

# The Current Mental Health Status of Ebola Survivors in Western Africa

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## ABSTRACT

The epidemic of Ebola virus disease has claimed many lives. The impact of this disease is evident in the mental health of the survivors. The mere drafting of policies will not help; rather execution at the ground level is essential. There is an urgent need, to focus on the ways by which the sufferings should be reduced. The present article throws light on this grave problem in Africa.

**Keywords:** Ebola virus, Psychological impact, Stigma

## COMMENTARY

The West African countries Guinea, Liberia and Sierra Leone are devastated by the Ebola hemorrhagic fever, caused by the Ebola virus [1]. The Ebola virus was discovered in 1976 and since then, the epidemic of Ebola virus disease (EVD) has claimed many lives, with thousands suffering [1,2]. The most recent reports, as on 5<sup>th</sup> June 2015 from the Center for Disease Control and Prevention show that there are around 16523 cases out of which 6343 have died [3]. The epidemic of EVD has not only led to significant mortality but also to stigma which has prevailed despite global efforts to control the epidemic [4]. The communities affected by EVD-related stigma has suffered isolation and ostracism, physical violence, and diminished quality of life [4]. The prejudice and discrimination associated with having EVD has received much less attention [4].

The Ebola survivors are in a state of fear, grief, stress and shame [5]. As in most epidemics, the control measures for the EVD aim at the control of the infection, but issues related to the mental/psychological impact of the disease on the survivors have largely received less attention. The EVD has resulted in many Ebola survivors who require psychological support. Besides, the stigma associated with EVD is affecting the social and psychological aspects of the survivors. A stigma has been defined in a number of ways, but in relation to EVD, it refers to derogatory attitudes, beliefs and behaviours directed toward people living with the diseases and those presumed to be infected [4]. In these countries, people have faced the civil wars, frequent violations of human rights and were already fighting with the various other deadly diseases like malaria, diarrhea, HIV/AIDS, etc. In such conditions, the current mental health crisis in the Ebola survivors, is really alarming and will only aggravate the suffering [6]. The major problems faced by these Ebola survivors were related to health, stigma, education and finance. These factors, along with the physical and mental impact caused by the disease itself are taking a toll on the general well being of the people. The situation is really grave and demands immediate attention.

The psychological impact of the Ebola requires radical steps to be taken on an urgent basis. However, it is not easy. The present mental health care system in these countries is fragile and is not prepared to deal with large numbers of people seeking psychological support. These countries are already having scarce health care professionals and those who are available are mostly centered at the Ebola treatment centers which are already overburdened [6]. The general availability of psychiatrist is rare with Liberia has just one psychiatrist; Sierra Leone has none [6]. The counselling of the Ebola survivors are basically done by the aid agencies and are done at a slow pace [6].

The EVD has a high fatality rate and those who survives have to suffer from the stigma of having had EVD and this is consistent with previous research findings [4]. According to the International Federation of Red Cross and Red Crescent Societies, these individuals cured of EVD have been prohibited from returning to their homes, and shunned by their communities, friends, family, and co-workers [4]. There are also reported threats of violence from their own community [4]. Instances of civil unrest and violence against healthcare workers and educators have also been reported in addition to killings [4]. The Ebola survivors have faced the depressing atmosphere in the Ebola treatment centers and hospitals. They are having psychological issues, mainly attributed to fear of social adjustments, which usually arise once they return to their communities. They are often haunted by traumatic memories related to the disease and the associated deaths [6]. Also, there is fear of discrimination by society and struggle to cope with extreme anxiety [6]. These survivors have been deeply affected by the sufferings and the deaths of their family members and friends. Many have lost someone close to them, numerous orphans and widows are there in the community. These issues are not in compliance with a state of complete physical and mental well being. The schools, colleges, markets, international borders are mostly closed and thus economic security is also in jeopardy. Besides, a number of other social stigmas related to friends, relatives and family members are prevalent in the society. These stigmas not only prevent survivors from returning to their previous lives and social circles, but also affect their mental well being and cause the spread of the infection through patient falsification [7].

There has been some progress in the management of psychological impact of the EVD on survivors, as evident by the recent grants by the World Bank and the Governments of Japan and Liberia of about US \$ 3-million plan to provide psychosocial support in Liberia [6]. However, the lack of proper planning, distrust, shortage of staff, and fear of authorities that have helped Ebola to spread also make it difficult to manage the effects on the mental well being [6].

The psychological impact of the deadly Ebola virus is still lingering in the communities and would continue to haunt, if radical steps to control this are not taken. The various aid groups and governments are trying hard to control the gruesome situation. But efforts should be made to encourage the community participation for the successful reintegration of the Ebola survivors. The political role and the role of national and international agencies are critical and imperative in the control of the psychological crisis due to EVD.

The epidemic diseases can cause a mental health crisis. It is thus very important that the epidemic response and recovery include

plans for addressing the mental health crisis. To control the impact on the psychological wellbeing, useful road maps are already present. A report by the Inter-Agency Standing Committee, formed by the United Nations, provides an outline [8]. Shultz JM, et al., 2015, highlighted the most important issues in dealing with mental health crisis as a result of the Ebola epidemic [9]. In the countries affected by Ebola, a combination of multiple key elements is desirable to control the current psychological crisis. The factors related to the outbreak associated psychological stressor should be reviewed. There is a need to use trauma signature analysis, which is an evidence-based method for assessing a population's exposure to an extreme event, providing actionable guidance for highly targeted support programs [9]. It has been used in the past, in major disasters [9]. Besides, an intervention, consistent with the Inter-Agency Standing Committee (IASC) guidelines on mental health and psychosocial support in emergency settings, and adjusted as per the requirements of the Ebola virus outbreak, is advocated [8,9]. The IASC guidelines are organized around a 4-tiered intervention pyramid: 1) Restoring basic services and security for the affected population; 2) Strengthening family and community networks; 3) Providing distressed individuals with psychosocial support; and 4) Providing specialized mental health intervention for severely affected survivors [8,9]. Also, the interventions should specifically target high-risk sub-populations [9]. The efforts should be made to spread knowledge about the disease in the communities; this will help in alleviating the stigma associated with it. The role of Ebola survivors, governments, volunteers, community heads are important in mitigating the effects. The dissemination of clear and accurate information about EVD transmission and prevention will help in reducing stigma in the communities [4]. The proper knowledge about the disease will help in controlling the rumors and false beliefs.

Although, implementing these recommendations in the face of epidemic disease at the grassroots level will not be easy and will require creativity along with a significant commitment of resources and political will, both at the national and international levels [5]. The World Health Organization has emphasized on the psychological care of the survivors in its reports, and donors to groups such as the IMC are becoming more amenable to supporting mental-health programs [6]. But there is still much work to be done to ensure that psychological care is a priority in the Ebola response [6]. There

is only a small amount of scientific literature available related to this health issue in Ebola survivors. Thus, there is need to carry out extensive research to assess the psychological impacts of the Ebola. The mere drafting of policies will not help; rather execution at the ground level is essential. In the long run, education, prevention, and a therapeutic vaccine will be the optimal solutions for reducing the stigma associated with EVD [4].

The grave situation in Western Africa of Ebola survivors demands attention. The issue of poor psychosocial wellbeing of the survivors needs to be addressed. Both local and international agencies should work in unison to control the situation. Otherwise, all the efforts to control the deadly disease will although control the disease, but will create a new set of patients with social, behavioural, psychological issues.

## AUTHOR'S CONTRIBUTION

Both the authors have contributed significantly in designing, drafting and writing this manuscript and have read and approved the final version of the manuscript.

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