

## Editorial

# The mental health professional at the feet of the Ebola virus: individual treatment and global mental challenges

Jude Mary Cénat, Oléa Balayulu-Makila, Daniel Derivois, Nereah Felix, Joana N. Mukunzi, Jacqueline Bukaka, Jean-Pierre Birangui and Cécile Rousseau



## Summary

Mental health professionals form an important component of the response teams currently working in the Democratic Republic of the Congo to treat what is historically the second-largest Ebola outbreak. They provide psychological treatment to patients under extraordinary conditions, helping them cope with anxiety and the daily death of other patients.

## Declaration of interest

None.

## Keywords

Ebola virus disease; mental health professional; Democratic Republic of the Congo; individual treatment; global challenges.

## Copyright and usage

© The Royal College of Psychiatrists 2019.

**Jude Mary Cénat** (pictured) is a professor of psychology and Director of the Vulnerability, Trauma, Resilience and Culture Research Laboratory at the University of Ottawa. **Oléa Balayulu-Makila** is a clinical psychologist and PhD student at the University of Bourgogne Franche-Comté. Since 2007, he has worked as a psychologist during seven Ebola outbreaks. **Daniel Derivois** is a professor of clinical psychology and psychopathology at the University of Bourgogne Franche-Comté, and is Assistant Director of the Laboratory of Psychology Interpersonal Dynamics and Identity Processes (Psy-DREPI, EA458) in France. **Nereah Felix** received her BA from the University of Ottawa. She is completing a Master's degree in counselling psychology at the University of Ottawa. **Joana Mukunzi** received her BSc in psychology from the University of Ottawa. She is a research assistant on the Democratic Republic of the Congo Ebola and Community Mental Health Project. **Jacqueline Bukaka** is a professor at the University of Kinshasa. She is a co-investigator of the Democratic Republic of the Congo Ebola and Community Mental Health Project. **Jean-Pierre Birangui** is a professor at the University of Lubumbashi. He is a co-investigator of the Democratic Republic of the Congo Ebola and Community Mental Health Project. **Cécile Rousseau** is a professor at McGill University. Her research focuses on refugee mental health and violent radicalization.

In November 2018, the Ebola virus epidemic in North Kivu and Ituri in the Democratic Republic of the Congo (DRC) became the second-largest epidemic of Ebola virus disease and the second deadliest in history, behind that in West Africa from 2014 to 2016.<sup>1</sup> Despite progress in treatment, as of 24 March 2019, the epidemic has caused 634 deaths out of 951 confirmed and 65 probable cases; a mortality rate of 62.40%.<sup>2</sup> This tenth epidemic of Ebola virus in the DRC was officially declared on 1 August 2018, only 1 week after the declaration of the end of the ninth epidemic, 1200 km away. Although the World Health Organization (WHO) did not report the epidemic as a public health emergency of international concern, regionally, the WHO considered the risk associated with the Ebola virus spreading as 'very high'.<sup>1</sup> Concern is starting to reach neighbouring countries and many are considering the possibility of a global epidemic, since the spread of the Ebola virus in cities such as Butembo, with a population of 1.2 million people.<sup>1,3,4</sup>

To counter the epidemic in this region, teams of doctors, nurses, hygienists and many who specialise in various trades, risk their lives in attempting to treat those infected by the Ebola virus every day. In Ebola treatment centres, the ill suffer both physically and

psychologically because they are plagued by the fear of death as well as hurt by the distress and rejection of others. As patients deal with the agony of physical pain caused by the disease, the psychological pain that accompanies it can be terrifying for patients who cannot be supported by their loved ones.

Almost every day since the beginning of the North Kivu epidemic, people have died in treatment centres. Every newly deceased individual causes an increase in anxiety for those who are receiving treatment and their caregivers. Therefore, in these situations, patients cry and often say that they feel as if they are losing their minds in this isolated space, in which they are in constant proximity to death. Although the biosecure emergency care units (CUBEs) for outbreaks currently used to treat patients decrease physical isolation, the psychological isolation that they experience in the face of death remains.

Amid the health professionals who work to help the ill in coping with suffering and death are psychologists. As displayed in Fig. 1, psychologists are not working in offices, but are literally at the bedside of the patient. Whether dressed in overheated outfits to be closer to the ill who cannot see their faces, or dressed in street clothes to work with them from outside their CUBE, with the risk of breaking confidentiality, these psychologists also risk their lives both for those who will die and those who will survive.

In this Ebola treatment centre in Beni (Fig. 1), psychologists see patients two to three times a day and are there to respond to their distress and anxiety attacks, for which medical treatments against the Ebola virus disease can do nothing. While accompanying the dying has never been easy for mental health professionals, the current Ebola outbreak differs from the situations they are used to with patients with cancer or even HIV/AIDS in the 1980s and 1990s. This is a virus that, despite precautions, healthcare workers are constantly at risk of catching. As of 24 March 2019, 78 healthcare workers had caught the Ebola virus, resulting in 27 deaths. It is often by becoming aware of their own fear that psychologists try to work with the ill to diminish their fears and those of their family members, while attempting to relieve the acute trauma symptoms of the Ebola virus disease. Psychologists also support other health professionals, health support staff and safe



**Fig. 1** Picture taken in Beni (North-Kivu). A clinical psychologist in session with a patient with the Ebola virus disease.

and dignified burials teams who face the daily death of patients in the centres.

The consequences of Ebola on the mental health of survivors, families, communities and members of the response teams are plentiful; therefore, the work of these psychologists is crucial. This work is especially essential in a region where violence and war constitute interpersonal trauma on a national and regional level. For this to work, it is important that studies be conducted to observe community strategies and mechanisms of resilience and coping. Cultural factors also need to be considered to better understand and develop culturally sensitive intervention programmes. These studies must also develop resources to assist governments and

communities to be better equipped to prevent subsequent epidemics. These are global mental health and public health actions we must begin as soon as possible to help communities cope in a country that is in dire need of mental health professionals.

Until this research is established, the results are known, and programmes are based on solid evidence and real needs of the communities, the work of these mental health professionals at the feet of Ebola virus should be acknowledged – it is part of the humanisation of the fight against the Ebola epidemic.

**Jude Mary Cénat** , Professor, School of Psychology, University of Ottawa; and Director, Vulnerability, Trauma, Resilience and Culture Research Laboratory, University of Ottawa, Canada; **Oléa Balayulu-Makila**, PhD Student, Laboratory of Psychology Psy-DREPI, University of Bourgogne Franche-Comté, France; and Lecturer, Department of Psychology, University of Kinshasa, Democratic Republic of the Congo; **Daniel Derivois**, Professor, Department of Psychology, University of Bourgogne Franche-Comté; and Assistant Director, Laboratory of Psychology Psy-DREPI (EA458), France; **Nereah Felix**, MA Student, Department of Education, University of Ottawa, Canada; **Joana N. Mukunzi**, Research Assistant, School of Psychology, University of Ottawa, Canada; **Jacqueline Bukaka**, Professor, Department of Psychology, University of Kinshasa, Democratic Republic of the Congo; **Jean-Pierre Birangui**, Professor, Department of Psychology, University of Lubumbashi, Democratic Republic of the Congo; **Cécile Rousseau**, Professor, Division of Social and Cultural Psychiatry, McGill University, Canada

**Correspondence:** Jude Mary Cénat, School of Psychology, University of Ottawa, 4017 Vanier Hall, 136 Jean-Jacques-Lussier, Ottawa, Ontario, K1N 6N5, Canada. Email: [jcenat@uottawa.ca](mailto:jcenat@uottawa.ca)

First received 18 Jan 2019, final revision 1 Apr 2019, accepted 23 Apr 2019

## Funding

This article was supported by grant 108968 from the International Development Research Centre.

## References

- 1 World Health Organization (WHO). *Ebola Virus Disease – Democratic Republic of the Congo: External Situation Report 34*. WHO, 2019 ([https://apps.who.int/iris/bitstream/handle/10665/311507/SITREP\\_EVD\\_DRC\\_20190326-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/311507/SITREP_EVD_DRC_20190326-eng.pdf?ua=1)).
- 2 DRC Ministère de la Santé; World Health Organization Africa. *Ebola in DR Congo North-Kivu 2019 Surveillance Dashboard*. DRC Ministry of Health and World Health Organization, 2019 (<http://who.maps.arcgis.com/apps/opsdashboard/index.html#/f9003796864241b99d21474025f3667e>).
- 3 Gostin LO, Kavanagh MM, Cameron E. Ebola and war in the Democratic Republic of Congo. *JAMA* 2019; 321: 243–4.
- 4 Nuzzo JB, Inglesby TV. Ramping up the response to Ebola. *N Engl J Med* 2018; 379: 2490–1.