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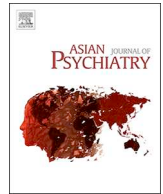
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Letter to the Editor

Lessons learned from SARS to COVID-19 in the Taiwanese population



Coronavirus disease 2019 (COVID-19) is a novel infectious disease that emerged just before the Chinese New Year and spread rapidly throughout the world after the closure of Wuhan on January 23, 2020, leading the World Health Organization to declare the virus a global pandemic. Before the outbreak in Wuhan, we implemented many anti-epidemic measures in Taiwan. For instance, we ask all people who come to our hospital (Kaohsiung Municipal Kai-Syuan Psychiatric Hospital (KSPH)) to wear masks and undergo a temperature check; we also ask each visitor and employee about their travel history in China. Thus, it follows that whether they are in a ward or outpatient clinic, and whether they are in individual psychotherapy or group therapy, the therapist and patients must wear masks throughout the process.

With the rapid increase in the number of deaths in China, some medical staff in Wuhan are also infected (Huang et al., 2020), which indicates that COVID-19 is characterized by being highly contagious and being difficult to treat effectively. These experiences reminded the Taiwanese population of the collective trauma of severe acute respiratory syndrome (SARS) in 2003. At that time, the Taiwanese were not sufficiently aware of SARS, and we had never encountered such a challenging threat. Eventually, large-scale infections occurred in several hospitals, and the entire population fell into a collective panic, as if everyone were in danger. Specifically, the hasty closure of the Heping Hospital and the death of the head nurse due to SARS caused a serious blow to the work morale of the nurses (Lee et al., 2005). Furthermore, a total of 181 people died, of which 17 were health care workers (Chen et al., 2005), contributing to a major psychological conflict among the frontline medical staff between their duties and their own safety. Thus, 9% of healthcare workers reported that they were unwilling to work or considered resigning during the outbreak (Bai et al., 2004). SARS did bring tremendously painful lessons to Taiwan. According to a population-based study in Taiwan, 9.2% of participants reported that their perceptions of life became more pessimistic after the SARS crisis, and the prevalence of psychiatric morbidity was 11.7% (Peng et al., 2010), which indicates that any international medical crisis and any epidemic should be related to psychiatry (Tandon, 2020a).

On the basis of this lesson, most Taiwanese individuals are highly alert and sensitive to the COVID-19 pandemic. People are very concerned about obtaining sufficient security to reduce anxiety, such as surgical masks and alcohol hand sanitizer. On the other hand, the Central Epidemic Command Center (CECC) is working to prevent COVID-19 from appearing in the community through the following measures: the provision of a large number of online lectures about COVID-19; the prohibition of large-scale activities; the implementation of various quarantine and isolation measures; and the gradual adoption of border control measures, entry restrictions and flight bans. Moreover, before the outbreak in Europe and North American countries, the CECC required medical staff (including psychiatrist and psychologist) in hospitals not to travel abroad to maintain sufficient manpower to cope with this wave of the pandemic threat.

As Banerjee (2020) pointed out, people may overlook the importance of mental health during pandemic prevention. Specifically, due to the fear of infection, prejudice against infectious diseases, decreased social gatherings and greater financial losses, psychological crises, such as emotional disturbances and risk of suicide behavior, may be on the rise (Gunnell et al., 2020; Mamun and Griffiths, 2020). In this context, the Ministry of Health and Welfare (MHW), mental health centers of local governments and associations related to mental health provide various forms of professional assistance, such as article and videos on coping with stress and free counseling through a hotline. Additionally, over 500 professional nursing volunteers provide timely counseling call and assistance for people in home quarantine.

Given that during SARS outbreak in 2003, mental health practitioners faced the obstacles that could not easily help quarantined medical staff and patients. KSPH decided to build a Cyber Psychology Clinic in 2004 to overcome the space and distance barriers between the therapist and the client. This is a free service that provides teleconsulting, mailbox, screening tests, and mental health articles and videos. As suggested by Banerjee (2020), in response to this pandemic, mental health professionals need to educate the public on common stress responses and coping strategies, such as insomnia, panic attacks, sleep hygiene, and relaxation techniques. We produced three videos to teach people to learn mindfulness meditation, muscle relaxation, sleep hygiene and ways to cope with psychological trauma. On the other hand, although the issue of providing online interventions to strengthen mental health services for the COVID-19 pandemic is highly discussed (Gunnell et al., 2020; Mamun and Griffiths, 2020; Yao et al., 2020). Based on the statistics of the KSPH Cyber Psychology Clinic, few people requested teleconsulting because of COVID-19. Similarly, according to the MHW, the cumulative number of incoming calls from January 23 to May 17 was 35,080, of which 4502 were concerned about COVID-19-related issues, accounting for only 12.8% of all incoming calls; furthermore, except for people who are in quarantine need more psychological support through consultation phone, few people needed further professional psychotherapy (Ministry of Health and Welfare, 2020).

In summary, as of June, there is no obvious community infection crisis in Taiwan. The mortality rate in Taiwan is 0.3 deaths per 1 million people, which is far lower than countries in Western Europe (Spain, Italy, United Kingdom, France, and Germany) and North America (United States of America and Canada) (Tandon, 2020b). In other words, during the COVID-19 pandemic period, Taiwanese individuals may reduce social gatherings and suffer financial losses, most people generally maintain a normal lifestyle, including work, school, shopping, travel and even face-to-face psychotherapy, which reflects that Taiwan does not seem to show panic and helplessness as it did in 2003. This should be attributed to a lesson we learned through SARS.

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Declaration of Competing Interest

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