# THE PSYCHIATRIC IMPACT OF THE NOVEL CORONAVIRUS OUTBREAK

Patients with confirmed or suspected 2019-nCoV (new coronavirus disease) may experience fear of the consequences of being infected with a potentially fatal new virus, and those in quarantine might experience boredom, loneliness, and anger. Furthermore, infection symptoms, such as fever, hypoxia and cough, as well as adverse effects of treatment, such as insomnia caused by corticosteroids, could lead to anxiety worsening and mental distress (Xiang et al., 2020). The psychological impact of stressful events related to an infectious disease outbreak may be mediated by peoples’ perceptions (Wu et al., 2009). Maunder et al., (2003)and Folkman and Greer (2000) observed that timely psychiatric treatments should be provided for those with severe mental health problems.

We must be aware of the challenge and concerns brought by 2019-nCoV. Every effort should be put to understand and control the disease. Therefore, the time to act is now (Wang et al., 2020). Studies show that in the early phase of the severe acute respiratory syndrome (SARS) outbreak, a range of psychiatric morbidities was reported, including persistent depression, anxiety, panic attacks, psychomotor excitement, psychotic symptoms, delirium, and even suicidality (Xiang et al., 2020; Maunder et al., 2003; Liu et al., 2003). The psychosocial response to an infectious event of this magnitude is complex (Perrett et al., 2003). Maunder et al., (2003) concluded that patients and staff’s emotional and behavioral reactions have been understood as a normal and adaptive response to stress during an overwhelming event.

In the intervention with staff and patients, we found the stress-adaptation model particularly relevant (Folkman and Greer, 2000; Horowitz, 2001). Experience in the early days of this outbreak taught us the paramount importance of a few frequently recurrent clinical themes. First, restorative sleep may be the first casualty of such outbreak for all those concerned and merits aggressive attempts to educate staff and patients on sleep deprivation and to treat insomnia. Second, most people cope very well in their own way and benefit a great deal of a relatively small quotient of shared concern, good information, and support. Third, when individuals are facing such a crisis, they should feel that they are not alone. All efforts to overcome interpersonal isolation, from joke sharing in the nursing station to conference calls, have important roles in times of severe strain and stress (Folkman and Greer, 2000).

In accordance with Xiang et al., (2020) timely mental health care needs to be developed urgently. Some methods used in the SARS outbreak could be helpful for the response to the 2019-nCoV outbreak. Multidisciplinary mental health teams established by health authorities at regional and national levels (including psychiatrists, psychiatric nurses, clinical psychologists, and other mental health workers) should provide mental health support for patients and health workers. Specialized psychiatric treatments and appropriate mental health services and facilities should be supplied to patients with comorbid mental disorders. In addition, health workers and patients should receive clear communication with regular and accurate updates regarding the 2019-nCoV outbreak, in order to address their sense of uncertainty and fear. Treatment plans, progress reports, and health status updates should be given to both patients and their families. Furthermore, safe services should be set up to provide psychological counselling using electronic devices and applications (such as smartphones and WeChat) for not only the affected patients, but also their families and members of the audience. Safe communication channels for patients and their families, such as smartphone communication and WeChat, should be encouraged to decrease isolation.

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