# Evidence Search Service Results of your search request

## Post-epidemic and post-pandemic morbidity - mental disorders

**ID of request:** 22812  
**Date of request:** 21st April, 2020  
**Date of completion:** 24th April, 2020

If you would like to request any articles or any further help, please contact:  Susannah Keill at [Susannah.keill@poole.nhs.uk](mailto:Susannah.keill@poole.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Post-epidemic and post-pandemic morbidity - mental disorders. Susannah Keill. (24th April, 2020). POOLE, UK: East Dorset Library and Knowledge Service.

**Sources searched**  
ClinicalKey (6)  
Google (2)  
HDAS (PsycINFO) (12)  
MEDLINE (5)  
PubMed (3)  
ResearchGate (1)

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

I had to filter a lot of the results as "endemic" brought back many results on the opioid crisis or "pandemic" brought results with HIV pandemic.

I have included a couple results regarding H1N1, but many of the mental health results for that pandemic focused on narcolepsy caused by the vaccine.

There are a few articles which have been written regarding COVID-19 however please note that many of them are not written in full detail as yet, but call for research on particular areas.

I found a couple of examples of increase in suicide rates following SARS, which was particular relevant in older populations. (Yip, Paul S. F. et al, 2010) and (Cheung, Chau & Yip, 2008)

I have included a couple of references that also look at mental health post disaster as this could be used post pandemic. (Kessler and Wittchen, 2008) and (Dückers et al, 2018)

I found no clear research using any particular models for treatment, or evidence showing pre-pandemic numbers. Areas focused more on during and post pandemic.

For more information about the resources please go to: <https://dorsetnhs.libguides.com>.

## Contents

[A. Original Research](#Content5)

1. [Chinese mental health burden during COVID-19 outbreak: a web-based cross-sectional survey](#Research627872)
2. [Early career psychiatrists’ perspectives on the mental health impact and care of the COVID-19 pandemic across the world](#Research627867)
3. [Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019.](#Research629411)
4. [Lessons Learned from 9/11: Mental Health Perspectives on the COVID-19 Pandemic](#Research627868)
5. [Mental health in the Covid-19 pandemic](#Research628188)
6. [Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations.](#Research629410)
7. [The differential psychological distress of populations affected by the COVID-19 pandemic](#Research627869)
8. [Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities](#Research629409)
9. [Implications of the clinical gestational diagnosis of ZIKV infection in the manifestation of symptoms of postpartum depression: a case-control study.](#Research629412)
10. [Maximizing the Resilience of Healthcare Workers in Multi-hazard Events: Lessons from the 2014-2015 Ebola Response in Africa.](#Research629413)
11. [Delayed anxiety and depressive morbidity among dengue patients in a multi-ethnic urban setting: First report from Sri Lanka](#Research629415)
12. [Measuring and modelling the quality of 40 post-disaster mental health and psychosocial support programmes](#Research629170)
13. [Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients.](#Research629414)
14. [Depressive symptoms among survivors of Ebola virus disease in Conakry (Guinea): preliminary results of the PostEboGui cohort](#Research629417)
15. [Postpandemic nightmare: A framing analysis of authorities and narcolepsy victims in Swedish press](#Research629416)
16. [Mental illness and health in Sierra Leone affected by Ebola: Lessons for health workers](#Research629419)
17. [Psychiatric treatment of a health care worker after infection with Ebola virus in Lagos, Nigeria](#Research629418)
18. [Using model-based evidence in the governance of pandemics](#Research629420)
19. [Using electronic patient records to assess the impact of swine flu (influenza H1N1) on mental health patients.](#Research628154)
20. [Risk factors for chronic post-traumatic stress disorder (PTSD) in SARS survivors](#Research629232)
21. [The impact of epidemic outbreak: The case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong.](#Research628133)
22. [Long-term psychiatric morbidities among SARS survivors](#Research627874)
23. [A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong](#Research628134)
24. [Post‐disaster mental health need assessment surveys – the challenge of improved future research](#Research629143)
25. [Prevalence of psychiatric disorders among Toronto hospital workers one to two years after the SARS outbreak](#Research629422)
26. [Systematic review of therapeutic interventions in human prion disease](#Research629421)
27. [Ageing and psychological response during the post-SARS period](#Research629423)
28. [Posttraumatic Stress, Anxiety, and Depression in Survivors of Severe Acute Respiratory Syndrome (SARS)](#Research629425)
29. [Psychiatric Inpatients' Reactions to the SARS Epidemic: An Israeli Survey](#Research629424)

### [B. Search History](#SearchHistory)

## A. Original Research

1. **Chinese mental health burden during COVID-19 outbreak: a web-based cross-sectional survey**  
   Ning Zhao and Yeen Huang Asian Journal of Psychiatry 2020;:Article 102052.

We aimed to assess the Chinese mental health burden during COVID-19 outbreak. Data were collected from 7,236 self-selected volunteers assessed with generalized anxiety disorder (GAD), depressive symptoms, sleep quality. The overall prevalence of GAD, depressive symptoms, sleep quality were 35.1%, 20.1%, 18.2%, respectively. Young people reported a higher prevalence of GAD and depressive symptoms than older people ( P < 0.001). Compared with other occupation, healthcare workers have the highest rate of poor sleep quality ( P < 0.001). We identified a major mental health burden of the public during COVID-19 outbreak in China. Young people and healthcare workers were at high risk for mental illness.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=530422e9ae86178d896dcb48f8f55011)

1. **Early career psychiatrists’ perspectives on the mental health impact and care of the COVID-19 pandemic across the world**  
   Ramdas Ransing et al Asian Journal of Psychiatry 2020;:Article 102085.

The emergence of mental health (MH) problems during a pandemic is extremely common, though difficult to address due to the complexities of pandemics and the little evidence about the epidemiology of pandemic-related MH problems and the potential interventions to tackle them. Little attention has been devoted so far to this topic from policymakers, stakeholders and researchers, what could be due to a lack of replicable, scalable and applicable frameworks to plan, develop and deliver MH care during pandemics. As a response, we have attempted to develop a conceptual framework (CF) that could guide the development, implementation, and evaluation of MH interventions during the ongoing COVID-19 pandemic. This CF was developed by early career psychiatrists, from 16 countries that cover all the WHO regions. Their opinions were elicited via semi-structured questionnaire. They were asked to provide their views about the current MH situation of their countries, existing myths and misinformation, and the possible resources available. They were also asked to propose solutions and approaches to provide accessible and affordable care. The CF’s were prepared based on the extant literature and the views expressed; they illustrate the epidemiology of MH issues, preparedness plans, stage-specific plans/innovative solutions, opportunities to integrate those plans and probable outcomes at policy level. This CF can serve as a technical guide for future research in pandemic. It can be used to monitor trends and to optimize efforts and to develop evidence based MH interventions. However further research focusing on the individual components of this framework is needed.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=852f7fcfa0897c17fc3449c41ae4ffa3)

1. **Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019.**  
   Lai Jianbo JAMA network open 2020;3(3):e203976.

ImportanceHealth care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed.ObjectiveTo assess the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19 in China.Design, Settings, and ParticipantsThis cross-sectional, survey-based, region-stratified study collected demographic data and mental health measurements from 1257 health care workers in 34 hospitals from January 29, 2020, to February 3, 2020, in China. Health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 were eligible.Main Outcomes and MeasuresThe degree of symptoms of depression, anxiety, insomnia, and distress was assessed by the Chinese versions of the 9-item Patient Health Questionnaire, the 7-item Generalized Anxiety Disorder scale, the 7-item Insomnia Severity Index, and the 22-item Impact of Event Scale-Revised, respectively. Multivariable logistic regression analysis was performed to identify factors associated with mental health outcomes.ResultsA total of 1257 of 1830 contacted individuals completed the survey, with a participation rate of 68.7%. A total of 813 (64.7%) were aged 26 to 40 years, and 964 (76.7%) were women. Of all participants, 764 (60.8%) were nurses, and 493 (39.2%) were physicians; 760 (60.5%) worked in hospitals in Wuhan, and 522 (41.5%) were frontline health care workers. A considerable proportion of participants reported symptoms of depression (634 [50.4%]), anxiety (560 [44.6%]), insomnia (427 [34.0%]), and distress (899 [71.5%]). Nurses, women, frontline health care workers, and those working in Wuhan, China, reported more severe degrees of all measurements of mental health symptoms than other health care workers (eg, median [IQR] Patient Health Questionnaire scores among physicians vs nurses: 4.0 [1.0-7.0] vs 5.0 [2.0-8.0]; P = .007; median [interquartile range {IQR}] Generalized Anxiety Disorder scale scores among men vs women: 2.0 [0-6.0] vs 4.0 [1.0-7.0]; P < .001; median [IQR] Insomnia Severity Index scores among frontline vs second-line workers: 6.0 [2.0-11.0] vs 4.0 [1.0-8.0]; P < .001; median [IQR] Impact of Event Scale-Revised scores among those in Wuhan vs those in Hubei outside Wuhan and those outside Hubei: 21.0 [8.5-34.5] vs 18.0 [6.0-28.0] in Hubei outside Wuhan and 15.0 [4.0-26.0] outside Hubei; P < .001). Multivariable logistic regression analysis showed participants from outside Hubei province were associated with lower risk of experiencing symptoms of distress compared with those in Wuhan (odds ratio [OR], 0.62; 95% CI, 0.43-0.88; P = .008). Frontline health care workers engaged in direct diagnosis, treatment, and care of patients with COVID-19 were associated with a higher risk of symptoms of depression (OR, 1.52; 95% CI, 1.11-2.09; P = .01), anxiety (OR, 1.57; 95% CI, 1.22-2.02; P < .001), insomnia (OR, 2.97; 95% CI, 1.92-4.60; P < .001), and distress (OR, 1.60; 95% CI, 1.25-2.04; P < .001).Conclusions and RelevanceIn this survey of heath care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 in Wuhan and other regions in China, participants reported experiencing psychological burden, especially nurses, women, those in Wuhan, and frontline health care workers directly engaged in the diagnosis, treatment, and care for patients with COVID-19.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=67070ba6b95553e23e4d67ae2f18e2bf)

1. **Lessons Learned from 9/11: Mental Health Perspectives on the COVID-19 Pandemic**  
   Jonathan DePierro Psychiatry Research 2020;288:Article 113024.

The COVID-19 pandemic will likely lead to high rates of PTSD, depression, and substance misuse among survivors, victims’ families, medical workers, and other essential personnel. The mental health response to the 9/11/01 terrorist attacks, culminating in a federally-funded health program, provides a template for how providers may serve affected individuals. Drawing on the 9/11 experience, we highlight effective prevention measures, likely 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 is essential for minimizing chronic distress.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b74009bc9826f4958821f4ed65e59095)

1. **Mental health in the Covid-19 pandemic**  
   W Cullen QJM: An International Journal of Medicine 2020;:-.

During any outbreak of an infectious disease, the population’s psychological reactions play a critical role in shaping both spread of the disease and the occurrence of emotional distress and social disorder during and after the outbreak. Despite this fact, sufficient resources are typically not provided to manage or attenuate pandemics’ effects on mental health and wellbeing.1 While this might be understandable in the acute phase of an outbreak, when health systems prioritize testing, reducing transmission and critical patient care, psychological and psychiatric needs should not be overlooked during any phase of pandemic management.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1f5e264c918eb5bb292812d98e271431)

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;74(4):281-282.

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

1. **The differential psychological distress of populations affected by the COVID-19 pandemic**  
   Jie Zhang et al Brain, Behavior, and Immunity 2020;:-.

Coronavirus disease 2019 (COVID-19) initially outbroke in Wuhan, China in December 2019 and promptly became a pandemic worldwide within the following two months. The public health emergencies resulting from COVID-19 are negatively impacting the mental health of the population and increasing the incidence of psychological crises ( Xiang et al., 2020 ). Early identification of populations in the first stages of psychological crisis will allow for the efficient implementation of interventional strategies ( National Health Commission of China, 2020 ). The clinical characteristics of psychological distress have not been well established across the populations affected by the COVID-19 pandemic, although a general increased level of mental distress has been reported from both the general public and frontline medical personnel ( Kang et al., 2020; Qiu et al., 2020 ).

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d6f5c91d7c697262874b7dbc499fc3a0)

1. **Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities**  
   Horesh Danny Psychological Trauma: Theory, Research, Practice, and Policy 2020;12(4):331-335.

The Issue: Coronavirus-19 (COVID-19) is transforming every aspect of our lives. Identified in late 2019, COVID-19 quickly became characterized as a global pandemic by March of 2020. Given the rapid acceleration of transmission, and the lack of preparedness to prevent and treat this virus, the negative impacts of COVID-19 are rippling through every facet of society. Although large numbers of people throughout the world will show resilience to the profound loss, stress, and fear associated with COVID-19, the virus will likely exacerbate existing mental health disorders and contribute to the onset of new stress-related disorders for many. Recommendations: The field of traumatic stress should address the serious needs that will emerge now and well into the future. However, we propose that these efforts may be limited, in part, by ongoing gaps that exist within our research and clinical care. In particular, we suggest that COVID-19 requires us to prioritize and mobilize as a research and clinical community around several key areas: (a) diagnostics, (b) prevention, (c) public outreach and communication, (d) working with medical staff and mainstreaming into nonmental health services, and (e) COVID-19-specific trauma research. As members of our community begin to rapidly develop and test interventions for COVID-19-related distress, we hope that those in positions of leadership in the field of traumatic stress consider limits of our current approaches, and invest the intellectual and financial resources urgently needed in order to innovate, forge partnerships, and develop the technologies to support those in greatest need. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract) Impact statementClinical Impact Statement—The novel coronavirus-19 (COVID-19) has rapidly emerged as a global pandemic placing unpresented stress on all aspects of society. The virus is likely to exacerbate and increase stress-related disorders for many throughout the world. Although those in the field of traumatic stress can play an important role in the immediate and long-term response to COVID-19, existing gaps in research and clinical care may limit our efficacy. We propose that there is an urgent need to reduce critical gaps in several key areas as we confront this unprecedented challenge and develop novel methods for empowering communities and supporting those in greatest need. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=abdb49174e68229a6ea49d0cc1328296)

1. **Implications of the clinical gestational diagnosis of ZIKV infection in the manifestation of symptoms of postpartum depression: a case-control study.**  
   Moraes Eleomar Vilela BMC psychiatry 2019;19(1):199.

BACKGROUNDTraumatic events can trigger postpartum depression. Pregnant women in Brazil today are facing an extremely stressful experience. Thus, the objective here was to analyze the prevalence of symptoms of depression in the immediate postpartum period (IPPD) and associate these symptoms with previous stressful, social, psychological, behavioral, obstetrical, clinical, violent and infectious events, particularly exposure to Zika virus (ZIKV) infection during pregnancy.METHODSThis was a case-control study. The sample comprised 213 puerperal women treated in the maternity ward of a public reference hospital in the Araguaia River Valley of Mato Grosso and Goiás, Brazil. Severe IPPD symptoms were confirmed based on the Edinburgh Postnatal Depression Scale (EPDS). A descriptive statistical analysis was carried out using the Epi Info™ version 7.1.5 suite of software tools and the Statistical Package for Social Sciences (SPSS) version 21.0.RESULTSA bivariate analysis revealed a significant association between "severe symptoms of IPPD" and the following variables: "clinical diagnosis of ZIKV during pregnancy" (OR = 13.36; 95% CI = 5.34-33.39); "was separated or divorced in the last year" (OR = 3.58; 95% CI = 1.42-8.99); "suffered an accident in the last year" (OR = 3.32, 95% CI = 1.12-9.82); "suffered emotional violence during pregnancy" (OR = 3.80; 95% CI = 1.81-7.99); "suffered physical violence during pregnancy" (OR = 11.86; 95% CI = 2.07-67.82); "fear of her partner" (OR = 17.90; 95% CI = 3.44-92.99); "dengue fever during pregnancy" (OR = 7.85; 95% CI: 1.66-37.05), and "has a family member diagnosed with mental illness" (OR = 2.54; 95% CI = 1.09-5.93). The multivariate analysis confirmed the association of severe PPD symptoms only with the variables of "clinical diagnosis of ZIKV during pregnancy" (OR = 19.82; 95% CI: 5.35-73.39) and "was separated or divorced in the last year" (OR = 3.92; 95% IC = 1.12-13.63).CONCLUSIONSClinically diagnosed ZIKV during pregnancy may be one of the main events associated with severe IPPD symptoms, showing an almost 20-fold higher chance of occurrence than other factors.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9ab534c6a1d5584d4c1bac1271f36375)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=443c3810068fd85f9f91d9a7af85c651)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ba8fe23a7ce247ae3e16d84a831ec9e3)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=870a83ec3fd1809447df2c98a15bbad8)

1. **Maximizing the Resilience of Healthcare Workers in Multi-hazard Events: Lessons from the 2014-2015 Ebola Response in Africa.**  
   Schreiber Merritt Military medicine 2019;184:114-120.

There is increasing knowledge that health care workers (HCWs) can experience a variety of emotional impacts when responding to disasters and terrorism events. The Anticipate, Plan and Deter (APD) Responder Risk and Resilience Model was developed to provide a new, evidence-informed method for understanding and managing psychological impacts among HCWs. APD includes pre-deployment development of an individualized resilience plan and an in-theater, real-time self-triage system, which together allow HCWs to assess and manage the full range of psychological risk and resilience for themselves and their families. The inclusion of objective mental health risk factors to prompt activation of a coping plan, in connection with unit leadership real-time situational awareness, enables the first known evidence-driven "targeted action" plan to address responder risk early before Post Traumatic Stress Disorder and impairment become established. This paper describes pilot work using the self-triage system component in Alameda County's Urban Shield and the Philippines' Typhoon Haiyan, and then reports a case example of the full APD model implementation in West Africa's Ebola epidemic.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9ae09a398bb36f3a7ab7a4af4e4b6a96)

1. **Delayed anxiety and depressive morbidity among dengue patients in a multi-ethnic urban setting: First report from Sri Lanka**  
   Gunathilaka Nayana International Journal of Mental Health Systems 2018;12:No page numbers.

Background: Although the physical consequences of dengue are well documented, delayed psychological co-morbidities are not well studied to date. Therefore, the objective of the present study was to determine the prevalence of depressive, anxiety and stress symptoms among past dengue patients. Methods: A community-based, case–control study in a multi-ethnic urban setting was conducted in Sri Lanka involving adults who were diagnosed to have dengue fever by a positive dengue IgM antibody response between 6 and 24 months ago. Self-administered Depression, Anxiety and Stress Scale (DASS-21), Centre for Epidemiological Studies Depression Scale (CESD-20) and a structured clinical interview by a psychiatrist were done in the patients and in an age and gender-matched control group. Results: Fifty-three participants each in the patient (mean age 42.9 years, SD 15.5) and control (mean age 41.6 years, SD 15.3) groups were surveyed. The ages ranged from 18 to 70 years and 64.2% were females. The majority (90.6%; n = 48) of the individuals had been diagnosed with dengue fever followed by dengue haemorrhagic fever (9.4% n = 5). Dengue patients had higher DASS-21 mean depressive scores (means 11.7/9.4, SD 6.4/4.0, t = 2.2, p = .028), anxiety scores (means 10.7/7.2, SD 6.8/1.8, t = 3.6, p = .0005), stress scores (means 12.0/8.8, SD 5.3/3.5, t = 3.6, p = .0004) and CESD-20 scores (means 16.1/11.7, SD 9.4/7.3, t = 2.6, p = .008) than controls. The DSM-5 depressive disorder was clinically detected by the psychiatrist among 15.1 and 7.5% in patient and control groups (OR 2.1; CI .5–7.7; p = .22). Limitations: a limitation is the small sample size. Conclusion: Patients with past dengue had significantly higher depressive, anxiety and stress symptoms than the control group according to the DASS-21 and CESD-20 tools. To our knowledge, this is the first report on delayed psychological morbidity related to dengue. This may warrant healthcare professionals to incorporate mental counselling for dengue patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0944c3c562f063f8f8413081a31ddf68)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b8771b415e9218b8f238bbd02cff75fd)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7274c96e2bb15019b597476340d03796)

1. **Measuring and modelling the quality of 40 post-disaster mental health and psychosocial support programmes**  
   Michel L. A. Dückers PLoS One 2018;13(2):e0193285 -.

Disasters can have an enormous impact on the health and well-being of those affected. Internationally, governments and service providers are often challenged to address complex psychosocial problems. Ideally, the potentially broad range of support activities include a coherent, high-quality mental health and psychosocial support (MHPSS) programme. We present a theory-driven quantitative analysis of the quality of 40 MHPSS programmes, mostly implemented in European disaster settings. The objective is to measure quality domains recognized as relevant in the literature and to empirically test associations. During the EU project “Operationalizing Psychosocial Support in Crisis” (OPSIC) an evaluation survey was designed and developed for this purpose and completed by 40 MHPSS programme coordinators involved in different mass emergencies and disasters. We analysed the survey data in two steps. Firstly, we used the data to operationalize quality domains of a MHPSS programme, tested constructs and assessed their internal consistency reliability. A total of 26 out of 44 survey items clustered into three of the four domains identified within the theoretical framework: “planning and delivery system” (Cronbach’s alpha 0.82); “general evaluation criteria” (Cronbach’s alpha 0.82); and “essential psychosocial principles” (Cronbach’s alpha 0.75). “Measures and interventions applied”, theoretically a potential fourth domain, could not be confirmed to empirically cluster together. Secondly, several models with associations between domains and measures and interventions were tested and compared. The model with the best fit suggests that in MHPSS programmes with a higher planning and delivery systems score, a larger number of measures and interventions from evidence-informed guidelines are applied. In such programmes, coordinators are more positive about general evaluation criteria and the realization of essential psychosocial principles. Moreover, the analyses showed that some measures and interventions are more likely to be applied in programmes with more evolved planning and delivery systems, yet for most measures and interventions the likelihood of being applied is not linked to planning and delivery system status, nor to coordinator perceptions concerning psychosocial principles and evaluation criteria. Further research is necessary to validate and expand the findings and to learn more about success factors and obstacles for MHPSS programme implementation.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1d30545568d1135b09f3301a473d1e85)

1. **Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients.**  
   Lee Sang Min Comprehensive psychiatry 2018;87:123-127.

OBJECTIVESThis study aimed to assess the immediate stress and psychological impact experienced by quarantined patients undergoing hemodialysis and university hospital workers who treated patients Middle East respiratory syndrome (MERS) during its outbreak.DESIGNThe group of subjects consisted of 1800 hospital practitioners and 73 quarantined patients undergoing hemodialysis. The Impact of Events Scale-Revised (IES-R) was administered to the practitioners twice, once during the hospital shutdown and again one month after the shutdown. The Mini International Neuropsychiatric Interview and Hospital Anxiety and Depression Scale were administered to patients undergoing hemodialysis.RESULTSDuring the initial stages of the MERS outbreak, healthcare workers who performed MERS-related tasks scored significantly higher on the total IES-R and its subscales. In the second assessment of the high-risk group, the sleep and numbness subscale scores from the IES-R differed depending on the implementation of home quarantine, and the intrusion subscale scores differed depending on the performance of MERS-related tasks.CONCLUSIONMedical staff that performed MERS-related tasks showed the highest risk for post-traumatic stress disorder symptoms even after time had elapsed. The risk increased even after home quarantine. Prompt and continuous psychiatric intervention is needed in high mortality infectious disease outbreaks.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5b9093e3f4fcaa5d8bdc7b16215ea978)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=83d681f3cef4421aee3131d47566530d)

1. **Depressive symptoms among survivors of Ebola virus disease in Conakry (Guinea): preliminary results of the PostEboGui cohort**  
   Keita Mamady Mory BMC Psychiatry 2017;17:No page numbers.

Background: The 2013–2016 West African Ebola outbreak infected 28,616 people and caused 11,310 deaths by 11 May 2016, across six countries. The outbreak has also resulted in the largest number of EVD survivors in history—over 17,000. Guinea was declared Ebola-free on 1 June 2016. Reports from the outbreak documented 3814 cases resulting in 2544 deaths and 1270 survivors. EVD survivors face various neuropsychological and psycho-affective alterations that have not been fully identified yet. This study aims to document the depressive symptoms among adult survivors in Guinea. Methods: Depressive symptoms were investigated using the French version of the Center for Epidemiologic Studies-Depression Scale (CES-D) administered to all adult survivors (≥ 20 years) participating in the PostEboGui study and receiving care in Conakry. The study was combined with a clinical consultation by a psychiatrist at the Donka National Hospital in Conakry that ensured adapted care was provided when needed. Results: Overall, 256 adult participants receiving care in Conakry participated in this study: 55% were women, median age 31 years [IQR: 26–40]. The median time since the Ebola Treatment Center (ETC) discharge was 8.1 months [IQR: 4.1–11.7]. 15% had a score above the threshold values indicating psychological suffering (15% for men and 14% for women). 33 people (16 women and 17 men) met with the psychiatrist, which resulted in the diagnosis of 3 cases of post-traumatic stress disorder (PTSD), 3 cases of mild depression, 13 cases of moderate depression, and 11 cases of severe depression, including 1 with kinesthetic hallucinations and another with visual hallucinations, and 1 with suicidal ideation and 3 with attempted suicide. Severe depression was diagnosed between 1 and 19 months after ETC discharge. The various identified forms of depression responded favorably to conventional drug therapies and cognitive behavioral therapy. Conclusion: Long-term follow-up for EVD survivors will be necessary to understand the evolution of these pathologies. In the current post-epidemic context, these cases underscore the need to strengthen mental health diagnostic systems and treatment on a national scale. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1ae4c485b53291170b30ba2b58febab7)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=83381a0fc7f3f148ef19b132680668ec)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d197b43c4b811c5ef680f860d179fb66)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=27c416bf147522f9c20dc0b685e1b8d4)

1. **Postpandemic nightmare: A framing analysis of authorities and narcolepsy victims in Swedish press**  
   Scott David Journal of Contingencies and Crisis Management 2017;25(2):91-102.

The aim of this study was to explore the framing of victims and authorities in Swedish press during the narcolepsy crisis, occurring in the aftermath of the A(H1N1) vaccination campaign. Reporting from five major newspapers was analysed using an inductive and a deductive frame of analysis. The inductive analysis showed that the focus in the reporting on victims was their struggles in everyday life, coping with the disease, while the focus regarding authorities was on criticism and accountability. The deductive analysis revealed the use of a number of framing devices that reinforced the view of victims as vulnerable and authorities as deserving criticism. The underlying significance of the media portrayal and the implications from a crisis communication perspective are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

1. **Mental illness and health in Sierra Leone affected by Ebola: Lessons for health workers**  
   Hughes Peter Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas 2015;13(1):60-69.

Sierra Leone is currently going through the worst Ebola epidemic on record, creating anxiety and anxiety related, somatic symptoms. Additionally, increased psychiatric morbidity could be expected as a result of the adverse social and psychological consequences of the epidemic, exposing the country's weak, poorly resourced mental health services and highlighting the need for psychosocial interventions and development of psychiatric interventions. Countrywide, there are 20 psychiatric nurses and 150 community health workers trained in the mental health Gap Action Programme and Psychological First Aid. However, in order to strengthen their capacity to deliver psychosocial and psychiatric interventions and to create a potential resource for psychiatric interventions during a major humanitarian crisis, ongoing training and supervision will be essential. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=07ea9c2228c1621dd26ffad51cb7b31c)

1. **Psychiatric treatment of a health care worker after infection with Ebola virus in Lagos, Nigeria**  
   Mohammed Abdulaziz The American Journal of Psychiatry 2015;172(3):222-224.

A young single male health worker was admitted to the isolation ward of the infectious disease hospital in Lagos with Ebola virus disease, which he had contracted in the course of rendering services to the index case in Nigeria. Three weeks after the admission, he appeared confused and was sleeping poorly, talking tangentially, and exhibiting unruly, disruptive behavior toward those caring for him. The clinical management team considered a diagnosis of permanent brain injury secondary to the Ebola virus infection. The patient was referred to the psychosocial team. On evaluation, the psychosocial team found the patient to be apprehensive and fearful about the outcome of his illness. Mental state examination revealed a restless and agitated young man. A diagnosis of adjustment disorder with mixed disturbances of emotion and conduct was made. The psychosocial team commenced supportive psychotherapy and problem solving therapy. Three days after amitriptyline and supportive psychotherapy were started, the management team reported noticeable improvement in the patient’s sleep pattern and a gradual reduction in his disruptive behavior. Four weeks after discharge, the patient’s condition remained stable. This first report of a psychological treatment of a patient who developed adjustment disorder with prominent depressive symptoms and cognitive impairment during Ebola virus disease highlights the importance of having a psychosocial component to the response to emerging infectious diseases. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

1. **Using model-based evidence in the governance of pandemics**  
   Mansnerus Erika Sociology of Health & Illness 2013;35(2):280-291.

Pandemic preparedness planning relies on techniques to extend epidemiological inference beyond the bounds of direct observation. Mathematical modelling and simulation techniques are used to predict the course of an outbreak or test various mitigation strategies in pre-pandemic preparedness planning. This reflects an increasing reliance on quantifiable objects and establishing regulatory and governing practices by developing numerical assessment methods. This process has been described in terms of techne; the emergence of technologies and practices of calculation in the context of governance. This article develops a narrative framework to study how modelling methods are used in the governance of pandemic outbreaks by analysing both pre-pandemic modelling practices and model-based evidence used in pandemic risk assessment at the European Disease Control Centre. It examines how the modelling methods form techne through which the efforts of governance are organised. It concludes with a critical reflection on the limits of modelling methods by studying how they accommodate uncertainties. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eaa85846def5db80d3aa28419074bf28)

1. **Using electronic patient records to assess the impact of swine flu (influenza H1N1) on mental health patients.**  
   Page LA Journal of Mental Health 2011;20(1):60-69.

BACKGROUND: Electronic patient records are increasingly used in primary care research, but rarely in psychiatric research. Little is known about how people with pre-existing mental illness respond to public health threats. AIMS: To outline the swine flu related concerns and behaviours of mental health patients and to determine whether marked concern was associated with any specific demographic or diagnostic groups. METHODS: We searched a database containing electronic patient records from a large mental health trust for references to swine flu made between 15 April and 15 July 2009. Thematic analysis was used to code swine flu related concerns and behaviours. A case-control approach sought to determine whether there were demographic or diagnostic associations with expressing moderate/severe concern about swine flu. RESULTS: A range of swine flu related behaviours were noted and considerable impact was recorded for some patients. Children and patients with neurotic and somatoform disorders were over-represented amongst those expressing moderate/severe swine flu concerns. CONCLUSION: Research databases using electronic clinical records are a useful way to track responses to emerging public health threats. Children receiving mental health care and patients with neurotic and somatoform disorders may be particularly psychologically vulnerable to infectious disease epidemics.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=79ed8f0ec4dc6c8c2463f4e6d083dd1c)

1. **Risk factors for chronic post-traumatic stress disorder (PTSD) in SARS survivors**  
   Ivan Wing Chit Mak et al General Hospital Psychiatry 2010;32(6):590-598.

Background Post-traumatic stress disorder (PTSD) is one of the most prevalent long-term psychiatric diagnoses among survivors of severe acute respiratory syndrome (SARS). Objectives The objective of this study was to identify the predictors of chronic PTSD in SARS survivors. Design PTSD at 30 months after the SARS outbreak was assessed by the Structured Clinical Interview for the DSM-IV. Survivors' demographic data, medical information and psychosocial variables were collected for risk factor analysis. Results Multivariate logistic regression analysis showed that female gender as well as the presence of chronic medical illnesses diagnosed before the onset of SARS and avascular necrosis were independent predictors of PTSD at 30 months post-SARS. Associated factors included higher-chance external locus of control, higher functional disability and higher average pain intensity. Conclusion The study of PTSD at 30 months post-SARS showed that the predictive value of acute medical variables may fade out. Our findings do not support some prior hypotheses that the use of high dose corticosteroids is protective against the development of PTSD. On the contrary, the adversity both before and after the SARS outbreak may be more important in hindering recovery from PTSD. The risk factor analysis can not only improve the detection of hidden psychiatric complications but also provide insight for the possible model of care delivery for the SARS survivors. With the complex interaction of the biopsychosocial challenges of SARS, an integrated multidisciplinary clinic setting may be a superior approach in the long-term management of complicated PTSD cases.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=559d25ce5c60bcda86e6885725fc71ca)

1. **The impact of epidemic outbreak: The case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong.**  
   Yip Crisis: The Journal of Crisis Intervention and Suicide Prevention 2010;31(2):86-92.

Background: Previous studies revealed that there was a significant increase in suicide deaths among those aged 65 and over in 2003. The peak coincided with the majority of SARS cases being reported in April 2003. Aims: In this paper we examine the mechanism of how the SARS outbreak resulted in a higher completed suicide rate especially among older adults in Hong Kong. Methods: We used Qualitative data analysis to uncover the association between the occurrence of SARS and older adult suicide. Furthermore, we used a qualitative study based on the Coroner Court reports to provide empirical evidence about the relationship between SARS and the excessive number of suicide deaths among the elderly. Results: SARS-related older adult suicide victims were more likely to be afraid of contracting the disease and had fears of disconnection. The suicide motives among SARS-related suicide deaths were more closely associated with stress over fears of being a burden to their families during the negative impact of the epidemic. Social disengagement, mental stress, and anxiety at the time of the SARS epidemic among a certain group of older adults resulted in an exceptionally high rate of suicide deaths. Conclusions: We recommend that the mental and psychological well-being of the community, in particular older adults, be taken into careful account when developing epidemic control measures to combat the future outbreak of diseases in the community. In addition, it is important to alert family members to vulnerable individuals who are at potential risk because of their illnesses or anxieties.

1. **Long-term psychiatric morbidities among SARS survivors**  
   Ivan Wing Chit Mak et al General Hospital Psychiatry 2009;31(4):318-326.

Objective Severe acute respiratory syndrome (SARS) was the first massive infectious disease outbreak of the 21st century. However, it is unlikely that this outbreak will be the last. This study aimed to evaluate the long-term psychiatric morbidities in survivors of SARS. Method This is a cohort study designed to investigate psychiatric complications among SARS survivors treated in the United Christian Hospital 30 months after the SARS outbreak. Psychiatric morbidities were assessed by the Structured Clinical Interview for DSM-IV, the Impact of Events Scale–Revised and the Hospital Anxiety and Depression Scale. Functional outcomes were assessed by the Medical Outcomes Study 36-Item Short-Form Health Survey. Results Ninety subjects were recruited, yielding a response rate of 96.8%. Post-SARS cumulative incidence of DSM-IV psychiatric disorders was 58.9%. Current prevalence for any psychiatric disorder at 30 months post-SARS was 33.3%. One-fourth of the patients had post-traumatic stress disorder (PTSD), and 15.6% had depressive disorders. Conclusion The outbreak of SARS can be regarded as a mental health catastrophe. PTSD was the most prevalent long-term psychiatric condition, followed by depressive disorders. Our results highlight the need to enhance preparedness and competence of health care professionals in detecting and managing the psychological sequelae of future comparable infectious disease outbreaks.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2be857f12b873605c305504c3001271c)

1. **A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong**  
   Y. T. Cheung International Journal of Geriatric Psychiatry 2008;23(12):1231-1238.

BACKGROUND: The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 had an enormous impact on Hong Kong society and the suicide rate was also at its historical high, 18.6 per 100,000. The most significant increase was found among the older adults aged 65 or above. METHODS: Poisson Regression Models were used to examine impact of the SARS epidemic on older adults suicides in Hong Kong. A complete set of the suicide statistics for the period 1993-2004 from the Coroners' Court were made available for the analysis. Chi-square test was used to compare the profile of the older adult suicide cases in the pre-SARS, peri-SARS and post-SARS periods. RESULTS: It showed an excess of older adults suicides in April 2003, when compared to the month of April of the other years. A trough, instead of the usual summer peak, was observed in June, suggesting some of the older adults suicides might have been brought forward. On a year basis, the annual older adult's suicide rates in 2003 and 2004 were significantly higher than that in 2002, suggesting the suicide rate did not return to the level before the SARS epidemic. Based on the Coroners' suicide death records, overall severity of illness, level of dependency and worrying of having sickness among the older adult suicides were found to be significantly different in the pre-SARS, peri-SARS and post-SARS periods. CONCLUSION: The SARS epidemic was associated with an increase in older adults' suicide rate in April 2003 and some suicide deaths in June 2003 might have been brought forward. Moreover, an increase in the annual older adults' suicide rate in 2003 was observed and the rate in 2004 did not return to the level of 2002. Loneliness and disconnectedness among the older adults in the community were likely to be associated with the excess older adults' suicides in 2003. Maintaining and enhancing mental well being of the public over the period of epidemic is as important as curbing the spread of the epidemic. Attention and effort should also be made to enhance the community's ability to manage fear and anxiety, especially in vulnerable groups over the period of epidemic to prevent tragic and unnecessary suicide deaths.

1. **Post‐disaster mental health need assessment surveys – the challenge of improved future research**  
   Ronald C. Kessler and Hans‐Ulrich Wittchen International Journal of Methods in Psychiatric Research 2008;17(supp 2):s1-s5.

Disasters are very common occurrences, becoming increasingly prevalent throughout the world. The number of natural disasters either affecting more than 100 people or resulting in a call for international assistance, increased from roughly 100 per year worldwide in the late 1960s, to over 500 per year in the past decade. Population growth, environmental degradation, and global warming all play parts in accounting for these increases. There is also the possibility of a pandemic. This paper and associated journal issue focuses on the topic of growing worldwide importance: mental health needs assessment in the wake of large‐scale disasters. Although natural and human‐made disasters are known to have substantial effects on the mental health of the people who experience them, research shows that the prevalence of post‐disaster psychopathology varies enormously from one disaster to another in ways that are difficult to predict merely by knowing the objective circumstances of the disaster. Mental health needs assessment surveys are consequently carried out after many large‐scale natural and human‐made disasters to provide information for service planners on the nature and magnitude of need for services. These surveys vary greatly, though, in the rigor with which they assess disaster‐related stressors and post‐disaster mental illness. Synthesis of findings across surveys is hampered by these inconsistencies. The typically limited focus of these surveys with regard to the inclusion of risk factors, follow‐up assessments, and evaluations of treatment, also limit insights from these surveys concerning post‐disaster mental illness and treatment response. The papers in this issue discuss methodological issues in the design and implementation of post‐disaster mental health needs assessment surveys aimed at improving on the quality of previous such surveys. The many recommendations in these papers will hopefully help to foster improvements in the next generation of post‐disaster mental health surveys

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8c8c39350007cd9724b8c19efa66eca1)

1. **Prevalence of psychiatric disorders among Toronto hospital workers one to two years after the SARS outbreak**  
   Lancee William J. Psychiatric Services 2008;59(1):91-95.

Objective: This study aimed to determine the incidence of psychiatric disorders among health care workers in Toronto in the one- to two-year period after the 2003 outbreak of severe acute respiratory syndrome (SARS) and to test predicted risk factors. Methods: New-onset episodes of psychiatric disorders were assessed among 139 health care workers by using the Structured Clinical Interview for DSM-IV and the Clinician- Administered PTSD Scale. Past history of psychiatric illness, years of health care experience, and the perception of adequate training and support were tested as predictors of the incidence of new-onset episodes of psychiatric disorders after the SARS outbreak. Results: The lifetime prevalence of any depressive, anxiety, or substance use diagnosis was 30%. Only one health care worker who identified the SARS experience as a traumatic event was diagnosed as having PTSD. New episodes of psychiatric disorders occurred among seven health care workers (5%). New episodes of psychiatric disorders were directly associated with a history of having a psychiatric disorder before the SARS outbreak (p = .02) and inversely associated with years of health care experience (p = .03) and the perceived adequacy of training and support (p = .03). Conclusions: Incidence of new episodes of psychiatric disorders after the SARS outbreak were similar to or lower than community incidence rates, which may indicate the resilience of health care workers who continued to work in hospitals one to two years after the SARS outbreak. In preparation for future events, such as pandemic influenza, training and support may bolster the resilience of health care workers who are at higher risk by virtue of their psychiatric history and fewer years of health care experience. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a04bb83ab701dc3e4d40b6c4a53d7934)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9d97c01f505e9c9e8159215c9781b2f5)

1. **Systematic review of therapeutic interventions in human prion disease**  
   Stewart Lesley A. Neurology 2008;70(15):1272-1281.

Background: The potential threat of a large outbreak of variant Creutzfeldt-Jakob disease initiated a proliferation of research into the understanding and treatment of human prion disease. However, clinical research is at an early stage with a pressing need for objective evaluation of treatments to inform the design of future studies. Methods: We aimed to summarize existing research on outcomes of patients with prion disease, considering any published clinical study and patient series with data on disease progression. Methods were prespecified in a protocol and studies were identified from systematic searches of multiple sources. Results: One randomized trial was identified. Many studies were flawed or poorly reported, and therefore interpreted cautiously. One hundred forty published patient series revealed wide ranges in disease duration for each of the prion diseases. Thirty-three studies described the use of 14 drugs, 10 which were reported in single studies of three or fewer patients and one which was reported for two individual cases. Effects of four drugs were examined in more detail, with mixed results. The only current reliable evidence is from the single randomized trial suggesting that flupirtine may slow cognitive decline. Based on published information identified by this review, survival of most treated patients is within the ranges reported in the untreated patient series. Conclusions: Thirty years of clinical investigation of patients with prion disease has resulted in little progress in either defining or evaluating potential treatments. Disease course and treatment of all patients must be evaluated within a structured framework, preferably within randomized controlled trials. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

1. **Ageing and psychological response during the post-SARS period**  
   Lee T. M. C. Aging & Mental Health 2006;10(3):303-311.

We studied the psychological impact of the outbreak of Severe Acute Respiratory Syndrome (SARS) to understand if age and residential location were risk factors associated with post-traumatic disturbance, namely intrusion, avoidance, and hyperarousal. One hundred and forty-six volunteers belonging to four groups classified along the dimensions of age (middle-aged versus older-aged) and location (high SARS-prevalent regions versus low SARS-prevalent regions), participated in this study. After controlling for depression, residents in high SARS-prevalent regions, regardless of age, consistently developed more intense post-traumatic disturbance than residents in low SARS-prevalent regions. Furthermore, the prevalence of probable post-traumatic stress disorder (PTSD) cases was significantly higher in older people and in residents of SARS-prevalent regions. Our findings suggest the importance of mental health aftercare in the post-epidemic period of disease epidemics. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5040765369acb60c5ce0719cfbba79e7)

1. **Posttraumatic Stress, Anxiety, and Depression in Survivors of Severe Acute Respiratory Syndrome (SARS)**  
   Wu Kitty K. Journal of Traumatic Stress 2005;18(1):39-42.

This study examines the psychological impact of severe acute respiratory syndrome (SARS) in 195 adult patients in Hong Kong. The Impact of Event Scale--Revised and Hospital Anxiety and Depression Scale were administered to patients 1 month after their discharge. Of the participants 10% to 18% reported symptoms related to posttraumatic stress disorder, anxiety, and depression. Symptom severity was associated with high perceived life threat and low emotional support. Women and participants who had low education level were more likely to have symptoms of avoidance. Participants who personally knew someone who had SARS were more likely to be affected by depressive symptoms. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4b3e5bfb7c666836775e2b53fcf5298f)

1. **Psychiatric Inpatients' Reactions to the SARS Epidemic: An Israeli Survey**  
   Iancu Iulian Israel Journal of Psychiatry and Related Sciences 2005;42(4):258-262.

Background: The threat of the potential spreading of the SARS epidemic caused significant stress to many individuals from non-affected countries. In this study, we investigated whether the SARS threat affected the subjective mood and behavior of Israeli patients with schizophrenia and compared their reactions with those noted in their clinical staff. Methods: Subjects were evaluated with a specially designed questionnaire and a modified form of the Spielberger Scale for State Anxiety. Results: As compared to staff, patients had higher scores on the Modified Spielberger State Anxiety Scale. However, many responses (e.g., dysphoria) to the SARS threat did not differ from staff. Patients felt more protected by the authorities and some perceived the epidemic in a psychotic manner. Conclusions: It seems that patients attempt to reduce the effect of external stressors by living in an "autistic bubble" (in which outside threats cannot enter) or by denying the significance of these stressors and over-emphasizing the power of medical authorities to protect them. On the other hand, some patients also psychotically interpreted these stressors. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fc3fc68cd5f10b9e2e564f428f8d3c5f)

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## B. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | EPIDEMICS/ OR PANDEMICS/ | 15555 |
| 2. | Medline | exp BETACORONAVIRUS/ | 7172 |
| 3. | Medline | "MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS"/ | 1003 |
| 4. | Medline | "CREUTZFELDT-JAKOB SYNDROME"/ OR CJD | 7083 |
| 5. | Medline | exp "ARBOVIRUS INFECTIONS"/ | 41914 |
| 6. | Medline | exp ALPHAVIRUS/ | 9437 |
| 7. | Medline | exp FILOVIRIDAE/ | 3651 |
| 8. | Medline | CHOLERA/ | 8588 |
| 9. | Medline | exp "INFLUENZA A VIRUS"/ | 43070 |
| 10. | Medline | exp FLAVIVIRUS/ | 23849 |
| 11. | Medline | exp CORONAVIRIDAE/ | 13352 |
| 12. | Medline | (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11) | 139141 |
| 13. | Medline | (pre-epidemic OR pre-pandemic).ti,ab | 411 |
| 14. | Medline | exp "MENTAL DISORDERS"/ | 1381526 |
| 15. | Medline | (13 AND 14) | 4 |
| 16. | Medline | (12 AND 14) | 7649 |
| 17. | Medline | exp THERAPEUTICS/ | 5912456 |
| 18. | Medline | (16 AND 17) | 1053 |
| 19. | Medline | 16 [Languages English] | 6511 |
| 20. | Medline | 18 [Languages English] | 938 |
| 38. | Medline | (1 AND 14 AND 17) | 236 |
| 42. | Medline | (post-epidemic OR post-pandemic).ti,ab | 370 |
| 43. | Medline | (2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11) | 129572 |
| 44. | Medline | (42 AND 43) | 205 |
| 45. | Medline | (14 AND 44) | 2 |
| 46. | Medline | (14 AND 17 AND 43) | 834 |
| 47. | Medline | 46 [Languages English] | 726 |
| 21. | PsycINFO | EPIDEMICS/ OR PANDEMICS/ | 3536 |
| 22. | PsycINFO | (betacoronavirus OR SARS OR MERS OR "MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS").ti,ab | 540 |
| 23. | PsycINFO | "CREUTZFELDT-JAKOB SYNDROME"/ OR CJD | 942 |
| 24. | PsycINFO | (ARBOVIRUS OR "Dengue fever").ti,ab | 85 |
| 25. | PsycINFO | (ALPHAVIRUS OR "Chikungunya virus").ti,ab | 30 |
| 26. | PsycINFO | (FILOVIRIDAE OR "Ebola virus").ti,ab | 133 |
| 27. | PsycINFO | CHOLERA/ | 20 |
| 28. | PsycINFO | (INFLUENZA A VIRUS OR "Swine Flu" OR "Avian flu" OR "bird flu" OR H1N1).ti,ab | 891 |
| 29. | PsycINFO | (FLAVIVIRUS OR "Zika virus").ti,ab | 177 |
| 30. | PsycINFO | (CORONAVIRIDAE OR "coronavirus" OR COVID-19).ti,ab | 70 |
| 31. | PsycINFO | (21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30) | 5892 |
| 39. | PsycINFO | (22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30) | 2793 |
| 32. | PsycINFO | exp "MENTAL DISORDERS"/ | 847118 |
| 33. | PsycINFO | (pre-epidemic OR pre-pandemic).ti,ab | 12 |
| 34. | PsycINFO | exp TREATMENT/ | 1038042 |
| 35. | PsycINFO | (31 AND 32 AND 34) | 346 |
| 36. | PsycINFO | (31 AND 32 AND 33) | 1 |
| 37. | PsycINFO | (21 AND 32 AND 34) | 185 |
| 40. | PsycINFO | (39 AND 32 AND 34) | 164 |
| 41. | PsycINFO | (post-epidemic OR post-pandemic).ti,ab | 10 |
| 48. | PsycINFO | (39 AND 32) [Languages English] | 984 |

**Disclaimer**  
We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the literature, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Users are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.