

COVID-19 Mental Health Support: Current Status and Implications

Ji-Na Jun
Research Fellow, KIHASA

Ji-Hye Lee
Researcher, KIHASA

The spread of covid-19 throughout the country has filled the minds of the public with panic and fear. In a survey conducted in February of 1,000 Koreans by the Seoul National University Graduate School of Public Health, respondents said that watching media news about covid-19 gave them anxiety (60.4 percent), fear (16.7 percent), shock (10.9 percent) and anger (6.7 percent).

As covid-19 spreads across the country and its regions, Koreans are found to direct anxiety and anger toward their community neighbors who have been put into, or released from, quarantine. On the other hand, people diagnosed as infected harbor anxiety and guilty feelings, seeing themselves as both victims and perpetrators.

Mental health support should be provided for those confirmed as infected and ordered to quarantine, who can have feelings of seclusion, guilt, anger, depression, loneliness, fear, stigmatization and grief. Mental health care should also be provided public officials and health workers working in response to the coronavirus outbreak, who, along with their families, are likely to be exposed to health risks and to experience avoidance from other members of their community. Also essential is providing the general public with accurate risk communication and information regarding covid-19.

The Korean government has set up COVID-19 Psychological Support Groups at the National Trauma Center, national mental health institutions and mental health and welfare centers in metropolitan and smaller municipalities. The National Trauma Center has an around-the-clock hotline (02-2204-0001) for people who are confirmed as infected and their families (including the families of those who died of covid-19). The City of Seoul, for example, runs its COVID-19 psychological support group's website loaded with mind-relaxing contents, up-to-date information about fake news on coronavirus, and other information that is tailored to individual needs in psychological care.

The psychological support groups first identify, with the cooperation of the authorities concerned, personal information about people confirmed infected with coronavirus and their families and those ordered to quarantine. They then send out text messages to their targeted individuals letting them know about the emotional support available to them. This is followed by phone calls and in-person visits for psychological health assessment and prioritizing high-risk groups. Then follows the provision of psychological counselling services. Depending on the progress made with regard to targeted individuals, the consultation may end or be referred to mental health and welfare centers or other medical institutions. Closed cases are subject to continued monitoring by the National Trauma Center for a period of 1 to 6 months.

[Table 1] Emotional support interventions for those confirmed as covid-19infected and their families

| | Emotional support and treatment interventions |
|--|---|
| For confirmed cases | <ul style="list-style-type: none"> a. Identifying personal information about people listed by local health authorities as confirmed to be infected with the novel coronavirus b. Sending out text messages informing available help, and following up, within 24 hours, with phone calls c. Telephone counselling or face-to-face counselling <ul style="list-style-type: none"> -Requiring counselling professionals to wear personal protective equipment while engaged in counselling -Writing up a report of the initial counselling session; a progress report of further sessions -Distributing guideline leaflets on mental health support, emotional health guidebooks and anxiety-calming kits -Providing psychological counselling for low-risk groups -Referring high-risk groups to specialists at the National Trauma Center d. Referring those in need of continued counselling to local mental health centers or other health institutions e. Posting monitoring results upon completion of counselling; sending out notification messages informing the completion of counselling |
| For confirmed cases (post-quarantine) and their families | <ul style="list-style-type: none"> a. Identifying, with help from local public health centers, personal information about people in need of psychological support b. Sending out text messages informing available help, and following up, within 24 hours, with phone calls c. Telephone counselling or face-to-face counselling <ul style="list-style-type: none"> -Providing face-to-face counselling, if safety is ensured -Writing up a report of the initial counselling session; a progress report of further sessions -Distributing guideline leaflets on mental health support, emotional health guidebooks and anxiety-calming kits -Providing psychological counselling for low-risk groups -Refer high-risk groups to specialist counselling or to emergency mental health services, making use of local mental health centers d. Referring those in need of continued counselling to local mental health centers or other health institutions e. Posting monitoring results upon completion of counselling; sending out notification messages informing the completion of counselling |

Source: Ministry of Health and Welfare, National Trauma Center, COVID-19 Psychological Support Guideline (2020)

Korean health authorities are delivering, via improved risk communications, accurate and timely information to the public on the novel coronavirus. Still, many Koreans are struggling with panic and fear linked to covid-19. Local health centers and municipalities should be able to keep providing information on a regular basis so that people who cannot look after their mental health can seek help from professional groups via hotlines such as 1577-0199. Also, media outlets should in a way function as a platform for the provision of expert recommendations and information relevant to emotional care.

The emotional health of those who take part in the response to covid-19 is also an urgent issue that calls for immediate attention. The response teams get room and board and financial

remuneration in return for their services. They are guaranteed a period of quarantine upon the completion of the covid-19 mission on which they are dispatched, but their emotional and mental health needs increased support, including provision of debriefing services. Also, education programs should be made available on a regular basis for the emotional health of health care professionals, officials and other mental care workers taking part in the response to covid-19.