

Emerging psychological crisis issues during lockdown in Shanghai

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Telephone hotlines have played an important role for psychological crisis interventions, and this has been especially significant during the COVID-19 pandemic.^{1,2} The latest outbreak of the COVID-19 epidemic in Shanghai has resulted a shutdown of this metropolitan city from March, 2022.³ The lockdown has lasted longer than expected,⁴ resulting in further mental health emergencies across various contexts. The Shanghai Mental Health Hotline, administered by the Shanghai Center for Mental Disease Control and Prevention (SCMDC) and supported by 419 volunteering operators (qualified psychological counselors and mental health professionals), has been providing free 24-h psychological crisis intervention services during the lockdown.

In April, the hotline received a 79% increase of incoming calls than in March, reaching 267 calls daily (which is also almost triple the daily amount of calls in February). In general, there was a dramatic increase of COVID and lockdown related calls from Shanghai locally. From brief records and interviews with hotline operators, the hotline team captured six major themes of psychological aid needs of these COVID and lockdown related calls from within Shanghai in April:

1. **Emotional overload related to infection and community lockdown:** When the infected cases rose dramatically during the lockdown, the majority of calls were related to feelings of emotional overload. Anxiety, fears, and catastrophizing feelings were noted, with callers' concerns of being infected by others, and worries about being transferred to isolated quarantine centers or makeshift hospitals. Other related problems included: dissatisfaction and anger with the lockdown situations; recurrent of previous mental illnesses (mainly anxiety and depression); insomnia and other psychosomatic symptoms. As the lockdown continued, there was considerable anxiety that resulted from not knowing how long the lockdown would last. The lockdown has interrupted some callers' life plans, and they worried about consequences. Some adolescents and young

adults called seeking advice on how to study or work while feeling anxious.

2. **Psychiatric medicine shortage:** A great number of calls in the first weeks of lockdown were from psychiatric patients facing shortage of psychiatric medicines. Due to community restriction, many patients and caregivers were unable to visit hospitals for psychiatric medicine, or they had no information about which hospitals were open for outpatient services. Hotline operators could help to provide up-to-date information and potential solutions according to their individualized situations, including hospitals opening availability for outpatient services, and other health service hotlines provided by the community administrative departments. For severe mental disorders, such as schizophrenia, bipolar disorder, epilepsy with psychotic symptoms and so on, hotline operators collected patients' information, and their situations would be followed by the SCMDC.
3. **Aggravated family and community group conflicts:** Many calls were related to dissatisfactory couple relationships, and communication problems between generations living together during lockdown, especially parents who found difficulties in communicating with their adolescent children, often being worried about their children's online studies at home. Furthermore, since community online chatting groups emerged as an important form of communication for households to receive messages and organize purchase of daily necessities, some individuals experienced anger or frustration when being involved in arguments in these newly formed interactive group-chats.
4. **Concerns for others:** Some callers concerned about their family members, friends or colleagues, especially when unusual or unexpected behaviors were observed. Individuals being consulted were usually characterized with psychological high-risk factors, including: infants, children and elderlies; individuals who were experiencing obsessive behavior, anxiety disorder, depression or other mental health conditions; and those suffering from financial or interpersonal problems.
5. **Work stress for health professionals:** Health professionals working in makeshift hospitals and communities for epidemic prevention faced long working hours and heavy workloads, and occasionally they

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encountered events that evoked intensive negative emotions. Those health workers with family in Shanghai also worried about their family members, and this often brought about additional stress.

6. **Consultation on epidemic prevention policies and quarantine measures:** Many incoming calls requested information about other administrative departments to consult about their personal issues in respect of lockdown policies. Hotline operators provided the information they had available to them in these situations.

Hotline interventions have specific service scope and clinical limitations,⁵ nevertheless, hotline effectiveness and promptness in response to acute psychological emergencies is well-recognized.^{6,7} The mental health hotline in Shanghai has been a window on the amplified vulnerabilities and challenges people have been experiencing during lockdown. We hope that the above summary of psychological crisis issues will be of aid to further interventions and resilience if other cities are required to go through lockdowns, towards prevention and attenuation of mental health problems in the long term.

Contributors

YS, JJ, LZ, & JC conceptualized and designed the article. YS drafted the manuscript. JJ and LZ provided statistical validation. YS, JJ, & LZ revised the manuscript. JC supervised the revision. All authors approved the final version of the manuscript.

Declaration of interests

All authors declare no conflict of interest.

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