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Mental health care for medical staff in China during the COVID-19 outbreak

In December, 2019, an outbreak of a novel coronavirus pneumonia occurred in Wuhan (Hubei, China), and subsequently attracted worldwide attention.¹ By Feb 9, 2020, there were 37 294 confirmed and 28 942 suspected cases of 2019 coronavirus disease (COVID-19) in China.² Facing this large-scale infectious public health event, medical staff are under both physical and psychological pressure.³ To better fight the COVID-19 outbreak, as the largest top-class tertiary hospital in Hunan Province, the Second Xiangya Hospital of Central South University undertakes a considerable part of the investigation of suspected patients. The hospital has set up a 24-h fever clinic, two mild suspected infection patient screening wards, and one severe suspected infection patient screening ward. In addition to the original medical staff at the infectious disease department, volunteer medical staff have been recruited from multiple other departments.

The Second Xiangya Hospital—workplace of the chairman of the Psychological Rescue Branch of the Chinese Medical Rescue Association—and the Institute of Mental Health, the Medical Psychology Research Center of the Second Xiangya Hospital, and the Chinese Medical and Psychological Disease Clinical Medicine Research Center responded rapidly to the psychological pressures on staff. A detailed psychological intervention plan was developed, which mainly covered the following three areas: building a psychological intervention medical team, which provided online courses to guide medical staff to deal with common psychological problems; a psychological assistance hotline team, which provided guidance and supervision to solve psychological problems; and psychological

interventions, which provided various group activities to release stress. However, the implementation of psychological intervention services encountered obstacles, as medical staff were reluctant to participate in the group or individual psychology interventions provided to them. Moreover, individual nurses showed excitability, irritability, unwillingness to rest, and signs of psychological distress, but refused any psychological help and stated that they did not have any problems. In a 30-min interview survey with 13 medical staff at The Second Xiangya Hospital, several reasons were discovered for this refusal of help. First, getting infected was not an immediate worry to staff—they did not worry about this once they began work. Second, they did not want their families to worry about them and were afraid of bringing the virus to their home. Third, staff did not know how to deal with patients when they were unwilling to be quarantined at the hospital or did not cooperate with medical measures because of panic or a lack of knowledge about the disease. Additionally, staff worried about the shortage of protective equipment and feelings of incapability when faced with critically ill patients. Many staff mentioned that they did not need a psychologist, but needed more rest without interruption and enough protective supplies. Finally, they suggested training on psychological skills to deal with patients' anxiety, panic, and other emotional problems and, if possible, for mental health staff to be on hand to directly help these patients.

Accordingly, the measures of psychological intervention were adjusted. First, the hospital provided a place for rest where staff could temporarily isolate themselves from their family. The hospital also guaranteed food and daily living supplies, and helped staff to video record their routines in the hospital to share with their families and alleviate family members' concerns. Second, in addition to disease knowledge

and protective measures, pre-job training was arranged to address identification of and responses to psychological problems in patients with COVID-19, and hospital security staff were available to be sent to help deal with uncooperative patients. Third, the hospital developed detailed rules on the use and management of protective equipment to reduce worry. Fourth, leisure activities and training on how to relax were properly arranged to help staff reduce stress. Finally, psychological counsellors regularly visited the rest area to listen to difficulties or stories encountered by staff at work, and provide support accordingly. More than 100 frontline medical staff can rest in the provided rest place, and most of them report feeling at home in this accommodation.

Maintaining staff mental health is essential to better control infectious diseases, although the best approach to this during the epidemic season remains unclear.^{4,5} The learning from these psychological interventions is expected to help the Chinese government and other parts of the world to better respond to future unexpected infectious disease outbreaks.

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*Qiongni Chen, *Mining Liang, Yamin Li, Jincui Guo, Dongxue Fei, Ling Wang, Li He, Caihua Sheng, Yiwen Cai, Xiaojuan Li, Jianjian Wang, Zhazhou Zhang*
liangminging@csu.edu.cn

Clinical Nursing Teaching and Research Section (QC, ML, YL, DF, LW, LH, CS, YC, XL, JW, ZZ); Mental Health Institute (QC, ML, LH, CS, YC, XL, JW, ZZ); Metabolism and Endocrinology Department (DF). The Second Xiangya Hospital, Central South University, Changsha 410011, China; Changsha Stomatological Hospital, Changsha, China (JG)

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