

Seven crucial research findings that can help people deal with COVID-19

By Kirsten Weir March 16, 2020

Psychological research on past crises can help people cope with the daily — sometimes hourly — newsflashes about the coronavirus.



The COVID-19 pandemic has delivered the world into uncharted waters, and researchers, health-care workers and public health authorities are scrambling to keep up. “It’s a rapidly changing landscape,” says University of California, Irvine, psychologist Roxane Cohen Silver, PhD.

While the new pandemic is unique in many ways, there are lessons to be learned from a significant body of literature on the psychological and behavioral health responses and consequences of disaster events.

Those lessons include:

1. Social media may escalate anxiety more than traditional media

Following the emergence of Zika virus in 2016, Man-pui Sally Chan, PhD, assistant professor at the University of Illinois at Urbana-Champaign, and colleagues investigated risk perception of the disease in the United States. They found that as people read more about the virus on social media, their perception of risk increased. When the volume of information about Zika increased on traditional media, on the other hand, people were more likely to engage in protective behaviors.

The authors suggest that public health agencies might rely on social media to quickly raise awareness about new threats, but should work with traditional media to avoid confusion when sharing later developments and updates (*Social Science & Medicine* (<https://www.sciencedirect.com/science/article/pii/S0277953618303630?via%3Dihub>), Vol. 212, No. 1, 2018). In the current

pandemic, however, the constant barrage of information on traditional media is distinct from the situation with Zika, says University of Oregon psychologist Paul Slovic, PhD. And that volume of news can be a problem.

2. Too much media of any kind can undermine mental health

Amount of exposure matters too. In a forthcoming paper in *Health Psychology*, Silver and colleagues review research from past public health crises and describe how media attention can amplify distress. After the Boston Marathon bombings in 2013, for instance, she and her colleagues found a strong association between exposure to media coverage of the attack and symptoms of acute stress. People with the highest exposure to media coverage of the bombings had even more acute stress than people who were directly exposed to the bombings (*PNAS* (<https://www.pnas.org/content/111/1/93>), Vol. 111, No. 1, 2014).

During the 2014 Ebola crisis in Africa, there was a flurry of media coverage in the U.S. Silver and colleagues found Ebola-related worry was associated with both a history of mental health diagnoses and with increased exposure to media reports about the virus. They also found people who had acute stress responses to the Boston Marathon bombings the year before were more worried about Ebola, despite the very low risk of transmission in the United States. (Thompson, R.R., et al., *Clinical Psychological Science* (<https://journals.sagepub.com/doi/full/10.1177/2167702617692030>), Vol. 5, No. 3, 2017). That suggests people who have experienced more distress during past disasters might be at increased risk of negative psychological outcomes during the current pandemic.

“When risk information is communicated in a consistent and authoritative way, people learn and benefit from it. But stress and anxiety can be exacerbated by too much media,” Silver says. “Our message is to stay informed by authoritative sources, but to be mindful of the amount of time you're immersed in the news.”

3. Trustworthy information sinks in

Most people are pretty good at assessing risk when information is communicated accurately and effectively, as psychologist Baruch Fischhoff, PhD, at Carnegie Mellon University, and colleagues found in a survey of the U.S. public's understanding of Ebola following the 2014 outbreak in West Africa. People also have clear preferences about how they like to receive information (*Risk Analysis* (<https://onlinelibrary.wiley.com/doi/abs/10.1111/risa.12794>), Vol. 38, No. 1, 2018).

“We found people can develop well informed risk perceptions—if they get good information from trustworthy sources. They very strongly endorsed the statement ‘Officials should provide Americans with honest, accurate information about the situation (even if that information worries people),’” Fischhoff says.

4. A lack of control fuels stress

As psychological research has shown for decades, our sense of risk is driven by our emotions, says Slovic. “We judge risk by our feelings more than by looking at data and statistics and evidence.”

While anger can lower one's perception of risk, fear ratchets it up (*Current Directions in Psychological Science* (<https://journals.sagepub.com/doi/abs/10.1111/j.1467-8721.2006.00461.x>), Vol. 15, No. 6, 2006). And Slovic's research has found certain factors are likely to increase fear (and perceptions of peril): when a threat is new and unfamiliar, when people feel little sense of control over the threat, and when they experience a sense of dread — such as by being exposed to alarming stories about illness and death.

In other words, the new coronavirus has all the major elements to make people's alarm bells go off.

That doesn't mean they're overreacting. “As we see in countries like Italy, this can become catastrophic extremely quickly, so we have to take it seriously,” Slovic says. “It's uncertain how this is going to play out, and it is appropriate to be concerned.”

5. Managing stress ASAP can prevent long-term troubles

A review by psychologist Dana Rose Garfin, PhD, at the University of California, Irvine, and colleagues found people who experienced acute stress in the weeks after a traumatic event were more likely to have negative long-term mental and physical health outcomes, including poor general health; increased pain, disability and mortality; increased depression, anxiety and psychiatric disorders; and more family conflict (*Journal of Psychosomatic Research* (<https://www.sciencedirect.com/science/article/abs/pii/S0022399918300692?via%3Dihub>), Vol. 112, No. 1, 2018).

6. Don't forget the needs of health-care workers

The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 was associated with significant long-term stress in health-care workers, reported psychiatrist Robert Maunder, MD, at the University of Toronto's Mount Sinai Hospital, and colleagues

(*Canadian Journal of Public Health* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5148615/>), Vol. 99, No. 6, 2008). To improve resilience in health-care workers on the front lines of a disease outbreak, they recommended the stress appraisal and coping framework described by Susan Folkman, PhD, and Steven Greer, PhD, (*Psychooncology* (<https://www.ncbi.nlm.nih.gov/pubmed/10668055>), Vol. 9, No. 1, 2000) as well as principles of psychological first aid (*Psychological First Aid Field Operations Guide: 2nd Edition* (<https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition>), 2006).

7. Quarantines and isolation may increase the odds of negative outcomes

Psychologist Samantha Brooks, PhD, at Kings College London, and colleagues published a rapid review of the research on the psychological impacts of quarantine, primarily in adults (*The Lancet* ([https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)), published online, 2020). They found negative psychological effects including post-traumatic stress symptoms, confusion and anger. To minimize the psychological fallout, the authors recommend that officials should take steps to keep quarantines as short as possible, provide clear rationale and information about quarantine protocols, and make sure people in isolation have access to sufficient supplies.

Research can also tell us something about how to support children and families when schools close or families are quarantined in their homes, as Guanghai Wang, PhD, a researcher at Shanghai Children's Medical Center, and colleagues describe (*The Lancet* ([https://doi.org/10.1016/S0140-6736\(20\)30547-X](https://doi.org/10.1016/S0140-6736(20)30547-X)), published online, 2020). To reduce the risk of negative mental health outcomes for children during confinement, the authors recommend efforts such as close and open communication between children and parents, web-based educational videos to promote a healthy lifestyle at home, and online services by psychologists to help children cope with the tension and anxiety.

Resources

- CDC: Mental Health and Coping During COVID-19 (<http://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>)
- Center for the Study of Traumatic Stress: Caring for Patients' Mental Well-Being During Coronavirus and Other Emerging Infectious Diseases: A Guide for Clinicians (PDF, 205KB) (https://www.cstsonline.org/assets/media/documents/CSTS_FS_Caring_for_Patients_Mental_WellBeing_during_Coronavirus.pdf.pdf)
- Center for the Study of Traumatic Stress: Psychological Effects of Quarantine During the Coronavirus Outbreak (PDF, 250KB) (https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological_Effects_Quarantine_During_Coronavirus_Outbreak_Providers.pdf)
- Substance Abuse and Mental Health Services Administration (SAMHSA): Infectious Diseases & mental health fact sheets (<https://store.samhsa.gov/tags/infectious-diseases>)
- SAMHSA's Disaster Distress Helpline: Toll-Free: 1-800-985-5990
- WHO: Social Stigma Associated with COVID-19: A Guide to Preventing and Addressing Social Stigma (PDF, 643KB) (https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-24/COVID19%20Stigma%20Guide%2024022020_1.pdf)

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