



Psychological impacts of the Ebola in epidemic outbreaks

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ABOUT THE STUDY

Ebola Virus Disease (EVD) is a rare but deadly disease that causes fever, body aches, and vomiting, as well as frequent bruising in and out of the skin. As the virus spreads through the body, it harms the immune system and organs.

The Ebola Virus Disease (EVD) epidemic in 2013-2016 was an unprecedented large-scale public health crisis that resulted in significant human deaths and suffering. According to current research estimates, the EVD infected 28,646 people and killed 11,323 people as of May 11, 2016. More than 17,323 EVD survivors were born as a result of the epidemic. More than 5000 people survived. Many survivors have reported physical and mental sequelae, physical violence, diminished quality of life, social exclusion, and isolation as a result of the outbreak. It is well known that the survivors' experiences with prejudice and discrimination receive less attention.

As with most of the epidemics, Ebola virus disease control strategies are aimed at preventing transmission, but issues concerning the disease's mental/psychological impact on patients have received less attention. The EVD has resulted in a large number of Ebola victims who require psychological assistance. The stigma associated with EVD has an impact on the survivors' social and psychological well-being (Grunsfeld et al., 2006, Kile et al., 2006). A stigma can be defined in a variety of ways, but in the context of EVD, it refers to negative actions, attitudes, and activities directed at people living with and accused of having the disease. They described survivors' psychological consequences as fear of serious illness, denial, fear of being blamed by neighbours, and guilt. Others included public condemnation, believing the disease was a divine punishment, loss of income, and deep sorrow for colleagues who died in the outbreak.

The psychosocial consequences of the Ebola outbreak mirror those of other disasters, particularly epidemics, in which populations and health workers were exposed to infection and psychological stressors, exacerbating existing challenges. A previous study on the psychological impact and depressive symptoms of the 2003 epidemic of the severe acute respiratory syndrome on hospital employees found that about 10% of the participants had a high level of depressive symptoms three years later. One year after the epidemic, SARS patients still had high levels of anxiety and alarming levels of psychological distress (Marin et al., 2005).

Survivors have also reported the mental health consequences of other disasters, such as bioterrorism. Psychological distress, fear, depression, and Post-Traumatic Stress Disorder (PTSD) have been documented in communities subjected to mass violence and relocation, including those affected.

Given the magnitude of the epidemic, adverse mental health outcomes in the general population are possible. The risk of long-term psychological problems associated with Ebola virus disease has not been assessed; additionally, most studies have excluded the general population, despite the fact that people have faced civil wars, constant human rights violations, and have already dealt with numerous other deadly diseases such as malaria, diarrhoea, and HIV/AIDS.

Our primary goal was to look into the link between Ebola virus infection and long-term psychological problems in Ebola Virus Disease survivors. Our secondary goal was to describe the types and prevalence of psychological problems that survivors experienced three years after the outbreak. The Ebola virus, we hypothesized, is a risk factor for long-term psychological problems. If true, this would imply the need to develop and strengthen national mental health diagnostic and care systems in the post-epidemic context.

The current study sheds light on the potential long-term negative psychological effects of infectious diseases (Starkstein et al., 2008). After three years, the EVD survivors demonstrated increased levels of psychological problems, as evidenced by alarmingly high odds of depression, anxiety, suicidal and posttraumatic symptoms, as well as a high prevalence of potential psychiatric morbidity cases. The long-term psychological consequences of infectious diseases should not be overlooked. The findings highlight the need for EVD survivors to have access to Mental Health services on a national scale.

An intervention in accordance with the International Accounting Standards Committee (IASC) guidelines on mental health and psychosocial support for emergency settings, and used in conjunction with the unique characteristics of the Ebola virus outbreak, is critical for the Ministry of Health and its partners to implement and sustain quickly throughout the recovery process. The IASC guidelines are organised around a four-tiered intervention pyramid: (1) restoring essential services and protection to the affected population; (2) strengthening family and community networks; (3) providing psychosocial support to those in need; and (4) providing specialized mental health treatment to severely affected survivors.

Given the need for additional research and a larger study to validate our findings, we are hopeful that a potential

intervention to reduce the rate of PTSD, depression, anxiety, and suicidality will benefit EVD survivors (Vijayaraghavan et al., 2002). Poor policy formulation will not help; instead, ground-level implementation is required. Awareness, prevention, and therapeutic vaccination will soon be the best solutions for reducing the mental health problems associated with the EVD.

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