



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document including a complete list of sources consulted please see our [National Health Library and Knowledge Service Summary of Evidence Protocol](#).

YOUR QUESTION

Is there any evidence relating to effective psychological or psychosocial interventions for the general public and those recovering from COVID-19?

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IN A NUTSHELL

The key recommendations¹⁰ from current guidance and research for healthcare workers supporting patients with COVID-related anxiety include:

- regulating exposure to media
- maintaining a strong social network
- looking after your body and avoiding unhealthy coping strategies
- focusing on self-care techniques including mindfulness

The British Psychological Society¹¹ recommends a stepped, needs-based approach to providing psychological care. All patients with significant psychological, cognitive, functional or physical difficulties following hospitalisation for severe COVID-19 should be provided access to a structured, multidisciplinary rehabilitation package. This should be provided in an integrated way by physiotherapists, occupational therapists, practitioner psychologists, nurse specialists, doctors and other multidisciplinary team members such as speech and language therapists and dieticians where relevant. Those with clinically significant difficulties with mood, anxiety, post-traumatic stress or other psychological difficulties should be referred to local psychological therapy services or specialist

psychological services in physical health, critical care or trauma, where available. Those with significant cognitive difficulties should be referred to specialist neuro-rehabilitation or neuropsychology services.

Interventions that may help individuals cope with mild psychiatric symptoms related to the COVID-19 pandemic include limiting one's intake of print and broadcast news about the pandemic as well as maintaining routines and structured activities such as exercise. Health workers in particular may benefit from private, on-demand access to mental health professionals who can address sources of anxiety, distress and other emotions related to caring for patients. Individuals with moderate to severe symptoms can be treated by their primary care provider or referred to a mental health specialist¹³.

Ho et al²² advocate the need to have a nationwide psychological intervention plan, and suggest 6 strategies that should be incorporated:

1. identification of high-risk groups
2. improved screening of psychiatric morbidities
3. mode and content of psychological intervention
4. more support for frontline health workers
5. accurate dissemination of health and related information to the public
6. integration of hospital and community resources

IRISH AND INTERNATIONAL GUIDANCE

What does the HSE say?

[Health Service Executive \(2020\) Minding your mental health during the coronavirus outbreak¹](#)

This guidance covers minding your mental health during the coronavirus pandemic; young people's mental health during the pandemic; older people's mental health during the pandemic; bereavement and grief.



What does the World Health Organization say?

[World Health Organization \(2020\) Mental health and psychosocial considerations during the COVID-19 outbreak²](#)

1. COVID-19 has affected people from many countries in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected. People who are affected by COVID-19 have not done anything wrong and they deserve our support, compassion and kindness.
2. Do not label people with the disease as COVID-19 cases or victims; it is important to resist having a person's identity defined by COVID-19 in order to reduce any potential stigma.
3. Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed. Try to find information from trusted sources and confine updates to once or twice at specific times during the day. The sudden and near-constant stream of news reports about the pandemic can generate anxiety; get the facts, not rumours and misinformation; gather information at regular intervals from the WHO website and local health authority platforms in order to help distinguish facts from rumours. Facts can help to minimize fears.
4. Protect yourself and be supportive to others. Assisting others in their time of need can benefit both the person receiving support and the helper: eg phone neighbours or people in your community who may need extra assistance. Working together as one community can help to create solidarity.
5. Find opportunities to amplify positive and hopeful stories and positive images of local people who have experienced COVID-19: eg stories of people who have recovered.
6. Acknowledge the role played by carers and health workers supporting people affected with COVID-19 in your community.

[World Health Organization \(2011\) Psychological first aid: guide for field workers³](#)

This guide — endorsed by many international agencies — reflects the emerging science and international consensus on how to support people in the immediate aftermath of extremely stressful events.



[World Health Organization \(2020\) Social stigma associated with COVID-19: a guide to preventing and addressing social stigma⁴](#)

This guide for governments, media and local organisations responding to the COVID-19 pandemic discusses the causes and impact of social stigma, and measures to counteract stigma.

[World Health Organization \(2020\) \[Campaign\] #HealthyAtHome⁵](#)

A webpage containing advice on mental health and parenting.

[World Health Organization \(2020\) Coping with stress during the 2019-nCoV outbreak⁶](#)

A 1-page recommendation on how to cope with the stress associated with COVID-19.

What do the Centers for Disease Control and Prevention (United States) say?

[Centers for Disease Control and Prevention \(2020\) Coronavirus Disease 2019 \(COVID-19\): Stress and Coping⁷](#)

A webpage explaining psychological reactions to pandemics and guidance for parents, responders, people at higher risk and people coming out of quarantine.

What does the CEBM say?

[Oxford University Centre for Evidence-Based Medicine \(2020\) Volunteering during the COVID-19 pandemic: what are the potential benefits to people's well-being?⁸](#)

There is weak evidence linking volunteering to positive well-being. In order to benefit, people may need to feel that what they do is likely to make a difference and that it is valued. This idea of 'mattering' highlights the fact that although not an explicit reason for volunteering, reciprocity may be important for someone to continue undertaking such work and to gain psychologically from it.

[Oxford University Centre for Evidence-Based Medicine \(2020\) Can social prescribing support COVID-19 pandemic?⁹](#)

Although there is limited evidence on how social prescribing can be best implemented within the current COVID-19 pandemic, there are an increasing array of anecdotal accounts that suggest the importance of maintaining community connectedness during this time.



Oxford University Centre for Evidence-Based Medicine (2020) Practical tips for Clinicians helping patients with COVID[-19]-related anxiety/distress¹⁰

The key recommendations from current guidance and research for healthcare workers supporting patients with COVID-related anxiety include:

- regulating exposure to media
- maintaining a strong social network
- looking after your body and avoiding unhealthy coping strategies
- focusing on self-care techniques including mindfulness

British Psychological Society (2020) Meeting the psychological needs of people recovering from severe coronavirus (COVID-19)¹¹

A stepped, needs-based approach to providing psychological care is recommended. This consists of provision of information and psychological care by ward staff in hospital and early follow-up after hospital discharge to provide a structured rehabilitation package and referral to specialist psychological services where appropriate.

All patients with significant psychological, cognitive, functional or physical difficulties following hospitalisation for severe COVID-19 should be provided access to a structured, multidisciplinary rehabilitation package. This should be provided in an integrated way by physiotherapists, occupational therapists, practitioner psychologists, nurse specialists, doctors and other multidisciplinary team members such as speech and language therapists and dieticians where relevant. As mentioned above, some critical care MDT rehabilitation teams already provide this service, at least partially, in some hospitals. In other cases, community rehabilitation specialists provide the service, coordinated by the GP.

Those with clinically significant difficulties with mood, anxiety, post-traumatic stress or other psychological difficulties should be referred to local psychological therapy services or specialist psychological services in physical health, critical care or trauma, where available. Those with significant cognitive difficulties should be referred to specialist neuro-rehabilitation or neuropsychology services.



[Italian Society of Epidemiological Psychiatry \(2020\) COVID-19 disease emergency operational instructions for mental health departments issued by the Italian society of epidemiological psychiatry¹²](#)

During the current COVID-19 disease emergency, it is not only an ethical imperative but also a public health responsibility to keep the network of community psychiatry services operational, particularly for the most vulnerable subjects: those with mental illness, disability and chronic conditions. At the same time, it is necessary to reduce the spread of the COVID-19 disease within the outpatient and inpatient services affiliated with mental health departments. These instructions, first published online on 16 March 2020 in their original Italian version, provide a detailed description of actions proposed by the Italian Society of Epidemiological Psychiatry addressed to Italian mental health departments during the current COVID-19 pandemic. The overall goal of the operational instructions is to guarantee the provision of the best health care possible, taking into account both public health necessities and the safety of procedures. These instructions could provide guidance and offer practical tools which can enable professionals and decision makers to foresee challenges similar to those already experienced in Italy. These strategies can be shared and adopted with the appropriate adjustments by mental health services in other countries.

POINT-OF-CARE TOOLS

What does UpToDate say?

[Coronavirus disease 2019 \(COVID-19\): Psychiatric issues¹³](#)

COVID-19 is associated with multiple psychiatric problems. COVID-19 may precipitate anxiety, depression and sleep problems and may adversely affect patients with established psychiatric disorders.

This topic addresses the epidemiology and management of psychiatric issues that are associated with the COVID-19 pandemic.

Interventions that may help individuals cope with mild psychiatric symptoms related to the COVID-19 pandemic include limiting one's intake of print and broadcast news about the pandemic as well as maintaining routines and structured activities such as exercise. Health workers in particular may benefit from private, on-demand access to mental health professionals who can address sources of anxiety, distress and other emotions related to caring



for patients. Individuals with moderate to severe symptoms can be treated by their primary care provider or referred to a mental health specialist.

INTERNATIONAL LITERATURE

INTERVENTIONS FOR THE GENERAL PUBLIC

[Agyapong \(2020\) COVID-19 Pandemic: Health System and Community Response to a Text Message \(Text4Hope\) Program Supporting Mental Health in Alberta¹⁴](#)

In an effort to support the mental health of Albertans during the COVID-19 pandemic, Alberta Health Services launched a supportive text message program on March 23, 2020. The Text4Mood program was simultaneously approved for funding by the six regional health foundations and launched within one week of conception. Residents of Alberta can subscribe to the program by texting 'COVID19HOPE' to a sort code. Each subscriber receives 3 months of daily supportive text messages crafted by a team of clinical psychologists, psychiatrists, mental health therapists and mental health service users. Within one week of the launch of Text4Hope, 32,805 subscribers had signed up to the program and there have been expressions of interest from other jurisdictions to implement a similar initiative to support the mental health of those in quarantine or isolation.

[Ahorsu et al \(2020\) The fear of COVID-19 scale: Development and initial validation¹⁵](#)

The emergence of the COVID-19 and its consequences has led to fears, worries and anxiety among individuals worldwide. The present study developed the Fear of COVID-19 Scale (FCV-19S), a 7-item scale with robust psychometric properties; the scale is reliable and valid in assessing fear of COVID-19 among the general population and will also be useful in allaying COVID-19 fears among individuals.

[Altena et al \(2020\) Dealing with sleep problems during home confinement due to the COVID-19 outbreak: practical recommendations from a task force of the European CBT-I Academy¹⁶](#)

In the current global home confinement situation, most individuals are exposed to an unprecedented stressful situation of unknown duration. This



may not only increase daytime stress, anxiety and depression levels but also disrupt sleep. Because of the fundamental role that sleep plays in the regulation of emotions, sleep disturbance can have direct consequences on next day emotional functioning. In this paper we discuss those effects of the current home confinement situation that can disrupt sleep but also those that could benefit sleep quality; we suggest adaptations of cognitive behavioral therapy elements that are feasible to implement while also recognizing the general limitations imposed on physical exercise and social interaction. Managing sleep problems during home confinement can limit stress and prevent disruptions to social relationships.

[**Bäuerle et al \(2020\) Psychological support in times of COVID-19: the Essen community-based CoPE concept¹⁷**](#)

The authors established a structured concept model to support psychologically burdened people in Essen, which is located in the Ruhr area, a metropolitan region with more than 5.1 million inhabitants in the heart of the federal state North Rhine Westphalia. Psychological burden following the spread of the SARS-CoV-2 virus and individual restrictions should not be neglected.

[**Chan et al \(2006\) The Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation \(SMART\): A Body-Mind-Spirit Approach to Trauma Management¹⁸**](#)

This article introduces Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation (SMART) as a model of crisis intervention which aims at discovering inner strengths through meaning reconstruction. Limitations of conventional crisis management and current findings in post-traumatic growth research are discussed. Instead of adopting a pathological framework, the SMART approach holds a holistic view of health, employs facilitative strategies and promotes dynamic coping. Intervention components include Eastern spiritual teachings, physical techniques such as yoga and meditation and psycho-education that promotes meaning reconstruction. The efficacy of the SMART model is assessed with reference to two pilot studies conducted in Hong Kong at a time when the SARS pandemic caused widespread fear and anxiety in the community.



[**Cheng and Wong \(2005\) Psychological Intervention with Sufferers from Severe Acute Respiratory Syndrome \(SARS\): Lessons Learnt from Empirical Findings¹⁹**](#)

The authors conducted a series of five studies examining the psychological impacts of SARS on the sufferers. Results showed that: 1. various psychiatric complications emerged in the acute treatment phase; 2. certain types of behavioral and verbal responses of HCWs were able to ameliorate the psychological distress of the sufferers in the acute phase; 3. the short-term adjustment outcomes of the sufferers were unsatisfactory; 4. being a HCW and having a family member killed by SARS were risk factors predisposing individuals to the development of high distress after discharge; and 5. psychosocial factors such as social support, negative appraisal, positive appraisal and self-efficacy could account for substantial variances of differential outcomes including symptoms of anxiety and depression, quality of life and perceived health of the sufferers. This practitioner report aims to summarize the key findings, which have significant clinical implications in the provision of psychological intervention to the sufferers of SARS or other comparable infectious diseases.

[**Chew et al \(2020\) Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic²⁰**](#)

Among the range of psychosocial responses seen in past infectious disease outbreaks, considerations for the current COVID-19 pandemic should focus on the individual in the context of the larger social environment, with an emphasis on raising awareness of the range of possible psychosocial responses, access to psychological help, self-care, empowering self-support groups and sustained engagement with updated, reliable information about the outbreak.

[**Fiorillo and Gorwood \(2020\) The consequences of the COVID-19 pandemic on mental health and implications for clinical practice²¹**](#)

We consider that the mental health and psychosocial consequences of the COVID-19 pandemic may be particularly serious for at least four groups of people: 1. those who have been directly or indirectly in contact with the virus; 2. those who are already vulnerable to biological or psychosocial stressors including people affected by mental health problems; 3. HCWs; and 4. people who are following the news through numerous media channels.

[Ho et al \(2020\) Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic²²](#)

The outbreak of COVID-19 has highlighted the fragility of mental resilience and the need to have a nationwide psychological intervention plan. We have suggested 6 strategies that local and overseas authorities could consider to improve their current plan:

1. identification of high-risk groups
2. improved screening of psychiatric morbidities
3. mode and content of psychological intervention
4. more support for frontline health workers
5. accurate dissemination of health and related information to the public
6. integration of hospital and community resources

On mode and content of psychological intervention, the authors state:

"In their efforts to curb the spread of COVID-19 that may result from face-to-face contact and therapy, several hospitals have launched online psychotherapy to manage psychiatric patients on video conferencing platforms such as Zoom. To address the needs of the general population during this pandemic, it is worth contemplating the introduction of online or smart phone based psychoeducation on the outbreak to promote mental wellness and psychological interventions such as cognitive behavioural therapy (CBT) and mindfulness based cognitive therapy (MBCT). In patients who exaggerate the risk of contracting and dying from COVID-19, CBT may challenge their cognitive biases. Although behavioural therapy can help them to combat anxiety with the use of relaxation techniques and prevent depression onset by altering the schedule of their routine activities, CBT can mitigate maladaptive coping behaviours such as avoidance, antagonistic confrontation and self-blame by enhancing their ability to manage stress. Maladaptive coping behaviours are associated with worse psychological outcomes. MBCT, which focuses on the use of various mindfulness meditation practices to cultivate nonjudgemental awareness in the present, have been found to be particularly helpful in alleviating stress in people with physical conditions. When it is hosted on virtual platforms, MBCT can benefit patients who are infected and nursed in isolation rooms as well as those who are quarantined at home with no access to mental health professionals. Online platforms could also be a means for individuals to provide peer support to each other and to share their challenges and resolutions during the outbreak to foster comradeship and resilience in them."

[Hobfoll et al \(2007\) Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence²³](#)

To date, no evidence-based consensus has been reached supporting a clear set of recommendations for intervention during the immediate and the mid-term post mass trauma phases [of disasters and occurrences of mass violence]. We assembled a worldwide panel of experts on the study and treatment of those exposed to disaster and mass violence to extrapolate

from related fields of research and to gain consensus on intervention principles. We identified 5 empirically supported intervention principles that should be used to guide and inform intervention and prevention efforts at the early to mid-term stages: 1. a sense of safety; 2. calming; 3. a sense of self- and community efficacy; 4. connectedness; and 5. hope.

[**Kim and Su \(2020\) Using Psychoneuroimmunity Against COVID-19²⁴**](#)

Compared to general populations, patients who are institutionalized in a closed unit are also very vulnerable to COVID-19 infection and complications. This crisis touched on difficult issues of not only psychiatric care and ethics, but also psychological impacts to psychiatric care givers. In this commentary, we address both physical and biopsychosocial aspects of the infection, as well as the psychoneuroimmunity of preventive strategies of healthy lifestyle, regular exercise, balanced nutrition, quality sleep and a strong connection with people. Social distancing and wearing masks might help us from pathogen exposure, but these measures also prevent us from expressing compassion. Therefore, all forms of psychological support should be routinely implemented not only to consider psychological resilience but also to enhance psychoneuroimmunity against COVID-19.

[**Quian et al \(2020\) Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic²⁵**](#)

Emerging infectious disease outbreaks such as the present coronavirus disease 2019 (COVID-19) pandemic often have a psychological impact on the well-being of the general population, including survivors and caregivers. Our study aimed to synthesise extant literature regarding the combined psychological responses and coping methods used by the general population in past outbreaks.

A total of 144 papers were identified, 24 of which were included in the review. Common themes in psychological responses included anxiety or fear, depression, anger, guilt, grief and loss, post-traumatic stress, and stigmatisation, but also a greater sense of empowerment and compassion towards others. Coping strategies adopted included problem-focused coping [seeking alternatives, self- and other-preservation], seeking social support, avoidance, and positive appraisal of the situation.



[**Orru et al \(2020\) Psychological intervention measures during the COVID-19 pandemic²⁶**](#)

The aim of this brief article is a preliminary analysis of the psychological interventions following infectious disease outbreak in order to: 1. implement guidelines for the existing emerging psychological crisis for people directly and indirectly affected by COVID-19; and 2. establish adequate procedures and prompt responses.

[**Park et al \(2020\) Mental Health Care Measures in Response to the 2019 Novel Coronavirus Outbreak in Korea²⁷**](#)

The authors suggest that both confirmed and suspected COVID-19 patients may experience fear of the consequences of infection including death and severe physical disability. Boredom, loneliness and anger could be experienced by individuals in quarantine. Anxiety symptoms and distress may be worsened not only by infection symptoms, but also by the adverse effects of treatment. Infectious disease outbreaks commonly cause anxiety, fear, uncertainty and stigmatization that can be prevented by medical and psychiatric treatment. Mental health services for the COVID-19 outbreak are being provided by national hospitals and community mental health centers throughout [Korea]. The National Center for Disaster Trauma distributed leaflets promoting mental health care against the distress caused by infectious disease outbreaks. Somatic symptoms, insomnia, anxiety, anger, rumination, decreased concentration, low mood and loss of energy are listed as the warning symptoms that should be evaluated and managed by mental health professionals. Focusing on reliable information, permitting the expression of your negative emotions, keeping in touch with family, friends and colleagues, maintaining regular life activities, participating in recreational activities and maintaining your pride are listed as coping recommendations for individuals in quarantine.

[**Qiu et al \(2020\) Mental wellness system for COVID-19²⁸**](#)

The authors describe the recent systemic efforts to maintain mental wellness in the public population, isolated patients and frontline health workers. The comprehensive and multifaceted system includes population-level monitoring of mental states, online emergency psychological intervention based on artificial intelligence, community based scientific dissemination and social bond enhancement, virtual reality and neuromodulation based interventions, and human resources training for emergency psychological interventions.

[Xiao \(2020\) A Novel Approach of Consultation on 2019 Novel Coronavirus \(COVID-19\)-Related Psychological and Mental Problems: Structured Letter Therapy²⁹](#)

The epidemic brought to people in China and the world not only the risk of death after virus infection, but also extreme psychological pressure. Quarantine for COVID-19 on the one hand increases the possibility of psychological and mental problems due to gradually distancing people from each other and reducing interpersonal communication; on the other hand, quarantine reduces the availability of timely psychological intervention. In order to solve some of the psychological and mental problems that quarantine may bring, a new type of intervention strategy is urgently needed. In addition to the face-to-face routine psychological interventions, remote written counseling may become a new type of psychological counseling mode in the context of public health emergencies. Structured letter therapy is a feasible new approach which may also realize the merger of consultation, diagnosis and treatment.

[Zhou \(2020\) Psychological crisis interventions in Sichuan Province during the 2019 novel coronavirus outbreak³⁰](#)

Sichuan Province has provided several psychological aid strategies for its citizens. Firstly, a psychological intervention and self-help manual of novel coronavirus pneumonia was published on February 4. It was written by experts in the field of psychiatry and psychology. The authors introduced several self-help intervention methods in detail according to 11 different populations. Secondly, Sichuan Province opened several 24-hour psychological assistance hotlines to the general public and provided channels for citizens to relieve their negative emotions. Online psychological consultation was also opened in several hospitals. Since non-critical patients were advised not to come to hospital during the outbreak, the psychological hotline and online consultation played a significant role of maintaining the mental health of citizens. Thirdly, an online survey assessing mental health status was carried out; all participants received advice based on their survey score.



INTERVENTIONS FOR PATIENTS

[**Chung et al \(2020\) Rapid assessment of a helpdesk service supporting severe acute respiratory syndrome patients and their relatives³¹**](#)

83 respondents representing about 46.3% of relatives attending the helpdesk on the day of the study were recruited. Service evaluation data was collected using a self-administered questionnaire completed by respondents. Nearly 100% of respondents who used the service found the delivery service with on-site counselling useful for alleviating their anxiety. However, about half of these relatives complained of insufficient information regarding the patient's condition and progress. The majority of respondents were satisfied with the service. In describing the most important traits of the service providers, caring and enthusiasm were mentioned most frequently by respondents who stated that they were very satisfied with the service. The results support the value of the service, and demonstrate that the service is effective in meeting relatives' immediate needs. These needs include information, aid in fulfilling their role as caretaker for the patient and psychological support. The results suggest that facilitation of visitation of patients by relatives via video conferencing and education of the public on the nature and course of severe acute respiratory syndrome to reduce social stigma should be introduced in Hong Kong.

[**Huang et al \(2020\) Dialectical behavior therapy-based psychological intervention for woman in late pregnancy and early postpartum suffering from COVID-19: a case report³²**](#)

The effectiveness of DBT-based therapy urged further investigation on the role of DBT in trauma and crisis intervention. The current practice can be applied to other populations that are influenced by public health crises.

[**Inchausti et al \(2020\) \[Preprint\] Psychological interventions and the COVID-19 pandemic³³**](#)

The COVID-19 global pandemic has already had a substantial disruptive impact on society, posing major challenges to the provision of mental health services in a time of crisis, and carrying the spectre of an increased burden to mental health, both in terms of existing psychiatric disorder and emerging psychological distress from the pandemic. In this paper we provide a framework for understanding the key challenges for



psychologically informed mental health care during and beyond the pandemic. We identify three groups that can benefit from psychological approaches to mental health and/or interventions relating to COVID-19: 1. healthcare workers engaged in frontline response to the pandemic and their patients; 2. individuals who will experience the emergence of new mental health distress as a function of being diagnosed with COVID-19, bereavement or the psychological effects of prolonged social distancing; and 3. individuals with existing mental health conditions who are either diagnosed with COVID-19 or whose experience of social distancing exacerbates existing vulnerabilities. Drawing on existing literature and our own experience of adapting treatments to the crisis we suggest a number of salient points to consider in identifying risks and offering support to all three groups. We also offer a number of practical and technical considerations for working psychotherapeutically with existing patients where COVID-19 restrictions have forced a move to online or technologically mediated delivery of psychological interventions.

[Jiang et al \(2020\) Psychological crisis intervention during the outbreak period of new coronavirus pneumonia from experience in Shanghai³⁴](#)

Since the middle of December 2019, human-to-human transmission of novel coronavirus pneumonia has occurred among close contacts. At the same time, greater attention should be paid to psychological crisis intervention among affected populations for the timely prevention of inestimable damage from a secondary psychological crisis. PCI has been initiated via remote and onsite medical services to help medical workers, patients and others affected to overcome any psychological difficulties. This paper outlines experiences based on the work of the Shanghai Medical Team.

[Yang et al \(2020\) \[Preprint. Not Peer Reviewed\] Analysis of psychological state and clinical psychological intervention model of patients with COVID-19³⁵](#)

Patients with COVID-19 have different degrees of psychological pain such as anxiety and depression which may relate to their prognosis. The present study aimed to investigate and analyze the psychological status of patients with COVID-19 during the course of illness and to explore the effective modes of clinical psychological intervention in acute patients in an isolation environment. A total of 143 persons participated in the study, including 26 patients diagnosed with COVID-19 in the isolation ward [COVID-19 group], 87

patients with general pneumonia in the observation ward designated as the general pneumonia group and 30 healthy volunteers designated as the normal group. All the patients in the ward received comprehensive psychological intervention, including telephone psychological counseling, self-adjustment of written materials and one-to-one psychological crisis intervention. The Hamilton Depression Scale (HAMD) and Hamilton Anxiety Scale (HAMA) were used to evaluate the mental health status of all patients on the day of admission and 1 week after treatment. The HAMA and HAMD scores of all patients in the isolation ward and observation ward were significantly higher than the healthy volunteers at the time of admission. The total scores of HAMA and HAMD in the COVID-19 group were higher than the general pneumonia group. After hospitalization with comprehensive psychological intervention for 1 week, the HAMA and HAMD scores in the COVID-19 group were significantly decreased.

[DePierro et al \(2020\) Lessons learned from 9/11: Mental health perspectives on the COVID-19 pandemic³⁶](#)

The COVID-19 pandemic will potentially lead to high rates of PTSD, depression and substance misuse among survivors, victims' families, medical workers and other essential personnel. Drawing on the 9/11 experience, we highlight effective prevention measures, short and long-term treatment needs, vulnerable subgroups and important points of divergence between 9/11 and the COVID-19 pandemic. Mental health monitoring, early identification of at-risk individuals and treatment irrespective of financial barriers are essential for minimizing chronic distress.

[Zhang et al \(2020\) Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: a model of West China Hospital³⁷](#)

The COVID-19 epidemic has brought serious social psychological impact to the Chinese people, especially those quarantined and with limited access to face-to-face communication and traditional social psychological interventions. To better deal with the urgent psychological problems of people involved in the COVID-19 epidemic, we developed a new psychological crisis intervention model by utilizing internet technology. This new model integrates physicians, psychiatrists, psychologists and social workers into Internet platforms to carry out psychological interventions to patients, their families and medical staff.



INTERVENTIONS FOR ANXIETY, STRESS AND LONELINESS IN THE GENERAL POPULATION

[Cullen et al \(2020\) Mental health in the COVID-19 pandemic³⁸](#)

There are several steps that can and should be taken now to minimize the psychological and psychiatric effects of the COVID-19 pandemic. First, while it might be ostensibly attractive to re-deploy mental health professionals to work in other areas of healthcare, such a move would almost certainly worsen outcomes overall and place people with mental illness at disproportionate risk of deterioration in physical and mental health. Second, we recommend the provision of targeted psychological interventions for communities affected by COVID-19, particular supports for people at high risk of psychological morbidity, enhanced awareness and diagnosis of mental disorders especially in primary care and emergency departments, and improved access to psychological interventions, especially those delivered online and through smartphone technologies. These measures can help diminish or prevent future psychiatric morbidity. Finally, there is a need for particular focus on frontline workers. In the USA, the Centers for Disease Control and Prevention offer valuable advice for health workers in order to reduce secondary traumatic stress reactions.

[Di Giuseppe et al \(2020\) Psychological resources against the traumatic experience of COVID-19³⁹](#)

Psychological resources such as the defense mechanism and mindfulness can mediate the individual reaction to traumatic experiences as the ongoing COVID-19 pandemic unfolds. A novel self-reported measure based on the DMRS (DMRS-SR-30) has been developed with the aim of assessing potential adaptive defensive strategies against the traumatic experience of COVID-19. Preliminary validation of the DMRS-SR-30 showed good internal consistency in both overall defensive functioning and subscales. Combining adaptive defense mechanisms and mindfulness practice could prevent psychological distress due to the effect of COVID-19 losses and quarantining.



[Duan et al \(2020\) Psychological interventions for people affected by the COVID-19 epidemic⁴⁰](#)

A professional team comprising mental health personnel is a basic requirement in dealing with emotional distress and other mental disorders caused by epidemics and other public health emergencies.

Interventions should be based on a comprehensive assessment of risk factors leading to psychological issues, including poor mental health before a crisis, bereavement, injury to self or family members, life-threatening circumstances, panic, separation from family and low household income.

[Everly et al \(2020\) The Potential Efficacy of Psychological First Aid on Self-Reported Anxiety and Mood⁴¹](#)

The authors explored the efficacy of a randomized controlled trial to assess the potential benefits of Psychological First Aid (PFA) compared with social acknowledgement in a sample of 42 participants who spoke about a stressful life event. Demographics and standardized questionnaires were used to assess anxiety and mood. Those in the PFA group evidenced significantly lower anxiety scores at 30-minute post-disclosure than at baseline; and, although not significant, showed lowered distressed mood compared with baseline at 30-minute post-disclosure. Those in the social acknowledgment group showed [statistically non-significant] increased anxiety and distressed mood scores at 30-minute post-disclosure compared with baseline. These results provide preliminary empirical evidence for the efficacy of PFA. Implications for intervention and additional assessment are suggested.

[Lee et al \(2020\) Coronavirus anxiety scale: A brief mental health screener for COVID-19 related anxiety⁴²](#)

The objective of this study was to develop and evaluate the properties of the Coronavirus Anxiety Scale (CAS), which is a brief mental health screener to identify probable cases of dysfunctional anxiety associated with the COVID-19 crisis. This 5-item scale demonstrated solid reliability and validity. Elevated CAS scores were found to be associated with coronavirus diagnosis, impairment, alcohol or drug coping, negative religious coping, extreme hopelessness, suicidal ideation and other responses. The CAS discriminates well between persons with and without dysfunctional anxiety using an optimized cut score of ≥ 9 [90% sensitivity and 85% specificity]. These results support the CAS as an efficient and valid tool for clinical research and practice.



[Marcinko et al \(2020\) The Importance of Psychodynamic Approach during COVID-19 Pandemic⁴³](#)

Optimal application of the psychodynamic approach offers a framework for acceptance of psychological stress in a more positive way and benefits psychological growth.

[Ng et al \(2006\) Group debriefing for people with chronic diseases during the SARS pandemic: Strength-Focused and Meaning-Oriented Approach for Resilience and Transformation \(SMART\)⁴⁴](#)

This study presented preliminary results on the efficacy of a novel group debriefing model called Strength-Focused and Meaning-Oriented Approach for Resilience and Transformation (SMART). SMART debriefing: 1. aims to boost resilience and catalyze transformation among persons undergoing stressful events; 2. adopts a growth-oriented and holistic approach of health promotion; and 3. employs methods drawn from various indigenous sources such as Asian philosophies and traditional Chinese medicine. Participants (N=51) were people with chronic diseases recruited one month after the SARS outbreak was eventually controlled after causing widespread panic in Hong Kong. After the 1-day group debriefing, participants showed significant decrease in depression level and changes in cognitive appraisal towards SARS. Such changes were sustained at 1-month follow-up. Clinical implications and directions for further study are discussed.

[Pappas \(2020\) Quickly calming distress and improving mental health⁴⁵](#)

Psychological First Aid (PFA)—commonly used in the aftermath of acute disasters such as tornadoes or typhoons—aims to reduce immediate distress and improve adaptive functioning in the face of a traumatic event.

[Potash et al \(2020\) Art therapy in pandemics: Lessons for COVID-19⁴⁶](#)

This special report brings together art therapists who have experience working in pandemics, attending to health professionals and building creative virtual communities. Art therapists can support recommended public health psychosocial guidelines by disseminating information, promoting expression and inspiration, challenging stigma, modulating media input, securing family connections, monitoring secondary traumatic stress, developing coping and resilience strategies, maintaining relationships and amplifying hope.



[Yoon et al \(2020\) System effectiveness of detection, brief intervention and refer to treatment for the people with post-traumatic emotional distress by MERS: A case report of community-based proactive intervention in South Korea⁴⁷](#)

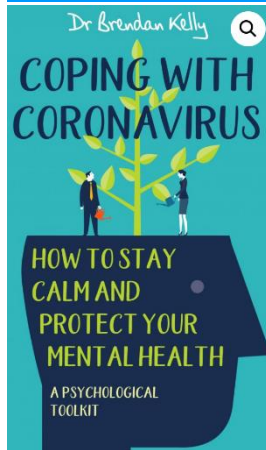
The authors discuss a proactive monitoring system for thousands of people placed under quarantine in Korea. A core value of public mental health services is adequate public accessibility; it is therefore essential for governments to strengthen their professional competence and establish effective monitoring and communication systems.

OTHER

[Mental Health Weekly \(2020\) \[News Article\] New York MH groups launch campaign to help people stay connected⁴⁸](#)

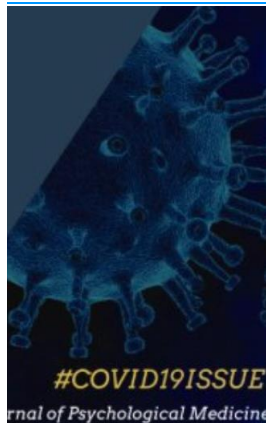
The Coalition for Behavioral Health and the New York Association of Psychiatric Rehabilitation Services announced the launch of a new campaign to help New Yorkers to reach out, connect and comfort one another as New Yorkers work their way through the COVID-19 crisis. The 'STRIVE FOR FIVE' campaign aims to educate and encourage New Yorkers to use a variety of strategies such as telephone, text, social media and other applications to reach out and offer mental health support to at least 5 people over the next 30 days.

[Kelly \(2020\) Coping with Coronavirus: How to Stay Calm and Protect Your Mental Health⁴⁹](#)



Allow pre-eminent psychiatrist Dr Brendan Kelly to help you understand and cope with the unique mental stresses of today, as we all try to deal with the threat of COVID-19, coronavirus.

[Irish Journal of Psychological Medicine \(March 2020\) COVID-19 and Mental Health: Virtual Special Issue](#)



[#COVID19ISSUE](#)



Produced by the members of the National Health Library and Knowledge Service Evidence Team[†]. Current as at 20 May 2020. This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

P Population person location condition/patient characteristic	COVID-19 PANDEMIC
I Intervention length location type	PSYCHOLOGICAL OR PSYCHOSOCIAL INTERVENTIONS FOR THE GENERAL POPULATION
C Comparison another intervention no intervention location of the intervention	
O Outcome	REDUCED ANXIETY, LONELINESS, STRESS, IMPROVED WELL-BEING AND MENTAL HEALTH

The following search strategy was used:

Psychotherapy mh or (psycholo* and ((care or intervention* or strateg* or manag* or technique* or approach or approaches or support or treatment or treating)) or (psycho* and (care or intervention* or strateg* or manag* or technique* or approach or approaches or support or treatment or treating)) or (mental health and (care or intervention* or strateg* or manag* or technique* or approach or approaches or support or treatment or treating))

AND

Coronavirinae mh or (covid-19 or coronavirus or "corona virus" or (wuhan near/3 virus) or "2019-ncov" or "2019 ncov" or "severe acute respiratory syndrome coronavirus 2" or "2019 novel coronavirus" or "2019 new coronavirus")

[†] [Helen Clark, Librarian, Sligo University Hospital [Author]; Isabelle Delaunois, Librarian, University Hospital Limerick [Author]; Nicola Fay, Regional Librarian, Midland Regional Hospital Tullamore [Author]; Brendan Leen, Regional Librarian, HSE South, St. Luke's General Hospital, Kilkenny [Editor]





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