

GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF MPOX OUTBREAKS

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This document provides an overview of the psychosocial consequences of virus outbreaks, with a focus on mpox, and outlines key considerations for MHPSS programming.

This guidance note is intended for Red Cross Red Crescent National Societies and IFRC departments who may be responding to mpox in their country, or region. It includes guidance on:

- common reactions and behaviours in epidemics
- caring for staff and volunteers in health emergencies
- integration of MHPSS considerations for into health responses
- links to existing relevant materials.

FACTS ABOUT MPOX

During health emergencies, like the current mpox outbreaks, rumour and misinformation is common. It is important that volunteers and staff have clear, relevant, and accurate information about the virus and local responses. Volunteers and staff should be provided with regular updated fact-based information to share with people they are supporting in their work. Current global information about mpox can be found here: <https://www.who.int/news-room/fact-sheets/detail/mpox>

COMMON REACTIONS AND BEHAVIOURS IN EPIDEMICS¹

It is expected that people may be fearful of the disease causing the health emergency. This is a helpful response

1 Adapted from IFRC Psychosocial Centre, 2020, Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus. Available from: www.pscentre.org



as it alerts people to changes that may need to make to their behaviours to protect their health. Some common reactions include:

- fear of being sick, and of the way in which one dies
- fear of symptoms and diseases that are easily treated
- fear of falling ill and dying keep people from approaching health workers or health facilities
- fear of losing livelihood, not being able to work during isolation, and of being fired because the employer is afraid of contamination etc.
- feeling of helplessness and depression due to being isolated
- mistrust and anger of everyone associated with the disease.

Behaviours that are common in health emergencies include:

- stigmatization and fear of patients, healthcare workers and caregivers
- refuse approaches by volunteers and medical workers; threatening them verbally or physically
- refuse to care for unaccompanied or separated minors due to fear of contamination
- belief that prayer is the only thing that will save people.

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of lack of knowledge, rumours, and misinformation. It is important to correct misconceptions, at the same time as acknowledging that the feelings and subsequent behaviour is very real, even if the underlying assumption is false.

Specific stressors for responders

Emergencies are always stressful, but specific stressors particular to mpox outbreak affect the population as well as responders. The stressors include:

- risk of being contaminated and contaminating others
- strict bio-security measures:
 - physical strain of protective equipment
 - physical isolation and adhering to a no touch policy
 - constant awareness and vigilance required
 - strict procedures to follow leaving out spontaneity
- the tension between the public health priorities and the wishes of patients
- stigmatization of those working with mpox patients



- consequences of the outbreak in communities and families: deterioration of social network, local dynamics and economies, surviving patients rejected by their communities, possible anger and aggression against government and health structures, staff and volunteers etc.

CARING FOR STAFF AND VOLUNTEERS IN HEALTH EMERGENCIES

Recognizing the impacts on staff and volunteers working in emergencies are important as these contexts can be difficult, complex, and sometimes dangerous. Helping fellow human beings gives meaning, purpose and provides direction even in the face of adversity. However, the urgency of addressing the acute needs of affected populations can overshadow the fact that those responding are also exposed to loss, devastation, injury, and death. Staff and volunteers may be deeply affected by witnessing pain and suffering and they are often directly affected by the same crisis they are responding to.

Health workers, volunteers and local staff may be excluded from their ordinary social network and families due to engagement in the response. Volunteers in earlier virus disease outbreaks have reported that they are believed to be:

- disease carriers responsible for spreading the virus
- contagious, and therefore not welcome in their homes and in their family
- paid by the agencies or the Red Cross and Red Crescent to bring the disease into the community.

Volunteers may experience hostility from communities and stakeholders and be accused of not providing the necessary tools to protect people. Engaging with community leaders including faith leaders is a key step to counteract such misconception.

Minimum requirements of caring for volunteers

Emergency teams have a duty of care to their staff and volunteers. At minimum teams should ensure staff and volunteers:

- are trained on psychological first aid to be able to provide basic emotional and practical help
- are well informed about stress reactions, stress management and positive coping
- have access to protective equipment when needed
- have time for breaks and decent working hours
- are supported by managers to mitigate the effect of working in the response, and a sufficient budget is allocated for the above. A stepwise approach before, during and after mpox responses.



Suggested approaches to ensure the wellbeing of volunteers

- When recruiting, ask how volunteers have managed difficult experiences in previous emergencies/ outbreaks. Probe if have they have experience managing disease and outbreak operations.
- Ensuring volunteers know their limitations before engaging in operation e.g. related to personal experience, current stress level, and competencies in responding to a disease outbreak.
- Providing information about mpox as means of transmission, signs and symptoms, prevention measures, care, and treatment options. Having adequate information is a powerful tool for reducing fear, stigma, and panic.
- Informing volunteers that they can decline any task at any time if they for any reason do not feel or judge that they are not capable of carrying it out.
- Discussing personal safety measures as when to wear personal protective equipment and general precautions against contracting the virus.
- Explaining the impact of mpox on the psychosocial well- being, discuss the different ways volunteers may react to this stressful event, how they can manage their fears, emotions and take care of themselves.
- Giving clear descriptions of tasks, work schedules, breaks and days off, IFRC Code of Conduct and IFRC Child Protection Policy etc.
- Training volunteers on basic psychological first aid skills; how to recognize stress responses, to listen attentively, provide practical help and encourage positive coping.
- Discussing support systems available such as family, peers, community members, line managers, etc. that they can draw on.

INTEGRATION OF MHPSS CONSIDERATIONS INTO HEALTH RESPONSES

Where possible, MHPSS activities should be integrated into responses to health emergencies. Activities will differ depending on the context and impacts of the epidemic. Ongoing assessments and monitoring will inform which MHPSS activities are the most appropriate at any given time.

The following outlines some recommended minimum actions for the integration of MHPSS consideration into mpox responses.

Minimum actions for health/emergency teams

- Add key messages relating to mental health and wellbeing impacts of mpox.
- Ensure frontline workers are briefed on mpox sensitization messages so they can provide correct



information to the community. This can increase calm, sense of safety, and trust in epidemic responders and their efficacy.

- Ensure access to care for people with mental health conditions.
- Train frontline workers and community leaders in basic psychosocial support skills
- Add MHPSS assessment questions to ongoing assessments.

Minimum actions for MHPSS teams

- Advocate for integration of MHPSS activities and for access to care for people with mental health conditions.
- Support health/emergency teams to integrate key messages mental health and wellbeing impacts of mpox.
- Support health/emergency teams to integrate MHPSS assessment questions to ongoing assessments.
- Support health/emergency teams with analysis of assessment results and planning for MHPSS activities, as needed.
- Support health/emergency teams to develop, adapt, and distribute clear, relevant, and accurate information, education and communication materials that includes both physical and mental health information.
- With your HR function, ensure that peer support activities are being implemented and if not, advocate to your HR department to implement peer support.
- Basic training in psychological first aid and supportive communication for volunteers, health, and community workers.

Coordination of MHPSS actions

Effective MHPSS programming requires close coordination among all aspects of the emergency response. It is recommended that MHPSS teams ensure they are coordinating with stakeholders inside their National Society as well as with external partners. In health emergencies, external partners may be different to organisation partnered with in other types of disasters.

In epidemic responses is important to collaborate with communication teams so that public messaging includes MHPSS considerations.

Communications considerations²

It is extremely important to communicate in a supportive way when visiting and talking to people affected by mpox as they may be scared and mistrustful. Staff and volunteers should be well briefed about the disease, so they feel confident about the messages they deliver, and they should be trained in psychological first aid,

2 Adapted from IFRC Psychosocial Centre, 2020, Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus. Available from: www.pscentre.org



supportive communication, and active listening.

Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside. Acknowledgement of the experiences can relieve built up anxiety, provide an opportunity to establish a supportive relationship, and enable people to start helping themselves.

When interacting consider and acknowledge the needs of every person and group:

- age, as children need things explained in simpler language
- gender e.g. women may prefer to talk to women and men to men
- culture e.g. some groups may prefer not to hold eye contact
- faith e.g. when people need to pray or what they can eat
- needs and disabilities where assistance may be required.

Key psychosocial phrases conveying interest and empathy:

- I hear your concerns ...
- You have the right to be (sad, angry ...)
- I hear what you are saying ...
- I am hearing that you are worried ...
- In this situation, your reaction is to be expected ...
- Maybe we can discuss possible solutions ...
- What we can offer is ...
- I am concerned about you ...
- With your consent, we would like to ...

MHPSS assessment^{3,4}

It is important to assess needs to guide planning for potential MHPSS activities. MHPSS assessments should be coordinated. This may include with other departments within the National Society, with partner National Societies, the IFRC, the ICRC and/ or with external stakeholders.

The following are suggested assessment questions that can be used to determine MHPSS needs and capacities.

3 Developed by the M&E subgroup of the MHPSS Surge Workstream.

4 Additional assessment guidance included under Relevant Materials.

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Assessment questions	Method of data collection	Potential sources
Initial assessment		
1. How have the consequences of the disaster affected communities' ability to cope post disaster (considering the pre disaster context)? <ul style="list-style-type: none"> a. What are the prior/existing stressors and/or traumatic events? b. Existence of poverty, conflict, climate risks, inequality, and discrimination etc. c. Communities freedom to act. 	Secondary data review	EM-DAT/Uppsala Conflict database, Country reports, risk registers, Census data, Human Rights Watch, Impact reports, hazard assessments
Rapid assessment		
1. Are there sufficient and appropriate MHPSS resources to cope with the demand for MHPSS support? <ul style="list-style-type: none"> a. Are there a sufficient MHPSS responses being provided/or planned (by any actor, nationally or internationally)? b. Does the current NS have capacity to respond to MHPSS needs? 	Key informant interviews / Direct observations	National Society staff and/or volunteers / other MHPSS stakeholders
2. What is the severity of the disaster impact on people's mental health and ability to cope? <ul style="list-style-type: none"> a. Since the event, what changes have you noticed in yourself and others? b. Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond? c. In the community, how is mental health perceived, do people support each other (how?) and what resources are there? 	Key informant interviews / Direct observations	Affected community / community members



RELEVANT MATERIALS

Caring for staff and volunteers

[Caring for staff and volunteers](#) (video), IFRC Psychosocial Centre

[Caring for Volunteers: A Psychosocial Support Toolkit](#), IFRC Psychosocial Centre

[Guidelines for Caring for Staff and Volunteers in Crises](#), IFRC Psychosocial Centre

Integrating MHPSS

[An engagement tool for introducing MHPSS](#), Working Group 1 of the MHPSS Roadmap

[Key messages to support the integration of MHPSS across 4 specific sectors](#), Working Group 1 of the MHPSS Roadmap

Basic PSS and PFA

[Mapping of basic psychosocial support courses](#), Working Group 1 of the MHPSS Roadmap

[A Short Introduction to Psychological First Aid](#), IFRC Psychosocial Centre

Psychoeducation

[Psychological Coping during a Disease Outbreak For families, friends, colleagues of those in quarantine or self-isolation](#), Hong Kong Red Cross and Japanese Red Cross

MHPSS assessment

[Rapid Assessment for Psychosocial Support and Violence Prevention](#), International Federation of Red Cross and Canadian Red Cross

[Lessons learnt: MHPSS Assessments](#), Working Group 4 of the MHPSS Roadmap

[Assessment Monitoring Tools and Preparedness Plan for MHPSS](#), Working Group 1 of the MHPSS Roadmap

[Multi-sectoral MHPSS Needs and Resources Assessments Toolkit](#), IASC MHPSS Reference Group

