

Psychological First Aid for Mpox Victims and their Families in the Niger Delta, Nigeria

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ABSTRACT

The Mpox outbreak, particularly in regions such as Calabar and other environments Nigeria, has underscored the profound psychological and social challenges faced by both victims and their families. This paper explores the critical role of psychosocial support, specifically Psychological First Aid (PFA), in mitigating the emotional distress caused by Mpox. Mpox victims experience heightened anxiety, stress, and social stigma, especially due to the visible symptoms of the disease, such as rashes. In addition, the emotional burden extends to their families, who often face caregiving stress and societal ostracism. PFA offers immediate relief by promoting safety, calmness, and connectedness, while long-term interventions, including mental health services and social reintegration strategies, address ongoing psychological challenges. By fostering resilience and reducing stigma, this paper outlines how healthcare professionals, mental health workers, and communities can work together to improve the mental well-being of Mpox-affected populations. The paper also highlights the need for culturally adapted PFA interventions that address the unique socio-economic and psychological contexts of regions like Nigeria.

Key terms: Mpox, Psychological First Aid, Stigma, Psychosocial Support, Mental Health

INTRODUCTION

The psychological impact of epidemics is profound, often triggering widespread fear, anxiety, and uncertainty in affected populations. Epidemics disrupt daily routines, cause social isolation, and generate fear of infection, all of which contribute to heightened stress levels. For those infected, the stigma associated with the disease can lead to feelings of shame and social ostracism, while their families may experience emotional distress and worry. In the case of Mpox, victims face additional challenges due to its visible symptoms, such as rashes, which may lead to body image issues, social stigma, and fear of rejection. These psychological effects are exacerbated by quarantine measures and misinformation about the disease. Providing mental health support, such as Psychological First Aid (PFA), becomes essential to mitigate the emotional and social burdens on both victims and their families during Mpox outbreaks (Lau et al., 2021; WHO, 2022).

Mpox, formerly known as Monkeypox, is a zoonotic disease that has emerged as a significant public health concern in parts of Nigeria and around the world in August 2024. This viral infection, caused by the Monkeypox virus, presents symptoms similar to those of smallpox, including fever, rashes, and swollen lymph nodes. Although it is typically self-limiting, the outbreak has created widespread fear, leading to psychological distress for both the infected individuals and their families. As with many infectious disease outbreaks, addressing the psychological impact is crucial in managing the overall health crisis (WHO, 2022).

Psychological First Aid (PFA) provides essential mental health support to those affected by crises, including infectious disease outbreaks like Mpox. PFA helps reduce distress, enhance coping strategies, and promote psychological recovery in affected individuals and their families (Everly & Flynn, 2017). This paper explores the components of PFA for Mpox victims and their families, including key interventions aimed at reducing anxiety, promoting resilience, and enhancing mental well-being during the outbreak.

PSYCHOLOGICAL IMPACT OF MPOX ON VICTIMS AND FAMILIES

Mpox victims often experience high levels of stress and anxiety due to the uncertainty surrounding their diagnosis, the physical symptoms of the disease, and the stigma associated with it. A study by Lau et al. (2021) highlighted that infectious diseases with visible symptoms like rashes tend to exacerbate feelings of shame and social isolation in patients. Moreover, the quarantine measures and the potential long-term physical and social consequences of Mpox increase the psychological burden.

Families of infected individuals also face significant emotional strain. The fear of transmission, concern for their loved one's health, and social stigmatization add to their psychological stress (Shultz, 2019). They may also face logistical challenges, such as managing healthcare for the victim, while dealing with fear and uncertainty. Therefore, psychological first aid is necessary to mitigate the immediate and long-term psychological effects on both patients and their families.

The psychological impact of Mpox in Nigeria, like other epidemics, is deeply concerning, with affected individuals and communities experiencing heightened levels of stress, anxiety, and social stigma. For Mpox victims, the visible symptoms such as rashes, lesions, and swelling amplify feelings of shame, embarrassment, and fear of discrimination. In the Nigerian context, where cultural perceptions of illness often include fear of contagion and superstition, Mpox victims may face severe social isolation, rejection, and stigma. This isolation is particularly significant in rural communities where misconceptions about the disease can lead to exclusion from family, friends, and even religious groups. In addition to social stigma, fear of the disease's spread fosters widespread anxiety among the general population, with many people worried about inadequate healthcare facilities and lack of clear information on Mpox's transmission and treatment (Lau et al., 2021; NCDC, 2022).

Moreover, the economic impact of quarantining and isolation measures worsens the psychological burden, particularly for daily wage earners and low-income families in Nigeria. Many individuals infected with Mpox or suspected of being infected are quarantined, leading to financial strain, especially for those who cannot work remotely or rely on daily earnings to survive. This financial uncertainty compounds the anxiety faced by families, heightening fears not only for health but for their livelihood. The Nigerian healthcare system's overstretched capacity, coupled with the limited mental health resources available in many regions, means that psychological support for Mpox victims and their families is often lacking. As a result, many may suffer from untreated anxiety, depression, and post-traumatic stress related to their illness or the outbreak (Van Bavel et al., 2020).

To mitigate these effects, psychological first aid (PFA) tailored to Nigeria's socio-cultural context is critical. Providing clear, consistent information about Mpox through trusted channels, reducing stigma through public health education, and increasing access to mental health services are key strategies for addressing the psychological toll of Mpox in Nigeria. Programs should also focus on supporting the mental health of healthcare workers on the frontlines, who may face burnout and secondary trauma from the overwhelming demands of treating Mpox patients (Shultz, 2019).

Components of Psychological First Aid (PFA)

PFA is a set of strategies designed to alleviate distress and promote adaptive functioning following a crisis (Hobfoll et al., 2007). It is especially useful in the context of public health emergencies, where victims and families may experience high levels of psychological distress. The core principles of PFA include creating a sense of safety, promoting calm, enhancing connectedness, ensuring self-efficacy, and instilling hope (Everly & Flynn, 2017).

Victims of Mpox may experience anxiety due to the uncertainty of their health and the course of the illness. The first step in PFA is to create an environment where the individual feels safe and secure. This can be achieved by providing clear information about the disease, its progression, and the medical treatments available. It is essential to establish trust between healthcare providers and patients to foster a sense of control and safety (Brymer et al., 2006).

Anxiety, fear, and panic are common psychological reactions during disease outbreaks. PFA emphasizes

techniques to promote calm among Mpox victims and their families. Techniques such as deep breathing, mindfulness, and progressive muscle relaxation can help manage anxiety (Shultz et al., 2016). Healthcare providers should also encourage families to take breaks from distressing news and social media, which may amplify fears.

Social isolation and quarantine measures can lead to feelings of loneliness among Mpox victims. Maintaining connections with loved ones and social support networks is crucial for psychological well-being (Van Bavel et al., 2020). In the age of technology, virtual communication tools can be utilized to keep families and patients connected. This connectedness helps provide emotional support and mitigates feelings of abandonment or isolation.

Self-efficacy refers to an individual's belief in their ability to manage and overcome difficult situations. Victims of Mpox and their families may feel helpless in the face of the disease, which can exacerbate their psychological distress. PFA encourages healthcare professionals to help individuals regain a sense of control by empowering them with knowledge about the disease and its management, as well as equipping them with coping strategies to manage their mental health (Bandura, 1997).

Finally, PFA involves fostering a sense of hope and optimism. For Mpox victims and their families, this can be achieved by highlighting positive stories of recovery, providing encouragement, and reminding them that with proper medical care, the disease is often treatable (Brymer et al., 2006). The focus should be on fostering resilience and reinforcing the idea that the current situation is temporary and manageable.

Application of Psychological First Aid to Mpox Victims

The primary application of PFA for Mpox victims involves immediate interventions aimed at reducing their distress and promoting their psychological resilience. Medical professionals and mental health workers should approach patients with empathy, providing reassurance about the nature of the disease while addressing their concerns. Consistent communication about their health status and treatment plans can help victims feel more in control (Lau et al., 2021).

In cases where victims face visible symptoms such as rashes, healthcare providers must be attentive to the emotional responses triggered by the appearance of these symptoms. Visible physical symptoms can often lead to embarrassment or fear of stigmatization. Victims should be encouraged to discuss their feelings, and mental health professionals should provide emotional validation while helping them cope with their body image concerns (Everly & Flynn, 2017). Medical professionals and mental health workers should establish an open line of communication, offering regular updates on health progress to alleviate fears of the unknown. This approach can mitigate feelings of helplessness, promoting psychological resilience as patients begin to adapt to their circumstances. Importantly, professionals must be attentive to the emotional responses caused by visible symptoms like rashes, which can exacerbate feelings of embarrassment or fear of stigmatization. Victims should be encouraged to express their concerns, while mental health workers validate their emotions and provide coping strategies to manage any body image distress (Everly & Flynn, 2017).

Families of Mpox victims often bear a heavy emotional load. PFA for families focuses on offering emotional support and helping them navigate the challenges of caregiving while maintaining their mental health. Health professionals should help families balance their caregiving responsibilities with self-care to avoid burnout (Shultz, 2019). Furthermore, maintaining open channels of communication between family members and healthcare providers can help families feel informed and reassured during the patient's treatment.

Families may also face social stigmatization due to their association with an infected individual. PFA interventions should address these concerns by promoting family resilience, offering coping strategies for stress, and providing psychological resources to manage stigma (Lau et al., 2021). Ensuring that families have access to mental health services during and after the patient's recovery is vital for their long-term psychological well-being. PFA interventions for families of Mpox victims are equally critical, as they often bear a significant emotional burden. Families frequently encounter stress related to caregiving and concerns over the well-being of their loved ones, which can lead to burnout if not properly managed. Healthcare providers should offer

families emotional support by helping them navigate these challenges and encouraging self-care practices to ensure they maintain their own mental health (Shultz, 2019). Communication plays a pivotal role, as maintaining transparency between healthcare teams and families helps reduce uncertainty and fosters trust in the treatment process. Additionally, families may face stigmatization due to their association with infected individuals, making it essential for PFA to include interventions that build family resilience. This can involve offering families psychological resources, such as counseling, and providing guidance on how to cope with social stigma and maintain psychological well-being during and after the recovery process (Lau et al., 2021).

Furthermore, long-term mental health support is crucial for both Mpox victims and their families. While the initial focus of PFA is to address immediate distress, ensuring access to continuous mental health services is vital for sustainable emotional recovery. Victims may continue to struggle with the aftereffects of the disease, including anxiety, depression, or post-traumatic stress, particularly if they have faced significant social isolation or stigma. Families also need ongoing support as they readjust to post-recovery life, particularly if the epidemic has had lasting socio-economic consequences on their household. By offering comprehensive mental health services, including therapy and community support groups, healthcare providers can promote holistic recovery and long-term psychological resilience in Mpox-affected populations (Everly & Flynn, 2017).

CONCLUSION

The outbreak of Mpox in Nigeria presents a significant challenge, not only to the physical health of affected individuals but also to their psychological well-being. Psychological First Aid serves as an essential intervention to mitigate the mental health impacts of Mpox, helping victims and their families manage the anxiety, fear, and social stigma associated with the disease. By promoting a sense of safety, calm, connectedness, self-efficacy, and hope, PFA can support the emotional recovery of Mpox victims and their families during this challenging time.

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