Techniques, Methods, and Dissemination of Community-Based Psychological Support Strategies in Times of the COVID-19 Pandemic

Journal of Primary Care & Community Health Volume I1: 1–3 © The Author(s) 2020 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/2150132720943328 journals.sagepub.com/home/jpc

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Abstract

In times of the coronavirus pandemic caused by SARS-CoV-2 psychological support needs to meet certain requirements. Due to the lockdown in many countries of the world, the every-day activities of millions of people are reduced to a minimum. This may cause increased psychosomatic symptoms in persons with pre-existing mental illnesses, and additionally raises new challenges for the general population. As a result of the current contact restrictions, access to psychotherapy is further complicated. To guarantee the best possible care under the given conditions, we developed the CoPE (Coping with Corona: Extended Psychosomatic care in Essen) concept. CoPE is delivered by telephone or video calls as well as online contents. The materials presented at our webpage www.cope-corona.de aim to easily reach citizens affected by symptoms such as worries, depression or anger and let them receive readily understandable expert knowledge and training in basic self-help methods.

Keywords

coronavirus, mental health, self-help strategies, psychological support strategies

Dates received 8 June 2020; revised 25 June 2020; accepted 25 June 2020.

To stop the spread of the corona virus, many countries, including Germany, have imposed numerous restrictions on public life, such as closing schools and child care services, restaurants and parks, contact bans, and enacted home office regulations and quarantine. Studies show that COVID-19 (coronavirus disease 2019)-related fears and safety behavior increased with a peak 1 day after the announcement of governmental restrictions and curtailment of individual freedoms. Taking this into consideration, combined with a growing fear of falling ill with COVID-19, it might lead to feelings of insecurity in the general population and generates some challenges in coping with everyday life.² Persons who have previously suffered from, for example, anxiety disorders or depression, are at risk of a recurrence of symptoms.³ This is understandable, since one has to face new challenges working in home office while, for example, taking care of the kids, deprived of the daily routine, confronted with anxieties regarding family members or friends who are in a risk group of developing a severe case of COVID-19, and spending a long time in a confined space. The lack of a daily routine may affect the psychological well-being, including psychosomatic symptoms, depression, anxiety, sleep disorders, aggression, or even suicidal behavior and drug abuse. In order to be able to provide psychological support, we implemented a structured concept to support psychological burdened people in Essen, which is located in the metropolitan region of the Ruhr area with more than 5.8 million inhabitants. Coping with Corona: Extended Psychosomatic care in Essen (CoPE), which includes a telephone hotline for the citizens of Essen consisting of

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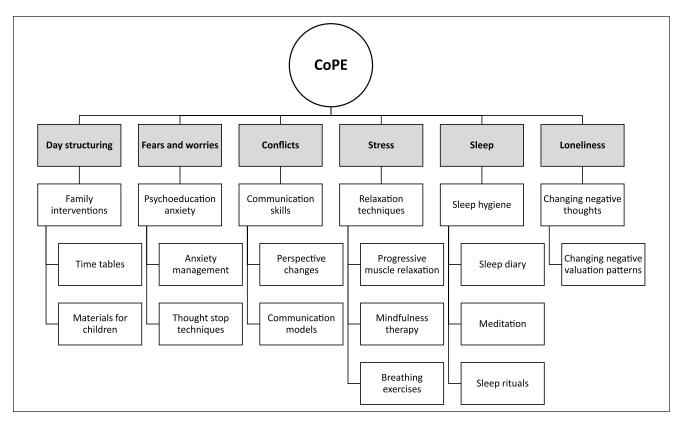


Figure 1. Overview of the structure of self-help strategies of the CoPE (**C**oping with C**o**rona: Extended **P**sychosomatic care in **E**ssen) concept.

professional medical/psychological support, social work, family therapy and professional nursing aid, as well as a webpage consisting of (psycho-)educational content, material for self-help, and an online training program (CoPE It).⁵ "CoPE It" is a self-guided e-mental health intervention for burdened people in times of COVID-19 to overcome psychological distress and improve mental health.⁶ The intervention consists of four structured modules, including psychoeducation, mindfulness and cognitive behavioral skills training. This blended approach allows to inform many people simultaneously with the best possible use of the available resources. The materials presented on the webpage mainly consist of written introductions into specific self-help strategies, and then elaborated these in more detail as graphical presentations, working sheets, and video illustrations. The aim of our webpage is to enable citizens to learn with access to comprehensive information material and self-help strategies to reduce their worries, develop coping strategies and improve the feeling of control by means of information and (psycho-)education. The presented materials comprise self-monitoring, self-structuring, mindfulness strategies, individual skills training, relaxation techniques, activating psychological resources, changing negative valuation patterns and dysfunctional thoughts, based on the fact that cognitive behavioral therapy is

recognized as evidence-based in crisis intervention.7 Via self-assessment, the citizens are able to decide if those materials are sufficient, or whether direct contact with a professional therapist is required, at least via the provided telephone hotline. Under the heading FAQs, citizens usually receive psychoeducational content on topics such as fears, inner-family conflicts, grief, and the lack of opportunities to deal with them. In addition, contact options in the event of acute suicidal tendencies, and advice on important sources of information regarding COVID-19 are provided. The material for self-help focuses on the topics of structuring the day, fears/worries, conflicts, sleep hygiene, and loneliness. We additionally compiled exemplary materials for stress reduction, mindfulness exercises, relaxation exercises, thought stop techniques, and progressive muscle relaxation techniques. Each chapter contains an introductory text that briefly addresses possible problems and the coping options presented (Figure 1). Both the hotline and the webpage were activated simultaneously when the corona pandemic had its first peak⁸ in Germany in end of March (hotline) and beginning of April 2020 (webpage). The federal state North Rhine Westphalia, where the metropolitan region of the Ruhr area and thus the town of Essen is located, has the largest population of all federal states in Germany, is the second most affected region in

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Germany by the COVID-19 pandemic in terms of infection rates, is the fifth most affected region in terms of infection rate per 100 000 inhabitants, and third most affected in terms of fatalities through COVID-19.9 Therefore we measured the need of psychological support as relatively high. The dissemination of the hotline and the webpage initially took place through cooperation with the public telephone of the public health department. Later, we promoted the CoPE concept via leaflets and interviews as well as press releases in the most common newspapers and the health care network of this area. Parallel to these publications, the number of visits to our homepage increased significantly. Most people used the online support tools (99%) rather than the telephone/ video calls. Among cases getting in contact through the hotline and where further psychosomatic care was needed, most people were women (75%) and the mean age was 42.3 years. Main reasons (selfreported) for using the hotline services were fears and worries (91%), sadness (66%), family concerns (45%), social problems (45%), isolation-specific problems (37%), and solitude (29%). Adjustment disorders and depressive episodes were the most common suspected diagnoses given by psychologists or physicians (50%). Apart from this the following became apparent that by far the most visitors of the webpage are interested in obtaining information and self-help strategies concerning worries and fears, which is also recognized as most common reason for using the hotline services. Specially the subjects of mindfulness exercises and daily structure as well as understanding fears, which is mainly psychoeducational content, have been of interest by using the webpage. This also includes the recognition that many citizens visited the category of medical information. These preliminary observations support the hypothesis that due to the COVID-19 pandemic, primarily the need for psychological support concerning fears and worries in the population will be increased. This is consistent with the results of previous studies investigating the psychological impact of social isolation, which indicate that different stressors cause fear and frustration during quarantine.⁴ One study implemented in China in the beginning of the COVID-19 pandemic showed that 53.8% of the interviewed persons rated the psychological impact of the pandemic as moderate or severe, 28.8% reported moderate to severe anxiety symptoms.¹⁰

Since a lack of daily structure and poor sleeping hygiene can promote psychosomatic complaints such as depression and elevated aggression, which may further lead to increased intrafamily conflicts and domestic violence, our concept also makes an important contribution to prevention. Considering that we do not know the extent and duration of the COVID-19 pandemic, timely and broad psychological support is of great importance. Such support needs to be anonymous, low-threshold, freely accessible, and sound.⁷

Health systems and policies must respond to these needs and structured approaches must be put in place.¹¹

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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