Psychosocial Aspect of SARS in China

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I. Psychosocial features of various populations during SARS crisis

1. Public

1) Urban residents:
   - Early stage: neglecting protection
• Middle stage: over-fear, shopping rush, overprotection, obsession and compulsivity
hypochondriasis, keeping away off hospitals, discriminating against SARS patients, suspected patients, and isolated people

• Late stage: off guard, discriminating against recovered patients
A cross-sectional study:

**Subjects:**
6280 students in three universities in Beijing

**Questionnaire:**
- Syndrome Checklist (SCL-90)
- Self-rating Anxiety Scale (SAS)
- Self-rating Depression Scale (SDS)
A “close-door” university
2) Rural residents: over-fear, destroying traffic roads, violently obstructing procedures of prevention, superstitious treatment
2. SARS patients

1) Acute stage: fear, anxiety, depression, panic, impulsion, aggression, suicide
2) Recovery stage: worrying for future, remorse, guilty, loneliness
3. Isolated people

Chagrin, deny, suspicion, anxiety, depression, remorse, guilty, loneliness, resentment
4. Medical staff in SARS hospitals

- Early stage: neglecting protection, heroism
Middle stage:

fear, overprotection, obsession and compulsivity, evading, anxiety, depression
Late stage: calming down, lassitude, fatigue, vagueness for future, sleeping disorder
A questionnaire investigation in a general hospital:
12.3% of medical staff showed obvious anxious syndrome before going to SARS hospitals
5. Other SARS responders
(governmental officers, policemen, ambulance drivers, medical staff for disinfection and epidemiologists):
Nervousness, anxiety, irritability, over fatigue, sleeping disorder
II. Effort of mental health professionals after SARS outbreak

1. Policy consultation and technical criterion
   - Recommendations for strengthening mental health care
to medical staff, SARS patients and their family members

- “Prevention and recommended therapeutic principle of SARS-related mental disorders (draft)” to China-CDC (published on the website of Ministry of Health on June 3)
“Preparatory Protocol of Post-disaster Mental health Intervention”
2. Training and intervention of mental health

1) Mental health training for doctors and nurses before going to SARS hospitals

2) Psychotherapy to medical staff with anxiety and depressive syndromes
3) Assigning psychiatrists to SARS hospitals for treating SARS patients with mental disorders, preventing suicide

4) Distributing “Loving Card” to SARS patients, and open letters to medical staff, patients, and recovered patients
5) Initiating one-year mental health care service for medical staff in SARS hospitals, collaborating with Ministry of Health.
3. Health education for the mass
1) Open letters to residents in communities, SARS patients, medical staff and their relatives
2) Articles, lectures, TVs, Newspapers, flyers, etc
六、切实“非典”，克服非典恐慌心理

1. 小心对“非典”重视不足，存在侥幸侥幸心理，这样会加大人群中非典的感染。应严格做到“非典”要求，采取必要的防护措施，保护自己，也是对亲朋好友和他人负责。

2. 预防“非典”需加强，预防措施不仅要重视，还要加强。如果出现发烧、咳嗽、腹泻等症状，应及时就医，及时治疗。

3. 积极宣传“非典”预防知识，提高公众对“非典”知识的认识，避免不必要的恐慌。

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5. 保持良好的个人卫生习惯，勤洗手，避免接触病人，不随地吐痰。

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3) Mental health consultation hotline:
4. Information collection and research in the reconsolidation stage of SARS

- SARS patients
- Doctors and nurses
- The mass
- College students
5. International communication

Communicating with WHO consultants and international mental health experts, getting helps for specific techniques or problems
III. Experience and suggestions for SARS epidemic and similar great public health emergencies

1. Mental health management
   - Preparation before the disaster: policy consultation, professional training, health education to the mass
Response: mental health and social interventions during and after disasters

Assessment and research on mental status in related populations

2. Integrating mental health service into response to public Health emergency
3. Funding on mental health service
4. Exploring human resources in mental health
There is no development without health, there is no health without mental health.

—2001 WHA Health Ministers’ Roundtable Meeting