Psychosocial Support
Objective

• Identify psychosocial support needs of the Patient, Family, Community, and Healthcare Professionals.

• Consider who is appropriate within your hospital/healthcare setting that would take the lead in training for, and provision of, Psychosocial care.
Ebola
- Infectious
- High Mortality Rate
- Widespread rumours, misconceptions and misinformation about the disease
Identified as a key priority in the response to the disease
Ensures well-being of affected population
Counter-acts threats to public health safety, such as fear, stigmatization, and misconceptions about the disease
Everybody involved in the response are working under unusually stressful conditions
• We are going to discuss the kind of psychosocial needs of the patient, family, community and the healthcare providers.

• During this time, I would like you to think about who in your hospital or surrounding medical community, would be the most appropriate to provide this care.
Now, imagine you are the patient…

- You have been diagnosed with a disease which has no cure, and the average fatality rate is 50%
- You have been transferred out of your community, and isolated from all of the family and friends
- All people who enter your room are wearing PPE that looks like Space suits
- You have been asked many questions about where you went and who your spent time with, and now you are very concerned about the safety of your family
Now, imagine you are the family…

-Your loved one has returned, maybe from a long time away, and now is sick and diagnosed with Ebola

-You have been separated from them, and have not been told when you will get to see them next. This is made worse because you know that many people die from Ebola

-You are now scared...people have arrived at your house, asking questions, spraying everything with chlorine, and telling you to stay home and monitor your health

-You are now worried about your own health, the health of your children, as well as the health of your family member who has been taken away
Now, imagine you are the community
  - Your friend and neighbour has been taken away by people in full PPE
  - You hear that they are sick with Ebola, and that anyone who has had contact with them needs to have their health monitored
  - You maybe don’t understand why this person came back to the community with Ebola
  - You are worried about yourself and your family
  - You are also concerned about what the rest of the country will think about your community, as it is now a place where Ebola has been diagnosed
Now it is you, the healthcare professional…

- You hear that an Ebola patient will be arriving, and you rush to setup the isolation area

- You think about your own safety and what your family will think if you care for this patient

- Maybe you worry that if you refuse to care for this patient, your job will be in jeopardy or that maybe this makes you a “bad” person

- You have been trained on PPE, but maybe months have passed, so you feel out of practice

…Now the patient arrives and the care begins…
Critical Incident Stress Debriefing (CISD)

- As healthcare workers, we consider the needs of the patient, but sometimes we forget about the needs of ourselves and our colleagues.

- CISD was originally developed by Dr. Jeffrey Mitchell to ease the acute stress responses of emergency workers.

- A critical incident is any event faced by emergency service personnel that may cause strong emotional reactions that could interfere with their ability to function. CISD hopes that immediate intervention following a traumatic event will eliminate or at least reduce delayed stress reactions.
- Whether caring for an Ebola patient is considered a critical incident or whether it is just a highly stressful event, we should acknowledge it.
- An 8 or 12 hour shift will feel much longer, when caring for this patient. So staff should have an opportunity to share their worries and concerns, and also be supported by their coworkers.
- Post-shift debriefings can help staff address some of the stressors before they become overwhelming.
- So consider this for your hospital. These debriefings may be led by a psychologist or by a head nurse, and may be per shift or per day.
- It is flexible as to how to approach the debriefings, what is important is that you have considered the necessity of CISB before the first patient arrives.
PSS

- PSS is not an exact science, which makes sense, as humans are all individuals. How you approach PSS is not the same way you approach something rigid, like differentiating between low and high risk.
- Keep in mind that simple things, like writing your name on your PPE, so the patient knows who is approaching, or making sure that the patient has a phone in their room, so they are able to speak to their loved ones, can make a difference in a patient’s response to treatment.
The video is of 2 clinical psychologists who are going out to communities in the Democratic Republic of Congo.

As you will see, they are covering many positions. They are doing contact tracing and providing information to the community on Ebola. They are finding ways to support the families, such that they will feel comfortable bringing their family members to their clinic, and, in this case, they are also drawing blood and giving PPE to the family.
The provision of psychosocial support will improve Ebola response, and should be addressed from the beginning.

Reflect on your hospital/healthcare setting, and where and when this may be addressed.

Thanks!
Resources

