

2019-nCoV epidemic: address mental health care to empower society

A novel coronavirus (2019-nCoV) has been identified as originating in Wuhan, Hubei province, China. It has widely and rapidly spread in China and several other countries, causing an outbreak of acute infectious pneumonia. According to the official website of the National Health Commission,¹ as of Feb 4, 2020, 24 324 people have been confirmed to have a 2019-nCoV infection and 490 deaths have resulted from 2019-nCoV in 31 provinces in mainland China.¹ 16 678 confirmed cases were in Hubei province.² Nearly 160 cases of 2019-nCoV have been detected and confirmed in southeast Asia (Thailand, Singapore, Malaysia, Vietnam, Philippines, and Cambodia), east Asia (Japan and Korea), south Asia (India, Nepal, and Sri Lanka), western Asia (United Arab Emirates), Europe (Germany, France, Italy, UK, Russia, Finland, Spain, and Sweden), North America (USA and Canada), and Australia.³ Approximately 13% of people with confirmed 2019-nCoV infection are reported to have severe respiratory symptoms, 2% have died, and 4% have been cured.¹ Human-to-human transmission is occurring, and WHO has recommended limiting human-to-human transmission by reducing secondary infections among close contacts and health-care workers, preventing transmission amplification events, and preventing further international spread.^{3,4}

The outbreak of 2019-nCoV in China has caused public panic and mental health stress. The increasing number of patients and suspected cases, and the increasing number of outbreak-affected provinces and countries have elicited public worry about becoming infected. The unpredictable future of this epidemic has been exacerbated by myths and misinformation, often driven by erroneous news reports

and the public's misunderstanding of health messages, thus causing worry in the population. Further travel bans and some executive orders to quarantine travellers during the Spring Festival holiday might have generated public anxiety while trying to contain the outbreak.

The medical health-care workers who are caring for individuals who are either severely ill, feel scared, or experiencing bereavement are themselves exposed to trauma. Health-care workers are also at risk of getting infected, and they carry a large burden in the clinical treatment and public prevention efforts in Chinese hospitals and community settings. The challenges and stress they experience could trigger common mental disorders, including anxiety and depressive disorders, and posttraumatic stress disorder,⁵ which in turn could result in hazards that exceed the consequences of the 2019-nCoV epidemic itself.

To efficiently cope with the 2019-nCoV outbreak, the Chinese Government has implemented rapid and comprehensive public health emergency interventions. To date, all of the 31 provincial-level regions in mainland China with confirmed 2019-nCoV cases have activated so-called level 1 public health emergency responses (ie, the highest level of emergency public health alerts and responses within the national public health management system).⁶ The provincial governments are responsible for organising, coordinating, and handling all emergency public health treatments, disclosing information, and gathering emergency materials and facilities under the guidance of the State Council. For health-care sectors, in addition to public health interventions, dealing with public psychological barriers and performing psychological crisis intervention is included in the level 1 response. The National Health Commission has released guidelines for local authorities to promote psychological crisis intervention for patients, medical personnel, and people

under medical observation during the 2019-nCoV outbreak.⁷ Peking University is preparing a mental health handbook for the public that describes how to deal with stress and other psychological problems occurring due to the outbreak of 2019-nCoV.⁸

The Chinese Government strives to improve the public's awareness of prevention and intervention strategies by providing daily updates about surveillance and active cases on websites and social media. Increasingly, psychologists and psychiatrists use the internet and social media (eg, WeChat, Weibo, etc) to share strategies for dealing with psychological stress. For example, experts from Peking University Sixth Hospital made six suggestions for the public to cope with mental stress.⁹ These included assessing the accuracy of information disclosed, enhancing social support systems (eg, families and friends), eliminating stigma associated with the epidemic, maintaining a normal life under safe conditions, and using the psychosocial service system, particularly telephone-based and internet-based counselling for health-care staff, patients, family members, and the public. Numerous psychiatric hospitals, psychological counselling centres, and psychology departments within universities have launched specialised hotlines to provide psychological counselling services for people in need.⁷

We believe that including mental health care in the national public health emergency system will empower China and the world during the campaign to contain and eradicate 2019-nCoV.

We declare no competing interests.

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