

Cogitation on the Mental Health Service System during the COVID-19 Outbreak in China

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Abstract: The spread of the novel coronavirus disease (COVID-19) in China from December 2019 to April 2020 caused serious social panic and other psychological problems among the Chinese public. Thus, reducing the public panic of and the long-term adverse psychological effects on individuals and society resulting from the epidemic became the priority task for mental health professionals in China. Based on the experiences in providing mental health services during SARS outbreak, the perspectives and strategies for targeted mental health services are reported. Furthermore, the cogitation on the problems with mental health services in China during the outbreak of COVID-19 are discussed.

Keywords: COVID-19; mental health service; policy; management

1 Introduction

In December 2019, a novel coronavirus disease (COVID-19) was thought to have emerged in Wuhan, China. At present, over 8 million infections are confirmed around the world. COVID-19 has become the worst global crisis since World War II (updated at 4 pm, June 20, 2020). In the absence of vaccination, having learnt from the experience with SARS in 2003, the Chinese government has effectively controlled the spread of COVID-19 with the efforts of the whole society through policies including the closure of Wuhan (from January 23 to April 8, 2020), the extension of the Spring Festival holiday, and the strict control of public travel, etc. [1]. This, in turn, slowed down the spread of the virus to other countries and provided a “China model” to tackle the epidemic.

It is well known that the spread of communicable diseases such as SARS and COVID-19 can cause serious panic among the public. Therefore, it is necessary to provide targeted mental health services to help reduce people’s irrational and ineffective responses to the disease and improve their epidemic prevention abilities [2]. This paper aims to discuss the current situation and problems in mental health services during crisis in China and offer suggestions for improvements in the future.

2 Problems with Mental Health Services in China during the Outbreak of COVID-19

We have listed some common problems with mental health services in China during the outbreak of COVID-19.



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2.1 Rumors and Information Overload

Rumors can be interpreted as projections of public panic. Some low-quality, repetitive, popular science materials are mixed with rumors, causing information overload and even increasing people's fear and anxiety. Given the widespread use of the social media platform WeChat in China, it is easy for the public to access various types of self-media disseminated through WeChat. Despite the increase in information resources created by self-media, it should be noted that some self-media had spread rumors during the outbreak of COVID-19. We believe that it is necessary for the government to encourage the public to obtain medical knowledge from authoritative and credible sources (e.g., official media).

2.2 Shortage of Mental Health Professionals

During the outbreak of COVID-19, there has been a serious shortage of crisis intervention specialists and mental health service providers in mainland China [3]. Mental health hotlines have been hastily established in various places, which led to the following quality problems: (1) poor mental health service, (2) poor hotline management, (3) the lack of appropriate criteria for recruitment and selection of mental health specialists, (4) the lack of professional supervision, (5) the lack of ethical supervision, and (6) the lack of psychological support for psychological outreach teams.

2.3 Lack of a Mature Mental Healthcare System

Approved by the Executive Council of the Chinese Psychological Society, the Chinese Clinical and Counseling Psychology Registration System (hereafter referred to as Registration System) was established after the 2008 Sichuan earthquake [4]. The registration system was designed to ensure the qualification of mental health providers and the quality of training facilities, which provided ethical support and supervision services for mental health hotlines in various places during the outbreak of COVID-19 [3]. However, due to the lack of a mature mental health professional training system and the shortage of mental health service providers with sufficient competence in mainland China, the huge demand for high-quality mental health services cannot be met during the epidemic. At the same time, due to the improper management of mental health associations and insufficient regulation regarding mental health professionals, mental health services have not played an important role across the country. Therefore, it has not been possible to provide effective, long-term interventions to various traumatized populations during and after the epidemic.

3 Strategies and Solutions

3.1 Perspectives and Strategies for Targeted Mental Health Services

According to the results of recent investigations, during the outbreak of COVID-19, more than 20%–35% of people have different degrees of panic, irritability, anger, despair, and other negative emotions; thus, professional mental health services are urgently needed [5,6]. Given the current status of mental health services in China, and based on our experiences in providing mental health services during SARS, we propose the following perspectives and strategies:

First, after an epidemic begins, mental health services should pay special attention to the following groups of people: patients diagnosed with infection, quarantined people, people who have difficulty in coping with the loss of loved ones, people who experience extreme panic, worry or despair (including those with various existing mental disorders), medical and healthcare personnel, and other vulnerable occupational groups during the epidemic, such as the police, soldiers, civil servants, firefighters, social workers, and production and transportation personnel working to provide resources for epidemic control.

Second, mental health services should be combined with medical consultation during the epidemic, adopting a compound model that incorporates science popularization, mental health hotline, and online consultation. According to our experiences in providing mental health services during SARS outbreak,

popularizing science and mental health hotlines can effectively help the public reduce panic [7,8]. With the increase of Internet access in China, online counseling or psychotherapy has become an effective alternative to traditional psychological counseling or treatment, which is especially suitable during epidemics. For patients admitted in hospitals, traditional individual (or group) counseling or psychotherapy may be applicable only to those with mild infections (provided that the counselor or therapist wears personal protective equipment). For infected patients with severe mental illness, consultation and care from a psychiatrist is required.

Third, mental health services should focus on people's different mental condition during different stages. It was found that there were three stages for people's psychological status during SARS outbreak: shock period (1–2 weeks after the outbreak began), boredom period (2–3 weeks after the outbreak began), and recovery period (starting from the 5th week after the outbreak began) [8]. In addition to social panic that occurred at the beginning of the epidemic, other psychological problems caused by restrictions on work, school, entertainment, and travel during the epidemic also need our attention. These problems include irritability, anger, internet addiction, conflicts with family members, and even domestic violence, child abuse, and sexual disorders. These secondary mental health problems may be more common in the later periods of the epidemic. Therefore, it is necessary to provide mental health services in multiple forms (e.g., individual counseling, family therapy, couple therapy, child psychotherapy, and small group psychotherapy) through the Internet.

Fourth, multi-disciplinary, cross-sector collaborations are needed; different mental health professional teams should work together. Psychological support, trauma intervention, professional training, and supervision by psychological outreach teams (e.g., social workers, psychiatrists, psychotherapists, counselors, clinical psychologists, counseling psychologists, school psychologists, and forensic psychologists) for the ones in immediate contact with patients and other vulnerable groups of people are also an important part of the mental health service system during the epidemic.

3.2 Reflections and Solutions

Given the problems regarding the current status of mental health services during the outbreak of COVID-19, we propose the following reflections and solutions:

First, it is important for the professional society to establish professional psychological support teams. After the epidemic, a psychological support team with systematic professional training and supervision needs to be established in all parts of China to provide mental health services during future outbreaks. It is also necessary to set up rules to regulate these teams to make them operate efficiently. Through the interventions provided by these teams to various vulnerable groups of people exposed to psychological trauma during epidemics, the long-term adverse psychological effects of the disaster on individuals and society can be effectively reduced.

Second, Chinese clinical psychologists should make efforts to develop culturally appropriate crisis intervention theories/models. Based on empirical studies on mechanisms of psychological responses to crisis in context of a particular culture at both the individual and society level, we can further develop the corresponding crisis intervention theories or models that are suitable for this culture and design appropriate strategies and plans for the implementation of crisis interventions in advance. Psychological trauma caused by a disaster usually occurs at both the individual and societal levels. Because disasters have a negative impact on all aspects of life, especially the connections among people, we need to pay special attention to interventions for collective psychological trauma and the reconstruction of social support systems, and design specific intervention strategies from the perspective of social systems.

Third, corresponding legislation demands to be improved in China. We propose to enact the "Psychotherapists Law" to fulfill the following objectives: (1) establishment of recruitment criteria,

(2) development of ethnic codes, and (3) promotion of the development of mental health services. At the same time, it is necessary to promote the establishment and development of psychotherapists' associations. With the corresponding legislation and the development of related associations, a combination of macro guidance from the government and self-regulations from the associations is recommended.

Last, it is crucial for the professional society to promote professional training programs in universities. We should promote the establishment of standardized and systematic counseling, and psychotherapy degree programs and professional internship programs in various universities to cultivate sufficient highly qualified counselors and psychotherapists, which will also enable these universities to become a cradle for mental health professionals.

In summary, the multi-disciplinary, cross-sector collaborations for psychological assistance need to be explored to respond quickly and accurately to the various types of disasters and emergencies across the country. It is of great importance to design scientific and efficient strategic plans for crisis interventions before the occurrence of a hazard. Based on multidisciplinary, cross-sector collaborations, our final goal is to gradually establish a culturally appropriate emergency assistance system to meet the public's mental health needs in China during and after emergencies.

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