# International Medical Corps

# IMC Sierra Leone

## Assessment of Mental Health and Psychosocial Support (MHPSS) Needs and Resources in the Context of Ebola

## Lunsar, Port Loko District, Sierra Leone

December 2014

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## 1. Background and Context

The Ministry of Health in Guinea notified the international community of the first case of Ebola (EVD) in March 2014. Since then there has been an unprecedented spread of the disease across West Africa. The first case of EVD in Sierra Leone was recorded in May 2014 and according to WHO data on the 17th of December 2014 the current numbers in Sierra Leone are 8356 (and surpassing Liberia and Guinea): confirmed cases in the country with 2085 deaths[1].

The exponential spread of the Ebola Virus Disease (EVD) in West Africa has been widely attributed to weak health systems, traditional beliefs, mistrust of western medicine, dangerous caring and burial practices, intense movement of infected people within countries and across borders. This outbreak has also characterized itself as predominantly urban-based rather than, as previously observed, rural in nature. The weak healthcare systems in Sierra Leone has been overwhelmed by the EVD outbreak with a disproportionately high number of healthcare workers being diagnosed with EVD and many subsequently dying. Port Loko district is currently the focused area for many MHPSS and medical organisations as it is currently a red zone and has high levels of Ebola infection rates therefore international organisations and the government are scaling up their response at the time of writing this report.

**IMC in Sierra Leone**

IMC in Sierra Leone has opened an Ebola Treatment Centre (ETC) in Lunsar, Port Loko District (see Figure 1), which has
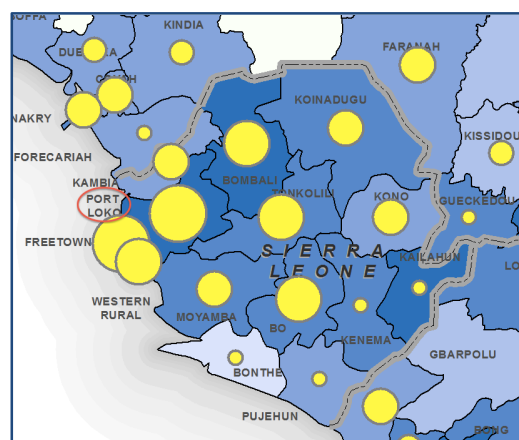


Figure 1: Sierra Leone Map. Source: WHO 2014 Ebola Response Roadmap- Situation Report, Dec 3 2014, http://apps.who.int/ebolaweb/sitreps/20141203/images/image011.png

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[1] Data as of Dec 5th, 2014, http://apps.who.int/gho/data/view.ebola-sitrep.ebola-summary-latest?lang=en

[2] WHO/UNHCR (2012) Assessing mental health and psychosocial needs and resources: Toolkit for Major Humanitarian Crises.

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among the highest rates of Ebola in the country, on December 1$^{st}$ 2014. The ETC has 50 beds for suspected and confirmed cases. The center includes staff and accommodations. The ETC is staffed by a combination of international and national healthcare and auxiliary staff including a Psychosocial Team responsible for the psychosocial support for inpatients, families and the wider community. Construction of a second 50-bed treatment center, based on the same model as Lunsar, is opening December 19$^{th}$ in hard-hit Makeni, the country's fourth largest city.

## 2. Assessment Goals

The IMC Psychosocial Support team led this assessment to aid in program planning. The overall goals of this assessment were to:

1. Engage with the local community in Lunsar and collect information about MHPSS problems related to the Ebola outbreak.
2. Gain an understanding of the current coping strategies local people use to live with Ebola in their communities.
3. Engage with the Ebola survivors living in Lunsar and begin to understand the MHPSS problems that they are facing.

This assessment focused on identifying any MHPSS strengths as well as difficulties, and understanding how local people and survivors are coping with the Ebola outbreak. The assessment concludes with inter-sectoral recommendations based on the findings. This information is intended to guide mental health and psychosocial activities, as well as community outreach/health promotion activities, implemented by IMC and other humanitarian actors. It is consistent with global IASC guidelines and participatory approaches.

## 3. Methodology

### 3.1. Locations

Lunsar town is traditionally part of Marampa chiefdom and the chiefdom is divided into 17 sections. For this needs assessment 5 sections were chosen based on their geographic positions (proximity to the new treatment centre, rural locations as well as Lunsar town).

### 3.2. Data Collection Process

The paramount chief of Marampa called for the section chiefs, leaders of women's groups, youth groups as well as religious leaders and traditional healers to attend two days of interviewing with IMC.

Ebola survivors from all parts of Lunsar and nearby villages were also invited and were interviewed.

The IMC psychosocial team conducted interviews on the 28th and 29th October 2014 and the 6th November 2014. Additional comments have been made as a result of IMC staff attending Psychosocial and Social mobilization pillar meetings at both national and Port Loko District level. Additional observations have been added as a result of IMC staff visiting villages and talking with local people in Marampa Chiefdom.

### 3.3. Participants

The population of interest for this assessment was the local population of Lunsar town and the villages closely surrounding the new IMC Ebola treatment centre.

Participants in Community Needs Assessment:
Section chiefs (n= 5) women (n=2)  men (n= 3) Imams (n= 2) pastors (n= 2) traditional healers (n=1) young men (n=2) young girls (n=1)

Participants in Survivors focus groups:
3 Focus groups :
      1 group (n=6) all female survivors including two young girls (age 8 - 12)
      1 group (n=8) mixture of adult male and female
      1 group (n= 5) mixture of adult male and female

## 3.4. Assessment Tools

Assessment tools were adapted from the WHO/UNHCR 2012 MHPSS assessment toolkit[2] and included (also see Appendix):
- Tool 10 (Participatory assessment: perceptions by general community Members), which was used for individual interviews with community representatives from the 5 different sections in Marampa Chiefdom.
- Tool 12 (Participatory assessment: perceptions by severely affected people), which was used for small group interviews with Ebola survivors who have returned to Lunsar and Marampa Chiefdom.

# 4. Assessment Results

## 4.1. General problems perceived by the community

Community members were asked to list "what kind of problems do (adult men, adult women, young girls, young boys, religious leaders, section chiefs) have because of the current situation?" (Freelisting Interviews)

The most frequently cited problem among community members in Lunsar according to 18 key informant interviews are listed below. Additional quotes from community members are added for illustration (in italics).

| General Population |
| --- |
| No Hospitals/Medical Facilities: No hospital beds for Ebola patients and no healthcare services or hospitals for people suffering from other illnesses: "the sick are living in our houses and we have no where to take them"<br>No education: There is no school or university and as a result people stated that there was nothing to do.<br>No jobs/No resources/No Business/No money: London Mining has shut down so people have lost their jobs. There is no business, no petty trading and it is difficult to feed your family and yourself.<br>Fear and worry: Fear of contracting Ebola, fear of being sick, any symptoms you experience you fear the worst and you are scared to seek help.<br>Fear of the Ambulance Sprayers: People believe that the chlorine used to spray the ambulance before the patient enters is too strong and people are dying of a bad reaction to the chlorine. "people would rather take the sick to the bush and not call the ambulance"<br>No trust: There is no trust towards that doctors and nurses as they are too scared to sit and talk with people and they do not help, they just reject people and send them away.<br>Boredom: There is nothing to do<br>Stigma: If you have survived Ebola or your family has lost someone to Ebola then the rest of the community isolates you |

| Female Adults | Male Adults |
|---|---|
| Restrictions on movements:  Because the district is quarantined you cannot move around and so you cannot buy things to sell and there is no petty trading. It is very difficult to provide for the family<br>Family are separated: Because of the restrictions on movement the family are separated and they cannot reach you to give you any support. "My sons cannot come from Freetown to help me"<br>Caregiving: If your family members are sick you isolate them to a room in the house and then you try and care for them while you wait for 117 Ebola hotline. "If your husband is sick you cannot leave him you must sit in the house and care for them you cannot leave them." | Family Conflict: You follow government advice and avoid funerals and family gatherings but if you do your family call you the enemy and think that you are bad and isolate you. |

| Young Women and Men | Religious Leaders |
|---|---|
| Teenage pregnancy: There is nothing for young people to do since there is no school and so young girls are getting pregnant.<br>Dropout: Because there is no school and we do not know when school will open many young men are dropping out of school and riding ocadas (motorbike taxi's) .<br>Increase in alcohol intake: More young people are starting to drink alcohol as there is nothing to do.<br>Increase in stealing: There is no money and no jobs and nothing to do so people are starting to steal. | Change in religious practices: Because of the ABC (Avoid Body Contact) people will not shake hands or touch each other so it is hard to comfort people. It is hard for the congregation to give donations in the Mosque as they cannot shake hands and pass money to the Imam so the Imams are struggling to feed themselves. |

It is notable that although the questions only asked about general problems (i.e. what kind of problems do (adult men, adult women, young girls, young boys, religious leaders, section chiefs) have because of the current situation?) many of the problems cited during the interviews were related to psychological distress; for example fear and worry, boredom, feelings of isolation/disconnection/separation.

## 4.2. Mental health and psychosocial problems

The most frequently cited Mental Health and Psychosocial problems were:

| |
|---|
| Fear and panic: People are afraid because Ebola has the same symptoms as other illnesses (malaria, typhoid, cholera) but now these symptoms are killing people where as before they were not.<br>Stress: If you or your family experiences any symptoms, this is very stressful.<br>Low morale:  with no hospital care and many sick people in the communities people feel low in mood and unsure about how this will end.<br>Shame:  there are no schools and no jobs and nothing to do and people are dying it is shameful. The country is going backwards, life is going backwards.<br>Embarrassment: People described the situation as pathetic and said it was embarrassing<br>Isolation/disconnection: villages are quarantined, families are isolated and separated, you have to keep sick people separated and not care for them. |

## 4.3. Ranking of most important problems

Participants ranked the following three priorities equally:
- No Hospitals
- No Education
- No Jobs

As the most important problems affecting them at the moment.

## 4.4. Vulnerable sub-groups

During the free listing exercise where participants listed the problems they were currently facing as a result of Ebola it was clear that there were some sub groups within the population not specifically targeted during this needs assessment who were struggling:
- Blind/ Visually Impaired: In Sierra Leone they rely on begging as a way of surviving but now people do not have enough money to give to them so they are very vulnerable.

- People with severe/chronic mental Illness: They generally live and sleep in the streets and they are at higher risk of becoming unwell and are not able to look after themselves.

## 4.5. Daily Functioning and Coping

Respondents were asked how the mental health/psychosocial problems impacted on their daily functioning and ability to cope.

| Women (adult and young) | Male (adult and young men) |
|---|---|
| Everything is affected: There is not enough money and so you cannot cook and feed your family, you cannot go and do business because of restrictions on movement, you cannot care for your family because if they are sick you should not touch them. Food: It is so difficult to get enough food to eat. There is almost no agriculture and there is not enough money to buy food so it is difficult to even feed your family. Ability to cope through social support: It is hard because of fear people cannot come together and support each other in the same way as before. You feel very isolated. Restricted movement: Restricted movement means that you cannot visit your family or be in contact with your family for support. You do not meet with people instead you sit in your house doing nothing. | Everything is affected: Everything has been frozen by Ebola and all the focus is on Ebola it is difficult to complete any daily tasks. No jobs: There is no work and no economy and so you cannot go to work or distract yourself you have nothing to do and it is hard to travel anywhere. Ability to Cope: Because of ABC you cannot go and socialise and meet and talk with people as you normally do. |
| Religious Leaders | |
| Prayer: Both Imams and pastors responded that the Mosques and the churches were full, in fact more full than before, but people were struggling to change the way that they pray, (e.g. having no contact and not being too close to people) and having mistrust towards other people. | |

## 4.6. General problems among Ebola survivors

The most frequently cited problems among the Ebola survivors in Focus Groups are listed below.

| Loss | Bad Experiences with health services |
|---|---|
| Grief/Loss: Loss of loved ones; many people talked about losing up to 7-8 or even in one case 12 members of their immediate family and they were the only ones to survive. "Ebola is gone but the pain is still in me" Loss of Role/Change of role: No longer having any work, not having a family around them, no longer being a mother/father because your children have died, in one case a man stated that he is having to learn how to be a mother to his children as his wife is dead but he does not know how to do that. Young girls/boys are having to become the heads of households as the older generations in their families have all died, but they admit they do not know what to do. Loss of possessions: Possessions, clothes and mattresses were burnt and now they have nothing in their houses; no mattresses so people are sleeping on the floor, they do not know if the physical pains they experience are a result of sleeping on the floor or longer lasting effects of Ebola. No Jobs/No education/No agriculture: They have no possessions and no way of feeding themselves or any surviving family and no way of finding work in order to try and change that. Any crops that had been growing have been spoilt during the time they were ill and away in the treatment centres. | Bad experiences in Holding Centres/Treatment centres: Thinking about how badly they were treated in some centres; lack of care by staff, healthcare staff not wanting to touch them or come near them, not being fed and only being given one drink of water per day, medication being left in the corner of the room and patients not being told which ones they were to take, in one case a man almost took an overdose of paracetamol as he did not know how many to take. Some survivors described having to pass any money they had through a gap in the fence to local community members so they would go and buy them medication and food; the conditions were "like slavery". Bad experiences with Ambulances: Many survivors described being "sealed" into the back of ambulances and driven around for hours picking up different people, leaving some people in Port Loko while others were driven for hours to Bo and Kenema treatment centres. Described being in the back of the ambulance with dead bodies and dying people, not being given any food and not being given any to drink. Abandonment: Many said that they were promised discharge packages with household items/food but they did not receive anything and they feel abandoned. |

| Stigma and Social Isolation | Psychological Problems |
|---|---|
| Stigma/Discrimination: Wider family members have told some of the survivors not to come round and see them; community members and neighbours are avoiding them and tell them that they are in "ebola houses" and do not want to mix with them. <br> Problems with relationships: Some stated that their wives had left them and others stated that no one would come and speak to them so it was hard to form relationships at all. <br> Orphaned children: So many children being orphaned and no one coming forward to care for them. | Fear: Many described feeling fearful about how to interact with other people, especially those stigmatising them and discriminating against them. Fear over the future and what will happen. <br> Frustration/Anger: Feel anger towards the healthcare providers for not treating them humanely. Feel angry at being abandoned and not being supported now they are at home. <br> Helplessness: Feeling like there is no hope and there is no help. <br> Problems related to thinking: Problems concentrating; ruminating on how things could have been different? forgetfulness, worry. |

## 4.7. Coping and daily life among Ebola survivors

Ebola survivors were asked how the mental health and psychosocial problems are affecting their ability to cope with daily life, results are listed below.

Stigma/Fear: were stopping them from carrying out daily tasks; if survivors had earned money before the illness by cooking and selling their produce since returning no one would buy their goods, calling them Ebola food and not wanting to do business with them. People do not want to give them work and so they stay at home and do nothing.
No Support: there is no support for survivors and no one will help them - except in Lunsar town there is one individual who has been using his own money to support them, he is the only person who has brought some survivors food and water in the community. However the survivors stated that although this man is trying it is not enough.
No jobs/no education/no farming: Survivors reported not being able afford to live and survive at the moment.
Coping: The majority of the survivors said that because of their experiences they are ready and willing to help others. Some stated that they want to work in the treatment centres as they believe that they can support other patients as they know what they are feeling. Some stated that they are ready to work as child minders and work in orphanages and interim care centres looking after orphaned children; they stated that they are ready to work and they think that will help them.

## 4.8. Additional Community Observations

The following points were noted in discussions with the Port Loko district command during a Psychosocial and Social Mobilization pillar meeting:

Problems communicating with the community in Port Loko District: Burials teams: District Command have been running the burial teams and have improved in delivering quick, safe and dignified burials. However, families often cannot attend the funerals because of the distance they have to travel on difficult roads and the district command are not sure how to communicate with the family to tell them where the grave is. As a result many people do not know where there loved ones have been buried.

Problems communicating with the community in Port Loko District: Ambulances: It was observed on a visit to a village where up to 18 people had died that people did not want to telephone the ambulance for help as they believed that if you phoned an ambulance you would never see or hear from your loved one again. They gave evidence for this belief by saying that when some one gets sick they call the ambulance and the ambulance comes and takes the person and they never hear about them/or hear what happens to them/or where they go. They also said that they had heard how terrible the treatment was in some of the centres that they do not want to send their loved ones there.

Children being quarantined alone in a house for 21 days: On a visit to a village in Port Loko it was observed that young children are being quarantined in houses by themselves. Their families die and they are kept alone in their house for 21 days of quarantine.

# 5. Recommendations and Conclusions

## 5.1. Limitations

This assessment has several limitations to be taken into consideration when reviewing the results and recommendations.

Rapidly changing context: This assessment was conducted whilst two Ebola treatment centres were being constructed in the Port Loko district; an IMC constructed ETC in Lunsar and a Goal ETC in Port Loko town; at the time of the assessment any suspected Ebola patients were having to travel over 7 hours to reach the MSF ETCs in Bo and Kailahun, International Red Cross centre in Kenema and or government run facilities in Port Loko. Similiarly other international organisation were scaling up their Ebola response in Port Loko district in the wake of the assessment and everyday new organisations were training people in MHPSS interventions and setting up new programmes that could address some of the problems listed during the assessment.

Limitations of Tools: The tools selected for this assessment from the WHO MHPSS checklist were designed to provide specific and focused information with limited time spent with each participant. This prevented the assessment teams from carrying out more in-depth explorations of the target population's needs and resources. However, teams were encouraged to take note of additional observations and quotes from participants which are included in this report as appropriate.

Time Limitations: The assessment team only had three non consecutive days to perform their work, external pressures on the participants meant that many could not spend as much time as necessary to conduct in depth explorations of their needs.

Participant sampling: Participants were gathered by the Paramount Chief of Lunsar rather than random sampling. This resulted in an over representation of Section Chiefs and men and an under representation of women and young girls in the individual interviews.

Participants in the group interviews: Survivors were interviewed in small groups and due to time restrictions it was difficult to illicit information from every individual with some people dominating the group discussions. In one group an interpreter was needed and therefore some of the questions and answers may have been lost in translation.

## 5.2. Recommendations

The IASC MHPSS guidelines recommend levels of mental health and psychosocial intervention based on a pyramid ranging from social considerations in basic services and security up to specialized mental health services (see figure below). The following recommendations take each of the levels of the pyramid into account and are made within the framework of the MHPSS perspective and are in line with the IASC guidelines. Assessment findings, recommendations and activities (by IMC and others as



Figure 4. IASC MHPSS Intervention Pyramid

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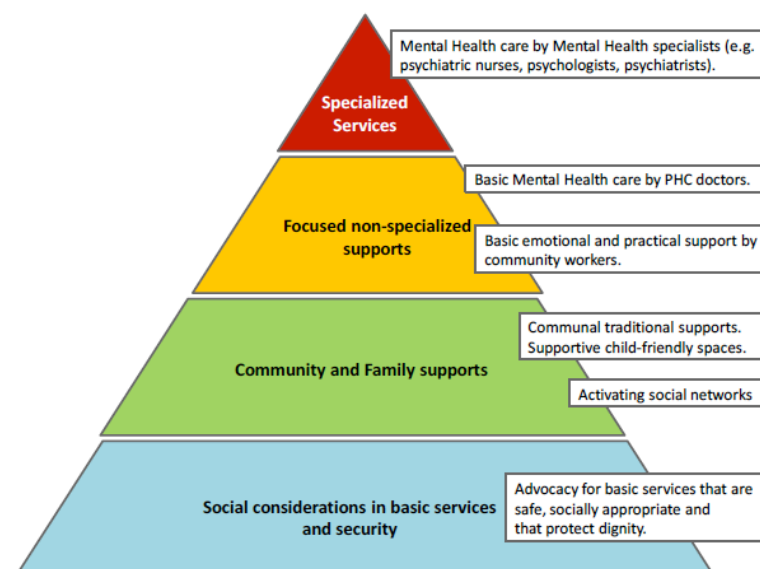
of November 17<sup>th</sup>) which are especially relevant to integration of MHPSS aspects in ETC and community work are outlined below.

**Coordination**

IASC MHPSS Guidelines recommend having an MHPSS coordination group to help coordinate MHPSS activities and link to other groups and actors (e.g. health, protection). The National MHPSS pillar at the Ministry of Social Welfare and Gender meets every two weeks- a working subgroup meets regularly at UNICEF on Mondays in Freetown and a larger group meets on every second Thursday in Freetown Ministry of Social Welfare.
   → Comprehensive Coordinated services need to be developed and consider the needs of EVD survivors and their families. This includes covering the entire spectrum of the IASC pyramid and linking services through appropriate up and down referral pathways to ensure comprehensive response. This also requires coordination and communication among service providers and the establishment of referral mechanisms.

Port Loko district is currently the focused area for many MHPSS and medical organisations as it is currently a red zone and has high levels of Ebola infection rates therefore international organisations and the government are scaling up their response at the time of writing this report. The following key points should be considered in line with IASC MHPSS Guidelines:

## 1. Social considerations in basic services and security

The following social considerations are based on:
   • Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental health and Psychosocial Support in Emergency Settings. Geneva: IASC (e.g. Part C. Social considerations in sectoral domains)
   • World Health Organization, War Trauma Foundation and World Vision International (2011) Psychological First aid Guide for field workers. WHO. Geneva. And PFA 2014 Guide (adapted for Ebola)

1.1. Address fear, panic and mistrust related to Ebola and health services:

Respondents consistently highlighted that people were afraid and felt stressed and panicked by Ebola. They do not trust each other and they do not trust healthcare services.

Recommendations:
   → Engage communities in psycho-education around Ebola and coping with Ebola related fears and concerns. These efforts should be conducted in coordination with health promotion teams who can provide further support and capacity in engaging the community through interactive discussions.
   → Continue to give accurate and regularly up to date information about Ebola.
   → Regularly meet with communities in order to repeat messages and ensure that there is flowing communication between health facilities (e.g. IMC) and the communities.
   → Work with IMC WASH team, health promoters and the community in order to dispel myths about chlorine and ambulance sprayers.

Current IMC Activities:
   • The IMC psychosocial team is engaging the local communities in Lunsar in psycho-education about Ebola, such as giving information about Ebola related mental health and psychosocial concerns (e.g. that being fearful and feeling confused and stressed is a common problem) and on young people (e.g. that adolescents may become frustrated with restrictions on movement and stress during a time when they are trying to develop an identity and want responsibility and future opportunities). Frustrations

can amplify with limited information. IMC is also working with WASH teams to address concerns about chlorine in the communities.
- IMC plans to collaborate with other organizations engaging in health promotion activities, so as to share key findings and allow them to cater their messages and topics to those most relevant to the community.
- IMC is engaged in ongoing weekly communication and coordination with the Port Loko MHPSS and Social Mobilisation pillar.

## 1.2. Families and survivors do not have enough food and resources:

Respondents consistently stated that it is very difficult to feed families and have enough resources to cope.

Recommendations:
→ Through district level coordination with other MHPSS and health promotion/social mobilization partners in Port Loko ensure that communities are aware of what other agencies are doing to support people and how people can be linked into and referred to those agencies. Especially livlihoods programmes and food distribution for survivors.
→ Ensure that there is a clear, coordinated and comprehensive referral systems/pathways so that all the services can be utilised by the entire community.
→ Link with local radio/key communication channels to disseminate summaries of what services are available.
→ IMC in collaboration with MOHs and other INGOs to support Screening Referral Units in the district in order to triage people in the community and support those who do not have Ebola to receive medical care

Current IMC Activities:
- Port Loko District Command Centre Psychosocial team meet weekly on Fridays
- IMC is working with Unicef and Port Loko District Command to complete a 4W's mapping for the district and contribute to a national 4 Ws.

## 1.3. No general medical care is available:

Community members highlighted that there was nowhere to receive treatment for other illnesses and that there are especially no services for pregnant women .

Recommendations:
→ IMC in collaboration with MOHs and other INGOs to support Screening Referral Units in the district in order to triage people in the community and support those who do not have Ebola to receive medical care.

## 1.4. Educational facilities have closed down:

Community members consistently explained that there was no school and no education.

Recommendations:
→ Further expand efforts to reach children and youth with structured educational activities and lessons

Current activities:
- Sierra Leone Ministry of Education is currently broadcasting basic lessons over the radio (including spelling, pronunciation, mathematics)
- Other MHPSS partners including FORUT, Street Child and Educaid are supporting children to access radios to listen to these programmes and find teachers who can support small groups of children in learning from these programmes.

## 2. Community and Family supports

2.1. Address restrictions on general community social supports

Communities cannot meet and socialise in the same way due to ABC; no gatherings and restrictions on movement. Respondents continually noted that it was not possible to use traditional forms of support such as meeting socially and visiting family and that as a result people were feeling very isolated and distressed. Social support is one of the major factors that can protect people from developing mental health problems. Residents need to be involved in developing new Ebola safe ways in which the society and families can support and connect with each other. This is especially true for grieving families, surivors and those family members who did not attend the funerals and burials. These support networks are important but need to be re-imagined to ensure the safety of people and ensure that the risk of spreading the Ebola virus is not increased.

Recommendations:
→ Working with EVD affected communities/families/survivors in approaching and accepting survivors and EVD accepted families and individuals back into communities.
→ Work collaboratively with other MHPSS organisations to set up survivors/ EVD affected people's associations and support groups/peer support networks in the communities
→ Working with the IMC medical teams in the communities to provide accurate information about infection control and prevention so that people can keep themselves safe if they are coming together.
→ IMC PSS team to have one centralised telephone number so that they can offer support and advice over the phone.
→ All Patients to the IMC treatment centre will have access to a phone and access to phone credit so they can telephone their family and stay in contact during their stay at the ETC
→ In the case that the patient is too unwell to telephone the Psychosocial staff will stay in contact with the family and/or chosen representative for the family (i.e. headman, chief, imam etc).
→ Family will be encouraged to come and visit patients.

2.2. Promote community participation and engagement:

Many respondents reported having low morale and feeling hopeless about their future and the future of the country. Many also reported experiencing low self esteem as there is no school and no jobs therefore they have nothing to do and no role in society. There is a desire from community members to know more about Ebola and take a role and responsibility in wanting to control the epidemic especially from the Survivors. Ensuring engagement from the community has the potential to reduce distress, relieve boredom and isolation, improve self esteem, lack of control and morale which are risk factors for developing mental health problems. Community Participation would also ensure that the services and activities are set up appropriately, are culturally relevant and meet the needs of the affected population.

In addition, MHPSS partners should seek to collaborate closely with health promotion actors to strengthen the level and relevance of community participation, as well as share information being gathered about the needs and perceptions of the community regarding on going activities. Health promotion activities should seek to develop messaging beyond information about Ebola, and shift towards promotion more engaging behaviors and information on how to act, what can be done, and thus empowering the community.

Recommendations:
→ Actively involve the community in general social consideration (above) and in structured meaningful activities to increase control and participation.
→ Link with health promoters to develop a training for community members to become more engaged in supporting community recover and prevention of Ebola. Develop simple IEC materials (badge/stickers/etc) to generate and illustrate support for the community and EVD affected population with a positive slogan, generated from the community.

## 2.3. Facilitate safe and culturally appropriate alternative burial practices

Respondents commonly cited family feuds, family divisions and community divisions due to Ebola and not being able to attend funerals.

Recommendations:
> → Facilitate safe community spaces where people can discuss these fears and divisions and work collaboratively with other MHPSS partners in the district to think of alternative ways to support each other.
> → Link with the Port Loko Burial teams and religious leaders on ways to approach families and communities to think of alternative ways that families and individuals can commemorate and mourn for their loved ones depending on their preferences and wishes.
> → Link with medical anthropologists to work with the community to identify adequate alternatives.

## 2.4. Address social isolation of EVD survivors

Families and survivors are being isolated and marginalised from their communities. Many survivors reported being discriminated against, feeling hopeless, being distressed by their bad experiences in the ambulances and treatment/holding centres and experiencing very complex grief.
Many survivors were also being told to stay away from people and family.

Recommendations:
> → Engage the communities in psycho-education and health promotion messages around Ebola and peoples' reactions to Ebola.
> → Ensure that any patients and families leaving the IMC ETC are supported in their reintegration back into their communities.
> → Through national and district level coordination ensure that there are strong referral links between IMC MHPSS and community MHPSS actors.
> → Engage survivors in visible and meaningful tasks (e.g. engagement as incentivized health promoters etc.) to counter social isolation and facilitate community engagement.
> → Hire from the local communities for the ETC. Hire Survivors for the ETC in order to give them back some self esteem and enable them to help.
> → Start a network of survivor support groups in Port Loko District (e.g. Work collaboratively with others such as IsraAid (trauma psychologists and psychotherapists already planning EVD survivors support groups)

Current IMC Activities:
- Community outreach from the IMC ETC is starting as ETC is opening - beginning of December 2014.
- Ebola survivors have been hired by IMC for the ETC Wash teams, PSS team, nursing team and cleaning teams. Survivors hired by other MHPSS partners in the community.

## 2.5. Strengthen opportunities for religious practice:

More people than normal are attending Mosques and Churches but because of ABC the way in which people worship and pray is changing.

Recommendations
> → Work closely with the Imams and pastors in order to see how best to accommodate prayer and religious practices (according to and depending on patient preferences) in the ETC
> → Work closely with the Imams and pastors in order to support religion and prayer as a coping mechanism in the communities.

→ Linking with social mobilisation and PSS partners who have been supporting Religious Leaders disseminate Ebola safety messaging in the district and different chiefdoms.

## 2.6. <u>Promote community support and communication as part of health care provision for EVD</u>:

Many families report feeling fearful about asking for help from Ebola health care providers because they may not see their family members again. There are also problems with communication between Ambulances and Burial Teams/Port Loko District Command and the Port Loko community.

Recommendations:
→ Enable access to communication devices for people and families in the ETC so that the community and family are involved in the care of their loved ones and are not separated (e.g through phone, photos, letters, skype, video).
→ Link and communicate with other MHPSS partners, Port Loko district command centre to ensure clear communication flow between families the communities and the ETC.
→ Psychosocial (PSS) Teams should work alongside the Ambulance and burial teams to ensure better communication and integration: for example a PSS team could travel to the same communities about an hour after the ambulance and inform the family and community about the location of their loved one (e.g. which ETC or holding centre) and ensure that they retrieve as many contact details as possible and ensure the family know when and where they can visit. In case of a patients death, the PSS teams should inform the family where the person is buried and how to reach the grave and sit with the families to think of different/alternative ways that they could honour and mourn their loved one.

## 2.7. <u>Support orphaned children and other vulnerable groups</u>:

Community members and survivors noted the high number of orphaned children in the district and the high number of young heads of households as a result of multiple deaths in one family.

Recommendations:
→ Work collaboratively with Child Fund and UNICEF on strengthening child reintegration and care for orphans in the treatment centre and upon discharge.
→ Support Ebola Survivors in seeking employment opportunities in caring for orphaned children and/or in orphanages or Observational Interim care centres (OICCs), and ETCs
→ Assist vulnerable groups access needed services

Current Activities:  In November 2014 in Lunsar and Port Loko the Ministry of Social Welfare and Child Fund opened two OICCs and one ICC creating 90 beds of contact children (children's whose parents are positive and the treatment centres or who have died) to be observed for 21 days while family tracing occurs. Children can spend up to 6 weeks in ICCs after their 21 days while they wait for foster homes or family reunification. IMC will  refer unaccompanied children directly to the Ministry of Social Welfare and Child Fund.

## 2.8. <u>Create structured activities for youth</u>:

Many respondents stated that there is nothing to do, there is no school and therefore the youth are engaging in more risky behaviours such as alcohol, gambling and stealing. Young girls may be exploited and there is an increase in teenage pregnancy.

Recommendations:
→ Work collaboratively with other MHPSS partners to establish safe activities/roles for youth.
→ Engage youth in health promotion programing and community mobilisation.
→ Work collaboratively with other MHPSS partners to identify livlihoods and education programmes

→ MHPSS partners to extend the accessibility of radio broadcast schooling for youth.
→ ETC at Lunsar to work closely with Marie Stopes to offer Family planning services to female survivors leaving the ETC.

## 3. Focused non specialized supports

3.1. <u>Provide PFA/PSS training for staff such as health care providers</u>

A high percentage of respondents indicated experiencing psychological distress reactions including fear and worry as well as lack of information about available services, Anger, and frustration. IASC guidelines recommend that service providers interacting with affected populations (e.g. health care workers, relief workers, volunteers) receive training on the provision of PFA. PFA is not a specialized intervention but includes the skills needed to respond to people who are distressed in supportive ways, doing no harm, connecting people to needed services and support and engaging in appropriate self-care.

Recommendations:
→ In collaboration with other MHPSS partners provide basic PFA training and PFA related information to community leaders, especially healthcare providers and health promoters as well as social mobilisation teams. Consider an emphasis on PFA elements of identifying and referring people in significant psychological distress or with mental health problems, protecting vulnerable people, responding appropriately to the people who are agitated or frustrated, linking services and ensuring self care.
→ Engage volunteers in learning and applying PFA principles including helping others to connect to needed services.

## 4. Specialized mental health and comprehensive case management services

Many of the problems cited during the interviews were related to psychological distress; for example fear and worry, feelings of isolation/disconnection/separation, low mood and within the entire population people are struggling with multiple grief and complex psychological needs. Many of these are normal reactions to abnormal and distressing events and many people will be able to recover with time, however with reduced access to support systems and normal coping strategies in the communities there is an increased risk that some people will develop mental health problems. The present mental health system in Sierra Leone is not equipped to deal with large numbers of people seeking mental health support. There is one psychiatric hospital in Freetown and limited non-specialised support in the districts. A CBM implemented project on "Enabling Access to Mental Health Sierra Leone" (EAMH) has been functioning in Sierra Leone for the past 4 years to train Sierra Leonean psychiatric nurses and attempted to integrate mental health into primary healthcare in the districts. However the arrival of Ebola in the country has stopped the EAMH activities and to date there are no functioning community mental health services.

Recommendations:
→ All community members should be able to access needed services including those with pre-existing or crisis induced mental health, psychosocial or protection concerns, Comprehensive community based mental health services need to be set up through the government to ensure sustainability of these services after the crisis phase has passed.
→ There is a need and opportunity to work with the Ministry of Health and Ministry of Social Welfare to develop specialised mental health services and a robust referral system through trained Mental Health nurses working in the district health headquarters and accessing the CHO's trained in the WHO MH Gap training materials at community levels. (150 CHO's trained nationwide in MH Gap in 2013-2014 by Enabling Access to Mental Health Sierra Leone).

# Appendix: Tools used (from WHO/UNHCR 2012 MHPSS Assessment Toolkit)

**Informed consent was obtained (see toolkit for details)**

**Interview**

**Step 1: Free listing**

**1.1** The interview starts by free listing on the following question to ask for all types of problems.
"What kind of problems do **Young men** have because of the Ebola situation? Please list as many problems that you can think of.''

Notes:

a)      When using free listing, you keep on encouraging the respondent to give more   answers. For example after the respondent has listed a few problems and remains     silent, you could ask:
        *"What other kind of problems do Young men have because of the Ebola situation? Please list as many problems that you can think of."*

The      respondent may now list a few more problems. You would then continue with the question until the respondent gives no more answers.

b)      After the list is completed, you should ask for a short description of each problem listed so that the following table can be completed.

Table 1. List of problems (of any kind)

| Problem | Description |
|---------|-------------|
| 1.1.1 | |
| 1.1.2 | [....] |

**1.2**
You should then look at the responses to question 1.1 and follow the instructions below to select mental health and psychosocial problems specifically.

Select those problems which are especially relevant from a mental health / psychosocial perspective, such as:
        (a) problems related to social relationships (domestic and community violence, child     abuse, family separation); and

        (b) problems related to:
        • feelings (for example feeling sad or fearful);
        • thinking (for example worrying); or
        • behaviour (for example drinking).

Copy these into Table 1.2 below and also in the first column of Tables 3.1 and 3.2 below.

| Table 1.2 | List of Mental Health/Psychosocial problems |
|-----------|---------------------------------------------|
| 1.2.1 | |

| Table 1.2 | List of Mental Health/Psychosocial problems |
|---|---|
| 1.2.2. | […] |

**Step 2: Ranking**

2.1     Find out from the respondent which mental health / psychosocial problems are  perceived to be important and why.

"You mentioned a number of problems, including [READ OUT PROBLEMS NAMED IN 1.2 ABOVE].
"Of these problems, which is the most important problem?" "Why?"
"Of these problems, which is the second most important problem?" "Why?"
"Of these problems, which is the third most important problem?" "Why?"

| Table 2.1 | Top three priority problems |
|---|---|
| 2.1.1 | Problem: |
|  | Explanation: |
| 2.1.2 | Problem: |
|  | Explanation: |
| 2.1.3 | Problem: |
|  | Explanation: |

**Step 3: Daily functioning and coping**

3.1     Try to identify the impact of mental health / psychosocial problems on daily      functioning by asking what tasks could be affected.

''Sometimes [NAME A PROBLEM FROM 1.2 ABOVE] may make it difficult for a person to perform their usual tasks. For example, things they do for themselves, their family or in their community. If a traditional healer suffers from [NAME AGAIN THE PROBLEM LISTED FROM 1.2 ABOVE], what kind of tasks will be difficult for them?''

Report the answer in Table 3.1. Repeat the question for each of the problems mentioned in 1.2.

| Table 3.1 Impairment of daily activities ||
|---|---|
| Repeat for each problem mentioned under 1.2 ||
| Mental Health/psychosocial problems (as listed in 1.2) | Affected task |

| Table 3.1 Impairment of daily activities | |
|---|---|
| 1.2.1 | 3.1.1 |
| 1.2.2 | 3.1.2 […] |

## Tool 11. Participatory Assessment III: Perceptions of severely affected persons themselves

Gather as many problems as we can through free listing.

| 1. Psychological and social distress |
|---|
| Could you list the problems you are currently experiencing because of the Ebola? *<br><br>[WHEN THE PERSON STOPS LISTING PROBLEMS, THEN REPEAT THE QUESTION] What other problems are you currently experiencing because of Ebola?<br><br>[WHEN THE PERSON STOPS LISTING PROBLEMS, THEN REPEAT THE QUESTION ONCE AGAIN] What else? What other problems are you currently experiencing because of the Ebola? |

| 1.1 | |
|---|---|
| 1.2 | […] |

Probe further for psychological and relational problems in case when the interviewee does not list any mental health or any social issues:

1. Have you experienced problems in your relations with other people? If yes, what type of problems? [PROBE FURTHER IF NECESSARY E.g. other people stigmatize you, no support from other people, not involved in community activities as you would like.]

2. Have you been experiencing problems related to your feelings? If yes, what type of problems? [PROBE FURTHER IF NECESSARY E.g. sadness, anger, fears]

3. Have you been experiencing problems related to the way you think? If yes, what type of problems? [PROBE FURTHER IF NECESSARY E.g. concentrating, thinking too much, not remembering things]

4. Have you been experiencing any problems related to how you behave? If yes, what type of problems? [PROBE FURTHER IF NECESSARY E.g. doing things because you were angry, doing things other people have found strange]

| 2. Social support and coping |
|---|
| I am especially interested in [INSERT ANY RELEVANT PSYCHOSOCIAL AND MENTAL HEALTH PROBLEMS MENTIONED ABOVE].<br><br>[FOR EACH PROBLEM OF INTEREST, ASK THE FOLLOWING QUESTIONS] |

| |
|---|
| 2.1 Could you tell me how [INSERT PROBLEM] affects your daily life? |
| 2.2 Have you tried to find support for this problem? |
| 2.3 Could you describe how you have tried to deal with this problem? What did you do first? And after that? |
| 2.4 Have you received support from others in dealing with this problem? |
| 2.5 Who gave you this support? |
| 2.6 What kind of support did you get? |
| 2.7 To what extent did this help to deal with the problem? |
| 2.8 Do you feel you need additional support with this problem? |