

Providing Psychosocial Support During Epidemics

Briefing note for health care workers working with contagious diseases

In recent years, the International Federation of Red Cross and Red Crescent Societies have tripled the number of operations responding to epidemics worldwide. The cholera outbreak in Haiti in 2010 and the Ebola outbreak in West Africa in 2014 are serious reminders of the importance of raising awareness on the psychosocial effects of epidemics, particularly for individuals and communities with limited access to health and social services.

Epidemics are primarily addressed through public health campaigns and medical treatment; however, psychosocial support interventions also play an important role in the response efforts. This document is intended to provide information about the psychosocial consequences of epidemics and suggest psychosocial interventions that can be helpful when working with affected communities.

Framing the issue

An epidemic is the proliferation of a communicable disease within a specific geographical area or population. Epidemics are often characterized by diseases that have the potential to spread rapidly, especially in poor, underserved communities which may lack access to fresh water or basic hygiene. Many

of these diseases can be transmitted through contaminated water or food, person-to-person contact, or through human contact with, or consumption of, infected animals or insects.

The risk of an epidemic increases during and after major disasters and complex emergency situations, where overcrowding of displaced persons, inadequate shelter, insufficient and unsafe water, and inadequate sanitation can put individuals at a greater risk of contracting a communicable disease. In conflict areas, for example, 60 to 90 percent of deaths have been attributed to communicable diseases such as acute respiratory infections, diarrhoea, measles and malaria.

Making the case for psychosocial support activities during epidemics

People affected by epidemics may experience high levels of stress, which in extreme situations can be debilitating. High stress levels are often prevalent in communities where knowledge of the disease and how it is spread is limited, and where the risk for transmission is high. Not only those who have fallen ill, but also individuals who are associated with the disease – such as family members of an infected person, health care workers, or persons who have been cleared of the disease – may also be vulnerable to social stigma. This in turn may bring economic consequences and other losses that significantly disrupt a person's daily routines and sense of normalcy. In such situations psychosocial support may be useful or necessary in helping individuals recover.

Common stress reactions

While it varies, for the majority of people affected by extreme stress, reactions are most intense immediately after a major event, but subside over time as the person gradually learns new ways to cope with the situation, and the reality of the event becomes part of the person's life and memory.

Emotional and mental reactions to stress can include anxiety, sadness, anger, guilt, difficulty concentrating or relating to others, and fear.



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Fear is one of the most common and widespread reactions among affected populations during an epidemic and can arise for a variety of reasons. In many cases, fear stems from a lack of knowledge, or misinformation, about how the disease is spread, and therefore a lack of correct information about how to protect oneself from contamination. Inadequate information about possible outcomes, treatments and cures can also be a source of fear, as can superstitions that the disease is a curse or a conspiracy.

In epidemic situations people may also change the way they relate to others, by withdrawing or isolating themselves, experiencing conflicts with others or becoming easily upset. Affected populations may also be more likely to engage in risk-taking behaviours, arising from a need for distraction or escape, as well as from a loss of hope or inability to envision a positive future outcome.

A number of physical reactions can also materialise as a result of stress. These include sleeping problems, headaches and bodily pains, increased heart rate, nausea, fatigue, loss of appetite, exhaustion or worsening of existing physical conditions. Some people react to physical distress by increasing their intake of alcohol, medicine or drugs in an attempt to lessen their pain, which can lead to further social problems.

Impacts of epidemics

Grief and loss are also prominent psychosocial characteristics of an epidemic. When communities are faced with communicable diseases with high mortality rates, the probability is greater that an individual will experience the death of a loved one, a close friend or a colleague. Other forms of loss that may be suffered as a result of an epidemic include the loss of normal routines,



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Epidemics caused by contamination hazards

- Airborne diseases, such as flu, typhus, tuberculosis, measles, smallpox, measles, Severe Acute Respiratory Syndrome (SARS)
- Diseases conveyed by bodily fluids, such as polio, HIV, haemorrhagic fever and Ebola
- Waterborne diseases, such as cholera, e. coli, dysentery, leptospirosis and hepatitis A
- Foodborne diseases, such as salmonella, e. coli, listeria, hepatitis
- Soil-borne diseases, such as anthrax
- Vector-borne diseases, which are transmitted from animals to humans and include malaria, dengue and dengue haemorrhagic fever, yellow fever, and West Nile Fever.

loss of property, security, livelihood, social cohesion and hope. Given that grief is individual, and that people grieve in their own way and in their own time, situations of mass- or widespread loss can affect the future development of a community for years to come.

Stigma refers to shame or disgrace that is externally imposed on an individual or group for behaviours or conditions regarded as socially unacceptable by the surrounding community. During an epidemic, stigmatized individuals may be denied basic care, hindering processes of early detection and treatment, thereby furthering the spread of the disease. Infected individuals may be considered a threat to the rest of the community and may therefore be rejected by their family or community or forced into isolation. In some cases, affected persons may be harassed, molested or even killed. Those who are stigmatized, even though healthy, may be marginalised from their communities, may lose their jobs, homes, friends and family, leaving them destitute.

Shame or guilt may be commonly felt by those who have contracted the disease. These feelings can stem from numerous things including issues related to social stigma, one's inability to work and therefore contribute to the family, the fear of being a burden on society and the worry of contaminating others.

Psychosocial support interventions

Psychosocial support is a critical component of preparedness activities and emergency response efforts in the context of an epidemic. The type of psychosocial activities that could be

carried out depends on many factors, including the time of the response, the severity of the disease and the way in which the disease is transmitted. Ongoing assessments and monitoring must take place in order to decide which activities are the most appropriate at any given time.

Community mobilization

Building and strengthening relationships with the affected community is vital to improving their psychosocial well-being. In many instances, the majority of the population does not understand the origins of the disease, how it is transmitted or what the appropriate treatment is. People living in rural communities with limited access to media and basic services may not have accurate or up-to-date information about the epidemic. Misinformation, superstition and rumours can lead to distortions of risk, resulting in mass panic and disproportionate allocation of healthcare resources. Because of this, it is critical that community mobilization activities focus on the dissemination of unified key messages about the disease, raising awareness and reducing stigma. Community mobilization activities can include:

- Health promotion campaigns that focus on sensitizing information about the disease, particularly on the transmission and treatment components
- The use of SMS, smartphone technology and social media to relay accurate and up-to-date key messages about the epidemic
- Street theatre and radio drama to raise awareness about the epidemic and reduce stigma by dispelling rumours and encouraging people to ask questions
- Group discussions to encourage peer-to-peer learning, open dialogue and communication among community members that may be experiencing fear, loss and shame.
- Meeting with religious and community leaders in order to spread the right messages and provide adequate support for the affected people, including establishing safe and appropriate burial rituals.

Services provided

Red Cross Red Crescent volunteers and staff provide a range of services during an epidemic. In some circumstances, volunteers may be involved in contact tracing and surveillance of the disease, disinfection of households or dead body management including burials. Volunteers can practice sensitization activities to reduce fears and dispel rumours and

superstitions. Providing accurate information is key. Providing comfort and ensuring the community that their reactions are normal and will most likely diminish over time is a helpful strategy.

When providing support to an affected community during an epidemic, Psychological First Aid (PFA) is a useful technique to employ, and there are a few key things to keep in mind:

- Provide clear and consistent information. When giving information, be aware that the helper can become a target of the fear, frustration and anger that people may feel. Try to remain calm and be understanding. Also, try to be aware of the more common rumours so that you are prepared to respond with reliable and accurate information.
- Link to appropriate services. People may need help addressing basic needs and accessing services. Try to find out what is most important to the person and help them work out what their priorities are. Ensure that people who are experiencing severe distress are kept safe and referred to more specialized services.
- Connect to loved ones and rebuild social supports. This task may prove challenging, due to the fact that many people lose their loved ones during an epidemic as well as due to the stigma often associated with having the disease. Volunteers can help affected people identify supports in their life and become reintegrated in the community.

Cultural contexts and additional considerations

In some cases, local customs may be interrupted or adversely affected by an epidemic. For example, in cultures where it is customary to touch or kiss a deceased person as a symbol of final parting, such practices must not be allowed when the



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disease is transmittable after death. Similarly, certain burial rituals may have to be forgone in favour of safer disposal methods, which can cause anger, frustration or resentment among the affected population, as well as mistrust of public authorities. Dialogue with local community members and religious leaders about safer ways of honouring the dead can therefore be critical to containing the disease.

By understanding a community's cultural context and perceptions of the epidemic, psychosocial support volunteers can build confidence and trust between the affected population and humanitarian actors. For example, during the cholera outbreak in Haiti, Red Cross volunteers reached out to non-traditional actors such as Voodoo priests to help combat some of the fear associated with the disease.

Other epidemics need to be understood in the context of a variety of factors. Tuberculosis (TB), which is rampant in impoverished areas of Europe, Africa and Asia, is more likely to affect individuals with weakened immune systems. Because of this, the treatment of and education about the disease should be integrated with other diseases such as HIV, hepatitis, diabetes and cancer.

Where the use of personal protective equipment (PPE), such as face masks, goggles and gowns is required, it can be especially difficult to establish a rapport with affected populations. Where possible, staff and volunteers are recommended to use photo identification, like a disposable name badge, so that patients know who is caring for them and feel more comfortable with the volunteer. Providing telephones exclusively for patients' use is also a way to support well-being by allowing individuals in treatment centres or in isolation units to stay connected with their family and loved ones.

Support for volunteers and staff

Volunteers and staff working in emergency situations face a unique set of stressors that can adversely affect their psychosocial well-being, such as being exposed to death and listening to stories of loss and grief. When working in epidemics, volunteers may also face the risk of being contaminated by the disease, as well as possible alienation from their own families and social networks due to this risk. Volunteers in various epidemic contexts have reported being threatened, insulted and accused by beneficiaries of not providing the necessary tools to protect people.

Before working in the context of an epidemic, local staff and volunteers should receive accurate and up-to-date information about the disease outbreak; about the cultural context they

will be working in; what their tasks will be; how to cope with emotional reactions to difficult circumstances; and how to protect themselves from infection.

During the response activities, it is important to remember that the needs of volunteers and staff are often similar to the individuals they are supporting. Necessary transportation, food, protective equipment and incentives should be available to staff and volunteers. Visibility materials should also be on hand at all times for distribution to affected populations, in the form of posters, leaflets and pocket information. Volunteers should also have access to supervision and peer support systems.

After the response is over, volunteers need recognition and appraisal of their work. Reflection with a supervisor and peers can help volunteers understand and process their experiences. Volunteers are likely to have experienced significant loss during the epidemic, so grief and bereavement support may be helpful. Volunteers should be followed-up with over time to assess their support needs.

Recommended reading

- *Caring for Volunteers: A psychosocial support toolkit.* International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support: <http://www.pscentre.org/library>.
- *Strengthening Resilience: A global selection of psychosocial interventions.* International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support: <http://www.pscentre.org/library>.
- *The epidemic divide.* International Federation of Red Cross and Red Crescent Societies, Geneva, 2009.
- *The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response.* PracticalAction Publishing, United Kingdom, 2011.
- *Public awareness and public education for disaster risk reduction: key messages.* International Federation of Red Cross and Red Crescent Societies Health and Care Department, Geneva, 2013.