



**MINISTRY OF HEALTH**  
**24-26 GRENADA CRESCENT, KINGSTON 5, JAMAICA**  
**EMERGENCY, DISASTER MANAGEMENT AND SPECIAL SERVICES BRANCH**  
TELEPHONE NOS. 1876-633-7922 CUG-1876-317-9980 Email: melodyennis5@gmail.com

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## **PSYCHOSOCIAL SUPPORT FOR PREGNANT WOMEN, PERSONS WITH GUILLAIN-BARRÉ SYNDROME AND / OR FAMILIES AFFECTED BY ZIKA VIRUS**

### **INTRODUCTION**

On 1 February 2016, the World Health Organization (WHO) announced that a cluster of microcephaly and other neurological disorders reported in Brazil is a Public Health Emergency of International Concern (PHEIC). The incidence of Microcephaly and / or Guillain-Barré syndrome (GBS) has increased in several countries, concurrent with a Zika virus outbreak.

Physicians, Nurses and other healthcare providers must be aware of the strategies to be utilized when consulting with the following groups of persons and their families:

- pregnant women
- pregnant women with suspected or confirmed Zika virus infection
- pregnant women who know they carry a child with suspected microcephaly
- caregivers and families of an infant with microcephaly
- persons with GBS and other neurological disorders

Psychosocial support is the process of addressing the psychological and social issues associated with a particular crisis. In this instance, the crisis is related to the Zika virus outbreak. The team involved in the provision of psychological support includes but is not limited to the:

- Primary healthcare provider
- Obstetrician / Gynaecologist
- Paediatrician
- Registered Nurse / Midwife
- Neurologist, or other Physician or Surgeon

## **PSYCHOSOCIAL SUPPORT**

### **1. ACCURATE INFORMATION**

Providing accurate information about Zika virus disease and its suspected effects is important not only for public health reasons but also because it can reduce anxiety in people and their communities. It is important to realize that different agencies and different media channels often provide information that may be inconsistent or contradictory. Unverified but plausible-sounding rumours communicated through social media can cause serious distress. Affected women and their families will be receiving information from many different sources. Healthcare providers need accurate information when providing support to women with Zika virus infection during pregnancy, or to persons with GBS.

The following are recommended:

- Keep up-to-date with the latest scientific information on the Zika virus, GBS and its potential consequences
- Be aware of the latest guidance on assessment and management of Zika virus, GBS, and its potential consequences (including Ministry of Health's guidance)
- Get acquainted with available services and support / referral systems for people and their families affected by Zika virus infection during pregnancy and / or Microcephaly and GBS. This includes phone numbers for hospital, emergency room, ambulance, women's crisis centres and if indicated, poor relief departments

Affected persons and their families should be referred to the Mental Health team for further assistance in the following areas:

- A. If there is concern that the patient or relatives may have a diagnosable mental disorder which needs expert assessment and management. This would include the presence or severity of psychological symptoms of:
  - a. Depression
  - b. Anxiety
  - c. Fearfulness
  - d. Hopelessness
  - e. Death wish
  - f. Insomnia
  - g. Psychotic symptoms such as hallucinations
  - h. Thoughts of self-harm, harming baby or others

- i. Excessive guilt and shame
- B. If for any reason the Physician / Nurse requires a Consultant's opinion.

## **2. CONVEYING HEALTH INFORMATION**

Health information should be conveyed in a manner that is understandable, socially acceptable and considerate of the person's well-being. The actions and attitudes of the healthcare provider, in the assessment and management of these conditions, can have an impact on the psycho-social well being of the patients and their families. The following checklist is to be observed:

- Allocate enough time for each patient
- Ensure confidentiality
- Invite a trusted partner or family member to the session
- Provide accurate and understandable information on all assessments and investigations before they occur and on the results of those tests
- Find out what the person and partner know about Zika and / or Microcephaly, GBS and other neurological complications. Listen, and observe reactions (thoughts, feelings)
- Educate the person(s) about Zika in pregnancy, or GBS and other possible complications
- Check again to see if there is understanding of test results and implications. Correct gently if necessary
- Encourage note taking and keep an open door policy to further questions
- Share information about referral for social, psychological and physical health needs
- Restate and confirm next steps
- Explore any fears or concerns that person(s) may have and solutions they are considering, so that any potentially harmful behaviour can be discouraged (e.g. involvement of certain traditional practices like obeah)

## **3. SUPPORTIVE COMMUNICATION**

- Use simple language; avoid excessive use of technical terms
- Remain calm, and understanding, even if persons are upset, anxious or angry
- Show empathy

- Listen, and encourage but do not force persons to share their story
- Don't talk too much, allow for silence to give space for the person to talk
- Be genuine and sincere in offering help and care

**PRACTICAL DO'S AND DON'TS OF SUPPORTIVE COMMUNICATION**  
(adapted from WHO et al)

<b>DO'S</b>	<b>DON'TS</b>
√ Try to find a quiet place to talk, and minimize outside distractions	<b>x</b> Don't pressure someone to tell their story
√ Provide actual information, if you have it. Be honest about things you know and don't know. "I do not know, but I will try to find out about that for you and will let you know as new information on this becomes available"	<b>x</b> Don't take away the person's strength and sense of being able to care for themselves
√ Let them know that you are listening; for example, nod your head or say: hmmm....."	<b>x</b> Do not blame the person for becoming pregnant
√ Be patient and calm	<b>x</b> Do not blame the person for not using insect repellent
√ Give information in a way that people can understand - keep it simple	<b>x</b> Don't interrupt or rush someone's story (like looking at your watch or speaking too rapidly)
√ Respect people's right to make their own decisions.	<b>x</b> Don't make up things you do not know
√ Be aware of and set aside your own biases and prejudices	<b>x</b> Don't feel, think and act as if you must solve all the person's problems for them
√ Make it clear to people that even if they refuse help now, they can still access help in the future	<b>x</b> Don't use overly technical terms
√ Respect privacy and keep the person's story confidential, if appropriate	<b>x</b> Don't give false promises or false assurances
√ Acknowledge the person's strengths and how they have helped themselves	<b>x</b> Don't feel you have to try to solve all the person's problems for them
√ Allow for silence	<b>x</b> Don't tell them someone else's story

DO'S	DON'T'S
√ Make sure you understand what people say by repeating what you understood to them, and asking them if you understood them correctly	x Don't judge what the person has done or has not done, or how they are feeling. Don't say..."You shouldn't feel that way"
√ Behave appropriately by considering the person's culture, age and gender	x Don't talk about your own troubles
√ Be sensitive. Acknowledge how they are feeling about things: "I am sorry. I can imagine this is very sad for you"	

#### 4. COMMON REACTIONS OF PREGNANT WOMEN INFECTED BY ZIKA VIRUS

Normally, about one in five women will present with symptoms of distress during pregnancy and childbirth. This is likely to increase in women infected with Zika virus. Some symptoms include:

- Irritability, anger
- Guilt, shame
- Insomnia, nightmares
- Physical symptoms (shaking, headaches, feeling very tired, loss of appetite, aches and pains) with organic cause
- Crying, sadness, depressed mood, grief
- Excessive worry, anxiety, fear

#### 5. BASIC PSYCHOSOCIAL SUPPORT

A key feature of basic psychosocial support to: 1) women who are afraid of giving birth to a child with microcephaly, 2) persons who have GBS or other neurological complications, is asking about their needs and concerns and trying to help them to address these. The healthcare provider should:

- ask about person's needs and concerns around:
  - pregnancy and having had Zika virus
  - carrying a child with Microcephaly
  - having a child with Microcephaly
  - having GBS or other neurological complications

- listen to them carefully. Try to understand what is most important to them at this moment, and help them work out what are their priorities
- help persons address urgent needs and, where possible, their concerns
- give accurate information
- help persons with any decision-making, as necessary
- help connect persons with loved ones and social support e.g. church, women's crisis centres, support groups etc., Poor Relief Department, Ministry of Labour and Social Services.
- if feasible, consider discussing with women affected by Zika how they can help each other, or with persons who are diagnosed with GBS, whether they could benefit from a support group
- if relevant, teach people basic stress management techniques

Basic psychosocial support, using the above principles, should be provided to pregnant mothers, those with babies with microcephaly and persons with GBS and other neurological complications. The provider is reminded to always ask about any other needs or concerns the person may have. Do not presume that Zika and its possible consequences are people's main concern. They may have other concerns such as financial and family problems, including domestic violence, social needs, as well as other health problems, including mental health problems. Link these people to the relevant services and supports to address these needs and concerns.

## **6. STRENGTHENING SOCIAL SUPPORT**

Persons are better able to cope with stress if they have friends, family or community groups that can offer care and support. The healthcare provider will need to:

- Express the desire to help the person strengthen their social support. Explain what this means, and ask specifically how the person would like their support to be strengthened e.g. spending time with friends and family; or using needed resources from trusted persons or linking to community organizations or agencies to get support
- Help the person to have a specific plan regarding increasing social support, look for potential obstacles and ways to overcome them

## **7. STRESS REDUCTION**

The person's concerns and perception of others' reaction may result in a lot of stress. Various stress reduction techniques may be utilized such as:

- Coping through problem solving:
  - by linking to social services and resources in community

- addressing discrimination
- identifying ways to emotionally cope with stressors that cannot be resolved
- Encourage positive coping mechanisms, for example:
  - Get enough rest
  - Eat regularly, drinking water
  - Talk and spend time with family and friends
  - Discuss problems with someone you trust
  - Engage in helpful activities such as praying, scripture reading (if spiritual), walking and singing
  - Engage in physical exercises
  - Use relaxation techniques (add music, imagery)
  - Manage “worry” by limiting time spent focusing on the problem and consider journaling instead
- Discourage negative coping such as:
  - Smoking or drinking alcohol
  - Sleeping all day
  - Working excessively
  - Isolating self
  - Neglecting self
  - Engaging in violence

## **ADVICE ON PARENTING**

*During pregnancy for women with Zika virus infection the healthcare provider should:*

- Assist mother in preparation for life with a baby
- Encourage joyful and positive expectations
- Build the confidence of mother and support person
- Remind mother that many babies born to mothers exposed to Zika virus infection do not have microcephaly and that among children with microcephaly there is a range of developmental disorders or neurological problems; some being more severe than others

*After Child birth: for mothers of children with microcephaly without evident neurological complications:*

- help the mother become aware of her baby’s positive characteristics and build her confidence in caring for the baby

- remind the mother that many children with microcephaly do not have developmental disorders or other severe neurological complications
- model a positive and caring attitude towards the child with microcephaly
- counsel on breastfeeding
- emphasize the importance of play and communication activities for promoting infants' and children's development throughout childhood. Involve fathers / other caregivers as much as possible
- help identify a person who can assist her with taking care of the baby, if the mother or primary caregiver presents with significant psychological distress
- provide basic psychosocial support, including stress reduction and strengthening of social supports
- offer further assessment and follow up care for developmental monitoring to all children born with microcephaly

**Activities for implementation should include:**

- Ongoing educational talks and audiovisual presentations about Zika in Antenatal Clinics
- Sensitization and training sessions for healthcare workers
- Dissemination of educational brochures

**ISSUES OF CONCERN FOR PERSONS WITH GBS OR OTHER NEUROLOGICAL COMPLICATIONS**

Persons who develop signs and symptoms of GBS and / or other neurological complications are likely to have the following psychological symptoms:

- Anxiety
- Fear
- Depression

The principles of Psychological support which were outlined before and should be applied. It is important to note that the way in which persons cope with stressful situations like this will be affected by:

- the person's personality
- the past medical history, including psychiatric history
- family, spiritual and social support

- stage in life e.g. a young breadwinner might be more terrified than a retired financially secure person

The medical team will have a great impact on the psychosocial status of the patient by adhering to the principles already mentioned. In this case, as always, persons need accurate information. The fact that GBS is usually time-limited and improves with prompt and appropriate treatment should be emphasized. The patient must be convinced that they are being treated with care, empathy and the best available interventions. Even under stress, the healthcare providers will be expected to demonstrate these qualities.

### **Special Concerns for Healthcare Providers**

These new and challenging conditions can prove stressful for healthcare workers. Provision must also be made for them to learn how to destress, support each other and seek support from others when necessary.

Please see below the list of names and contact numbers for the Psychiatrists and Supervisors of Mental Health Officers.

All referrals should preferably be made to the Consultant Psychiatrist who will then refer to other team members as indicated.

### **LIST OF PSYCHIATRISTS, MENTAL HEALTH OFFICERS/MENTAL HEALTH NURSE PRACTITIONERS, LOCATION & TELEPHONE NUMBERS**

Ministry of Health /HQ      Tel: Nos: 633 8254, 55, 56, 58 or 59		
Dr. Maureen Irons Morgan: Director, Mental Health & Substance Abuse- 317 8633 (CUG)		
Dr. Judith Leiba Thomas: Director, Child & Adolescent Mental Health - 317 8407 (CUG)		
Ns. Carol Baker Burke: Community Mental Health Coordinator (MHNP) - 536 8947(CUG)		
<b>SOUTH EAST REGION</b>		
<b>NAME</b>	<b>PARISH</b>	<b>PHONE NUMBER</b>
Dr. Geoffrey Walcott	K.S.A. - Windward Rd. H/C	930- 1152
		317-9935
		549- 9487
		533- 3014
Dr. Kraig Radlin	Consultant Psychiatrist	

<b>Dr. Danielle Nelson</b>	<b>Senior Registrar</b>	<b>548-5946</b>
<b>Dr. Terrence Bernard</b>	<b>Consultant Psychiatrist, KPH</b>	<b>317-9040</b>
<b>Dr. Ganesh Shetty</b>	<b>Consultant Child Psychiatrist, KSA</b>	
<b>Fitzgerald Percy</b>	<b>Regional Mental Health Officer (MHO)</b>	549 0461
Angela Senior-Wilson	K.S.A. (MHNP)	549 0385
Patrick McDermott	K.S.A. (MHO)	438 9316
Luraine Brown	K.S.A. (MHNP)	886 5290
Shirlyn Davis-Thompson	K.S.A. (MHO)	886 5345
AnnMarie Forbes	K.S.A. (MHO)	424 4248
Allison Thompson	KSA (MHO)	529 5593
Olufunke Adeyemi-Adelanwa	K.S.A. (MHNP)	538 0153
Marlone Campbell	K.S.A. (MHO)	365 3600
Stephanie Benjamin	K.S.A. (MHO)	417 8593
Racquel Lee	K.S.A (MHO)	848 5711
Joan Guthrie	UHWI (MHO)	549 5503
Lazaro Rodriguez	UHWI (MHO)	549 5518
	<b>St. Thomas- Princess Margaret Hosp.</b>	
Lydia Matthews	St. Thomas (MHNP)	376- 4577
May Gordon McLean	St. Thomas (MHO)	399 -5115
Nerissa McGowan	St. Thomas (MHO)	549 -2079
	<b>St. Catherine - St. Jago H/C</b>	<b>984- 2282</b>
<b>Dr. Colleen Gooden</b>	<b>Consultant Psychiatrist</b>	549 -0326
<b>Dr. Michele Henry</b>	<b>Consultant Psychiatrist</b>	387 -7915

Jacqueline Hutchinson	Regional MHO (MHNP)	549- 0362
Yvonne Douglas	St. Catherine (MHNP)	443-1348
Aleena Moncrieffe	St. Catherine (MHO)	390- 4922
Hopeton Hepburn	St. Catherine (MHO)	435- 1647
Avagay McFarlane-Grant	St. Catherine (MHO)	366- 0337
Donna Pearson-Dixon	St. Catherine (MHO)	397- 2919
Rosemarie Smith Allen	St. Catherine (MHO)	537- 7954
<b>SOUTHERN REGION</b>		
<b>Dr. Doreth Garvey</b>	<b>Mandeville Hospital</b>	<b>9622067/ 9623370</b>
	<b>Regional Psychiatrist</b>	<b>625 0612 / 318 0680</b>
<b>Marcia MullingsThompson</b>	<b>Regional MHO (MHNP)</b>	<b>779 0424</b>
Karen Elliott	St. Elizabeth (MHNP)	793 3440
Jennifer Chambers	St. Elizabeth (MHO)	793 5087
Audrey White	St. Elizabeth (MHO)	7938048
Sonia White	Manchester (MHNP)	797 9157
Nicole Williams	Manchester (MHNP)	798 1140
Annie Myers	Manchester (MHO)	797 7002
Leisha Edwards Thompson	Manchester (MHO)	325 2034
Norma Roper-Watson	Manchester (MHO)	793 8048
<b>Dr. Roger Roberts</b>	<b>Consultant Psychiatrist</b>	
Colin Howell	Clarendon (MHO)	791 3056
Fay Robinson- Tee	Clarendon (MHO)	791 7187
Kevin Allen	Clarendon (MHO)	779 7387

Melissa Burke	Clarendon (MHO)	792 2632
Tanya Richards Grant	Clarendon (MHO)	791 7364
WESTERN REGION		
<b>Dr. Lisabeth Crossman</b>	<b>Cornwall Regional Hospital Regional Psychiatrist</b>	<b>952 5100 / 684 4108 - 771 1195</b>
<b>Dr. Stennett Davis</b>	<b>Senior Resident</b>	<b>4823143</b>
<b>Dr. Janice Clarke</b>	<b>Resident</b>	<b>2949911</b>
Yatana Hemmings	Regional MHO (MHNP)	771 0854
Donna Wellington	Westmoreland (MHNP)	771 4346
Linnette Vassell-Robinson	Westmoreland (MHNP)	771 4331
Sonia Lewis-Callam	Westmoreland (MHO)	771 4085
Pauline Rose	Westmoreland (MHO)	771 7794
Carlene Bennette	St. James (MHNP)	369 1340
Takaya Brown-Lawrence	St. James (MHNP)	775 9974
Michael Nichol	St. James (MHO)	775 4917
Kerry-Ann Smith-James	St James (MHO)	771 1559
Devanie Malcolm- Chambers	St. James (MHO)	
Tonia Davy-Clarke	Hanover (MHNP)	774 7689
Hazel Birch	Hanover (MHNP)	481 0838
Tenisha Tomlinson	Hanover (MHO)	879 1680
Marsha Tucker Jones	Trelawny (MHO)	772 2255
Viltress Hyatt Morris	Trelawny (MHO)	772 1812

Jeneith Foster	Trelawny (MHNP)	776 0151
<b>NORTH EAST REGION</b>		
<b>Dr. Bertilee Burgess</b>	<b>St. Ann's Bay Hospital</b>	<b>972 2272</b>
	<b>Regional Psychiatrist</b>	
<b>Filmore Spencer</b>	<b>Regional MHO (MHNP)</b>	<b>770 4644</b> <b>770 4676</b>
Delvalin Riley-McHugh	St. Ann (MHNP)	770 8400
Willette Crooks	St. Ann (MHNP)	770 8489
Rosmarie Johnson	St. Ann (MHO)	770 9215
Olive Thorney	St. Ann (MHO)	770 9167
Simone Brown	St. Ann (MHO)	770 9241
<b>Dr. Peta-Gaye Reynolds</b>	<b>Consultant Psychiatrist</b>	<b>770 1566</b>
Carolette Brown	St. Mary (MHNP)	770 2418
Royston Henry	St. Mary (MHO)	770 3371
Paulette Graham	St. Mary (MHO)	770 3251
Hyacinth Samuels	St. Mary (MHO)	770 2684
Marie Ann Brown	Portland (MHO)	770 0337
Marlene Moore-Clarke	Portland (MHO)	770 0527
Abiola Olasupo	Portland (MHO)	284 6543

Main Office, Community Mental Health: Windward Road Health Centre - 930-1152

## CLINIC LISTING