


## Online Psychosocial Support for Caregivers in China during COVID-19 Pandemic

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### Theoretical Study

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In November 2019, a novel coronavirus disease (COVID-19) was first reported and then became widespread within Wuhan, the capital city of Hubei Province of China. The disease widely spread to elsewhere. On March 9 2020, WHO declared COVID-19 a global pandemic. COVID-19 has become a pandemic with substantial mortality and poses an enormous challenge to healthcare system in China at early stage (Wang, Horby, Hayden, & Gao, 2020). And healthcare givers presented varying degrees of psychological reactions related to the epidemic situation. Previous studies that reported the occurrence of psychological symptoms, including anxiety, depression, and stress-induced complications, among Chinese healthcare staff during the SARS and COVID-19 outbreaks in China (Huang, Han, Luo, Ren, & Zhou, 2020; Lung, Lu, Chang, & Shu, 2009; Lu, Shu, Chang, & Lung, 2006]. Though the outbreak of COVID-19 in China is largely under control, other countries are still struggling to control the pandemic. The experience of psychological support for medical workers in China can be spread to other districts.

During the COVID-19 pandemic, preventative behaviors such as wearing masks and reduce social contact are effective measures to control infection. The consequences of mass quarantines to contain the spread of the viral epidemic have highlighted the challenges of delivering psychological care to caregivers. So that traditional face to face communication was not suitable during major public health event. Rapid adoption of virtual psychosocial support will be critical to provide ongoing and timely psychological care. In this review, we summarized the methods of online psychosocial support for caregivers during COVID-19 pandemic.

How many medical workers had accessed psychological support online ?

Cross-sectional studies at early stage of COVID-19 in China in medical staff revealed that medical staff accessed limited mental healthcare services, but distressed staff saw

these services as important resources to alleviate acute mental health disturbances. Among the 263 participants, 50.4% of medical staff had accessed psychological resources available through media (such as online push messages on mental health self help coping methods). (Kang, et al, 2020).

How the online psychological support organized ?

All of the psychological support methods were enforced by local government and academic community. On Jan 27, 2020, the National Health Commission of China published a national guideline of psychological crisis intervention for COVID-19 (Commission GOOT, 2020). For example, the local government of Wuhan implemented policies to address mental health problems of medical staff. Four teams were established to offer psychological support for caregivers by Mental Health Center of Wuhan. Firstly, the psychosocial response team ( managers and press officers in the hospitals) coordinated the management team's work and publicity tasks. Secondly, the psychological intervention technical support team (senior psychological intervention experts) was responsible for formulating psychological intervention materials and rules, and providing technical guidance and supervision. Thirdly, the psychological intervention medical team, who are mainly psychiatrists, participates in clinical psychological intervention for health-care workers and patients. Lastly, the psychological assistance hotline teams (volunteers who have received psychological assistance training in dealing with the COVID-19) provide telephone guidance to help deal with mental health problems (Kang, et al, 2020).

Another tertiary general hospital located in Changsha, Hunan province. 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, some nurses showed irritability, unwillingness to rest, and signs of psychological distress, but refused any psychological help and stated that they did not have any problems. Then measures of psychological intervention were adjusted, the hospital offered rest place to allow medical staff isolating themselves from their families and communicating with their families by video (Chen, et al, 2020).

The expert consensus on the mental health treatment and services for major psychiatric disorders had described the assessment and treatment issues of internet-based mental health services during the COVID-19 outbreak and ensured the quality of online mental health services(Commission GOOT, 2020).

The evaluation tools, main psychological problems and online platforms for online psychological support

Simple questionnaires were used to evaluate the psychological problems, such as PHQ-9 (patient health questionnaire-9) for depression, GAD-7 (generalized anxiety disorder-7) for anxiety, insomnia severity index for insomnia and IES-R (impact of events scale- revised) for stress related symptoms. The questionnaires were distributed through WeChat-based survey programme Questionnaire Star.

Online mental health education were provided by communication platforms WeChat, Weibo, and TikTok, were widely used during the outbreak for medical staff. Also, online psychological counselling services were offered through program like WeChat and zoom by mental health professionals in medical institutions, universities, and academic societies, which provide free 24-h services on all days of the week. Online psychological self-help intervention systems, including online cognitive behavioral therapy for depression, anxiety, and insomnia were developed(Liue, et al, 2020).

## The problems of psychological support for medical workers

There was no study concerning the effect of online psychological support for medical staff. So the information of effectiveness of online psychosocial support was limited during COVID-19 pandemic. But previous studies had proven online psychotherapy to be a promising method. The online self-help courses, mediation, and CBT had shown effectiveness in depression and anxiety patients (Lamb, Pachana, & Dissanayaka, 2019). But online psychotherapy can not mirror in-personal therapeutic efficacy (Church, & Clond, 2019).

There were some barriers for medical staff to receive psychological care. Medical workers were reluctant to participate in the online courses. As for the strict prevention measures, psychiatrist or psychological therapist were not allowed to the bed of COVID-19 patients. So the medical workers became the main personnel to comfort patients and they need more information to relieve the distressed patients. The online psychological support should include this content (Duan, & Zhu, 2020).

The online psychological support was convenient and suitable for the period of infectious disease pandemic. The psychosocial evaluation and intervention could be finished online. But the effectiveness of online intervention during COVID-19 was still unclear. And the online psychological support could not meet all requirements of medical staff. The online psychological intervention should be combined with satisfaction of physical needs. Also, if the online mental health service would adapted to other countries and districts, local cultural should be considered, such as the accessibility of internet services for psychological support.

## Conflict of Interests

Authors have no conflict of interests.

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