# Psychological First Aid

An Australian guide to supporting people affected by disaster

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## Contents

## Foreword

This psychological first aid guide is for people working in disaster preparedness, response and recovery. It provides an overview of best practice in psychological first aid following disasters and traumatic events.

Each state and territory has plans to deal with the health impacts of disasters. Included in these plans are arrangements that cover the mental health impacts of emergencies.

There are many types of psychological first aid and it is increasingly being used in the post disaster field. There is an urgent need for this technique to be given an Australian context. Psychological first aid needs to be packaged in a way that clearly outlines its aims, components, when it is used, where it can be applied, and who benefits from its use, who can deliver it.

This guide sets out to achieve this aim in a simple form. It complements work done by the Disaster Response and Resilience Research Group at the University of Western Sydney. Dr Sally Wooding and Professor Beverley Raphael have written a chapter on psychological first aid that provides an

overview of the field (see reference list). The guide is also used in conjunction with psychological first aid training delivered by Australian Red Cross.

Emergency is the generic term used in Australia to describe disruptive and/or destructive events that cause loss of life, property and livelihoods, injury and damage to communities.

For the individual this may mean the loss of:

• near or significant loved ones

• control over one's own life and future

• hope and initiative

• dignity

• social infrastructure and institutions

• access to services

• property and belongings

• livelihoods

• place.

After an emergency, people often lose confidence in the norms, networks, and trust in the society that is supposed to protect them[1]. Until the late 1970s, the psychosocial aspect of emergencies was often ignored. Emergency management

activities focused more on the rebuilding of towns damaged by floods, fire or storms and healing the physical wounds of those injured.

Disaster mental health and the identification of post-traumatic stress disorder led to a shift in approaches to emergency management. Responses during this period focused on applying clinical mental health skills in emergency settings, for which they were never intended.

It was then recognised that most people did not develop serious mental health issues after emergencies. Most people recover well with some basic support. This led to the development of psychological first aid as a primary tool after an emergency.

It has been recognised both in Australia and internationally that psychosocial support in emergencies is best delivered as a community-based activity, rather than within a medical health system[2]. Providing coordinated psychosocial support in emergencies has now become a critical part of preparing for,

responding to and recovering from an emergency.

**This guide is also in line with resources detailed in the Psychosocial Support in Disasters portal (www.psid.org.au) and the World Health Organization, War Trauma Foundation and World Vision International (2011) Psychological first aid: Guide for field workers. WHO: Geneva.**

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1 For more information see International Federation of Red Cross and Red Crescent Societies 2009.

2 For more information see Inter-Agency Standing Committee 2007; International Federation of Red Cross and Red Crescent Societies 2009; van Ommeran, Saxena & Saraceno 2005.

## Understanding psychological first aid

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### What is psychological first aid?

Psychological first aid is a 'humane, supportive response to a fellow human being who is suffering and who may need support'[1].

Psychological first aid is an approach to helping people affected by an emergency, disaster or traumatic event.

It includes basic principles of support to promote natural recovery. This involves helping people to feel safe, connected to others, calm and hopeful, access physical, emotional and social support, and feel able to help themselves[2]. Psychological first aid aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

Psychological first aid is useful as the first thing that you might do with individuals or families following a disaster. It is most widely used in the first hours, days and weeks following an event. Psychological first aid is based on an understanding that people affected by disasters will experience a range of early reactions (physical, psychological, emotional,

behavioural). These reactions may interfere with their ability to cope[3].

These reactions are normal and understandable given people's experiences. Recovery may be helped by psychological first aid.

A small part of an affected population will require further mental health support to assist recovery. But most people recover well on their own or with the support of compassionate and caring disaster workers, family and friends.

Psychological first aid is most commonly used immediately after a disaster. But its use is not limited to this time period. Sometimes the first contact people have with psychological first aid comes months or even years after the emergency. Outreach visits conducted by Red Cross nine months after the 2009 Victorian bushfires, for example, were the first time many people received psychological first aid. Psychological first aid skills can also be applied to public inquiries and anniversaries of emergencies or traumatic events, all of which may take place years after the event.

1  The Sphere Project and the Inter-Agency
   Standing Committee.
2  For more information see Hobfoll et al. 2007.

3  For more information see Brymer et al. 2006.

Psychological first aid has a long history[1]. It has become more popular since the emergence of research showing the dangers of critical incident stress debriefing[2]. Since 2002, psychological first aid has been recommended as a key part of the provision of psychosocial support following disasters.

## What psychological first aid isn't

It is important to clarify what psychological first aid is NOT to differentiate it from earlier forms of post-disaster support, most notably critical-incident stress debriefing.

It is not useful – and may be harmful – to directly encourage disaster survivors to talk about what happened to them if they do not want to. If a person wants to discuss their experiences, it is useful to provide them with support. But this should only be in a way that does not push them to discuss more than they want[3].

1  For more information see Drayer, Cameron, Woodward & Glass 1954; Raphael 1977a&b and 1986.
2  For more information see National Institute of Mental Health 2002; Rose, Bisson & Wessley 2003; Bisson, Brayne, Ochberg & Everly 2007; Bisson & Lewis 2009.
3  For more information see Watson et al. 2002; Ruzek et al. 2007; McNally, Bryant, & Ehlers 2003.

Post-emergency settings are not clinical environments and it is inappropriate to conduct a clinical or psychological assessment within the setting.

It is important to limit contact at this point to simple support, like psychological first aid. People who display marked signs of risk (e.g. suicidal tendencies) should be referred to formal mental health services.

**Psychological first aid is:**

- NOT debriefing
- NOT obtaining details of traumatic experiences and losses
- NOT treating
- NOT labelling or diagnosing
- NOT counselling
- NOT something that only professionals can do
- NOT something that everybody who has been affected by an emergency will need.

## Who benefits from psychological first aid?

The sudden, disruptive nature of emergencies means that people will be exposed to uncertainty and stress. People will experience different degrees of distress. Any person in distress should have access to psychological first aid, where possible. This includes adults, adolescents and children, as well as disaster relief workers and first responders.

How people respond and cope depends on a variety of factors, including their experience of the emergency, their health, their personal history and their available supports.

Some people may be at more risk of negative consequences. These may include those people who:

- have had previous traumatic experiences
- have underlying mental illnesses
- were exposed to events where the horror element was high
- thought they were going to die
- experienced traumatic bereavement
- have had serious losses of property, livelihoods, or disruption to communities and networks.

There will also be some situations where people have an immediate need for more care than can be provided by psychological first aid. These people need to be promptly referred to specialised support. This includes people who are:

- seriously injured and needing emergency medical care
- so distressed that they are unable to perform the basic activities of daily life
- threatening harm to themselves or others.

It is important to remember that not everyone who experiences an emergency will have emotional distress or problems during or after the crisis. Not everyone who experiences a crisis will need psychological first aid. Some protecting factors include[1]:

- good level of functioning
- social support
- ability to cope
- strong moral belief systems
- returning to normal life (i.e. reducing disruption).

1  For more information see Johns Hopkins School of Public Health & International Federation of Red Cross and Red Crescent Societies 2008.

Some people will need much more support than psychological first aid. Know your limits and ask for help from others who can provide medical or other assistance to avert a crisis.

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## The aim of psychological first aid

Psychological first aid is humane, caring and compassionate. It addresses emotional and practical needs and concerns above all else.

An important aim of psychological first aid is to build people's capacity to recover. Psychological first aid supports recovery by helping people to identify their immediate needs and their strengths and abilities to meet these needs.

One of the most important research findings is that a person's belief in their ability to cope can predict their outcome.

Typically people who do better after trauma are those who are optimistic, positive and feel confident that life and self are predictable, or who display other hopeful beliefs[1].

The goals of psychological first aid include efforts to:

- calm people
- reduce distress
- make people feel safe and secure
- identify and assist with current needs
- establish human connection
- facilitate people's social support
- help people understand the disaster and its context
- help people identify their own strengths and abilities to cope
- foster belief in people's ability to cope
- give hope
- assist with early screening for people needing further or specialised help
- promote adaptive functioning
- get people through the first period of high intensity and uncertainty
- set people up to be able to recover naturally from an event
- reduce the risk factors of mental illness as a result of the event, such as post traumatic stress disorder.

1  For more information see Carver 1999, Ironson et al. 1997, Solomon 2003.

# Five elements of psychological first aid

There are five basic elements to psychological first aid that have been drawn from research on risk and resilience, field experience and expert agreement[1].

The elements of psychological first aid are to promote:

- safety
- calm
- connectedness
- self-efficacy and group efficacy
- hope.

## 1. Promote safety

- Remove from, or reduce exposure to, threat of harm.
- Help people meet basic needs for food, water, shelter, financial and material assistance.
- Help people obtain emergency medical attention.
- Provide physical and emotional comfort.
- Provide repeated, simple and accurate information, in a range of methods, on how to get these basic needs met.

## 2. Promote calm

- Stabilise people who are overwhelmed or disoriented.
- Provide an environment, as far as practical, removed from stressful situations or exposure to sights, sounds and smells of the emergency.
- Listen to people who wish to share their stories and emotions, without forcing them to talk.
- Remember that there is no right or wrong way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or trauma and the relief efforts underway to help survivors understand the situation.
- Provide information on stress and coping.
- When they express fear or worry, remind people (if you know) that more help and services are on the way.

## 3. Promote connectedness

- Help people contact friends and loved ones.
- Keep families together.
- Keep children with parents or other close relatives whenever possible.
- Help establish contacts with support people (friends, family or community helping resources).
- Respect cultural norms regarding gender, age and family structures.
- Offer practical help to people to address immediate needs and concerns.
- Provide information and direct people to those services that are available.
- Link people with available services.
- Respect cultural norms regarding gender, age, family structures and religion.

## 4. Promote self efficacy

- Engage people in meeting their own needs.
- Assist with decision making, help them to prioritise problems and solve them.

## 5. Promote hope

- Convey expectancy that people will recover.
- Be there/be willing to help.
- Reassure people that their feelings are normal.

Self efficacy is the belief that one's actions are likely to lead to positive outcomes, and feeling able to help oneself.

1 For more information see Hobfoll et al. 2007, IFRC 2009, SAMHSA 2010, Queensland Health (2008).

## Who delivers psychological first aid?

Psychological first aid should be delivered by appropriate agencies as part of state, regional/district or local emergency management plans.

This means that responses can be undertaken in a coordinated manner and that psychosocial support is provided as a key part of the emergency response. In Australia, this coordinated response could include: health and allied health professionals, teachers and other education professionals, members of the clergy and other faith-based organisations, Red Cross personal support volunteers and other trained responders from community organisations, and local government staff.

The principles of psychological first aid mean that it can be offered by a wide variety of people in the community – from emergency personnel to neighbours and volunteers – in addition to trained responders.

Psychological first aid is a humane, supportive and practical response to a person who has been exposed to serious stresses and may need support[1]. Most people responding to an emergency are able to provide this type of assistance, comfort and support to people in distress[2].

The principles of psychological first aid are an important grounding for all emergency personnel responding to an emergency. Their primary focus will be on responding to the emergency. But these people are usually the first contact survivors have with the 'system'. So they have an important role to play in assisting in helping to promote recovery in safe and effective ways.

It is useful to differentiate between general psychological support and the way all emergency responders provide help in responsible ways. Responsible helping respects the dignity and capacity of survivors. The primary role of psychological first aid is to protect and promote the mental health and psychosocial wellbeing of survivors.

1  For more information see Inter-Agency Standing Committee 2007.
2  For more information see World Health Organisation 2010.

## Where is psychological first aid delivered?

Psychological first aid can be delivered in diverse settings. Psychological first aid could be delivered at the scene of the emergency or at places where affected people gather, such as:

- evacuation centres
- recovery centres
- hospitals
- humanitarian assistance centres
- homes
- schools
- businesses
- shopping centres
- airports
- train stations
- memorial services
- community centres.

Psychological first aid can be offered by a wide variety of people in the community.

## Preparing to provide psychological first aid in the field[1]

Many emergency situations can be stressful and often require urgent action. The more that is known about the situation, and the better prepared a person is psychologically, the more effective the support will be.

Prior to using psychological first aid in the field people should:

- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety, access and security concerns.
- Consider their physical and mental preparedness.

# Using psychological first aid in the field

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1  World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

# Important questions to ask before entering an emergency site

## The emergency event

- What happened?
- When and where did it take place?
- How many people are likely to be affected and who are they?
- How long did it go on for/will go on for?

## Available services and supports

- Who are the relevant authorities managing the crisis?
- Who is providing for basic needs like emergency first aid, food, water, material assistance, shelter?
- Where and how can people access these services?
- Who else is helping? Are community members involved in responding?
- Is the Register.Find.Reunite. service active to help families reunite?

## Safety and security concerns

- Is the crisis event over or continuing, such as aftershocks from an earthquake, or an unfolding flood event or high bushfire danger period?
- What dangers may be in the environment, such as debris or damaged infrastructure?
- Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?

## Physical and mental preparedness

- Do you have everything you might need to be away from home/office (phone, charger, drink bottle, etc)?
- Have you let family members/friends know what you are doing and how long for?
- Have you made arrangements for children, people you are caring for and pets?
- Do you feel emotionally ready to provide psychological first aid?

## Psychological first aid action principles[1]

The World Health Organization (WHO) has developed a framework consisting of three action principles to assist in the delivery of psychological first aid.

These principles provide guidance for how to view and safely enter an emergency situation **(LOOK)** in order to understand the needs of affected people **(LISTEN)** and link them with the information and practical support they need **(LINK)**.

| Principles | Actions |
|---|---|
| **LOOK** | • **Check for safety.**<br>• **Check for people with obvious urgent basic needs.**<br>• **Check for people with serious distress reactions.** |
| **LISTEN** | • **Approach people who may need support.**<br>• **Ask about people's needs and concerns.**<br>• **Listen to people and help them to feel calm.** |
| **LINK** | • **Help people address basic needs and access services.**<br>• **Help people cope with problems.**<br>• **Give information.**<br>• **Connect people with loved ones and social support.** |

## Important questions and messages to consider when using psychological first aid

### LOOK

**Check for safety**

- What dangers can you observe, e.g. damaged road, unstable buildings, fire, flooding etc?
- Ask if you can be there safely without harming yourself or others
- **If you are not certain that the area is safe, then DO NOT GO!**

**Check for people with obvious urgent basic needs**

- Does anyone need emergency first aid?
- Do people need urgent protection (e.g. clothing)?
- Are there any people who might need special attention?
- **Know your role and try to obtain help for people who need special assistance or who have obvious urgent basic needs**

**Check for people with serious distress reactions**

- Are there people who are extremely upset, immobile, not responding to others, disturbing others, or in shock?
- Where and who are the most distressed people?
- **Consider who may benefit from psychological first aid and how you can best help.**

1 World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

## LISTEN

### Approach people who may need support

- Approach people respectfully and according to cultural norms
- Introduce yourself by name and organisation
- Ask if you can provide help
- If possible, find a quiet and safe place to talk
- Help the person feel comfortable

### Ask about the people's needs and concerns

- Address any obvious needs. For example, if a person's clothing is torn or they need a blanket
- Always ask for people's needs and concerns
- Do not assume you know
- Find out what is most important to them at this moment
- Help them work out what their priorities are

### Listen to people and help them to feel calm

- Stay close to the person
- Do not pressure the person to talk
- Listen in case they want to talk about what happened
- If they are very distressed help them to feel calm and try to make sure they are not alone

## LINK

### Help people address basic needs and access services

- For example, food, water, shelter, material needs
- Learn what specific needs people have and try to link them to available assistance
- Do not make promises you cannot keep

### Help people cope with problems

- Help identify their most urgent practical needs and assist with prioritising
- Help the person identify support people
- Give practical suggestions for people to meet their own needs (e.g. how to register with Centrelink etc)

### Give information

- Find out where to get information and updates
- Try to get as much information as you can before approaching people with support
- Keep updated
- Only say what you know

### Connect people with loved ones and social support

- Keep families together and children with their parents
- Help people to contact friends or relatives.
- If prayer or religious practice is important people may benefit from being linked with their spiritual base
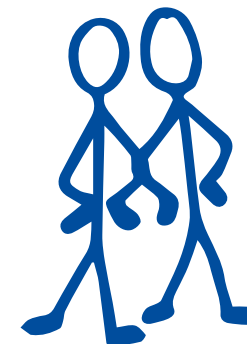
Adapting psychological first aid

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## For culture

Culture can refer to the behaviours and beliefs of a person's social, ethnic and/or age group. Culture determines how we relate to people, and what is right and not right to say and do. It is important to adapt our communications with people as a way of being respectful to their choice of culture.

Consider the following questions:

### Dress

- Do helpers need to dress a certain way to be respectful? Body covering? Colours?
- Will people affected be in need of certain clothing items to keep their dignity and customs?

### Language

- What is the customary way of greeting people in this culture?
- What language do they speak?
- Are there formal and informal forms of address?

### Gender, age and power

- Should affected women only be approached by women helpers?
- Who may be approached (in other words, the head of the family or community)?

### Touching and behaviour

- What are the usual customs around touching people?
- Is it all right to hold someone's hand or touch their shoulder?
- Are there special things to consider in terms of behaviour around the elderly, children, women or others?
- Is eye contact appropriate?

### Beliefs and religion

- Who are the different ethnic and religious groups among the affected people?
- What beliefs or practices are important to the people affected?
- How might they understand or explain what has happened?

## For children and young people

The following points are important when using psychological first aid with children and young people[1].

### Keep together with loved ones

- When unaccompanied, link them with a trustworthy child protection network or agency. Do not leave the child unattended.

- Be wary of offers of help with looking after children from unauthorised strangers.

- If no child protection agency is available, take steps to find their caregivers or to contact other family who can care for them.

### Keep safe

- Protect them from being exposed to any gruesome scenes, like injured people or terrible destruction.

- Protect them from hearing upsetting stories about the event.

- Protect them from the media or from people who want to interview them who are not part of the emergency response.

### Listen, talk and play

- Be calm, talk softly and be kind.

- Introduce yourself by name and let them know you are there to help.

- Find out their name, where they are from, and any information you can in order to help find their caregivers and other family members.

- Listen to children's views on their situation.

- Try to talk with them on their eye level, and use words and explanations they can understand.

- Support the caregivers in taking care of their own children.

- If passing time with children, try to involve them in play activities or simple conversation about their interests, according to their age.

1  World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

## For people with health conditions or physical or mental disabilities

The following points are important when assisting people who may have health conditions or physical or mental disabilities.

- Help people get to a safe space.
- Ask people if they have any health conditions, or if they regularly take medication for a health problem.
- Try to help people get their medication or access medical services, when available.
- Stay with the person or try to make sure they have someone to help them if you need to leave. Consider linking the person with relevant support to assist them in the longer term[1].
- People with a disability, particularly a cognitive disability, may rely upon rigid routines in their lives. Disruption to these routines may make them highly anxious.

- Face and speak directly to the person rather than through the companion, attendant or sign-language interpreter who may also be present. For example do not say "tell her..." or "can he..."
- Never speak about the person as if they are invisible, cannot understand what is being said or cannot speak for themselves. If a person requires an interpreter or carer to assist them in conversation, make sure there is enough time for the person to absorb information and respond on their own.
- Allow for short breaks if a person needs extra time to process information.
- Offer several different options for further contact. Some people may feel more comfortable with face to face interaction while others may prefer the telephone or email[2].

Remember that people are resilient. All people have the ability to cope. Help people use familiar coping strategies and supports.

1  World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

2  Australian Emergency Management Institute, *Community Recovery Handbook 2*

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## Self Care for people working in the field

## Self care

The delivery of psychological first aid following an emergency can be very rewarding for people involved in the emergency response. However, it can also be very challenging and stressful. It is not uncommon for people to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated in the course of their work.

Stress is the body's way of getting energy to operate outside our normal comfort zone. Stress is caused by stressors, these can be internal, such as thoughts or feelings or external, such as poor health, conflict, noise etc.

If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work[1].

## Reducing stress

Stress will not resolve spontaneously. People need to take steps to break the cycle of stress. It is important to identify what causes stress for you and put in place some steps to reduce stress. This sort of self care is especially important if we wish to support others during times of crisis[1].

- Think about what has helped you cope in the past and what you can do to stay strong.
- Try to take time to eat, rest and relax, even for short periods.
- Try to keep reasonable working hours so you do not become too exhausted.
- Consider, for example, dividing the workload among helpers, working in shifts during the acute phase of the crisis and taking regular rest periods.
- People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all of their problems. Remember that you are not responsible for solving all of people's problems. Do what you can to help people help themselves.

1  Gordon, R (2005). Information and advice about stress, trauma and psychological first aid.

- Minimise your intake of alcohol, caffeine or nicotine and avoid nonprescription drugs.
- Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones or other people you trust for support.

Psychological first aid is a human, caring and compassionate response that addresses practical needs and concerns above all else.

## Useful organisations

Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN)
**www.earlytraumagrief.anu.edu.au**

Australian Centre for Posttraumatic Mental Health (ACPMH)
**www.acpmh.unimelb.edu.au**

Australian Psychological Society (APS)
**www.psychology.org.au**

Australian Red Cross
**www.redcross.org.au**

beyondblue
**www.beyondblue.org.au**

Department of Human Services (DHS), State Government of Victoria
**www.dhs.vic.gov.au/emergency**

Department of Health (Queensland)
**www.health.qld.gov.au/mentalhealth/ useful_links/disaster.asp**

Disaster Response and Resilience Research Group, University of Western Sydney
**www.uws.edu.au/disaster_response_ resilience/disaster_response_and_ resilience**

Emergency Management In Australia
**www.ema.gov.au**

Inter-Agency Standing Committee (IASC)
**www.humanitarianinfo.org/iasc**

International Committee of the Red Cross (ICRC)
**www.icrc.org**

International Federation of Red Cross and Red Crescent Societies (IFRC), Psyho-social Support Reference Centre
**http://psp.drk.dk**

National Center for PTSD
**www.ncptsd.va.gov**

National Child Traumatic Stress Network (NCTSN)
**www.nctsn.org**

National Institute of Mental Health (NIMH)
**www.nimh.nih.gov**

Psychosocial Support in Disasters Portal
**www.psid.org.au**

Sphere Project for Minimum Standards in Humanitarian Response
**www.sphereproject.org**

Substance Abuse and Mental Health Services Administration (SAMHSA)
**www.samhsa.gov**

World Health Organization (WHO)
**www.who.int**

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## The Seven Fundamental Principles of the International Red Cross Red Crescent Movement

In all activities our volunteers, members and staff are guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

**Humanity  Impartiality  Neutrality  Independence Voluntary service  Unity  Universality**

**Humanity**
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all people.

**Impartiality**
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality**
In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence**
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service**
It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity**
There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality**
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.