

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

Psychosocial support during an outbreak of Ebola virus disease



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Introduction

Ebola epidemics are unlike anything seen before: The virus spreads rapidly, the disease is infectious and has a high mortality rate, local health care systems are ill equipped to handle large scale outbreak. Finally, there are widespread rumors, misconceptions and misinformation about the disease and how to prevent it are widespread.

In the early responses to the disease, psychosocial support was identified as a key priority. Psychosocial support is vital to ensure the well-being of the affected population, and also to counter-act the threats to public health and safety that fear, stigmatization and misconception poses.

When people of concern have access to information, understand the disease and how it spreads, feel supported and are calmed, understand their own needs and reactions, they are much more inclined to comply with instructions from health personnel, change habits and to support each other in finding ways to adapt and reconstruct community life. Furthermore, psychosocial support to expatriate and local staff and volunteers, is important as all are working under extremely stressful conditions.

This briefing note provides background knowledge on the psychosocial aspects related to Ebola and suggests psychosocial support activities that can be implemented. The messages can be helpful for all staff and volunteers who are in contact with patients, relatives and feel the strain of working and living during the epidemic.

Specific stressors for responders

Emergencies are always stressful, but specific stressors particular to an Ebola outbreak will affect the responders to the crisis as well as the population in general. These stressors include:¹

- **Strict bio-security measures:**
 - Physical strain of protective equipment; dehydration, heat, exhaustion
 - Physical isolation and a no touch policy including after working hours
 - Constant awareness and vigilance required
 - Strict procedures to follow leaving out spontaneity
- **Risk of being contaminated** and contaminate others
- **Common symptoms can be mistaken for Ebola:** Developing a simple fever, diarrhea or other systems may lead to fear of being infected
- **High mortality rate:** The medical interventions are mostly centered on palliative care rather than on saving lives
- The late stage **symptoms of Ebola and rapid deterioration** of patients may be shocking, both for medical and non-medical staff
- **The tension** between the public health priorities and the wishes of the patients who may not be willing to be isolated or treated and the needs of the families as following traditional burial traditions
- **Stigmatization** of staff and volunteers working with Ebola patients

¹ Source: Briefing paper – stress management for Expat working in Ebola Mission, March 2014, Caroline Joachim, Medecins sans Frontieres

- **The consequences of the outbreak** in communities and families: deterioration of social network, local dynamics and economies, patients abandoned by their families, surviving patients rejected by their communities, possible anger/aggression against health structures, staff and volunteers etc.

Preparing for a mission

Before going on a mission it is natural to have some concerns. These may include concerned family and friends, personal fears, lack of knowledge about the disease, transmission, treatment, not knowing what it will be like on the ground, etc.

When preparing, consider:

- **Family and friends** may be concerned about the safety during the mission and their own safety upon your return. Take these concerns seriously, help them gain information, and talk openly about the concerns and dangers – both those that are real and those that are imagined. Having the support of understanding of close ones will make a mission easier
- **Learn about Ebola:** Learn about the disease, how to avoid contamination, security measures etc. as information supports being calm and confident. Health staff, epidemiologists, nurses etc., can answer specific questions about Ebola.
- **Be critical:** There is misinformation and the media tends to dramatize the coverage on an Ebola outbreak. Make sure to get information from trustworthy sources.
- **Learn about security:** Make sure to be given sufficient security briefing before and during missions. Know how to use protective equipment, and follow security instructions.
- **Complying with security measures** is not only a matter of your personal safety but that of everyone else.

Support when waiting for test results

The early symptoms of Ebola are like to symptoms of many common and more benign illnesses such as the flu, common cold, diarrhea, malaria etc. For this reason, a number of staff and volunteers are likely to experience symptoms, they may be tested for Ebola and perhaps be isolated.

Psychosocial support delegates may be called upon to support fellow staff and volunteers and beneficiaries during the waiting and isolation period. Waiting for test results and being physically isolated from other people and being far away from family and friends, is extremely stressful. During isolation and the waiting period, there are many things the isolated person cannot control, but there are also things that can help coping²:

- **Set goals:** Setting goals and achieving them gives a sense of control. Goals must be realistic in the given circumstances, and could include keeping up with paper work even if not able to work in the field, writing a diary or learning new skills etc.

² Adapted from: Hostage Survival Skills for CF Personnel, Major P. J. Murphy and Captain K. M. J. Farley,

- **Keep active:** Read, write, play games, do crossword puzzles, sudokus, develop mind games to stimulate thinking, for example remember the plots of movies or passages from books. The possibilities are unlimited.
- **Look for, or inject humor into the situation:** Humor can be a strong antidote to hopelessness. Even laughing inwardly can provide relief from anxiety and frustration.
- **Eat sufficiently and exercise as much as possible:** This will help keep the body strong and counteracts the physical effects of stress.
- **Maintain hope:** Believe in something meaningful, whether family, faith, country or an ideal.
- **Actively use stress management techniques:** Physical relaxation techniques can reduce stress levels and are useful methods to manage pain and emotional turmoil. Most people are familiar with stress management techniques but not all use them in practice; however, this is the time.
- **Accept feelings:** Being in such a stressful situation can cause a lot of different emotional reactions like anger, frustration, anxiety, regrets, second guessing yourself, self-blame etc. These feelings are normal reactions to an abnormal situation

Working with the affected population

Affected populations have reported that they receive contradicting information from e.g. Ministry of Health, Red Cross Red Crescent and other iNGOs. The messages from the authorities and iNGOs may also be in conflict with the messages of traditional healers and at odds with local cultural and religious customs and beliefs. In many cases people are illiterate and are not paying attention to awareness campaigns. Additionally, many of the affected areas are remote and difficult to reach and access to the media is limited. Therefore, people explain the epidemic in their own terms and based on rumours.

Rumours related to Ebola amongst the affected population³:

- Ebola is caused by witchcraft
- Ebola is caused by a snake that bites people as revenge
- Ebola was brought by international NGOs, because they want to extend their contracts
- The disease is premeditated; volunteers bring Ebola and body bags at the same time
- Ebola is introduced to harm the opposition or for other political reasons
- Ebola is introduced into homes because of spraying, causing people to flee or refuse disinfection
- Ambulances take away people that never return because they are killed
- Whites are scheming to get money from institutions
- Organs are collected for science or for eating
- Humanitarian organizations inject the disease to kill people and make money
- Volunteers are paid to distribute drugs
- The dead are beheaded before being placed in plastic bags, which is why relatives are not allowed to see the body
- Body bags are full of rags rather than corpses

Consequences of rumours, misconceptions and adverse local customs

³ Examples of rumours reported to Red Cross delegates, staff and volunteers in earlier outbreaks

Even after death, the virus is still active, so contact with dead bodies can cause contamination. Therefore, traditional customs such as washing the body or transporting it back to the ancestral village for burial further spreads the disease.

Burial rituals are very important in many of the affected communities. It is often believed that there is a direct relation between the respect paid to a deceased and the prosperity of their descendants. Preventing people from performing the rituals can cause anger, frustration, resentment and fear. It is important to establish a dialogue with the local communities and especially the local religious leaders to explain the situation and discuss alternative, safer ways of honouring the dead.⁴

Fearing and mistrusting public health messages and health workers leads to people not seeking out medical help and even going into hiding. At the same time, community health workers and hospital staff have experienced threats of violence or even acts of violence from affected populations. This causes additional stress for staff and volunteers and complicates the operation.

Common reactions and behaviours

- Fear of being sick, sick people, suffering or dying and of the way in which one dies
- Fear of symptoms and diseases that are normally easily treated
- Fear of falling ill and dying and therefore keeping from approaching health workers or utilizing health facilities
- Fear of losing livelihood, not being able to work during isolation, and of being fired because employer is afraid of contamination etc.
- Fear that one's blood will be collected or that the body will be put in plastic bags to be sold
- Feeling of helplessness
- Mistrust and anger of everyone associated with the disease
- Stigmatization and fear of patients and healthcare workers and caregivers
- Thinking that chlorine and hand sanitizer are better than soap and requesting these
- Refuse approaches by volunteers; threatening them verbally or physically
- Belief that religious practices such as washing the bodies of the deceased is important and that not doing so will bring misfortune upon their families
- Fleeing and hiding in the bush when ambulances or other vehicles involved in the epidemic response approach
- Refusal to go to hospital because of fear of not being fed or being abandoned by family
- Refuse to care for unaccompanied or separated minors due to fear of contamination
- Belief that prayer is the only thing that will save people

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of rumours and misinformation. It is important to correct misconceptions, at the same acknowledging that the feelings and subsequent behaviour is very real, even if the underlying assumption is false.

Volunteers and local staff

Volunteers and local staff, many of whom will be living in affected communities, are likely to be under great stress during the epidemic. They may be excluded from their ordinary social network and their

⁴ *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming. 2018.*

families due to their engagement in the Ebola response. Volunteers in earlier outbreaks have reported that they are believed to be:

- disease carriers responsible for spreading the virus
- contagious, and therefore not welcome in their homes and in their family
- responsible for the deaths
- paid by the Red Cross to bring the disease
- the enemies of hunters selling bush meat
- suspicious people who poison others
- used by white people against black people
- informants who receive bonuses for every piece of information given

Volunteers may experience hostility from communities and stakeholders and be accused of not providing the necessary tools as soap and chlorine to protect people. Engaging with community and faith leaders at the earliest is the first step to counteract such misconceptions.

It is important that volunteers receive sufficient support such as incentives, transportation, food and protective and visibility materials and that supervision and peer support systems as regular team meetings and peer support as buddy systems are established. ⁵

Psychosocial support activities

There are numerous psychosocial activities that could be carried out. What is appropriate depends on the context. Ongoing assessments and monitoring must take place to decide which activities are the most appropriate at any given time. The list below is meant as an inspiration.

Activities for volunteers and responders:

- **Assessment** of community needs and feedback to supervisors on developments in the community
- **Continuous risk assessment**
- **Support for other sectors** surveillance incl. contact monitoring and tracing, health, logistics (dead body management etc. by community volunteers)
- **Peer support** and case management sessions for volunteers
- **Basic training** in a psychosocial approach and basic psychosocial support skills as psychological first aid and supportive communication for volunteers, health workers, community mobilizers and contact monitors
- **Supervise, support and monitor** volunteers and other stakeholders by
 - training in Ebola **sensitization** messages to provide correct information to increase calm, sense of safety, trust in epidemic responders and their efficacy
 - regular supervision and case management support
 - developing leadership skills, both as mobilizer and communicator
 - enhancing knowledge and skills in applying psychosocial support
 - collecting data on the number of affected people receiving services from the Movement

⁵ Recommended resource: *Caring for volunteers: A tool kit*, IFRC Reference Centre for Psychosocial Support, <http://pscentre.org/topics/caring-for-volunteers/>

- assessment of additional training needs and providing refresher and follow-up trainings
- assessing the impact of psychosocial activities
- following up on activities in the field
- develop, adapt and provide information, education and communication as well as training materials

Psychosocial support training for volunteers enables them to⁶:

- Identify psychosocial support needs and vulnerable groups and individuals in the community
- Implement psychosocial activities for the affected population
- Receive group support for difficulties arising from the work related to the Ebola outbreak
- Learn about personal stress management
- Acquire new knowledge and practical tools to continue the work
- Learn new approach that can be used in all types of emergency situations
- Mobilize and strengthen the ability for team work

Useful psychosocial support components in the general epidemic response activities

Awareness raising on disease prevention and control:

- Use a psychosocial approach to further behavioural change using supportive communication techniques when developing messages for different audiences and for the media
- Train community mobilizers in psychological first aid to learn active listening and trust building with community members
- Include psychosocial volunteers in social mobilization activities to reduce fears and change beliefs and provide sensitization messages through house-to-house visits and targeted community sessions

Disinfection of households and/or public places:

- Include psychosocial support volunteers in the disinfection team activities in known community hot spots to reduce fears and change beliefs through psychological first aid, supportive communication, clarifying rumours and beliefs and provide sensitization messages
- Peer support and stress management for disinfection teams

Isolation of suspected, probable and confirmed cases

- Liaise with surveillance team for identified cases
- Include psychosocial support volunteers in the surveillance and health worker activities in known community hotspots to reduce fears and change beliefs and provide sensitization messages

Contact tracing and monitoring

- Inform and raise awareness to foster collaboration in case of possible resistance for the contact, their family and other community members and stakeholders

Case management

⁶ Recommended resource: *Caring for volunteers: A tool kit*, IFRC Reference Centre for Psychosocial Support, <http://pscentre.org/topics/caring-for-volunteers/>

- Liaise with health care personnel to identify vulnerable cases and community members for inclusion in psychosocial activities
- Sensitize family members who may refuse transfer to and treatment in isolation centre
- Conduct targeted community sensitization and psychoeducational activities to reduce fears and change beliefs. Target groups may include discharged patients and others affected by Ebola, neighbours, community members, community and faith leaders
- Provide psychosocial support for the affected families and discharged patients
- Link families who have been separated
- Peer support and stress management for health workers and others involved in the Ebola response

Dead body management

- Liaise with surveillance team for suspected Ebola related deaths in the community
- Identify community stakeholders that may support the dead body management activities
- Including volunteers in dead body management activities such as community burials to reduce fears and change beliefs e.g. psychological first aid and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people and provide sensitization messages for affected community members and stakeholders
- Accompany family members when receiving explanations and information about illness and/or death of a loved one, when observing the disinfection process and when ordering body bags. Stay close and calm, listen to the fears and sorrows, provide a sense of safety, offer practical support and provide information about where to seek further help or knowledge
- Use white body bags and ambulances

Activities to meet psychosocial support needs in the community

Reducing fears and promoting empowerment and efficacy

- Assess community beliefs and understanding of Ebola, including fears
- Identify and prevent rumours and actions in the community that may harm the epidemic control efforts
- Provide targeted community sensitizations for particularly affected individuals and groups or community members, groups or stakeholders identified as being resistant to sensitization messages and epidemic control efforts
- Provide psychological first aid to the affected families, discharged patients and other affected community members
- Set up activities for the affected families that foster return of normality as play and recreational activities for the children, support groups for adults, burial rituals, rituals and memorial ceremonies while ensuring infection control
- Listen to the family to enable effective communication and ensure appropriate action
- Invite family members or religious leaders to assist in burials in the case management centre or in the community as advised by health care workers or the burial team
- Introduce the Personal Protective Equipment to community members to demystify the protective clothing and discourage unnecessary use of it

- Seek cooperation with neighbourhood leaders, market leaders, faith leaders, authorities, healers, and other community stakeholders to identify avenues of collaboration and community efficacy and empowerment

Reduce stigmatization in communities and support reintegration

- Provide psychosocial support for people receiving their Certificate of EVD cure for their social and family reintegration
- Provide support to unaccompanied and separated minors and other vulnerable children in Child Friendly Spaces with infection control, link with relatives/extended families in collaboration with child protection partners
- Ensure that people who are undergoing treatment in case management centres and their family members receive support including food, psychological first aid and other needs in this process
- Facilitate communication between patients and family members while in the case management centre through safely organized visits or telephone
- Document acceptance and non-stigmatizing people as to positively transform beliefs and conceptions
- Facilitate community dialogue with stakeholders to promote community reintegration
- Distribute financial support and assistance to families affected by a death or illness caused by Ebola, such as discharge packages for patients whose property has been destroyed by disinfection
- Support for community stakeholders in raising awareness

Collaboration

- Develop effective collaboration between psychosocial actors, community members and stakeholders to maximize the positive impact of activities among the population
- Collaborate with communications team to document and inform the public about the positive impacts of psychosocial support through all Red Cross Red Crescent activities

Communicating with people of concern

It is extremely important to communicate in a supportive way when visiting and talking to people affected by Ebola as they may be scared, anxious and mistrustful.

Staff and volunteers engaged in communication with people of concern should be well briefed about the disease, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication and active listening.

Each crisis is personal, and responses following crisis are normal reactions to abnormal events. The reactions will depend upon previous experiences, and what an affected person says may differ from what they are experiencing inside. Acknowledgement can relieve built up anxiety, it provides an opportunity to establish a supportive relationship, enables people to start helping themselves and they may start answering some of their own questions by telling their story.

When interacting with people do consider and acknowledge the needs of every person and group. For example:

- Age as children may need their caregivers and simpler language
- Gender e.g. women may prefer to talk to women and men to men
- Culture e.g. some groups may prefer not to hold eye contact
- Religion e.g. when people need to pray or what they can eat
- Needs and disabilities e.g. assistance may be required
- Language e.g. interpreters may be needed

Tips for household visits or sensitization meetings

1. Great and introduce yourself and the team
2. Request permission to enter and talk
3. Explain the purpose of the visit
4. Listen actively by:
 - accepting and understanding emotions expressed
 - using key psychosocial phrases
 - remaining non-judgemental
5. Ask what the focal person is experiencing
6. Validate, rephrase, reflect, review facts and emotions
7. Encourage the focal person and stimulate hope
8. Convey key sensitization messages
9. Refer to the appropriate service required; e.g. to health facilities and faith leaders
10. Schedule a second visit if necessary
11. Offer condolences if appropriate
12. Thank, recognize, reinforce positively

Key psychosocial phrases

- I understand your concerns ...
- You are quite right to be afraid ...
- It's not easy ...
- You have the right to be (sad, angry ...)
- I hear what you're saying ...
- I understand that you are worried ...
- In this situation, your reaction is normal ...
- What you are experiencing is normal when
- What you are experiencing is difficult...
- We can try to find solutions together ...
- What we can offer is ...
- I want to understand you ...
- I am concerned about you ...
- If you accept, we would like to ...

Helpful attitudes:

Non-verbal

- Face: friendly, open, smiling,
- Regard: Sincere, compassionate, curious
- Positioning: stay close, facing the person, while making sure of personal safety
- Gestures: open arms, head tilt

Verbal

Verbal communication is even more important in this situation than usual. Many of the non-verbal tools usually used to communicate empathy and warmth through facial expressions, touching etc.) may be restricted due to security measures as protective clothing, facial masks, no physical contact allowed etc.

- Provide accurate information on Ebola to promote calming
- Use key psychosocial phrases
- Ask questions
- Encourage
- Guide and refer

Talking about fear, stigma and hope

The following was developed for workshops for Red Cross volunteers in Guinea as volunteers asked for tips on how to talk about Ebola, fear and stigma.

Fear

- Fear is a good and natural; it is good to be afraid of dangerous things as it protects from harm
 - If knowing that a snake is dangerous, the snake can be avoided
- It is important to know about dangers to be able to protect oneself
 - If a person doesn't know what a snake is, it may bite
- If the fear is of the unknown it can lead to great anxiety and strong reactions
 - if a person doesn't know how a snake behaves and where it lives it will create fear
- Sometimes very strong fear can lead to actions that harm oneself or others
 - If not knowing about snakes one may be afraid to leave the house or others believed to have invited the snake to come to the community

The same is true of Ebola

- If people don't know how Ebola spreads they may easily be infected
- If people don't know how to protect themselves they will be very afraid
- If people are very afraid of Ebola they may get very angry or hide from people trying to help them
- If people don't know what to do to protect themselves they may deny the existence of Ebola and behave as if nothing is wrong
- But if accepting the reality of Ebola and knowing how be protected, Ebola can be stopped

Stigma

- Anyone who doesn't know how to protect themselves and touches someone who is sick with Ebola can get Ebola
- Even if neighbours gets Ebola, they are still neighbours, and are human beings, friends, brothers
- As neighbours, you may have helped each other; now they need support

- Someone who is sick will need help with small things, like bringing food, bringing water or other things to be strong to fight the disease. Even with Ebola these actions can be carried out if no touch is involved and keeping a distance. Only go into the house if it is deemed safe according to the local security guidelines.
- Someone who has lost someone they love also needs support. Say hello in the morning and in the evening and ask how they are doing. This support lets them know that they are not alone and forgotten, this makes their minds strong to fight the disease.
- Someone who has survived Ebola sickness has been very, very strong, so strong that their bodies could kill the virus inside them. When they come back from the hospital they are very tired and weak, and they need support. They also need help with practical things and to be talked to so they know that they are not alone.

Hope

- Strong individuals can survive the disease with proper treatment, however it is the well-being of the entire community that is important. Ensure no-one is left alone, as they are all members of the community.
- With good knowledge and careful actions, the spreading of Ebola can be prevented. This means that all must work together, trust and respect each other and take responsibility for individual and collective actions.
- Community workers and faith leaders are key persons to involve in the responses to Ebola.

Resources

MHPSS for Ebola Disease Outbreak: Advice for health programme managers

http://www.who.int/mental_health/emergencies/ebola_programme_planners/en/

Psychological First Aid for Ebola virus disease

http://www.who.int/mental_health/emergencies/psychological_first_aidEbola/en/

Facilitation manual on PFA for Ebola virus disease

http://www.who.int/mental_health/emergencies/psychological_first_aidEbola_manual/en/

WHO e-training on Ebola in English and French: <https://openwho.org/courses/knowledge-resources-ebola>

Guidance Note on Child Protection in Infectious Disease Outbreaks - only available in English so far

https://childprotectionallianceblog.files.wordpress.com/2018/04/guide_cp_infectious_disease_outbreak.pdf

IFRC PS Centre resources

Caring for volunteers. [A Psychosocial Support Toolkit](#) and training manual. Available in several languages.

<http://pscentre.org/topics/caring-for-volunteers/>

Broken Links: Psychosocial support for people separated from family members, a field guide and a training module. <http://pscentre.org/topics/broken-links/>

Psychosocial Support in Emergencies Competency framework. <http://pscentre.org/topics/psie/>

More resources and training materials can be found on the PS Centre's website: www.pscentre.org

Contact persons for staff support and technical support on MHPSS:

- Staff support for IFRC delegates in Geneva can be reached at staff.health@ifrc.org
- For technical assistance about psychosocial support, contact the PS Centre's technical advisors for Africa, Louise Vinther-Larsen: lovin@rodekors.dk or for psychosocial support in the ERU, Ea Suzanne Akasha, eaaka@rodekors.dk