Announcement

Reaching out a helping hand during Ebola: adaptation of the Psychological First Aid guide

“When terrible things happen in our communities, countries and the world, we want to reach out a helping hand to those who are affected.”

This is the first sentence of the foreword to the Psychological First Aid: Guide for field workers (World Health Organization (WHO), War Trauma Foundation (WTF), & World Vision International (WVI) (2011). The crisis events of 2014, from ongoing and new conflicts to the Ebola virus disease outbreak, seemed like an overwhelming amount of ‘terrible’ for one year. These events stretched the resources, stamina and hope of the humanitarian responder community. There was certainly, unfortunately, much need for Psychological First Aid (PFA).

Despair and desperation are apt words to describe the impact of the Ebola crisis, for both responders and those affected. Fear, both rational and irrational, seemed to be at the root of the spread of the disease through mistrust, rumours, anger and alienation of those most in need of a helping hand. Reducing the fear and promoting sound information, compassion, inclusion and solidarity has been essential to the response.

Responders have worked tirelessly in the face of this unique outbreak, continually trying new strategies to save lives and control the spread of the virus. When they have not been able to achieve the impact they hoped for, their confidence in the success of interventions has been eroded, leaving responders exhausted, dispirited and with an overwhelming fear of failure.

PFA is one resource that can help to address this situation. It was taken up early in the response, but it was quickly apparent that it needed adaptation. ‘Reaching out a helping hand’ must be done differently in a situation where touch is potentially infectious and care must be given from behind masks, gloves and protective suits. An international Christian development organisation (CBM) and WHO undertook the adaptation of the guide in July and August 2014, with input from field personnel of various agencies, consultants, UNICEF and WVI. The adaptation addressed the following:

- **Information about Ebola:** An introductory chapter with clear guidance in simple language was added to improve the understanding of the virus, how it spreads, the course of the illness and treatment, and messages for caregivers and families to protect themselves and others from spread of the virus.

- **Touching and behaviour:** Messages about safety from exposure to the disease through contact with the body fluids of sick or deceased people was repeated throughout the guide, both for the protection of those learning to provide PFA and those who will receive PFA.

- **Alternative care and rituals:** Suggestions for finding ways to communicate and support those who are ill, and alternative, safe mourning and burial practices were described.

- **Supporting those who are grieving:** Attention was given specifically to supporting those who are grieving for multiple, tragic losses of family and community members, for whom traditional burials couldn’t be performed.
• **Reducing rumours:** Attention was given to the problem of rumours and how best to reduce their spread through accurate information.

• **Rights and responsibilities:** Emphasis was given to the balance between personal rights and responsibilities, such as the importance of following directions of health authorities to stem the spread of the disease.

• **Referrals:** Emphasis was given to the importance of knowing the actors and systems within the general Ebola response, including mental health support resources, for referral to professionals when needed and improved coordination.

• **Children’s safety and wellbeing:** Finally, the unique risks for children and adolescents who are sick, stigmatised, abandoned or orphaned were addressed with practical guidance for their care and support.

Following on the *Psychological First Aid during Ebola virus disease outbreaks* guide was the development of facilitation materials to assist in the orientation of responders in the outbreak. Various activities in the orientation focus on new ways of connecting with those affected, appropriate to the local culture and within the boundaries of safe human contact during Ebola. The central issues of fear, rumours, stigma and abandonment of those affected and involved (patients, health staff, community response teams, those who have recovered and surviving family members, including orphans), are essential to address in the orientation. The facilitation guide and powerpoints are available at the links provided below.

As the responder community carries forth in their commitment to alleviate suffering in the Ebola crisis and other terrible events, they need and deserve support. The job requires courage and the willingness to endure long working hours, physical discomfort, separation from friends and family, experiencing stigma and discrimination, witnessing suffering and often an inability to prevent death. An orientation in PFA provides an opportunity to raise the issue of self and team care with responders who may put their own wellbeing at risk in their drive to help others. However, PFA alone is not sufficient to protect and support staff. Also organisational stressors must be acknowledged. Staff care policies and procedures need to be well designed and implemented at all levels of organisations responding to the Ebola crisis. Ensuring the wellbeing, effective functioning and retention of valued staff requires, for example, clear roles and responsibilities within the organisation, open and well defined communication channels, managers trained in and committed to staff wellbeing, adequate R&R policies, reasonable working conditions and hours, opportunities to contact loved ones, proper briefing and time for reflection and access to confidential emotional support whenever needed. Responders must also be briefed and trained in self and team care and stress management, and be willing and able to make use of the care resources available to them. Driven by a sense of responsibility and urgency, they often view stress as a sign of weakness or inadequacy. However, responders are not super-human and they neglect their own wellbeing to the detriment of themselves, colleagues and ultimately patients. An organisational culture that promotes staff wellbeing in real ways encourages responders to seek the support they need. PFA is one potentially useful resource. There is still much to learn for the future, and many questions to answer, such as the long-term psychosocial challenges for communities, families and children.

These are just some of our shared challenges moving into 2015 and beyond, but first, a pause for gratitude. Sincere thanks for the persistence and dedication of all those who have worked to be present with and to help alleviate suffering in the crisis events of 2014.
Resources
Use the following links to access the Psychological First Aid during Ebola virus disease outbreaks materials. Please do not post materials on the internet as they will be continually updated as needed.
Psychological First Aid during Ebola virus disease outbreaks:
http://tinyurl.com/PFA-Eb
Facilitation materials:
http://tinyurl.com/PFA-fac and
http://tinyurl.com/slidesPFA

Leslie Snider, MD, MPH, Peace in Practice BV, WHO consultant
Carmen Valle, WHO, Sierra Leone