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The Psychosocial Response to the Ebola Health Emergency: Experience in Madrid, Spain

TO THE EDITOR—On 6 October 2014 the first case of secondary-ebola virus disease (EVD) outside Africa was diagnosed in Spain, triggering a health emergency leading to overreaction and unjustified fear among the population and causing a profound moral distress among health-care workers.

The high mortality rate of the disease, its contagiousness, and the strict biosecurity measures needed causes this emergency to produce specific sources of emotional stress, such as the fear of being infected, or the infection of others around, and also the fear of family and social stigmatization.

International emergency management protocols for EVD [1–4] give strong recommendations on the need for psychosocial intervention, although there are very few reported case experiences.

A relevant systematic review of the topic does not exist. There are some international guidelines [5] or recommendations based on the fieldwork of nongovernmental organizations like Doctors Without Borders [2] or international organizations like the World Health Organization [1].

Little is known about the effective psychological response in developed countries. Fear-driven behaviors will be expected, and public health planning should include the psychosocial support of the general population as well as infected patients, family members, and healthcare workers [6].

In this letter we will describe the key points of the Psychosocial Protocol followed in the recent emergency raised in Madrid [7].

The mental health team (MHT) was from the beginning, part of the clinical

management team and worked in coordination with the Public Health Department and the Communication team. Twelve psychiatrists and clinical psychologists from the hospital participated voluntarily. In sum, 24 affected people (15 cases in active observation, 8 under investigation, and 1 confirmed case), family and care team members (a total of 100 people) were attended.

During the emergency phase:

The MHT maintained a proactive and flexible attitude focused on the recognition and management of stress symptoms. The actions included:

- Daily emotional care of EVD case, quarantine cases, and their families.
- Psychological support for staff when needed. Also we established short daily periods for the voluntary practice of mindfulness exercises in groups.
- Detecting the most vulnerable groups to be treated as a priority.
- Comprehensive psychopharmacological and psychotherapeutic care, preventing the spread of prescriptions for medication.
- Emotional self-care of MHT-EVD professionals.
- Facilitating communication both with care teams and the media.

After the EVD emergency:

MHT focused on promoting the recovery and reintegration of the affected people, as well as evaluating the experience. For this purpose we have implemented professional debriefing groups to help understand the experience.

As a result of the intervention, 30 staff members were attended to individually and 50 in breathing and emotional expression groups in informal settings. Daily telephone interviews were conducted with

the confirmed case and the 16 people under observation. Eight of them received daily visits from a MHT professional. Five people have required mental health attention since being discharged from the hospital.

As lessons learned, the MHT should be involved in all phases of the emergency from the beginning to the post-crisis phase, including training the staff in emotional regulation techniques during the outbreak alert.

Supplementary Material

Supplementary material is available at http://www.madrid.org/cs/Satellite?cid=1354417754726&language=es&pageid=1191579451897&pagename=HospitalLaPaz%2FCM_Actualidad_FA%2FHFAZ_actualidad.

Notes

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