

# Psychosocial Support During a Pandemic: L.A.R.G.E. tool

*This tool is to be used by medical and non-medical personnel to help those in significant distress related to workload, moral distress, loss of life or property or other psychosocial damages.*

<b>L</b>	<b>Listen</b>	Listen actively, show concern, be patient. Listening helps.
<b>A</b>	<b>Answer</b>	Provide facts related to pandemic; help with problem-solving
<b>R</b>	<b>Refer*</b>	Recognize red flags and the need for more specialized care
<b>G</b>	<b>Group</b>	Facilitate connection with groups (E.g. family, friends, community, religious, spiritual support)
<b>E</b>	<b>Engage</b>	Encourage follow-up with yourself or designated other

\*Referral Criteria: persistent or worsening symptoms; serious difficulties in family, work, social life; risk of complications, especially suicide; substance abuse; major depression, psychosis, post-traumatic stress disorder; any other serious safety concern.

## Key considerations related to psychological first aid during a pandemic

1. During a pandemic, individuals and the population experience some degree of increased stress. Fear, anxiety, grief, and anger are normal responses to an abnormal situation and may be mitigated by brief support and other immediate measures.
2. Non-specialized personnel may be required to deliver much needed immediate support to patients, health care workers and others.
3. The World Health Organization recommends psychological first aid to help guide medical and non-specialized personnel in how to provide immediate support and identify those who need more specialized care. (Ref: Mental Health and Psychosocial Considerations During the COVID-10 Outbreak. March 2020. Available at [www.who.int](http://www.who.int))
4. The L.A.R.G.E. memory aid and tool has been developed to include key elements of psychological first aid along with trauma-informed care and effective psychotherapeutic techniques.
5. All providers should follow the most up-to-date recommendations from health agencies regarding social distancing, isolation and quarantine. Be sure to adjust responses to the situational context.
6. Most reactions are normal responses to stress and do not require specialized care or medications.

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<b>L</b> isten	<ul style="list-style-type: none"> <li>• Listen actively, give your full attention and show concern</li> <li>• Let them vent, tell their stories, and express their feelings</li> <li>• Be patient and calm. Don't invalidate their feelings ("you shouldn't feel...")</li> <li>• Don't underestimate the value of listening. Listening is therapeutic in itself.</li> <li>• Be non-judgmental and do not impose your own beliefs</li> <li>• Ensure confidentiality; don't share personal details of person's story with others</li> <li>• Listen first (and wait until individual is calmer) before moving to problem solving</li> </ul>
<b>A</b> nswer	<ul style="list-style-type: none"> <li>• Provide truthful and accurate information (e.g. from CDC, WHO, local health agencies) Know about and communicate available services and support.</li> <li>• Help address concerns about basic needs</li> <li>• Due to their acute distress, individual may need help with even basic problem solving. Help identify and solve problems and focus on how to face the future</li> <li>• You are not expected to know everything; offer the best support and information you can. Help individuals recognize and use their own strengths.</li> </ul>
<b>R</b> efer	<ul style="list-style-type: none"> <li>• Sadness, suffering, fear, anger and intense emotional pain can accompany grief</li> <li>• It can be challenging to recognize if symptoms warrant referral</li> <li>• Recognize and accept the individual's emotions with compassion and kindness</li> <li>• If symptoms are severe and/or red flags are present, refer individual for specialized care Make use of crisis teams and available mental health services</li> <li>• Red flags indicating need for referral             <ul style="list-style-type: none"> <li>- symptoms persist or worsen despite initial management</li> <li>- serious difficulties in family, work, social life</li> <li>- risk of complications, especially suicide</li> <li>- substance abuse</li> <li>- major depression, psychosis, post-traumatic stress disorder</li> </ul> </li> </ul>
<b>G</b> roup	<ul style="list-style-type: none"> <li>• Encourage and help the individual connect with their loved ones, family, and friends[1]</li> <li>• During social distancing, isolation or quarantine, make use of phone, video options, social media</li> <li>• Encourage connection with other groups in the community (e.g.: arts, music, singing, reading). Some groups may offer to connect by video/web conferencing or phone.</li> <li>• Religious and spiritual organizations can provide support[1] and may have groups for grief</li> </ul>
<b>E</b> ngage	<ul style="list-style-type: none"> <li>• Encourage individual to follow-up with you or a responsible designated person</li> <li>• Encourage individual to engage in supportive relationships (even if by phone, video)</li> <li>• A meaningful connection with even one person in their life is protective (e.g. mentor)</li> <li>• If possible, plan a specific time (e.g. later the same day or next day) to check in</li> <li>• A brief phone call can help confirm whether the initial assessment of risk was accurate</li> <li>• If symptoms have become severe and/or red flags are present refer for more specialized care</li> </ul>

**Helpful tip:** Listen comes before Answer. Refrain from jumping in with answers until you have thoroughly listened and understood the nature of the problems. Use reflective, active, empathic listening.

**Source:** The L.A.R.G.E. Psychological First Aid Tool and mnemonic was created by Dr. M.Kostenuik - the tool includes concepts for protecting mental health during epidemics from the Pan American Health Organization/World Health Organization and was adapted for the COVID-19 pandemic and clinical care.

**References:** [Mental Health Protection and Psychosocial Support in Epidemic Settings PAHO/WHO 2016](#)  
[Protecting Mental Health During Epidemics PAHO/WHO 2009](#)