# Evidence Search Service Results of your search request

## Telephone helpline services providing psychological support during Covid 19

**ID of request:** 27833  
**Date of request:** 7th February, 2021  
**Date of completion:** 22nd February, 2021

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: Telephone helpline services providing psychological support during Covid 19. Paul Lee. (22nd February, 2021). LONDON, UK: Reay House Library and Knowledge Service.

**Sources searched**  
CINAHL (2)  
EMBASE (7)  
MEDLINE (23)  
PsycInfo (11)

**Date range used** (5 years, 10 years): 2020-2021   
**Limits used** (gender, article/study type, etc.): Peer reviewed papers   
**Search terms and notes** (full search strategy for database searches below):

Covid\* or SARS-COV\* or coronavir\*  
psycholog\* OR psychiatr\* OR psychosocial OR emotion\* OR mental\* OR wellbeing OR well-being OR suicid\* OR "self harm" OR "self injur\*" OR anxiety OR depression OR psychotherapy OR counsel?ing  
(phone OR telephone OR sms OR "text messag\*") ADJ3 support  
("crisis line\*" OR helpline\* OR "help line\*" OR hotline\* OR "hot line\*"

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) .

## Summary of Results

This search was a requested update to a previous search carried out in August 2020 which focused on use and effectiveness of psychological support telephone helplines. It was requested that this update particularly focused on support lines relating to the Covid 19 pandemic. Most of the references found published since 2020 do focus on the pandemic, but this listing includes a handful of references to papers which do not have that focus and therefore simply update the previous search.

This time I broadened the search to include SMS/text messaging support services, in case this was relevant.

## Contents

[A. Original Research](#Content5)

1. [Content-Based Recommender Support System for Counselors in a Suicide Prevention Chat Helpline: Design and Evaluation Study.](#Research852876)
2. [Evaluation of outcomes for help seekers accessing a pilot SMS-based crisis intervention service in Australia](#Research852871)
3. [Implementation of a pilot SMS-based crisis support service in Australia: Staff experiences of supporting help-seekers via text](#Research852875)
4. [Monitoring the impact of COVID-19 pandemic on mental health: a public health challenge? Reflection on Italian data.](#Research852877)
5. [Profile of distress callers and service utilisation of tele-counselling among the population of Assam, India: an exploratory study during COVID-19.](#Research852872)
6. [Text message interventions in adolescent mental health and addiction services: scoping review](#Research852878)
7. [Using telehealth to improve buprenorphine access during and after COVID-19: A rapid response initiative in Rhode Island](#Research852873)
8. [[When hotlines remain cold: Psychological support in the time of pandemic].](#Research852874)
9. [A health care workers mental health crisis line in the age of COVID-19](#Research852907)
10. [Awareness and use of telephone-based behaviour change support services among clients of a community mental health service.](#Research852889)
11. [Behavior of Callers to a Crisis Helpline Before and During the COVID-19 Pandemic: Quantitative Data Analysis.](#Research852896)
12. [Building Online and Telephone Psychological First Aid Services in a Low Resource Setting During COVID-19: The Case of Kosovo.](#Research852882)
13. [Care2Caregivers: A Retrospective Examination of Needs Addressed and Services Provided by a Peer Support Helpline.](#Research852901)
14. [Changes in stress, anxiety, and depression levels of subscribers to a daily supportive text message program (Text4Hope) during the COVID-19 pandemic: Cross-sectional survey study](#Research852892)
15. [Coronavirus Disease 2019 Pandemic: Health System and Community Response to a Text Message (Text4Hope) Program Supporting Mental Health in Alberta](#Research852903)
16. [COVID-19 pandemic, government responses, and public mental health: Investigating consequences through crisis hotline calls in two countries](#Research852893)
17. [COVID-19-related issues on tele-counseling helpline in Bangladesh.](#Research852909)
18. [Digital tools to ameliorate psychological symptoms associated with COVID-19: Scoping review](#Research852911)
19. [From economic crisis to the COVID-19 pandemic crisis: evidence from a mental health helpline in Greece.](#Research852913)
20. [Hotline services in China during COVID-19 pandemic](#Research852899)
21. [Hotline use in the united states: Results from the collaborative psychiatric epidemiology surveys](#Research852898)
22. [Impact of COVID-19 on the Hong Kong Youth Quitline Service and Quitting Behaviors of Its Users.](#Research852895)
23. [Implementation and analysis of a telephone support service during COVID-19.](#Research852912)
24. [Increasing need for telehealth services for families affected by dementia as a result of Covid-19.](#Research852902)
25. [National helpline for mental health during COVID-19 pandemic in India: New opportunity and challenges ahead.](#Research852890)
26. [One call makes a difference: An evaluation of the alzheimer’s association national helpline on dementia caregiver outcomes](#Research852905)
27. [Operating a National Hotline in Korea During the COVID-19 Pandemic.](#Research852887)
28. [Patterns of mental health hotline calls during and before pandemic](#Research852881)
29. [Prevalence of perceived stress, anxiety, depression, and obsessive-compulsive symptoms in health care workers and other workers in Alberta during the COVID-19 pandemic: Cross-sectional survey](#Research852906)
30. [Prospective study of association of characteristics of hotline psychological intervention in 778 high-risk callers with subsequent suicidal act.](#Research852886)
31. [Psychological Support System for Hospital Workers During the Covid-19 Outbreak: Rapid Design and Implementation of the Covid-Psy Hotline.](#Research852879)
32. [Psychological Support to the Community During the COVID-19 Pandemic: Field Experience in Reggio Emilia, Northern Italy.](#Research852880)
33. [Psychosocial response to covid-19 pandemic in india: Helpline counsellors’ experiences and perspectives](#Research852884)
34. [Systematic Review: The State of Research Into Youth Helplines.](#Research852885)
35. [Telephone based Interventions for Psychological Problems in Hospital Isolated Patients with COVID-19](#Research852897)
36. [The hope and hype of telepsychiatry during the COVID-19 pandemic](#Research852910)
37. [The role of spirituality in the COVID-19 pandemic: a spiritual hotline project.](#Research852894)
38. [The role of spirituality in the COVID-19 pandemic: a spiritual hotline project...Bauerle A, Skoda EM, Dorrie N, et al. Psychological support in times of COVID-19: the Essen community-based CoPE concept. Journal of Public Health. 2020;42(3):649-650.](#Research852891)
39. [Treating Psychological Trauma in the Midst of COVID-19: The Role of Smartphone Apps.](#Research852883)
40. [Violence against children during covid-19: Assessing and understanding change in use of helplines](#Research852904)
41. [Why do people call crisis helplines? Identifying taxonomies of presenting reasons and discovering associations between these reasons.](#Research852888)
42. [[Impact of public health emergency on public psychology: analysis of mental health assistance hotlines during COVID-19 in Zhejiang province].](#Research852908)
43. [[The COVID-19 psychological helpline of the Spanish Ministry of Health and Spanish Psychological Association: characteristics and demand.]](#Research852900)

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

## A. Original Research

1. **Content-Based Recommender Support System for Counselors in a Suicide Prevention Chat Helpline: Design and Evaluation Study.**  
   Salmi Salim Journal of medical Internet research 2021;23(1):e21690.

BACKGROUNDThe working environment of a suicide prevention helpline requires high emotional and cognitive awareness from chat counselors. A shared opinion among counselors is that as a chat conversation becomes more difficult, it takes more effort and a longer amount of time to compose a response, which, in turn, can lead to writer's block.OBJECTIVEThis study evaluates and then designs supportive technology to determine if a support system that provides inspiration can help counselors resolve writer's block when they encounter difficult situations in chats with help-seekers.METHODSA content-based recommender system with sentence embedding was used to search a chat corpus for similar chat situations. The system showed a counselor the most similar parts of former chat conversations so that the counselor would be able to use approaches previously taken by their colleagues as inspiration. In a within-subject experiment, counselors' chat replies when confronted with a difficult situation were analyzed to determine if experts could see a noticeable difference in chat replies that were obtained in 3 conditions: (1) with the help of the support system, (2) with written advice from a senior counselor, or (3) when receiving no help. In addition, the system's utility and usability were measured, and the validity of the algorithm was examined.RESULTSA total of 24 counselors used a prototype of the support system; the results showed that, by reading chat replies, experts were able to significantly predict if counselors had received help from the support system or from a senior counselor (P=.004). Counselors scored the information they received from a senior counselor (M=1.46, SD 1.91) as significantly more helpful than the information received from the support system or when no help was given at all (M=-0.21, SD 2.26). Finally, compared with randomly selected former chat conversations, counselors rated the ones identified by the content-based recommendation system as significantly more similar to their current chats (β=.30, P<.001).CONCLUSIONSSupport given to counselors influenced how they responded in difficult conversations. However, the higher utility scores given for the advice from senior counselors seem to indicate that specific actionable instructions are preferred. We expect that these findings will be beneficial for developing a system that can use similar chat situations to generate advice in a descriptive style, hence helping counselors through writer's block.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f85eca93beab436dd5aa219659fea99d)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=336c8282800bffc1ade445e74cda2094)

1. **Evaluation of outcomes for help seekers accessing a pilot SMS-based crisis intervention service in Australia**  
   Williams Kathryn Crisis: The Journal of Crisis Intervention and Suicide Prevention 2021;42(1):32-39.

Background: In July 2018, Lifeline Australia launched Australia's first short message service (SMS) crisis support service. Lifeline Text aims to reduce psychological distress and increase coping and social connectedness among help seekers, particularly those who prefer text-based communication. Aims: We aimed to independently evaluate the pilot SMS service over a 240-day period. Method: The service evaluation used operational data, pre and postconversation automated questions, and an online survey to assess outcomes. Results: There were 7,315 contacts during operational hours, of which 5,266 progressed to the queue and 99.2% were answered. Suicide was actively being considered by 1,554 help seekers, and 171 were assessed at imminent risk. Commonly discussed topics were mental health problems, issues relating to the self and identity, and family relationship difficulties. Limitations: This was an evaluation of a pilot service focusing on demand and short-term outcomes. Conclusion: The service succeeded in reaching some under-served groups. On average, help seekers were significantly less distressed, felt more confident in their ability to cope and felt greater connection to others, following the text intervention. The demand for Lifeline Text and the high level of suicidality of help seekers show it is meeting urgent needs in the community. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f8bce3088b5dda8d9d6814cfb7163386)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e1e2093d01c5d816c28ed418eb020280)

1. **Implementation of a pilot SMS-based crisis support service in Australia: Staff experiences of supporting help-seekers via text**  
   Fildes Dave Crisis: The Journal of Crisis Intervention and Suicide Prevention 2021;:No page numbers.

Background: Australia's first short message service (SMS) crisis support service was launched by Lifeline Australia in July 2018. The pilot program was independently evaluated over a 240-day period. Aims: We aimed to examine the experiences of key staff employed in the Lifeline Text pilot and identify the skills and types of support required to deliver a high-quality SMS-based crisis support service. Method: In total, 22 interviews were conducted with 14 Lifeline Text crisis supporters and in-shift supervisors (supervisors) at two time points in September 2018 and March 2019. A modified framework approach was adopted to undertake qualitative data analyses. Results: Delivering crisis support via text was initially challenging as a result of the need to translate skills from telephone crisis support to the SMS platform. This was compounded by the high degree of suicidality of help-seekers and volatility in demand for the service. Limitations: The independent evaluators were not involved in the design of the pilot. Conclusion: Lifeline text is providing an important and necessary service, using a novel mode of delivery in Australia. Maintaining service quality at peak demand, with many distressed and suicidal help-seekers, requires specialized training, experience, and exceptional skills. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

1. **Monitoring the impact of COVID-19 pandemic on mental health: a public health challenge? Reflection on Italian data.**  
   Gualano Maria Rosaria Social psychiatry and psychiatric epidemiology 2021;56(1):165-167.

A recent Italian report on medicines use during COVID-19 epidemic outlined a non-significant increase in outpatient pharmaceutical antidepressant consumption in March and a significant increase in anxiolytic consumption. Along with this, an analysis of psychiatric hospitalizations in Lombardy revealed a reduction in voluntary admissions in the 40 days after the beginning of COVID-19 epidemic in Italy. Nevertheless, several studies reported a greater prevalence of depressive and anxiety symptoms in the Italian general population during the lockdown compared to before the pandemic. Furthermore, the request for psychological support by the Italian population appeared to be high during lockdown. Indeed, the Italian Ministry of Health declared that more than 50,000 calls to the telephone number for psychological support activated by the Ministry of Health and the Civil Protection because of the pandemic, with peaks during the lockdown. In addition, looking at Google Trends, the greatest searching activity for "psychological support" in recent years was detected the week of the 26th April 2020, followed by the week of the 22nd March 2020. We think that stronger indicators of mental health status and psychological well-being should be found to understand the long-term effects of the pandemic. The necessity of research for population-level and universal strategies is urgent, through repurposing, developing, and testing interventions to create evidence-based action plans for the entire population. Lastly, it is also essential to keep offering a psychological support suitable for all as done in past months to help individuals who have fewer opportunities to access care.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7f6a7420794396af2ce091f5ab01e620)

1. **Profile of distress callers and service utilisation of tele-counselling among the population of Assam, India: an exploratory study during COVID-19.**  
   Hazarika Mythili Open journal of psychiatry & allied sciences 2021;12(1):7-12.

BackgroundThe coronavirus disease 2019 (COVID-19) pandemic has affected people globally by causing psychological, social, and economic chaos. The Assam Police, India started telephone helplines to address the psychological issues.AimsTo evaluate the sociodemographic profile of the distress callers, their psychosocial concerns, the interventions provided by the service provider, and whether the service users were satisfied with the intervention(s) or not.MethodIt was a cross-sectional study done during the period of lockdown (7-24 April 2020). All the callers who called the helpline were screened for anxiety, depression, suicidal thoughts (when required), and the psychosocial issues which they were facing were explored. They were provided the psychological intervention(s) at the appropriate time, and they were asked to rate their experience at the end.ResultsA total of 239 callers used the tele-counselling services. The majority of callers were male (79.1%). Most of the callers were between 19-35 years of age group (66.5%), married (52.5%), and graduates (31%). Two-thirds of the callers called to seek guidance for their own issues and one-third for their relatives or friends. Callers had anxiety (46%), depressive disorder (8.3%), and depressive symptoms not qualifying for depressive disorder (14%), and suicidal thoughts (5.44%). The commonest intervention provided to the callers was supportive (77.8%), followed by psychoeducation (30.5%), cognitive behaviour therapy (24.7%), relaxation (23.6%) and behaviour therapy (13.4%). Most of the callers utilised more than one type of therapy. Overall, most of the callers were satisfied and appreciated the tele-counselling services.ConclusionThe findings could help in formulating psychological interventions to improve the mental health of vulnerable groups in the post-COVID-19 period to reduce psychiatric morbidity and mortality.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3e99a6d8ed2ab76d2e8f51b19e90b1ce)

1. **Text message interventions in adolescent mental health and addiction services: scoping review**  
   MacDougall S. JMIR Mental Health 2021;8(1):No page numbers.

Background: The vast majority of adolescent mental health and substance use disorders go undiagnosed and undertreated. SMS text messaging is increasingly used as a method to deliver adolescent health services that promote psychological well-being and aim to protect adolescents from adverse experiences and risk factors critical for their current and future mental health. To date, there has been no comprehensive synthesis of the existing literature on the extent, range, and implementation contexts of these SMS text message interventions. <br/>Objective(s): The objective of this scoping review was to map and categorize gaps in the current body of peer-reviewed research around the use of SMS text messaging-based interventions for mental health and addiction services among adolescents. <br/>Method(s): A scoping review was conducted according to Levac's adaptation of Arksey and O'Malley's methodological framework for scoping reviews in six iterative stages. A search strategy was cocreated and adapted for five unique databases. Studies were screened using Covidence software. The PICO (patient, intervention, comparator, outcome) framework and input from multiple stakeholder groups were used to structure and pilot a data extraction codebook. Data were extracted on study methodology and measures, intervention design, and implementation characteristics, as well as policy, practice, and research implications. <br/>Result(s): We screened 1142 abstracts. Of these, 31 articles published between 2013 and 2020 were eligible for inclusion. Intervention engagement was the most common type of outcome measured (18/31), followed by changes in cognitions (16/31; eg, disease knowledge, self-awareness) and acceptability (16/31). Interventions were typically delivered in less than 12 weeks, and adolescents received 1-3 messages per week. Bidirectional messaging was involved in 65% (20/31) of the studies. Limited descriptions of implementation features (eg, cost, policy implications, technology performance) were reported. <br/>Conclusion(s): The use of SMS text messaging interventions is a rapidly expanding area of research. However, lack of large-scale controlled trials and theoretically driven intervention designs limits generalizability. Significant gaps in the literature were observed in relation to implementation considerations, cost, clinical workflow, bidirectionality of texting, and level of personalization and tailoring of the interventions. Given the growth of mobile phone-based interventions for this population, a rigorous program of large-scale, well-designed trials is urgently required.<br/>Copyright &#xa9; Sarah MacDougall, Susan Jerrott, Sharon Clark, Leslie Anne Campbell, Andrea Murphy, Lori Wozney.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aa40f133fe9bfe40eacf56d0bfe474bf)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1981f94ff8eef848385218d06b8fa2bf)

1. **Using telehealth to improve buprenorphine access during and after COVID-19: A rapid response initiative in Rhode Island**  
   Clark S.A. Journal of Substance Abuse Treatment 2021;124:No page numbers.

Despite its proven efficacy, buprenorphine remains dramatically underutilized for management of opioid use disorder largely due to onerous barriers to treatment initiation. During the COVID-19 pandemic, many substance use disorder treatment facilities have reduced their hours and services, exacerbating existing barriers. To this end, the U.S. Drug Enforcement Administration and Substance Abuse Mental Health Services Administration adjusted their guidelines to allow for new buprenorphine prescriptions following audio-only telehealth encounters, no longer requiring an in-person evaluation prior to treatment initiation. Under this new guidance, we established a 24/7 telephone hotline to function as a "tele-bridge" clinic where people with opioid use disorder can be linked with a buprenorphine prescriber in real-time for OUD assessment and unobserved buprenorphine initiation with connection to follow-up if appropriate. Additionally, we developed an ED callback protocol to reach patients recently seen for opioid overdose and facilitate their entry into care if interested. In this commentary we describe our hotline and ED callback protocols, discuss theoretical and anecdotal benefits to this approach, and advocate for continuation of current regulatory changes post-COVID-19 to maintain expanded access to novel treatment approaches.<br/>Copyright &#xa9; 2021 Elsevier Inc.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=22d1a12f47bdf003e688a54785023dbf)

1. **[When hotlines remain cold: Psychological support in the time of pandemic].**  
   Michaud Laurent Annales medico-psychologiques 2021;179(2):128-130.

In Switzerland and elsewhere, many psychological support hotlines were set up during the acute phase of the COVID-19 pandemic. Specialists in psychological first aid, in charge of developing and managing these hotlines, had to face an unknown situation, very different from the disasters for which they prepare themselves. Since the pandemic and the associated physical distancing were a potential threat to social cohesion, one could make the hypothesis that, by setting up hotlines, these professionals sought to reintroduce a form of proximity and to care for and cultivate the social connections among people. The pressure, feelings of emergency, anxious anticipation and expectation of the political authorities and the population may have favoured the development of these structures. Other factors certainly also played a role, such as the need to be useful and to exist as professional, or the need to act in order to reduce anxiety related to the pandemic. Altogether, these hotlines were little used, and their usefulness may be questioned. Similar phenomena have been observed - especially in the sanitary domain - with a multiplication of new offers, not always adjusted to specific identified needs, while health care services were on the same time under-used. Our observations plead against emergency responses in crisis situations and for reflecting on the measures to be put in place rather than to "act" them.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e3d9f22ecc03ec07c1df1bd124eae940)

1. **A health care workers mental health crisis line in the age of COVID-19**  
   Feinstein Robert E. Depression and Anxiety 2020;37(8):822-826.

Introduction: The COVID-19 pandemic has brought a health care crisis of unparalleled devastation. A mental health crisis as a second wave has begun to emerge in our front-line health care workers. Objective: To address these needs, The Healthcare Worker Mental Health COVID-19 Hotline, based on crisis intervention principles, was developed and launched in 2 weeks. Methods: Upon reflection of why this worked, we decided it might be useful to describe what we now recognize as 13-steps which led to our success. The process included the following: (1) anticipate mental health needs; (2) use leadership capable of mobilizing the systems and resources; (3) convene a multidisciplinary team; (4) delegate tasks and set timelines; (5) choose a clinical service model; (6) motivate staff as a workforce of volunteers; (7) develop training and educational materials; (8) develop personal, local, and national resources; (9) develop marketing plans; (10) deliver the training; (11) launch a 24 hr/7days per week Healthcare Worker Mental Health COVID-19 Hotline, and launch followup sessions for staff; (12) structure data collection to determine effectiveness and outcomes; and (13) obtain funding (not required). Discussion: We believe the process we used is specifically useful for others who may want to develop a COVID-19 hotline services for health care workers and generally useful for the development of other mental health services. Conclusion: We hope that this process may serve as a guide for other heath care systems. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9ea1ab9c6c71a434d1ea78414949c5c1)

1. **Awareness and use of telephone-based behaviour change support services among clients of a community mental health service.**  
   Fehily Caitlin Australian and New Zealand journal of public health 2020;44(6):482-488.

OBJECTIVETo determine the prevalence of, and factors associated with, awareness and use of telephone-based behaviour change support services among clients of a community mental health service.METHODSAdult clients (n=375) of one Australian community mental health service completed a telephone interview and self-reported not meeting Australian National Guidelines for smoking, nutrition, alcohol consumption and/or physical activity. Descriptive statistics summarised awareness and use of the New South Wales Quitline® and Get Healthy Service® for participants with lifestyle risk factors addressed by each service. Chi-squares and logistic regressions explored associations between client characteristics, and service awareness and use.RESULTSAwareness (16.1%) and use (1.9%) of the Get Healthy Service was lower than that of Quitline (89.1%; 18.1%). Television was the most common source of awareness (39.7% Get Healthy Service; 74.0% Quitline). In the regression models, persons in a relationship were more likely to have heard of the Get Healthy Service (OR:2.19, CI:1.15-4.18), and persons aged 36-50 were more likely to have used the Quitline (OR:5.22, CI:1.17-23.37).CONCLUSIONSOpportunities exist for increasing awareness and use of both services, particularly the Get Healthy Service, among clients of community mental health services. Implications for public health: Strategies to optimise reach for this population group are recommended.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1841d7e44dd8c63c7dd343852eff9c52)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5b1e24e59d6a3435d04d8a129b5c5685)

1. **Behavior of Callers to a Crisis Helpline Before and During the COVID-19 Pandemic: Quantitative Data Analysis.**  
   Turkington Robin JMIR mental health 2020;7(11):e22984.

BACKGROUNDThe World Health Organization declared the outbreak of COVID-19 to be an international pandemic in March 2020. While numbers of new confirmed cases of the disease and death tolls are rising at an alarming rate on a daily basis, there is concern that the pandemic and the measures taken to counteract it could cause an increase in distress among the public. Hence, there could be an increase in need for emotional support within the population, which is complicated further by the reduction of existing face-to-face mental health services as a result of measures taken to limit the spread of the virus.OBJECTIVEThe objective of this study was to determine whether the COVID-19 pandemic has had any influence on the calls made to Samaritans Ireland, a national crisis helpline within the Republic of Ireland.METHODSThis study presents an analysis of calls made to Samaritans Ireland in a four-week period before the first confirmed case of COVID-19 (calls=41,648, callers=3752) and calls made to the service within a four-week period after a restrictive lockdown was imposed by the government of the Republic of Ireland (calls=46,043, callers=3147). Statistical analysis was conducted to explore any differences between the duration of calls in the two periods at a global level and at an hourly level. We performed k-means clustering to determine the types of callers who used the helpline based on their helpline call usage behavior and to assess the impact of the pandemic on the caller type usage patterns.RESULTSThe analysis revealed that calls were of a longer duration in the postlockdown period in comparison with the pre-COVID-19 period. There were changes in the behavior of individuals in the cluster types defined by caller behavior, where some caller types tended to make longer calls to the service in the postlockdown period. There were also changes in caller behavior patterns with regard to the time of day of the call; variations were observed in the duration of calls at particular times of day, where average call durations increased in the early hours of the morning.CONCLUSIONSThe results of this study highlight the impact of COVID-19 on a national crisis helpline service. Statistical differences were observed in caller behavior between the prelockdown and active lockdown periods. The findings suggest that service users relied on crisis helpline services more during the lockdown period due to an increased sense of isolation, worsening of underlying mental illness due to the pandemic, and reduction or overall removal of access to other support resources. Practical implications and limitations are discussed.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=890fabec7a59e93ccb82b28a393a3afe)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=51230c02d8a1d5fb07bbcfc37ee4175b)

1. **Building Online and Telephone Psychological First Aid Services in a Low Resource Setting During COVID-19: The Case of Kosovo.**  
   Arenliu Aliriza Psychiatria Danubina 2020;32(3-4):570-576.

The COVID-19 pandemic and the measures brought for prevention of infections are associated with considerable psychosocial and psychological morbidity in the general population. Providing continuous mental health services during the pandemics is a challenge worldwide, especially in low- and middle-income countries (LMICs). This paper reports on the strategies and activities taken to protect public mental health during the COVID-19 pandemic in Kosovo. This included establishing online and phone psychological first aid services and developing psychoeducational videos and webinars. The paper concludes with several lessons learned during the process of establishing and maintaining these interventions, such as: initial political endorsement is crucial to gain and maintain the momentum of services; continuous training of volunteers is crucial for both addressing the needs/problems, which arise during the process of work and maintain the motivation of volunteers; promotion of the services is crucial; academic curricula training mental health professionals should include digital mental health related courses and manualization on how to establish this kind of services in midst of crisis is crucial in order to ensure quick operationalization when needed again especially in LMIC settings. The interventions developed provide opportunity for further research especially by evaluating the impact of the services and exploring how online and provision of mental health and psychoeducation services online could help to cover services gap in times of isolation, limited movement and situations similar to pandemics in settings with limited mental health services and resources. The situation with pandemics with COVID 19 is still far from ending. Future waves of infections and restriction could again spike the mental health and psychosocial and psychological strain of the general population, therefore being prepared in provisions of psychological first aid and other mental health services online is crucial.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cc4637d42837bd91e3509d35cf7cdbd3)

1. **Care2Caregivers: A Retrospective Examination of Needs Addressed and Services Provided by a Peer Support Helpline.**  
   Zechner Michelle Journal of psychosocial nursing and mental health services 2020;58(10):13-16.

Family caregivers of persons with Alzheimer's disease and related dementias (CADRD) provide significant support to their family members but often experience challenges and stress that impact their quality of life. Peer supporters can be an important resource to help alleviate stress associated with caregiving, yet few published studies have examined peer supporters for CADRD. This retrospective cohort study examined data collected from a peer support helpline for CADRD in a middle Atlantic state. Four years of data were reviewed to examine trends across time. Data analysis indicated that the most often reported issues by CADRD callers were related to their own emotional well-being. Results demonstrated that peer supporters have potential to address practical, physical, social, and emotional needs of caregivers who reach out. Nurses are well-positioned to partner with peer support specialists to best address the practical and emotional support needs and self-care challenges faced by CADRD. [Journal of Psychosocial Nursing and Mental Health Services, 58(10), 13-16.].

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b767300a12e43b4bcc92e4288ebc7620)

1. **Changes in stress, anxiety, and depression levels of subscribers to a daily supportive text message program (Text4Hope) during the COVID-19 pandemic: Cross-sectional survey study**  
   Agyapong V.I.O. JMIR Mental Health 2020;7(12):No page numbers.

Background: In addition to the obvious physical medical impact of COVID-19, the disease poses evident threats to people's mental health, psychological safety, and well-being. Provision of support for these challenges is complicated by the high number of people requiring support and the need to maintain physical distancing. Text4Hope, a daily supportive SMS text messaging program, was launched in Canada to mitigate the negative mental health impacts of the pandemic among Canadians. <br/>Objective(s): This paper describes the changes in the stress, anxiety, and depression levels of subscribers to the Text4Hope program after 6 weeks of exposure to daily supportive SMS text messages. <br/>Method(s): We used self-administered, empirically supported web-based questionnaires to assess the demographic and clinical characteristics of Text4Hope subscribers. Perceived stress, anxiety, and depression were measured with the 10-Item Perceived Stress Scale (PSS-10), the Generalized Anxiety Disorder-7 (GAD-7) scale, and the Patient Health Questionnaire-9 (PHQ-9) scale at baseline and sixth week time points. Moderate or high perceived stress, likely generalized anxiety disorder, and likely major depressive disorder were assessed using cutoff scores of &gt;=14 for the PSS-10, &gt;=10 for the GAD-7, and &gt;=10 for the PHQ-9, respectively. At 6 weeks into the program, 766 participants had completed the questionnaires at both time points. <br/>Result(s): At the 6-week time point, there were statistically significant reductions in mean scores on the PSS-10 and GAD-7 scales but not on the PHQ-9 scale. Effect sizes were small overall. There were statistically significant reductions in the prevalence rates of moderate or high stress and likely generalized anxiety disorder but not likely major depressive disorder for the group that completed both the baseline and 6-week assessments. The largest reductions in mean scores and prevalence rates were for anxiety (18.7% and 13.5%, respectively). <br/>Conclusion(s): Text4Hope is a convenient, cost-effective, and accessible means of implementing a population-level psychological intervention. This service demonstrated significant reductions in anxiety and stress levels during the COVID-19 pandemic and could be used as a population-level mental health intervention during natural disasters and other emergencies.<br/>Copyright &#xa9; Vincent Israel Ouoku Agyapong, Marianne Hrabok, Wesley Vuong, Reham Shalaby, Jasmine Marie Noble, April Gusnowski, Kelly J Mrklas, Daniel Li, Liana Urichuk, Mark Snaterse, Shireen Surood, Bo Cao, Xin-Min Li, Russell Greiner, Andrew James Greenshaw.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0092aa5b06fbef9d0df5df1282648009)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4f3c8d0b0264b20960c36501748949a0)

1. **Coronavirus Disease 2019 Pandemic: Health System and Community Response to a Text Message (Text4Hope) Program Supporting Mental Health in Alberta**  
   Agyapong V.I.O. Disaster medicine and public health preparedness 2020;14(5):No page numbers.

In an effort to support the mental health of Albertans during the coronavirus disease 2019 (COVID-19) pandemic, Alberta Health Services launched a supportive text message (Text4Mood) program on March 23, 2020. The program was simultaneously approved for funding by the 6 regional health foundations and launched within 1 week of conception. Residents of Alberta can subscribe to the program by texting "COVID19HOPE" to a sort code number. Each subscriber receives free daily supportive text messages, for 3 months, crafted by a team of clinical psychologists, psychiatrists, mental health therapist, and mental health service users. Within 1 week of the launch of Text4Hope, 32 805 subscribers had signed up to the program, and there have been expressions of interests from other jurisdictions to implement a similar program to support the mental health of those in quarantine, isolation, or lockdown.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2c59213caf80aba5af467f15775d5c75)

1. **COVID-19 pandemic, government responses, and public mental health: Investigating consequences through crisis hotline calls in two countries**  
   Arendt Florian Social Science & Medicine 2020;265:No page numbers.

Rationale: The coronavirus disease (COVID-19) pandemic is an immense global health threat that has invoked unheard-of containment measures in numerous countries to reduce the number of new infections. Objective: The sequential introduction of severe measures, intentionally aiming at reducing the number of new infections, also imposes sharp restrictions on populations with potentially unintended, detrimental effects on public mental health. Method: We used observational data reflecting the number of phone calls made to national crisis hotlines in Austria and Germany during the COVID-19 pandemic (January 2020–April 2020) to investigate the impact of government restrictions as well as their later revocations on public mental health. Importantly, both countries have comparable health care systems, are similar in their political and socio-economic idiosyncrasies, and took similar restrictive government measures in order to contain COVID-19—but implemented them at different points in time. Results: Analysis indicated that the number of crisis hotline calls increased in both countries. This increase seemed to occur at around the same time as the implementation of restrictive governmental responses. Importantly, the revocation of these governmental restrictions (i.e., re-opening the economy, allowing more social contact) seemed to occur at around the same time as the decrease in the number of calls. Conclusions: The present study supports the notion that the implementation of severe measures affects public mental health. However, the negative mental health effects of COVID-19 may be reduced if severe governmental restrictions are kept in place as briefly as possible. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1f3d697ee4d2132a9185fbecf6c13cba)

1. **COVID-19-related issues on tele-counseling helpline in Bangladesh.**  
   Iqbal Yeshim Asia-Pacific psychiatry : official journal of the Pacific Rim College of Psychiatrists 2020;:e12407.

OBJECTIVETo provide a brief description of COVID-19-related issues presented by callers to a tele-counseling helpline in Bangladesh.METHODCounselors who receive calls write brief descriptions of each call. These descriptions were coded and analyzed.RESULTSEighty-six percent of callers displayed anxiety and/or sleeplessness; these callers also displayed a range of issues including family/interpersonal problems, financial difficulties, physical health concerns, mental illness, and difficulty managing quarantine.CONCLUSIONThese findings indicate the mental health challenges faced in Bangladesh due to lockdown and can inform future interventions.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5829ee8a43a4d0ea8713d19f837da85a)

1. **Digital tools to ameliorate psychological symptoms associated with COVID-19: Scoping review**  
   Zhang M. Journal of Medical Internet Research 2020;22(8):No page numbers.

Background: In the four months after the discovery of the index case of coronavirus disease (COVID-19), several studies highlighted the psychological impact of COVID-19 on frontline health care workers and on members of the general public. It is evident from these studies that individuals experienced elevated levels of anxiety and depression in the acute phase, when they first became aware of the pandemic, and that the psychological distress persisted into subsequent weeks. It is becoming apparent that technological tools such as SMS text messages, web-based interventions, mobile interventions, and conversational agents can help ameliorate psychological distress in the workplace and in society. To our knowledge, there are few publications describing how digital tools have been used to ameliorate psychological symptoms among individuals. <br/>Objective(s): The aim of this review was to identify existing SMS text message, web-based, mobile, and conversational agents that the general public can access to ameliorate the psychological symptoms they are experiencing during the COVID-19 pandemic. <br/>Method(s): To identify digital tools that were published specifically for COVID-19, a search was performed in the PubMed and MEDLINE databases from the inception of the databases through June 17, 2020. The following search strings were used: "NCOV OR 2019-nCoV OR SARS-CoV-2 OR Coronavirus OR COVID19 OR COVID" and "mHealth OR eHealth OR text". Another search was conducted in PubMed and MEDLINE to identify existing digital tools for depression and anxiety disorders. A web-based search engine (Google) was used to identify if the cited web-based interventions could be accessed. A mobile app search engine, App Annie, was used to determine if the identified mobile apps were commercially available. <br/>Result(s): A total of 6 studies were identified. Of the 6 identified web-based interventions, 5 websites (83%) could be accessed. Of the 32 identified mobile interventions, 7 apps (22%) could be accessed. Of the 7 identified conversational agents, only 2 (29%) could be accessed. <br/>Result(s): A total of 6 studies were identified. Of the 6 identified web-based interventions, 5 websites (83%) could be accessed. Of the 32 identified mobile interventions, 7 apps (22%) could be accessed. Of the 7 identified conversational agents, only 2 (29%) could be accessed. <br/>Conclusion(s): The COVID-19 pandemic has caused significant psychological distress. Digital tools that are commercially available may be useful for at-risk individuals or individuals with pre-existing psychiatric symptoms.<br/>Copyright &#xa9; 2020 Journal of Medical Internet Research. All rights reserved.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=158ea12a1b0a3d38f22e7cd6f75d9c5d)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1e591744be38fd2baa68dfeee417677e)

1. **From economic crisis to the COVID-19 pandemic crisis: evidence from a mental health helpline in Greece.**  
   Peppou Lily Evangelia European archives of psychiatry and clinical neuroscience 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=443a2d8161b20aa9571edad0e34ad4cd)

1. **Hotline services in China during COVID-19 pandemic**  
   Wang Jiali Journal of Affective Disorders 2020;275:125-126.

This article discusses hotline services in China during COVID-19 pandemic. The spread transmission of the virus between people puts a significant obstacle in face-to-face contacts, including face-to-face social interaction and psychological services. Given the circumstances, various forms of online mental health services have boomed in China. However, the practice in China indicated that online mental health services could not replace crisis hotlines. Many people still have limited access to Internet-based information or services, do not know how to use the applicants, or even do not have a smartphone. National Health Commission of China has published guidelines for psychological assistance hotlines during the COVID-19 epidemic guiding social organizations to establish free hotlines providing psychological services for people in need on February 7. There were 63 crisis hotlines in China before the COVID-19 epidemic. As of March 27, 2020, a total of 625 hotlines have been announced in 31 provinces in China, with over 200 000 calls were answered. "Xinxinyu" hotline in Wuhan Mental Health Center recruited 170 volunteers urgently in response to people's psychological needs during the COVID-19 epidemic. Crisis hotline services are also highly needed outside of Wuhan. The crisis hotline in the Affiliated Brain Hospital of Guangzhou Medical University, the second-largest hotline in China before the COVID-19 epidemic, has also expanded their services to help those in need in the epidemic. Most hotlines in China are established recently to meet the increasing psychological demands during the epidemic. As a result, majority of the new hotlines only received few calls, while many pre-existing hotlines were swamped with phone calls. (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=9f53c64089576ce17d89024038275571)

1. **Hotline use in the united states: Results from the collaborative psychiatric epidemiology surveys**  
   Roth Kimberly B. Administration and Policy in Mental Health and Mental Health Services Research 2020;:No page numbers.

Crisis hotlines are a fixture in providing mental health services to individuals experiencing mental and behavioral problems in the United States (U.S.). Despite this, and the growing need for easily-accessible, anonymous, and free services amidst the suicide and opioid crises, there is no study reporting U.S. national prevalence and correlates of hotline use. Data on n = 18,909 participants from the Collaborative Psychiatric Epidemiology Surveys (CPES), a group of three nationally-representative, population-based studies, were used to estimate the prevalence of lifetime and past 12-month hotline use. A series of logistic regression models examined sociodemographic, clinical history and service use correlates of hotline use. Lifetime and past 12-month hotline use was estimated at 2.5% and 0.5%, respectively. Being female, having a mental or behavioral disorder, experiencing suicidality, or interacting with other formal and informal sectors of the mental health service system were significant correlates of use. This study provides the first national estimates of crisis hotline usage in the U.S. Hotlines are more likely to be used by certain sociodemographic subgroups, but these differences may be due to differing psychiatric history and service use patterns. Efforts should be made to ensure that crisis hotlines are being utilized by other marginalized populations at high risk of suicide or overdose amidst the current public health crises in the U.S., such as racial/ethnic minorities or youth. To evaluate the role that crisis hotlines play in the mental health service system, national surveys should aim to monitor trends and correlates over time. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

1. **Impact of COVID-19 on the Hong Kong Youth Quitline Service and Quitting Behaviors of Its Users.**  
   Ho Laurie Long Kwan International journal of environmental research and public health 2020;17(22):No page numbers.

Tobacco use is a possible risk factor for contracting and spreading COVID-19. We aimed to describe the impact of the COVID-19 pandemic on the Youth Quitline service and quitting behaviors of its users in Hong Kong. We conducted a telephone survey involving 201 participants of the Youth Quitline service, and retrospectively analyzed the operation and use of Quitline since the COVID-19 outbreak in Hong Kong. The number of incoming calls to the Youth Quitline and the participants' quit rate has increased since the COVID-19 outbreak in Hong Kong. Many participants (68%) did not realize that tobacco use potentially increased their risk for developing and spreading COVID-19; however, 43% agreed that the pandemic motivated their intention to quit, and 83% changed their smoking habits during the pandemic. These changes were mainly due to wearing masks (30%), closure of bars/pubs (25%), suspension of classes (14%), and being unable to socialize with friends (24%). Overall, 58% reduced their tobacco use; of these participants, 66% reported a ≥50% reduction in daily cigarette consumption. The participants reduced their smoking during the COVID-19 pandemic despite lacking knowledge about the potentially increased risk for contracting COVID-19 from continued smoking. The pandemic could create new opportunities to motivate young smokers to quit smoking, especially those seeking support for smoking cessation, and may further contribute to reducing the risks posed by COVID-19.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=064682eaed092d8770d92c3410b1de01)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=92f42b6864f62e07ed9728b8256542f8)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f18e4394277c7b9f634510977d87b09b)

1. **Implementation and analysis of a telephone support service during COVID-19.**  
   Matthewson J. Occupational medicine (Oxford, England) 2020;70(5):375-381.

BACKGROUNDDuring the COVID-19 pandemic, it has been essential for occupational health services (OHS) providers to react rapidly to increased demand and to utilize resources in novel ways. The impact of the COVID-19 pandemic on the psychological well-being of staff is already identified as an area of high risk; therefore, providing timely access to psychological support may be vital, although limited evidence is available on how these risks are best managed.AIMSTo describe implementation and analysis of a psychology-led COVID-19 telephone support line in a National Health Service OHS.METHODSData from calls made to the support line were collected over the first 4 weeks of service implementation. Numerical data including frequency of calls and average waiting time were first considered. A content analysis was then conducted on call notes to identify prevalence of themes.RESULTSSix hundred and fifty-five calls were received, and 362 notes included sufficient information for use within the content analysis. Frequency of calls peaked within the first week followed by a reduction in the number of calls received per day over time. Most calls included discussion around clarification of guidance (68%) with a smaller subset of calls offering support around anxiety (29%). Prevalence of themes did not appear to change over time.CONCLUSIONSClear and timely information is vital to support the well-being of healthcare staff. A psychologically informed telephone support line was a good use of occupational health service resources in the interim while more tailored advice and services could be established.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aa25e5110618fca2b8d4cac38842ebde)

1. **Increasing need for telehealth services for families affected by dementia as a result of Covid-19.**  
   Brown Journal of Community Nursing 2020;34(5):59-64.

There is no doubt that families affected by dementia have faced many new challenges as a result of Covid-19. The suspension and closure of support services, enforced lockdown and changes to important daily routines have influenced the way in which families affected by dementia have gained support. Health and social care services have recognised the need to adapt by incorporating telehealth as a substitute to existing care models; however, some have faced challenges in providing such care to this patient population. This paper explores the use of telephone helplines as a means of support for families affected by dementia during Covid-19, commenting on the advantages and disadvantages and reflecting on the experience of a dementia specialist helpline nurse.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2b4b3f8e1e670cc7c4fef687f4cd1677)

1. **National helpline for mental health during COVID-19 pandemic in India: New opportunity and challenges ahead.**  
   Ransing Ramdas Asian journal of psychiatry 2020;54:102447.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3d692952e776fe3affc542226445ddee)

1. **One call makes a difference: An evaluation of the alzheimer’s association national helpline on dementia caregiver outcomes**  
   Hodgson Nancy A. Patient Education and Counseling 2020;:No page numbers.

OBJECTIVE: The study evaluated the effects of care consultation delivered through the Alzheimer’s Association National Helpline - a free resource in which master’s-level clinicians offer confidential support. The study compared the effectiveness of Helpline "Care Consultation" and "Care Consultation Plus" conditions on caller outcomes. METHODS: Four hundred and forty-five non-crisis callers were randomly assigned to the traditional Helpline "Care Consultation" or a "Care Consultation Plus" condition that included one additional booster call. RESULTS: While no differences were found between the two conditions, the study found that callers reported significantly improved caregiver mental health scores (27 % net improvement over baseline) and ability to manage emotions (29 % net improvement) at one week (p = .006). By one week, 70 % of callers had put action steps in place and by 1 month 80 % of callers had put action steps into place. Over 80 % of callers reported action steps were "helpful". CONCLUSION: A single call provided a measurable benefit to caregivers’mental health, ability to manage emotions and ability to engage in action planning and accessing resources. PRACTICE IMPLICATIONS: This pilot study demonstrated that the support provided via the Helpline can be effective at improving caregiver mental health and improving the ability of callers to "take action". (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

1. **Operating a National Hotline in Korea During the COVID-19 Pandemic.**  
   Song Rok Osong public health and research perspectives 2020;11(6):380-382.

The importance of effective communication cannot be overestimated during a pandemic. The Korea Disease Control and Prevention Agency national 1339 hotline has been in operation since the Middle East respiratory syndrome coronavirus outbreak in 2016. The hotline is open 24 hours a day, 7 days a week, 365 days a year, and provides accurate, reliable information based upon the Korea Disease Control and Prevention Agency guidelines in response to queries. During the coronavirus disease 2019 (COVID-19) pandemic, the 1339 hotline received callers' questions about symptoms and the implications of their actions regarding the epidemic. Through the 1339 hotline, callers received the up-to-date information that enabled them to protect themselves as well as others from COVID-19. This public service may have influenced on reduced risk of virus transmission in Korea.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7ca798c91f80a7d18e1b4cd2b645ef84)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ed9d339526922084b7f38a5c6690d3a5)

1. **Patterns of mental health hotline calls during and before pandemic**  
   Gerasimova Anna A. Konsul'tativnaia psikhologiia i psikhoterapiia 2020;28(2):109-119.

The article compares calls to a mental health hotline from March 1 to April 17, 2020, with the same period in 2019. Calls related to stress, anxiety, suicide, and abuse are considered. In 2020, compared with the same period in 2019, the following dynamics are noted: the number of calls concerning anxious conditions increased 2.5 times; calls about suicidal acts appeared, the number of calls about self-harming behavior increased 2.5 times; the number of complaints on the topics of domestic, physical and sexual abuse increased almost 1.5 times. It is assumed that the results can be extrapolated and thus they reflect the current psychological difficulties of people as a whole. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e4cc2c5904d54795c1d64e84bb147708)

1. **Prevalence of perceived stress, anxiety, depression, and obsessive-compulsive symptoms in health care workers and other workers in Alberta during the COVID-19 pandemic: Cross-sectional survey**  
   Mrklas K. JMIR Mental Health 2020;7(9):No page numbers.

Background: During pandemics, effective containment and mitigation measures may also negatively influence psychological stability. As knowledge about COVID-19 rapidly evolves, global implementation of containment and mitigation measures has varied greatly, with impacts to mental wellness. Assessing the impact of COVID-19 on the mental health needs of health care workers and other workers may help mitigate mental health impacts and secure sustained delivery of health care and other essential goods and services. <br/>Objective(s): This study assessed the self-reported prevalence of stress, anxiety, depression, and obsessive-compulsive symptoms in health care workers and other workers seeking support through Text4Hope, an evidence-based SMS text messaging service supporting the mental health of residents of Alberta, Canada, during the COVID-19 pandemic. <br/>Method(s): An online cross-sectional survey gathered demographic (age, gender, ethnicity, education, relationship, housing and employment status, employment type, and isolation status) and clinical characteristics using validated tools (self-reported stress, anxiety, depression, and contamination/hand hygiene obsessive-compulsive symptoms). Descriptive statistics and chi-square analysis were used to compare the clinical characteristics of health care workers and other workers. Post hoc analysis was conducted on variables with &gt;3 response categories using adjusted residuals. Logistic regression determined associations between worker type and likelihood of self-reported symptoms of moderate or high stress, generalized anxiety disorder, and major depressive disorder, while controlling for other variables. <br/>Result(s): Overall, 8267 surveys were submitted by 44,992 Text4Hope subscribers (19.39%). Of these, 5990 respondents were employed (72.5%), 958 (11.6%) were unemployed, 454 (5.5%) were students, 559 (6.8%) were retired, 234 (2.8%) selected "other," and 72 (0.9%) did not indicate their employment status. Most employed survey respondents were female (n=4621, 86.2%). In the general sample, the 6-week prevalence rates for moderate or high stress, anxiety, and depression symptoms were 85.6%, 47.0%, and 44.0%, respectively. Self-reported symptoms of moderate or high stress, anxiety, and depression were all statistically significantly higher in other workers than in health care workers (P&lt;.001). Other workers reported higher obsessive-compulsive symptoms (worry about contamination and compulsive handwashing behavior) after the onset of the pandemic (P&lt;.001), while health care worker symptoms were statistically significantly higher before and during the COVID-19 pandemic (P&lt;.001). This finding should be interpreted with caution, as it is unclear the extent to which the adaptive behavior of health care workers or the other workers might be misclassified by validated tools during a pandemic. <br/>Conclusion(s): Assessing symptoms of prevalent stress, anxiety, depression, and obsessive-compulsive behavior in health care workers and other workers may enhance our understanding of COVID-19 mental health needs. Research is needed to understand more fully the relationship between worker type, outbreak phase, and mental health changes over time, as well as the utility of validated tools in health care workers and other workers during pandemics. Our findings underscore the importance of anticipating and mitigating the mental health effects of pandemics using integrated implementation strategies. Finally, we demonstrate the ease of safely and rapidly assessing mental health needs using an SMS text messaging platform during a pandemic.<br/>Copyright &#xa9; Kelly Mrklas, Reham Shalaby, Marianne Hrabok, April Gusnowski, Wesley Vuong, Shireen Surood, Liana Urichuk, Daniel Li, Xin-Min Li, Andrew James Greenshaw, Vincent Israel Opoku Agyapong. Originally published in JMIR Mental Health (http://mental.jmir.org), 25.09.2020. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Mental Health, is properly cited. The complete bibliographic information, a link to the original publication on http://mental.jmir.org/, as well as this copyright and license information must be included.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=19132467e32eec522fff0ae6df80ce3a)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2db09562a9163de552c3b9ba595a91fa)

1. **Prospective study of association of characteristics of hotline psychological intervention in 778 high-risk callers with subsequent suicidal act.**  
   Tong Yongsheng The Australian and New Zealand journal of psychiatry 2020;54(12):1182-1191.

OBJECTIVESThis study aimed to assess the association of the quality scores of hotline psychological intervention and the reduction of subsequent suicidal acts among high suicidal risk callers.METHODSHigh-risk callers at a national crisis hotline service in China were recruited and prospectively followed for up to 3 months after receiving a hotline psychological intervention. The quality of the intervention was evaluated by supervisors who listened to the tape-recorded calls using the Counseling Skills Rating Scale for Psychological Support Hotlines, which assessed three counseling domains: process, attitude and communication skill. The primary outcome was the occurrence of suicidal acts during the follow-up period. Secondary outcomes were before versus after changes during the intake intervention call in hopefulness, psychological stress and suicide intention reported by the callers.RESULTSOver the 3-month follow-up, 45 of 778 high-risk callers reported 61 suicide attempts, and 3 other callers died by suicide. Subsequent suicidal act was significantly more common in callers classified as being at higher risk during the intake call. Higher scores on the quality of suicidality assessing of the Counseling Skills Rating Scale for Psychological Support Hotlines were associated with reduced risk of suicidal acts during follow-up (hazard ratio = 0.38, 95% confidence interval = [0.18, 0.85]). Higher scores on the communication skill domain were associated with increases in hopefulness (β = 0.09) after the intervention, and higher scores on the counseling process domain (β = -0.12) and higher suicidal risk scores (β = -0.12) were associated with decreased suicide intention after intervention.CONCLUSIONSeveral characteristics of a hotline intervention for suicide prevention were associated with decreased risk of suicidal acts during follow-up. Intervention skill training for hotline operators should emphasize these specific counseling skills.

1. **Psychological Support System for Hospital Workers During the Covid-19 Outbreak: Rapid Design and Implementation of the Covid-Psy Hotline.**  
   Geoffroy Pierre A. Frontiers in psychiatry 2020;11:511.

BackgroundThe worldwide coronavirus outbreak has put hospital workers under extreme stress with possible mental health problems. In this context, we decided to rapidly design and implement a psychological support system for all hospital workers in Paris during the Covid-19 outbreak.MethodsWe built a hotline in 3 days using the following steps: 1) official mandate, 2) request for the creation of hotline numbers, 3) formulation of psychological intervention materials and policies, 4) call for volunteer certified psychologists, 5) call for volunteer certified psychiatrists in case of psychiatric cases, 6) creation of an anonymous and protected database, and 7) communication and regular reminders about the existence of the hotline for hospital workers.ResultsAfter the first 26 days, we received 149 calls with a mean of 5.73 calls/day (SD=3.22). The average call duration was 18.5 min (min=1; max=65min; SD=14.7), and mostly women (86%) called. The mean age was 32.7 years old (SD=11.0). Calls from hospital workers were from all professions; though mostly represented by frontline healthcare workers, non-frontline departments also called (total of 44 departments). Reasons for calling were anxiety symptoms (n=73, 49%), request for hotline information (n=31, 20.8%), worries about Covid-19 (n=23, 15.44%), exhaustion (n=17, 11.41%), trauma reactivation (n=10, 6.11%), insomnia (n=9, 6.0%), anger (n=8, 5.37%), depressive (n=6, 4.02%), and psychotic symptoms (n=3, 2.01%). Regarding referrals, 105 (70.47%) of them were referred to psychosocial, Covid, and general support.ConclusionsThis psychological support system can be easily duplicated and seems to benefit all hospital professions that all appeared psychologically affected.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=273991ea7365304375915c77e02b014c)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e092bd4d8bc7c057b5759350d78edb8f)

1. **Psychological Support to the Community During the COVID-19 Pandemic: Field Experience in Reggio Emilia, Northern Italy.**  
   Ghiretti Fiorello Frontiers in psychology 2020;11:561742.

We report the field experience of the psychological staff of Azienda USL-IRCCS di Reggio Emilia, a local health system conglomerate serving half a million inhabitants within a catchment area of the Emilia Romagna Region of Italy, during the coronavirus (COVID-19) pandemic. We provided free telephone-based psychological support for the community, with the specific aim of reducing stress caused by the COVID-19 pandemic and its consequences, such as quarantine and lock-down. We describe how the community used this opportunity of psychological support in terms of problems reported and interventions provided. Our field experience suggests that a service of phone psychological support is feasible and quickly implementable in the case of sudden emergencies that affect, to different extents, the whole community.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8589afc2f5ba5c544de3539822d0f283)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=bc1d05cc5a5a6df4e351bbc5eb2a11c9)

1. **Psychosocial response to covid-19 pandemic in india: Helpline counsellors’ experiences and perspectives**  
   Joshi Aparna Counselling & Psychotherapy Research 2020;:No page numbers.

The COVID-19 pandemic presents a threat to physical and psychosocial health of individuals. In lieu of the subsequent lockdown and containment measures, helpline counselling becomes a viable method of accessing psychosocial services during the pandemic. The present paper describes experiences of counsellors working with a special COVID-19 counselling helpline initiated by iCALL, a national-level technology-assisted counselling service of the Tata Institute of Social Sciences, India, which aims to address the psychosocial impact of the pandemic and the lockdown. The paper is based on two focus group interviews held with 11 counsellors during the initial two months of the helpline's functioning. Findings of the study highlight the diverse profile of the callers, with individuals belonging to different strata of society and to marginalised communities. The nature of concerns presented by the callers were often a mix of psychological, relational and practical issues. The resultant distress emanated from an interplay of these factors with the relational contexts, their social locations and social structures the individuals were embedded in. This highlighted the need for conceptualising and responding from a psychosocial lens, whereby interventions involved traditional counselling approaches and strategies for addressing determinants of distress by connecting callers to required ground-level resources. Counsellors’ engagement with this process impacted their professional and personal selves, necessitating the need for structured and continuous training, supervision and support. At a larger level, the counsellors’ narratives asserted the need for adopting a psychosocial paradigm for conceptualising and addressing mental health concerns in India. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=53cc27d770e95e43681967f8d37fbe04)

1. **Systematic Review: The State of Research Into Youth Helplines.**  
   Mathieu Sharna L. Journal of the American Academy of Child and Adolescent Psychiatry 2020;:No page numbers.

OBJECTIVEHelplines are generally a population-level resource providing free, timely, easy-to-access, and anonymous counselling and/or information. Helplines have been developed and widely implemented for specific use by young people. The current study aimed to systematically review the literature to determine the status of research into the use of helplines in young people.METHODFollowing the PRISMA checklist, five electronic databases were searched using relevant terms for literature published until May 2020. The extracted studies were summarised with the intention of identifying key themes that highlighted common findings, key implications, and important gaps in understanding.RESULTSA total of 52 articles fitting study inclusion criteria were identified. Most studies were quantitative papers from the USA and Australia. The types of helpline interactions studied were a mixture of telephone-based and SMS/text-based interactions. Three major themes were identified: awareness of and engagement with helpline services, nature of problems faced by young people, and service-related factors. Sub-themes were utilisation and awareness, barriers to help-seeking, psychosocial problems, suicidality, phone versus text-based interactions, counsellor-caller interaction, and provision of services to historically and systemically marginalized groups.CONCLUSIONIt appears that helplines may provide a beneficial service to youth, and a myriad of psychosocial concerns provide the basis for calling. The literature is limited by a lack of controlled trials on the one hand and complex methodological/ethical barriers preventing such trials on the other hand. However, more research is needed before conclusions regarding effectiveness in youth can be made, particularly for services provided to systemically marginalized groups and using online text-based approaches.

1. **Telephone based Interventions for Psychological Problems in Hospital Isolated Patients with COVID-19**  
   Kim J.-W. Clinical Psychopharmacology and Neuroscience 2020;18(4):616-620.

Objective: The COVID-19 is overwhelming health care systems globally. Hospital isolation may generate considerable psychological stress. However, there has been scarce evidence on psychological interventions for these patients due to maintain staff safety. We investigated the feasibility and effectiveness of telephone based interventions for psychological problems in hospital isolated patients with COVID-19. <br/>Method(s): Psychiatrists visited the ward where the patients were hospitalized and interventions were given by using a ward telephone for 30 minutes. All patients were approached to receive a two-week psychological intervention program and/or pharmacotherapy whenever needed. Psychological problems were assessed at baseline, one, and two weeks. For the assessment of anxiety and depressive symptoms, the Hospital Anxiety and Depression Scale was administered to patients once a week. Insomnia severity index and Beck Depression Inventory 9 item were checked weekly to assess insomnia and suicide idea. <br/>Result(s): Of 33 enrolled, clinically meaningful psychological symptoms were found in 6 (18%) patients for anxiety; 13 (39%) for depression; 10 (30%) for insomnia; and 3 (9%) for suicidal ideation. In 9 patients (27%), psychotropic medications were prescribed to manage anxiety, agitation, depressed mood, insomnia, impulsivity, and suicide idea. Compared to baseline, significant improvements were found in anxiety, depression, and suicidal ideation at one week. There were no statistical differences between the values evaluated at baseline and at two weeks. <br/>Conclusion(s): Our report at least indicates potential usefulness of telephone based interventions in hospital isolated patients with COVID-19, and will hopefully form the basis for future randomized clinical trials.<br/>Copyright &#xa9; 2020, Korean College of Neuropsychopharmacology

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c73d7291901a82c01078de04943b187b)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c186d846bb3ee4827eebd53322ead3de)

1. **The hope and hype of telepsychiatry during the COVID-19 pandemic**  
   Soron Tanjir Rashid The Lancet Psychiatry 2020;7(8):e50.

During the COVID-19 pandemic, telepsychiatry services have received increased attention and had unprecedented growth worldwide. Governments have encouraged academic institutions, professional associations, entrepreneurs, and companies to provide telemedical and telepsychiatry services and relaxed existing rules and regulations. Mental health professionals and companies are using Zoom, Skype, WhatsApp, Facebook, and other popular freely available platforms to provide online psychiatric services rather than developing a secured and dedicated hotline or mobile phone app with the help of digital health experts and IT professionals. Even non-professional personnel can provide so-called telepsychiatry services as there are no regulatory bodies in many low-income and middle-income countries, such as in Bangladesh. Though this type of basic telepsychiatry service is gaining popularity among mental health professionals and clients in Bangladesh, we should not underestimate the risk and long-term negative consequences of these unplanned, sporadic, and unsupervised services. Health professionals put their privacy and personal life at risk by sharing their phone numbers and social media profiles publicly for telepsychiatry services. By sharing their personal information health professionals could be exposed to overwhelming numbers of intrusive and unproductive calls and messages. (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=0095ea409fb3ce0af619a7fa46ff6b1b)

1. **The role of spirituality in the COVID-19 pandemic: a spiritual hotline project.**  
   Ribeiro Marcus Renato Castro Journal of public health (Oxford, England) 2020;42(4):855-856.

Recent correspondence letters to the editor of this journal pointed out to the need of implementing psychological support during the pandemic and post-pandemic period to both general and frontline workers. Especially, they highlighted the importance of religious/spiritual interventions in order to provide an integral and holistic care. In this perspective, an important consequence of the social isolation is the closure of churches and the suspension of religious meetings in order to avoid agglomeration and contagion. However, although this is a very important approach in terms of public health, a question is raised: how to promote spiritual care and help spiritual/religious individuals to cope with their problems while maintaining compliance with social isolation? To address this question, we report the Spiritual Hotline Project, a project designed by many Brazilian healthcare workers intended to give spiritual and religious assistance to people with different cultural background. So far, the hotline was able to assist people from different parts of the world, including Brazil and Portugal as well as with different religious affiliation, in order to provide a spiritual comfort and care during this public health crisis.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8128883a32389cad134965cfe55f40d5)

1. **The role of spirituality in the COVID-19 pandemic: a spiritual hotline project...Bauerle A, Skoda EM, Dorrie N, et al. Psychological support in times of COVID-19: the Essen community-based CoPE concept. Journal of Public Health. 2020;42(3):649-650.**  
   Ribeiro Journal of Public Health 2020;42(4):855-856.

Recent correspondence letters to the editor of this journal pointed out to the need of implementing psychological support during the pandemic and post-pandemic period to both general and frontline workers. Especially, they highlighted the importance of religious/spiritual interventions in order to provide an integral and holistic care. In this perspective, an important consequence of the social isolation is the closure of churches and the suspension of religious meetings in order to avoid agglomeration and contagion. However, although this is a very important approach in terms of public health, a question is raised: how to promote spiritual care and help spiritual/religious individuals to cope with their problems while maintaining compliance with social isolation? To address this question, we report the Spiritual Hotline Project, a project designed by many Brazilian healthcare workers intended to give spiritual and religious assistance to people with different cultural background. So far, the hotline was able to assist people from different parts of the world, including Brazil and Portugal as well as with different religious affiliation, in order to provide a spiritual comfort and care during this public health crisis.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8128883a32389cad134965cfe55f40d5)

1. **Treating Psychological Trauma in the Midst of COVID-19: The Role of Smartphone Apps.**  
   Marshall Jamie M. Frontiers in public health 2020;8:402.

With the COVID-19 pandemic confronting health systems worldwide, medical practitioners are treating a myriad of physical symptoms that have, sadly, killed many thousands of people. There are signs that the public is also experiencing psychological trauma as they attempt to navigate their way through the COVID-19 restrictions impinging on many aspects of society. With unprecedented demand for health professionals' time, people who are unable to access face-to-face assistance are turning to smartphone apps to help them deal with symptoms of trauma. However, the evidence for smartphone apps to treat trauma is limited, and clinicians need to be aware of the limitations and unresolved issues involved in using mental health apps.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d8094e2222e2cd35e37d17e8f6e11005)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9cde10150819de9849eafe55f7c6a6b7)

1. **Violence against children during covid-19: Assessing and understanding change in use of helplines**  
   Petrowski Nicole Child Abuse & Neglect 2020;:No page numbers.

BACKGROUND: Many of the measures taken by countries to contain the spread of COVID-19 have resulted in disruptions to child protection services. Despite this, many countries have worked to ensure that child helplines remain operational, making such mechanisms even more critical for reporting and referring cases of violence and for providing support to victims. OBJECTIVE: The purpose of this paper is to document what has occurred, and been reported, to child helplines during the COVID-19 pandemic. PARTICIPANTS AND SETTING: The study entailed primary data collection from child helplines and a search of media articles and news stories. METHODS: Child helplines submitted data on the contacts received during the first six months of 2020. Data on contacts related to violence were also available from 2019, and used as baseline. The media search used a combination of search terms to identify relevant articles and news stories published between March 1 and June 17, 2020. RESULTS: Overall, the number of contacts to child helplines seems to have drastically increased since the beginning of the pandemic. However, the number of contacts related to violence has increased in some countries, while it decreased in others. CONCLUSIONS: While a mixed picture emerges with respect to violence, the increase in overall contacts made to child helplines provides evidence that such services are a critical lifeline for many children and women during times of crisis. Child helplines should be strengthened; and child protection services should be designated as essential during emergencies to ensure children receive the support they need. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=be2339a06a98d06febc56f06e988e61f)

1. **Why do people call crisis helplines? Identifying taxonomies of presenting reasons and discovering associations between these reasons.**  
   Turkington Robin Health informatics journal 2020;26(4):2597-2613.

The objective of this study is to identify the most common reasons for contacting a crisis helpline through analysing a large call log data set. Two taxonomies were identified within the call log data from a Northern Ireland telephone crisis helpline (Lifeline), categorising the cited reason for each call. One taxonomy categorised the reasons at a fine granular level; the other taxonomy used the relatively coarser International Classification of Diseases-10. Exploratory data analytic techniques were applied to discover insights into why individuals contact crisis helplines. Risk ratings of calls were also compared to assess the associations between presenting issue and of risk of suicide as assessed. Reasons for contacting the service were assessed across geolocations. Association rule mining was used to identify associations between the presenting reasons for client's calls. Results demonstrate that both taxonomies show that calls with reasons relating to suicide are the most common reasons for contacting Lifeline and were a prominent feature of the discovered association rules. There were significant differences between reasons in both taxonomies concerning risk ratings. Reasons for calling helplines that are associated with higher risk ratings include those calling with a personality disorder, mental disorders, delusional disorders and drugs (legal). In conclusion, employing two differing taxonomy approaches to analyse call log data reveals the prevalence of main presenting reasons for contacting a crisis helpline. The association rule mining using each taxonomy provided insights into the associations between presenting reasons. Practical and research applications are discussed.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9581e5e89b244d55b16895db6e7847b3)

1. **[Impact of public health emergency on public psychology: analysis of mental health assistance hotlines during COVID-19 in Zhejiang province].**  
   Wang Weidan Zhejiang da xue xue bao. Yi xue ban = Journal of Zhejiang University. Medical sciences 2020;49(4):409-418.

OBJECTIVETo analyze the usage of mental health assistance hotline during COVID-19 in Zhejiang province from January 25th to February 29th 2020, and summarize the characteristics of the demand for mental health services and the dynamic changes of public mental health status during COVID-19 pandemic.METHODSBoth quantitative and qualitative methods were used. The calls related to pandemic were divided into four categories: medical, psychological, information and the others. The secondary categories of psychological calls were determined by text analysis. The number of calls were calculated weekly and the number of various types of calls over time were analyzed. We used stratified random sampling method to extract 600 cases of all kinds of calls related to pandemic and conducted a semantic analysis, through marking new, similar combination to form a feature set, then summed up the call content characteristics of each stage. Two hundred callers were followed up to understand how they felt about the call process in four aspects: the waiting time, call duration, the degree of problem-solving and the way to end the call.RESULTSIn a total of 13 746 calls, 8978 were related to pandemic, among which 12.59%(1130/8978) were about medical issues, 26.50%(2379/8978) were about mental health, 27.18%(2440/8978) were about information regarding the pandemic and 33.74%(3029/8978) were about other pandemic related issues. Pandemic situation, relevant policy release, frequency of advertising campaigns were predictors of the number of calls per day during the pandemic (P<0.05 or P<0.01). The number of calls differed by gender and identities of callers (both P<0.05). Finally 181 callers accepted telephone follow-up. Among them, 51.38%(93/181) of the callers thought that the waiting time was too long, 33.15%(60/181) of the callers thought that the call time was insufficient, 80.66%(146/181) of callers believed that the hotline could partially or completely resolve their concerns, and 39.23%(71/181) of the callers said the operator proposed to end the call.CONCLUSIONSs The changes of the number and content of the mental health assistance hotline calls reflected that the public mental health status experienced four stages during the pandemic: confusion, panic, boredom, and adjustment. The specialized mental health assistance hotlines should be further strengthened, and the efficiency should be improved. Mental health interventions should be tailored and adopted according to the characteristics of the public mental health status at different stages of the pandemic.

1. **[The COVID-19 psychological helpline of the Spanish Ministry of Health and Spanish Psychological Association: characteristics and demand.]**  
   Berdullas Saunders Silvia Revista espanola de salud publica 2020;94:No page numbers.

Between March and May 2020, the Spanish Ministry of Health and the Spanish Psychological Association created the Psychological First Care Service (Servicio de Primera Ayuda Psicológica-SPAP), a national helpline designed to provide early psychological intervention to those people affected by COVID-19. This service attended more than 15,000 calls and carried out more than 11,000 interventions and 9,500 follow-ups with the general population, healthcare and other essential professionals and the patients and relatives of the sick or deceased. Results show that the majority of calls (45.7%) came from the Autonomous Community of Madrid, that women significantly used this service in a higher proportion than men (73.5%) and that the commonest age range among users was 40-59. 75.9% of consultations were related to psychological problems linked to anxiety and depressive symptoms. However, grief symptoms also stood out among the patients or relatives of the sick and deceased and, to a lesser extent, stress symptoms were prevalent in the group of professionals. These data show the usefulness of this early psychological care service and the need for similar resources to be implemented in coordination with or within the National Health System.

### 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** |
| --- | --- | --- | --- |
| 117. | Medline | (Covid\* OR SARS-COV\* OR coronavir\*).ti,ab | 112467 |
| 118. | Medline | \*"SARS-COV-2"/ | 4903 |
| 119. | Medline | "COVID-19"/ | 57888 |
| 120. | Medline | (117 OR 118 OR 119) | 114795 |
| 116. | Medline | \*TELEPHONE/ OR \*"TEXT MESSAGING"/ | 7690 |
| 121. | Medline | ((phone OR telephone OR sms OR "text messag\*") ADJ3 support).ti,ab | 2045 |
| 122. | Medline | ("crisis line\*" OR helpline\* OR "help line\*" OR hotline\* OR "hot line\*").ti,ab | 2320 |
| 123. | Medline | HOTLINES/ | 2777 |
| 124. | Medline | (116 OR 121 OR 122 OR 123) | 13344 |
| 126. | Medline | "MENTAL HEALTH SERVICES"/ | 34914 |
| 127. | Medline | "COMMUNITY MENTAL HEALTH SERVICES"/ | 18687 |
| 129. | Medline | "MENTAL HEALTH"/ | 41764 |
| 130. | Medline | "EMERGENCY SERVICES, PSYCHIATRIC"/ | 2468 |
| 131. | Medline | exp \*"MENTAL DISORDERS"/ | 1197725 |
| 132. | Medline | (psycholog\* OR psychiatr\* OR psychosocial OR emotion\* OR mental\* OR wellbeing OR well-being OR suicid\* OR "self harm" OR "self injur\*" OR anxiety OR psychotherap\* OR counsel\* OR depress\* OR stress\* OR distress\*).ti,ab | 2338729 |
| 133. | Medline | (126 OR 127 OR 129 OR 130 OR 131 OR 132) | 3081682 |
| 134. | Medline | (120 AND 124 AND 133) | 79 |
| 135. | PsycINFO | (Covid\* OR SARS-COV\* OR coronavir\*).ti,ab | 4121 |
| 136. | PsycINFO | CORONAVIRUS/ | 2297 |
| 137. | PsycINFO | (135 OR 136) | 4171 |
| 138. | PsycINFO | HOTLINES/ | 551 |
| 139. | PsycINFO | "HOT LINE SERVICES"/ | 1069 |
| 140. | PsycINFO | ((phone OR telephone OR sms OR "text messag\*") ADJ3 support).ti,ab | 924 |
| 141. | PsycINFO | ("crisis line\*" OR helpline\* OR "help line\*" OR hotline\* OR "hot line\*").ti,ab | 1365 |
| 142. | PsycINFO | (138 OR 139 OR 140 OR 141) | 2979 |
| 143. | PsycINFO | (137 AND 142) | 29 |
| 144. | EMBASE | (Covid\* OR SARS-COV\* OR coronavir\*).ti,ab | 113167 |
| 145. | EMBASE | \*CORONAVIRINAE/ OR \*CORONAVIRUS/ OR \*"CORONAVIRUS INFECTION"/ | 9179 |
| 147. | EMBASE | \*"CORONAVIRUS DISEASE 2019"/ | 76258 |
| 148. | EMBASE | (144 OR 145 OR 147) | 117081 |
| 149. | EMBASE | ((phone OR telephone OR sms OR "text messag\*") ADJ3 support).ti,ab | 2507 |
| 150. | EMBASE | ("crisis line\*" OR helpline\* OR "help line\*" OR hotline\* OR "hot line\*").ti,ab | 3498 |
| 151. | EMBASE | HOTLINE/ | 453 |
| 153. | EMBASE | \*TELEPHONE/ OR "TEXT MESSAGING"/ | 11913 |
| 154. | EMBASE | (149 OR 150 OR 151 OR 153) | 17019 |
| 155. | EMBASE | (148 AND 154) | 273 |
| 156. | EMBASE | "MENTAL HEALTH"/ | 149358 |
| 157. | EMBASE | (psycholog\* OR psychiatr\* OR psychosocial OR emotion\* OR mental\* OR wellbeing OR well-being OR suicid\* OR "self harm" OR "self injur\*" OR anxiety OR psychotherap\* OR counsel\* OR depress\* OR stress\* OR distress\*).ti,ab | 3048742 |
| 158. | EMBASE | exp \*"MENTAL DISEASE"/ | 1402332 |
| 159. | EMBASE | \*"COPING BEHAVIOR"/ OR \*"POSTTRAUMATIC GROWTH (PSYCHOLOGY)"/ OR \*"STRESS MANAGEMENT"/ | 19044 |
| 160. | EMBASE | exp "MENTAL HEALTH SERVICE"/ | 57740 |
| 161. | EMBASE | (156 OR 157 OR 158 OR 159 OR 160) | 3807843 |
| 162. | EMBASE | (148 AND 154 AND 161) | 115 |
| 163. | CINAHL | (Covid\* OR SARS-COV\* OR coronavir\*).ti,ab | 36279 |
| 164. | CINAHL | "COVID-19"/ OR "CORONAVIRUS INFECTIONS"/ | 22778 |
| 165. | CINAHL | (163 OR 164) | 39836 |
| 166. | CINAHL | ((phone OR telephone) ADJ3 support).ti,ab | 1243 |
| 167. | CINAHL | ("crisis line\*" OR helpline\* OR "help line\*" OR hotline\* OR "hot line\*").ti,ab | 2179 |
| 169. | CINAHL | "TELEPHONE INFORMATION SERVICES UTILIZATION"/ | 259 |
| 170. | CINAHL | "TELEPHONE INFORMATION SERVICES"/ OR "TELEPHONE INFORMATION SERVICES UNITED KINGDOM"/ | 3269 |
| 171. | CINAHL | "TEXT MESSAGING"/ | 3157 |
| 172. | CINAHL | (166 OR 167 OR 169 OR 170 OR 171) | 8952 |
| 173. | CINAHL | (165 AND 172) | 101 |

**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.