

Guidelines on Psychosocial Care for Infectious Disease Management

May 2020

Korean Society for Traumatic Stress Studies



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Recommendations

The Korean Society for Traumatic Stress Studies reaches out to people all around the world suffering from disasters and trauma.

The outbreak of an infectious disease can cause anxiety, fear, and stress in the general public. Restrictions on personal and social activities during quarantine, unemployment and financial difficulties, and stigma and discrimination due to misinformation are factors that may aggravate the stress among affected individuals, thereby spreading distrust in the community and intensifying conflicts, and hindering the recovery of individuals and communities.

About a month after the first confirmed case of coronavirus disease (COVID-19) in South Korea on January 20, 2020, mass outbreaks began to hit the Daegu-Gyeongbuk region, causing great confusion and difficulty. At present, there are concerns about the spread of coronavirus to other regions, and the World Health Organization (WHO) has declared the spread of COVID-19 as an epidemic outbreak.

The Korean Society for Traumatic Stress Studies has decided to provide assistance with psychological recovery for the people of Daegu and Gyeongbuk who are going through difficult times and has launched the Daegu-Gyeongbuk COVID-19 Special Support Team. This support team has begun to create psychological support and conduct a mental health survey.

Thanks to the dedicated efforts of the members in a race against time, the Korean Society for Traumatic Stress Studies has compiled and published the Guidelines on Psychosocial Care for Infectious Disease Management which covers 28 topics and areas that may be of importance to people who are facing difficulties in the combat with the rapidly spreading epidemic and professionals supporting them with on-site consultations. These guidelines are a fruit of the joint efforts of the members of the Korean Society for Traumatic Stress Studies (KSTSS), comprising of multidisciplinary professionals, including psychiatrists, social workers, psychologists, and nurses.

The guidelines provide a comprehensive overview of the kinds of psychosocial support that need to be considered by professionals in related organizations, central and local governments, and the media as well as members of the community in matters revolving around the epidemic. We hope that the guidelines will serve as an important orientation tool for all onsite specialists, policymakers of the central and local governments, researchers, and citizens in recovering from the scourge of COVID-19 and all potential infectious disease outbreaks in the future.

I would like to extend my heartfelt gratitude to the 20 members of the writing team who persevered through daily online meetings, assigned workloads, and the process of endless editing and re-editing to complete the guidelines. My special thanks go to our directors and each member of the society who extended every form of assistance. Our society promises to assist all fellow Koreans affected by disasters and trauma.

May 2020



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Foreword

We are all suffering and healing individuals.

Disasters affect individuals and communities to the extent that they cannot cope on their own. Affected people include disaster survivors and their families, bereaved families of victims, volunteers and staff helping at disaster rescue sites, residents of disaster-hit regions, and all the people who vividly witness disaster scenes through mass media. In the face of a disaster, people respond to its impact by doing everything within their power to control it. They do their best to minimize the damage caused by the disaster and to speed up the recovery of individuals and communities. Amidst this process, there is something that must be borne in mind: the invisible trauma left on the mind, which is just as important as the visible impact of the disaster. Mental health professionals are committed to disaster management to prevent and heal the inner pain left by the impact of such disasters.

Unlike fires or accidents, which have clearly delineable impacts as they are limited to specific areas, outbreaks of infectious diseases are disasters that directly affect most citizens. These outbreaks can change people's lives and minds. It is a major stressor for people that they cannot control epidemics because the pathogens are invisible and difficult to predict, and no remedy has yet been found. People at a low or no risk of getting sick also suffer from anxiety and depression. The psychological pain of those already infected by or exposed to the pathogens is beyond description. Moreover, prejudice and stigma exacerbate the pain more than anything else. Therefore, care needs to be taken to clear the mind of traces of injury after physical recovery.

The chaos brought about by a disaster requires a proven and agreed-upon way of healing and recovery. Therefore, a team of multidisciplinary specialists from the Korean Society for Traumatic Stress Studies including psychiatrists, social workers, psychologists, nurses, counselors, emergency physicians, researchers, and administrators with extensive experience in dealing with trauma and stress, joined their efforts to publish the Guidelines on Psychosocial Care for Infectious Disease Management. The primary concern of mental health guidelines for disaster management so far has been to teach people affected by a disaster on how to respond. The guidelines we present contain concrete and all-encompassing practical directions for victims and families, vulnerable groups, friends and acquaintances, communities, disaster workers, specialists, faith-based communities, the media, the general public, and the government to prevent and heal the emotional pain caused by the epidemic. The guidelines include twenty-eight topics covering different target groups, interests, issues, and stages. The guidelines contain the collective heart of the entire world keen to help one suffering individuals. They contain results agreed upon through a thorough review of literature, research, intense discussion, and the clinical experience of specialists.

Helping those suffering from an infectious disease is not the sole responsibility of one person; we all must help. We are all suffering and healing individuals. Our minds, diverse and variegated as they may be, can be united as one collective mind to help each other—as long as each of us decides, epidemics will disappear and leave no scars in our minds.

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A woman wearing a white protective suit and a white face mask is standing in front of a door. She is holding a clear plastic bag filled with supplies. The bag has a white label with Korean text: '코로나 19 확산지 소외계층 긴급구호 물품 지원' (Emergency relief supplies for vulnerable groups in COVID-19 spread areas). The background is a wooden door with some graffiti.

PART I
GUIDELINES FOR SPECIFIC GROUPS

Photo: The Family Welfare Association of Korea providing service for the vulnerable population during COVID-19 epidemic

The primary victims of an epidemic, including confirmed cases and people in quarantine, are exposed to a variety of stressors including separation from their family, social isolation, and economic difficulties, let alone worries about their health. In this chapter, we provide information that may be of help to patients (confirmed cases) and people placed under quarantine, and ways to support them.

I. Guidelines for patients and people in quarantine

1. You may find it hard to endure treatment while in quarantine. Keep in mind that this is not your fault and that anyone can experience stress responses from having to deal with such a difficult situation. You can get help from a mental health professional when the pain is severe and overwhelmingly uncomfortable.

A serious infectious disease may lead to the following emotional difficulties:

- Depression, anxiety, irritability.
- Fear of stigma and social accusation of being infected.
- Worries about dependents in the family, such as children and older adults.
- Suspicions about minor physical symptoms being associated with the infectious disease.
- Worries about what might happen in the future.
- Fear of illness and treatment.
- Anger and anxiety about freedom restrictions.
- Self-reproach about past behaviors that might have caused the infection.
- Loneliness, boredom, sense of isolation, feeling disconnected from society.
- Concerns and helplessness about family members and acquaintances getting infected.

2. Engage in activities that may help reduce stress during self-quarantine:

- Physical activities, such as yoga, stretching, etc.
- Cognitive activities, such as playing card games, board games, reading books or magazines, etc.
- Relaxation activities, such as abdominal breathing, meditation, mindfulness, etc.
- Avoid watching unpleasant or alarming scenes on TV, the Internet, etc.
- Relying on accurate information and avoiding rumors.
- Limiting the time you spend searching for information about the disease to once or twice a day.
- Maintaining healthy and supportive contact on social media.
- Finding articles or activities that are humorous and instill hope.

3. Reduce activities that may aggravate stress while in quarantine:
 - Avoid imagining ‘the worst’ and turn to one of your favorite stress-mitigating activities. Constantly worrying about the worst case scenario can be overwhelming and tiresome.
 - Sleeping all day during quarantine may disrupt your sleep cycle. This may induce negative emotions and weaken the immune system.
 - Spending too much time reading the news and updates about the epidemic may increase fatigue and interfere with your ability to discriminate between right and wrong information.
 - While it is not easy to express negative emotions, suppressing them and cutting off from your surroundings is not helpful. Often share your feelings with others.
4. Seek help from a mental health professional, if you find it difficult to talk to someone close to you, and especially if you have suicidal ideation or impulsivity.

II. Guidelines for family and friends of patients and people in quarantine

1. Remain in frequent contact with patients and individuals in quarantine to provide encouragement and support.
2. Understand their stress, actively listen and communicate.
3. Pay careful attention to the psychological distress faced by them, and keep contact information of mental health professionals for psychological support, if needed.

III. Government

1. Be well aware that patients and people in quarantine are the primary victims of the epidemic. Provide appropriate government support to them.
2. Express sincere appreciation and support to the patients and people in quarantine who have conscientiously followed the government guidelines to prevent the spread of the infection.
3. Build a multidisciplinary team of mental health professionals to meet the psychological needs of patients and people in quarantine.
4. Regularly and promptly disseminate accurate and valid information on the infectious disease via official channels, especially regarding newly discovered characteristics of the disease, treatment, and reasons for being under quarantine.

5. Provide practical assistance, such as financial support and mitigation of social stigma, for people returning to society after treatment and self-quarantine.
6. Provide information about available mental health services in advance as psychological difficulties may occur during or after containment.

IV. Media

1. Stop the spread of excessive worry and anxiety in the public and minimize the damage to patients and people in quarantine by refraining from writing provocative headlines and “click-bait” articles.
2. In disclosing the places visited by the patients and people in quarantine, keep in mind that it is a personal sacrifice for them to safeguard public health, and do not deviate from the purpose of the article.
3. Pay careful attention to ensure that no prejudice or stigma toward patients and individuals under self-quarantine are triggered by the article.

V. The public

1. It is natural to feel afraid of an infectious disease. The only way to overcome fear is to understand and embrace the situation.
 - Positive emotions spread very fast, and the more positive emotions you express, the stronger your body’s immune system becomes. However, negative emotions, such as personal fear or hostility, can lead to setting boundaries towards other people. Criticism and anger can also be highly contagious, eventually hurting both offenders and victims.
2. Stop blaming people, including the patients.
3. Empathize the pain suffered by patients and people placed under quarantine.
4. Keep in mind that treatment and self-quarantine are important efforts to prevent the spread of infection. Please support and encourage patients and people in quarantine.
5. Send positive and motivational messages to them through social media.
6. Extend a warm welcome to neighbors, friends, and colleagues who have returned after completion of treatment and quarantine.

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People placed under active monitoring constitute individuals who have not yet tested positive but are suspected of infection due to contact with an infected person. Therefore, they may experience various psychological difficulties, such as worry, ambivalence, anxiety, alienation, and depression, due to fear of infection and concerns about their family. This chapter presents guidelines for persons placed under active monitoring, their friends and families, the public, and the government.

I. Guidelines for persons placed under active monitoring

1. The active monitoring period may be stressful, and may cause the following:
 - Anxiety about being infected
 - Worry about what might happen in the future
 - Resentment and anger towards the infected person with whom you came in contact
 - Fear and horror thinking about the worst-case scenario
 - Regrets for past actions that might have caused the possible infection
 - Worry about the people around you
 - Associating minor physical symptoms with the infection
 - Ambivalence about being separated from family and friends
2. Keep your body and mind healthy.
 - You need to pay careful attention to manage your physical health, by maintaining proper schedules for eating and sleeping, regular exercise, limiting caffeine intake, and no or moderate alcohol consumption.
 - Regular eating habit is essential for maintaining homeostasis, preventing stress, and increasing adaptability. Adequate sleep is also essential for relieving stress and physical fatigue.
3. Practice relaxation skills.
 - Negative thinking can overwhelm and tire your body and mind rather than solve problems. When this happens, find your inner peace through deep breathing, meditation, positive imagery, mindfulness, etc.
4. Search for and listen to only valid information from a reliable source.
 - Rumor mongering is a common phenomenon during an epidemic. Simply ignore them and obtain accurate information through official channels or limit the information flux to health-related items. Spending too much time searching for information may cause mental fatigue, which makes it difficult to discriminate between right and wrong.

5. Maintain supportive social contact.

- Sharing your negative emotions with others may help. There are many ways other than seeing face to face to stay connected, such as via phone, SNS, or email.

6. Consider seeking help from a mental health professional.

- If you find it difficult to talk to a person close to you, consider seeking help from a mental health professional at community health centers, mental health welfare centers, and the likes.

II. Family

1. Understand the purpose of why people can be placed under active monitoring.
2. Persons placed under active monitoring may feel lonely and alienated. Maintain contact with them, support them by attending to their problems and needs.
3. Understand the anxiety and stress that persons placed under active monitoring may be going through and keep communication open.
4. Obtain information about services for psychological support, if the need arises.

III. The public

1. Express your gratitude and provide encouragement to persons placed under active monitoring for their compliance with the instructions of the disease management and control authorities.
2. Try to understand the difficulties that persons under active monitoring and their families may be facing, and be open to providing support, when required.
3. Send positive and motivational messages to persons under active monitoring via communication channels such as social media.
4. Once persons under active monitoring return to their daily lives, they carry no risk of infection. Extend them a warm welcome as neighbors, friends, and colleagues.

IV. Government

1. Express sincere appreciation and support to persons placed under active monitoring who have conscientiously followed the prescribed guidelines to prevent the spread of the infection.
2. Establish a multidisciplinary team of mental health professionals to attend to the mental health needs of persons placed under active monitoring.
3. Regularly and promptly disseminate accurate and valid information on the infectious disease via official channels, especially regarding newly discovered characteristics of the disease, treatment, and reasons for self-quarantine.
4. Inform persons placed under active monitoring of the possible psychological difficulties during and after the active monitoring period and provide information regarding available mental health services.

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The Bereaved Families

Every epidemic is the first disaster of its kind. Keeping the health risk aside, uncertainty due to lack of information regarding a novel infectious disease may also cause panic and social chaos. Therefore, in the face of an epidemic, apart from infection prevention and control, we need to focus on psychological care to prevent and heal emotional pain. This chapter presents guidelines for psychosocial care for bereaved families, medical staff, friends and relatives, the media, and the government.

I. Guidelines for the bereaved families

1. It is extremely painful to lose a loved one.
 - The loss itself is painful, but the loss from an epidemic outbreak can evoke negative reactions such as resentment and grudges about the treatment process. Though as hard as it seems, it is important to accept and acknowledge the reality.
2. Please be cautious not to blame yourself.
 - While accepting the death of a loved one is difficult, it is important to accept that their sudden death is neither the fault of the deceased nor of the family.
3. At the near-death stage of an infectious disease,
 - In case a victim's condition becomes fatal, the family may visit the victim in the hospital room, wearing personal protective equipments, and may also be allowed to watch over the victim from outside the quarantine room.
 - Family members may say good-bye to their loved one via a video communication system, or a religious leader can give a last blessing to the dying one.
 - In case a victim of a infectious disease passes away isolated in hospital, casketing should take place at the same hospital, and a funeral held after incineration in a cremation facility¹⁾.
 - Families should well inform the funeral professional of important requirements in advance.
 - If permitted, letters written by the family, a family picture or something precious to the deceased can be put in the deceased person's hands/coffin. These mourning actions help the bereaved families express their affection to the dying patient, feel connected and together, and prepare for closure.
4. Fully express your emotions.
 - Share your acute sense of loss, hopelessness, anger, resentment, longing, and fear with your relatives and friends.

- The sense of isolation that nobody would understand you can make you hide and suppress your grief.
- Keep in mind that you have family and friends who love you and share your emotions. You can also share your feelings on social media. Prayers for the deceased on social media may also provide support.
- If the circumstances do not permit visits from persons who would like to share your pain, you can open an online condolence register. Feelings of being connected to one another will be a great comfort to you in the grieving process.
- If you prefer to be alone at the moment, express your gratitude to those around you and let them know of your feelings and that you will ask them for help later in time.

5. Remember the good and happy moments of the deceased.

- Share positive aspects of the deceased that I enjoyed being around or admire
- If you have difficulty sharing your sorrow with others, try any of the following:
 - Look at photos of your loved one or make videos using your smartphone.
 - Write a letter to the deceased.
 - Write a three-line poem with the initials of the deceased, pouring your heart out.
 - Create a collage of photos, make your own memory box and put memorable things of the loved one in it.
 - On a balloon, write down what you would like to say to the loved one, inflate it and release it with your family.
 - Plan what you would like to do on the deceased person's next birthday or the first death anniversary.

6. Grieving may affect your body as well as your mind.

- The grieving process often leads to difficulty sleeping, loss of appetite, a desire to isolate oneself, lack of interest in activities previously found enjoyable, feeling depressed, or a lack of concentration. If this state continues for a long time, it may affect your biorhythms and weaken your immune system. The older you are, the more readily these changes may occur.

7. While grieving, you may benefit from the following:

- Accept the feelings of pain triggered by the sudden death of your loved one.
- Take care of yourself by resting, exercising regularly, and maintaining a balanced diet.
- Reduce or stop drinking, nicotine, and coffee to improve sleep.
- Take out time to rest and relax.
- Resume your daily routine.

- Do not suppress your feelings.
- Major life decisions such as moving and changing jobs would be better postponed.
- Spend time with neighbors whom you used to hang out with.
- Talk to people who understand you.
- Avoid spending too much time reading the news about the epidemic, or limit the time that you spend reading the news to two times a day and less than 30 minutes each time.

II. Guidelines for medical staff caring for patients at the near-death stage of an infectious disease

1. At this stage, as an alternative to having a direct contact with the patient, family members may see the dying in person wearing personal protective equipment, or through a phone, monitor, or CCTV.
2. The medical staff should in advance consider alternate options for the bereaved family about in case the victim dies. In doing so, it is important to ask about the family culture or rituals.
 - Given that each family has their own belief, religion, and traditions, ask them directly what their priorities are.
 - If the family members have specific funeral traditions, take action to make them happen as best as you can (e.g., a last blessing by a religious leader via video call).
 - In case a family member is under quarantine, help them express their feelings for the dying or deceased in various ways, such as delivering letters or photos from the family and placing them next to the dying or placing them in the casket when it is sealed.
3. In advance, families should be well informed of the procedures after death.
 - Families should be informed that the body of a victim of infectious diseases is to be sealed in a mortuary bag and cremated before the funeral to prevent from the spread of the disease.
 - It is important to carefully explain to the family members that these procedures are undertaken as a precautionary measure to protect the society and are not intended to undermine the dignity of the deceased. It is imperative to assure and let the bereaved family know in words that you will do your best to treat the deceased with respect all the time.

III. Guidelines for immediate family, relatives, and friends of the deceased

1. The bereaved family have gone through a tough time of extreme distress.
 - Have respect for and treat the deceased and their family without prejudice or stigma.
 - While some people may express a distanced or hostile attitude (understandable by the nature of the disease), they should understand that anyone can get infected, and that exclusion and hatred attitudes are harmful to the bereaved family.
2. Help the bereaved family avoid repeated exposure to news coverages about the infection and malicious comments as far as possible.
3. Encourage the bereaved family to take care of themselves by resting, exercising and eating regularly, and avoiding consumption of unhealthy substances, such as tobacco, excessive coffee, alcohol, etc.
4. Help them make a plan to engage in the activities they used to enjoy, at least once a day.
5. Supporting the bereaved family with positive and direct comments on their own efforts to be better is always helpful even without noticeable improvement at that time.
6. Talking about the deceased can sometimes evoke anger, which is a natural process of accepting a sudden loss. You do not have to feel burden to relieve their pain. Just be there with them when they need you.
8. Sensibly listening to what they are saying can be the best way to support and comfort them.
9. Avoid the following:
 - Never use vague or pessimistic words or say things like, “I know how you feel.”, “It's going to be just fine.”, “It's hard to overcome this kind of tragedy.”, or “You must be hopeless.”
10. Encourage your grieving friend or relative to continue narrating their stories using positive affirmation and reactions to express your interest in what they are saying.

IV. Media

1. The media must protect the personal information of the deceased and the bereaved family from being released, and refrain from reports provoking fear or triggering prejudice and stigma toward the deceased and the bereaved family.

2. While focusing on the sorrow, pain, or grief of the bereaved family, it is also necessary to address the positive memories of the deceased and to provide practical tips for the community to efficiently support the bereaved family. Efforts need to be made to create a social atmosphere in which the bereaved families can freely express their condolences and be comforted.
3. Help the bereaved families and communities find meaningful social roles and regain hope even in the midst of an epidemic.

V. Government

1. The local and central governments should ensure that the officials can actively support and help the deceased and the bereaved families. In consideration of the local community's culture, the officials should have the authority to be flexible within the range of established regulations.
2. The bereaved family should be given enough time and information to understand, discuss, and agree on the process of the final disposition.
3. Particular care needs to be taken to protect personal information and to avoid exposing the bereaved family to social prejudice.
4. The government should help expedite the process of issuing a death certificate for a victim of an epidemic.

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- 1) The Central Disaster Management Headquarters (044-202-3731-4) has oversight over the Funeral Support Center (1577-4129) for funeral support services, which consist of providing information about the reservation for cremation facilities, funeral procedures, and use of funeral facilities, and providing on-site support when requested by the Central Disaster Management Headquarters. The metropolitan, provincial/municipal, county, district, and local governments provide the following services: explaining to the bereaved family funeral procedures (incineration) complying with the law, preparing the casket transportation vehicle and casket carriers, providing the bereaved family with transportation and make-up vehicles when moving to a cremation facility, and providing the bereaved family and corpse takers with personal protection gear (KF94 or N95 masks and the like, disposable waterproof coveralls, disposable gloves, goggles, face shields, rubber boots, etc.), and disinfecting facilities and equipment (medical institutions, transportation vehicles, cremation facilities, funeral homes, etc.). The Korea Funeral Association (Corp.) supplies funeral homes with transportation support vehicles for a smooth funeral process, and cremation facilities should be operated at all times during the reserved hours. The Funeral Support Center is open on a 7/24 basis.

In the event of an epidemic, healthcare professionals experience extreme levels of emotional stress that are caused by heavy workloads, prolonged working hours, increased risk of infection, and the discomfort of wearing Personal Protective Equipment (PPE). They may suffer from burnout, trauma exposure, anxiety, and depressive symptoms after work. These emotional issues need to be addressed through appropriate support measures; however, healthcare professionals in the middle of an epidemic may overlook their psychological difficulties and may refuse to get help from others. The followings are psychosocial infection prevention and control guidelines to help minimize negative psychological sequelae of healthcare professionals on the frontlines of an epidemic.

I. Healthcare professionals

1. Healthcare professionals on the frontlines of an epidemic are at risk of experiencing psychological stress and burnout due to any of the following:
 - Negative emotions such as fear, irritability, sadness, anxiety, and anger.
 - Anxiety, apprehension, and feelings of guilt that they might infect their loved ones.
 - Social stigma against healthcare workers and their loved ones, isolation, and loneliness.
 - Anger and helplessness against uncooperative patients or systems.
 - Reactions to traumatic on-site experiences (e.g., hyperarousal, nightmares, and recurring scenes of traumatic experiences).
 - Avoidance behaviors due to infection concerns (e.g., avoiding public places or gatherings).
 - Fatigue, weariness, and difficulty concentrating and making good judgments.
 - An excessive burden of responsibility for patients and a sense of helplessness about unfortunate deaths.
2. Healthcare professionals should be aware of and prepare for vicarious trauma.
 - Vicarious trauma: A phenomenon in which healthcare professionals who treat victims of disaster exposure suffer from the symptoms of Post-traumatic Stress Disorder (PTSD).
 - Healthcare professionals who bear witness to and engage with the difficulties faced by their infected patients and loved ones can be overwhelmed by the emotional reactions evoked by such secondhand experiences and feelings as if they are too undergoing these hardships.
3. Be aware that psychological difficulties may lead to unhealthy responses.
 - Unhealthy coping such as smoking and drinking.

- Emotional suppression or self-isolation.
4. Ask for help at an early stage and notify your organization if you are experiencing any psychological difficulties.
 - Periodic monitoring of the physical, as well as psychological conditions of healthcare professionals is important. Be sure to seek help at an early stage and notify your organization if you experience any signs of excess stress or mental health issues.
 5. Be informed of the infectious disease management provided by hospitals.
 - Read and follow the recommended guidelines provided by hospitals. Be familiar with the contact numbers of the infection control team, if any, and be sure to read and share important information with colleagues in your department. This can help to manage your own stress and emotional stability while ensuring the prevention of infectious diseases and the safety of patients.
 6. Address any stress regarding the use of PPE.
 - The use of PPE may cause severe discomfort and interfere with your communicative abilities. It may also cause feelings of stuffiness, anxiety, and fear. Should this happen or continue, please get rest and seek help if necessary,

II. Healthcare organizations

1. Provide basic needs for healthcare professionals to ensure emotional stability.
 - Health professionals may have concerns over bringing the virus home or spreading the disease to their loved ones. Hospitals should provide a separate and secure environment where healthcare professionals can rest apart from their families.
 - Ensuring healthcare professionals with food, their daily necessities, and PPE is a way of providing systematic support in minimizing psychological stress related to infectious disease control activities.
2. Encourage healthcare professionals to share their daily lives with their families.
 - Various methods, such as face-time or video streaming, can be used to alleviate the concerns of healthcare professionals and their families to help them feel fully protected and supported by their healthcare organizations. This will also increase their motivation to engage in on-site medical care.

3. Provide continuous education opportunities for healthcare professionals on infectious disease management.
 - Healthcare professionals can overly perceive the outbreak of an infectious disease because they experience a continual influx of patients in an isolated environment.
 - The hospital must provide educational opportunities to help health professionals gain competence from feeling hesitant to perform medical care on infectious disease cases due to having insufficient information on and awareness of its infectivity.
4. Ensure sufficient quantities of PPE for healthcare workers.
 - To alleviate any concerns about the lack of PPE (i.e., a means of preventing the transmission of infectious diseases), hospitals must ensure that sufficient supplies of PPE by size and type are made available.
 - Train all employees (including healthcare professionals) on how to use PPE and let them share their struggles in wearing it.
5. A mental health service team should be available for healthcare professionals.
 - About half of all healthcare professionals reported that the death of a patient is the most difficult moment to endure. During treatment, they may experience intense feelings of loss or a sense of failure that they were unable to save the patient.
 - Healthcare organizations should operate a mental health support team of specialists in response to the psychological impact of epidemics on healthcare professionals. Opportunities and access to counseling services are necessary to help them safely express their emotions.
6. Efforts should be made to reduce the work stress of healthcare professionals, such as teamwork and morale-boosting activities.
 - Promote teamwork and morale-boosting activities to help reduce work stress.
 - It is recommendable to have a buddy system wherein pairs of workers monitor and support each other to help each other overcome overwhelming emotions.
 - Supervisors of healthcare organizations can become exemplars of making healthy plans and showing positive behaviors for other employees, such as taking time to rest, wearing appropriate PPE, and ways or tips on communicating with their loved ones.

III. Media

1. Protect healthcare professionals and their families from being stigmatized.
 - The media should be careful not to send out biased news that can create a harsh social atmosphere, stigma or discrimination against healthcare professionals and their families. While family members of healthcare professionals take pride in their services, they may also experience the fear of the transmission of disease who are in direct contact with their family members who are the healthcare professionals.

IV. Community / Government

1. Support frontline healthcare professionals to focus on their work.
 - Frontline healthcare professionals who work under extremely stressful conditions are likely to experience, to a great extent, decreased enthusiasm and negative emotions, especially in the absence of the government's intensive support as well as the lack of systematic and practical assistance. Therefore, central and local governments should provide sufficient PPE and basic necessities and also adjust medical resources to prevent overwork and burnout among healthcare professionals.
2. A mental health service team should be available for healthcare professionals in local units of government.
 - Central and local governments should plan ahead and organize a psychological support group during the early phase of an epidemic outbreak to help mental health professionals prepare for healthy coping and resilience.
 - An integrated psychological support group will be able to assist healthcare workers and others who need professional care.
 - It is necessary to provide opportunities for healthcare professionals to hold ceremonies in order to commemorate the victims of infectious diseases following the end of the epidemic. These events serve as an important opportunity to begin the recovery phase.

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Firefighters and police officers who are involved in the transportation of infected patients and first-aid activities often experience greater psychological difficulties than other people; however, they usually have difficulties receiving help and understanding. They encounter challenges in the course of their duties, such as dealing with the public venting their anger or accusing them of negligence. In the middle of a disaster, social attention is especially focused on the emergency activities of firefighters and police officers. In addition, extended working hours and their commitment to their mission leave them rest deprived, thereby aggravating physical fatigue and burnout. Just as minor cuts on the body need to be treated to avoid infection, so a wounded heart also needs to be healed.

I. First responders

1. Be aware that first responders may undergo psychological changes caused by their on-site emergency response activities. In severe cases, it is also advisable to work together with mental health professionals to tackle any difficulties.
 - Physical fatigue and exhaustion: Emergency responders are likely to continue working despite extreme fatigue and exhaustion because they cannot take a break from people who need their help. Extreme fatigue leads to decreased concentration and judgment, increased risk of accidents, and reduced job efficiency. Therefore, the roles and responsibilities of each worker should be clearly defined, and well-organized responses should be implemented.
 - Feelings of helplessness and guilt: Despite their full commitment, first responders are not always successful in performing first-aid activities. Whenever this happens, they may be consumed with feelings of guilt and helplessness stemming from a conflict between their dedication and realistic limits, thereby making them feel that they should have done something more or better.
 - The profanity of victims venting their anger and emotions: Disaster survivors who are faced with severe injuries often experience feelings of guilt or anger that may be misdirected toward nearby firefighters or police officers on the scene, thereby demanding high levels of emotional labor.
 - Negative situations on the scene: Emergency responders are the first responders to encounter and handle tragic and horrific scenes. Without adequate stress management, they may develop Post-traumatic Stress Disorder (PTSD).
 - Fear of infection: The outbreak of highly contagious infectious disease arouses fear and tension of potential infection among first responders when responding to or transporting infected patients. Performing one's duties under such circumstances may lead to extreme tension.

- Anger and mistrust towards organizations: If a first responder's colleagues gets infected during a duty assigned by their organization, this may trigger anger or distrust against the supervisor or organization who assigned the task.
 - Concerns over their family: If their family members were to be infected from them, emergency responders may experience feelings of guilt and tension. Moreover, those who engaged in support activities in other regions usually face increased mental pressure due to irregular schedules, difficulty in coping with stress, and concerns over the family that they left behind.
2. Put your own safety first.
 - Because you are exposed to the risk of infection, put your own safety at the top priority when performing your duties. For this, be fully informed in advance about the person with whom you will contact in your duty and make sure to strictly follow the guidelines for infection prevention and control.
 3. Maintain your physical health.
 - Regular eating habits are essential for the body to maintain homeostasis, thereby preventing stress and increasing adaptability. Sleeping is also essential for recovering from physical fatigue and for relieving mental stress, so pay attention to physical health management such as a healthy diet, sound sleep, adequate exercise, and control of consuming alcohol and caffeine.
 4. Watch for signs of stress and burnout.
 - Prolonged on-site operations involving extended hours and excessive workload devastate the minds and bodies of first responders and may cause burnout syndrome. Watch for signs of stress and burnout, notify your supervisor, and, if necessary, take a break.
 5. Try stabilization activities.
 - Sometimes the worst-case scenario of epidemics may come to mind but negative thoughts often overwhelm and exhaust us rather than help resolve the situation. If the worst-case scenario strikes you, stop those negative thoughts. Instead, try abdominal breathing, meditation, positive imaging, and mindfulness.
 6. Reduce the amount of time spent searching for information and choose reliable information.
 - During a crisis, all sorts of rumors spread around. Focus on official announcements or essential healthcare information. Spending too much time searching for information will increase your fatigue and muddle your judgments.

7. Stay active in social support.

- It is difficult to express wayward emotions. However, it is sometimes useful to express your feelings to another person. Try to remain supported by keeping your social activities alive via phone or email, even without face-to-face meetings.

8. Seek help from a mental health professional.

- The National Fire Agency is currently operating its own counseling center for firefighters in need of an outreach service at different locations. The National Police Agency also provides psychological support through counseling centers. Seek help from a mental health professional and share your concerns rather than trying to resolve it all by yourself.

II. Government

1. Make sure that support systems operate at an institutional level.

- In the early stages of a disaster, all personnel deployment must be concentrated on the emergency response; however, in the long term, shift work should be arranged to avoid heavy workloads and ensure time for rest. Provide a rest area offering privacy and shelter at workplaces even in situations where first responders can barely find the time to rest.

2. Increase access to mental health care.

- For firefighters and police officers who are exposed to trauma at the forefront of disaster situations, preventive training on mental health issues can help them improve resilience and disaster management capabilities. The counseling center needs to be accessible 24/7 so that anyone is easily access to the center. For any psychiatric issues found during counseling, emergency responders need to be assured of confidentiality to protect them from any disadvantage in performance evaluation.

3. Provide social support through teamwork.

- First responders find more support when working in pairs. Rather than working independently, working as a team is more effective for concentration and responding to the call for help. It also helps responders recall and apply what they have been trained for. Humor and positive interaction with colleagues not only help them to share experiences, feelings, and develop a special bond with one other but also serve as a key driving force for stress recovery.

4. Give positive feedback and credit.
 - For first responders, heavy exposure to the media should be avoided. However, acknowledge the value of their work and gives them credit via social media during a disaster.
5. Create a supportive organizational culture.
 - Pay attention to the struggles of first responders without dismissing them as excuses and encourage those with serious mental health issues to receive professional treatment.
6. Provide accurate and relevant information on a regular basis.
 - Be sure to inform them of the psychological difficulties they may encounter during on-site activities along with information on how to get help. In addition, infectious disease-related information should be available through clear communication channels on a regular basis and in an accurate manner.

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On-site Support Personnel

On-site support personnel continue to provide important services across a wide range of areas to vulnerable population to help them keep their lives stable. They also serve as a community network. In the event of an unforeseen disaster, they can be confused or feel anxious or fear about the roles that they have performed and, therefore, experience emotional difficulties. The followings are psychosocial guidelines for on-site support personnel in hopes to overcome any challenges they may face while they are on duty.

I. On-site support personnel

1. In the event of a disaster, you may not be able to perform at your normal level or usual tasks.
 - You may find it difficult to perform some of the tasks that you are familiar with.
 - If this happens, it is important to express concerns to your significant others about it.
 - It is not helpful to criticize or reprove colleagues for being unable to perform properly.

2. Monitor your own physical and emotional responses while helping others.
 - You may fail to sense your own signs or symptoms while helping others. Be sure to monitor your own physical and emotional reactions while performing your task.
 - Physical and emotional reactions include shoulder stiffness, heart palpitations, feelings of guilt, fear, or shame.
 - On-site personnel working in emergency settings, in particular, should regularly self-check and look out for any emotional changes. You may find it useful to write down emotional changes in a small notebook or diary to keep records of the changes.
 - Stay connected with co-workers or significant others to overcome these challenges together.

3. Never blame yourself.
 - On-site support personnel are also at risk of being infected while performing a wide range of helping activities.
 - It is important not to blame yourself for being “my fault” or attribute the exposure to yourself by saying “I was careless” without first identifying the routes of infection. It is important not to blame yourself for being “my fault,” my carelessness “without ever confirming the path that the person I care for has been exposed to an infectious disease.
 - It is unnecessary to feel guilty for taking a break or rest when others are in a busy or difficult situation. Taking a break allows you and others to recharge for better performance.

4. Beware of prejudice against those who receive on-site support for fear of infectious diseases. Having prejudice against the on-site support recipients or excessively avoiding them elevates stress level of both the support staff and the recipients.

II. Family and acquaintances of on-site support personnel

1. Provide support the on-site support personnel.
 - Acknowledge and support the on-site support personnel's effort and sacrifice who are at the frontline of infectious diseases.
 - Do not misconceive that on-site support personnel are infected from the disease.
2. Do not request the on-site support personnels to verify the spread misinformation or fake news out of excess anxiety.
 - On-site support personnel are responsible for providing physical and mental care.
 - Asking them to verify the spread misinformation or fake news may impede the proper performance of their on-site duties.
3. Be cautious in delivering information concerning disaster scenes.
 - Unconfirmed information disseminated by on-site support personnel's families or acquaintances may produce rumors and increase anxiety level.
 - Children can be greatly affected by their parents' emotions such as anxiety and fear. When you discuss serious topics that children are unable to mentally contend with, it is recommended that you do so in a separate space.
4. Pain experienced by on-site support personnel and their families may linger even after the infectious disease disaster is over.
 - Psychosocial care should not stop with end of the epidemic.
 - It is necessary to carefully examine the level of trauma experienced by the on-site support personnel and their loved ones to determine its impact on their daily lives.
 - It is advisable to monitor emotional changes and daily living of on-site support personnel around the time of commemoration, such as the first anniversary of the disaster or a memorial day for the victims whom the on-site support personnel came into contact with.

III. Media

1. Press should release news in a careful manner so as to prevent from producing prejudice against on-site support personnel.
 - When releasing a report, please acknowledge the diversity of the site and also consider the inherent characteristics of on-site support personnel's duties.
 - Excessive fear, misconceptions, and fake news can elevate the anxiety level of on-site support personnel and their families as well as their significant others.
2. Please share stories that offer hope and positive emotion during an epidemic outbreak.
 - News coverage focusing on the discomfort and challenges encountered at a disaster scene can make the on-site support personnel more nervous.
 - News media should also contain positive news such as cases that have been properly dealt with or successful overcoming stories so as to encourage readers to become optimistic about the situation.

IV. Government

1. Ensure basic safety protocols and break time for on-site support personnel.
 - Basic safety protocols and break time must be ensured to prevent on-site support personnel from both physical and psychological burn-out.
 - It is important to continuously meet the basic needs and supply safety tools of these individuals.
 - A separated place should be provided for on-site support personnel to rest. If not, it is difficult for them to take enough rest apart from their on-site duty.
2. Assign a department of external affair liaison officer to communicate with other local governments for external support.
 - Despite their desire to help, other regions and external support personnel may find it difficult to provide assistance, not knowing where to make contact. Designate an officer and department to serve as a liaison.
 - Provide on-site support personnel with outlets through which their opinions or messages about changes in the situation can be heard.

3. Communication with on-site support personnel should be clear and accurate.
 - On-site support personnel may receive various kinds of distorted and false news from their service recipients that can make them more anxious.
4. Administration and communication should be as basic and simple as possible for on-site support personnel.
 - On-site support personnel may feel overwhelmed by repeated time-consuming administration requests or phone calls other than their intended duties. Simple administration and unified communication can make their helping roles a top priority.
5. Expand the scope of support to the difficulties of their families.
 - Take care of their families, especially those in need of care.
 - It is important to provide support for their family members, because concerns over their family can prevent on-site support personnel from fully concentrating on their duties.
6. If an on-site support personnel becomes infected while on duty, the individual must receive full support and treatment.
 - The individual must cease their work and receive necessary care and assistance. Other on-site support personnel who may be exposed to the same condition should also be protected from the infectious disease.
7. After the epidemic, be sure to acknowledge all the many contributions made by individuals.
 - Acknowledge the contributions of individuals who have provided on-site services at various scenes. Efforts should also be made to acknowledge and publicize the contributions of anyone who played a role in instilling hope, including those who have been called to frontline duty as well as on-site support personnel and their families.

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Mental health professionals (i.e., psychiatrists, psychiatric mental health nurse practitioners, mental health social workers, and psychologists) may suffer from traumatic stress and burnout due to their responsibilities during a crisis, namely providing psychosocial support to those who experience disaster-related psychological distress. Mental health professionals working in areas that are affected by epidemics can experience a high level of stress. This may in part be due to the threat posed by infectious diseases to themselves and others, such as those close to them. Moreover, patients or counselees (hereafter “recipients”) of mental health professionals are usually vulnerable to severe psychological symptoms or distress while they are involved in a disaster, which can intensify the work stress of mental health professionals in disaster settings. If left unmanaged, the traumatic stress and burnout of mental health professionals could continue to affect them, resulting in a decline in their performance and well-being. Therefore, mental health professionals who are involved in disaster psychological support activities or perform duties in areas affected by an epidemic must be aware of such implications and be able to practice self-care. At the same time, psychosocial support should be available for mental health professionals at their respective organizations, communities, and governments. The followings are psychosocial guidelines for mental health professionals that play a key role in psychosocial support during an epidemic.

I. Mental health professionals

1. Put your physical safety first.

- Ensure your physical safety from the danger of infection while performing duties in areas affected by an epidemic. To this end, stay informed about the danger or prevention of infectious diseases from reliable sources.
- Review the guidelines for mental health professionals during epidemics available at reliable public institutions and their academic associations.
- Advise recipients of the alternatives available to them, such as the delay of service delivery or either video or phone counseling. Make sure to arrange for a professional setting where confidentiality can be assured and review the response strategies for safety in the event of a psychological crisis (i.e., familiarize yourself with the code of ethics during epidemics).

2. If you need quarantine or treatment, ask for help.

- Mental health professionals, if necessary, should notify the authorities as well as the recipient about their need for quarantine due to infection or a high risk of infection.

For recipients requiring psychological crisis management (e.g., suicidal risk), advise them of a list of hotlines or mental health services that can be beneficial to them.

3. Be familiar with the signs of stress and burnout and closely monitor yourself.
 - Mental health professionals involved in psychosocial support during epidemics should be well-informed about the signs of traumatic stress and burnout and monitor themselves as well as their colleagues. Use screening instruments capable of detecting and measuring traumatic stress, burnout, and feelings of accomplishment.
 - Be aware that a secondary traumatic stress response is a common reaction of professionals who work with trauma survivors.
 - Constant exposure to the details of those suffering high levels of epidemic-induced emotional distress may cause mental health professionals to experience certain traumatic stress reactions such as intrusion, avoidance, and hyperarousal.
4. Get immediate help in case of burnout and take care of yourself.
 - If you notice a decline in your work performance and wellness in everyday life due to burnout, clearly communicate your role and scope of responsibilities to others and coordinate operations in a given work setting.
 - Accumulated work stress without a clear role and scope of one's responsibilities in a work setting may cause emotional exhaustion (emotional or cognitive distancing from a task or poor performance), depersonalization (cynicism about helping recipients and difficulty sympathizing), and a decreased sense of accomplishment (low productivity and efficacy associated with tasks).
5. If any signs of physical or mental risk are detected, contact your supervisor for support.
 - Mental health services (i.e., evidence-based treatments such as medication and cognitive behavioral therapy) should be available for symptoms of Post-traumatic Stress Disorder (PTSD), which leads to worsening performance at work and reduced well-being in daily life.
 - If you experience high levels of burnout, monitor yourself for any accompanying major depressive episodes. If you suffer from major depression, then monitor yourself in the event of a psychological crisis (self-check for suicidal crisis) and immediately contact mental health services, should this occur.
6. Join an education service, workshop, or counseling program that helps you cope with traumatic stress or burnout.

7. Take advantage of useful self-care skills.

- 1) Manage and control the factors that increase emotional vulnerability (e.g., sufficient sleep, regular diet, physical healthcare, adequate rest, control of caffeine intake and alcohol consumption, and adequate physical activity).
- 2) Leverage your social network resources.
 - Confide in people close to you and ask for their support and help.
 - Seek advice and support from your supervisor regarding cases that you take up.
 - Talk about difficult cases with your colleagues and gain their support.
 - Be aware of hyper-responsibility, which makes you believe that only you can do this task.
 - Attend group support meetings with your team members.
- 3) Establish healthy psychological boundaries.
 - Make your limits clear to recipients and colleagues.
 - Reject any unreasonable request from your organization or recipient.
 - Communicate clearly with recipients regarding your boundaries and reach an agreement thereto.
- 4) Find meaning in your life.
 - Have faith and hope for change.
 - Remind yourself of why you chose this career and how you find meaning in life.
 - Pay attention to any positive, rewarding, and fulfilling experiences you had while performing your duties.

II. Organizations

1. Emergency response systems for psychosocial support should be established at an organizational level during non-emergency times as follows:
 - As part of disaster preparedness protocols, develop a manual and provide training across the organization so that the working staff can understand the system in the event of a disaster.
 - Make information or educational materials available for staff members regarding the effects of occupational traumatic stress and burnout as well as how to manage them.
 - Provide training, counseling, and management for capacity building.
 - Offer a peer support program on a regular basis.
 - Conduct regular assessments of job satisfaction and help improve the work environment.

- Provide funding for a program designed to promote team care and burnout prevention.
2. Support systems should be implemented at an organizational level in response to disasters as follows:
- Schedule shift work to avoid heavy workloads and ensure that there is enough time allocated to rest.
 - In response to a disaster, provide a rest area for staff to ensure their privacy and shelter at work even in situations where they can barely find the time to rest.
 - Encourage individuals in key positions to emphasize the importance of self-care for mental health professionals.
 - If mental health professionals are exposed to severe cases and need to mitigate the impact that it may have on their well-being, on-duty rest breaks are recommended.
 - Conduct screenings to determine disaster-induced stress levels and mental health conditions.
 - Instruct the disaster psychosocial support team leader (or manager) to monitor the mental health conditions of on-site responders.
 - If mental health professionals are severely affected by a recipient's experience, support for the practitioners (e.g., consultation, supervision, mental health services) should be provided.
 - Encourage and support staff members returning from the frontline of the epidemic after completing a psychological support mission.
3. After disaster intervention, support should be provided as follows:
- Ensure that programs designed to promote team care and burnout prevention are available to team members.
 - Ensure that benefit programs are available to team members (e.g., accident insurance, vacation policy, etc.) in accordance with human resource management regulations within the organization.

III. Community / Government

1. Provide the necessary psychosocial support to mental health professionals who have participated in psychosocial support activities during the epidemic, knowing that they are very much the same as disaster survivors and that their treatment should not be much different as well.

2. In addition to mental health services, ensure that other services, such as financial support and legal advice, are available.
3. Provide online community programs, including services such as self-management, peer support, and information acquisition to build a support network for mental health professionals that are involved in psychosocial support.
4. Support the facilitation of self-help groups for professionals.
5. Be sure to include mental health professionals involved in disaster psychosocial support along with local governments when planning long-term financial and service support structures that are based on existing community services.

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During a new epidemic of an infectious disease, children may be agitated, anxious, or confused because they do not understand prevention guidelines. While protecting children from being infected, adults should help them feel safe by understanding their state of mind and responding to them at their level. Additionally, child protection strategies are needed in order to prepare them for such special situations as self-quarantine.

I. Parents

1. Parents' moods can affect their children's emotional states.
 - If adults respond too anxiously to the epidemic outbreak, children may also feel anxious in response to the adults' verbal or nonverbal expressions.
 - When anxious, children may display the following emotional or behavioral reactions: nocturia, thumb sucking, stranger anxiety, aggression, clinging to adults, irritability, hyperactivity, repeatedly talking about the infectious disease, changes in eating and sleeping habits, and unexplained pain.

2. Be vigilant and closely observe whether there are any changes in your child's behavior and emotions, and let the child feel that she/he is being cared for and loved.
 - The changes in a child are most likely to be temporary reactions during an epidemic outbreak. If the changes interfere with activities of daily living or persist for longer than two or three weeks, seek professional help.
 - If your child feels loved by caregivers whom he/she trusts and relies on, this greatly helps him/her feel safe.
 - Explain the situation to your child kindly. Tell your child that adults are trying to overcome the epidemic outbreak. Say that you will protect him/her.

3. Perform infection prevention activities together.
 - With your child, identify and practice methods for washing your hands thoroughly and wearing face masks. Help your child learn to perform these actions independently.
 - Conduct activities with your child that are helpful to the family, such as disinfecting doorknobs and preparing to wear face masks. Children gain confidence through the experience of helping others.
 - Make a daily schedule with your child so that he/she can maintain a regular routine. You can be a role model for your child by maintaining a regular daily routine yourself and being diligent in managing your hygiene.

4. Keep your child from excessive exposure to news regarding the infectious disease.
 - It is not helpful to children if parents and caregivers talk excessively about the disease or news about the infectious disease.
 - If your child worries too much, ask the reason and let him/her know that you understand. If your child believes incorrect information, explain matters correctly at his/her level.
5. Be aware of burnout and take care of yourself.
 - If other people can take turns with you caring for your child, take regular breaks and engage in activities that you enjoy.
6. Special attention is necessary if a child or other family member is in self-quarantine.
 - Children may mistakenly think that being under quarantine is their fault. Explain in words your child can understand and assist him/her in not feeling socially isolated or guilty for the situation. Make the child feel safe by establishing an alternative way of keeping in regular contact with your family during the quarantine period.
 - If your child is very young, try to stay with him/her as much as possible. If your child must be separated from you, make him/her less anxious by regularly maintaining contact through video chats and similar methods. If necessary, you can make use of benefits for reduced work hours for childcare and family care leave.

II. Teachers and caregivers at daycare centers

1. During an epidemic outbreak, implement procedures and preparations that all people, including employees of daycare centers, can agree upon as safe by the time the center opens for children.
 - Like parents, the psychological state of teachers can influence the emotions of the children whom they care for.
2. Teach children a daily protocol for infection prevention and perform it together.
 - To prevent infection, be vigilant about the health status (e.g., fever, cough) of children and their emotional states (e.g., anxiety, irritation, aggression). Communicate with parents whenever necessary.
 - Explain to children and their families the efforts that your center is taking to prevent the spread of infection.

III. Professionals

1. Provide information to the parents or guardians so that they can understand the child's reaction to the epidemic outbreak and help him/her.
 - First, give assurance to the child and parents that some anxiety is a common response to the infectious disease. Assurance by professionals is important in dispelling anxiety in children and parents.
 - Tell the parents that the child will feel assured when they are relaxed and guide them to take care of their own health as well.
2. Pay special attention to cases involving weak support systems, such as single-parent or kinship care households.
 - If necessary, help the person responsible for childcare provide better care for the child or reinforce the support system by connecting the person to social welfare centers.
3. During an outbreak of an infectious disease, children in socially vulnerable populations might be overlooked in social policies.
 - Professionals should express their opinions so that vulnerable children can be protected from the epidemic outbreak.

IV. Government

1. It should be a top priority to provide a sufficient amount of hygiene products to schools, kindergartens, and childcare centers in order to protect children from infectious disease.
2. Measures should be implemented so that children will not be neglected because of blind spots in childcare that might arise during the epidemic outbreak.
3. Beyond providing support during the acute phase of infectious disease, the government should plan and establish systems to support recovery, prevention, and countermeasures for the disease that include infants, toddlers, and older children. Additionally, a variety of approaches should be undertaken to encourage families with infants, toddlers, and/or older children to participate in these systems.

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In the uncertain situation of an infectious disease outbreak, the parents of adolescents may feel anxious and worried, as they are unsure of how to properly protect and guide their children. The level of confusion and anxiety can be decreased by taking proper preparations based on accurate information about the infectious disease and stress reactions caused by it. This chapter provides useful information on self-care methods for adolescents and their parents.

I. Adolescents

1. Cope with the epidemic in healthy ways based on accurate information regarding infection prevention.
 - Understand how the infectious disease is spreading in the current epidemic. Follow an infection prevention protocol (e.g., hand washing, cough etiquette, and physical distancing) to protect yourself from the infection.
2. Maintain a daily routine.
 - During an epidemic, your daily rhythm can be easily disturbed, as leaving home is restricted and your daily routines (e.g., going to school or an after-school academy) are suspended or modified. As stress increases, the immune system are negatively influenced as your sleep cycle is reversed and you lack a regular daily routine. If activities are abruptly restricted, you may even feel lethargic.
 - Keep up with daily routine activities, such as sleeping, eating meals, and exercising should be properly maintained.
 - Excessive use of social media or playing games can be signs of stress responses rather than play.
 - When you have to stay home for physical distancing, actively engage in family activities or those you enjoy doing.
3. Information search requires smart selection and concentration.
 - You should learn to discern unreliable information and take in trustworthy contents, such as official government reports, as a wide variety of information is produced during infectious disease outbreak. Unfortunately, much of it is fake news and inaccurate information may spread via social media.
 - Excessive search for information may induce confusion, anxiety, and exhaustion. It is recommended that you limit a specific time per day in information search and rely only on references from trustworthy organizations.

4. Understand all efforts that are made to make you, your family and friends, and all others healthy.
 - We can overcome this infectious disease by following an infection prevention protocol. Though the situation may seem tedious, you should make infection prevention activities like hygiene management and physical distancing a top priority.
 - Instead of showing hatred, blame, and prejudice toward patients of the infectious disease and persons in quarantine, write something positive on social media to encourage them, their family, and medical personnel. They, too, are the victims of the epidemic outbreak, and everyone is at risk of getting infected.
5. Maintain emotional bond with your family, friends, and relatives.
 - There are alternative ways to keep in touch with friends during periods when physical distancing is mandatory, such as using mobile phones and messaging applications. It would also be nice to send messages of encouragement to people you know who are in difficult situations.
6. Anyone can feel anxious about the infectious disease and concerned about his/her health.
 - Anxiety is a natural response during an epidemic. While some level of anxiety is helpful in recognizing risks and preparing accordingly, too much anxiety may interfere with your daily life. If you feel that you are unable to control anxiety or irritation, or if you frequently experience inexplicable physical symptoms, talk to your parents, caregivers, or others whom you trust.

II. Parents and caregivers

1. Understand and accept the stress responses that adolescents in your care frequently exhibit.
 - During an epidemic, adolescents can experience diverse stress responses, including pain with no identified cause, various physical symptoms, changes in sleep patterns and appetite, restlessness, anhedonia or lethargy, isolation, and difficulties in focusing and learning. They may also be irritable or frequently argumentative and engage in risky behavior or rejection. Anxiety about the infectious disease may drive them to search excessively for information or display obsessive behavior. Conversely, they may ignore infection prevention protocols and guidelines they should follow to stay healthy.

2. It is essential to have a supportive attitude, listen to what your teenager is curious about, and talk with him/her.
 - Given their developmental stage, adolescents may have difficulty communicating. They may be reluctant to show their anxiety or weaknesses and refuse to admit that they feel stressed. To hide the problems that they have, they may carry on activities of daily living without showing any relevant emotional or behavioral changes. They may suppress their feelings, not express them at all, or may refuse to talk with their parents or caregivers and act indifferent. They may even react to the news or specific information regarding the infectious disease in an argumentative manner.
 - Share worries and concerns with your teenager, and tell him/her that during an epidemic it is normal for people to experience various stress responses.
 - Respond with an open attitude to what the adolescent wants to know. Parents and caregivers should be frank about what they do not know. It is better to try to find reliable and accurate information and share with your teenager.
 - Help adolescents avoid overexposure to a flow of information on the media. Fear and anxiety may increase if they are exposed to unverified information about the infectious disease.
 - Talk with adolescents about the information and their thoughts on the infection. It is desirable to openly discuss problems such as social stigma, prejudice, fake news, and rumors. If an adolescent shows a somewhat biased viewpoint, offer acceptance and embrace the fact that diverse opinions exist, rather than flatly criticizing or attempting to teach. Talk about social issues that may arise from social stigma or prejudice and try to build a consensus.

3. Parents and caregivers should become healthy role models for their teenagers.
 - Parents and caregivers can also experience emotional problems such as anxiety and anger due to financial difficulties, restricted activities, and fear of the spread of the infectious disease.
 - If parents or caregivers show exemplary behavior in superbly managing their daily schedules and following infection prevention protocols, adolescents can model such behavior. Parents and caregivers who share their honest feelings of anxiety and anger and control stress in a healthy manner will be positive role models for their teenagers as well (who will undoubtedly experience stress in the future).
 - Encourage teenagers to maintain a daily schedule, including adequate time for sleep and meals. Discuss with them how the excessive use of games and social media may be a stress response to the current situation, and make plans together on how to control their use.

4. Nourish the adolescent's psychological health by encouraging him/her to maintain social relationships and fostering his/her self-confidence.
 - Teenagers may experience social isolation and loneliness from physical distancing. Encourage your adolescent to stay connected with close friends and check in on them by phone, the Internet, and games.
 - Pay close attention to how the teenager uses social media. Some adolescents may express their anxiety with harsh criticism or hatred toward others. Sometimes, they spread fake news or inflict cyber violence. Be alert to negative social media use and talk with your teenager.
 - Because of concerns regarding the spread of infection, schools and after-school academies may shut down. Adolescents can increase their competence by participating in household tasks and family activities and performing physical exercises. Help increase your teenager's confidence by enlisting their help in a variety of ways (e.g., doing chores, babysitting a younger sibling, running errands for spending money, developing physical exercise ability, and leading family activities).
 - With your teenager, donate to infection management activities or participate in such activities as sending encouraging messages to medical staff, field support workers, patients, and those in self-quarantine. Through such activities, adolescents are transformed from helpless beings to contributors in a crisis; their participation helps increase their confidence and feelings of empowerment.

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It is difficult to predict the end of an infectious disease outbreak. Until it is completely overcome, special attention should be paid to older adults. It may be difficult for them to obtain information on an infectious disease in a timely manner. They may also be more vulnerable to infection because their immune systems are considered relatively weak. During the spread of an infectious disease, they cannot visit multi-use facilities, such as welfare centers and senior centers, and they meet with friends and family less frequently. Aside from the fear of infection, they may feel socially isolated and bored, and their health may worsen from a lack of exercise and activity. Older adults with mental health problems such as depression and dementia may find it difficult to practice infection prevention protocols.

I. Older adults

1. You may feel overly stressed because of the infectious disease. You should take care of and encourage yourself.
 - Embrace and encourage yourself. You have managed yourself well all your life until now. Manage this time, too, by remembering times in the past when you successfully overcame difficulties.
2. If you have symptoms or see any changes in your body to suspect infection, be proactive and let important personnel know of the symptoms.
 - You may think that you should not bother your family and neighbors with your symptoms and difficulties, because you do not want to trouble them. However, it is important to be diagnosed early and get treatment in a timely manner. An infectious disease is a problem not just for you but for a whole society. Let others know of your symptoms and difficulties so that quarantine authorities and society can effectively deal with the infectious disease.
3. Establish relationships with others for regularly check in and help.
 - Avoid visiting others in person during an epidemic outbreak. Instead, use the phone or Internet to check in on them. Writing letters can be also useful.
 - Keep handy contact information for family, friends, public welfare centers or private centers, and various other organizations operated by the central and local governments, and seek help whenever necessary. If you are in the loop with others, you will feel less socially isolated; moreover, staying connected will help you deal with the current epidemic situation.

4. Exercise and move your body every day.

- During an epidemic outbreak, it is difficult to go to an indoor gym or welfare center that you might have used in the past, so your physical activities will be limited. While making sure not to become infected, continue to perform physical exercises and activities so that your exercise level will not decrease too drastically. Physical exercise is beneficial for health. Additionally, it decreases anxiety and increases happiness. Consult with healthcare professionals if, due to concerns about the infectious disease, you are uncertain about exercises that would be appropriate.

5. Relax your body and mind.

- Stretching to relax muscles, meditating, listening to music, and practicing Yoga breathing can lessen stress, anxiety, and depression related to an infectious disease. Be sensitive to your feelings and your body's reactions. Self-expression through writing or drawing in a relaxed state of mind or keeping a journal can be also helpful.

6. Help yourself, and help others if possible.

- Contribute to the community that is fighting the infectious disease. Contribute whatever small experience or ability you have—not to mention your expertise—and you will not only help others but also yourself. To find out how to volunteer, talk with professionals, friends, relatives, public servants in relevant areas, and social workers. Volunteering enhances self-esteem and reduces feelings of helplessness.

7. Get help from professionals if you want to know about your current mental health, including depression, anxiety, and decreased cognitive functioning.

- Utilize healthcare services to maintain your mental health as well as your physical health. When you are physically sick, you see a doctor. Likewise, if you feel that your mental health has deteriorated, seek help from a mental health professional, including psychiatrists, clinical psychologists, nurses, and social workers working in community health centers, hospitals, or social welfare centers.

8. When you are exposed to news, examine whether it is accurate and trustworthy.

- Fake news is prevalent these days. Do not be misled by incorrect information or hate news; also be aware of news that disparages older adults and fake news that triggers excessive fear.

9. Accept uncertainty.

- Accept that we do not know precisely what will happen in the future, as unexpected events occurred in the past. Focus on the activities and daily lifestyle routines that you can perform now.

10. Maintain your daily routine.

- Eat meals, go to bed and rise on time, and exercise regularly.

II. Caring for older adults

1. Provide emotional support.

- Older adults are vulnerable to infectious disease and may feel stressed, afraid, anxious, or angry. They may also withdraw and become overly suspicious. Those who are socially isolated or cognitively impaired may experience even more severe consequences.

2. Give older adults a brief overview of the facts about the current situation and provide clear and simple explanation on how to reduce your risk of infection.

- Use simple and understandable language. Provide information repeatedly as needed.
- Explain to them respectfully and patiently how to use a face mask and hand sanitizer, and describe the infection prevention protocol in a clear and simple manner. Older adults may be unfamiliar with how to use Personal Protective Equipment (PPE) or how to follow personal protection protocols; further, they may refuse to use the equipment even after being educated about it.
- It may be difficult for older adults to access text messages or social media. Provide them with accurate and easy information and facts about the occurrence, progression, and treatment of the infectious disease and effective prevention strategies in simple and clear language and/or in large print. In some cases, older adults may show behaviors such as stocking up on useless herbs based on unverified information. They should be provided with correct information from trustworthy sources or health professionals.

3. Encourage older adults to perform simple exercises at home or in their senior residential facilities. Exercise helps maintain energy and reduces boredom.

4. Older adults with relevant expertise, experience, and talents should be able to volunteer in the community during an epidemic outbreak.
 - Older adults can help or take care of hospital staff members that are too busy fighting the infectious disease to leave the hospital as volunteers. Their health status, activity level, capacity, and risk for infection should be checked beforehand.
5. The best way to contact older adults is to use a method that poses no risk for infection, such as phone calls.
 - Encourage older adults' families and friends to keep a close contact with older adults. It is also a good idea to teach older adults how to use text messaging.

III. Caring for the more vulnerable older adults

Special care should be provided for older adults who are widowed, live alone, are of low socioeconomic status, have mental health problems including dementia and cognitive impairments, or have a physical illness requiring continuous medical treatment.

1. Whether or not they are infected, certain medical treatments must be continued.
 - Treatment should not be discontinued in older adults with physical illnesses such as diabetes, cancer, and kidney disease.
2. Those who are in quarantine or hospitalized patients should be given honest and accurate information regarding future risk factors and the prognosis of recovery.
3. Provide them with Personal Protective Equipments (PPE; e.g., face masks and hand sanitizer), enough food, and essential household items. Increase their accessibility to emergency transportation. These preparations can reduce their anxiety levels.
4. Employees and caregivers in lockdown facilities and caregivers providing home care services may continue to provide appropriate support after receiving training via social media on how to respond to an infectious disease.
5. Educate high-risk older adults how to carry out activities of daily living, such as receiving goods and relief supplies and arranging for transportation.
 - They should be shown how to shop online for daily items and health products and how to use online services for counseling and other support services.

IV. Caring for older adults living in residential facilities

1. Managers and employees in residential facilities for older adults should establish safety measures for the prevention of mutual infection, severe anxiety, or panic.
2. Provide the same level of support to employees as well.
 - At any time, the facility can be placed in lockdown. The employees will then be quarantined with the older residents and isolated from their families.

V. Caring for older adults with dementia

The spread of an infectious disease can be a stress factor for older adults with dementia and worsen their symptoms. If they are in quarantine and away from their homes or residential facility, they may feel confused in the new environment. Special attention is required to care for and decrease confusion in older adults with dementia.

1. It is important to care respectfully for older adults with dementia.
 - Even with cognitive impairments, they can sense if they are being cared for with respect.
 - For older adults with mild cognitive impairments or early dementia, explain about the current situation at their cognitive level so that anxiety and stress may be lessened.
3. Care for older adults with severe or late dementia should be provided so that they continue medical treatment and activities of daily living.
4. Clearly tell them where they are, the date, and future plans.
 - Write the information down and post it where they can easily see it. Write memos about what they want to remember, and help them carry the memos with them or post them on a wall.
5. It is helpful to place the things they often use near them.
 - It is also desirable to ask them about the titles with which they have been called in the past and address them accordingly with respect. Also, talk with them, or listen to music that they like.
6. Provide as many physical activities as possible (e.g., taking a walk).

7. If older adults wanders, talk with them and walk together to the place from which they started to wander.
8. Make sure that they carry an object or tag with his/her name, contact information, and current address.
9. If possible, ask older adults to perform simple work during the day, like moving light objects.
10. Work in shifts to care for older adults with dementia.

VI. Other mental health problems that may worsen

1. Depression.

- Older adults with depression may manifest a variety of physical symptoms, lethargy, loss of appetite, and decreased memory; however, they may not verbally express depressive symptoms. Arrange for them to be examined by psychiatrists.

2. Delirium.

- Older adults experiencing delirium are not able to correctly recognize the time, surroundings, and people around them. They tend to feel confused and falsely believe that they are seeing or hearing something that is not actually there. Delirium is a serious condition, and medical help is necessary.

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Pregnant women and families with infants or toddlers may show great sensitivity in their psychological reactions to an epidemic outbreak. They may be more afraid and stressed in a disaster situation because they must consider the safety of the fetus or their children, as well as their own safety. The mental health of parents can affect a baby's growth and development. It is necessary for pregnant women and families with infants or toddlers to prepare them for the current epidemic outbreak.

I. Pregnant women and their families

1. Prepare for the crisis in accordance with the information provided by official disaster response authorities.
 - If the hospital you go to for regular check-ups is shut down, find alternative facilities where you can get prenatal check-ups or deliver the baby. Check whether you have sufficient food and medications that you are taking; if not, make sure to stock up on them in advance.
 - Anxiety can be reduced by making a list of community healthcare resources (e.g., hospitals you can go to in case you have an unexpectedly early childbirth, public health authorities, community mental health welfare centers, and crisis call numbers) that will be helpful in cases of childbirth or emergencies. Therefore, compile a list of emergency phone numbers, websites, and official social media accounts.
2. Get enough rest and a sufficient amount of nutrients and water. Taking multivitamins, folic acid, and prescribed medications.
 - The human body has natural immune functions to fight infectious diseases. Healthy lifestyle habits, such as getting enough sleep, taking frequent breaks, and eating and drinking properly, strengthen the body's immunity. A healthy body positively impacts your thoughts and emotions and allows you to make better decisions and cope better with an epidemic outbreak as well.
 - Pregnant women should continue regularly taking vitamins, folic acid, and any prescribed medications.
 - Pregnant women get tired easily, especially when stressed. Keep up your physical strength by resting appropriately.

3. Learn the protocols for infection prevention and management, and make sure that you follow them.
 - Remember important prevention methods like handwashing, cough etiquette, and physical distancing, and perform them as possible.
4. Take information carefully regarding the epidemic and learn to discern fake news.
 - Stress and anxiety can be reduced if you obtain as much information as you need to respond properly to the situation.
 - During an epidemic outbreak, a large volume of inaccurate information spreads, causing stress and confusion. Avoid excessive exposure to news reports and provocative media channels or social media, as they are likely to induce fear. Avoid fake news and rumors.
 - Pay attention to reliable information provided only by health authorities. Focus on information with evidence and the latest information.
5. To reduce emotional stress, communicate openly regarding your worries and feelings.
 - Talk with your spouse, family, and other people you trust about your thoughts and feelings. In a stressful situation, worry, anxiety, fear about the disease, loneliness, boredom, and difficulty falling asleep are natural responses.
 - Practice physical distancing but keep connected with people via phone or social media.
 - Keeping a journal or writing about your anxiety will help you control your feelings. It will also empower you to imagine the time when the difficulties are over, and your baby has been born. It may also be beneficial to talk to the baby in your womb about the family's feelings and say, "Let's get through this together! We can do it!" while calling the baby by his/her nickname.
 - If you think, "Why am I having the baby during this hard time and putting him/her in danger?" Don't blame yourself. The current situation is nobody's fault.
6. Try to maintain balance in your daily life as much as possible.
 - Encourage family members to participate in fun and meaningful activities together. Spend time together engaging in hobbies; additionally, communicate with one another.
 - Household work may increase during a crisis. Divide household chores appropriately, and compliment and encourage one another for participating in housework and managing health. Plan to accomplish only as much as is possible.
 - Perform relaxation techniques and take frequent rests as much as possible.

7. Keep a positive perspective.
 - Most people have the power to overcome difficulty and illness. After a crisis is over, most people return to normal life and adjust. Do not focus on the worst-case scenario; instead, remember that the situation will get better. Focus on the positives about yourself.
8. If you are in quarantine, follow the management protocol and respond to the situation by employing coping strategies.
 - Notify the person in charge as soon as possible that you (or a family member) are pregnant. In addition, inform the person about your or the pregnant woman's physical and mental health. Pregnant women should consult healthcare professionals immediately upon feeling ill.
 - While in quarantine, keep in touch with friends and family via phone and the Internet. Maintain social communication and share your feelings.
9. If you repeatedly experience any of the following, discuss it with a person you trust and consult mental health professionals.
 - Persistent anxiety about infection, worries, or depression.
 - Serious social disconnections.
 - Obsessively checking your physical condition, such as repeatedly taking your temperature and washing your hands excessively for hours.
 - Excessive checking with doctors, friends, family, or the Internet to confirm your health concerns.
 - Repeated risky behavior, such as drinking alcohol inappropriately because of your physical condition or the situation, using drugs, or overeating excessively.
10. For pregnant women exhibiting obstetrical abnormalities (including vaginal bleeding, pain in the abdomen, the breaking of amniotic fluid, and decreased fetal movement), it is critical that they get to a hospital for treatment.

II. Caring for infants and toddlers

1. Caregivers of a tiny and fragile baby may become sensitive because they are afraid that the baby could get hurt. It is a natural concern for families with an infant or toddler.

2. Stock up on baby milk powder and baby food.
 - You may feel anxious if you do not have enough necessities for the baby. Stock up on baby milk powder and baby food, as well as pediatric emergency medicine; also stock up on baby hygiene products such as diapers, baby wipes, and baby soaps and cleansers.
3. Sick babies may have other risks. Consult a healthcare professional.
4. Because separating the mother from the newborn baby can cause additional stress and disrupt breastfeeding, avoid separation, if possible. Pregnant women who are infected should follow the recommendations of healthcare professionals.
5. Pregnant women and their families should not forget that they can take good care of their babies only if they take care of themselves and stay healthy.
 - In particular, breastfeeding mothers should get adequate nutrition.
6. Continue to receive medical services, such as prenatal management and vaccinations.
 - Even if you cannot see your primary care physician during the crisis, continue with prenatal management at another hospital or with a different doctor.
7. During a crisis, caregivers may easily feel stressed and anxious, as they are sensitive to the baby's safety. Such a stress response is natural, and the family and others should understand and help caregivers. If difficulty managing emotions continues, seek help from mental health professionals.
8. All family members are responsible for household work. Divide household chores accordingly and care for the baby together.

III. Government

1. The government should provide pregnant women and families with infants or toddlers with information on what to do to protect their health and safety during a crisis.
2. During a crisis, providing adequate social support is a way to protect pregnant women and families with infants or toddlers.
 - Families with pregnant women and those with infants or toddlers may display greater stress and anxiety during an epidemic outbreak. Appropriate social support helps reduce worries and stress.

- Protocols in accordance with risk assessments of obstetrician-gynecologists and/or pediatricians should take priority, although separating infants and toddlers from their families should be avoided whenever possible.
3. During an epidemic outbreak, childcare support should be provided.
 - Depending on the stress response of the caregiver and the family, an infant or toddler may experience changes in the early development process. Organizational support is necessary for caregivers to provide healthy childcare.
 4. If it is determined that a pregnant woman must be placed under quarantine, a safe environment in consideration of her physical condition should be built.
 5. In a preparation for an emergency, obstetricians and gynecologists are required to participate in disaster responses.
 6. Beyond providing support during the acute phase of the spread of an infection, the government should plan and establish systems to support recovery, prevention, and countermeasures for the infectious disease that take into account the needs of pregnant women and families with infants or toddlers. Additionally, a variety of approaches should be taken to encourage pregnant women and families with infants or toddlers to participate in these systems.

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During the spread of an infection, people with physical disabilities may have higher barriers and limitations in access to information and performing daily activities. Such situations can increase feelings of isolation, helplessness, and loss of control. Interpersonal relationships should be maintained using various media in order to prevent social isolation. In particular, the central and local governments and service providers create ways to disseminate information in consideration of these difficulties, and provide thoroughly considered access and support.

I. People with physical disabilities

1. Concerns over infection and feelings of anxiety, depression, fear, and anger are natural emotional responses.
 - Accept these difficult emotions. Communicate how you feel with trusted people around you.
 - Because of your physical disabilities, you may experience fear, worry, and anxiety over securing your safety and obtaining supplies for living. You may experience anger and frustration due to insufficient disaster management for people with disabilities. Discuss the difficulties and collaborate with advocates or professionals.
 - If you continue to experience overwhelming psychological difficulties or have difficulties solving them by yourself, seek help from mental health professionals.
2. Decreased in-person contact with others can increase feelings of isolation and fear. Alternative social activities to replace in-person contact are recommended.
 - Communicate often with others via electronic devices and try to recall positive interpersonal relationships that you experienced in the past.
3. Be familiar with infection prevention methods such as washing hands, disinfecting, adhering to cough etiquette, and implementing physical distancing. Perform what you can and modify these methods depending on your conditions, if necessary. Ask for appropriate assistance. Proactive self-management reduces anxiety and worry.
4. When exposed to information, be careful and learn to discern reliable information (e.g., official government reports).

II. Families and caregivers of people with physical disabilities

1. Understand that an infectious disease epidemic is a challenging situation for everyone. Try seeking healthy ways to cope.
 - An epidemic may be especially challenging for families and caregivers of people with physical disabilities. Feelings of fear, isolation, frustration, and anger are natural emotional responses. Take time to manage these feelings in healthy ways by communicating and pursuing support and reliable information.
2. It is not necessary to blame yourself or others for the current challenging situations and difficulties.
 - Problems arising from an infectious disease epidemic can occur for anyone. These are not personal problems or the family's fault.
3. If you are in self-quarantine or confirmed to have the infection, follow the protocols of health authorities. At the same time, seek assistance and obtain information from support centers and advocacy organizations for people with disabilities.

III. Service providers of people with physical disabilities

1. Special assistance of daily living and care should be provided to a confirmed patient with physical disability.
2. Assist people with physical disabilities in keeping in touch with self-help groups.
 - Self-help groups or support group activities are especially important for people with disabilities. Help people with disabilities have alternative ways to maintain their social relationships.
3. Assist people with disabilities in obtaining information with ease and convenience so that they can make decisions independently.
 - People with physical disabilities have the right and ability to obtain information in an accessible form. Also, it should be guaranteed that they make decisions voluntarily and are assisted in the way they want to be. Informed consent helps reduce feelings of isolation and helplessness.
4. If people with disabilities are in self-quarantine or are infected, provide the means for him/her to keep in contact with family members and caregivers.

5. Personal Protective Equipment (PPE) should be provided to service providers who work for people with physical disabilities.

IV. Government

1. The government should identify the current status of people with physical disabilities, their families, caregivers, and service providers, and explicitly consider it in public health planning.
 - People with physical disabilities and their advocates should participate in public health planning, training, and implementation so that the expected difficulties in the real world can be addressed.
 - Beyond providing support during the acute phase of an infection epidemic, the government should prepare and establish systems for recovery, as well as further prevention and response plans that include people with physical disabilities. These should be approached in a way to encourage participation and empower people with physical disabilities.
2. The government should pay close attention to securing the daily safety of people with physical disabilities and meeting their basic needs.
 - Necessities and disinfection products should be systematically provided to people with physical disabilities in a tangible way.
 - People with visual or hearing disabilities should be provided with information in an accessible form officially and systematically. For example, the distribution of brochures printed in Braille to their homes, mandatory use of sign language interpreting, and neighborhood-level broadcasting of information may be necessary.
3. Plans should be made in advance so that daily living care services for people with physical disabilities can continue operating without disruption.
 - Recruiting and training service provider should be enlisted in advance in order to assist the daily living of people with disabilities who are self-quarantined. Secure the supplies needed to support assistance providers.
 - As a long-term plan at the government level, facilities accessible to people with disabilities should be prepared in advance to care for people with disabilities who are in quarantine. In addition, a 24-hour daily living care service system should be established.

- The government should establish a policy to support families of people with physical disabilities during an epidemic outbreak.
4. People with physical disabilities who are infected require specialized hospital care in addition to medical services. The specialized care and daily assistance should be planned.

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During an infectious disease outbreak, health management is crucial for people with underlying health conditions (acute or chronic illnesses). Once infected, those with an underlying disease are likely to recover more slowly than healthy people. Moreover, an individual's health may deteriorate if he/she does not visit a hospital out of fear over becoming infected; this situation results in neglect in the management of the underlying physical illness. It would be helpful for people with an underlying disease to be well-informed about how to cope with an extremely stressful situation such as an epidemic outbreak. Below are guidelines on psychosocial care for infection prevention among people with acute or chronic physical illnesses.

I. Patients with acute physical illnesses

1. If it is not an emergency, patients with acute physical illnesses are advised to visit a hospital on an outpatient basis during the day on a weekday, if possible.
 - The Emergency Department (ED) of a general hospital will be temporarily shut down if a confirmed case is found, and non-infectious patients will find it difficult to be treated at hospitals designated for the infectious disease. Thus, find out whether the ED is available before you go to a hospital.
2. When visiting an outpatient clinic, closely follow the protocols of the hospital or clinic for testing, examination, etc. for your safety and that of others.
 - At the entrance, you will be checked for body temperature, any respiratory symptoms, and overseas travel history. If an infection is suspected, you may be sent for a screening test. In such a case, you should remain in self-quarantine at home (or you may be admitted to the hospital for a stay in a negative pressure room) until test results are available.
 - Outpatient treatment may be performed in selective outpatient treatment areas only. The purpose is to prevent you from being near other outpatients. After the treatment, do not go through any hospital building; return directly home.
3. You will be admitted to the hospital only if necessary. All surgeries except for emergency surgeries should be delayed in consultation with the primary care physician until the epidemic outbreak is over.
 - Because hospitals dedicated for the treatment of patients with an infectious disease may not admit non-infectious patients, check the hospital's status out before you visit there.

II. Patients with chronic physical illnesses

1. Prescribed medications for a chronic physical illness should not be discontinued.
 - Disease management is important for many chronic physical illnesses. For example, if medical treatment is neglected in patients with hypertension (or diabetes), blood pressure (or blood sugar level) will not be controlled, causing complications.
 - If treatment for an infectious disease, including pneumonia, is not strictly adhered to, the disease may be difficult to be cured because of antibacterial resistance. If treatment is discontinued in the condition like dementia, symptoms may suddenly deteriorate at an alarming rate.

2. During an epidemic outbreak, someone else can pick up a prescription on behalf of the patient under certain circumstances.
 - Healthcare laws, in principle, prohibit anyone other than the patient from getting a prescription, but enforcement of this provision may be lifted during an epidemic outbreak.
 - When requesting a prescription on behalf of the patient, the guardian should show appropriate documentation (e.g., an official document showing that you are authorized by the patient to pick up the medication, the patient's ID card, and a document verifying the relationship of the patient and the guardian). Thus, it would be necessary to call the hospital or clinic to find out in advance which documents to present.

3. Leave home only when necessary and maintain a routine for engaging in activities of daily living.
 - Persons with underlying diseases are more vulnerable to infection if exposed to a new virus; they are also slow to recover. Thus, it is desirable to avoid going to a place or meeting where there are many people, if possible.
 - Those who do not commute to work but stay at home most of the time should maintain a regular daily routine (e.g., sleeping on a regular schedule, eating nutritious food, and performing simple exercises) to keep the immune system from weakening. Although purchasing groceries may not be as easy as before, try to eat healthy meals. Enough sleep and physical activity reduce stress and improve the body's condition, thereby enabling you to cope better with the crisis.
 - In particular, people with physical disabilities may experience muscle weakness, as rehabilitation therapy is temporarily discontinued due to difficulties associated with going to a hospital or clinic, or because the range of daily activities is reduced. Thus, continue performing muscle strength exercises that are appropriate for your physical condition.

4. Staying positive and cultivating a healthy mindset. Keep in mind that those are powerful ways to increase immunity.
 - If you live alone, talk often with your family and friends via phone or text messaging and get help from volunteer groups.

III. Medical staff

1. During a new infectious disease outbreak, people with acute or chronic physical illnesses may feel more anxious than healthy people.
 - During the epidemic outbreak., patients may worry that hospitals and clinics will suddenly shut down or that they will not be properly treated because of a lack of healthcare resources. They may be fearful about being infected and not having the strength to recover from it.
 - If a patient appears to be excessively unstable emotionally, psychiatric treatment or consultation with psychiatrists may be necessary.
2. Explain to patients with chronic physical illnesses the distinction between medications to be taken as needed and those to be taken at regular times. If patients remain stable while taking a prescribed medication, prescribe it long-term.
 - During the epidemic, patients' self-restrictions from making unnecessary visits to a hospital or clinic will help protect them from the infection, as well as manage healthcare resources for more effective uses.
 - It is not necessary that patients take over-the-counter-drugs like analgesics and antacid medication in the absence of symptoms. This will not affect the course or prognosis of an existing chronic illness.
 - If a prescribed medication needs to be taken at a rate of at least 95% adherence, this should be explained and emphasized to the patient. During an epidemic outbreak, it may be difficult for patients to frequently visit a hospital for outpatient treatment. Hence, if a patient has taken a prescribed medication long-term without a substantial change in treatment regimen, writing a long-term prescription can reduce the risk of discontinuance of drug therapy.

IV. Government

1. During an epidemic outbreak, the government should distribute accurate information promptly about available healthcare institutions to non-infectious patients.

- If a healthcare institution is suddenly converted to a hospital dedicated to an infectious disease or shut down temporarily because of confirmed cases, patients not informed of such a change will be inconvenienced and their health may deteriorate.
2. It is important to prevent severely ill patients from not getting proper treatment during an epidemic outbreak.
- When all efforts are focused on an infectious disease during a crisis, there may be a risk of creating a blind spot toward the treatment of patients with other severe physical illnesses. The healthcare system should be kept in balance such that neither the management of an infectious disease nor treatment for other severe physical illnesses (e.g., stroke, myocardial infarction, cancer) will be jeopardized.

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It has been reported that the rate of premature mortality due to flu and pneumonia is higher in persons with mental disorders than in persons without them. This is an important reason for paying special attention to mental health patients during an infectious disaster. Patients with severe mental disorders (e.g., schizophrenia, bipolar disorder) requiring persistent treatment and care, as well as psychiatric patients undergoing treatment while living at home and performing activities of daily living, need comprehensive psychosocial support. Additionally, psychosocial care is needed for those who have a history of receiving psychiatric treatment because they are likely to relapse if continuously exposed to extreme stress, such as a disaster situation. Below are guidelines regarding psychosocial care of psychiatric patients in periods of infectious disease outbreaks.

I. Psychiatric patients

1. Following the personal hygiene protocol is extremely important.
2. Maintaining a daily routine of sleeping and eating patterns is fundamental to increasing immunity.
3. If you feel discomfort in performing activities of daily living due to environmental changes since the disaster occurrence, you should let your family or healthcare professionals know specifically what is causing the discomfort. For example, because of changes in your living environment, if you cannot engage in a certain activity you used to enjoy (e.g., playing a board game), request to do so.
4. If you feel that your physical health has changed, you should let others know and get a health check-up.
5. It is important to take medication as prescribed, if applicable.
6. It is natural to experience anxiety in a time like this. Think of it as a universal and normal response, rather than thinking, “Only I—no one else—feel anxious.”
7. Doing something that makes you feel happy increases immunity and helps with infection prevention. For example, smile or laugh aloud, help others in a small way, participate in activities or hobbies that you enjoy, stretch, perform breathing exercises, or talk with people who support you.
8. It is not helpful to expose yourself to news on COVID-19 all day long. It is better to limit the time and frequency of exposure, like watching the morning and evening news or using a smartphone or the Internet for information searches for 5-10 minutes after each meal (no more than three times per day).

9. At a time like this, paying attention to positive information and news rather than to reports that induce anxiety is more helpful.
10. If you cannot sleep for days and are seized by anxiety or extreme thoughts, contact the hospital where you have been treated previously to make an appointment.

II. Medical staff, primary caregivers, and families of patients with severe mental disorders

1. During a disaster, efforts should be made for patients with severe mental disorders to be in environments similar to their usual ones.
 - They may have difficulty adjusting to an unfamiliar environment. Keep in mind that changes in one's living environment due to a disaster could make existing symptoms worsen or new symptoms develop.
2. Particular attention is needed for psychiatric patients who need medication. Help them have continuing access to prescribed medications so that they can take them without interruption.
 - Symptoms of severe mental disorders are managed with prescribed medications. During a disaster situation, a problem may occur because patients with severe mental disorders may have difficulty getting their medications.
 - Additional care should be taken, as symptoms may get worse if patients do not strictly adhere to their prescriptions because of a sudden change in environment. Proactively tell patients about the importance of taking medications as prescribed.
3. Help patients acquire Personal Protective Equipment (PPE, e.g., face masks) to prevent the spread of an infection.
 - Patients with severe mental disorders may not be sufficiently competent to obtain PPE on their own. Thus, it may be necessary to give them relevant information and obtain the PPE for them.
4. Inform patients repeatedly about infection prevention protocols (e.g., washing hands, wearing a face mask) using easy and simple language and help them follow the protocols on their own.
5. It is helpful to teach them appropriate skills to cope with the changed environment.

6. They are not always dependent on help from others. If an opportunity arises for them to help others in the disaster it is good to let them do so.
7. If symptoms worsen, careful observation is needed to check for self-harm or suicide risk. If any risk is detected, preventive interventions should be taken immediately.
8. During a disaster situation, medical staff, primary caregivers, and families of patients with severe mental disorders may also be stressed by things that are not typically stressful. Keep in mind that only those who take good care of themselves can care for others needing help. Do not forget that taking good care of your own health first will greatly help patients.

III. Hospitals

1. In an infectious disease disaster, types of therapy during which multiple patients come into physical contact with one another, such as group therapy, should be temporarily suspended.
2. If, due to infection spread, changes in patients' rooms, the environment, or hospital staff are unavoidable, efforts should be made to preserve patients' activities of daily living to the greatest possible extent.
3. During a disaster, the number of inpatients may increase because of a worsening or recurrence of symptoms. It is necessary to prepare for such an event and secure enough patient rooms.
4. Only core hospital staff members should enter patients' rooms, and non-urgent tests or assessments should be postponed.
5. A process should be put in place to admit new patients only after they test negative for the infection.
6. Hospitals should try to secure face masks for their staffs. Because they frequently have face-to-face therapy sessions, a guideline should be established so that hospital staff members always wear face masks, maintain some distance from others, and talk clearly and briefly.

IV. Community / Government

1. In an infectious disease disaster, relief supplies such as face masks and hand sanitizer should be provided first to hospitals where patients with weakened immune system are hospitalized.
2. There should be alternative facilities where patients with severe mental disorders can stay in case of that physical distance should be applied between inpatients or hospitals are shut down because of COVID-19.
3. Even before a disaster, the community, local government, and central government should pay close attention to patients with mental disorders (a vulnerable group of people) and support them with adequate budgets and systems so that, as community members, they can live in a safe environment.
4. The central government or local governments should budget to monitor mental hospitals in disaster areas and build appropriate treatment environments.
5. The central government or local governments should establish a consortium of several municipalities so that if there are not enough hospitals in one disaster area, resources available in other areas can be utilized.
6. The central government or local governments should develop policies to build infection screening centers in mental hospitals in disaster areas and give a priority of screening to patients who need to be admitted.
7. The government should deliver a consistent message to hospitals and listen to the opinions of experts and medical staff in the field. At the peak of an infection crisis, administrative guidelines for hospitals issued by the authorities on an as-needed basis can be contradictory and cause confusion in the field. The authorities should frequently monitor how guidelines are being executed in the field, discuss them with medical staff, and promptly modify the guidelines if necessary. Based on medical evidence and the situation in the field, the guidelines should provide consistent and specific criteria and methods for frontline psychiatric hospitals regarding admitting patients or referring them to other institutions.

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People in Residential Facilities

Negative emotions like fear, panic, and anxiety increase with the spread of an infectious disease, and such emotions may have a greater impact on people in residential facilities, where infection management may not be optimal. The psychosocial guidelines presented below aim to reduce negative emotions that people including staffs experience in residential facilities and to help the staffs effectively manage infection.

I. People in residential facilities

1. Proactively perform self-management necessary for infection management, including hand washing and cough etiquette.
2. Avoid unnecessary contact with non-residents and leaving the facilities. Also practice physical distancing.
3. Increased anxiety is a normal response during an infectious disease outbreak. However, if you experience difficulties to an extent that you are unable to keep your daily routine, get help from people around you or the staff.
4. Try not to obsess over or spread uncertain information.
 - Rather than suspecting that people around you are infected or being confused by rumors, it would be better to seek information from the staff and double-check it for accuracy. In addition, it is important not to tell others what has not been confirmed as a fact.

II. Staff

1. First, secure your physical safety.
 - Managers of residential facilities nearby infection areas should consider securing their safety and protecting themselves from the threat of infection.
2. Staff should monitor their physical and psychological reactions.
 - The level of physical and psychological stress of the staff can be elevated. If the amount of your duties increases tremendously or you have a difficulty handling your jobs, talk with colleagues so that they can collaborate with you to resolve problems.
3. Immediately seek help if you need self-quarantine or receive treatment for the infection.
 - If residents or staff is infected, let the manger or supervisor know immediately.

- Subsequently, the manager or supervisor should notify public authorities and proactively respond to this situation.
4. Make a plan of health management for residents with chronic illnesses.
 5. Regularly monitor the health status of residents with chronic illnesses.
 6. Figure out the quantities of necessities needed for residents' daily lives and prepare them for the residents.
 7. Explain infection prevention protocols repeatedly by using simple language so that residents can strictly follow them.
 8. To reduce tension, engage in positive activities with residents.
 - Perform activities with residents that can help reduce stress, such as light exercise and Yoga.
 - Share good news with residents.
 9. As depression and helplessness of residents increase during quarantine, the risk of self-harm or suicide behavior can increase. If needed, seek help from mental health professionals.

III. Community / Government

1. Provide necessities related to group infection prevention to residential facilities.
2. Monitor and disinfect residential facilities at a regular basis.
3. Make efforts to reduce communities' negative perceptions and prejudice against residents and staffs.
4. Proactively provide support for activities of daily living as well as psychological support for residents and staffs.
 - Provide healthcare services to manage underlying diseases of residents and staffs in quarantine.
 - Establish a support policy for staff, including replacement staff during quarantine.
5. Provide accurate information regarding decision-making processes and plans of the government to supervisors in residential facilities. Ensure that supervisors in residential facilities share the information with staff and residents.
6. Provide products of infection prevention to staff in residential facilities.

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Immigrants, refugees, and foreigners can experience substantial fear, frustration, and anger in an infection epidemic. The lack of access to information, social stigma, and discrimination of supportive services accelerate their psychosocial issues. In a disaster response, recovery to a safe community is achieved by collaborating and sharing resources proactively with immigrants and foreigners. For the rapid recovery of community, it is proactive to collaborate with and share resources with immigrants and foreigners. In disaster support, a humanitarian approach is the top priority. During an epidemic, immigrants and foreigners should experience a sense of belonging in any civil society, and their rights to health should be guaranteed.

I. Immigrants and foreigners

1. Check real-time information on disaster situations through official communication channels (e.g., official government news channels, immigrant centers, non-governmental human rights organizations, and support centers for foreign workers).
 - Get information on infection prevention protocol and healthcare services. Maintain access to information delivery methods (e.g., websites, social media, and email) provided by the organizations you belong to.
 - During an epidemic, the Korean government provide infection testing for immigrants and foreigners. In addition, the government extended the periods for foreigners' job searches and residence registration. Obtain information on Korean government policies in real time.
2. Strictly follow the official protocol for infection prevention, including washing hands, disinfecting, and implementing physical distancing.
 - The government offers guidelines in English. In addition, organizations supporting immigrants and foreigners have guidelines translated into different languages.
3. Understand that distressful emotions are common responses to the stressful situation. Cope with difficulties with your wisdom and collaborate with advocates and supporting agencies.
 - Immigrants and foreigners may have more difficulties in accessing information or obtaining disinfection products. This may make you feel anger, frustration, fear, isolation, and helplessness. These are natural responses in these situations. However, blaming yourself or others may not be helpful. Rather, manage your stress and collaborate with advocates in order to find alternatives to solve the problems.

- If negative feelings are overwhelming or persistent, or if you feel that your activities of daily living or interpersonal relationships are disrupted, seek help from mental health professionals. Know in advance which mental health centers provide multilingual services and immigrant support organizations.
4. Maintain healthy activities to manage stress.
 - Continue using your adaptive coping skills to manage stress (e.g., exercise, hobbies, relaxation methods, connecting with others). Do not drink or smoke excessively or use non-prescribed medication. Avoid excessive use of over-the-counter medicine.
 - Maintain balance in proper eating habits, sleep, and rest.
 5. Increase emotional connections with people you trust while staying physically distant.
 - Avoid worrying alone. If possible, find alternative methods to increase your communication with family members and relatives in your homeland, friends, supporters, and social groups that you belong to. Find ways to help each other.

II. Citizen

1. Citizens recognize that all people, including immigrants and foreigners, have equal rights to health. When all stay healthy, the whole community and entire country can proceed toward recovery.
 - Immigrants and foreigners should have equal access to information and disinfection products.
2. As citizens of society, hate speech against immigrants and foreigners must be monitored and prohibited, and efforts should be made to discourage hate-based, inaccurate information.
 - Engaging in hate speech or actions that blame immigrants and foreigners, or denying their rights to health, can interfere with infection control and threaten communities' health.

III. Government

Non-defensive and non-discriminatory disaster responses are required. Active support is needed for immigrants and foreigners to ensure their rights to health and safety.

1. A non-discriminatory policy is needed in distributing protective disinfection products.
 - Consider distributing protective gear through official channels to secure accessibility. In addition, protect the rights to health of migrants, even those who are unable to obtain official documentation (e.g., people residing in Korea for less than six months, foreign students, migrant laborers working in farming and fishing villages or unregistered worksites, and undocumented immigrants).
2. Prevent information gaps.
 - All information regarding confirmed methods of infection prevention and updated coping methods should promptly be made available in multiple languages.
 - Provide information on websites frequently used by immigrants and foreigners about ways to cope and prevent infection. In addition, develop ways to spread the information systematically through communities, neighborhoods, and schools.
3. If it is necessary to keep immigrants and foreigners in quarantine, proceed in accordance with international laws.
 - Quarantine should be performed for legitimate purposes and in the given period. Quarantine should be performed in a non-discriminatory manner in which safety is on a top priority. Protect the human rights of foreigners, including their rights to access to healthcare services and the acquisition of necessities.
 - Immigrants and foreigners who are in a foreigner detention center may experience intensified feelings of fear and isolation. People in these centers should be fully provided with information (available in multiple languages), healthcare services, and items for infection protection.
4. A country recognizing human rights should establish restrictive measures to stop hate speech or actions toward immigrants and foreigners.
5. Beyond providing support during the acute phase of an epidemic, the government should prepare and establish systems for recovery, further prevention, and response plans for an infectious disease epidemic that include immigrants and foreigners. These should be approached in a way that encourages participation and empowers immigrants and foreigners.

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Residents in areas that are affected by an epidemic suffer from a variety of negative emotions, such as anxiety, fear, guilt, and shame. Negative emotions that lead to inadequate responses subsequently have adverse effects on the prevention and treatment of infectious diseases as well as on the recovery of individuals and communities. The following are psychosocial guidelines for areas that are affected by epidemics. These guidelines are intended to help you understand the general responses to and coping strategies for infectious diseases.

I. Community residents

1. The emotions you are experiencing, such as anxiety, depression, shame, and fear are common reactions.
 - Common reactions include the following:
 - Fear of infection and death.
 - Concern and fear of isolation and hospitalization due to infection.
 - Depression and helplessness caused by isolation or reduced social interactions.
 - Concern about your livelihood due to reduced or suspended business operations.
 - Anxiety and repulsion toward a certain individual or group.
 - Worry and anger about media coverage and the negative attitudes of those from other parts of the country(i.e., prejudice and stigma towards your residential community).
 - Worry and fear of using medical services.
 - These reactions are normal. If you have difficulties coping with such emotions, it is helpful to inform your family and the people around you about it.
 - If it is particularly difficult to cope with, seek help from mental health professionals.
2. Engage in positive activities for yourself and your family.
 - Active infection-prevention activities, such as hand washing, cough etiquette, and physical distancing can help reduce anxiety and fear.
 - Stress or irritability increase because of a decreased social activities from social distancing. Learn effective ways of relieving stress, such as deep breathing, meditation, yoga, and stretching exercises.
 - Express your concern to your family members for their difficulties and engage in more positive conversations with them.

3. Consuming more alcohol does not help to release stress.
 - Drinking does not help you or your family in dealing with stress.
 - Focusing on positive activities with family can help reduce alcohol cravings.
4. With increasing levels of stress and anxiety, the desire for and dependence on information increases as well.
 - Focus on reliable information. Much of the stress we experience is due to the dissemination of inaccurate information or rumors.
 - The transmission and retransmission of inaccurate information or rumors will increase your levels of stress and that of others.

II. Community

1. Reinforce community cooperation.
 - Stop the spread of prejudice and criticism against patients and their families. Individuals that are in quarantine at home or in a hospital due to an infection are working the best infection prevention for their communities.
 - Be sure to understand and support those in quarantine and their families through their difficulties. Provide practical support, such as basic essentials and psychological support for patients and their families.
 - Be sure to understand and pay attention to the difficulties, thoughts, and attitudes of vulnerable populations, including different minor groups in your community.
2. Enhance community competence and efficacy.
 - Identify the community's awareness of infectious diseases as well as any behaviors and rumors that could disturb an effective response to the outbreak of an epidemic.
 - Support people in need. This includes infected individuals and their families and neighbors as well as vulnerable populations(e.g., older adults, people with disabilities, and children. To this end, activate and invigorate the community networks that exist between individuals, small groups, and organizations and communicate actively.
 - Community representatives, leaders from various fields, mental health professionals, religious leaders, and civil servants should try to communicate with each other in order to find ways to collaborate in promoting a sense of community.

3. Prevent misinformation and rumors that disrupt the infection prevention and control.
 - While an obsession with information in response to elevated feelings of anxiety, fear, and phobia is normal, most negative emotions such as fear and apprehension stem from the spread of rumors and inaccurate information.
 - It is indeed a demanding situation that we are in, but it is also important to correct misconceptions regarding infectious diseases through the dissemination of accurate knowledge.
 - The prevention and control of rumors will help reduce the intense feelings of fear, anxiety, and anger prevailing in communities while strengthening their competence. Deliberately monitor and respond to misinformation, rumors, and provocative or negative media coverage about your community.

III. Media

With the growing desire for and dependence on information regarding infectious diseases, both traditional and social media could be swamped with rumors and misinformation. In the digital environment, characterized by the instantaneous transmission and retransmission of data, personal opinions and perspectives are able to spread rapidly. Moreover, misinformation and rumors from digital sources stir fears and phobias and have a negative effect on individuals as well as communities. Traditional and social media should consider the following.

1. Verify the source and accuracy of information.
2. Check for inaccurate or unnecessary information that could provoke anger or prejudice against a certain individual or area.
3. Provide guidance on where people can obtain accurate and necessary information.
4. Identify misinformation, inaccurate information, and rumors and take active measures against them.

IV. Government

Central and local governments should understand the psychological reactions and difficulties facing the residents of affected areas as well as patients and their families. Particular attention should be paid to the provision of practical and necessary services for people in need. For this, governments should actively communicate with residents and professional

groups in relevant fields. Furthermore, governments need to intensify their psychosocial prevention and control efforts in response to rumors and misinformation that negatively influences on the infection prevention and control.

1. It is imperative to understand the cultural characteristics and diversity of communities that affect the perceptions, attitudes, and behaviors of the residents against the infectious disease prevention and control. Furthermore, governments need to understand the cultural characteristics and needs of different groups and populations, based on various attributes such as age, financial status, and the religion of community residents and minor groups including foreigners.
2. Engage with community leaders and experts that are familiar with the cultural characteristics of the community and empower them to continuously increase their cultural competencies. The services and activities that are thereafter made available through this process of engagement and empowerment should be verified for adequacy.
3. Provide detailed and persistent guidance on the resources that are necessary to support daily living and how to utilize them.
4. Provide guidance on where people can obtain information for the infection prevention and control.
5. Identify misinformation, inaccurate information, and rumors about affected areas and residents and take active measures against them.

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Although COVID-19 has a lower fatality rate than other infectious diseases, it has a higher infectivity and transmission rate and, as of this date, no vaccine or cure is currently available. Therefore, most people experience anxiety and fear of this infectious disease. Ensuring physical and emotional health and reducing our excessive fear and stigma are an essential process of protecting ourselves from infectious diseases. The following are psychosocial support guidelines for the general public.

I. The general public

1. It is of utmost importance to follow the infection prevention guidelines.
 - Individuals must proactively participate in health and hygiene activities, including handwashing, coughing etiquette, and wearing a face mask in case of respiratory symptoms.
2. Refrain from overreacting from anxiety and fear of infectious diseases.
 - During the infectious disease outbreak, feelings of anxiety or fear are normal and you may not need professional assistance. However, it is necessary to seek professional help when these feelings become too overwhelming or being unable to keep up with daily life, such as continuously having excessive feelings of fear or phobia or suffering from insomnia.
3. Focus on reliable information. Stay away from rumors, misconceptions, and misinformation.
 - From feeling uncertain or anxious, we may be more inclined to constantly gather new information on the outbreak status. Misinformation, however, can increase our anxiety and stress level and also inhibit us from making rational judgments. Always check the source of information and trust the information that is provided by credible organizations.
4. Understand changes in healthcare and welfare systems that result from epidemics.
 - With the spread of infectious diseases, medical and welfare organizations are operated as emergency response systems. From increasing discomfort experienced by the general public, their blame and resentment towards patients, their families, as well as healthcare authorities may also grow.
 - Please cooperate with the epidemic response activities. The confusion or disruption of the medical system will only contribute to greater damage caused by infectious diseases.

- Individuals, groups, and organizations should unanimously partake in recovery activities to enhance the responsivity and resiliency level of our community.
5. Let us all support each other to overcome the epidemic together.
 - We are striving to successfully cope with the epidemic. We need to help each other and play a role in each of our respective positions. Let us wish for the well-being of infected people, those in self-quarantine, and their families and neighbors. We should be more considerate of individuals and groups who are in more difficult situations than our own and extend our help to them.
 6. Keep up with daily routines.
 - In a situation where outdoor activities are limited, our daily rhythms can easily be disrupted. Maintain your vitality and energy level through regular meals and light exercises. Maintaining a regular sleep-wake cycle is crucial for your mental health.
 7. Express gratitude and support to each other.
 - Social trust and solidarity are the driving forces that help us overcome the difficult period. Infectious diseases always come to an end. Let us get through hard times with mutual caring and support.

II. Media

1. Be sure to release only reliable and accurate information.
 - Provocative and exaggerated information concerning infectious diseases increases the anxiety level of the public and may lead them to show inappropriate reactions.
2. Implement a media campaign to reduce the prejudice and stigma following infectious diseases.
 - Prejudice and stigma caused by infectious diseases will only induce negative emotions among the public and leave an emotional scar to the victims.
 - Accurate information can help reduce negative emotions, prejudices, and stigmas that have detrimental consequences on the infection prevention, treatment, and recovery process.
3. Follow disaster reporting guidelines in order to prevent prejudice, stigma, and shame that potentially face individuals with confirmed infectious diseases, their families, and communities at large.

III. Community / Government

1. Understand and respond to the needs of the individual and communities.
 - People may experience dramatic lifestyle changes during the epidemics in many different ways. These include facing challenges from health and hygiene keeping efforts, such as securing enough Personal Protective Equipment (PPE; e.g., face masks). Disruptions to the local economy due to the reduced economic activities of individuals and communities is another. Local and central governments should be able to predict and respond to all contingencies in order to ensure the psychological safety of the public.
2. Prioritize vulnerable population affected by an epidemic
 - Local and central government should pay utmost attention to vulnerable groups such as people with chronic illness, mental health issues, disabilities, or dementia, the elderly, and children. These individuals are likely to experience a relapse should their treatment stop during an epidemic.
 - Accordingly, the risk of suicide can increase among vulnerable groups. Suicide prevention strategies should also be incorporated in dealing with the mental health needs of vulnerable groups.
3. An effective delivery system should be established with the community to avoid any duplication of psychosocial services for mental health needs.
 - During an epidemic, some individuals, communities, or local governments may find it difficult to keep with an increasing request for mental health services. This may also hinder the efficiency of delivery systems.
 - Local and central governments should encourage various human resources to proactively partake in psychosocial support activities and promote well-organized cooperation and collaboration among community resources. Efforts should be made to embrace cultural diversity to foster effective cooperation within a community.
 - The central government should establish effective social networks between professional groups and community resources, and coordinate better integrated services to efficiently deliver and avoid service duplication and service gaps.
4. Operate psychological support teams to deal with mental health issues rising from infectious disease situations.
 - Local and central governments should operate psychological support organizations at provincial and municipal levels in order to resolve the psychosocial issues caused by

infectious diseases. Establish collaborative networks with groups of mental health professionals and provide sufficient funding to manage and support core activities.

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Government Authorities

In the event of an infectious disease disaster, people experience a great deal amount of stress from quarantine, fear of infection, stigma, economic loss, inadequate supplies, and inappropriate information. They may show Post-traumatic Stress Disorder (PTSD) symptoms, confusion, and anger. The ripple effect of a disaster also reinforces social aversion, such as social division and blaming. Public officials performing prevention activities during this critical time can feel overwhelmed not only from heavy workloads and responsibilities, but also becoming the public targets of criticism, hatred, or mockery out of excessive anxiety, fear, and social division. In the event of an infectious disease disaster, the government should comply with the following prevention guidelines to defuse people's fears and anxieties and to counter the stigma of the disease.

I. Public officials

1. Take pride in your career as a public official.
 - You are making every effort under difficult circumstances to minimize the damage caused by an infectious disease disaster. Remember that you are a valuable person and that your services are appreciated by the public.
2. Take criticisms of the government and prevention authorities more objectively.
 - Accept people's criticisms towards the government as a social reality and look into the contents that have productive aspects. A disaster is like a vast mirror that directly reflects the current state of our society and overcoming an infectious disease disaster is a complex issue that needs the participation and cooperation of all members of our society. Try to keep a psychological distance from excessive criticisms. If necessary, share your emotions with those who are able to understand what you may be going through.
3. Acknowledge uncertainty.
 - Things may not turn out positively as expected. You may not be able to explicitly predict the future. Accept that we can only learn the value of and humility through what is given to use with the disaster.
4. Pay attention to your emotional and physical reactions.
 - When you feel stressed out from overwork or hostility from other people, notice physical and emotional signs of stress. Examples are stiff shoulders or palpitations, negative emotions such as fear, guilt, and shame. Try to alleviate these reactions

through calming activities including meditation or relaxation, organizing your thoughts through writing or drawing.

5. Keep up with daily routines.

- Our daily rhythm can easily be disrupted from heavy workload. Maintain your vitality and energy level through regular meals and light exercises. A regular sleep-wake cycle is also crucial for your mental health. Reach out for help when your work conditions significantly interfere with a healthy lifestyle.

6. Appraise people who do their best under immense physical and mental stress.

- If any of your colleagues suffer from physical or mental exhaustion or psychological shock, help them seek professional assistance from a mental health specialist.

7. Participate in or keep up with activities that lead you to a positive state of mind

- These activities can include things that you have usually enjoyed doing, writing letters to your close friends, or keeping a diary or log.

8. Stay connected with your family, friends, and colleagues. Empathic communication with a close friend is an effective way to manage stress and control emotions.

9. Think about what you can learn from the disaster.

- You can strategically plan disaster preventions by listening to a wide range of opinions and think about how to mobilize human, physical, and scientific resources across all of society in order to overcome disasters and improve the cohesiveness of these resources.

II. Government and prevention authorities enforcing self-quarantine

1. Provide accurate and transparent information to people and their families who are in quarantine.

- These individuals may experience very strong fear and stress of the infectious disease. Helping them understand accurate situations can assist alleviate their fear and stress.

2. Communicate effectively and promptly with people and their families under quarantine.

- Late information can lead to excessive anxiety, misunderstanding, the spread of fake news, and unnecessary social conflicts among these individuals.

3. Provide daily necessities and essential medical products to people under quarantine.
 - Understand their needs and provide essential product in a consideration of the varying situations.
4. Support commutation tools such as wired or wireless networks.
 - Feelings of isolation and alienation from their loved ones and their communities are the biggest concerns among the isolated, in addition to the fear of the disease and death.
5. Quarantine period should be as short as possible and should not be modified unless it is absolutely necessary.
 - Being under quarantine restricts individual freedom and human rights for social safety. Most of the psychological side effects of isolation stem from the constraints on freedom.
6. Public health officials should emphasize that self-quarantine is an altruistic behavior.
7. When enforcing self-quarantine, consideration for varying circumstances of each individual, such as other co-occurring illnesses and socioeconomic statuses, is necessary.
8. Identify psychological issues caused by self-quarantine and provide information for psychological support.
 - Please be more sensitive and provide careful attention for high-risk vulnerable populations, such as those experiencing mental illness issue, trauma, or bereavement.

III. Crisis communication with people

1. Trying to eliminate people's fear and distress may have adverse effects
 - Excessive attempts to relieve people's concerns can lead to side effects, such as the spread of fake news.
2. Communicate bad or the worst case first.
 - It is better to announce the most serious issue as the top news, followed by minor issues.
3. Maintain honesty and transparency.
 - In a disaster situation, people want the government to make immediate and prompt announcements. For more urgent issues, they should be given top priority in determining the validity of the information.

4. Be careful when making predictions to avoid overly confident or optimistic statements.
5. Actively correct misinformation or fake news.
 - Check the source and accuracy of information and correct misinformation by providing only reliable information. Make every efforts to prevent fake news from leading to unnecessary social chaos and waste of prevention resources.
6. If there has been a mistake or error, admit it and apologize immediately.
 - Show empathy. Share dilemmas rising from the disaster with the public.
7. Acknowledge the diversity of people's opinions, culture, and positions.
8. Provide participation opportunities to people in prevention activities.
 - Provide reliable references related to the activities; let people know clearly about the social benefits of their participation and appeal to altruism.
9. Respond carefully to people's anger.
 - When dealing with anger, first listen and understand the situation. Acknowledge the anger, empathize with the emotion and try to avoid confrontations or arguments. Try offering alternatives or provide useful feedback. Communicate in a calm yet confident and clear tone of voice.
10. Humor can be a sensitive subject.
 - Good humor may be helpful, but please refrain from satirizing or joking about the emotions or the situations that people experience. Carefully consider whether people in crisis are able to take your words as mockery before communicating.

IV. Application of the disaster crisis management program to the community

1. Understand and embrace cultural diversity.
 - Make efforts to understand the culture, attitudes, values, and beliefs of the community. Effective communication is possible through following the norms of their community, understanding the organizations and groups in the community, and comprehending the actions of the community and their intentions and beliefs.

2. Understand the current composition of the community's culture.
 - Consider the various aspects of the community such as age, gender, religion, housing, income, rural/urban, unemployment, language ability, literacy, school and business, refugees, and migrants.
3. Continuously monitor service quality such as accessibility, appropriateness, and fairness.
 - Identify any particular group that may be experiencing difficulties assessing the services or information. Modifications on physical and human resources and services may be necessary to meet the needs of your community's needs.
4. When providing reliable information and psychosocial care, it is important to mobilize community organizations.
 - Groups and organizations with a community are invaluable resources. Winning the trust and acceptance from them takes time and energy.
5. Engage leaders and organizations representing various groups in the community as collaborators in overcoming the disaster crisis.
 - Collaborating with community leaders is an effective way of understanding the characteristics of community, improving the reliability of disaster management programs, and making the services more sensitive to community culture.
6. Ask for help from community experts.
 - Establish a good cooperative relationship with community experts or their organizations and listen carefully to their opinions. Promote their activities so that they become effective resources in disaster management.

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When there are news with far-reaching implications for an unspecified number of people and constant crisis management is required, as in the case of an infectious disease, the media play a positive role in promoting awareness of the infectious disease and delivering important messages for prevention and management. However, the media can also play a negative role by sharing and spreading rumors or false information that inevitably arise during an epidemic. Although it is necessary for the media to consider diverse perspectives, it must try to share evidence-based, accurate, and factual information for crisis management and to play an important role in alleviating the anxiety of the people and healing the community. Therefore, we have established prevention guidelines that the media, media workers, social media users, and the population in general must consider for infectious disease crisis management.

I. The media and media workers

1. The media should understand the purpose of reporting the disaster and try to provide accurate information that has been announced by the prevention authorities or verified by experts in order to report factual and accurate information.
2. Sensitive information, such as the numbers of patients and deaths, is to be provided only after verification.
3. In order to prevent the risk of infection when conducting on-site, must follow the site controller's requests or instructions.
4. To minimize disaster damage, repeatedly share the message that people should work together, through news on preventive activities and guidelines, rather than focusing only on reporting the infectious disease or its resulting problems.
5. Excessive competition for breaking news can lead to excessive anxiety and fear about the crisis and can increase the public's fatigue with mass flows of information, thereby interfering with the recognition of accurate information and sharing of important information. To prevent this, prepare select and important reports.
6. As using the provocative headlines and titles, it can make negative perceptions of infected individuals, regions, and situations, and increase hostility and prejudice. Therefore, make careful judgments and refrain from reporting disputable contents.
7. In an unpredictable epidemic situation, conduct a fact-check so that rumors and inaccurate information are not reported without verification. If inaccurate or incorrect information was reported, make quick corrections and provide correct information repeatedly to prevent the spread of prejudice or misunderstanding.

8. Information of confirmed cases is only opened to the public for the public interest of infection prevention. Care must be taken when reporting to avoid excessive exposure of individuals' personal lives. Presentation of details about patients, the deceased, and their families should be restricted for human rights.
9. Although your report aims to deliver accurate information of the disaster situation do not request interviews if the interviewee feels uncomfortable.
10. In the event of a mass outbreak in a particular region or group, some information may be shared for the purpose of protecting people in the vicinity. Care should be taken to avoid stigmatization, prejudice, or excessive criticism of the group through speculative articles or reports of irrelevant information.
11. Report articles that can evoke positive emotions such as exemplary cases or overcoming infection, and support for the isolated.
12. When psychosocial anxiety is heightened due to an infectious disease, it is important to instruct people precisely about psychosocial self-care skill or stabilization methods that can help alleviate their stress and help them care for themselves.
13. At the end of all reports and articles about an infectious disease, introduce official government sites that people can visit to check relevant information easily or direct them to phone counseling resources.

II. Social media users

1. The positive functions of social media are to make people connected, bring them out of isolation, and share information quickly. On the other hand, bear in mind that false rumors and information with unclear sources can easily be produced and disseminated through social media.
2. Do not focus on sensational issues with unclear sources.
 - People's anxiety and confusion can be aggravated through the dissemination of unverified information when an infectious disease spreads. It is necessary to check whether all information has reliable and clear sources, instead of immediately sharing potentially false information with others.
3. Do not produce sensationalize issues by using mass psychology in an attempt to arouse anxiety.

- With the development of personal video sites, there have been cases of the creation and distribution of sensational content playing on public curiosity and anxiety. This can lead to patients with the infectious disease or those around them being hurt or suffering misunderstandings and criticism from the public. It can also waste the time and human resources of prevention authorities.

4. Actively utilize the strong propagation power of social media for infection control and prevention.

- Each individual can help to protect themselves and others by participating in positive prevention activities during an epidemic. Social media users can partake in proactively disseminating key messages about prevention activities, such as hand-washing and physical distancing campaigns.

5. Engage in social distancing (non-contact) activities with those in the vicinity, share positive messages together, and try to encourage others to reproduce and share news about individuals overcoming the disease or good infectious disease prevention cases.

III. The public

1. Check the source of the information when you read articles on infections and obtain information through official authorities or major media, as there will be an increase in rumors and inaccurate information in the event of an outbreak of an uncertain infectious disease.

2. Check only necessary information on the infectious disease by avoiding countless searching of news and make a good habit for information searching. Unreliable or unnecessary information increases confusion and makes reasonable judgment difficult.

3. Communicate young children or students and protect them from excessive and unverified information.

4. Be especially wary of prejudice, hatred, and stigma when you come across news about disaster situations.

- Anxiety about infectious diseases can lead to distrust of others and excessive assignment of responsibility to the infected, thus weakening bonds and trust in the community. In particular, if collective infection occurs among a particular group or region, hostility or stigma toward them can be prominent.

5. Avoid comments that attack the character.
 - Infected people and people under self-quarantine suffer not only from the disease itself but also undue criticism, baseless rumors, and the rejection of others. Posting hateful or critical comments on articles about them can hurt the well-being of the community and make the recovery difficult.
6. Implement healthy checks and surveillance by civil society to monitor articles and media reports and actively demand the correction of any reports that promote bias or stigma or those that share inaccurate information.
7. Share articles that introduce preventive activities or positive messages about overcoming disasters, share them with family members and acquaintances, and work together to recover the community.
8. If you feel uncontrollable anxiety, consult a mental health professional.

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Schools are vulnerable places for the spread of infectious disease because a large number of young people are in close contact with each other. However, school is also a place for both students and faculty to learn and practice personal hygiene, which eventually would help prevent the spread of infection. School is also an important place for building healthy communities because parents can learn those helpful habits through their children. Therefore, the whole community can implement them together. Also, children's healthy habits learned in school can contribute to their future well-being. The followings are the psychosocial guidelines for educators during the outbreak of infectious diseases.

I. Teachers

1. Emphasize the importance of handwashing to your students as often as possible.
 - Frequent handwashing is the best way to prevent students from infection. Although children have probably learned it at home, teachers must instruct their students regarding the proper way of handwashing and make them practice it. It is recommended that teachers educate students about using soap to wash their hands under running water for about 20 to 30 seconds, "while singing the birthday song twice. It is necessary for teachers to let students wash their hands several times a day.
 - Students should wash their hands:
 - Before entering the classroom.
 - After using the restroom.
 - Before eating snacks or meals.
 - When the hands are dirty.
 - After physical activities and playing outside.
 - After blowing the nose with a tissue and after covering the mouth to cough with a hand or a tissue.
 - After touching an animal.
 - If there is a sick classmate or a sick family member, students should wash their hands more often.
2. Inform and share the principles of other personal hygiene with your students in the classroom.
 - Demonstrate proper action of personal hygiene with visual guide, such as coughing on tissues or sleeves, putting used tissues in proper places after blowing their noses, and throwing away used masks directly into the trashcan.
 - It would be ideal if soap, hand sanitizer, and tissues were properly placed in restrooms, classrooms, and cafeteria.

3. Explain three phenomena that always occur in disaster situations: (1) infodemics (e.g., fake news, rumors), (2) splitting into subgroups, and (3) blaming others. Ask students whether they have experienced these and to share their experiences. Use terms and examples in a consideration of students' age and cognitive development.
 - First, the best way to correct false rumors is to share the facts. Please let students know that sharing new information and transparency are particularly important during infectious diseases outbreaks.
 - Ask about false rumors or infodemics circulating among students and verify them directly with the students so that they can share accurate information and knowledge. Please do not avoid dealing with rumors. Keep in mind that children can get rumors and misinformation through social media (SNS). For questions to which you do not know the answer, it is good to be honest and say, "I do not know yet. I will let you know after I find the information."
 - Second, discuss the fact that the infectious disease can easily cause splitting into subgroups such as confirmed patients vs. unaffected persons, families of confirmed patients vs. unaffected families, and regions with many confirmed patients vs. those with few or none. It is helpful to practice the case of splitting into subgroups in a classroom and discuss how we can prevent the splitting. This practice helps prevent students from splitting into subgroups in the classroom.
 - Third, blaming others always happens because most people prioritize their own safety especially during infectious disease outbreaks. In particular, let students know that it will be easy to blame other people, another group, and another region during an epidemic because it can be transmitted through person-to-person contact.
 - Fourth, children who are younger or have difficulty recognizing their emotions are more likely to express anxiety and various physical symptoms under stressful situations. Students tend to visit a school nurse more often than before and it is better to expect these changes in advance and be prepared. Let children know that they may have experience a headache or stomachache when they are stressed. While the role of the school nurses is particularly important, it is necessary for principals to recognize that they can be overloaded and try to help them.

4. While the class has to move forward, it is recommended that new information be briefly shared with the students before the class begins.
 - You do not need to emphasize information that causes anxiety or fear. However, if you pretend not to know it or try to hide it on purpose, the students may catch on to it. Therefore, a neutral attitude is needed to convey information. If you do not mention it at all, children might assume that you are hiding something, which makes them more anxious or suspicious.

- Giving students the opportunity to ask questions about the infectious disease can also help you understand what their interests are. Because the cognitive development of students has not fully completed yet and they can misunderstand and feel anxious about things that adults consider as being obvious.
5. The students who used to be anxious and depressed tend to be more anxious and irritable during the outbreak of infectious diseases.
- On average, about 20% of the students in a class need physical or emotional help, and about 5% need help from mental health professionals. As the number of students in need may increase in a disaster situation, you should prepare yourself in advance to deal properly with such situations.
 - Share details of these phenomena with your students and ask for their cooperation in times of hardship. Tell your students that is the time for all to support and help one another and facilitate positive connections among students.
 - It is also recommended that you establish an information-sharing system in advance so that students can inform you (the teacher) if they find peers who need any help.
6. Take care of yourself and your mind and body as a teacher.
- Taking care of many students at school during an epidemic must be a hard job for everyone. If you are a teacher of younger students, you feel more responsibility because they tend not to follow all instructions and have weaker immune systems. In this situation, it is necessary for teachers to understand the guidelines of the Ministry of Education, your local school system, and your school. Try to implement them as much as possible.
 - If you have difficulties applying some guidelines on your schools or think that the guidelines are inappropriate due to changes in circumstances, it is important to share this with your colleagues and inform this to school nurses and administrators.
 - During an epidemic, it is natural for you to be concerned about the safety of your own family as well as your students. Therefore, it is necessary to check where they are well. If you are worried about your family, you cannot focus on your jobs at school.
 - In a disaster situation, administrative tasks and paperwork may increase. It is important that teachers support each other to manage their stress. It is helpful to look for the positive side and share it with people around you. Do not lose your sense of humor. Humor can help you manage stress and strengthen your immune system.
 - When you are anxious or fearful, students could see your anxiety through your facial expression and attitudes, and they might feel the same way. Therefore, you should take care of your mind and body first.

- If some teachers look very tired and stressed, let them take rest. This kind of supporting atmosphere helps them recover from stress and return to their roles quickly. Helping each other and working as a team are important to cope better with difficult situations during a disaster.

7. Understand adolescents' brain system to efficiently help your students.

- In a disaster situation, the frontal lobe, the rational part of the brain, may not function well while the limbic system, the emotional part of the brain, are more activated. This activated emotional brain interferes with the function of the frontal lobe in gaining knowledge and maintaining concentration. Therefore, it is helpful for teachers to speak briefly and clearly in class and divide the contents into small parts with some break time in between for students to maintain their concentration better. The best ways to increase the activity of frontal lobe are asking students a question and giving them a chance to answer and express their opinions. If you give more chances to your students and listen to what they are saying, students regain their sense of control and things will go well in your classroom.
- In a disaster situation, we are asked to follow more rules, and we have much less control over things as a result. Giving your students a chance to choose between options in class, such as picking on between two choices, will help them feel more positive and less helpless from the experience of making their own choices. This is a good tip for you to practice during class hours. For example, because it takes a long time to wash hands, some students could not wash their hands during the break. Ask them to raise their hands, and let them decide on one of two options, such as "Would you like to wash your hands as soon as class begins or do you want to wash your hands at the end of class?"
- Observe the facial expressions of your students. If they look anxious, tired, or angry, let them have a brief break to stretch their arms and take several deep breaths to be relaxed before resuming your class.
- Importantly, when teachers comment on students' strength, students tend to follow directions better and participate more actively with a heightened self-esteem. Therefore, especially in times of a disaster, please focus on positive behaviors of your students and appraise them in class. If you do that, your students will see and follow your way. Eventually you can overcome this hard situation together with your students.

8. When recovered students come back to school, be sure to follow the guidelines recommended by the government. Share the guidelines with students and take special care so that they do not exhibit the following common negative behaviors in the classroom: splitting into subgroups, false rumors, and blaming others. The same principle needs to be applied when recovered teachers return to school.
9. If your school has some campaigns of infection prevention, students can have the opportunity to participate in establishing the goals and action plan and evaluating their own behaviors.
 - Announcement on posters.
 - Set up slogans and let students be aware of them.
 - Post important messages in the classroom.
 - Use visual guides wherever needed.
 - Put a picture of proper handwashing near a tap in the restroom.
 - Let students write down their goals, post them on the wall, and check those by themselves.
10. The followings are useful guidelines for parents during an epidemic.
 - During an epidemic, some parents become more anxious and need more communication. If you let them know how to communicate with you and respond to them quickly, parents will be more relieved. It is natural for parents to be more anxious at the time of disaster. Accept this and try to reassure them as much as you can. Give some information about your availability and the best option of reaching you for communication (i.e., email, text, telephone, etc.).
 - Some students may not be taken care of well at home. It is particularly important for you to support and provide special care of neglected children. Help them practice personal hygiene and use public resources in terms of economic and social support.
11. The followings are useful guidelines for school administrators, including principals and vice principals.
 - As an administrator, you work under pressure during an epidemic. When you feel pressured, the sympathetic nervous system of your body is activated. It is helpful to drink water and take deep breaths often. Walking for more than 20 minutes also helps relax your body and stabilize your brain. If you are an administrator, it is recommended that you intentionally practice these often.
 - In a disaster situation, more students tend to show physical symptoms (e.g., headaches, back pain etc.) and visit a school nurse. Expect the workload of school nurse and support her/him actively.

- Parents' requests and complaints can increase in disaster situations. If it is difficult to resolve them at the teachers' level, early and active intervention at the administrative level can help to reduce the overall difficulties in the school.

II. Parents

1. As parents, it is not easy for you to decide to send your precious child to school during an epidemic because children's immune system tends to be more vulnerable and their cognitive development has not fully developed enough to understand what is going on.
2. If you are too anxious to send your child to school, discuss it with your homeroom teacher first.
3. When you raise a child, you must learn to deal with uncertainty and believe in the good nature of others and the benefits of the social system. Because you cannot always accompany and protect your child, you must have the courage to let your child out of your house only if you trust that the teachers will take care of your child with the best of their ability.
4. Inform the homeroom teacher when you, your neighbors, or colleagues is affected by the infectious disease. This will help protect the entire school, including your child.
5. Teachers are more likely to be overworked during an epidemic. It is well known that if parents are not healthy and happy, it will have negative effects on their children. Teachers play the same role as the parents in school. Please support and respect them.

III. The Ministry of Education and school administrators

1. You have to share correct information and new policy as soon as possible with schools, parents, and students to reduce their anxiety and panic during an epidemic.
 - As the saying goes, "Anyone can hold the helm when the sea is calm." It is not easy to become a responsible leader in rapidly changing disaster situations such as the outbreak of an infectious disease. It is difficult to predict the progress in advance, to be acknowledged for your efforts, and avoid criticisms from people. Nonetheless, as a leader, you are responsible for making decisions.
 - In a disaster situation, the authorities in education and the school directors should establish more efficient channels of communication than already existing one, obtain information as quickly as possible, and listen to the opinions of the members.

2. Sharing facts is the best way to prevent spreading rumors among teachers, parents, and students.
 - If the school schedule is postponed, provide information regarding the new school schedule, vacation, and other important information such as the minimum number of attendance and test schedule.
 - Authorities in the education systems must remember that three common phenomena (rumors, splitting into subgroups, blaming others) always occur during a disaster because the students are more easily affected by them. Sharing facts, updating new information as quickly as possible, and maintaining transparency are the best ways to prevent spreading rumors.
3. If the school schedule gets postponed, prepare and discuss emerging issues in advance such as childcare, possible child abuse and neglect at home, options for students to study online, and provide relevant information promptly.
4. If the school has to be opened before the infectious disease is completely eradicated, you must establish a plan for safety in the school to ensure that the school is sufficiently safe for students, parents, and teachers.
5. Develop and implement consistent policies grounded in basic principles, although the detailed guidelines may change in a rapidly changing situation.
6. There is a saying that a crisis is turning challenges into opportunities. An outbreak of infectious diseases is a great opportunity for all students to learn and practice personal hygiene. Let us try together to overcome an outbreak of infectious disease quickly and go back to the new normal with better personal hygiene and safer society.

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Psychological prevention and management of infectious disease in the military is very important, given the life of soldiers is characterized by group living. During an epidemic outbreak, fear and unrest due to an infectious disease can lead to conflicts among the members of a unit and decreased unit morale as well as combat power. To this end, we have established psychosocial prevention guidelines for leaders, soldiers, and military counselors.

I. Leaders

1. Share information with the members of your unit about the current state of any infectious disease and the guidelines for the prevention of infectious disease in units.
 - Rumors and distorted information can cause unnecessary misunderstandings among the members of a unit, reduce trust in the leaders, and lower unit morale. Leaders should minimize unrest in their unit by checking the facts in relation to any rumor and by providing relevant information to the unit members. Any changes in guidelines for the unit should also be immediately shared with its members.
2. Empathize with the dissatisfaction and stress experienced by unit members due to restrictions on vacations and same-day leaves, and guarantee sufficient rest times.
3. Actively implement physical and recreational activities after work that will calm the body and mind and promote self-development. Consider flexible management of the unit, including the expansion of convenience facilities.
4. Identify problems that can decrease unit morale, such as conflict and mistrust within the unit, and try to solve those problems.
 - Leaders must pay attention to problems within their unit related to mood, conflicts, and communication, as conflicts can have a large negative impact in crisis situations like disasters.
5. Be careful not to create excessive administrative work due to the current situation. Reasonable allocation of additional work is necessary.
6. Suitable adjustments should be made for any workload caused by the absence of confirmed patients and those in physical isolation to not overburden other soldiers.

II. Soldiers

1. Given that military life is characterized by group living, follow the guidelines for infection prevention in units.
 - Preemptive actions to prevent infectious diseases are essential in the military. It is very important to understand and follow the guidelines of the unit, as there may be rapidly changing situations in the process of preventing the spread of infection.
2. Check your own reactions to stress, including fear of the infectious disease and anxiety, disappointment, annoyance, and anger arising from a restricted life. Understand that your unit members can also experience stress reactions.
 - Stress reactions such as anxiety, annoyance, anger, and insomnia are common and normal responses during an epidemic. Be cautious that overly expressing these stress reactions can also exacerbate your peers' stress responses. If any your comrades shows stress responses, try to empathize with his/her feelings and avoid responding negatively.
3. Actively use stress-coping skills and recreational activities that are feasible within the unit, such as physical activities and communication with your family and friends.
4. If you or your unit members show stress responses that seem overwhelming or difficult to handle, get professional help by reporting to the leaders or the military counselor.
 - By asking for help, the military counselor will provide a clinical assessment and counseling for stress responses. You can also consult with a professional counselor through the 24 hour Military Help Call 1303.
5. Understand that soldiers who are confirmed patients or those placed under quarantine are victims of the infectious disease who need help for their recovery.
 - Please make necessary adjustments so that subconscious anxiety towards or avoidance of confirmed patients and physically isolated soldiers do not progress into hatred or ostracization. They are the victims of life-threatening infectious disease who need full support to regain good health.
6. Be proud of your comrades who are devoted to supporting the public during an epidemic.
 - Both military medical staff, such as army surgeons and nurse officers, and soldiers have engaged in helping the public in infection prevention and control. We must pray and cheer for our comrades who devoted themselves to their duties for national and public interest.

III. Military counselors

1. Provide practical problem-solving skills, such as relaxation techniques, to soldiers who are under excessive stress due to the fear of infection and restricted living.
2. Carefully check for deterioration in the psychological state of soldiers with adjustment/transition issues to the service or having a high risk of suicide.
3. Observe the overall atmosphere of the unit and share it with the leaders.
4. Provide on-line counseling for the confirmed patients or physically isolated soldiers requesting consultation.
5. Identify negative perceptions, such as criticisms of confirmed patients or self-isolating soldiers, and request cooperation of the unit.
6. For soldiers who are at risk of harming his/herself or others, it is necessary to (1) report this to the leader to ensure his/her safety, and (2) refer the individual to the mental health services.

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Disasters such as the outbreak of an infectious disease can occur at any time in our society. Religion is firmly established in local daily life and is an integral part of culture. Religious interpretations and scientific views of disasters can sometimes coexist in religious communities and religious beliefs can have various impact on society. We present guidelines for responses to disasters that religious leaders and organizations can utilize with respect to those inside and outside the religious community during a disaster situation.

I. Religious leaders and individuals

1. Understand complex emotions that you might feel during a possible outbreak of an infectious disease. Even healthy religious/spiritual people can experience psychological changes in the event of a disaster.
 - Skepticism about your religious beliefs.
 - Doubts about justice and reinterpretation of its meaning.
 - Sudden sense of distance from your faith.
 - Distancing yourself from your loved ones or feelings of distance.
 - Despair or helplessness, and guilt.
 - Desire for spiritual purity.
 - Questions about life and death.
2. Regardless of whether you are religious, spiritual care can help revitalize hope and resilience in people who have experienced severe stress. It is helpful to receive spiritual care from a trained personnel if you experience the following signs of needing spiritual care.
 - A need and desire for religious/spiritual support and ceremonies.
 - Confusion and questions about where and whom to get help from.
 - Desire to meet people or sense of belonging.
 - A need for comfort and the psychological safety of having someone who can help you regain calmness.
 - A need for physical safety to share and empathize with the negative emotions and experiences of those suffering the same pain.
 - A need for basic supplies and an environment for survival (shelter, rest, water, food, and basic hygiene).

3. Trained religious/spiritual leaders can support disaster recovery activities by providing spiritual care with consideration for the followings in the planning stage.
 - Recognition and respect for diverse religions or spirituality.
 - Respect for the principle of confidentiality.
 - Respect for the social and cultural diversity of individuals and organizations.
 - Knowledge and skills of effective communication.
 - Service targets chosen and service provided at the level and competency of the spiritual care provider.
 - Recognizing and preventing your own compassion fatigue and having stress management skills in care providers.
 - Maintaining a healthy emotional and mental relationship with people you are caring for while physical distancing.
 - Prohibiting the act of demanding strong conversion or evangelization by taking advantage of people's psychological crisis during an epidemic.

4. The following communication and behaviors are helpful when engaging in spiritual care.
 - Focus on and carefully listen to the emotions of people that you are caring for rather than evangelization or conversion.
 - Empathize their feelings with sincerity.
 - Upon request, pray together for them, their families, and communities.
 - If people you are caring for find their own way to recovery, encourage and support them.
 - Encourage people you are caring for to stay connected with their loved ones.
 - Above all, actively listen to their emotions and stories.
 - Remember that hasty advice given in a disaster or crisis is not helpful. Be considerate of them.

5. Respect cultural and ethnic diversity in providing spiritual care
 - Be open to and respect the diversity of different cultures and backgrounds.
 - Be careful of personal preconceptions, prejudices, and stereotypes.
 - Symptoms and expressions of sadness may vary by culture and background.
 - It is okay to ask about things you do not understand in a non-judgmental way.
 - Remember that each individual has unique and personal characteristics.
 - Develop trust by respecting varying degrees of physical and psychological challenges of people.

6. Consult a mental health professional if the people who you are caring for show excessive psychological pains including the followings:
 - Face, facial expression, or voice being different from usual or non-expressive.
 - Expressing thoughts or specific plans about hurting him/her or others.
 - Having uncontrollable emotional outbursts that last for a long time after a disaster.
 - Having repeated nightmares or exhibiting extremely unstable mood to the extent that it bothers their daily lives.
 - Keep having or amplified interpersonal difficulties.

7. The mental health of a care provider as a religious leader is important. Understand and manage compassion fatigue.
 - When listening to others stories about fear and pain, you may feel similar emotions. It is a common experience when empathizing with others feelings. However, these feelings can become stronger if the duration of your care lasts longer or is repeated. To minimize these feelings, make sure you take time for yourself and manage compassion fatigue well.
 - Before the disaster, such as an outbreak of the infectious disease:
 - Understand the need for self-management, possible burnout, and compassion fatigue.
 - Know your stress level before the disaster.
 - In a disaster response situation during a disaster, a spiritual care provider should do the following:
 - Inform and educate spiritual care team/members about self-care strategies
 - Share and manage the psychological pressure and workload of members/volunteers.
 - Take time for debriefing at the end of the day.
 - Regularly check your stress responses.
 - After the disaster response:
 - Give encouragement and rest to the members who provided special care.
 - If necessary, provide information related to mental health prevention and treatment.
 - Refer to various stress management guidelines that can be implemented at the personal level.

8. Training and sharing knowledge on how to respond to various disasters is recommended
 - Keep yourself or organization updated on the official information released by the health authorities.
 - Protect your community from disaster risks by filtering out and sharing only reliable information.

- Organize an emergency network in your organization and immediately activate it in case of crisis.
- Be trained at the same level of community emergency response team so that timely cooperation is possible.
- Update, share, and follow the specific psychosocial prevention guidelines provided by the government.
- Practice open communication and fact-based information sharing.
- Come to a consensus on the need for physical distancing in advance and practice it.

II. Religious organizations and faith-based communities

1. Be trained and cooperate on disaster response activities.
 - Religious/spiritual organizations have actively participated in disaster management and recovery activities. In many countries, religious/spiritual organizations are among the institutions that provide immediate care, such as first responders.
 - Being trained on disaster preparedness and response training (i.e., disaster education, early warning, information distribution, and specific disaster preparedness methods) will lead to prompt and effective participation in the response activities in the event of a disaster.
 - Disaster management can be partially coordinated with local religious/spiritual organizations, as these networks are helpful in disaster management.
2. Update the official information provided by the health authorities.
 - Be prepared to respond to disaster risks by sharing reliable information regarding potential risks.
3. Keep in touch with emergency management system.
 - By interacting with the central government, local governments, relevant experts, volunteers, and other organizations, religious organizations can help with the recovery from a disaster. Healthy and mature religious/spiritual concepts can encourage followers to respond actively to the disaster and coexist with secular disaster activities.
 - In an emergency, carefully listen to experts' advice, contact other religious organizations and local emergency management systems, and provide mutual-aid as necessary.

4. Remember the positive impacts of religion in a disaster.
 - Religious beliefs and identities increase the spirituality of followers and help them bond with each other. They can also provide important spiritual support for disaster victims as they cope with physical and emotional pain.
 - Positive impacts of religion can lead to “post-traumatic growth” after a disaster.
 - While religious conversations may explain the uncertainties involved in a disaster and can give hope and comfort to followers to cope with difficult situations, religious attribution of the disaster can be dangerous and interfere with effective disaster response.

5. Share information on infection prevention guidelines provided by the prevention authorities and comply with other followers.
 - Wash your hands often. During an infectious disease outbreak, it is the first precaution to wash your hands. Remind that the elderly and people with compromised immunity should be careful.
 - Physical distancing is one of the strategies to prevent the spread of an infectious disease. This method includes delaying or canceling large gatherings, such as sporting events, concerts, and religious gatherings and must be applied to the entire community, rather than a specific individual or group. Maintain emotional relationships with other followers through phone calls and social networking services.
 - Remind that followers to stay home if they have symptoms of the infectious disease, such as coughing, sneezing, fever, nausea, or body aches. As a religious leader, remind followers of your affection and interest and articulate that they can participate in religious activities after the an epidemic is controlled.
 - Health should always be a top priority. An infectious disease outbreak can cause anxiety and fear for anyone, and such feelings are a natural response. Feeling powerless and vulnerable with the increasing uncertainty of safety due to a sudden outbreak of infectious disease provides an opportunity of religious/spiritual growth to people. However, if excessive anxiety or emotional distress is reported, keep help from a mental health professional.

6. Limit large public gatherings if recommended by the health authorities.

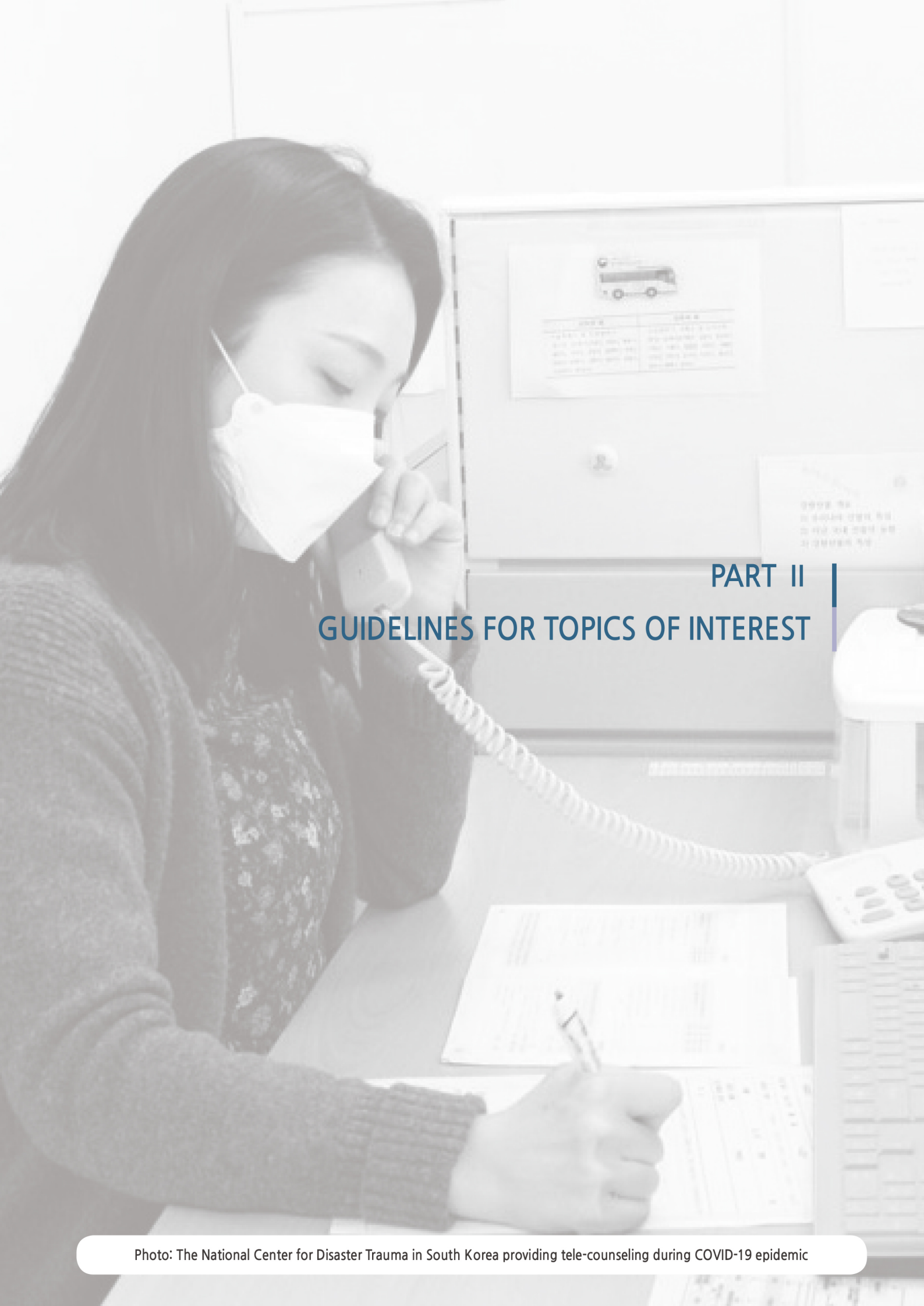
III. Government

1. In a disaster situation, the government needs to understand religious attributes and behaviors and establish response measures.
 - If practiced properly, religion can help people perceive a disaster as less shocking and provide the hope and consolation needed to help people cope with adverse situations. Religious and disaster authorities need to work together in order to produce an effective and culturally sensitive disaster response.
2. The government should understand the positive functions of religious organizations and leaders in a disaster situation.
 - Common religious beliefs in an emergency can create unity to overcome the disaster together.
 - The components of religious organizations such belief system, practices, rituals, and tradition, can contribute to building social capital and strengthening networks. Therefore, religions can be important sources of and provide resources to people during a disaster.
3. Integrate healthy and mature religious/spiritual practice in disaster response management.
 - Spirituality helps people care for and restore good mental health.
 - Combining religious activities, such as prayers, with non-religious behavior can help with a disaster response. Spiritual care and religious support are not about changing or losing existing religious belief systems. Rather, they are about integrating many religious resources into a disaster response that reduces the risks of the disaster.

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PART II
GUIDELINES FOR TOPICS OF INTEREST

Photo: The National Center for Disaster Trauma in South Korea providing tele-counseling during COVID-19 epidemic

Disasters are events that go beyond the limits of both an individual and community's physical and psychosocial resources, causing extreme stress to all those who are directly and/or indirectly affected. People may lose control of their lives and experience anxiety, depression, helplessness, and feel trapped in a snare from which they cannot escape. In some cases, people may amplify their distrust of others and of the world at large in times of disaster. In the case of infectious disease epidemics, people are required to practice preventive measures such as social distancing to stop spread of the disease, leading to social isolation. Therefore, psychosocial support is one of the most important forms of psychosocial care. The following guidelines will be helpful when problems of suicide, self-harm, panic attacks, and alcohol or drug abuse threaten the mental health of yourself, your loved ones, or your friends and acquaintances.

I. Severe trauma response

1. In times of epidemic outbreaks, people easily succumb to negative emotions, such as anxiety, fear, loneliness, anger, and disgust, which can often develop into severe depression, suicidality, panic symptoms, and alcohol abuse.
2. Particularly during a respiratory epidemic outbreak, people with underlying respiratory illnesses or history of panic symptoms may experience fear and anxiety more acutely and become hypersensitive to minor physical symptoms.
3. Especially when practicing preventive measures such as social distancing, people may spend more time alone, thus being more susceptible to using alcohol, tobacco, and other substances to soothe negative feelings or distress. People may also experience suicidality in a state of severe depression or anxiety.
4. People can feel anxious and fear during an epidemic; however, if you experience severe trauma responses to the point of being unable to control your emotions and behavior, you need to seek help from a person close to you or a mental health professional.
5. If you have a family member or a friend who supports you, stay in close contact with them by maintaining regular calls, texts, or SNS. Don't be afraid to ask for help.
6. If possible, try to keep up with your daily routine. Instead of watching TV news, do what you are familiar with and try to pay attention to positive information.

II. Suicidality

1. Ups and downs of our emotions and thoughts are natural. In fact, they can always change depending on various circumstances. However, bad feelings can sometimes makes us feel worse, and may even make us feel that suicide is the only way out.
2. Suicide is a NOT a permanent solution to a temporary problem. Remember, suicidal feelings are only temporary.
3. When you feel the urge to commit suicide or harm yourself, it is important to ask for help from someone around you.
4. Asking for HELP in this situation is NOT a sign of weakness. It is rather your courage and your ability to cope in the midst of the crisis in a very healthy way.
5. When you talk to others about your suicidal ideation and urge to self-harm, please be as specific and honest as possible.
 - For example, if you say, "It's too hard, I can't take it anymore", people may not fully understand your intention.
 - Perhaps what you really want to say is, "All I need to do is kill myself, and my problems and pain will be over; and I won't be a burden to other people."
 - You can also write them down on a paper and show or text them to your family or friends.
6. Avoid using alcohol and/or drugs.
 - Substances interfere with your rational thinking and impulse control. Please refrain from using alcohol and/or drugs when you feel an emotional crisis, including suicidal thoughts.
7. Remove all objects that can be used to hurt yourself or others. In immediate danger, call the Suicide Prevention Hotline or the Community Mental Health and Welfare Center for help.

III. Family / Friends / Acquaintances

1. Suicidal thoughts by themselves aren't dangerous, but how you respond to them can make all the difference. In extreme fear or panic, people may feel suicidal. Listen to them attentively and non-judgmentally. Reflect on what they share and let them know they have been heard. Rather than saying that suicidal ideation is wrong, let them talk about their thoughts and feelings and be a good listener.

2. Do not be afraid to ask directly: “Are you having thoughts of hurting or killing yourself?” For those who are considering suicide, many feel relief when they can discuss their thoughts and feelings.
3. Remove dangerous items from the home entirely that can be used as a means of suicide. If one of your family members is at risk of suicide, prevent them from abusing medication.
4. Help the person at risk to avoid using alcohol and/or drugs.
5. Stay connected with the person at risk of suicide. In case of social distancing, keep in touch with them by maintaining regular calls, texts, or SNS to let them know that you and others care and are there to support them.
6. Guide them to professional help. Know what resources are available to connect youth to the help they need. Contact the Suicide Prevention Hotline or the Community Mental Health and Welfare Center for assistance if needed.

IV. Media

1. Extreme stress is commonly experienced during a disaster. Media coverage of disaster-related suicides can increase the risk of suicidality or imitation suicides (i.e., the ‘Werther effect’ or ‘copycat suicide’) among people in similar situations. Therefore, the media is responsible for releasing only verified information so as not to amplify our society already at its crisis.
2. The media should refrain from releasing misinformation, especially suicidal cases that have not been verified.
3. The media should not speculate about or point out disaster-related stress as the single factor leading to suicide, because various factors play into explaining suicidal cases.
4. When the media reports on interviews with the bereaved family or neighbors of the suicidal person (or suicide victim), its contents should be based on verifiable facts.
5. Media coverages should also respect the suicidal person and their privacy and dignity.
6. Most of all, the media must actively partake in preventing the citizens from attempting suicides during a disaster by minimizing the copycat suicides and disseminating contact information on suicide prevention agencies.

V. Social media users

1. All human beings possess a special value intrinsic to their humanity and as such are worthy of respect. Refrain from expressions or actions that can harm the dignity and humanity of the suicide victim.
2. Refrain from misinterpreting the suicide or reproducing an unfounded stories regarding the incident.
3. People using social media should refrain from using malicious, slanderous, critical, and hateful comments, as such comments leave an indelible scar in the hearts of the bereaved family.
4. If you feel provoked by a report on a suicidal case and feel an urge to commit suicide or self-harm, please seek help from family, friends/acquaintances, or mental health professionals.

VI. Community / Government

1. If a hospital is located in an infected region or social welfare facility is placed under cohort quarantine, patients or clients with a psychiatric crisis are limited their access to proper services. During a disaster, stress increases dramatically and patients with underlying mental illnesses or those currently under psychiatric treatment may experience worsening symptoms or suicidality. Because patients with underlying mental illness or psychiatric treatment may be more stressful during a disaster, they are more vulnerable to suicidality. For patients affected by conditions other than the infectious disease, maximum efforts need to be made to maintain the normal operation of local hospitals and welfare facilities. Thus, communities and governments need to maintain the operation of local hospital and welfare facilities.

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The outbreak of an infectious disease causes serious damage to the normal functioning of individuals, families, and communities. Access to and delivering of accurate information is essential for the prevention, treatment, and recovery from the disease. Misinformation, fake news, and rumors not only provoke anxiety, fear, and panic to the general public, but also increases prejudice and stigma toward patients, their family members, and regions most hit by the virus, as well as the disease itself. These negative emotions can build a vicious circle such as igniting and fueling the spread of misinformation and rumors. The following guidelines on psychosocial care are provided to prevent the dissemination of misinformation and rumors and to strengthen the capabilities of individuals and communities to better cope with the situation.

I . Individuals

1. Rumors are a common phenomenon during an epidemic outbreak. The spread of misinformation and rumors increases people's anxiety and stress, which in turn makes them more obsessed by and dependent on inaccurate information.
 - Please do not obsess over rumors. It will only increase your anxiety and stress level.
 - Pay attention to verified information or information from reliable sources.
 - Living in quarantine is a transient state in a short period. Try to keep up with your daily routine and focus on healthy activities, rather than spending too much time on rumors or misinformation.
2. Share accurate and reliable information with family, friends, and neighbors.
 - Ask yourself the accuracy of a source and its information.
 - When you share it with others, note the source of information.
3. Outbursting our anger against others from misinterpreting unverified information is also harmful to ourselves.
 - Misinformation and rumors may increase your stress level and can hinder rational decision making.
 - Unlike ordinary situations, anxiety, worry, and stress caused by rumors and misinformation can undermine our rational thinking and often mislead us into making bad decisions.
 - Please avoid expressing anger to and blaming others.

II. Community

Misperceptions of the disease can increase negative attitudes, build prejudice and stigma toward those affected from the disease, healthcare professionals, and emergency medical service providers. Prepare recovery of community by identifying and correcting misinformation and rumors.

1. Identify behaviors and rumors that hinder the prevention and treatment of disease.
 - Although the risk of disease is real, most of the negative responses are ascribable to incorrect perception, rumors, and misinformation.
 - Rumors and misinformation can intensify individuals' anxiety and stress level and compromise their ability to make rational judgments and coping to fight with the disease.
 - Residents, leaders, professionals and public agencies should all seek collaborative ways to recover our community.
2. Sharing accurate information is helpful to counteract the rumors. When sharing information, consider the following principles:
 - Fact-check and evaluate the usefulness of the information.
 - Indicate the source of information.
 - Share only confirmed facts.
 - Use simple and accurate words so that people can easily understand the meaning.
 - Let people know where and when they heard the new and accurate information.
3. Rumors and misinformation exacerbate existing conflicts, prejudices, and stigma in community.
 - Rumors and misinformation increase people's prejudices on various populations such as the infected or isolated people, their families, related groups, and the disease itself. They also complicate prevention, treatment, and recovery efforts of the patients.

III. Media / Government

During a disaster, the media is a good channel where people can obtain useful information and stay connected. Because misinformation and rumors have negative impact on individuals and communities, the press, social media, and the government is responsible for filtering, correcting of, and responding to unverified information.

1. The mass and social media should verify the accuracy of contents on disaster issues prior to publication.
 - Exaggerated and inaccurate information and provocative reporting on the affected regions spread anxiety, fear, and shame across the nation.
 - Exaggerated and inaccurate information can intensify people's fear, prejudice, and stigma towards the communities and residents affected, and can make them feel ashamed; therefore, detrimental to safely recovering from the infectious disease.
 - It is absolutely essential that we work together for recovery. Infectious disease epidemics will eventually all come to an end.
2. When there is a lack of information, guesses or misinformation and rumors spread more. It is necessary to provide guidances on where and how to obtain accurate and authentic information regarding the disease and the current status of the outbreak.
3. The government must establish a cooperative system with health professionals, public institutions, private organizations, the media, and other information providers to actively monitor and counter fake information and rumors together.

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PART III |
GUIDELINES FOR STAGES OF EPIDEMIC

Photo: The Integrated Psychological Support Group for COVID-19 under the Ministry of Health and Welfare providing psychoeducation broadcasts at facilities placed under quarantine

The Early Stage of an Epidemic

Every epidemic outbreak is the first of its kind. Lack of information and uncertainty regarding the pathogen that causes the disease, beside its public health risk, can lead to social chaos as the public enters a state of panic. Therefore, during an epidemic disaster, psychosocial care is essential for preventing and treating the psychological distress caused by infectious disease, as it provides effective crisis communication and mental health services for high-risk groups during an epidemic crisis. In particular, well-orchestrated initial responses carried out by the government, the media, healthcare experts, and the public can minimize wastage of resources and confusion, thus allowing concentrated efforts to be put into disease management. This chapter focuses on psychosocial care in the early stage of an epidemic outbreak for a successful epidemic control.

1. The public

1. Concentrate on reliable information released by the disease prevention and control authorities, official broadcasters, and newspapers. People may feel the urge to collect information endlessly out of anxiety caused by uncertainty or panic experienced from a disaster. Misinformation, however, can increase our anxiety and stress, which in turn make it more difficult to make good judgments. Simply ignore unverified information; find and accept information from official authorities and the media.
2. Adhere to the rules for infectious disease prevention guidelines, including washing hands, cough etiquette, social distancing, and wearing a face mask (if there are respiratory symptoms). These are some of the most important measures for self-care and protection as well as for protecting others.
3. Find out sites where you can obtain help, such as community health centers and screening centers, to be well prepared for if or when a crisis is to happen that may require professional help.
4. Although negative feeling such as anxiety and fear in an epidemic crisis is quite normal, it is wise to seek help from a mental health professional when these emotions become difficult to bear. In general, most of these psychological issues are not developed to the level that requires medical intervention. However, if you are overwhelmed by excessive fear or panic, or experience persistent insomnia, you need to contact the National Psychological Service Mental Health Support Hotline (1577-0199) for professional help.
5. When outdoor activities are restricted from the outbreak, try to communicate frequently and on a regular basis with your family, friends, and colleagues via video calling, e-mail, or social media. This effort will help you deal with overwhelming negative emotions and overcome loneliness, anxiety, and fear.

6. It is important to take care of your body and mind by keeping up with healthy meal plans, staying physically active with light exercises, and maintaining a healthy sleeping habit. When you are staying at home most of the time with limited outdoor activities, the rhythm of your daily life can easily be disturbed.
7. Please pay a close attention the most vulnerable population during the epidemic outbreak, including children, adolescents, the elderly, people with physical disabilities, as well as the chronically ill individuals.
8. Patients and their families who are placed under quarantine and going through treatment may experience even greater stress and anxiety. They need warm support to encourage them to recover successfully.
9. Strengthen social cohesion, trust, connections, and sense of community to empower everyone fighting against the outbreak. We need to support for and express gratitude towards the medical staff, disinfection workers, and volunteers, as this phase will eventually come to an end.

II. Professionals

1. If you experience symptoms of excessive stress and/or emotional difficulty, please seek help and psychological support from a mental health professional.
2. Always wear Personal Protective Equipment (PPE) for your own safety.
3. Psychological sequelae can be minimized through psychological debriefing and from systematic support to better cope with fatigue and emotional drainage.
4. Teamwork and morale boosting activities are helpful for reducing work-related stress.
5. You may experience vicarious trauma and burn-out from helping people in need. Please take care of yourself so that these do not hinder your performance.
6. Taking adequate breaks are essential in helping professionals de-stress and recharge for greater performance.
7. Mental health professionals should disseminate psychological and educational information on the physiological, psychological, and social changes that we may go through after an epidemic. They should also provide guidance on community-based psychological support services available at mental health organizations.
8. Mental health professionals should be able to help people with pre-existing psychiatric illnesses to understand important information about the epidemic in order to ensure their safety and closely monitor the risk of possible worsening of existing symptoms due to the infectious disease.

III. Media

1. Reporters should need to reach a consensus about the purpose of disseminating disease related information and to make all efforts to provide authentic and accurate information verified by the national/regional disease prevention and control authorities, professionals and/or the media.
2. Sensitive information, such as patient information or fatalities, should be shared only after careful verification.
3. Patients suffering from the infectious disease should not be burdened by interviews for the sake of realistically reporting the disaster situation.
4. An on-site reporter should follow the directions of a site controller in order to prevent from an infection.
5. Although the disclosure of patient information is necessary for the prevention of further spread of infection, showing images or videos of the patients, the deceased, or their family members is a violation of their human rights and is therefore prohibited.
6. News coverages should also report positive activities during a disaster, such as successful recovery stories, supports for individuals under self-quarantine, and acknowledgment to medical staff and volunteers, to share positive emotions.
7. Reporting should be preceded by thorough fact checks so that no groundless or incorrect information is released during an unpredictable infectious disease crisis. Fake news and rumors should be referred to the disease prevention and control authorities and pertinent experts for verification, and related experts should be appointed to provide correct information to the public.
8. In case of a severe outbreak within a particular group or community, a part of information can be released in order to prevent people from an infection. However, a media should not release speculative articles or unnecessary information that can inflate stigma, prejudice, or blames on a particular population.

IV. Government

1. A control tower for disaster mental health support should be established in collaboration with specialized organizations and professional experts, and a psychosocial care guide should be prepared and implemented.
2. The control tower should organize necessary information and guidelines for disease control and psychosocial care and provide them to the public in a consistent manner.

3. The control tower should establish an integrated system for psychosocial care and advertise it to the public so that people with psychological difficulties can have easy access to the system for accurate information as well as counseling services.
4. With consultation from experts, the community resources of mental health services should be allocated (or planned) and delivered to people in need. When and if necessary, private sector professionals may be asked for assistance and support.

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The Middle Stage of an Epidemic

As the spread of the infectious disease is mitigated and recedes towards the end, the threat to physical safety in the environment is reduced and many people gradually increase the activities of their daily living. At this stage, it is important to continue efforts (1) to restore people's psychological stability and trust and (2) to prevent secondary psychosocial distress from their experience with the epidemic. Because stress responses of people persist and vary following the changes of the epidemic, it is helpful to improve psychological equilibrium by guiding people to learn and continue the practices of "self-care" and "helping others". In addition, it is necessary to share information regarding the resources of psychosocial supports provided by community-based mental health organizations. At the middle stage of an epidemic, citizens and their community should enhance resiliency and recovery of people and should receive practical supports to improve their solidarity.

1. The public

1. It is normal to have complex and uncomfortable feelings and worry about being criticized or alienated when they return to community. Before being discharged, it is okay to share these negative feelings with people around you. Try to listen to those who are supportive of your feelings.
2. Understand psychological reactions to an epidemic. Pay attention to your own and others' psychosocial well-being. Keep practicing self-care skills in your daily life, and continue to communicate with others and offer them supportive care.
3. Look for people, places, and activities that are helpful in improving your self-efficacy, solidarity, stability, and instilling hope and trust. Participate in these activities, and share the information with others.
4. Please avoid discrimination, criticism, or stigmatization against particular groups affected by the epidemic. It is a violation of human rights to exclude the infected and/or cured people from participating in workplace conferences, limiting certain individual or group activities, or sharing their personal information with others.
5. Learn about the community-wide recovery efforts and psychosocial support in the community. Make a note of the types and availability of mental health services in your community as well as contact information.
6. Grieving and mourning may persist for some time among those who lost a loved one from the infectious disease. It is helpful to stay connected with supportive individuals who are around you. Seek professional help if you feel guilt, shame or difficulty keeping up with your daily routines.

7. Psychological distress can continue to disturb your daily life as the epidemic persists. Seek professional help from specialized organizations in your community if you experience any of the following critical signs of psychological crisis. These signs include:
- Self-reproach or intimidation.
 - Difficulty controlling various emotions such as anger or fear.
 - Flashbacks of the shocking moments experienced at the time of epidemic and avoidance of certain things related to these events to the extent of hampering your daily activities.
 - Frequent spells of anxiety and depression.
 - A tendency to be alone and avoid being with people.
 - Excessive drinking, substance use, and self-medication without prescription.
 - An urge to commit suicide or to inflict harm on yourself or others.
 - Excessive preoccupation with the sufferings of the deceased.
 - Despair about the future and the hopelessness of life.

II. Professionals

1. Keep observing and managing your own stress level, secondary trauma and burn-out. If needed, professionals should also ask for help at work.
2. Recognize the psychopathic sequelae after an epidemic.
3. Provide cooperative and integrative psychosocial support to people whose psychosocial impairment or subjective pain do not seem to get better.
4. Select and practice evidence-based treatments with following guidelines:
 - Set realistic treatment goals.
 - Consider community-based integrated psychosocial support for complex symptoms accompanying concurrent etiologies such as substance addiction and depression.
 - Plan follow-up interventions after treatment.
5. Try to help the individuals to strengthen family support system, especially those who have been directly impacted by the disease. Based on their needs, provide necessary information and refer them to community resources. Provide information on necessary resources and connect community resources.
6. Provide information on the psychological symptoms of Post-traumatic Stress Disorder (PTSD) triggered by several experiences of the epidemic, such as substance abuse or other addiction problems, anxiety, depression, and prolonged grief. Clinical evaluation may be necessary.

7. Keep a record of and track individuals who present severe psychological symptoms.
8. Be familiar with a professional code of ethics and prepare for potential issues regarding human rights.
9. If requested, provide information on availability and accessibility of community service providers and professionals.
10. Clarify the roles, responsibilities, and communication among professionals.

III. Media

1. Provide information regarding the current recovery statuses from the epidemic and psychosocial support availability.
2. Information should be provided equally and unbiased to reflect the overall needs of people from various socioeconomic statuses.
3. Publish news on citizens' actions and efforts to recover from the impact as well as social cohesion and collective resilience aspects.
4. Disseminate information that promote collective efficacy, solidarity, stability, hope, and trust in our community.
5. Provide information that can raise people's awareness about post-epidemic mental health management and guidance regarding the psychosocial care services of specialized agencies in a community.
6. When reporting cases of individuals who suffer from post-epidemic psychological distress, minimize potential risks of the interviewees through careful assessment and follow the ethical code of reporting.
7. Share messages that can promote social empathy and refrain from disseminating negative contents, such as stigma, discrimination, and criticisms, that can give secondary damages to certain groups associated with the epidemic.

IV. Government

1. The government must monitor the recovery process from a long-term perspective and evaluate the psychosocial impacts of the epidemic on the community. This effort will provide a basis for government policy making, budgeting and expenditure management for important psychosocial support provision.

2. Support community recovery self-help group activities.
3. Create a social network platform among community-based agencies that are familiar with local culture and can provide long-term care.
4. Enact and/or revise legislations regarding post-epidemic psychosocial support.
5. Secure extra budgets and resources to support community services and notify it to stakeholders.
6. Take measures to allow flexible use of budget for disaster psychological support. Budget planning and allocation for necessary research, education, and institutions related disaster and psychological support is also necessary.

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The Late Stage of an Epidemic

When the epidemic approaches its end, the focus shifts from mitigating the spread of infection to reevaluate the previous events during the outbreak and finding out implications to various aspects of the epidemic. Whereas the direct impact of the epidemic outbreak calms down, its socioeconomic consequences are left to the individuals and the community. As a result, fear is gradually superseded by negative emotions such as emptiness, resentment, and projection, and social divisions may be worsened among people. These societal phenomenon can hinder successful psychological recovery, eventually creating a vicious cycle. Therefore, it is crucial to establish a central system that can play an important role in preventing infectious diseases as well as implementing appropriate post-epidemic psychosocial interventions. At the same time, it is important to help communities to become more resilience against infectious diseases during this late stage of the epidemic.

I. The public

1. Though many people feel safer now from visible outbreaks of the infection, we still may be uncertain and worried about their safety. Also, people who lost loved ones can express prolonged grief reactions. Although these reactions are normal and will eventually fade out, seek professional help if you feel the symptoms getting worse or have difficulty with your daily activities.
2. Your economic hardship and poor social living caused by the epidemic outbreak may seem more obvious and relatively painful as the fear and anxiety related to the infectious disease calms down. You may even experience depression, lethargy, and anger. It is important to carefully monitor your emotions and identify any significant change in your social functioning level.
3. Intensified social conflict and stigma can result in venting anger at a particular group.
 - Social stigma and subgrouping can slow down our psychological recovery and also cause secondary damage from the disaster.
 - Positive thinking is important; filter out biased and provocative information.
 - We have overcome this difficult time together. It is important to continue this journey by building a stronger community to endure the hardship and recovery successfully.

II. Professionals

1. When the epidemic is over and evaluation of the disaster responses during the epidemic begins along with the establishment of future countermeasures, your expertise becomes important. Putting forward objective opinions is an important social role of the professional group, which greatly contributes to increased trustworthiness of the authorities in the eyes of the people.
2. The roles of epidemic management will be gradually transferred to local communities from central government, as long-term strategies are prepared for each community. Collaborate and communicate with local professionals, maintain network, and obtain useful resources.
3. While epidemics are biological events, psychosocial and political impact from the disease is critical to humans. Try to build a multidisciplinary or multisector team to devise coping strategies against future epidemics. This strategy can also shed light to finding direction of social recovery for people who have grown weary of mistrust and social conflict throughout the epidemic.
4. People may feel guilty for caring less about their family or may experience burn-out or helpless that you have overlooked during an epidemic. Monitor your mental health status. Seek help, if necessary.
5. You and your family may become alienated or stigmatized from coming into contact with confirmed patients. Seek help if you need security for you and your family.

III. Media

1. Although the epidemic is receding, many people may still suffer from psychosocial problems. Let people know that many of us may still need professional help to overcome their difficulties.
2. At the late stage of the epidemic, the evaluations of an epidemic management can be conducted by diverse groups such as the central government, local governments, professional groups, and citizens. Make sure that no particular groups are stigmatized, no personal information is leaked, and no alienation or dividing-up of subgroups.
3. Help the public understand that various efforts for recovery have come underway. Give them opportunities to learn about how well the government and professionals have managed the epidemic. Excessive heroization can create shadows; show respect for their genuine efforts objectively.

4. Given that our society may prefer to quickly forget and pass over negative experiences, the media should remind the central and local governments and professional groups of the necessity to conduct neutral and fundamental evaluations to be prepared for future epidemics.

IV. Government

1. The importance of psychosocial intervention is more emphasized as the epidemic approached at the late stage, as people suffer from various complex situations such as economic setbacks, grief, anxiety, and suicide in the aftermath of the epidemic.
 - Collaborate with professional groups to reinforce psychological and welfare support.
 - It is necessary to invest even greater efforts than the initial stage of the epidemic to build considerable and diverse plans at the this stage.
2. The government should prepare a long-term psychological support and welfare plan especially for people who lost their family from the disease and those who suffer from a sequelae of the infectious disease.
3. Economic downturn, compensation, mental health, and trust recovery issues may emerge and become more apparent at this stage. Action plans should be set up and implemented through the joint and harmonious efforts of experts from various sectors.
4. The government must promptly provide genuine and accurate information in all respects as well as transparent administration, as distrust is one of the major issues associated with epidemics. Trust is the key to successful recovery from the epidemic disease.

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Appendix |

KSTSS Psychosocial Support Activities during the COVID-19 Epidemic

- Feb 7, 2020 Mental health professionals sent out fourteen voice recording messages for evacuees in quarantine
- Mental health during the early phase of quarantine
 - Stress management during quarantine
 - Helpful tips to calm yourself down
 - Guidelines for adults caring for children
 - Psychological guidelines for people in quarantine
 - Improving resilience during quarantine
 - How to overcome adversities
 - Dealing with stress from isolation
 - Possible emotional changes during the 14 days of quarantine
 - How to meditate while walking
 - Psychological preparedness before returning home from quarantine
 - How to deal with stigma
 - Helpful tips on getting back to the new normal
 - Psychological guidelines for citizens during the infectious disease outbreak
- Feb 20, 2020 Developed & released 'Tips for mental health for prevention & recovery from COVID-19'
- Mar 1, 2020 Held an emergency meeting among the KSTSS board of directors
Established 'the COVID-19 Special Support Team for Daegu/Gyeongbuk'
Raised donations to support research and psychosocial support campaign
- Mar 2, 2020 Organized two task force groups of the COVID-19 Special Support Team
- Team 1 for developing contents for psychosocial support (guidelines, news cards, webcomics)
 - Team 2 for conducting a mental health survey related COVID-19
- 1st online meeting of 20 mental health professionals in preparation for psychosocial guidelines
- 1st online meeting of 13 mental health professionals in preparation for a mental health survey

- Mar 14, 2020 Released the 1st news card, “We support the confirmed and quarantined people” as part of an on-going psychosocial support campaign
- Mar 15, 2020 Released the news card, “We support people who are under active surveillance”
- Mar 16, 2020 Released the webcomic, “Now is the good time (to be grateful)”
- Mar 17, 2020 Began the COVID-19 mental health survey
Released the news card, “We are cheering for physicians fighting the COVID-19”
Released the news card, “Guidelines for psychosocial care in keeping the community healthy”
Released the news card, “Make sure that individuals with underlying physical illness continue their medical treatment”
- Mar 19, 2020 Published ‘Guidelines on Psychosocial Care for Infectious Disease Management’
Released the news card, “Important things to consider during the early phase of the epidemic”
- Mar 20, 2020 Released the webcomic, “This may seem tough, but it's going to be all right”
- Mar 21, 2020 Released the news card, “We are cheering for the teenagers battling with COVID-19”
- Mar 22, 2020 Released the news card, “We support people in isolated community facilities”
- Mar 24, 2020 Released the news card, “School is where children learn and practice personal hygiene”
- Mar 25, 2020 Released the news card, “Tips for improving psychological immunity”
- Mar 27, 2020 Released the news card, “Tips for keeping our children safe and healthy during the COVID-19 outbreak”

- Mar 28, 2020 Expanded KSTSS psychosocial support activities to nationwide from Daegu/Gyeongbuk
Released the news card, “Dealing with COVID-19 with wisdom and experience of the elderly”
Released the webcomic, “Tokasari” (a symbolic character warning against misinformation and rumors in times of disaster)
- Mar 30, 2020 Released the 1st English version webcomic, “This may seem tough, but it’s going to be alright”
- Mar 31, 2020 Began to work on the English version of ‘Guidelines on Psychosocial Care for Infectious Disease Management’
Released the news card, “We are together with people with disabilities in coping with COVID-19”
- Apr 1, 2020 Released the news card, “Coping with overwhelming stress from myself, my family, and significant others”
- Apr 4, 2020 Released the English version news card, “Transmission of reliable and accurate information is key to protecting the community”
- Apr 7, 2020 Released COVID-19 mental health survey results
- Apr 10, 2020 Participated in an online forum, “Psychosocial support during the COVID-19 outbreak” with the Korean Academy of Science and Technology and National Academy of Medicine of Korea
- Apr 12, 2020 Released the news card, “Helpful tips on stress management for psychiatrists, patients, families, and mental health professionals”
- Apr 23, 2020 Submitted an article entitled ‘Psychosocial Support during the COVID-19 outbreak in South Korea: Activities of Multidisciplinary Mental Health Professionals’ to the Journal of Korean Medical Science
- May 1, 2020 Published and released ‘Guidelines on Psychosocial Care for Infectious Disease Management (For the Field Workers)’ in collaboration with the National Center for Disaster Trauma in South Korea
- May 6, 2020 Published the English version of ‘Guidelines on Psychosocial Care for Infectious Disease Management’

Korean Society for Traumatic Stress Studies

Cover page Photo: A drive-through coronavirus testing station in Daegu, South Korea

PART I Photo: The Family Welfare Association of Korea providing service for the vulnerable population during COVID-19 epidemic

PART II Photo: The National Center for Disaster Trauma in South Korea providing tele-counseling during COVID-19 epidemic

PART III Photo: The Integrated Psychological Support Group for COVID-19 under the Ministry of Health and Welfare providing psychoeducation broadcasts at facilities placed under quarantine

Appendix Photo: The National Center for Disaster Trauma in South Korea providing counseling during COVID-19 epidemic