Psychological suffering among Ebola Virus Disease survivors in Monrovia, Liberia

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Context

- 17,000 Ebola survivors in Liberia, Guinea and Sierra Leone
- 5000 Ebola survivors in Liberia
- MSF OCB in Monrovia
  - ELWA 3 ETU (August 2014-March 2015) 250 beds
  - January 2015 - survivor clinic opened in Monrovia
- Services provided
  - Medical diagnosis and treatment of Ebola patients and survivors
  - Psycho-social support to patients and survivors

ELWA 3
1241 Patients
516 Recovery (42%)
Background

- Previous studies show
  - Ebola is a life threatening event resulting in mental distress
  - Survivors faced major economic, social and psychological barriers
  - Stigmatisation of survivors

- Challenges in West Africa
  - Magnitude of Ebola outbreak
  - Extensive media coverage
### Overview of research study

**Aim**

To understand the mental distress experienced by survivors during hospitalisation and reintegration into their community.

**Mixed methods design**

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
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<tbody>
<tr>
<td>Questionnaire with 285 survivors</td>
<td>3 Focus Group Discussions</td>
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<tr>
<td>- Patient Health Questionnaire (PHQ9)</td>
<td>17 EVD survivors</td>
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<td>- Trauma Screening Questionnaire (TSQ)</td>
<td>Open-ended questions exploring mental distress &amp; coping mechanisms:</td>
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<td>- hospitalization</td>
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<td>- reintegration in the community</td>
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Socio-demographic characteristics

Participants 285

- Female 53%
- Median age 30 years
- Christian 83%
- Relatives with EVD 82%
- At least one relative died of EVD 73%
Sources of stress inside ETU

• Daily exposure to corpses:
  “All people were dying in front of me, even my best friend. I was taking care of her when she died right in front of me while we were eating. While we were eating people passed by carrying dead bodies.”
  Female survivor, 28 years old

• Patients’ isolation from their families:
  “Imagine taking treatment and thinking about what happened, behind you, the loss of your children, the quarantine of your family.”
  Male survivor, 44 years old

• Opposing views of ETU staff and care:

• Threatening and disrespectful  ➙  Staff empathy
Coping strategies inside ETU

- Supportive attitude from staff
- Peer support
- Presence of religious leader

“A community pastor came every morning and had devotion with us and prayed. That built up my strength.”

Male survivor, 56 years old
Sources of stress after discharge

60% Stigma

34% Feeling alone

“Even when my children collect water, the people said ‘your mom got Ebola, your mom must not collect water here.’”

Female survivor, 42 years old
Sources of stress after discharge

<table>
<thead>
<tr>
<th>Physical Symptoms (%)</th>
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<tr>
<td>Joint Pain</td>
<td>72%</td>
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<tr>
<td>Muscle Pain</td>
<td>60%</td>
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<td>Excessive Fatigue</td>
<td>58%</td>
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<tr>
<td>Ocular Problems</td>
<td>46%</td>
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83% had at least one symptom
Psychological suffering after discharge

Flashbacks were significant for many FGD participants:

“For me, when I went home, the amount of people I saw dying used to come to my mind, it used to be playing on me.”

Female survivor, 18 years old
Psychological suffering after discharge

- Loss of their loved ones
- Did not have a chance to mourn with their families or communities
- No graves to visit
- Loss of their possessions / their homes

“We were nine in the house everybody died. I’m the only survivor, so I’m living but my spirit is not in my body, I can’t sleep.”

Female, 42 years old
PTSD
27%
Depression
Major/Severe
4%
PTSD
&
Depression
2%
Depression
More 3 months
14%
0-3 months
41%
PTSD
More 3 months
53%
Score over 4
0-3 months
12%
More 3 months
53%
Score over 4
0-3 months
41%
PTSD
More 3 months
53%
Score over 4
0-3 months
12%
More 3 months
53%
Score over 4
0-3 months
41%
PTSD
More 3 months
53%
Score over 4
0-3 months
12%
More 3 months
53%
Score over 4
0-3 months
41%
Operational implications within ETU

• Improve corpse management
• Train and supervise all ETU staff to provide supportive environment.
• Ensure communication between relatives and patients
• Strengthen coping mechanisms through building relationships of trust
• Improve peer support with survivors working in ETU
• Develop religious support networks
Operational implications after discharge

• Clinical follow-up
• Stigma-reduction activities
• Use of individualised support networks
• Community-based psycho-social care for survivors
• Capacity building for community stakeholders to identify and refer survivors in need

Photo: Caitlin Ryan, MSF
Conclusion

- Support for survivors should not end at discharge
- Survivors continue to suffer physical and psychological difficulties
- Community-based psycho-social care for survivors + individualised approach
Acknowledgements

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