**Social support interventions for the 2014-16 West African Ebola Virus Disease and 2019-23 COVID-19 pandemic survivors who are resident in Victoria-Australia**

**Abstract**

***Background:*** The impacts of the 2014-16 Ebola Virus Disease epidemic and the 2019-23 COVID-19 pandemic on West Africans who survived these events were dire and therefore required social supports interventions to ease the pain.

***Objective:*** To determine the levels of support which 2014-16 EVD survivors who are resident in Victoria received during the 2019-23 COVID-19 pandemic.

***Methods:*** A sequential exploratory mixed methods research investigated this topic by utilising an online survey which comprised of quantitative questions. Nine interviews were conducted to collect more nuanced data which was analysed using the five stage qualitative data analysis.

***Settings:*** This study was done in Victoria-Australia. Further information could be accessed in the published study protocol(Mandoh et al., 2024).

***Result:*** Most of the 32 participants had 3-5 people to rely on (44%) and most showed interest and concerns a lot during the 2014-16 EVD epidemic (38%). But 56% found it difficult to get help during the 2014-16 EVD epidemic. Similarly, majority had 3-5 people to rely on during the 2019-23 COVID-19 pandemic and were interested and concerned (48%). But it was difficult to get help. Qualitative data showed that unlike during the EVD epidemic, participants received social supports during the COVID-19 pandemic in Australia

***Conclusion:*** Most of the participants were women whose age range was mainly 18-40 years. Thirty-two individuals participated in the quantitative questions, 9 volunteered to provide qualitative data through the semi structured interview. Despite the interest and concerns, it was difficult to get help.

***Key words:*** Social support, interest and concerns, Ebola epidemic, COVID-19 pandemic, trust.

1. **Introduction**

The provision of social supports to survivors of disastrous events helps them to quickly recover from their losses. Social supports have been associated the protection of the mental health of survivors of such events and enhancing their resilience (Choi et al., 2022; Lee, 2024). The 2014-16 Ebola Virus Disease epidemic and the 2019-23 COVID-19 pandemic caused widespread devastation with significant socioeconomic losses that required the provision of social supports. Social support is defined as “behaviour produced with the intention of providing assistance to others perceived as needing that aid” (Taniguchi & Thompson, 2021). Other researchers have observed that the provision of social support is protective of the mental health of the survivors(Choi et al., 2022). Therefore, provision of timely support is essential to the survivor’s confidence and resilience building after a disaster. In this regard, social supports provision may vary in terms of the mode and types and can be provided at all levels following a disaster (Shang et al., 2022).

Of note recent disasters such as the 2014-16 West African Ebola epidemic and the COVID-19 pandemic which caused high morbidity and mortality and also led to widespread socioeconomic consequences, required the provision of supports for the survivors. Prior to the occurrence of the 2019-23 COVID-19 pandemic, the 2014-16 EVD epidemic (EVD) was the most devastating in terms of human health and socioeconomic consequences in West Africa (Bah et al., 2020; Jacob et al., 2020). The consequences of this EVD epidemic left many people struggling to survive and to support themselves (Schindell et al., 2024). For some, these experiences coupled with the post treatment disability worsened their hardship which could have been eased by providing social support that was sometimes not forthcoming (Murray et al., 2021). Others who helplessly witnessed the progression of the illnesses and deaths of their family providers were difficult experiences.

These experiences necessitated the provision of social supports which could have relieved this pressures from not only the physical health effects but also the socioeconomic impacts. These experiences did not only physically impact survivors but psychosocially affected them in a manner that will take a long time (Schindell et al., 2024). According to Murray et al.(2021). the absence of social supports as was the case in the 2014-16 EVD epidemic especially in Sierra Leone, negatively affected the EVD survivors.

In less than a decade of ending the 2014-16 EVD epidemic in West Africa, the COVID-19 pandemic occurred with a rapid and significant impact. Similar to the 2014-16 EVD epidemic, 2019-23 COVID-19 outbreak led to a global health and socioeconomic crisis (Coram et al., 2021). This crisis did not only disrupt the socioeconomic endeavours of people but also affected every fabric of life (Nicola et al., 2020). Amending these social disparities after the COVID-19 pandemic required the timely, appropriate and culturally sensitive provision of focused social supports to all in need especially vulnerable individuals and groups.

1. **Broad objective:** To determine the levels of support which 2014-16 EVD survivors received during the 2019-23 COVID-19 pandemic in Victoria.

**Specific objectives:**

* Number of people were so close to you that you could count on them if you had great personal problems.
* Interest and concern people showed in what was done
* Ease of getting help from neighbours if needed.
* Number of people that are so close that could be count on if there were great personal problems.
* Interest and concern people show in what you do.
* The ease to get help from neighbours if need it.
* Support during time that helped you survive the EVD.
* Support that is helping you during COVID-19.
1. **Method**

***Design:*** This study is a sequential exploratory mixed method research. It initially utilised an online survey to collect data, and the survey instrument included closed-ended quantitative questions that were derived from the Oslo Social Support Scale and open-ended qualitative questions. A descriptive quantitative analysis that utilised frequencies, percentages and tables for presentation of results. This exercise was followed by analysis of semi structured interviews that utilised open-ended questions to further enrich the data. Participants in the semi structured interviews were given a three-digit numerical code for confidentiality. Data from the interviews was transcribed verbatim electronically and the five stages of qualitative data were applied to arrive at the final interview findings. Findings from interview data were combined before the final versions of the qualitative and quantitative data were triangulated. Quantitative results are presented in Table 2 were derived from summaries that were presented in the online Survey Monkey. Further details regarding the method could be accessed in the cited published study protocol (Mandoh et al., 2024)

**Setting:** This study was done in Victoria – Australia. as further explained in the study protocol (Mandoh et al., 2024).

***Inclusion and exclusion criteria:*** Participants must be 18 years and above, must have been in West Africa at the time of the EVD epidemic and is living now in Victoria-Australia.

***Data collection:*** Quantitative data was collected through an online survey that utilised a questionnaire that included closed-ended questions which were derived from the 3 item Oslo social support scale. Additionally, a descriptive quantitative analysis which utilised frequencies, percentages and tables for presentation of the results was done. On the other hand, the qualitative component collected data through open-ended questions that were included in the semi-structured interviews to further enrich the data that will be provided in the survey. These interviews were conducted through zoom and this data collection exercise was followed initially by electronic transcription. Participants in the semi structured interviews were given a three-digit numerical code to observe the rule of confidentiality. Data from the interviews was transcribed verbatim electronically and the five stages of qualitative data were applied to arrive at the final interview findings. Findings interview data were combined before the final versions of the qualitative and quantitative data were triangulated. Further details could be accessed in the cited published study protocol (Mandoh et al., 2024).

Data was collected by utilising the following quantitative and qualitative questions in Table 1 below.

**Table 1, Research questions covered in this section**

|  |  |  |  |
| --- | --- | --- | --- |
| Serial numbers | Design | Question numbers | Research questions |
|  |  |  | EVD |
| 1 | Quantitative | SQ,22 | How many people were so close to you that you could count on them if you had great personal problems?  |
| 2 | Quantitative | SQ,23 | How much interest and concern did people show in what you did? |
| 3 | Quantitative | SQ,24 | How easy was it to get help from neighbours if you needed it? |
|  |  |  | COVID-19 |
| 4 | Quantitative | SQ,26 | How many people are so close to you that you could count on them if you had great personal problems? |
| 5 | Quantitative | SQ,27 | How much interest and concern do people show in what you do? |
| 6 | Quantitative | SQ,28 | How easy is it to get help from neighbours if you need it? |
| 7 | Qualitative | (IQ,2a) |  (EVD) Can you tell me about support during that time that helped you survive? |
| 8 | Qualitative | (IQ,3b) | (COVID-19) Do you have support that is helping you? |

1. **Results**

This section presents results for the questions highlighted in the Table 1. The results are separated in two parts which includes quantitative first and followed by the qualitative section.

**Quantitative**

Table 2,…..*social supports received during EVD epidemic and COVID-19 pandemic* (N=32)

|  |  |
| --- | --- |
| **Serial number** | **Ebola Virus Disease** |
| 1 | **(SQ,22) How many people were so close to you that you could count on them if you had great personal problems?**  |
|  | **None** | **1-2** | **3-5** | **6 or more** | **-** | **Weighted average** |
|  | 0% | 18.75% | 43.75% | 37.50% | - | 3.19 |
| 2 | **(SQ,23) How much interest and concern did people show in what you did?** |
|  | **None** | **A Little** | **Some** | **A Lot** | **Not sure** | **Weighted average** |
|  | 0% | 15.63% | 34.38% | 46.88% | 3.13% | 3.38 |
| 3 | **(SQ,24) How easy was it to get help from neighbours if you needed it?** |
|  | **Very difficult** | **Difficult** | **Possible** | **Easy** | **Very****easy** | **Weighted average** |
|  | 12.50% | 43.75% | 12.50% | 18.75% | 12.50% | 2.75 |
|  | **COVID-19** |
| 4 | **(SQ26) How many people are so close to you that you could count on them if you had great personal problems?** |
|  | **None** | **1-2** | **3-5** | **6 or more** | **-** | **Weighted average** |
|  | **0%** | 25.81% | 45.16% | 29.03% | **-** | 3.03 |
| 5 | **(SQ,27) How much interest and concern do people show in what you do?** |
|  | **None** | A Little | **Some** | **A Lot** | **Not sure** | **Weighted average** |
|  | 3.23% (1) | 16.13% | 29.03% | 48.39% | 3.23% | 3.23 |
| 6 | **(SQ,28) How easy is it to get help from neighbours if you need it?** |
|  | **Very difficult** | **Difficult** | **Possible** | **Easy** | **Very****easy** | **Weighted average** |
|  | 19.35% | 32.26% | 25.81% | 12.90% | 9.68% | 2.61 |

**Ebola epidemic**

**The number of people were so close to you that you could count on them if you had great personal problems**

The Table 2 serial number 1 showed varying numbers of people whom participants could rely on for support. The table shows that all the participants have people who are close to them and could count on. While those who have 3-5 people as the highest representation 43.75 %, it was lower than what obtained during the 2019-23 COVID-19 pandemic.

**The interest and concern did people show in what you did**

Table 2, serial number 2 shows that all the participants had people who were interested and concerned at varying degrees in what they did. Of significance, although those who stated that people showed interest and concerns a lot is the most represented category it was less for the same category during the 2019-23 COVID-19 period.

**The ease to get help from neighbours if you needed it**

Incontrast to the findings in Table 2 serial numbers 1 and 2, the serial number 3 showed that though some people appeared interested in what they did, getting help from neighbours however difficult. Additionally, many that is 56.25% of the participants observed that they found it difficult to get help from their neighbours.

**COVID-19 pandemic**

**Number of people who are so close to you that you could count on them if you had great personal problems**

Similar to serial number 1 Table2, this section shows that all of the participants have people whom they could count on if they have personal problems. In comparison to the EVD section in serial number1, the category representing 3-5 is the highest 45.16% on the spectrum for West Africans living under the COVID-19 pandemic in Victoria – Australia, serial number 4 has a higher representation than what it was during the 2014-16 EVD period.

**The interest and concern do people show in what you do**

The Table 2, serial number 5 showed that most of the participants observed that people showed interest and concerns in what they did a lot. This finding was followed by those who thought that people had some interest and concerns in them.

**The ease to get help from neighbours if you need it**

This section shows that fewer number of the people 52% during the 2019-23 COVID-19 pandemic as compared to 56.25% during the 2014-16 EVD epidemic, found it difficult to get help from neighbours despite the interest and concerns which they showed. Although, this category is the most represented during both events, more people found it difficult to get help during the EVD epidemic than the COVID-19 pandemic period.

**Qualitative**

**Ebola epidemic**

**Tell me about support during that time that helped you survive**

The finding in the previous section above was further reinforced by findings from qualitative data which reported that though some members of the community were supportive, some were not. They maintained that they received supports mainly from family, friend and nongovernment organisations. Additionally, qualitative data showed that social support was not received from their governments in the epicentre of the epidemic especially at the peak of the event. Participants reported that their governments did not provide social support during the EVD epidemic. Those who received support got it from foreign bodies, neighbours, family and local communities.

*There were no government supports during the EVD, I received support from my immediate family members who were living in Australia and a few community members. (Interview participant 005)*

*I got support from my husband who was living in Australia and my workplace. (Interview participant 010)*

**COVID-19 pandemic**

**Do you have support that is helping you?**

The qualitative findings showed that though some people encountered some difficulty in accessing the government provided social supports because of visa conditions, the overwhelming majority were happy with the supports they received from not only individuals and neighbours, but also from the Australian government.

*Unlike when I was in Africa, the Australian government provided both financial and social support. (Interview participant 004)*

*My job is giving us staff members support in addition to the Australian government support. (Interview participant 001)*

1. **Discussions**

**Quantitative**

**Ebola epidemic**

**People were so close to you that you could count on them if you had great personal problems.**

***Observations:*** The results showed that all of the participants had people to count on if the need arose during the EVD epidemic.The outstanding category was those who had between 3-5 people to count on and this was followed by those who had morethan 6 during the 2014-16 EVD epidemic.

***Inference:*** Having 3-5 people to count on indicate that the individuals have an average support network system which they could be utilised if the need arose. However, the notion of having people to rely on during and in the post EVD period could be associated with trust which might not be available in real situations. Nevertheless, as the number of people whom individuals might count on if there was the need could indicate the strength of their potential support system which could be a vital resource in times of disaster. But reliance on people during a post disaster period might not be certain especially when resources such as health, time and will might be limited. Nevertheless, counting on people for supports in times of need demonstrates trust among such connections which is very important in the management of a health crises such as the EVD epidemic and the COVID-19 pandemic.

***Literature support:*** As the findings have shown that most of the participants had what could be interpreted to be average support system, Mohammed et al. (2015) attributed this finding to the lack of knowledge of other potential social supporters such as family and friends of the survivors predicaments relating to surviving the EVD peidemic. Inline with the afroementioned authors, Rabelo et al.(2016), reiterated that supports provided by family and friends enabled EVD survivors to cope with their conditions.Additionally, Murray et al,(2021) contribted to the discuss by observing that social supports from family, friends and nongovernment organisations were the sources of reliance and not the government.

***Significance:*** The significance of this finding is that a strong and reliable social support system is necessary for the survival of the rigours EVD epdimic. On the otherhand, the lack of social supports for EVD suvivors could stir negative psychosocial ideations such as feelings of isolations and other related mental health problems.

***Health issue in focus:*** The health issue here is the access to a reliable social support system especially after a disaster such as the EVD epidemic.

***Educational advancement:*** The EVD epidemic has provided a learning opportunity to students with respect to the health and socioeconomic impacts that infectious disease outbreaks can cause.

***Findings from this study:*** Findings from this study has contributed to the academic knowledge base of the significance of reliable ongoing social support system to survivors following a largescale disease outbreak such as the 2014-16 EVD in West Africa.

***Adaptability of knowledge gained:*** This knowledge can be adapted to suit individual support systems following a life challenging event such as the 2014-16 EVD epidemic.

***Relevance to practice:*** Healthcare services rely on intra and inter professional social support networks that helps to increase output. Hence, this finding rekindles the needs and desires for social support in every sphere of practice.

***Implications:*** Provision of social support especially after a life challanging events could be a buffer between the unwanted psychosocial/mental health problems and recovery. Hence, the findings from this study will alert healthcare workers such as nurses to the increased need for not only a quality, but also a timely and culturally sensitive social support system in every sphere of their srevices.

**Interest and concern did people show in what you did**

The findings did show that people had some degrees of interest and concern in what EVD survivors did.

***Observations:*** Showing interest and concerns in people could be viewed from various angles such as; people either showed concerns out of fear of EVD and wanted to know what was happening in their environment so that they could erect their own protective barriers, or they were genuinely interested in knowing so as to prepare for any interventions if required to do so. Or they just wanted to keep abreast with what was happening around them.

***Inference:*** The interests and concerns which were shown to EVD survivors during the epidemic could have been fear related. Fear related behaviors are characterised by fear of infection, avoidance of people and places, hightened anxiety levels, distress and stigma that might require effficient social support interventions to prevent post trauma stress disorder. Conversely, showing interest and concerns in people during precarious moments such as during the EVD epidemic, could be perceived as an indication of love and concern for EVD survivors’ wellbeing and provision of socialsupport at this time could buffer the traumatic impact of the EVD epidemic and bolster community inclusion.

***Literature support:*** Researchers Schindell et al.,(2024) who noted that the significance of maintaining an effective social support system in the post EVD era was that it helped in mitigating the negative impacts of behaviors such as stigmatisation of EVD survivors. Additionally, Mohammed et al.(2015) associated the remediation of the impacts of the EVD among Nigerians survivors to the significant level social support they received during that period. However, Keita et al.,(2017) underscored the need for not only continuous interest and concerns in the wellbeings of EVD survivors, but also stressed the need for professional mentalhealth supports in these situations.

***Significance:***The significance of this finding is indicative of the levels of support resources that could be utilised by EVD survivors. Additionally, genuine show of interest and concerns in EVD survivors’ lives helps with community inclusion and integration.

***Health issue in focus:*** The issue in focus is the interest and concerns which significant others including neighbours have in assuring EVD survivors’ support.

***Educational advancement:*** Findings from this study can enlighten others about the importance of social supports to the advancement of learning. Additionally, the provision of social supports during or after disasters could provide a buffer between the full consequences of the event and reinforce resilience.

***Adaptability of knowledge gained:*** This knowledge could be adapted to assist policy designers, supervisors and managers in making decisions regarding other staff members who might be struggling with certain aspects of their assignments.

***Relevance to practice:*** Healthcare practice involves a complex web of services that relies of each other for a reasonable outcome of an intervention. Therefore, interest and concerns in what other staff members might be experiencing could be cautiously perceived as a show of support and willingness to provide support.

***Implications:*** The implications are two fold. First showing interest for erection of social barriers could be counter productive in the sense that EVD survivors might perceive such actions as being rejected and could therefore degenerate mentally especially if there is a preexisting struggly with their mental health. Conversely, perception of the interest and concerns of others a social support in the waiting could increase the confidence of EVD suvivor and promote social inclusion.

**The ease to get help from neighbours if needed**

The observation is that although a few of the participants did not struggle to get help, majority of the participants reported that getting help was difficult during the 2014-16 EVD epidemic.

 ***Inference:*** The willingness to provide support could have been from some considerations that EVD survivor are humans and should be treated as such. Therefore, the ease to get help from neighbours could not only be reassuring to the EVD survivors but also promote health outcomes. On the contrary, myths and misconceptions about authorities actions coupled with distrust in the actions of healthcare service providers which include governments in the epicentre could have triggered outright refusal to provide supports to EVD survivors in their communities.

***Literature support:*** In a recent study, Schindell et al. (2024) observed improved sleeping pattern among EVD survivors in Sierra Leonean who got help from their comminities. In a study among EVD survivors in Guinea-Conakry, Qureshi et al.(2015) noted that certain communities and families regarded the 2014-16 EVD epidemic as purnishment from God and therefore refused to provide support to survivors.

***Significance:*** The significance of this finding is that the understanding that provision of social supports to those who have survived a trauma ridden EVD experience could be beneficial to their psychosocial health and wellbeing.

***Health issue in focus:*** The health issue here is there of the need to provide focused support to people who could have been largely disabled either physically or socioeconomically by the EVD sequelae or its socioeconomic consequences.

***Educational advancement:*** These findings have helped in highlighting the importance of providing social supports to those who are negatively impacted by disasters such as the 2014-16 EVD epidemic, and it further serves as a learning experience for learners as well as educators that providing social support in the post disaster period can help to ease the hardships which the survivors of these events will be suffering.

***Adaptability of knowledge gained:*** The knowledge of the extent could influence decisions at administrative and community levels in identifying appropriate resource that would help in assisting the residual problems the EVD survivors are enduring in the post EVD epidemic era.

***Relevance to practice:*** Data provided by this study could aid the assessment of the relationships between the resolution of the psychosocial problems of EVD epidemic survivors and the level of social supports which they received.

***Implications:*** EVD survivors who are socially supported have a better chance of positive psychosocial health outcomes.

**COVID-19 pandemic**

**People who are so close to you that you could count on them if you had great personal problems**

***Observation:*** Similar to the findings in the EVD section, respondents had between 3-5 people to count on if they had great personal problems.

***Inference:*** This finding showed that respondents had an average level of support system here in Australia during the COVID-19 pandemic.

***Literature support:*** A study by Liddell et al.(2021) associated mental health problems among Culturally And Linguistically Diverse people who are essentially refugees to previous trauma and challenges in accessing regular support services during the COVID-19 pandemic in Australia. By the same token, James et al., (2023) revealed that social restrictions undermined the social support support system among Africans living in Sydney – Australia who benefitged from their communial support system before the COVID-19 pandemic.

***Significance:*** This study has identified the limited number of people participants could count on during the COVID -19 pandemic if there was the need. This situation among a largely communial West African people which could bepsychosocially unsettling for them..

***Health issue in focus:*** The health issue here is the limitations on the respondents’ support system and the impacts on their psychosocial situations.

***Educational advancement:*** Knowledge about the relationship between how social supports affects the mental health and functioning of people including students could be essential in learning situations where new immigrants could be struggling with the trauma of past events in their home countries before resettling in Australia.

***Adaptability of knowledge gained:*** Refugee agencies as well as disaster management agencies charged with the responsibility of providing supports to migrants who might be battling with other previous exposure to challenging situations could benefit from this finding by accessing evidence-based literature that would guide and improve the understanding of their situations.

***Relevance to practice:*** This study assists healthcare workers such as nurses to understand how minority communities including newly arriving West Africans struggle with accessing essential support service which might negatively impact their coping with the residual effects of their previous trauma during the wars, mudslides, the 2014-16 EVD epidemic in the countries of origin and the COVID-19 pandemic in Australia.

***Implications:*** Considering the fact that such minority communities rely heavily on the compatriots for support. understanding the effect this support limitation would have on the psychosocial health is significant . This is especially so when healthcare workers such nurses could be involved in providing a culturally and socially sensitive care.

**Interest and concern do people show in what you do**

***Observations:*** Participants observed that that people showed interest and concerns in what they did a lot.

***Inference:*** Having interest and concerns for people during the COVID-19 pandemic is a positive observation and could have enhanced respondents’ courage and resilience during the COVID-19 pandemic. This resilience would have further improved their perceptions and understanding community and government’s social support system which could be essential in counteracting the negative impacts of the pandemic on people here in Australia.

 ***Literature support:*** Researchers such as Biddle et al.(2020) and Rossell et al. (2021) have demonstrated that the social supports could have improved the mental health of people during the COVID-19 pandemic. For instance, the former researchers reported that the Australian government’s provision of financial support to those who were eilgible were relieved of some financial stress. The latter team of researchers noted that improved mental health support during the COVID-19 pandemic could have helped in reigning in some of the negative consequences of the pandemic on the mental health of Australians.

***Significance:*** The significance of this finding is that survivors of the COVID-19 pandemic could have mustered some supports from family friends and government that would have been helpful in the building resilience and subsequent management of the psychosocial problems of the majority of Australians including 2014-16 the West African survivors.

***Health issue in focus:*** The positive impacts of having an above average social support network system in combination with the government COVID-19 on survivors of the pandemic.

***Educational advancement:*** As further research is been done the findings in this study is a contribution to the knowledge base of understanding the association between social support networks and their reactions to the prevalent problems of COVID-19.

***Adaptability of knowledge gained:*** This study has contributed to providing evidence based materials which can be adapted to other disaster situations such as flooding and fire victims.. It has also provided literature that supports the adaptation of support for Australian who are enduring the effects of a disaster.

***Relevance to practice:*** Healthcare practioners deal with clients from a plethora of cultures. So this study promotes understanding of the relevance of the social supports system to West African EVD survivors who consequently contended with the COVID-19 pandemic challenges in Australia.

***Implications:*** The implication of this finding is that social support should be part of every healthcare delivery system to eneble healthcare workesr especially nurses to understand patients’ cultures and deliver targeted care.

**The ease of getting help from neighbours if needed**

***Observation:*** Findings showed that though there were people to count on during the past pandemic and did show concerns in what they did, a few found it difficult to get help from neighbours.

***Inference:*** The difficulty encountered in getting help from neighbour might have been consequent to the introduction of strict publichealth infection prevention and control measures in Victoria – Australia that made allowance for a few reasons to venture out of home at the height of the pandemic. Such restriction would not have only prevented people from engaging 1n their normal social activities but also significantly undermined their mental health of especially those who were struggling with their mental health before the COVID-19 pandemic.

***Literature support:*** At the height of the COVID-19 Rahman et al.,(2022) observed in their study that the infection prevention measures that were introduced and robustly manitained and enforced left many people isolated feeling physically cut off from their social supports circles. This action eroded the mental haelth capabilities of many especially those who were already battling with their mental health. Additionally, Stanton et al. (2020) noted that the IPC measures caused Victorian to endure feelings of axniety,depression, disrupted sleep patterns and indulged in alcoholism and excessinve smoking.

***Significance:*** The COVID-19 pandemic did not only disrupt every fabric of the lives of Victorian-Australians but also undermined their mental wellbeing which culminated to manifestatio of various symptoms that were reported in the previous paragraph.

***Health issue in focus:*** The psychosocial impacts of COVID-19 on the inhibition of the social support network of survivors of the 2014-16 EVD epidemic living in Victoria- Australia.

***Educational advancement:*** This study has not only provided a platform for learning about the relevance of social support to the 2014-16 EVD survivors living in Victoria-Australia but also would serve as eye opener to the education sector to the extent to which the disruptions in the socioeconomic lives of people in the educational sectors mental health was negatively impacted.

***Adaptability of knowledge gained:*** Findings from this study can be used as a reference document by other researchers who wish to study the mediating effects of social supports among other migrant communities living in Victoria.

***Relevance to practice:*** The direct and indirect effects of the COVID-19 pandemic are equally felt by healthcare professionals whose duty is to provide care across that spectrum of cultures in Victoria-Australia. Therefore, enhancing strides of these professionals to not only maintain but to reinforce their social support network would be helpful to practice.

***Implications:*** The implication of maintaining socialsupports netwoek for the 2014-16 EVD survivors could be vital to creating that balance between past events and the unforseen future challenges that risk significantly affecting their mental health.

**Support during the 2014-16 EVD epidemic that helped people to survive**

***Observations:*** Observations from the interview data shows a mixed response to receiving supports during the 2014-16 EVD epidemic. That is, some members of their communities were supportive but some including their respective governments were not as supportive as they would have liked at the height of the epidemic in terms of provision of living logistics and financial support.

***Inference:*** Providing social support could be considered as the bedrock of stabilising survivors after disasters such the 2014-16 EVD epidemic. But irrespective of the fact that some families, friends and nongovernment agencies provided the much needed supports during 2014-16 EVD epidemic in West Africa, the expectations EVD survivors’ that their governments would join in providing logistical and financial supports could not be realised. It could be that the governments did not initially consider this gesture necessary or they were incapacitated from other devastating events such the wars that mainly affected Liberia and Sierra Leone that left them weak and unprepared for such large scale disease outbreaks.

***Literature support:*** Many researcher such as Murray et al.(2021) elaborated on the scale of socioeconomicloss that accompanied the EVD epidemic and the lack of social supports from the governments in the epicentre of the epidemic for the 2014-16 EVD survivors. Moreover, the authors associated the inadequate support and poor handling of the epidemic in Sierra Leone to tworeasons:first, poor and overwhelmed healthcare system and the effects of the past civil war.Second the loss of trust between and among neighbours at the height of the epidemic. Alternatively, Mohammed et al.(2015) associated positive health outcomes in Nigeria to the large supports whichthe 2014-16 EVD survivors received. They further deminstrated that priot preparation of the government and timely supports helped in effectively ending the outbreak in their country.

***Significance:*** The significance of this finding is that an effective and trusting social support system was necessary for navigating the difficulties during the 2014-16 EVD epidemic.

***Health issue in focus:*** The health issue in focus is the 2014-16 EVD survivors’ perception of the importance of being supported at the peak of the 2014-16 EVD epidemic by their family, friends and nongovernment agencies and the consequence of their governments’ inability to support them.

***Educational advancement:*** More study is required to explore how EVD the 2014-16 EVD survivors attach meanings to receiving social supports when challenged by disasters.

***Adaptability of knowledge gained:*** Providing and receiving social supports is a complex process that require careful needs assessments and adaptations to guiding protocols before venturing on with it. This study will provide the literature but may require necessary adjustments to suit different situations and cultures.

***Relevance to practice:*** The healthcare practitioners such as nurses should be positively sensitive and informed with evidence-based knowledge such as this study to care receivers’ reactions to not receiving social supports from their governments in their countries of origins in West Africa during difficult times.

***Implications:*** The iimplication of this finding is that lack of social support during and after the 2014-16 EVD epidemic negatively impacted the lives of the survivors of this event which led to mistrust of the governments in the countries of origin such those in the epicentre of the 2014-16 EVD epidemic.

**Interview findings**

**Have support that is helping you**

***Observations:*** All but one participant in the qualitative interview did not receive support from the Australian government at the outset of the pandemic. This individual who was not a recipient of support associated that situation to visa condition at that time.

***Inference on the findings:*** Provision of social support during the COVID-19 in Victoria-Australia could have positively impacted the confidence of participants in the Australian government to successfully manage the COVID-19 pandemic and support them. Despite the expent of the COVID-19 pandemic, participants reported receipt of more supports from family and friends could have being very supportive and pleasing.

***Literature support:*** According to Rossell et al.(2021)Australian government provided financial support to ease the financial impact of the COVID-19 pandemic. Moreover, Biddle et al. (2020)observed that irrespective of the scale of COVID-19 infection in Australia, most Australians respected IPC requirements especially in public places.

***Significance:*** Provision of social supports during the COVID-19 pandemic demonstrated love, care and support for each other which promoted balanced relationship between people.

***Health issue in focus:*** The health issue of provision of social supports to individuals during the COVID-19 pandemic was that it gave the2014-16 West African EVD epidemic survivors the opportunity to compare the levels of supports which they received in West Africa where it was not forthcoming from their respective governments and how they were supported by not only their friends and family but also that Australian government.

***Educational advancement:*** This finding provides an opportunity for improvement in the influence of providing and receiving supports in the learning environment. Knowledge and provision of social supports in the learning environment boost confidence in the learning process and encourages further research in to related matters among survivors of the COVID-19 pandemic**.**

***Adaptability of knowledge gained:*** The knowledge gained can be adjusted and adapted to survivors of traumatic events such the COVID-19 pandemic so that they can be precisely and accurately supported on route to their recovery.

***Relevance to practice:*** The consequence of the COVID-19 pandemic is the huge number of survivors that survived the event and are battling with the physical and psychosocial sequelae which does not only require a large but highly skilled work force that is equipped with evidence-based data which the study has contributed to.

***Implications:*** The findings in this study reflects on the significance of supporting individuals who have survived traumatic events such as the COVID-19 pandemic and their continuous evaluation to determine appropriate support strategies in to their situations if needed.

***Limitations:*** Though this a mixed methods research that might have neutralised some of the study biases, we hereby acknowledge that participants for the survey were purposively selected which could lead to selection bias. Moreover, although qualitative methods of investigations provide rich data that take into account participants nuanced expressions, interviews are recounted experiences from participants memory which could cause affect the correctness of the data provided and recall bias.

1. ***Conclusion***

This study was an assessment of the levels of social supports which the survivors of the 2014-16 EVD epidemic received in West Africa versus what they received during the COVID-19 pandemic in Victoria-Australia. Quantitative findings showed that all of the participants had support. On the otherhand, those who stated that they had people to rely on and those who showed interest and concern in what they did during the COVID-19 pandemic in Victoria-Australia were about the same level as what obtained during the 2014-16 EVD epidemic in West Africa. They reported that it was difficult for them to get help from neighbours despite the Australian government’s provision of financial and social supports. These difficulties in accessing social supports could have caused distress for this cohort. Additionally, qualitative data showed that though they did not receive sucial supports from their governments in West Africa, in Australia it was different.All but one reported that they received supports from the Australian government.

In summary, all of the participants (100%) had people to rely on during the 2014-16 EVD epidemic, but more importantly, those who had 3-5 people were the most represented and they were followed by those who had 6 people or more. All 100% reported that they had people who showed interest and concerns in what they did and most of them selected a lot option, but those who said the getting help was difficult for them stood at 56.25%. Similar to the 2014-16 EVD epidemic period, all of the participants have people to rely on and majority have 3-5 people. This proportion was followed by those who have 6 or more persons. However, majority of the participants have people who are interested and concerned about them, but it is difficult to get help during the 2019-123 pandemic.

Comparatively, those who had people to rely on during the 2014-16 EVD epidemic were less than those for the 2019-23 COVID-19 period. Also, the proportion of participants in whom there was interest and concerns were less represented than during the 2019-23 COVID-19 period. It was more difficult to get help during the 2014-16 EVD epidemic than during the 2019-23 COVID-19 period. Nevertheless, further studies concentrating on the levels of social support will be done to determine how the 2014-16 EVD survivors’ mental health was impacted by the COVID-19 pandemic even when they received social supports here inVictoria- Australia.

**ETHICAL CONSIDERATION**

Although ethics clearance is not applicable for this literature review, there is ethic committee approval for the main study.

**CONSENT**

Not applicable.

**Reference**

Bah, A. J., James, P. B., Bah, N., Sesay, A. B., Sevalie, S., & Kanu, J. S. (2020). Prevalence of anxiety, depression and post-traumatic stress disorder among Ebola survivors in northern Sierra Leone: a cross-sectional study. *BMC Public Health*, *20*(1), 1-13. Available:. <https://doi.org/10.1186/s12889-020-09507-6>

Biddle, N., Edwards, B., Gray, M., & Sollis, K. (2020). *Hardship, distress, and resilience: The initial impacts of COVID-19 in Australia. Available at:*. <https://csrm.cass.anu.edu.au/research/publications/hardship-distress-and-resilience-initial-impacts-covid-19-australia-1>

Choi, K. W., Lee, Y. H., Liu, Z., Fatori, D., Bauermeister, J. R., Luh, R. A., Clark, C. R., Brunoni, A. R., Bauermeister, S., & Smoller, J. W. (2022). Effects of social support on depression risk during the COVID-19 pandemic: What support types and for whom? *medRxiv*. <https://doi.org/10.1101/2022.05.15.22274976>

Coram, V., Louth, J., Tually, S., & Goodwin-Smith, I. (2021). Community service sector resilience and responsiveness during the COVID-19 pandemic: The Australian experience. *Australian Journal of Social Issues*, *56*(4), 559-578. <https://doi.org/10.1002/ajs4.167>

Jacob, S. T., Crozier, I., Fischer, W. A., Hewlett, A., Kraft, C. S., Vega, M.-A. d. L., Soka, M. J., Wahl, V., Griffiths, A., Bollinger, L., & Kuhn, J. H. (2020). Ebola virus disease. *Nature Reviews Disease Primers*, *6*(1), 13. <https://doi.org/10.1038/s41572-020-0147-3>

James, P. B., Gatwiri, K., Mwanri, L., & Wardle, J. (2023). Impacts of COVID-19 on African Migrants’ Wellbeing, and Their Coping Strategies in Urban and Regional New South Wales, Australia: a Qualitative Study. *Journal of Racial and Ethnic Health Disparities*, Available at:. <https://doi.org/10.1007/s40615-023-01806-z>

Keita , M. M., Taverne, B., Sy Savane, S., March, L., Doukoure, M., Sow, M. S., Toure, A., Etard, J. F., Barry, M., & Delaporte, E. (2017). Depressive symptoms among survivors of Ebola virus disease in Conakry (Guinea): preliminary results of the PostEboGui cohort [Affective Disorders 3211]. *Biomedical Central Psychiatry*, *17*, Available:. <https://doi.org/10.1186/s12888-017-1280-8>

Lee, D. W. (2024). The Effects of Social Support on Disaster Resilience: Focusing on Disaster Victims. *International Journal of Public Administration*, *47*(2), 106-116. <https://doi.org/10.1080/01900692.2022.2093365>

Liddell, B. J., O'Donnell, M., Bryant, R. A., Murphy, S., Byrow, Y., Mau, V., McMahon, T., Benson, G., & Nickerson, A. (2021). The association between COVID-19 related stressors and mental health in refugees living in Australia. *European Journal of Psychotraumatology*, *12*(1), 1947564. Available at:. <https://doi.org/10.1080/20008198.2021.1947564>

Mandoh , S. L., Bwititi, P. T., & Nwose, E. U. (2024). Study protocol for psychosocial impacts of COVID-19 pandemic on Australian based West Africans who survived the 2014-2016 Ebola epidemic. *Protocol.io*, Available:. <https://www.protocols.io/view/study-protocol-for-psychosocial-impacts-of-covid-1-5qpvokzk9l4o/v1>

Mandoh, S. L., Bwititi, P. T., & Nwose, E. U. (2024). Systematic Review of the Psychosocial Impacts of the COVID-19 Pandemic on West African Migrants in Victoria, Australia. *Journal of Complementary and Alternative Medical Research*(48-69). <https://doi.org/10.9734/jocamr/2024/v25i12596>

Mohammed , A., Sheikh, T. L., Gidado, S., Poggensee, G., Nguku, P., Olayinka, A., Ohuabunwo, C., Waziri, N., Shuaib, F., Adeyemi, J., Uzoma, O., Ahmed, A., Doherty, F., Nyanti, S. B., Nzuki, C. K., Nasidi, A., Oyemakinde, A., Oguntimehin, O., Abdus-Salam, I. A., & Obiako, R. O. (2015). An evaluation of psychological distress and social support of survivors and contacts of Ebola virus disease infection and their relatives in Lagos, Nigeria: a cross sectional study--2014. *BioMed Central Public Health*, *15*, 824. Available:. <https://doi.org/10.1186/s12889-015-2167-6>

Murray, R. T., Drew, L. B., Memmott, C., Bangura, Y.-M., & Maring, E. F. (2021). A community’s experience during and after the Ebola epidemic of 2014—2016 in Sierra Leone: A qualitative study. *Public Library of Science neglected tropical diseases*, *15*(2), e0009203. Available:. <https://doi.org/10.1371/journal.pntd.0009203>

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, M., & Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International Journal of Surgery*, *78*, 185-193. <https://doi.org/10.1016/j.ijsu.2020.04.018>

Qureshi, A. I., Chughtai, M., Loua, T. O., Pe Kolie, J., Camara, H. F. S., Ishfaq, M. F., N'Dour, C. T., & Beavogui, K. (2015). Study of Ebola Virus Disease Survivors in Guinea. *Clinical Infectious Diseases*, *61*(7), 1035-1042. <https://doi.org/10.1093/cid/civ453>

Rabelo, I., Lee, V., Fallah, M. P., Massaquoi, M., Evlampidou, I., Crestani, R., Decroo, T., Van den Bergh, R., & Severy, N. (2016). Psychological Distress among ebola survivors Discharged from an ebola Treatment Unit in Monrovia, liberia–a Qualitative study. *Frontiers in public health*, *4*, 142. Available:. <https://doi.org/10.3389/fpubh.2016.00142>

Rahman , M. A., Ford, D., Sousa, G., Hedley, L., Greenstock, L., Cross, W. M., & Brumby, S. (2022). Mental health at the COVID-19 frontline: An assessment of distress, fear, and coping among staff and attendees at screening clinics of rural/regional settings of Victoria, Australia. *The Journal of Rural Health*, *38*(4), 773-787. Available at:. <https://doi.org/10.1111/jrh.12638>

Rossell, S. L., Neill, E., Phillipou, A., Tan, E. J., Toh, W. L., Van Rheenen, T. E., & Meyer, D. (2021). An overview of current mental health in the general population of Australia during the COVID-19 pandemic: Results from the COLLATE project. *Psychiatry Research*, *296*, 113660. Available at:. <https://doi.org/10.1016/j.psychres.2020.113660>

Schindell, B. G., Fredborg, B., Kowalec, K., Shaw, S., Kangbai, J. B., & Kindrachuk, J. (2024). The state of mental health among Ebola virus disease survivors through a cross-sectional study in Sierra Leone. *BioMed Journal Global Health 9*(5), e015098. <https://doi.org/10.1136/bmjgh-2024-015098>

Schindell , B. G., Kangbai, J. B., Shaw, S. Y., & Kindrachuk, J. (2024). Stigmatization of Ebola virus disease survivors in 2022: A cross-sectional study of survivors in Sierra Leone. *Journal of Infection, Public Health*, *17*(1), 35-43. Available:. <https://doi.org/10.1016/j.jiph.2023.10.025>

Shang, F., Cowlishaw, S., Kaniasty, K., Ma, H., & Forbes, D. (2022). Disaster survivors’ perceptions of received social support: Outcome, delivery, and provider all matter. *International Journal of Disaster Risk Reduction*, *69*, 102761. <https://doi.org/10.1016/j.ijdrr.2021.102761>

Stanton, R., To, Q. G., Khalesi, S., Williams, S. L., Alley, S. J., Thwaite, T. L., Fenning, A. S., & Vandelanotte, C. (2020). Depression, Anxiety and Stress during COVID-19: Associations with Changes in Physical Activity, Sleep, Tobacco and Alcohol Use in Australian Adults. *International Journal of Environmental Research Public Health*, *17*(11), Available at:. <https://doi.org/10.3390/ijerph17114065>

Taniguchi, E., & Thompson, C. M. (2021). Mental illness self-disclosure among college students: a pre-requisite of social support or a booster of social support benefits? *Journal of Mental Health*, *30*(3), 323-332. <https://doi.org/10.1080/09638237.2021.1922626>