



Psychosocial Aspect of SARS in China

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I. Psychosocial features of various populations during SARS crisis

1. Public

1) Urban residents :

- Early stage:
neglecting protection

- Middle stage:
over-fear, shopping rush,
overprotection, obsession
and compulsivity



hypochondriasis, keeping away
off hospitals, discriminating
against SARS patients,
suspected patients, and isolated
people

- Late stage:

off guard, discriminating against
recovered patients

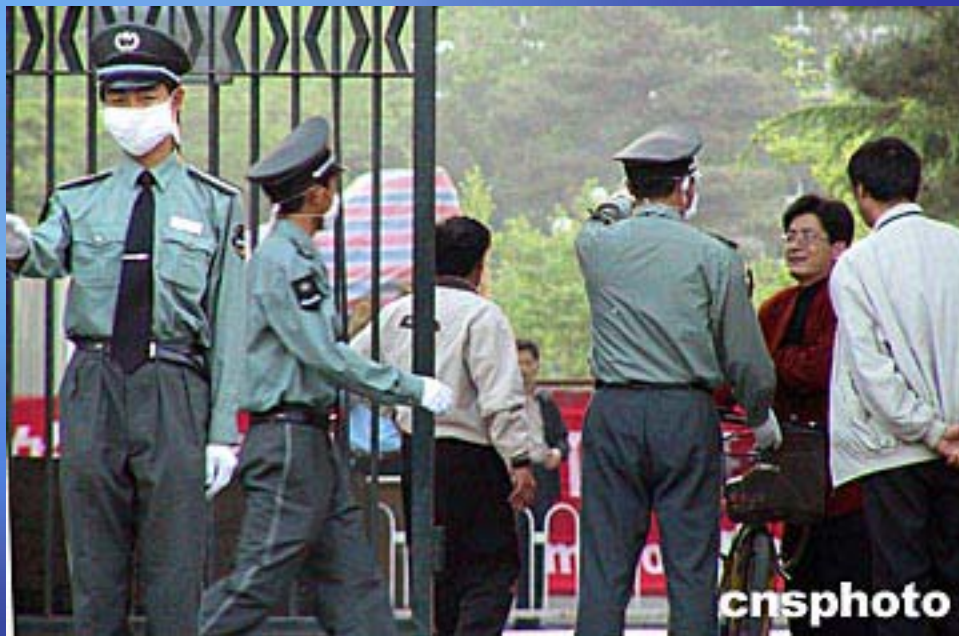
■ A cross-sectional study:

Subjects:

6280 students in three universities in Beijing

Questionnaire:

- Syndrome Checklist (SCL-90)
- Self-rating Anxiety Scale (SAS)
- Self-rating Depression Scale (SDS)



A “close-door” university



2) Rural residents:

over-fear, destroying traffic roads,
violently obstructing procedures of
prevention, superstitious
treatment



2. SARS patients

1) Acute stage: fear, anxiety, depression, panic, impulsion, aggression, suicide



2) Recovery stage: worrying for future, remorse, guilty, loneliness



3. Isolated people

Chagrin, deny, suspicion,
anxiety, depression, remorse,
guilty, loneliness, resentment



4. Medical staff in SARS hospitals

- Early stage:
neglecting protection, heroism



- Middle stage:
fear, overprotection, obsession
and compulsivity, evading,
anxiety, depression



- Late stage: calming down, lassitude, fatigue, vagueness for future, sleeping disorder



- A questionnaire investigation in a general hospital:
12.3% of medical staff showed obvious anxious syndrome before going to SARS hospitals



5. Other SARS responders (governmental officers, policemen, ambulance drivers, medical staff for disinfection and epidemiologists):



Nervousness, anxiety, irritability,
over fatigue, sleeping disorder



II. Effort of mental health professionals after SARS outbreak

- 1. Policy consultation and technical criterion**
 - Recommendations for strengthening mental health care**

to medical staff, SARS patients and their family members

- “Prevention and recommended therapeutic principle of SARS-related mental disorders (draft)” to China-CDC (published on the website of Ministry of Health on June 3)

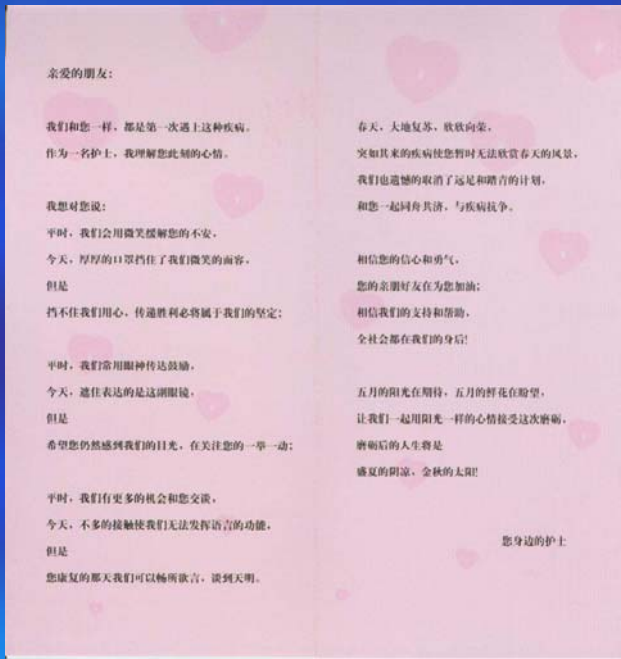
- “Preparatory Protocol of Post-disaster Mental health Intervention”



2. Training and intervention of mental health

- 1) Mental health training for doctors and nurses before going to SARS hospitals
- 2) Psychotherapy to medical staff with anxiety and depressive syndromes

- 3) Assigning psychiatrists to SARS hospitals for treating SARS patients with mental disorders, preventing suicide
- 4) Distributing “Loving Card” to SARS patients, and open letters to medical staff, patients, and recovered patients



5) Initiating one-year mental health care service for medical staff in SARS hospitals, collaborating with Ministry of Health



3. Health education for the mass

- 1) Open letters to residents in communities, SARS patients, medical staff and their relatives
- 2) Articles, lectures, TVs, Newspapers, flyers, etc

六、面对“非典”，克服侥幸心理

少数人对“非典”满不在乎，存在侥幸心理。这种心理会使人们放松警惕，对防治措施掉以轻心，增加被感染的机会。所以正确认识“非典”，采取必要的防护措施，保护好自己，也是对家人和社会的关爱。



七、恐惧害怕时，采取大量吸烟、饮酒、滥用药物等方法不可取。

有些人听信传言，采取大量吸烟、饮酒、滥用药物等方法，试图缓解对“非典”的恐惧和预防感染，这样做是毫无科学根据的。吸烟会损伤呼吸系统，危害心脑血管健康；大量饮酒、滥用药物会损伤肝脏等器官，降低人体对疾病的抵抗力，增加感染疾病的危险性。



八、如果有类似“非典”的症状应及时就医。

假如出现发热、咳嗽、肌肉酸痛等类似“非典”的症状，您应该及时戴上口罩，主动和家人及同事保持距离，拨打“120”或当地指定的求治电话，及早就医。因为越早接受正规治疗，对自己越有益，同时还可减少传染他人的机会。如果自己不是“非典”，及早排除，也可尽早放下心理包袱。



九、挑战“非典”，挑战自我。

人类是在不断挑战中成长的。只要调动自己和全社会的积极因素，相信科学，迎接挑战，万众一心，众志成城，我们就一定能够战胜“非典”！



十、如果过度恐惧害怕，已经影响了您的正常生活，您可以寻求专业人士的帮助，拨打当地“非典”心理咨询电话。

依靠科学 战胜“非典”

预防“非典” 大众指南



国家科技部 国家卫生部 中华医学会

一、面对传染性非典型肺炎(下称“非典”)，我们不要恐惧害怕。

人类不断面临各种传染病的侵袭，“非典”突如其来时，人们会有一定程度的震惊、紧张、恐惧害怕和焦虑情绪，尤其害怕自己和亲友被感染。适度的心理反应是正常的，有益于提高人们对疾病的警觉性。随着时间的转移，这些心理现象会逐渐减轻以至消失。

二、过度恐惧对我们是有害的。

有些人在“非典”事件中过度恐惧。过度恐惧会引起注意力下降、睡眠障碍、情绪波动、明显的焦虑不安，给工作、生活增加了许多不必要的困难。过度恐惧还会造成抗体免疫功能下降，更容易感染疾病。

因过度恐惧而引起不必要的躲避和异地迁移，还可能增加被感染的机会，造成疾病进一步传播，这样更加威胁您和他人的健康。因此过度恐惧对我们是有害的。



三、减少对“非典”的恐惧害怕心理。

“非典”是可防、可控、可治的，正确认识“非典”，养成良好的个人卫生习惯，遵守《传染病防治法》的有关规定，同时采取科学的防范措施，减少对“非典”的恐惧害怕心理。

如果感到恐惧和不安，建议您尝试以下方法：

- ◆ 勤奋工作，沉着应对。
- ◆ 学会幽默，笑对人生。
- ◆ 与人交流，相互鼓励。
- ◆ 适度锻炼，保证休息。
- ◆ 合理营养，平衡饮食。



四、以平和心态看待被隔离人员和被感染的人。

当周围有被隔离的人或具有防护服的防疫人员出现时，一些人难免恐惧害怕或心里紧张，这是完全没有必要的。具有防护服的防疫人员就像火警发生时您见到的消防队员一样，他们的及时出现及对一些人和地区的隔离，是切断“非典”传播的重要措施。您对他们的理解和支持，就是对抗击“非典”承担了一份社会责任，贡献了一份力量。



五、正确对待有关“非典”的信息。

不要听信和传播来自非正规渠道的信息。有些传言缺乏科学依据，随意夸大事实，会造成人们不必要的心理压力，影响正常的生活和社会的稳定，而且对防治“非典”工作不利。

也不要盲目轻信关于“非典”的新闻报道，而感到忧心忡忡。这些报道的目的是为了让公众充分了解实际情况，减少流言传播，增强全民防治“非典”的信心，同时提醒大家注意防护。



3) Mental health consultation hotline:



4. Information collection and research in the reconsolidation stage of SARS

- SARS patients
- Doctors and nurses
- The mass
- College students

5. International communication

Communicating with WHO consultants and international mental health experts, getting helps for specific techniques or problems



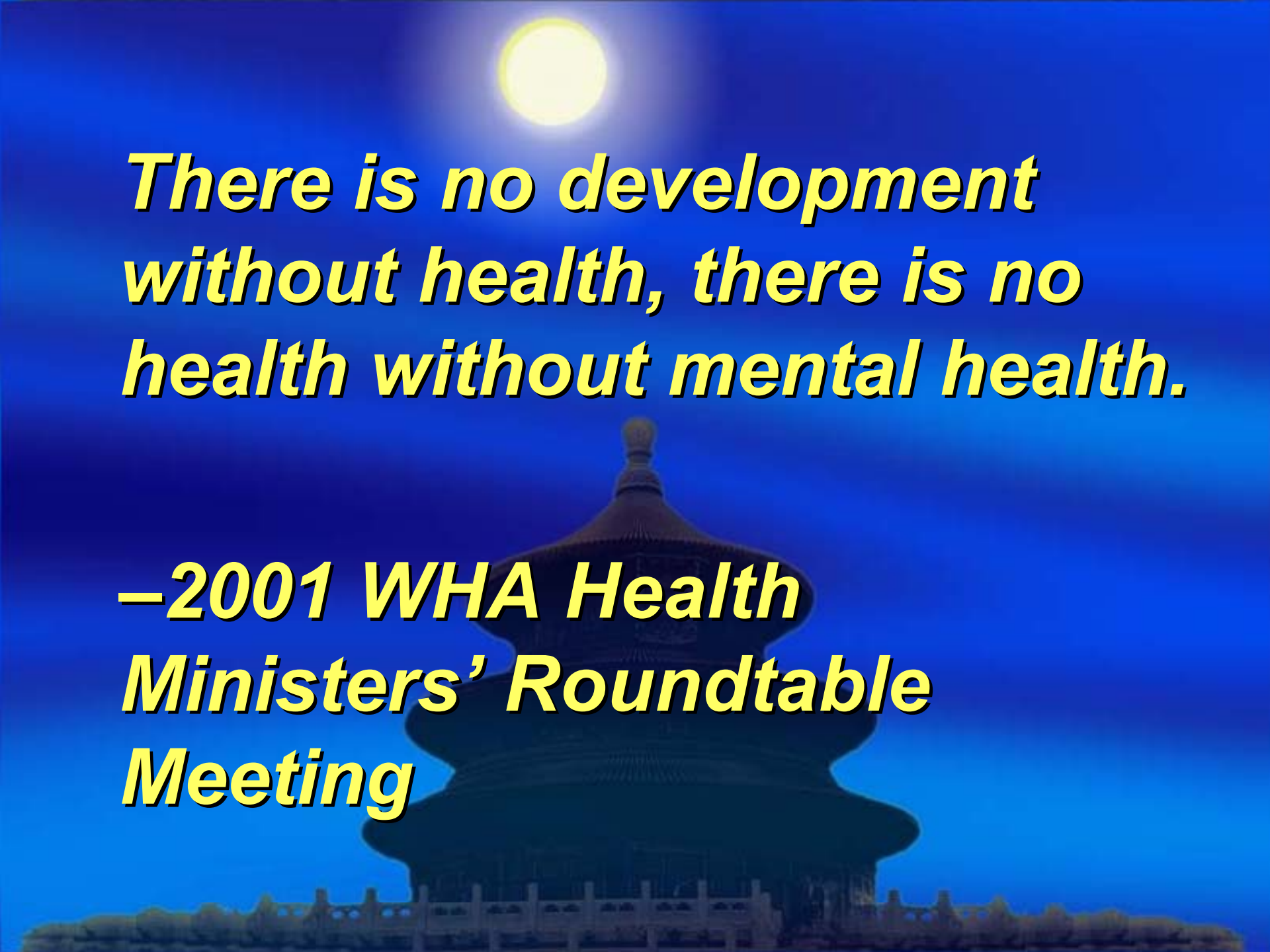
III. Experience and suggestions for SARS epidemic and similar great public health emergencies

1. Mental health management
 - Preparation before the disaster: policy consultation, professional training, health education to the mass

- Response: mental health and social interventions during and after disasters
 - Assessment and research on mental status in related populations
2. Integrating mental health service into response to public Health emergency

3. Funding on mental health service
4. Exploring human resources in mental health





***There is no development
without health, there is no
health without mental health.***

***–2001 WHA Health
Ministers' Roundtable
Meeting***