New York DMH Responder

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Office of **Emergency Preparedness and Response**

Office of **Health Emergency Preparedness**

In this Issue...

The DMH **Responder**
is a quarterly production of…

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Welcome

Welcome to the Fall 2014 issue of the **New York DMH Responder,** our quarterly newsletter for the Disaster Mental Health community. This edition focuses on the current Ebola outbreak, starting with an overview of the mental health consequences of the extreme fear this particular virus produces and how that complicates the demands on responders. We have a round-up of the many websites and information sheets that various agencies have produced in response to the disease and a research report on the stressors faced by nurses in an earlier Ebola epidemic. Please note that our articles mostly focus on issues within New York State, which is in no way meant to minimize the impact of Ebola in Western Africa, or the effects on healthcare and aid workers who selflessly travel to those regions to help.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to Judith LeComb at DOH or Steve Moskowitz at OMH.

Fighting Fear with Facts: Lessons for Helpers in Infectious Disease Outbreaks

As a healthcare or mental health professional in New York State, there's little doubt you've got Ebola on your mind at the moment. DOH and OMH personnel have dedicated countless hours to planning efforts to prevent the spread of the disease and to training for and responding to the one case that had occurred in the state at the time this was written.

Rising to that challenge in order to protect our community is the essence of why people gravitate to the helping professions. However, compounding the medical and logistical demands that are shared by all infectious disease outbreaks, the extreme fear and misunderstanding around this particular virus are clearly complicating the role of responders. Of course, fear and misunderstanding are common reactions to any new type of public health threat. Readers will probably remember the storm of rumors and mistrust

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that surrounded the 2009 H1N1 influenza outbreak. These ranged from the absurd (for example, because it was referred to as a swine flu, rumors spread that it could be acquired by eating pork) to the actively harmful, as claims that the vaccine was dangerous spread through social and mass media. As a result many people did not get vaccinated; leaving them subject to an entirely preventable risk.

When misperceptions like that can spread around something as relatively familiar as a strain of seasonal flu, it's little wonder that the reaction to Ebola has been so strong. Popular but pseudoscientific books and movies like the Hot Zone and Outbreak have trained the public to view Ebola as inevitably lethal – which is not true – and highly contagious, which is only true at certain times. Horrifying images and reports from Western Africa, where social practices and inadequate access to medical care have resulted in a true crisis, certainly reinforced those beliefs, priming people to overreact when the first case was diagnosed in the US.

Despite constant efforts by health organizations like NYSDOH as well as government agencies like WHO and SAMHSA to educate the public, correct these misperceptions, and calm exaggerated fears, they remain in place for many citizens – and in some cases, healthcare professionals are paying the price. Staff at New York City's Bellevue Hospital, where the ill physician was being treated, reported being stigmatized by neighbors and even by their own family members. The New York Times quoted one Bellevue staff member whose hairdresser refused to provide services after learning where she worked, though she'd had absolutely no contact with the patient. And that patient himself was widely criticized for actions people inaccurately feared might have exposed others in the city, rather than being commended for his work in Western Africa for Doctors Without Borders.

One can hope the fact that Ebola so far has not spread further within the US will begin to allay public fears and reduce the stigmatization of responders, but until the international outbreak is fully contained, healthcare and mental health providers need to be prepared to deal with psychological reactions to the disease as well as medical consequences among those they serve. We can draw on lessons learned in previous infectious disease outbreaks, and certainly will be able to apply current experiences to future situations. Some of those lessons include the following.

1. **Extreme fear can prevent accurate information processing.** While the usual guidance on rumor control is to disseminate factual information that directly counters the false belief, that's only an effective corrective measure if people are willing to listen and receptive to changing their views. However, Dual Process Models of communication suggest that people consider new information simultaneously at two levels, an affective level driven by emotions and a cognitive level driven by rational thought. When fear is intense, the affective level can essentially hijack the entire process, making people unable to absorb new information sufficiently to change their opinion about the threat. Unfortunately this means that it's very difficult for official communications to reduce some people's fear enough to then open their minds to a more realistic understanding of the danger, which is extremely frustrating for those who are working hard to correct these

misperceptions. Understanding the source of that resistance to change can perhaps help reduce frustration, though it doesn't correct the underlying disregard of scientific appeals.

2. **Most people are terrible at accurately assessing risk.** That's a strong statement, but there are countless examples of the public's skewed beliefs about relative dangers. The classic illustration is comparing the risks of driving versus flying and of course the current example is the risk of dying from flu versus Ebola. Providing simple statistics and framing an unfamiliar threat like Ebola relative to a familiar one may help to give a more realistic perception – though flu may not be the best comparison point as many people vastly underestimate its annual mortality rates. Rather than repeating that example, officials should provide multiple different types of comparisons in hopes that at least one will resonate with the individual listener.
3. **Any inconsistency in official responses will heighten uncertainty and anxiety.** Unfortunately, in a new and rapidly changing situation it's inevitable that messaging to the public will change, as will guidance to responders. However, that can be interpreted by the public not as a sign that officials and responders are adapting appropriately to the evolving picture but that they don't know what they're doing. Transparency in the rationale for any changes may reduce this by minimizing perceptions that changes are arbitrary, or that officials are concealing dire new information.
4. **Professionals responding to serious outbreaks face significant role strain resulting from balancing professional obligations with personal and family concern for their safety.** This has been evident in previous outbreaks including Ebola epidemics in Central Africa (see the Research Corner for more on this example) and the global response to Severe Acute Respiratory Syndrome in 2002-2003. In addition to potentially being stigmatized in their communities, workers may face family resistance to continuing to report for work. And personal fears are not limited to worries about acquiring the disease but extend to practical concerns, such as who will care for their family if it's determined they need to be isolated for weeks.

Clearly there are no easy solutions to these issues in the current Ebola situation. Fears among some subset of the population are likely to remain disproportionately high; stigmatization of healthcare workers may continue, and responders will need to manage fears about their own safety while performing professional obligations. So far the extraordinary measures taken by healthcare professionals have succeeded at preventing any further spread of Ebola within the US, but public fears may be even more difficult to contain.

Ebola Resources

This year's Ebola outbreak has inspired a wealth of resources tasked with educating the public, healthcare, and emergency workers on the disease and how to prepare for and respond to it. We've collected the best of them here, grouped by type and topic.

Resource Hubs

Many health websites already have extensive collections of Ebola resources on their websites. In most cases, these websites are broken up into different sections or pages for different audiences. For example, New York State Department of Health's website offers links to different resource pages for healthcare providers, hospitals, EMS providers and the public. As more information becomes available or the situation changes visit these sites for updated resources:

New York State Hub

Governor Cuomo has launched a State information line to answer questions about Ebola. 1-800-861-2280 is free and trained operators are available. This line is for public health information purposes only. If you require medical attention, call your health care provider or 9-1-1 immediately.

- New York State Department of Health
  http://www.health.ny.gov/diseases/communicable/ebola/#public
- New York City Department of Health and Mental Health Hygiene
  http://www.nyc.gov/html/doh/html/diseases/ebola.shtml

National Hubs

- Center for Disease Control
  http://www.cdc.gov/vhf/ebola/
- US Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response. Ebola Information for Healthcare Professionals and Healthcare Settings
  http://www.phe.gov/Preparedness/responders/ebola/Pages/default.aspx
- Substance Abuse and Mental Health Services Administration (SAMHSA) Web Archives. Disaster Response-Ebola Outbreak in 2014
  http://archive.samhsa.gov/dtac/dbhis/dbhis_ebola_intro.asp

The Basics about Ebola

New York State Department of Health

Ebola Frequently Asked Questions
http://www.health.ny.gov/diseases/communicable/ebola/faq.htm

Ebola: Am I at Risk Palmcard
http://www.health.ny.gov/diseases/communicable/ebola/docs/palm_card.pdf

CDC

Signs and Symptoms
http://www.cdc.gov/vhf/ebola/symptoms/index.html

Is it Flu or Ebola?
http://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf

American Public Health Association

Ebola: What you need to know if you live in the U.S.
http://www.getreadyforflu.org/EbolaFacts.htm

Mental Health and Ebola Resources

World Health Organization

Psychological First Aid for Ebola Virus Disease Outbreak
http://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/

SAMHSA

Talking with Children: Tips for Caregivers, Parents, and Teachers during Infectious Disease Outbreaks.
http://store.samhsa.gov/shin/content//SMA14-4886/SMA14-4886.pdf

Coping With Stress during Infectious Disease Outbreaks.
http://store.samhsa.gov/shin/content//SMA14-4885/SMA14-4885.pdf

American Psychological Association

Managing Your Fear about Ebola.
http://www.apa.org/helpcenter/ebola-fear.aspx

Healthcare Resources

CDC

For Healthcare Workers (Includes references for patient evaluation, laboratory collections, transport, testing and submission, preparedness checklists, etc).
http://www.cdc.gov/vhf/ebola/hcp/index.html

Communication Resources (Includes posters, brochures, banners, infographics and videos to educate healthcare workers and the public on Ebola).
http://www.cdc.gov/vhf/ebola/resources/index.html#crfactsheets

Emory Healthcare

Ebola Preparedness Protocols (users must register to use website and read disclaimer).
http://www.emoryhealthcare.org/ebola-protocol/ehc-message.html

Miscellaneous Resources

NYS Department of Health

New York Schools & Ebola
http://www.health.ny.gov/diseases/communicable/ebola/docs/superintendents_guidance_ebola_outbreak.pdf

Questions and Answers about Cleanup of Ebola in Non-Health Care Settings
http://www.health.ny.gov/diseases/communicable/ebola/docs/cleanup_of_ebola_in_non-health_care_settings_q&a.pdf

CDC

Ebola and Pets
http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html

New York Disaster Interfaith Services

Ebola Resources for NYC Religious Leaders
http://www.nydis.org/nydis/nydisnet/2014/download/Ebola_Resources_for_NYC_Religious_Leaders_v1.pdf?

Ebola around the World

World Health Organization: Ebola and Marburg virus disease epidemics: Preparedness, alert, control, and evaluation
http://www.who.int/csr/disease/ebola/PACE_outbreaks_ebola_marburg_en.pdf

CDC

Questions and Answers: Infection Control in General Healthcare Settings in Countries with Widespread Ebola Transmission (Guinea, Liberia, and Sierra Leone)
http://www.cdc.gov/vhf/ebola/hcp/qa-infection-control-general-healthcare-widespread-ebola-transmission.html

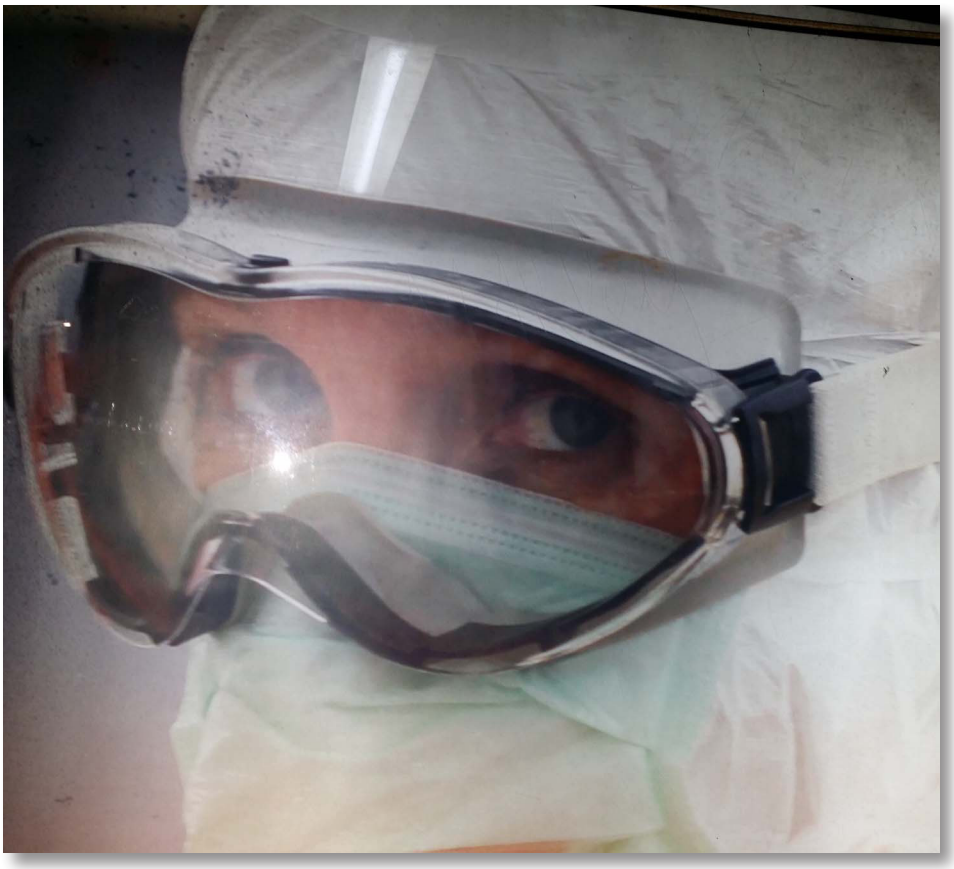
Research Corner: **Nursing Ebola Patients in Central Africa**

While Ebola is currently ravaging communities in Western Africa, the disease has previously impacted Central Africa in a series of outbreaks in the Democratic Republic of Congo in 1995, Uganda in 2000-2001, and Republic of Congo in 2003. Medical workers there were among the fatalities, especially in the 1995 epidemic when some 20% of the 250 victims were healthcare professionals. To understand the effect of professionals' experiences providing care through these outbreaks, Hewlett and Hewlett (2005) interviewed groups of nurses who had responded to each crisis. Not surprisingly, their biggest reported concern was an inadequate supply of protective equipment and medical supplies, an issue which is fortunately not likely to be relevant within the US. However, they also reported more psychosocial concerns that do cross borders, in particular stigma, fear, and duty.

Many faced stigma by community members, family members, and colleagues. For example:

"People were afraid to meet with the health care workers because they thought we would give them Ebola. Many people who were sick with other illness would stay home because Ebola was at the hospital. The people were afraid of any illness, so they neglected those sick in their families, they did not give food and let them lie alone, neglected."

"Our clothes were burned, and our children kept away from us, our families shunned us and were afraid of us. My children would not shake my hand and told me not to ride my bike home (from work) because it might carry Ebola."



They also reported fear for their own health, and especially concerns that they might infect loved ones:

"I kept myself away from my family. I did not know the incubation period. But in case, I kept myself away, I did not want to infect my family and friends."

Yet their sense of professional obligation kept them working:

"At first I felt very bad, I did not know about Ebola, I was not told much. But I overheard a rumor about this deadly disease that kills. I prayed to God about if I died, but it was a part of my work. There was no way for me to refuse. To refuse would be very bad, I am the head nurse of the ward, and it would be very difficult for the others to continue. Some nurses quit because their husbands wanted to reject them. I did not refuse."

"We are afraid. We question our safety. But we are obliged to our patients."

Comparing this research with anecdotal reports about healthcare workers' experiences in the US during the current outbreak demonstrates how universal the power of fear is – as well as how much more powerful many professionals' dedication to their work is.

Source
Hewlett, B.L. & Hewlett, B.S. (2005). Providing care and facing death: Nursing during Ebola outbreaks in Central Africa. Journal of Transcultural Nursing, 16, 289-297.