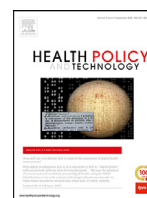




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Letter to the Editor

Mental healthcare policies in South Korea during the COVID-19 epidemic


The world is in the grips of a new virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Currently, 5,000,000 people in 185 countries worldwide have been diagnosed with the disease caused by this virus, coronavirus disease 2019 (COVID-19), which has led to more than 320,000 deaths. The World Health Organization (WHO) has declared the current situation a "Public Health Emergency of International Concern" [1]. In South Korea, there have been more than 10,000 confirmed cases, with 250 deaths. Since the first outbreak of the infection in January 2020, the rate of infection remained high for a short period of time.

An unexpected outbreak of infectious disease-associated death is a very sudden and negative event, causing fear, depression, and anxiety [2]. Patients who are diagnosed with being infected by a new virus experience mental health problems such as anxiety, depression, and stress during hospitalization or quarantine [3]. The relationship between viral infections and psychological stress has already been found in previous studies. After the outbreak of the Spanish flu pandemic in 1918, suicide rates increased [4]. Moreover, during the initial spread of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome, people diagnosed with HIV had a high risk of suicide [5]. Furthermore, many studies have reported the occurrence of post-traumatic stress disorder (PTSD) in severe acute respiratory syndrome (SARS) survivors [6], raising the possibility that COVID-19 patients may suffer post-traumatic stress disorder in the future.

In addition, the social isolation and daily confusion caused by infectious diseases negatively affect not only patients, but also the mental health of the people of a whole country, including their families and neighbors. South Korea is facing a public health crisis due to the unprecedented shutdown of medical and educational institutions caused by infectious disease. The current situation, in which the treatment method is not clear and the number of patients with uncertain infection routes is increasing, has plunged the public into serious anxiety and fear, leading to distrust and various rumors. According to a recent survey, 47.5% of Koreans said they experienced anxiety/depression because of COVID-19 [7]. In particular, Daegu, where the COVID-19 outbreak was most prevalent, had the highest level of anxiety and depression among its population. In addition, 20.2% of the population experienced sleep disorders as a result of COVID-19 throughout South Korea, and Daegu had the highest rate of 30.6%. In addition, 49.6% of respondents said that psychological support services were needed to alleviate the psychological distress caused by COVID-19 [7].

Based on its experience with Middle East respiratory syndrome (MERS), the Korean government has provided mental health services since the early stages of COVID-19. First, in the early stages, the Korea Centers for Disease Control and Prevention (KCDC)

clearly reported the number of confirmed patients every day, including the health status of patients and their recently visited places, to provide continuous and accurate information on the status of the pandemic. In addition, the website of the KCDC provided data that were updated daily and provided easily understandable information for the general public. For example, people can get accurate answers to rumors about whether they are infected with the disease when they visit places where a confirmed patient has been. Designating one official news channel to continuously provide the updated information and share it transparently prevents the production of fake news, reducing people's anxiety in the current era in which a considerable amount of news is rapidly disseminated.

Second, in February 2020, during the early stages of the COVID-19 outbreak, the National Center for Disaster Trauma organized an integrated psychological support group composed of national and local mental health welfare centers, and conducted preemptive interventions to reduce the mental distress of the people. The confirmed patients and their families were divided between five national mental health institutions, and quarantined people and the general public were divided between local mental health welfare centers to provide psychological support. The Integrated Psychological Support Group provides information to help people maintain their psychological stability and return to their daily lives, and provides psychological support through social workers and nurses who have received professional training. They conducted mental health assessments and provided counseling 24 hours a day. In addition, when identified as part of a high-risk group for suicide, post-traumatic stress, depression, anxiety, or physical symptoms, it links individuals to specialized medical institutions for proper treatment. Some local centers send "mental health kits" to people with mental healthcare needs, including guidance for mental healthcare, home training promotions for physical activities at home, and plant cultivation kits to promote stability of mind. The termination of psychological support is possible if the Clinical Global Impression-Severity score is less than 3 points; if the score is higher than 4 points, professional personnel are linked to the relevant individual. This could ultimately support the recovery of mental health throughout the entire community by discovering high-risk mental health groups early and providing timely treatment intervention.

Third, the Korean Neuropsychiatric Association established mental health guidelines related to COVID-19 and produced and distributed related promotional materials. Emphasis is placed on accepting anxiety as a normal emotion but is alert to excessive anxiety by obtaining only as much information as necessary. Excessive anxiety and craving for unreliable information can lead to a strong aversion to certain people and groups, which is unnecessary. The need for regular eating, exercise, and sleeping habits and to pay attention to vulnerable communities were also emphasized.

Thus far, these countermeasures have been criticized for focusing mainly on individual factors rather than social aspects, although it has been pointed out that COVID-19-related mental health issues are deeply related to social isolation, loss of social support, or stigmatization [8]. Problems related to vulnerable groups such as the elderly and the disabled; exposure to infection risk; and hatred of certain job groups, local residents, or races continue. The government should strive to strengthen the social aspects by establishing a public system so that individuals do not lose their social support. In addition, since SARS-CoV-2 is a new virus, specific groups of patients or infected people can be stigmatized. Since stigmatization not only hinders the discovery of infectious agents, it can also directly lead to social isolation and mental health problems; social efforts to avoid stigmatization will be essential.

In addition, interventions against mental health problems will have to be supported in a tailored way depending on the characteristics of the group, such as age, class, and region in which the subject lives. In fact, according to a recent study in Korea, teenagers had the highest demand for a physical activity program as part of a psychological recovery support program, but a self-management program had the highest among older people. This supports the fact that each subject has different types of services they need. Recently, the Seoul Metropolitan Office of Education has started to create and distribute a “Stress Management and Mental Health Promotion Online Education Program” to student groups. This includes age-appropriate mind checklists, including physical activity programs such as muscle stretching. In addition, the management of the mental health of local residents in cities such as Daegu, which has a high rate of infection with high levels of anxiety and depression, and medical staff at the forefront of treating infectious diseases, needs to be customized. The development of tailored psychological support services for the target group should continue through surveys and be based on research highlighting differences between regions, ages, and social economic status, among other factors.

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