Title: Mental Health Services for Ebola-Impacted Communities

Activities: Provide mental health and counseling services

Stakeholders: International Federation of Red Cross and Red Crescent Societies

Phases: Intervention; Post-intervention and recovery

Years: 2015-2016

Countries: Sierra Leone

Agent: Ebola

Case study prepared by: Madison Alvarez, January 28, 2020

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Sierra Leone's infrastructure for mental health and psychiatric care was already struggling long before Ebola hit in 2014. At the time, the country hosted a single psychiatric facility—the oldest on the African continent—with only one seventy-year-old psychiatrist to serve its population of seven million.[1] Even this was closed when the virus hit for fear of spreading the infection.[2]

However, instead of relying on such specialized services, most living in Sierra Leone turned to community-based care from family, traditional healers, and religious organizations.[3] While effective for milder cases of emotional and psychological distress, this system was overwhelmed by significant trauma and grief in the wake of the Ebola outbreak. Tens of thousands had lost loved ones to Ebola, and the entire nation was shaken by the ways the outbreak had damaged critical parts of the nation's systems of public life.[4] Thousands of survivors had to contend with

[1] Lenora Brown, R. (2017, January 20). Ebola, War ... but just two psychiatrists to deal with a nation's trauma. Retrieved January 28, 2020, from
https://www.theguardian.com/world/2017/jan/20/sierra-leone-war-ebola-africa-psychiatric-care

[2] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health Organization*, *95*(12), 842–847. doi: 10.2471/blt.16.190470

[3] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health Organization*, *95*(12), 842–847. doi:10.2471/BLT.16.190470

[4] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health Organization*, *95*(12), 842–847. doi: 10.2471/blt.16.190470

the psychological impact of not only having lived with a deadly hemorrhagic fever but also the stigma they now faced in their communities by those who feared they may still be contagious.[5]

In response, officials worked to expand access at every level of the healthcare system. Those who needed the most specialized care were referred by to a new inpatient clinic in Freetown which was overseen by a single mental health nurse who managed fourteen non-specialist nurses.[6] Most patients seen there expressed symptoms of depression, grief, anxiety, and social isolation, the last of which drove the clinic to request a social worker to join their team.[7] For some, medication was provided by a NGO after consultation with a local doctor.[8] When medication was unavailable, others turned to traditional medical practices.[9]

To reach an even wider range of patients, WHO, The War Trauma Association, and other local and international agencies also trained nurses in psychological first aid, including procedures for identifying signs of psychological distress, referring patients to higher care (especially the Freetown clinic) when appropriate, and providing basic emotional support.[10] Nurses who passed the program were empowered to train others, reaching almost three hundred in the initial expansion and ensuring the program's sustainability.[11] Studies by those running the program suggest that it was moderately effective at conveying the principles of psychological first aid and changed providers' attitudes towards patients experiencing psychological distress for an average of six months.[12]

This integration of mental health first aid into preexisting systems of primary healthcare was not only efficient but likely reduced many other barriers for patients to seek psychiatric care.

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[5] Tackling mental illness after Ebola. (n.d.). Retrieved January 28, 2020, from https://www.afro.who.int/news/tackling-mental-illness-after-ebola

[6] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health*

[7] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health*

[8] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health*

[9] Kamara, S., Walder, A., Duncan, J., Kabbedijk, A., Hughes, P., & Muana, A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bulletin of the World Health*

[10] Cothran, D. (2019, October 23). Strengthening Access to Mental Health Services in Sierra Leone. Retrieved January 28, 2020, from https://www.advancingpartners.org/resources/technical-briefs/strengthening-access-mental-health-services-sierra-leone

[11] Cothran, D. (2019, October 23). Strengthening Access to Mental Health Services in Sierra Leone. Retrieved January 30, 2020, from https://www.advancingpartners.org/resources/technical-briefs/strengthening-access-mental-health-services-sierra-leone

[12] Sijbrandij, M., Horn, R., Esliker, R., O'May, F., Reiffers, R., Ruttenberg, L., … Ager, A. (2020). The Effect of Psychological First Aid Training on Knowledge and Understanding about Psychosocial Support Principles: A Cluster-Randomized Controlled Trial. *International Journal of Environmental Research and Public Health*, *17*(2), 484. doi: 10.3390/ijerph17020484

Treating patients in spaces they were already present for other health concerns saved them the hassle and stigma of traveling to a separate mental health facility.

At the community level, a team of USAID, WHO, Sierra Leone's Ministry of Health, and other NGOs worked to build on Sierra Leone's tradition of strong community-based mental health care. In areas heavily impacted by Ebola, they established Community Healing Dialogues, in which small groups of survivors met weekly to provide mutual support and address personal and community issues. They also trained community members to lead the Dialogues, raise awareness of mental health practices, and combat stigma.[13]

The shifting of most tasks in mental health care provision to the lowest possible degree of care significantly reduced barriers to expanding access to services. It likewise increased access to care to such a degree that it may serve as a model for others hoping to provide psychological care in similar contexts.

Please include case study summary text below this line.

Mental health needs in the wake of the Ebola outbreak in Sierra Leone were significant. Efforts to expand access to treatment focused on every level of care, shifting most tasks to non-specialist nurses and community workers, who were more readily available and affordable to set to the task. Integration of these services into pre-existing systems of primacy and community-based care empowered providers to better combat stigma.

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[13] Cothran, D. (2019, October 23). Strengthening Access to Mental Health Services in Sierra Leone. Retrieved January 28, 2020, from https://www.advancingpartners.org/resources/technical-briefs/strengthening-access-mental-health-services-sierra-leone