person says 'yes', or if the responses do not match observations of the person, as described above, continue with the assessment.

If 'yes', ask:

- *'It is common for people who are in situations like yours. (Use concrete examples if they have already mentioned some – they may have said they feel hopeless, for example). Can you tell me more about these thoughts or feelings?'*
- *'Can you tell me more about what happened in the past? What happened when you felt like you were no longer in control?'*
- *'What did you do in that situation? What stopped you in the past?'*

Gently ask additional questions to understand if the individual has a plan to take their own life. Stay calm, do not pass judgement, and assure the person that it is ok to be feeling the way that they are feeling. Remember that by asking these questions, the person is not made more likely to harm themselves. If possible, map or discuss protective factors and possible supports when exploring what has prevented them from taking action in the past.

Ask:

- *'Can you tell me about how you would hurt yourself, or take your own life?'*
- *'What would you use? Do you have access to that now, or a way of getting it?'*
- *'When would you do it?'*
- *'Where would you do it?'*

If someone reports they have thoughts about harming themselves or ending their life by suicide, but has not thought specifically how they would do so, the volunteer should work with the individual to create a safety plan. This includes exploring protective factors and connecting the individual to their supports.

If the individual expresses that they have the intention to harm themselves, a plan, a means, and/or have attempted suicide in the past, helpers should liaise directly with their supervisors and refer to a mental health professional or emergency services if needed. Keeping in mind, different contexts will have different laws, protocols, and resources to manage suicidal and high-risk individuals. It is important to be aware of these guidelines and laws and that volunteers and staff are trained on how to respond in their specific context.

Persons considered to be in danger of harming themselves or of suicidal behaviours are not be left alone at any point. If providing support remotely, stay on the line with the individual and see if there is someone else in the household that can be brought into the conversation.

Helpers must contact their supervisors for additional guidance and to confirm a plan of action. If working remotely, it is very helpful to have a second means of communicating so that the individual can stay on one line and contact to the supervisor goes through another platform.

A safety plan should be completed, depending on level of risk, and most importantly, with follow up with the person.

Say:
'I really appreciate you being open and honest with me. I can imagine that it is not always easy to talk about these things. It is very important that you do not harm yourself, and that you are safe. Would it be ok if we came up with a plan together to help keep you from harming yourself?'

'I think that it would also be helpful if I contacted my supervisor in order to get additional support. They are trained to help in situations where people are feeling that they might hurt themselves. Would it be ok if I asked them to join our talk? Is there anyone in your house we could ask to join us? Or maybe a friend or someone you trust that we could have with us today?'

After completing the necessary steps to ensure the individuals safety, follow up with the individual within 24 hours.

Say:
'I will follow up with you tomorrow to see how you are feeling and to check in on how our plan is going.'

ANNEX 3. PERSONALIZED SAMPLE SAFETY PLAN

PERSONALIZED SAMPLE SAFETY PLAN

To be completed together by the helpline service provider and the individual.

This safety plan is to help you think about how to stay safe and what to do when you feel at risk of harming yourself.

1. What types of thoughts, situations and feelings make me feel suicidal or make me feel like hurting myself?

2. What activities help me to feel calm or positive when I am upset?

a

b

c

3. What are my reasons for living? What or who would stop me from hurting myself?

4. Who can I talk to when I am feeling upset? (name more than one person in case the first person is not available).

1. Name: _____ Phone number: _____
2. Name: _____ Phone number: _____
3. Name: _____ Phone number: _____

5. What can I do when I am not feeling safe?
Changes I can make in the environment (ex. removing lethal means):

Places I can go:

Professionals I can call:

Helplines I can call:

If you are in danger of hurting yourself or fear for your safety, call your emergency response or go to the nearest hospital:

Emergency number: _____

Closest hospital (address and phone number): _____

ANNEX 4. SAMPLE TRAUMA INFORMED POLICY

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COPING WITH EXPOSURE TO DISTURBING IMAGERY AND INFORMATION GUIDANCE

INTRODUCTION

The British Red Cross is on a journey to becoming trauma informed and responsive, so that both service users and staff/volunteers are supported in an environment where trauma experiences are understood and responded to helpfully, and where the values of safety, choice, collaboration, trust and empowerment inform everything we do.

Part of being trauma informed is being prepared for the possible traumas of the people we work with and being prepared for the possible effects on them, and on ourselves as staff and volunteers. Being trauma informed means trying to make sure the people we work with are not retraumatized by how we work with them. It is also about trying to make sure staff and volunteers are not traumatized or retraumatized by the work they do.

The people we work with may have been through very traumatic experiences and they may want to share details of these with us. Bearing witness to hearing their stories and/or sharing photo images may be quite shocking. They can also be both distressing, and hard to forget.

Those experiences may also resonate with something that has happened to us or is relevant to our life at this moment. It might also be that the image or information may just be so shocking that it stays with us and causes ongoing distress.

People are also increasingly using phones to document their experiences, including traumatic experiences, and then social media to share them. It is important for staff and volunteers to prepare for this and to look after themselves, so that they can work effectively and compassionately with service users and keep themselves safe.

Whatever the context, visual or auditory exposure can and does have an impact on us and may affect our behaviour, our interaction with others and even our ability to sleep. Below are some practical strategies that can help to manage our exposure to these events and support us in our role.

SOME DO'S AND DON'TS

If someone wants to share distressing material, whether that is visual material or something that they have heard, it can be helpful to acknowledge that we care about the situation that they have been through.

If possible, it might also be helpful to explain that they have a choice about when, to whom and how they share this.

Sometimes we can be caught off guard but, where possible we can gently and sensitively decline by saying *'Thank you for inviting me but, before I do that, would you like to tell me why you would like to share this with me?'*. Sometimes, focusing on the meaning can negate the need to see the image or hear the explicit details.

1. **Try to limit your exposure** by looking at the image for as little time as possible before handing it back.
2. **Try not to look at the whole image.** Sometimes, it is possible to avert your gaze and avoid the full intensity of the image by looking at the bottom or to the side, or by focusing on the least emotive aspects, such as clothing. It is also possible to slightly **alter your focus** so that the image is a little blurred
3. If it is a traumatic experience you are hearing, do not feel you have to engage with it fully in your mind or imagine it happening to you. Try as much as possible to keep some distance from it by thinking about how your situation is different and the job you are doing.
4. In emergency response and crisis situations: it may be necessary to engage with the distressing situation and there may not be a choice about what you see and hear. Remember that there may not be time to absorb what you have witnessed, and it might be after the event that you are in touch with how the experience has affected you. So, **be prepared for this possible 'delay' in your own response.**
5. **Try and stay grounded** in whatever context you are working in. Try using grounding techniques, such as squeezing your fingers, pressing your feet into the ground, practising mindful or focused breathing to make you feel more grounded in your body. These techniques can help to distract and help you to stay in the present, and not in the details of a traumatic situation.
6. **Be mindful that you can still be caught off guard**, even with prior preparation If you do feel momentarily overwhelmed, consider a temporary 'escape route' – imagine yourself in a different situation, think of something that is helpful or safe for you.
7. Whether you are exposed to disturbing images or listening to a person's experience, **don't hold on to this by yourself**. Talk about the impact on you with colleagues/your manager/ psychosocial practitioner as soon as you can. You don't necessarily need to share the details with them, unless they are happy for you to do this. The most important thing to get help with is the impact on you.
8. **Be prepared for unexpected difficult emotions.** For example, you may feel violated by and angry with the person who 'imposed' this on you. This is perfectly natural, so do allow yourself to feel, without judgement, whatever emotions you experience and give yourself permission to talk about them.
9. Dependant on your working environment, **do try to avoid further visual or audio exposure**, limiting access to TV news, newspapers or other reporting mediums, at least for a few days. Similarly, try to limit any exposure to one or two reliable sites and sources of

information. Switch off notifications for the news and social media on your mobile phone/ tablet. You can then control how and when you receive information. Try leaving your phone in another room or away from you. This strategy can also stop you becoming 'twitchy' and wanting to check the phone for updates.

10. **For visual exposure**. If the image doesn't go away or diminish in intensity, one technique is to consciously bring the image or thought into your mind and replace it with something positive and meaningful to you. You might want to do this several times before the image dissipates.
11. If listening to harrowing stories, **other techniques might be useful**. This might take the form of listening to uplifting or soothing music, counteracting experiences with walks in nature and other forms of physical exercise, anything that soothes, distracts and provides comfort.
12. Remember, witnessing and listening to difficult material might not entirely go away, but **the intensity of the experience does usually fade with time**, even if you don't entirely forget them.
13. Listening to harrowing stories and receiving disturbing images when working from home can be particularly distressing, where you are working in isolation in a personal space. If possible, try to proactively manage this, be cautious about opening up notifications from messaging apps, videos or photos late in the day or at the end of the working week when there may be little opportunity to connect with a colleague/peer/manager for support.
14. **Above all, be kind to yourself and proactively take care of yourself after such difficult work, to include awareness of eating and sleeping patterns, which may also temporarily be affected.**

REMEMBERING THE CALMER FRAMEWORK:

Consider: the nature of the disturbing and traumatic material you encounter in your work.
Acknowledge: the impact on you and what you might need to support you.
Listen: to the experiences of the people we are working with AND the ways in which you are affected. Listening to colleagues' experiences can be similarly difficult to bear witness to.
Manage: try to reduce as far as possible the negative effects of disturbing material.
Enable: you and your colleagues' resilience and recovery, as well as that of those you are supporting.
Resource: seek out the kind of further help you need.

OTHER OPTIONS

Hopefully these suggestions will be useful, but do remember that if they are not helping, please seek further support and advice from colleagues, your line manager, your local psychosocial practitioner or the Employee Assistance Programme.

ANNEX 5. SAMPLE AGENDA FOR AN INDIVIDUAL SUPPORTIVE SUPERVISION SESSION.

The agenda for an individual supportive supervision session may include:

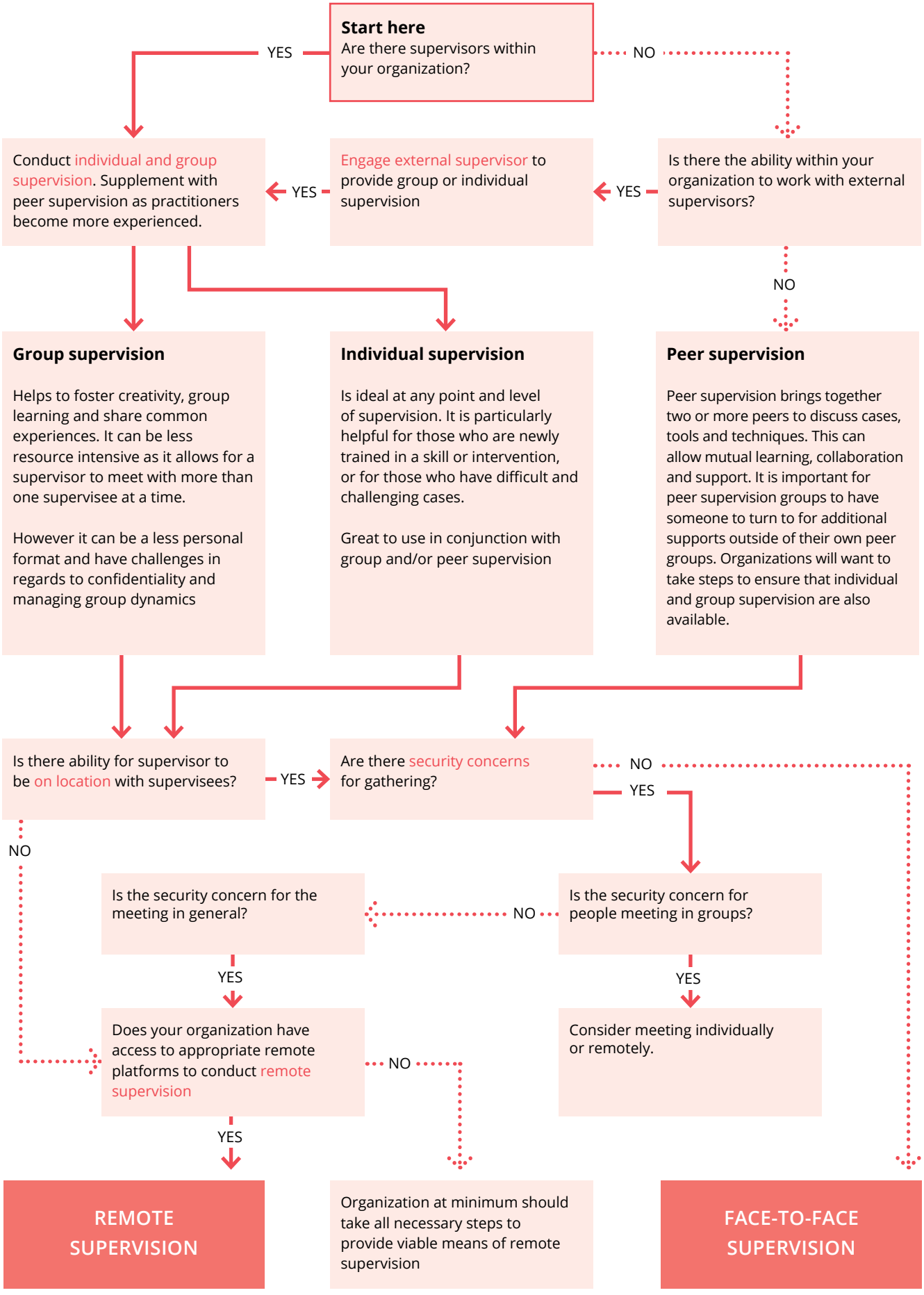
- Informal check in
- Review follow-up items from previous supervision session
- Reflect on progress since previous session
- Urgent service user issues, such as high risk or security concerns
- Case presentation or role-plays
- Reflection on self-care
- Summary, feedback and closing

ANNEX 6. SAMPLE AGENDA FOR GROUP SUPPORTIVE SUPERVISION

The agenda for a group supportive supervision session may include:

- Check in activity (e.g. take a round where participants describe their day in two words)
- Invite the group to recap on agreed rules and expectations
- Review follow-up items from previous supervision session
- Urgent service user issues, such as high risk or security concerns
- Role-play activity
- Reflection on self-care
- Summary, feedback and closing

ANNEX 7. SUPPORTIVE SUPERVISION DECISION TREE



ANNEX 8. TIPS FOR MANAGING PROFESSIONAL BOUNDARIES.

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EXPECTATIONS	Understand your role and the Red Cross Red Crescent scope within this response. Maintain professionalism at all times and seek support when needed.
YOUR ROLE	Be clear with clients about your role and it's limitations. Discuss with them the purpose and outcome of the service you are delivering, including what is out of scope.
ASSERTIVENESS IN CHALLENGING SITUATIONS	Be assertive and let clients know if they are behaving inappropriately and remind them of the boundaries. For example 'Your comments are inappropriate/ offensive/rude, this is a professional call, if you stop using this kind of language, I can continue this call, if you don't I will have to hang up, it's your choice.'
CLEAR RELATIONSHIPS	Avoid dual relationships, wherever possible. Having both a professional relationship and a personal relationship with a client at the same time can make it difficult to maintain boundaries and a safe and appropriate work environment.
PERSONAL INFORMATION	Avoid disclosing personal information to a client. Remember that the purpose of your call is to provide Psychological First Aid (PFA). Don't provide your personal contact detail.
UNNECESSARY INFORMATION	Do not seek unnecessary information from your client that is not relevant to your role or support process. Do not delve into the private life, ask intrusive or inappropriate questions that are unrelated to service provision.
7 FUNDAMENTAL PRINCIPLES	Remember to adhere to the Red Cross Red Crescent's 7 fundamental principles at all times. Demonstrate humanity, neutrality and impartiality at all times.
TRIGGERS	Recognize and manage your own triggers. Our own experience can affect our ability to provide support. We must always ensure that we are acting in the best interest of the client and meeting their needs. If unsure always seek the support from your team leader.
PRIVACY AND CONFIDENTIALITY	It is important that you maintain your client's privacy and confidentiality. This includes discussing with them about the limitations of confidentiality and ensuring that you have obtained their informed consent before they share any information about themselves with you.
CRITICAL REFLECTIONS	Engage in pre and debrief as part of critical reflection of your work with your team leader and colleagues. Take time to reflect, particularly if you identify any high-risk situations or any sign of boundary crossing in your work with clients.

ENDNOTES

- 1. An outbound call is initiated by the helpline to a service user on behalf of the helpline or the service user. For example, call backs, well-being checks, or peer support, if initiated by the helpline, are all forms of outbound calls.
- 2. https://councilforhelplines.org/
- 3. https://secureservercdn.net/192.169.221.188/e05.c73.myftpupload.com/wp-content/uploads/2020/06/Core-Competencies.pdf
- 4. See A Guide to Psychological First Aid for Red Cross and Red Crescent Societies, IFRC PS Centre, 2018.
- 5. Both resources are drawn from Suicide Prevention during COVID-19, The IFRC PS Centre, 2021.
- 6. Window of tolerance refers to the zone of arousal in which a person is able to function most effectively. When people are within this zone, they are typically able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty.
- 7. Adapted from the United Kingdom Government trauma informed guidance, November 2022. https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice.
- 8. A comprehensive guidance on how to get started, prepare for, and implement supportive supervision can be found in The Integrated Model of Supervision Handbook for Mental Health and Psychosocial Support (IMS), IFRC PS Centre, 2021.
- 9. Davidson, Morley, Aredez Arriazu, Wood. (2022). '*Supporting Staff and Volunteers Delivering Services to People in Crisis*', in Psychological staff support in healthcare, pp.149-165.
- 10. Kuner, C., Marelli, M., (2020). *Handbook on Data Protection in Humanitarian Action*. ICRC and Brussel Privacy Hub.
- 11. Adapted from the IFRC Hotline in a Box (https://communityengagementhub.org/guides-and-tools/hotline-in-a-box/), and the IFRC PS Centre Monitoring and evaluation framework for psychosocial support interventions (https://pscentre.org/wp-content/uploads/2021/07/Toolbox_ME-framework_FINAL-1.pdf)

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