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## Impact on mental health of 2019-2020 Covid/coronavirus pandemic [Updated 09 April 2020]

**ID of request:** 22538  
**Date of request:** 31st March, 2020  
**Date of completion:** 9th April, 2020

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**Sources searched**  
EMBASE (7)  
MEDLINE (37)

**Date range used** (5 years, 10 years): 2019-2020   
**Limits used** (gender, article/study type, etc.): None   
**Search terms and notes** (full search strategy for database searches below):

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## A. Original Research

1. **Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness.**  
   Druss Benjamin G. JAMA psychiatry 2020;:No page numbers.

1. **Challenges facing coronavirus disease 2019: Psychiatric services for patients with mental disorders.**  
   Cui Long-Biao Psychiatry and clinical neurosciences 2020;:No page numbers.

As a Public Health Emergency of International Concern declared by WHO, the current outbreak of coronavirus disease (COVID-19) in China has captured the world's attention.1.

1. **Coronaphobia: Fear and the 2019-nCoV outbreak**  
   Asmundson G.J.G. Journal of Anxiety Disorders 2020;70:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=52f6d2f33ca73d22719d1c0793938493)

1. **COVID-19, Risk, Fear, and Fall-out.**  
   Manderson Lenore Medical anthropology 2020;:1-4.

1. **Dealing with sleep problems during home confinement due to the COVID-19 outbreak: practical recommendations from a task force of the European CBT-I Academy.**  
   Altena Ellemarije Journal of sleep research 2020;:No page numbers.

In the current global home confinement situation due to the COVID-19 outbreak, 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. Importantly, because of the fundamental role that sleep plays in emotion regulation, sleep disturbance can have direct consequences upon next day emotional functioning. In this paper we summarize what is known about the stress-sleep link and confinement as well as effective insomnia treatment. We discuss those effects of the current home confinement situation that can disrupt sleep but also those that could benefit sleep quality. We suggest adaptions of cognitive behavioral therapy elements that are feasible to implement for those facing changed work schedules and requirements, those with health anxiety and those handling childcare and homeschooling, whilst also recognizing the general limitations imposed on physical exercise and social interaction. Managing sleep problems as best as possible during home confinement can limit stress and possibly prevent disruptions of social relationships.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=19097e1dda53b97e850b71d3906bd79e)

1. **Fear can be more harmful than the severe acute respiratory syndrome coronavirus 2 in controlling the corona virus disease 2019 epidemic.**  
   Ren Shi-Yan World journal of clinical cases 2020;8(4):652-657.

The current corona virus disease 2019 outbreak caused by severe acute respiratory syndrome coronavirus 2 started in Wuhan, China in December 2019 and has put the world on alert. To safeguard Chinese citizens and to strengthen global health security, China has made great efforts to control the epidemic. Many in the global community have joined China to limit the epidemic. However, discrimination and prejudice driven by fear or misinformation have been flowing globally, superseding evidence and jeopardizing the anti-severe acute respiratory syndrome coronavirus 2 efforts. We analyze this phenomenon and its underlying causes and suggest practical solutions.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0f91366c6bc7a8f87c966db662f0880e)

1. **Fear of the novel coronavirus.**  
   Kelvin David J. Journal of infection in developing countries 2020;14(1):1-2.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a0ec67d10572f4cba3a9b9d1cf065952)

1. **How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know.**  
   Asmundson Gordon J. G Journal of anxiety disorders 2020;71:102211.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e77a2876bb8eb0bf1f824dee46319f46)

1. **Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China.**  
   Wang Cuiyan International journal of environmental research and public health 2020;17(5):No page numbers.

Background: The 2019 coronavirus disease (COVID-19) epidemic is a public health emergency of international concern and poses a challenge to psychological resilience. Research data are needed to develop evidence-driven strategies to reduce adverse psychological impacts and psychiatric symptoms during the epidemic. The aim of this study was to survey the general public in China to better understand their levels of psychological impact, anxiety, depression, and stress during the initial stage of the COVID-19 outbreak. The data will be used for future reference. Methods: From 31 January to 2 February 2020, we conducted an online survey using snowball sampling techniques. The online survey collected information on demographic data, physical symptoms in the past 14 days, contact history with COVID-19, knowledge and concerns about COVID-19, precautionary measures against COVID-19, and additional information required with respect to COVID-19. Psychological impact was assessed by the Impact of Event Scale-Revised (IES-R), and mental health status was assessed by the Depression, Anxiety and Stress Scale (DASS-21). Results: This study included 1210 respondents from 194 cities in China. In total, 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe; 16.5% reported moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms; and 8.1% reported moderate to severe stress levels. Most respondents spent 20-24 h per day at home (84.7%); were worried about their family members contracting COVID-19 (75.2%); and were satisfied with the amount of health information available (75.1%). Female gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), and poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression (p < 0.05). Specific up-to-date and accurate health information (e.g., treatment, local outbreak situation) and particular precautionary measures (e.g., hand hygiene, wearing a mask) were associated with a lower psychological impact of the outbreak and lower levels of stress, anxiety, and depression (p < 0.05). Conclusions: During the initial phase of the COVID-19 outbreak in China, more than half of the respondents rated the psychological impact as moderate-to-severe, and about one-third reported moderate-to-severe anxiety. Our findings identify factors associated with a lower level of psychological impact and better mental health status that can be used to formulate psychological interventions to improve the mental health of vulnerable groups during the COVID-19 epidemic.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cb062919929c57cc729aaa34bafb6ed6)

1. **Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study.**  
   Zhang Yingfei International journal of environmental research and public health 2020;17(7):No page numbers.

Our study aimed to investigate the immediate impact of the COVID-19 pandemic on mental health and quality of life among local Chinese residents aged ≥18 years in Liaoning Province, mainland China. An online survey was distributed through a social media platform between January and February 2020. Participants completed a modified validated questionnaire that assessed the Impact of Event Scale (IES), indicators of negative mental health impacts, social and family support, and mental health-related lifestyle changes. A total of 263 participants (106 males and 157 females) completed the study. The mean age of the participants was 37.7 ± 14.0 years, and 74.9% had a high level of education. The mean IES score in the participants was 13.6 ± 7.7, reflecting a mild stressful impact. Only 7.6% of participants had an IES score ≥26. The majority of participants (53.3%) did not feel helpless due to the pandemic. On the other hand, 52.1% of participants felt horrified and apprehensive due to the pandemic. Additionally, the majority of participants (57.8-77.9%) received increased support from friends and family members, increased shared feeling and caring with family members and others. In conclusion, the COVID-19 pandemic was associated with mild stressful impact in our sample, even though the COVID-19 pandemic is still ongoing. These findings would need to be verified in larger population studies.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=623ab8a6b4baa66130ad7ff0ce6179d8)

1. **Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study.**  
   Kang Lijun Brain, behavior, and immunity 2020;:No page numbers.

The severe 2019 outbreak of novel coronavirus disease (COVID-19), which was first reported in Wuhan, would be expected to impact the mental health of local medical and nursing staff and thus lead them to seek help. However, those outcomes have yet to be established using epidemiological data. To explore the mental health status of medical and nursing staff and the efficacy, or lack thereof, of critically connecting psychological needs to receiving psychological care, we conducted a quantitative study. This is the first paper on the mental health of medical and nursing staff in Wuhan. Notably, among 994 medical and nursing staff working in Wuhan, 36.9% had subthreshold mental health disturbances (mean PHQ-9: 2.4), 34.4% had mild disturbances (mean PHQ-9: 5.4), 22.4% had moderate disturbances (mean PHQ-9: 9.0), and 6.2% had severe disturbance (mean PHQ-9: 15.1) in the immediate wake of the viral epidemic. The noted burden fell particularly heavily on young women. Of all participants, 36.3% had accessed psychological materials (such as books on mental health), 50.4% had accessed psychological resources available through media (such as online push messages on mental health self-help coping methods), and 17.5% had participated in counseling or psychotherapy. Trends in levels of psychological distress and factors such as exposure to infected people and psychological assistance were identified. Although staff accessed limited mental healthcare services, distressed staff nonetheless saw these services as important resources to alleviate acute mental health disturbances and improve their physical health perceptions. These findings emphasize the importance of being prepared to support frontline workers through mental health interventions at times of widespread crisis.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e7f840c284e765d54f39e5177b00d3a9)

1. **Iranian mental health during the COVID-19 epidemic**  
   Zandifar A. Asian Journal of Psychiatry 2020;51:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=afcb054cfc9222a29a23edec081c0345)

1. **Letter to the editor: Headline stress disorder caused by Netnews during the outbreak of COVID-19.**  
   Dong Mengyuan Health expectations : an international journal of public participation in health care and health policy 2020;23(2):259-260.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5b4c41240ff4284a2832f61eb9a0a99f)

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a96d8daeb32b4eac8e326e3335aec7be)

1. **Managing mental health challenges faced by healthcare workers during covid-19 pandemic**  
   Greenberg N. BMJ (Clinical research ed.) 2020;368:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c1c3f87248e3c7c29f31ee2f46368c0b)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1ba33ef98bdde2ea80a78dc4e23970a8)

1. **Mental health care for international Chinese students affected by the COVID-19 outbreak.**  
   Zhai Yusen The lancet. Psychiatry 2020;7(4):e22.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fe34effb2ddd085f512461696c857718)

1. **Mental health care for medical staff in China during the COVID-19 outbreak.**  
   Chen Qiongni The lancet. Psychiatry 2020;7(4):e15.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0080ef972c9adb8d33c119b94e50fdaa)

1. **Mental Health Care Measures in Response to the 2019 Novel Coronavirus Outbreak in Korea.**  
   Park Seon-Cheol Psychiatry investigation 2020;17(2):85-86.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=80cd7485560b331c330c4e3c982a2636)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1df3420f78823508903016b70a7798b2)

1. **Mental health services for older adults in China during the COVID-19 outbreak.**  
   Yang Yuan The lancet. Psychiatry 2020;7(4):e19.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b33bb1b2b6699ee3d4332d4c46d5fa70)

1. **Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic.**  
   Ho Cyrus Sh Annals of the Academy of Medicine, Singapore 2020;49(1):1-3.

1. **Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19**  
   Huang J.Z. Zhonghua lao dong wei sheng zhi ye bing za zhi = Zhonghua laodong weisheng zhiyebing zazhi = Chinese journal of industrial hygiene and occupational diseases 2020;38:No page numbers.

Objective: To investigate the mental health of clinical first-line medical staff in COVID-19 epidemic and provide theoretical basis for psychological intervention. <br/>Method(s): The mental health status of the first-line medical staff was investigated by Self-rating Anxiety Acale (SAS) and Post-Traumatic Stress Disorder Self-rating Scale(PTSD-SS). From February 7 to 14, 2020, 246 medical staff were investigated who participated in the treatment of COVID-19 using cluster sampling , and received 230 responses, with a recovery rate of 93.5%. <br/>Result(s): The incidence of anxiety in medical staff was 23.04% (53/230), and the score of SAS was (42.91 +/- 10.89). Among them, the incidence of severe anxiety, moderate anxiety and mild anxiety were 2.17% (5/230), 4.78% (11/230) and 16.09% (37/230), respectively. The incidence of anxiety in female medical staff was higher than that in male [25.67% (48/187) vs 11.63% (5/43), Z=-2.008, P=0.045], the score of SAS in female medical staff was higher than that in male [(43.78+/-11.12) vs (39.14 +/- 9.01), t =-2.548, P=0.012]. The incidence of anxiety in nurses was higher than that in doctors [26.88% (43/160) vs 14.29% (10/70), Z=-2.066, P=0.039], and the score of SAS in nurses was higher than that in doctors [(44.84+/-10.42) vs (38.50+/-10.72), t =-4.207, P&lt;0.001]. The incidence of stress disorder in medical staff was 27.39% (63/230), and the score of PTSD-SS was (42.92 +/- 17.88). The score of PTSD-SS in female medical staff was higher than that of male [(44.30+/-18.42) vs(36.91 +/- 13.95), t=-2.472, P=0.014]. <br/>Conclusion(s): In COVID-19 epidemic, the incidence of anxiety and stress disorder is high among medical staff. Medical institutions should strengthen the training of psychological skills of medical staff. Special attention should be paid to the mental health of female nurses.

1. **Mitigate the effects of home confinement on children during the COVID-19 outbreak.**  
   Wang Guanghai Lancet (London, England) 2020;395(10228):945-947.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e6f40e76f1243ce2caae66e17a33d71a)

1. **Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic.**  
   Chew Qian Hui Singapore medical journal 2020;:No page numbers.

INTRODUCTIONEmerging 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.METHODSWe conducted a narrative synthesis of the published literature over the last two decades with a quality appraisal of included articles that reported both psychological responses and coping strategies within infectious disease outbreaks.RESULTSA total of 144 papers were identified from the search, 24 of which were included in the review. Overall, 18 studies examined the psychosocial responses of the general population towards the severe acute respiratory syndrome epidemic, four studies focused on the Ebola epidemic and two studies covered the H1N1 outbreak. Common themes in psychological responses included anxiety/fears, 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.CONCLUSIONAmid the range of psychosocial responses seen in past infectious disease outbreaks, practical considerations for the current COVID-19 pandemic need to 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.

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1. **Online mental health services in China during the COVID-19 outbreak.**  
   Liu Shuai The lancet. Psychiatry 2020;7(4):e17.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=66e4235a27a78cee28fbe7a9036aa5a5)

1. **Patients with mental health disorders in the COVID-19 epidemic.**  
   Yao Hao The lancet. Psychiatry 2020;7(4):e21.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4ae576a0e7d6d25714e5b7f7840504b1)

1. **Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China.**  
   Bo Hai-Xin Psychological medicine 2020;:1-7.

1. **Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter**  
   Liu N. Psychiatry Research 2020;287:No page numbers.

The outbreak of COVID-19 in China in December 2019 has been identified as a pandemic and a health emergency of global concern. Our objective was to investigate the prevalence and predictors of posttraumatic stress symptoms (PTSS) in China hardest-hit areas during COVID-19 outbreak, especially exploring the gender difference existing in PTSS. One month after the December 2019 COVID-19 outbreak in Wuhan China, we surveyed PTSS and sleep qualities among 285 residents in Wuhan and surrounding cities using the PTSD Checklist for DSM-5 (PCL-5) and 4 items from the Pittsburgh Sleep Quality Index (PSQI). Hierarchical regression analysis and non-parametric test were used to analyze the data. Results indicated that the prevalence of PTSS in China hardest-hit areas a month after the COVID-19 outbreak was 7%. Women reported significant higher PTSS in the domains of re-experiencing, negative alterations in cognition or mood, and hyper-arousal. Participants with better sleep quality or less frequency of early awakenings reported lower PTSS. Professional and effective mental health services should be designed in order to aid the psychological wellbeing of the population in affected areas, especially those living in hardest-hit areas, females and people with poor sleep quality.<br/>Copyright &#xa9; 2020 Elsevier B.V.

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1. **Psychological crisis intervention during the outbreak period of new coronavirus pneumonia from experience in Shanghai.**  
   Jiang Xixi Psychiatry research 2020;286:112903.

Since the middle of December 2019, human-to-human transmission of novel coronavirus pneumonia (NCP) has occurred among close contacts. At the same time, greater attention should be paid to psychological crisis intervention (PCI) among affected populations, for the timely prevention of inestimable damage from a secondary psychological crisis. PCI has been initiated via remote (telephone and internet) 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.

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1. **Psychological interventions for people affected by the COVID-19 epidemic.**  
   Duan Li The lancet. Psychiatry 2020;7(4):300-302.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e87d184a24b18207049b0d6b5622c972)

1. **Public Mental Health Crisis during COVID-19 Pandemic, China.**  
   Dong Lu Emerging infectious diseases 2020;26(7):No page numbers.

The 2019 novel coronavirus disease emerged in China in late 2019-early 2020 and spread rapidly. China has been implementing emergency psychological crisis interventions to reduce the negative psychosocial impact on public mental health, but challenges exist. Public mental health interventions should be formally integrated into public health preparedness and emergency response plans.

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1. **Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations.**  
   Shigemura Jun Psychiatry and clinical neurosciences 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=542737d2623a9172997bfef13a32ecc9)

1. **Screening for Chinese medical staff mental health by SDS and SAS during the outbreak of COVID-19**  
   Liang Y. Journal of Psychosomatic Research 2020;133:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=116ebfd4520cd2d610fe7efe2fe49cf7)

1. **Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (covid-19) in some regions of china**  
   Wang Yenan Psychology, Health & Medicine 2020;:No page numbers.

Background: As COVID-19 occurs suddenly and is highly contagious, this will inevitably cause people anxiety, depression, etc. The study on the public psychological states and its related factors during the COVID-19 outbreak is of practical significance.Methods: 600 valid questionnaires were received. The Self-Rating Anxiety Scale (SAS) and the Self-Rating Depression Scale (SDS) were used.Results: Females’ anxiety risk was 3.01 times compared to males (95% CI 1.39–6.52). Compared with people below 40 years old, the anxiety risk of people above 40 years old was 0.40 times (95% CI 0.16–0.99). SDS results indicated that the difference between education level and occupation was statistically significant (p = 0.024, 0.005). Compared to people with a master’s degree or above, those with a bachelor’s degree group had a depression risk of 0.39 times (95% CI 0.17–0.87). Compared with professionals, industrial service workers and other staff had a depression risk of 0.31 times (95% CI 0.15–0.65) and 0.38 times (95% CI 0.15–0.93).Conclusions: 600 questionnaire participants were psychologically stable. Non-anxiety and non-depression rates were 93.67% and 82.83%, respectively. There were anxiety in 6.33% and depression in 17.17%. Therefore, we should pay attention to the psychological states of the public. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

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1. **The COVID-19 Pandemic: Making Sense of Rumor and Fear.**  
   Ali Inayat Medical anthropology 2020;:1-4.

1. **The emotional impact of Coronavirus 2019-nCoV (new Coronavirus disease).**  
   Lima Carlos Kennedy Tavares Psychiatry research 2020;287:112915.

BACKGROUNDA novel form of Coronavirus (2019-nCoV) in Wuhan has created a confused and rapidly evolving situation. In this situational framework, patients and front-line healthcare workers are vulnerable.METHODStudies were identified using large-circulation international journals found in two electronic databases: Scopus and Embase.RESULTSPopulations of patients that may require tailored interventions are older adults and international migrant workers. Older adults with psychiatric conditions may be experiencing further distress. The COVID-19 epidemic has underscored potential gaps in mental health services during emergencies.CONCLUSIONSMost health professionals working in isolation units and hospitals do not receive any training for providing mental health care. Fear seems more certainly a consequence of mass quarantine.

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1. **The emotional impact of COVID-19: from medical staff to common people.**  
   Montemurro Nicola Brain, behavior, and immunity 2020;:No page numbers.

1. **The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users.**  
   Li Sijia International journal of environmental research and public health 2020;17(6):No page numbers.

COVID-19 (Corona Virus Disease 2019) has significantly resulted in a large number of psychological consequences. The aim of this study is to explore the impacts of COVID-19 on people's mental health, to assist policy makers to develop actionable policies, and help clinical practitioners (e.g., social workers, psychiatrists, and psychologists) provide timely services to affected populations. We sample and analyze the Weibo posts from 17,865 active Weibo users using the approach of Online Ecological Recognition (OER) based on several machine-learning predictive models. We calculated word frequency, scores of emotional indicators (e.g., anxiety, depression, indignation, and Oxford happiness) and cognitive indicators (e.g., social risk judgment and life satisfaction) from the collected data. The sentiment analysis and the paired sample t-test were performed to examine the differences in the same group before and after the declaration of COVID-19 on 20 January, 2020. The results showed that negative emotions (e.g., anxiety, depression and indignation) and sensitivity to social risks increased, while the scores of positive emotions (e.g., Oxford happiness) and life satisfaction decreased. People were concerned more about their health and family, while less about leisure and friends. The results contribute to the knowledge gaps of short-term individual changes in psychological conditions after the outbreak. It may provide references for policy makers to plan and fight against COVID-19 effectively by improving stability of popular feelings and urgently prepare clinical practitioners to deliver corresponding therapy foundations for the risk groups and affected people.

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1. **The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus**  
   Kang Lijun The Lancet Psychiatry 2020;7(3):e14.

Understanding the mental health response after a public health emergency might help medical workers and communities prepare for a population’s response to a disaster. On Jan 27, 2020, the National Health Commission of China published a national guideline of psychological crisis intervention for 2019-nCoV. This publication marks the first time that guidance to provide multifaceted psychological protection of the mental health of medical workers has been initiated in China. The experiences from this public health emergency should inform the efficiency and quality of future crisis intervention of the Chinese Government and authorities around the world. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

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1. **The outbreak of COVID-19 coronavirus and its impact on global mental health.**  
   Torales Julio The International journal of social psychiatry 2020;:20764020915212.

BACKGROUNDThe current outbreak of COVID-19 coronavirus infection among humans in Wuhan (China) and its spreading around the globe is heavily impacting on the global health and mental health. Despite all resources employed to counteract the spreading of the virus, additional global strategies are needed to handle the related mental health issues.METHODSPublished articles concerning mental health related to the COVID-19 outbreak and other previous global infections have been considered and reviewed.COMMENTSThis outbreak is leading to additional health problems such as stress, anxiety, depressive symptoms, insomnia, denial, anger and fear globally. Collective concerns influence daily behaviors, economy, prevention strategies and decision-making from policy makers, health organizations and medical centers, which can weaken strategies of COVID-19 control and lead to more morbidity and mental health needs at global level.

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1. **The psychiatric impact of the novel coronavirus outbreak.**  
   Carvalho Poliana Moreira de Medeiros Psychiatry research 2020;286:112902.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d60b6197821eb713055891a2f3ace60d)

1. **The psychological impact of quarantine and how to reduce it: rapid review of the evidence.**  
   Brooks Samantha K. Lancet (London, England) 2020;395(10227):912-920.

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable.

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1. **The Fear of COVID-19 Scale: Development and Initial Validation.**  
   Ahorsu Daniel Kwasi International journal of mental health and addiction 2020;:1-9.

BackgroundThe 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) to complement the clinical efforts in preventing the spread and treating of COVID-19 cases.MethodsThe sample comprised 717 Iranian participants. The items of the FCV-19S were constructed based on extensive review of existing scales on fears, expert evaluations, and participant interviews. Several psychometric tests were conducted to ascertain its reliability and validity properties.ResultsAfter panel review and corrected item-total correlation testing, seven items with acceptable corrected item-total correlation (0.47 to 0.56) were retained and further confirmed by significant and strong factor loadings (0.66 to 0.74). Also, other properties evaluated using both classical test theory and Rasch model were satisfactory on the seven-item scale. More specifically, reliability values such as internal consistency (α = .82) and test-retest reliability (ICC = .72) were acceptable. Concurrent validity was supported by the Hospital Anxiety and Depression Scale (with depression, r = 0.425 and anxiety, r = 0.511) and the Perceived Vulnerability to Disease Scale (with perceived infectability, r = 0.483 and germ aversion, r = 0.459).ConclusionThe Fear of COVID-19 Scale, a seven-item scale, has robust psychometric properties. It 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.

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1. **Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed.**  
   Xiang Yu-Tao The lancet. Psychiatry 2020;7(3):228-229.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e60d87b73377c881d059ec7472c67626)

1. **Using psychoneuroimmunity against COVID-19.**  
   Kim Sung-Wan Brain, behavior, and immunity 2020;:No page numbers.

The worldwide outbreak of coronavirus disease 2019 (COVID-19) raises concerns of widespread panic and anxiety in individuals subjected to the real or perceived threat of the virus. 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 Viewpoint, we address both physical and biopsychosocial aspects of this 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, yet such these measures also prevent us from expressing compassion and friendliness. Therefore, all forms of psychological support should be routinely implemented not only to consider psychological resilience but also to enhance psychoneuroimmunity against COVID-19.

1. **Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control.**  
   Li Zhenyu Brain, behavior, and immunity 2020;:No page numbers.

Since December 2019, more than 79,000 people have been diagnosed with infection of the Corona Virus Disease 2019 (COVID-19). A large number of medical staff was sent to Wuhan city and Hubei province to aid COVID-19 control. Psychological stress, especially vicarious traumatization caused by the COVID-19 pandemic, should not be ignored. To address this concern, the study employed a total of 214 general public and 526 nurses (i.e., 234 front-line nurses and 292 non-front-line nurses) to evaluate vicarious traumatization scores via a mobile app-based questionnaire. Front-line nurses are engaged in the process of providing care for patients with COVID-19. The results showed that the vicarious traumatization scores for front-line nurses including scores for physiological and psychological responses, were significantly lower than those of non-front-line nurses (P < 0.001). Interestingly, the vicarious traumatization scores of the general public were significantly higher than those of the front-line nurses (P < 0.001); however, no statistical difference was observed compared to the scores of non-front-line nurses (P > 0.05). Therefore, increased attention should be paid to the psychological problems of the medical staff, especially non-front-line nurses, and general public under the situation of the spread and control of COVID-19. Early strategies that aim to prevent and treat vicarious traumatization in medical staff and general public are extremely necessary.

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1. **Was schutzt? Angst vor Coronavirus-Infektionen ruckt Hygienemasnahmen in den FokusWhat protects? Fear of coronavirus infections moves hygienic measures to the fore**  
   Kramer A. Deutsche Apotheker Zeitung 2020;(7):No page numbers.

1. **Work stress among Chinese nurses to support Wuhan for fighting against the COVID-19 epidemic.**  
   Mo Yuanyuan Journal of nursing management 2020;:No page numbers.

AIMSIn this study, we aimed to investigate work stress among Chinese nurses that are supporting Wuhan in fighting against Coronavirus Disease 2019 (COVID-19) infection and explore relevant influencing factors.BACKGROUNDThe COVID-19 epidemic has posed a major threat to public health. Nurses have always played an important role in infection prevention, infection control, isolation, containment, and public health. However, available data on the work stress among these nurses is limited.METHODSA cross-sectional survey. An online questionnaire was completed by 180 anti-epidemic nurses from Guangxi. Data collection tools, including the Chinese version of the Stress Overload Scale (SOS) and the Self-Rating Anxiety Scale (SAS). Descriptive, single factor, correlation, and multiple regression analyses were used in exploring related influencing factors.RESULTSThe SOS (39.91±12.92) and SAS scores (32.19±7.56) of this nurse group were positively correlated (r=0.676, p<0.05). Multiple regression analysis showed that only children, working hours per week, and anxiety were the main factors affecting nurse stress (p=0.000, 0.048, 0.000, respectively).CONCLUSIONSNurses who fight against COVID-19 were generally under pressure.IMPLICATIONS FOR NURSING MANAGEMENTNurse leaders should pay attention to the work stress and the influencing factors of the nurses who are fighting against COVID-19 infection, and offer solutions to retain mental health among these nurses.

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## B. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 14. | Medline | (anxiety OR stress\* OR fear OR depression).ti | 386867 |
| 15. | Medline | (("mental health" OR psychological OR emotional OR psychosocial OR psychiatric OR wellbeing OR well-being) ADJ5 (impact\* OR harm\* OR consequence\* OR effect OR effects OR affect\* OR damage OR need\* OR response\* OR reaction\*)).ti,ab | 130218 |
| 16. | Medline | \*"HEALTH PERSONNEL -- PSYCHOLOGY"/ | 5988 |
| 17. | Medline | \*"MEDICAL STAFF, HOSPITAL -- PSYCHOLOGY"/ | 2391 |
| 18. | Medline | (14 OR 15 OR 16 OR 17) | 509675 |
| 19. | Medline | (Covid OR coronavirus\*).ti,ab | 12315 |
| 20. | Medline | \*"CORONAVIRUS INFECTIONS"/ | 3961 |
| 21. | Medline | (19 OR 20) | 13794 |
| 22. | Medline | "CORONAVIRUS INFECTIONS -- PSYCHOLOGY"/ | 32 |
| 23. | Medline | (18 AND 21) | 75 |
| 24. | Medline | (22 OR 23) | 96 |
| 25. | PsycINFO | (anxiety OR stress\* OR fear OR depression OR distress).ti | 222014 |
| 26. | PsycINFO | (("mental health" OR psychological OR emotional OR psychosocial OR psychiatric OR wellbeing OR well-being) ADJ5 (impact\* OR harm\* OR consequence\* OR effect OR effects OR affect\* OR damage OR need\* OR response\* OR reaction\*)).ti,ab | 156598 |
| 29. | PsycINFO | \*DISTRESS/ | 15330 |
| 30. | PsycINFO | \*ANXIETY/ | 64443 |
| 31. | PsycINFO | (25 OR 26 OR 29 OR 30) | 391865 |
| 32. | PsycINFO | (Covid OR coronavirus\*).ti,ab | 64 |
| 33. | PsycINFO | (31 AND 32) | 3 |
| 34. | EMBASE | (anxiety OR stress\* OR fear OR depression OR distress).ti | 501140 |
| 35. | EMBASE | (("mental health" OR psychological OR emotional OR psychosocial OR psychiatric OR wellbeing OR well-being) ADJ5 (impact\* OR harm\* OR consequence\* OR effect OR effects OR affect\* OR damage OR need\* OR response\* OR reaction\*)).ti,ab | 157989 |
| 36. | EMBASE | \*"PSYCHOLOGICAL ASPECT"/ | 6198 |
| 37. | EMBASE | \*"MENTAL HEALTH"/ OR \*"COMMUNITY MENTAL HEALTH"/ OR \*"PSYCHOLOGICAL WELL-BEING"/ | 42811 |
| 38. | EMBASE | (34 OR 35 OR 36 OR 37) | 674984 |
| 39. | EMBASE | (Covid OR coronavirus\*).ti,ab | 13088 |
| 40. | EMBASE | exp \*CORONAVIRIDAE/ | 6691 |
| 41. | EMBASE | (39 OR 40) | 15417 |
| 42. | EMBASE | (38 AND 41) | 115 |
| 19. | Medline | (Covid OR coronavirus\*).ti,ab | 12315 |
| 20. | Medline | \*"CORONAVIRUS INFECTIONS"/ | 3961 |
| 47. | Medline | (anxiety OR stress\* OR fear OR depression).ti | 387476 |
| 48. | Medline | (("mental health" OR psychological OR emotional OR psychosocial OR psychiatric OR wellbeing OR well-being) ADJ5 (impact\* OR harm\* OR consequence\* OR effect OR effects OR affect\* OR damage OR need\* OR response\* OR reaction\*)).ti,ab | 130453 |
| 49. | Medline | (schizophreni\* OR psychosis OR psychoses OR psychotic OR "serious mental illness\*" OR "mental disorder\*").ti,ab | 195646 |
| 50. | Medline | ((mental OR psychiatric) ADJ3 (hospital\* OR service\* OR nurs\*)).ti,ab | 54620 |
| 51. | Medline | \*"HEALTH PERSONNEL -- PSYCHOLOGY"/ | 6013 |
| 52. | Medline | \*"MEDICAL STAFF, HOSPITAL -- PSYCHOLOGY"/ | 2392 |
| 53. | Medline | \*"HOSPITALS, PSYCHIATRIC"/ | 14467 |
| 54. | Medline | \*"PSYCHIATRIC NURSING"/ | 13150 |
| 57. | Medline | "EMERGENCY SERVICES, PSYCHIATRIC"/ | 2420 |
| 58. | Medline | exp \*"MENTAL HEALTH SERVICES"/ | 62676 |
| 60. | Medline | (47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 57 OR 58) | 779723 |
| 61. | Medline | (Covid OR coronavirus\*).ti,ab | 13461 |
| 62. | Medline | \*"CORONAVIRUS INFECTIONS"/ | 4083 |
| 63. | Medline | (61 OR 62) | 14950 |
| 64. | Medline | "CORONAVIRUS INFECTIONS -- PSYCHOLOGY"/ | 38 |
| 65. | Medline | (60 AND 63) | 116 |
| 66. | Medline | (64 OR 65) | 132 |
| 67. | EMBASE | (anxiety OR stress\* OR fear OR depression OR distress).ti | 501703 |
| 68. | EMBASE | (("mental health" OR psychological OR emotional OR psychosocial OR psychiatric OR wellbeing OR well-being) ADJ5 (impact\* OR harm\* OR consequence\* OR effect OR effects OR affect\* OR damage OR need\* OR response\* OR reaction\*)).ti,ab | 158181 |
| 69. | EMBASE | \*"PSYCHOLOGICAL ASPECT"/ | 6206 |
| 70. | EMBASE | \*"MENTAL HEALTH"/ OR \*"COMMUNITY MENTAL HEALTH"/ OR \*"PSYCHOLOGICAL WELL-BEING"/ | 42848 |
| 71. | EMBASE | (schizophreni\* OR psychosis OR psychoses OR psychotic OR "serious mental illness\*" OR "mental disorder\*").ti,ab | 254776 |
| 72. | EMBASE | ((mental OR psychiatric) ADJ3 (hospital\* OR service\* OR nurs\*)).ti,ab | 63247 |
| 73. | EMBASE | exp \*"MENTAL HOSPITAL"/ | 11168 |
| 74. | EMBASE | \*"PSYCHIATRIC NURSING"/ | 10877 |
| 75. | EMBASE | exp \*"MENTAL HEALTH SERVICES"/ | 27103 |
| 76. | EMBASE | (67 OR 68 OR 69 OR 70 OR 71 OR 72 OR 73 OR 74 OR 75) | 962529 |
| 77. | EMBASE | (Covid OR coronavirus\*).ti,ab | 13604 |
| 78. | EMBASE | exp \*CORONAVIRIDAE/ | 6893 |
| 79. | EMBASE | (77 OR 78) | 15953 |
| 80. | EMBASE | (76 AND 79) | 144 |

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