

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

Psychosocial support during an outbreak of Ebola virus disease

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Photo: International Federation of Red Cross and Red Crescent Societies

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1. Introduction

The West African ebola epidemic is unlike anything we have seen before: The virus is spread over several different countries and is likely to spread to even more countries. The local health care systems are ill equipped to handle such a large scale outbreak. The disease is highly infectious and has a high mortality rate. Rumors, misconceptions and misinformation about the disease and how to prevent it are widespread.

Early on in the response to the disease, psychosocial support was identified as a key priority. Psychosocial support is not only vital to ensure the well-being of the affected population, but also to counter-act the threats to public health and safety that fear, stigmatization and misconception poses. Furthermore, everybody involved in the response, from expat staff, local staff and volunteers, are working under unusually 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 target group is primarily psychosocial support delegates who work to support patients, affected communities AND staff and volunteers. At the same time, the messages in this briefing note can be helpful for all staff and volunteers who are in contact with patients, relatives and personally feel the strain of working and living during the epidemic.

The first part of this note deals with overall issues that any delegate, staff or volunteers responding to ebola is likely to encounter, while the second part contains information, recommendations and suggestions for providing psychosocial support.

2. Specific sources of stress related to ebola

Emergencies are always stressful, but there are specific sources of stress that are particular to an ebola outbreak. This is true for both delegates and volunteers responding to the crisis and the affected population in general. These stressors include:¹

- **Strict bio-security measures:**
 - Physical strain of protective equipment (dehydration, heat, exhaustion)
 - Physical isolation (not allowed to touch others, even after working hours)
 - Constant awareness and vigilance needed
 - Pressure of the strict procedures to follow (lack of spontaneity)
- **Risk of being contaminated** and to 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 intervention is 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

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

- **The tension** between the public health priorities and the wishes of the patients (not willing to be isolated or treated) and the needs of the families (burial traditions).
- **Stigmatization** of staff and volunteers working with ebola patients
- **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.

3. Preparing to go on mission

Before accepting an assignment to go on mission to the ebola operation, 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.

In order to make it easier to prepare, consider:

- **Family and friends** may be concerned about your safety during the mission and their own safety when you 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 those closest to you will make the mission much easier
- **Learn about ebola:** The more you know about the disease, the facts on the ground, how to avoid contamination, required security measures etc. the more calm and confident you will feel. Health staff, epidemiologists, nurses etc., can answer specific questions you may have about ebola.
- **Be critical:** There is much misinformation and over dramatization in the media coverage about ebola. Make sure you get your information from trustworthy sources.
- **Learn about security:** Make sure you are given sufficient security briefing before and during your mission, know how to use protective equipment, know who your local security officer is, and follow security instructions.
- **Complying with security measures** is not only a matter of your own personal safety but that of everybody you come into contact with.
- **Know your contact persons**
 - Staff support for delegates: staff.health@ifrc.org
 - Local delegation security officer
 - For technical assistance about psychosocial support, contact the PS: psychosocial.centre@ifrc.org
- **Recommended reading (included in the briefing package):**
 - IFRC EBOLA Briefing safety and contingency 06 08 2014
 - WHO_Frequently-Asked-Questions-on-Ebola-Virus-Disease
 - MSF_Ebola-Briefing Paper Stress Management Expat Staff_March 2014
 - IFRC_Liberia health info 09 04 2014
 - C_What you need to know to stay healthy_general briefing

4. Fear of infection - waiting for test results

The early symptoms of ebola are similar 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 and will have to be tested for ebola and perhaps be isolated. Not knowing and being physically isolated from other people, and often also being far away from family and friends, is extremely stressful.

The psychological strain of waiting for test results have been compared to the psychological strain that hostages experience during their captivity.

Psychosocial support delegates may be called upon to support fellow staff and volunteers and beneficiaries during the waiting and isolation period; and they may also experience it themselves.

During isolation and the waiting period, there are many things that you will not be able to control, but there are also things that you can do to cope better²:

- **Set goals:** Setting goals and achieving them gives a sense of control. Goals must be realistic in the given circumstances, but they could include keeping up with paper work even if you are not able to work in the field, writing a diary, learning a new skill, knitting a scarf, keeping fit, etc.
- **Keep your mind active:** Read, write, play games, do cross word puzzles, sudokus, develop mind games to stimulate your thinking, for example, try to remember the plots of movies you have seen or passages from books you have read. The possibilities are only limited by your creative ability.
- **Look for, or inject humor into your situation:** Humor can be a strong antidote to hopelessness. Even laughing inwardly, to your self 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 that is strongly meaningful to you, whether it be family, God, country or an ideal.
- **Actively use stress management techniques:** Most people are familiar, in theory, with stress management techniques but not all actually put them into practice. This is a good time to start doing so. For example, physical relaxation techniques can reduce stress levels and can be a useful method to manage pain.
- **Accept your 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. All of these feelings a normal reactions to an abnormal situation

5. Working with the affected population

The affected population often experience that they receive contradicting information (e.g. Ministry of Health, Red Cross and other international NGO's bring different messages) and that different languages makes the communication difficult. The messages from the authorities and NGOs may also be in conflict with the messages of traditional healers and at odds with local cultural and religious customs and beliefs.

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

In many cases people are illiterate and close their doors in the face of 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.

5.1 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 (that 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 as a result of spraying, causing people to flee or refuse disinfection
- Ambulances take away people that never return because they are killed
- The white man is scheming to get money from institutions
- The whites are collecting organs 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

6. Consequences of rumours, misconceptions and adverse local customs

Even after death, the virus is still active, so contact with a dead body 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.

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.

Ebola is new to West Africa and often the population does not understand why this disease has suddenly arrived, and why they now have to stop eating monkey- or bat meat. Moreover, hunters may complain about not being able to sell bush meat, as they will then have no income to support their families. This may cause frustration, worries for their livelihood and future.

7. Normal reactions and behaviours to ebola

³ Examples of rumours reported to Red Cross delegates, staff and volunteers in the affected countries

- Fear of being sick, suffering or dying (and of the way in which one dies)
 - Fear of sickness and sick people
 - Fear of symptoms and diseases that are normally easily treated
 - Fear of falling ill and dying and therefore they do not approaching health workers or utilising health facilities (hospitals, health centres, clinics)
 - Fear of losing livelihood (not being able to work during isolation, being fired because employer is afraid of contamination etc.)
 - Fear that their blood will be collected or that their body will be put in plastic bags to be sold
 - Feeling of helplessness
 - Mistrust and anger of everyone associated with the disease
 - Stigmatisation and fear of patients and healthcare workers/caregivers
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- Thinking that chlorine and hand sanitizer is better than soap and requesting these
 - Refuse approaches by volunteers; threaten 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 they say they will not be fed as the sick are abandoned by their families and no one else will care for them in the isolation centre
 - Refuse to care for orphaned children due to fear of contamination
 - Belief that prayer is the only thing that can 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 try to correct misconceptions, at the same acknowledging that the feelings and subsequent behaviour is very real, even if the underlying assumption is false.

7.1 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. Due to their engagement in responding to ebola they are often excluded from their ordinary social network and their families. Additionally, volunteers report experiencing that they are believed to be:

- disease carriers, those who are 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 people
- used by white people (against black people)
- informants who receive bonuses for every piece of information given

As a result of the above volunteers are being threatened and insulted (e.g. called "Ebola") and are accused of not providing the necessary tools (soap, chlorine) to protect people. Volunteers also experience hostility from community/village stakeholders. 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 are put in place.

8. Psychosocial support activities related to ebola

There are numerous psychosocial activities that could be carried out. What is appropriate depends on the context and the time of the response. Ongoing assessments and monitoring must take place in order to decide which activities are the most appropriate at any given time. The list below is just for inspiration and has not been exhausted.

Activities for volunteers/responders:

- **Assessment** of community needs and feedback to supervisors on developments in the community
- **Continuous risk assessment**
- **Support for other of epidemic response 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 the psychosocial approach and basic psychosocial support skills (e.g. 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 in order to provide correct information to increase calm, sense of safety, trust in epidemic responders and 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 RCRC
 - 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
 - developing and providing IEC and training materials

Psychosocial support training for volunteers enables them to:

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

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

Psychosocial support activities for the affected population

9. Epidemic response activities

Rather than viewing the psychosocial support activities as a stand-alone intervention, it can be highly useful to incorporate psychosocial support components in the general epidemic response activities.

Awareness raising on disease prevention and control:

- Using the psychosocial approach to positively change behaviours (e.g. supportive communication techniques when developing messages for different audiences and for the media)
- PFA training for community mobilizers in order to practice active listening and trust building with community members
- Including PSS volunteers in social mobilization activities to reduce fears and change beliefs (e.g. PFA and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people) and provide sensitization messages through house-to-house visits and targeted community sensitizations

Disinfection of households and/or public places:

- Including PSS volunteers in the disinfection team activities in known community hotspots to reduce fears and change beliefs (e.g. PFA and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people) and provide sensitization messages
- Peer support and stress management for disinfection teams

Isolation of suspected, probable and confirmed cases

- Liaising with surveillance team for identified cases in the community
- Including PSS volunteers in the surveillance and health worker activities in known community hotspots to reduce fears and change beliefs (e.g. PFA and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people) and provide sensitization messages

Contact tracing and monitoring

- Providing individualised awareness and calm to foster collaboration in case of possible resistance (both for the contact, their family and other community members and stakeholders)

Case management

- Liaising with health care personnel in identifying vulnerable cases and community members for inclusion in PSS activities
- Sensitisation of family members who may refuse transfer to and treatment in isolation centre
- Conducting targeted community sensitization activities to reduce fears and change beliefs (e.g. PFA and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people) in family members, neighbours, community members and stakeholders of discharged patients and others affected by Ebola
- Providing PSS for the affected families and discharged patients
- Linking families who have been separated
- Peer support and stress management for health workers and others involved in the Ebola response
- Use electronic thermometer rather than the "gun" type while ensuring infection control

Dead body management

- Liaising with surveillance team for suspected Ebola related deaths in the community

- Identifying community stakeholders that may support the dead body management activities
- Including PSS volunteers in dead body management activities such as community burials to reduce fears and change beliefs (e.g. PFA and supportive communication techniques, clarifying rumours and beliefs, listen actively when talking to people) and provide sensitization messages for affected community members and stakeholders
- Accompanying the 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. This means staying close and calm, listening to the families fears and sorrows, providing a sense of safety, offering practical support and providing information e.g. about where to seek further help or knowledge
- Use white body bags and ambulances (rather than black)

10. **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
- Providing targeted community sensitizations for particular affected individuals and groups or community members, groups or stakeholders identified as being resistant to sensitization messages and epidemic control efforts
- Providing PFA to the affected families, discharged patients and other affected community members
- Setting up activities for the affected families that foster “normalcy” (e.g. play and recreational activities for the children, support groups for adults, burial rituals and memorial ceremonies) while ensuring infection control
- Actively 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 PPE (Personal Protective Equipment) to community members in order to demystify the protective clothing (there is a normal person inside) and discourage unnecessary use of PPE
- Seek cooperation with neighbourhood leaders, market leaders, religious leaders, authorities, healers, and other community stakeholders in order to identify avenues of collaboration and community efficacy and empowerment

Reducing stigmatization in communities and support reintegration

- Provide psychosocial support for people receiving their "Certificate of EVD cure" for their social and family reintegration
- Providing support to orphans and vulnerable children (e.g. safe spaces with infection control, link with relatives/extended families) in collaboration with child protection partners
- Ensuring that people who are undergoing treatment in case management centres – and their family members – receive support (incl. food, PFA and other needs) in this process (but do not make promises you cannot keep!)

- Facilitate communication between patients and family members while in the case management centre through safely organised visits or telephone
- Document acceptance and non-stigmatising people so as to positively transform beliefs and conceptions
- Facilitating community dialogue with stakeholders to promote community reintegration
- Distribution of 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 PSS 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 RCRC activities

11. Communicating with beneficiaries

When visiting and talking to people affected by ebola, it is extremely important to communicate in a supportive way. People are often scared and anxious. Sometimes they are even mistrustful of volunteers and health workers and their messages.

Staff and volunteers engaged in communication with beneficiaries should be well briefed about the disease, so they feel confident about the messages they deliver, and they should be trained in supportive communication and active listening.

11.1 Tips for house visits or sensitization meetings

1. Greet, introduce
2. Request permission to enter / talk
3. Explain the purpose of the mission
4. Listen actively by:
 - welcoming, accepting, understanding their emotions
 - using key psychosocial phrases
 - allowing them to express their emotions
 - remaining non-judgmental
5. Ask them what they experience
6. Validate, rephrase, reflect, review facts and emotions.
7. Encourage people, stimulate hope
8. Convey key sensitization messages
9. Refer to the appropriate service required
10. Schedule a second visit if necessary
11. Thank, recognize, reinforce positively
12. (Offer condolences when appropriate)

11.2 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 now is normal when
- We're here for you ...
- We are at your service...
- We do care ...
- This affects us all...
- What you are experiencing is difficult...
- We can try to find solutions together ...
- We are together ...
- I want to understand you ...
- I am concerned about you ...

Helpful attitude:

Non-verbal

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

All these features demonstrate empathy, sharing of emotions.

Verbal

Verbal communication is even more important in this situation than usual. Many of the non-verbal tools we usually use to communicate empathy and warmth (facial impressions, a hug or light touch etc.) may be restricted due to security measures (protective clothing, facial masks, no physical contact allowed etc.).

- Provide accurate information on Ebola to promote calm and preventive actions
- Use key psychosocial phrases
- Ask questions
- Encourage
- Guide

12. Talking about fear, stigma and hope

The following was developed for training workshop for Red Cross volunteers in Guinea, where volunteers asked for tips on how to talk about ebola, fear and stigma.

Fear

- Fear is a good and natural thing - it is good to be afraid of dangerous things – it protects you from harm
 - You know that a snake is dangerous and you can avoid it
- But it is important to know what to be afraid of – otherwise you cannot protect yourself
 - If you don't know what a snake is, it may bite you
- But if the fear is of something you don't know it can lead to great anxiety and strong reactions
 - if you don't know how a snake behaves/where it lives you may be very afraid
- Sometimes very strong fear can lead to actions that harm oneself and/or others
 - If you don't know about snakes you may be afraid to leave your house or you may be angry at your neighbor for inviting it to live here
- The same is true of Ebola
 - If people don't know how Ebola spreads they may easily get the disease from others
 - If people don't know how to protect themselves from Ebola they get very afraid
 - If people are very afraid of Ebola they may get very angry or hide from people trying to help them, this is very dangerous
 - 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, this is very dangerous
 - But if you accept the reality of Ebola and know how to protect yourself and others 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
- But if your neighbor gets Ebola they are still your neighbor, they are still human beings, friends, brothers
- They have helped you before as you have helped them and now they need your support
- Someone who is sick will need your help. They may need your help with small things, like bringing food, bringing water or other things. This makes their bodies strong to fight the disease. Even with Ebola you can do these things if you don't touch, keep your distance and 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 you. They need you to say hello in the morning and in the evening. They need you to ask how they are doing and to talk to. This support lets them know that they are not alone and forgotten, this makes their minds strong to fight the sorrow.
- 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 your support. They also need you to help them with practical things and to talk to them so that they know that they are not alone.

Hope

- The strong individual can survive the disease with good treatment, but we also need to make sure that the families and communities survive. We need to make sure no-one is left alone, as they are one of us.
- With good knowledge and careful actions the spreading of Ebola can be prevented. But this means that we all have to work together, that we trust and respect each other and take responsibility for our own actions and each other.
- (You are the leaders of your communities and we respect that), we trust that you will do what is good and responsible for your communities and I hope you can trust that we are good and responsible in what we do.
- If we can trust and respect each other and act responsibly and decisively we can overcome Ebola

13. Recommended resources

NOTE: This briefing note is part of a IFRC briefing package for psychosocial support. The briefing package can be requested by contacting the PS Centre: psychosocial.centre@ifrc.org

This briefing package contains:

- Briefing note for delegates
- FOLDER: Health and security
 - IFRC Ebola Security and contingency briefing
 - IFRC Health Info for Liberia, April 2014
 - IFRC general briefing paper on staying healthy during missions, 2013
 - MSF Ebola briefing paper on stress management
 - WHO Frequently asked questions about Ebola
- FOLDER: ERU flyers adapted for ebola (IEC materials, word files for easy translation)
 - Stress and coping
 - Working in stressful situations
 - Psychological First Aid
 - Info sheet for volunteers about common reactions
- FOLDER: PSS background articles and reports
 - Joint review of Ebola response – Uganda 2013
 - Psychosocial support during an Ebola outbreak
 - WHO: Psychological First Aid
- FOLDER: Caring for Volunteers (PS Centre publication)
 - Caring for Volunteers: A toolkit, English
 - Caring for Volunteers: A toolkit, French

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