# Evidence Search Service Results of your search request

## Psychological interventions for those affected by the COVID 19, SARS, MERS pandemics

**ID of request:** 23646  
**Date of request:** 8th June, 2020  
**Date of completion:** 8th June, 2020

If you would like to request any articles or any further help, please contact:  Paul Lee at [paul.lee@slam.nhs.uk](mailto:paul.lee@slam.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Psychological interventions for those affected by the COVID 19, SARS, MERS pandemics. Paul Lee. ( 8th June, 2020). LONDON, UK: Reay House Library and Knowledge Service.

**Sources searched**  
EMBASE (7)  
MEDLINE (18)

**Date range used** (5 years, 10 years): no limit   
**Limits used** (gender, article/study type, etc.): Peer reviewed papers   
**Search terms and notes** (full search strategy for database searches below):

See search strategy at end of document for search terms used.  
Epidemiological studies were excluded and all papers have been included found in Embase and Medline databases which talk about psychological therapies for those affected by the stated epidemics, both suffering from the illnesses and those affected psychologically by the epidemic situation/lockdown quarantine and so on. There is little on the subject published so far (early June 2020). By contrast there is a considerable literature examining the psychological impact of these academics (excluded here).

For more information about the resources please go to: [www.slam.nhs.uk/library](file:///C:\Users\Elaine.Watson\Downloads\www.slam.nhs.uk\library) .

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

## A. Original Research

1. **A psychoanalytic view of reactions to the coronavirus pandemic in China.**  
   Blackman Jerome S. American journal of psychoanalysis 2020;:No page numbers.

The coronavirus pandemic, which apparently began in Wuhan in December 2019, and has persisted to the present day, has had several psychological effects in China. The real danger has produced prolonged stress. Large-group phenomena have been stimulated. Overwhelming affects generated by the real danger have led to regression in the stimulus barrier (or "filter"). The COVID-19 has also triggered unconscious defensive reactions, including obsessional cleaning, counterphobic behavior, humor, and denial. The nationally imposed home quarantine of millions of families has caused in-home conflicts and neurotic repetitions of unresolved childhood issues. Prior psychiatric illnesses have been exacerbated. Health workers, including psychiatrists, psychologists, and psychoanalysts, have experienced emotional depletion. Finally, in families where there has been infection or death, delayed mourning and post-traumatic phenomena have been observed. In each of these situations, different interventions based on psychoanalytic principles have been useful.

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1. **Adapting IAPT services to support frontline NHS staff during the Covid-19 pandemic: the Homerton Covid Psychological Support (HCPS) pathway.**  
   Cole C. L Cognitive behaviour therapist 2020;13:e12.

The Coronavirus (Covid-19) pandemic is exerting unprecedented pressure on NHS Health and Social Care provisions, with frontline staff, such as those of critical care units, encountering vast practical and emotional challenges on a daily basis. Although staff are being supported through organisational provisions, facilitated by those in leadership roles, the emergence of mental health difficulties or the exacerbation of existing ones amongst these members of staff is a cause for concern. Acknowledging this, academics and healthcare professionals alike are calling for psychological support for frontline staff, which not only addresses distress during the initial phases of the outbreak but also over the months, if not years, that follow. Fortunately, mental health services and psychology professional bodies across the United Kingdom have issued guidance to meet these needs. An attempt has been made to translate these sets of guidance into clinical provisions via the recently established Homerton Covid Psychological Support (HCPS) pathway delivered by Talk Changes (Hackney & City IAPT). This article describes the phased, stepped-care and evidence-based approach that has been adopted by the service to support local frontline NHS staff. We wish to share our service design and pathway of care with other Improving Access to Psychological Therapies (IAPT) services who may also seek to support hospital frontline staff within their associated NHS Trusts and in doing so, lay the foundations of a coordinated response.Key learning aims(1)To understand the ways staff can be psychologically and emotionally impacted by working on the frontline of disease outbreaks.(2)To understand the ways in which IAPT services have previously supported populations exposed to crises.(3)To learn ways of delivering psychological support and interventions during a pandemic context based on existing guidance and research.

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1. **An e-mental health intervention to support burdened people in times of the COVID-19 pandemic: CoPE It.**  
   Bäuerle Alexander Journal of public health (Oxford, England) 2020;:No page numbers.

The outbreak of the novel SARS CoV-2-virus (COVID-19) is pushing national and international healthcare systems to their limits. The aspect of mental health issues, which has been neglected (so far) in times of social isolation and governmental restrictions, now demands innovative and situation-based approaches to support psychological burdened people. The developed e-mental health intervention 'CoPE It' offers manualized, evidence-based psychotherapeutic/psychological support to overcome psychological distress in times of COVID-19. E-mental health approaches offer great possibilities to support burdened people during the SARS-CoV-2 pandemic effectively.

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1. **An online solution focused brief therapy for adolescent anxiety during the novel coronavirus disease (COVID-19) pandemic: a structured summary of a study protocol for a randomised controlled trial.**  
   Chen Shitao Trials 2020;21(1):402.

OBJECTIVESThis study aims to assess the effectiveness of delivering Solution Focused Brief Therapy (SFBT) through telecommunication with a group of adolescents who present anxiety symptoms during the COVID-19 outbreak. We hypothesize that participants who are randomly assigned to receive 2-4 sessions of Solution Focused Brief Therapy would have better clinical outcomes than participants who are in the waitlist group. We additionally hypothesized that using SFBT can also change participants' depression levels and their coping strategies in dealing with distress during the COVID-19 pandemic.TRIAL DESIGNThis study employs a randomized delayed crossover open label controlled trial in adolescents who are presenting anxiety symptoms during the COVID-19 outbreak. Participants who meet the enrollment criteria stated below will be invited to participate in this study through telecommunication. Those accepting will be randomly allocated to the intervention group or waitlist group.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a0013e34082d1be868b276f87324aa4a)

1. **Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Healthcare Workers during the COVID-19 Pandemic.**  
   Albott Cristina Sophia Anesthesia and analgesia 2020;:No page numbers.

The outbreak of the coronavirus disease 2019 (COVID-19) and its rapid global spread have created unprecedented challenges to healthcare systems. Significant and sustained efforts have focused on mobilization of personal protective equipment, intensive care beds, and medical equipment, while substantially less attention has focused on preserving the psychological health of the medical workforce tasked with addressing the challenges of the pandemic. And yet, similar to battlefield conditions, healthcare workers are being confronted with ongoing uncertainty about resources, capacities, and risks; as well as exposure to suffering, death, and threats to their own safety. These conditions are engendering high levels of fear and anxiety in the short-term, and place individuals at risk for persistent stress-exposure syndromes, sub-clinical mental health symptoms, and professional burnout in the long-term. Given the potentially wide-ranging mental health impact of COVID-19, protecting healthcare workers from adverse psychological effects of the pandemic is critical.Therefore, we present an overview of the potential psychological stress responses to the COVID-19 crisis in medical providers and describe pre-emptive resilience-promoting strategies at the organizational and personal level. We then describe a rapidly deployable Psychological Resilience Intervention founded on a peer-support model (Battle Buddies) developed by the United States Army. This intervention-- the product of a multidisciplinary collaboration between the Departments of Anesthesiology and Psychiatry & Behavioral Sciences at the University of Minnesota Medical Center-- also incorporates evidence-informed "stress inoculation" methods developed for managing psychological stress exposure in providers deployed to disasters. Our multi-level, resource-efficient, and scalable approach places two key tools directly in the hands of providers: 1) A peer-support Battle Buddy; and 2) A designated mental health consultant who can facilitate training in stress inoculation methods, provide additional support, or coordinate referral for external professional consultation. In parallel, we have instituted a voluntary research data-collection component that will enable us to evaluate the intervention's effectiveness while also identifying the most salient resilience factors for future iterations. It is our hope that these elements will provide guidance to other organizations seeking to protect the well-being of their medical workforce during the pandemic. Given the remarkable adaptability of human beings, we believe that, by promoting resilience, our diverse healthcare workforce can emerge from this monumental challenge with new skills, closer relationships, and greater confidence in the power of community.

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1. **Delivering psychotherapy by video conference in the time of COVID-19: Some considerations.**  
   Crowe Marie Journal of psychiatric and mental health nursing 2020;:No page numbers.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=272045c73fa33cf02e9dc0fc237341f3)

1. **Dialectical behavior therapy-based psychological intervention for woman in late pregnancy and early postpartum suffering from COVID-19: a case report.**  
   Huang Jin-Wen Journal of Zhejiang University. Science. B 2020;21(5):394-399.

At the end of 2019, a new form of pneumonia disease known as the corona virus disease 2019 (COVID-19) rapidly spread throughout most provinces of China, and the total global number of COVID-19 cases has surpassed 500 000 by Mar. 27, 2020 (WHO, 2020). On Jan. 30, 2020, the World Health Organization (WHO) declared COVID-19 a global health emergency (WHO, 2020). COVID-19 causes most damage to the respiratory system, leading to pneumonia or breathing difficulties. The confirmed case fatality risk (cCFR) was estimated to be 5% to 8% (Jung et al., 2020). Besides physical pain, COVID-19 also induces psychological distress, with depression, anxiety, and stress affecting the general population, quarantined population, medical staff, and patients at different levels (Kang et al., 2020; Xiang et al., 2020). Previous research on patients in isolation wards highlighted the risk of depressed mood, fear, loneliness, frustration, excessive worries, and insomnia (Abad et al., 2010).

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1. **Feasibility and Preliminary Results of Effectiveness of Social Media-based Intervention on the Psychological Well-being of Suspected COVID-19 Cases during Quarantine.**  
   Zhou Lepeng Canadian journal of psychiatry. Revue canadienne de psychiatrie 2020;:706743720932041.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fa2fbee4d881eb2cc2b2631bb8ca1c11)

1. **Mental Health and Psychosocial Aspects of Coronavirus Outbreak in Pakistan: Psychological Intervention for Public Mental Health Crisis.**  
   Mukhtar Sonia Asian journal of psychiatry 2020;51:102069.

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1. **Online Balint groups in healthcare workers caring for the COVID-19 patients in Iran**  
   Kiani Dehkordi M. Psychiatry Research 2020;290:No page numbers.

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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 crisis intervention for college students during novel coronavirus infection epidemic.**  
   Sun Qian-Hui Psychiatry research 2020;289:113043.

At the beginning of the 2020 New year, novel coronavirus infection continues to affect our lives. The anxiety and stress caused by rising epidemic data, the helplessness and fear caused by city closure and isolation, and the boredom and irritability caused by extended holiday grounding all have a great impact on the psychology of students. In this special stress period of "suspension of classes and non-stop learning", teachers actively help and guide students, do a good job of students' psychological support, perform the duties of spiritual mentors, and do a good job of students' psychological care.

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1. **Psychological crisis intervention response to the COVID 19 pandemic: A Tunisian centralised Protocol.**  
   Zgueb Yosra Psychiatry research 2020;289:113042.

In order to manage the urgent psychological need for support in response to the anticipated reaction of the population to the COVID-19 pandemic, we developed a new psychological crisis intervention model by implementing a centralised psychological support system for all of Tunisia. We set up a helpline which is accessible throughout the country, including those without access to Internet. This model integrates medical students, child and adolescent psychiatrists, psychiatrists, psychologists and social services to provide psychological intervention to the general population and medical staff. It will make a sound basis for developing a more effective psychological crisis intervention response system.

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1. **Psychological crisis interventions in Sichuan Province during the 2019 novel coronavirus outbreak.**  
   Zhou Xiaobo Psychiatry research 2020;286:112895.

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1. **Psychological Intervention and COVID-19: What We Know So Far and What We Can Do**  
   Inchausti F. Journal of Contemporary Psychotherapy 2020;:No page numbers.

The coronavirus COVID-19 and the global pandemic has already had a substantial disruptive impact on society, posing major challenges to the provision of mental health services in a time of crisis, and carrying the spectre of an increased burden to mental health, both in terms of existing psychiatric disorder, and emerging psychological distress from the pandemic. In this paper we provide a framework for understanding the key challenges for psychologically informed mental health care during and beyond the pandemic. We identify three groups that can benefit from psychological approaches to mental health, and/or interventions relating to COVID-19. These are (i) healthcare workers engaged in frontline response to the pandemic and their patients; (ii) individuals who will experience the emergence of new mental health distress as a function of being diagnosed with COVID-19, or losing family and loved ones to the illness, or the psychological effects of prolonged social distancing; and (iii) individuals with existing mental health conditions who are either diagnosed with COVID-19 or whose experience of social distancing exacerbates existing vulnerabilities. Drawing on existing literature and our own experience of adapting treatments to the crisis we suggest a number of salient points to consider in identifying risks and offering support to all three groups. We also offer a number of practical and technical considerations for working psychotherapeutically with existing patients where COVID-19 restrictions have forced a move to online or technologically mediated delivery of psychological interventions.<br/>Copyright &#xa9; 2020, Springer Science+Business Media, LLC, part of Springer Nature.

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1. **Psychological intervention measures during the COVID-19 pandemic**  
   Orru G. Clinical Neuropsychiatry 2020;17(2):76-79.

The health emergency we are experiencing due to the spread of the covid-19 disease has strongly influenced the psychological and physical health of the general population, including the health care professionals. the aim of this brief article is a preliminary analysis of the psychological interventions following the infectious disease outbreak in order to 1) implement guidelines for the existing emerging psychological crisis for people directly and indirectly affected by COVID-19, and 2) establish adequate procedures and prompt responses.<br/>Copyright &#xa9; 2020, Giovanni Fioriti Editore. All rights reserved.

1. **Psychological intervention on COVID-19: A protocol for systematic review and meta-analysis.**  
   Renjun Gu Medicine 2020;99(21):e20335.

INTRODUCTIONCOVID-19 is novel coronavirus infection in 2019. Many reports suggested that psychological intervention is playing a positive role in COVID-19 treatment, but there is no high-quality evidence to prove its effects. This paper reports the protocol of a systematic review and meta-analysis to clarify effectiveness of psychological intervention during the treatment of COVID-19.METHODS AND ANALYSISThe following electronic databases will be used by 2 independent reviewers: Web of Science, Embase, Cochrane Library, PubMed, Chinese Biomedical Literature Database, Chinese National Knowledge Infrastructure, Chinese Scientific Journal Database, Wan fang Database, ClinicalTrials, WHO Trials, and Chinese Clinical Trial Registry. The randomised controlled trials of psychological intervention on COVID-19 will be searched in the databases by 2 researchers independently. Clinical recovery time and effective rate will be assessed as the primary outcomes. Changes of patients physical condition (1. Time until COVID-19 RT-PCR negative in upper respiratory tract specimen; 2. Time until cough reported as mild or absent; 3. Time until dyspnea reported as mild or absent; 4. Frequency of requiring supplemental oxygen or non-invasive ventilation; 5. Frequency of requiring respiratory; 6. Incidence of severe cases; 7. Proportion of re-hospitalization or admission to ICU; 8. All-cause mortality; 9. Frequency of seriously adverse events) and changes of psychological condition (such as: SRQ-20, PHQ-9, GAD-7, Hamilton Depression Scale, Hamilton Anxiety Scale) will be assessed as the secondary outcomes. For dichotomous outcomes, such as effective rate, data will be expressed as risk ratio (RR) with 95% confidence intervals (CIs). For continuous outcomes, weighted mean differences (WMD) or standardized mean differences (SMD) will be calculated. Fixed effect model will be used for evaluating efficiency. Considering clinical heterogeneity, random effect model will be used for continuous outcomes.RESULTSRelevant studies will be used to evaluate whether psychological intervention is effective for COVID-19.CONCLUSIONThis study will provide reliable evidence for psychological intervention on COVID-19.PROSPERO REGISTRATION NUMBERCRD42020178699.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=828e4ac001a3d9ca036c8410781ad069)

1. **Psychological interventions during COVID-19: Challenges for low and middle income countries.**  
   De Sousa Avinash Asian journal of psychiatry 2020;51:102128.

At the start of 2020, the 2019 coronavirus disease (COVID-19), originating from China has spread to the world. There have been increasing numbers of confirmed cases and deaths around the globe. The COVID-19 pandemic has paved the way for considerable psychological and psychosocial morbidity among the general public and health care providers. An array of guidelines has been put forward by multiple agencies for combating mental health challenges. This paper addresses some of the mental health challenges faced by low and middle income countries (LMIC). It is worthwhile to note that these are challenges at the current stage of the pandemic and may change with the course of the pandemic itself.

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1. **Psychological interventions for covid-19 outbreak in mazandaran province, iran**  
   Ahmadi A. Archives of Clinical Infectious Diseases 2020;15(2):No page numbers.

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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=e8b1c12676489518fa91d9ed95cb4a2e)

1. **The benefits of Meditation and Mindfulness practices during times of crisis such as Covid-19**  
   Behan C. Irish Journal of Psychological Medicine 2020;:No page numbers.

Meditation and mindfulness are practices that can support healthcare professionals, patients, carers and the general public during times of crisis such as the current global pandemic caused by Covid-19. While there are many forms of meditation and mindfulness, of particular interest to healthcare professionals are those with an evidence base such as Mindfulness-Based Stress Reduction (MBSR). Systematic reviews of such practices have shown improvements in measures of anxiety, depression and pain scores. Structural and functional brain changes have been demonstrated in the brains of people with a long term traditional meditation practice, and in people who have completed a MBSR programme. Mindfulness and meditation practices translate well to different populations across the life span and range of ability. Introducing a mindfulness and meditation practice during this pandemic has the potential to complement treatment and is a low cost beneficial method of providing support with anxiety for all.<br/>Copyright &#xa9; 2020 College of Psychiatrists of Ireland.

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1. **Ultra brief psychological interventions for covid-19 pandemic: Introduction of a locally-adapted brief intervention for mental health and psychosocial support service**  
   Ping N.P.T. Malaysian Journal of Medical Sciences 2020;27(2):51-56.

The ultra-brief psychological interventions (UBPI) was created in 2018 to empower healthcare providers with psychological skills that can be delivered within a short period. Techniques used within UBPI were adopted from a variety of well established psychotherapies and distilled into its core essentials. This enabled practitioners of UBPI to deliver specific psychological skills in the appropriate context to the client within a period of 15-20 min. UBPI was also manualised to standardised training of practitioners. During the novel coronavirus disease of 2019 (COVID-19) pandemic, UBPI was modified to suit the unique psychological demands of the pandemic. This article presents how UBPI was adapted and used with healthcare providers dealing with COVID-19 and also with the public who required psychological first aid (PFA).<br/>Copyright &#xa9; Penerbit Universiti Sains Malaysia, 2020.

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1. **Understanding the mental health burden of COVID-19 in the United Kingdom.**  
   Lopes B.árbara Cristina da Silva Psychological trauma : theory, research, practice and policy 2020;:No page numbers.

This article outlines the mental health burden of COVID-19 in the United Kingdom population, and presents preliminary evidence of less common psychiatric issues, such as paranoia and hallucinations, to which vulnerable groups in the U.K. population may be more vulnerable. It is argued that cognitive-behavioral therapy, with components of mindfulness, should be part of the therapeutic response. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

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1. **System effectiveness of detection, brief intervention and refer to treatment for the people with post-traumatic emotional distress by MERS: a case report of community-based proactive intervention in South Korea.**  
   Yoon Mi-Kyung International journal of mental health systems 2016;10:51.

BACKGROUNDKorea has experienced diverse kind of disasters these days. Among them the 2015 middle eastern respiratory syndrome (MERS) outbreak imposed great psychological stress on almost all Korean citizens. Following the MERS outbreak, government is reviewing overall infectious disease management system and prioritizing the establishment of mental health service systems for infectious disease. This study makes suggestions for implementing disaster-related mental health service systems by analyzing the example of Gyeonggi Province, which proactively intervened with residents' psychological problems caused by the large-scale outbreak of an infectious disease.CASE DESCRIPTIONMental health service system for MERS victims had the following two parts: a mental health service for people who had been placed in quarantine and a service provided to families of patients who had died or recovered patients. The government of Gyeonggi province, public health centers, regional and local Community Mental Health Centers and the National Center for Crisis Mental Health Management participated in this service system. Among 1221 Gyeonggi people placed in quarantine and who experienced psychological and emotional difficulties, 350 required continuing services; 124 of this group received continuing services. That is, 35 % of people who required psychological intervention received contact from service providers and received the required services.CONCLUSIONSThis study reflects a proactive monitoring system for thousands of people placed under quarantine for the first time in Korea. It is significant that the service utilization rate by a proactive manner, that is the professionals administering it actively approached and contacted people with problems rather than passively providing information was much higher than other general mental health situation in Korea. The core value of public mental health services is adequate public accessibility; it is therefore essential for governments to strengthen their professional competence and establish effective systems. These criteria should also be applied to psychological problems caused by disastrous infectious disease outbreaks.

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1. **Psychological intervention with sufferers from severe acute respiratory syndrome (SARS): Lessons learnt from empirical findings**  
   Cheng S.K.W. Clinical Psychology and Psychotherapy 2005;12(1):80-86.

In 2003, severe acute respiratory syndrome (SARS) severely hit Hong Kong. We conducted a series of five studies examining the psychological impacts of SARS on the sufferers. Results showed that (1) various psychiatric complications emerged in the acute treatment phase; (2) certain types of behavioral and verbal responses of healthcare workers (HCWs) were able to ameliorate the psychological distress of the sufferers in the acute phase; (3) the short-term adjustment outcomes of the sufferers were unsatisfactory; (4) 'being an HCW' and 'having a family member killed by SARS' were risk factors predisposing individuals to the development of high distress after discharge; and (5) after controlling for the effects of demographic and risk factors psychosocial factors such as social support, negative appraisal (or perceived impact), positive appraisal (or post-traumatic growth) and self-efficacy could account for substantial variances of differential outcomes including symptoms of anxiety and depression, quality of life and perceived health of the sufferers. This practitioner report aims to summarize the key findings, which have significant clinical implications in the provision of psychological intervention to the sufferers of SARS or other comparable infectious diseases. Copyright &#xa9; 2004 John Wiley & Sons, Ltd.

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### Opening Internet Links

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### 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 | ((psychoanalytic OR psychological OR psychosocial) ADJ3 (intervention\* OR treatment\* OR therap\*)).ti,ab | 30882 |
| 2. | Medline | \*"PSYCHOLOGY, CLINICAL"/ | 2307 |
| 3. | Medline | exp \*PSYCHOTHERAPY/ OR \*"COGNITIVE BEHAVIORAL THERAPY"/ OR \*"PERSON-CENTERED PSYCHOTHERAPY"/ OR \*"PSYCHOANALYTIC THERAPY"/ OR \*"PSYCHOTHERAPY, BRIEF"/ OR \*"PSYCHOTHERAPY, MULTIPLE"/ OR \*"PSYCHOTHERAPY, PSYCHODYNAMIC"/ | 143635 |
| 4. | Medline | (psychotherap\* OR psychoanalysis OR "cognitive rehabilitation" OR psychodrama\* OR CBT).ti,ab | 57796 |
| 5. | Medline | exp \*"PSYCHOTHERAPY, GROUP"/ | 17622 |
| 6. | Medline | ((art OR music OR drama OR dance OR acceptance OR behavio\*) ADJ2 (treatment\* OR intervention\* OR therap\*)).ti,ab | 80706 |
| 7. | Medline | (1 OR 2 OR 3 OR 4 OR 5 OR 6) | 244586 |
| 8. | Medline | (Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR "2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 38706 |
| 9. | Medline | "CORONAVIRUS INFECTIONS"/ OR "SEVERE ACUTE RESPIRATORY SYNDROME"/ | 12726 |
| 20. | Medline | (8 OR 9) | 40875 |
| 21. | Medline | (7 AND 20) | 116 |
| 22. | EMBASE | ((psychoanalytic OR psychological OR psychosocial) ADJ3 (intervention\* OR treatment\* OR therap\*)).ti,ab | 38964 |
| 23. | EMBASE | (psychotherap\* OR psychoanalysis OR "cognitive rehabilitation" OR psychodrama\* OR CBT).ti,ab | 80963 |
| 24. | EMBASE | ((art OR music OR drama OR dance OR acceptance OR behavio\*) ADJ2 (treatment\* OR intervention\* OR therap\*)).ti,ab | 94947 |
| 25. | EMBASE | exp \*PSYCHOTHERAPY/ OR exp \*"COGNITIVE THERAPY"/ OR \*"BEHAVIOR THERAPY"/ | 118658 |
| 26. | EMBASE | \*"CLINICAL PSYCHOLOGY"/ | 2062 |
| 27. | EMBASE | (22 OR 23 OR 24 OR 25 OR 26) | 253097 |
| 28. | EMBASE | (Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR "2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 45511 |
| 29. | EMBASE | "CORONAVIRUS INFECTION"/ OR "CORONAVIRIDAE INFECTION"/ OR "MIDDLE EAST RESPIRATORY SYNDROME"/ OR "SEVERE ACUTE RESPIRATORY SYNDROME"/ | 16354 |
| 30. | EMBASE | (28 OR 29) | 49357 |
| 31. | EMBASE | (27 AND 30) | 118 |

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