

# The Impact of the Covid-19 Pandemic on mental health in Taiwan

Seventh Seminar: *Global Series on Covid  
19 and Mental Health* 28 April 2020

**Presenter:** Chia-Yi (Jenny) Wu, RN, PhD  
Associate Professor, School of Nursing,  
College of Medicine, National Taiwan University

**Hosts:**

John Mendoza, Director, ConNetica Consulting  
Prof Luis Salvador-Carulla, Head, ANU Centre for  
Mental Health Research



Australian  
National  
University



# Acknowledgement of The Traditional Owners and First Nations Peoples

# Our Agenda today

1. A Quick Guide to Zoom
2. Recording & making publicly available
3. Purpose of the Global Seminar Series (Luis)
5. Quick Overview of Situation in Australia
6. Intro to Asso Professor Chia-Yi Wu's Presentation
7. Chia-Yi's (Jenny) presentation
8. Q&A
9. Close and Next Seminar Details



Australian  
National  
University



# The Purpose of the Seminar Series



This is a seminar series organised by the Visual and Decision Analytics Lab (VIDEA) of the Australian National University and ConNetica Consulting.

The aim of this on-line series is to revise the current status of care for COVID19 in different cities & regions of the World.

This informative series is intended to gain knowledge from real world conditions & local initiatives that may provide useful organisational learning for healthcare planning in Australia & elsewhere.

This series has a major focus on but it is not only limited to mental health care.

**All Seminars will be recorded & made available publicly & freely.**

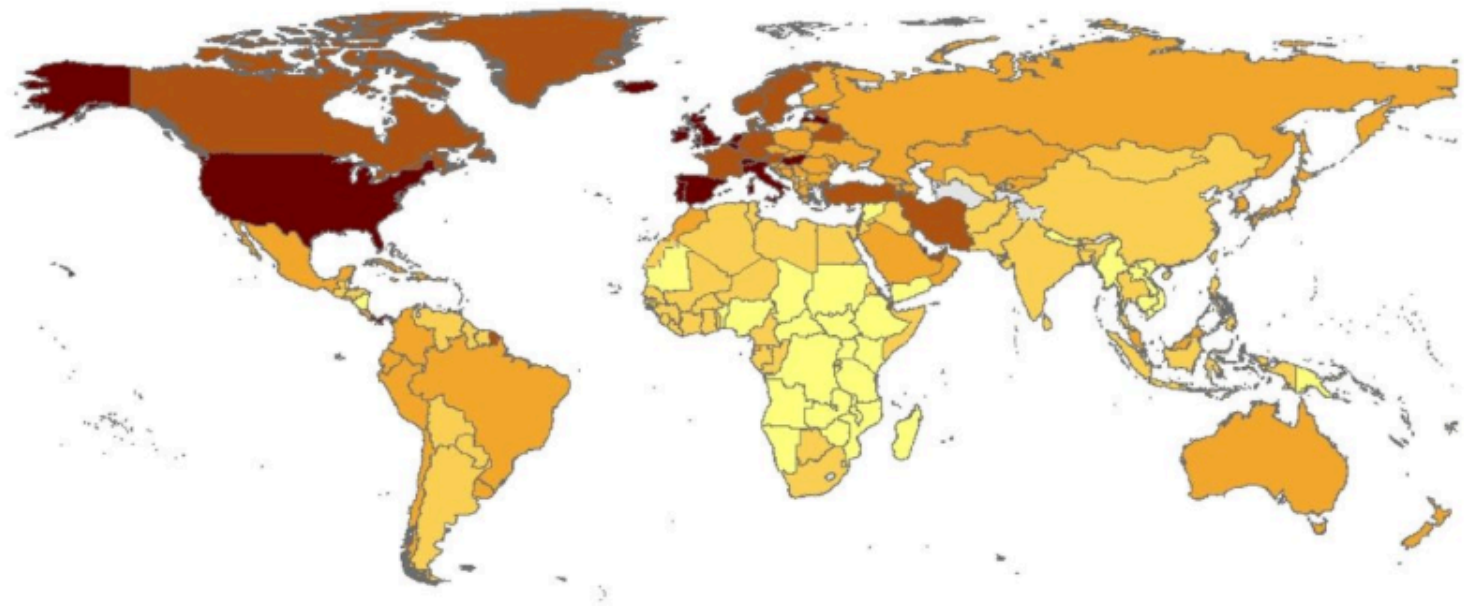
Access to the Recordings is via the ANU & ConNetica websites:

<https://rsph.anu.edu.au/research/centres-departments/centre-mental-health-research>

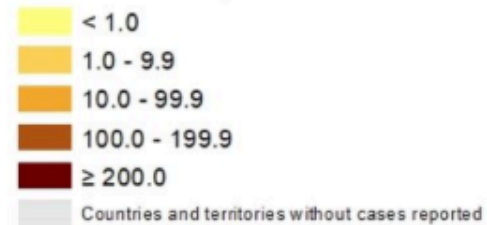
<https://www.connetica.com.au/online-seminar-series-covid19>



A Long way  
to go ...



Cumulative number of reported  
COVID-19 cases per 100 000



Date of production: 26/04/2020

The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

① Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide



Australian  
National  
University

 **ConNetica**  
CREATING BETTER FUTURES

# What then are the Known Impacts of the Covid-19 Pandemic



Australian  
National  
University

***“COVID-19 has made every organisation aware of the limits of its ability to learn quickly in an extremely fast-moving environment, in which ten days of hesitation can lead to the quadrupling of infections and to an escalation of business and societal disruption.”***

Rick Lesser (CEO, New York, Boston Consulting Group), &  
Martin Reeves (Chairman of the BCG Henderson Institute)

Source: <https://www.bcg.com/en-au/publications/2020/business-resilience-lessons-covid-19.aspx>





Australian  
National  
University

## So then what is the Experience of Taiwan ...



With population of 23.8 million,  
Taiwan has been producing more than  
10 million masks per day since March.



Australian National University  
Webinar Series: Global impact of COVID-  
19 on mental health

8

# The Impact of COVID-19 on Mental Health in Taiwan

**CHIA-YI (JENNY) WU, PHD, RN**

ASSOCIATE PROFESSOR<sup>1</sup>, ADJ. NURSING SUPERVISOR<sup>2</sup>, VICE CEO<sup>3</sup>

<sup>1</sup> SCHOOL OF NURSING, NATIONAL TAIWAN UNIVERSITY COLLEGE OF MEDICINE ;

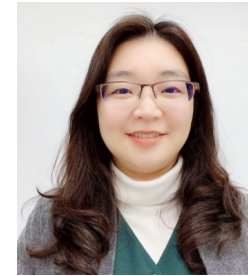
<sup>2</sup> DEPARTMENT OF NURSING, NATIONAL TAIWAN UNIVERSITY HOSPITAL

<sup>3</sup> TAIWAN SUICIDE PREVENTION CENTER & TAIWAN SOCIETY OF SUICIDOLOGY

2020.04.28



# About the presenter



- Nursing faculty
  - **Assoc. Prof., School of Nursing, National Taiwan University College of Medicine** (2009-now)
  - Adjunct Supervisor, Department of Nursing, National Taiwan University Hospital (2016-now)
- Social services
  - **Vice CEO, Taiwan Suicide Prevention Center (TSPC)** (2015-now)
  - **Board director (since 2017)**
    1. Taiwanese Society of **Suicidology** (2018-now)
    2. Taiwan Association Against **Depression** (2017-now)
    3. **Psychiatric Mental Health Nurses'** Association, ROC (2019-now)
- Academics
  - Editorial members for many local journals in the nursing/medical field
  - Principle investigator for several government funded projects (since 2010)
    1. Longitudinal follow-ups of patients with treatment-resistant depression (TRD)
    2. Online suicide prevention with AI-application on identifying high-risk events of suicide news report and online group messages

# Topics

- **Healthcare & public health system in Taiwan**
- **Taiwan experience of infectious disease control**
- **Mental health care against COVID-19 pandemic**
  - World situation
  - National policy toward personal protection of coronavirus
  - Clinical strategies of mental health promotion

# Introduction of Taiwan

- Taiwan basic information
  - General Information
  - Area: 36,000 square kilometers
  - Population: 23 million
  - Capital: Taipei City
  - People: Chinese
  - Language: Mandarin/Taiwanese/Hakka
  - Religion: Buddhism/Taoism/Christianity/Islam/Catholicism

<http://iee.mcu.edu.tw/en/content/introduction-taiwan>

- Taiwan country profile

1 February 2019



Taiwan is an island that has for all practical purposes been independent since 1950, but which China regards as a rebel region that must be reunited with the mainland - by force if necessary.



<https://www.bbc.com/news/world-asia-16164609>

# Healthcare and public health system in Taiwan

- National Health Insurance (NHI)
  - Over **99%** of the public **registered**
  - Accessible and affordable for ***all medical services***
  - ***Community health centers*** in each administration offer public health promotion & mental health consultations at low cost
- Primary care
  - ***Clinics*** widely spread in every cities and suburbs, offering a broad range of medical services under NHI regulations
  - ***Outreach services*** offered by major hospitals or four main psychiatric/mental health care systems throughout Taiwan

# Psychiatric & mental health care in Taiwan

Table 4-4

The Number of Psychiatric Care Institutions in Taiwan in 2018, and Evaluation Results

Source: Department of Mental and Oral Health, MOHW

Psychiatric Care Institution Category		No. of Institutions	No. of beds/ registered (patients) Total	2018 No. of Evaluated Institutions	Evaluation Results		
					Outstanding	Passed	Failed
Psychiatric hospitals	Non-teaching hospitals	35	21,114	12	0	12	0
	Teaching hospitals	10		1	-	1	0
General hospitals with a psychiatric care department		201		-			
Clinics with a psychiatric care department		298		-			
Psychiatric rehabilitation institutions	Daytime only	68	3,208	35	-	35	0
	With residential accommodation	149	6,299	52	-	50	2
Psychiatric nursing homes		44	4,104	21	-	20	1

(Source: Taiwan Health &amp; Welfare Report, 2019.)

# Experience of Infectious Disease Control in Taiwan

## SARS



## H1N1



<https://www.commonhealth.com.tw/article/article.action?nid=77767#> =

## Key Events of Infectious Disease Control in Taiwan

1998 **Enterovirus 71 epidemics**, 405 cases, 78 deaths

1999 TAIWAN CDC establishment

**2003 SARS epidemics**, 346 cases, 73 deaths

2003.9 Established the **Infectious Disease Prevention Networks**

2004 Drug-acquired-**AIDS** numbers climbing

**2009 H1N1 pandemic hit**

2010 **Vaccination** for all kids in kindergartens

2014 **Legislation** for infectious disease controls

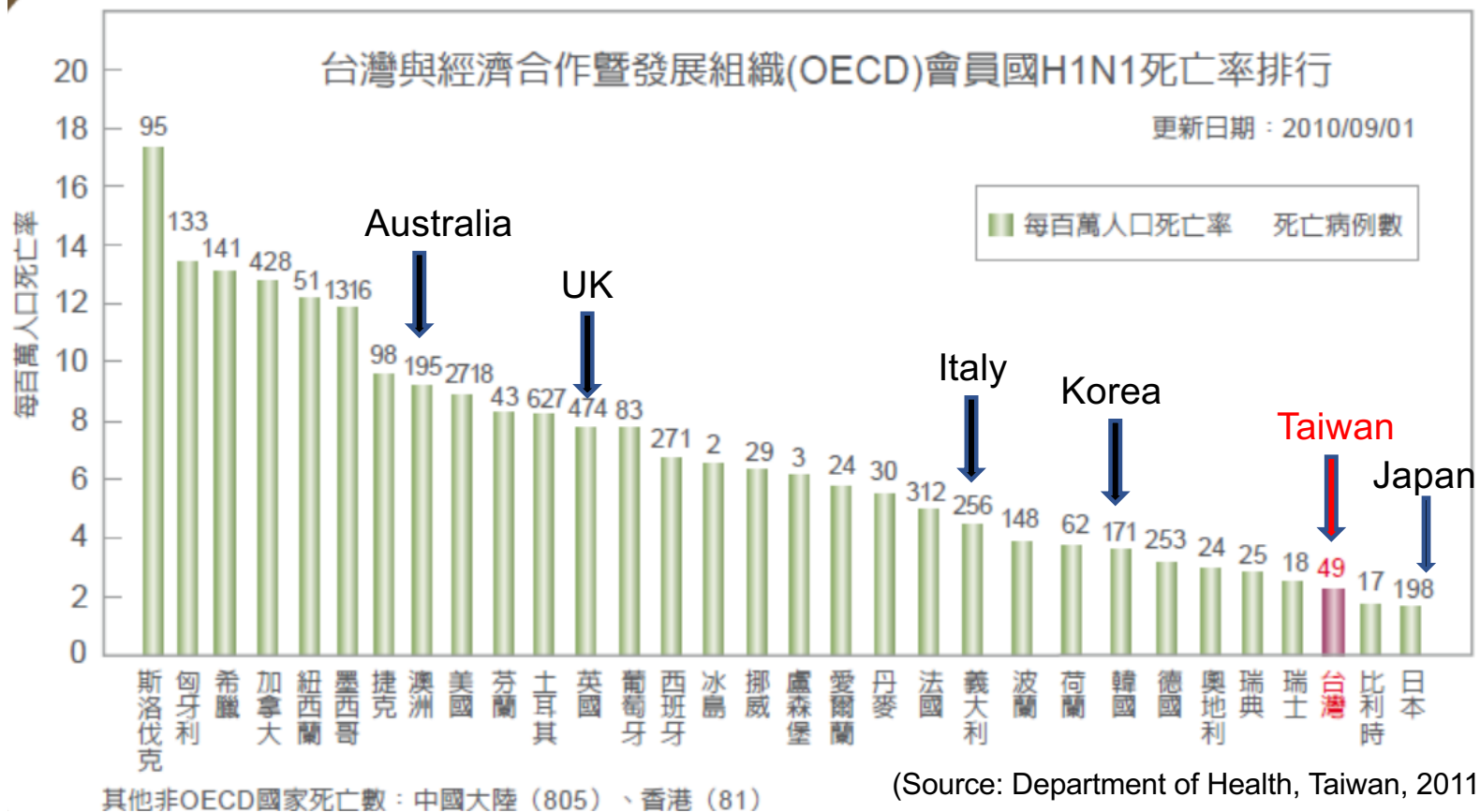
2015 **Dengue Fever** epidemic hit

2016 **Seasonal H1N1** epidemic hit

**2019 COVID-19 epidemic hit**

# Experience of Infectious Disease Control in Taiwan (cont'd)

- The **successful model of H1N1 Influenza in Taiwan**:  
Public health care + Medical services + Pandemic monitoring



# Experience of Infectious Disease Control in Taiwan

(cont'd)

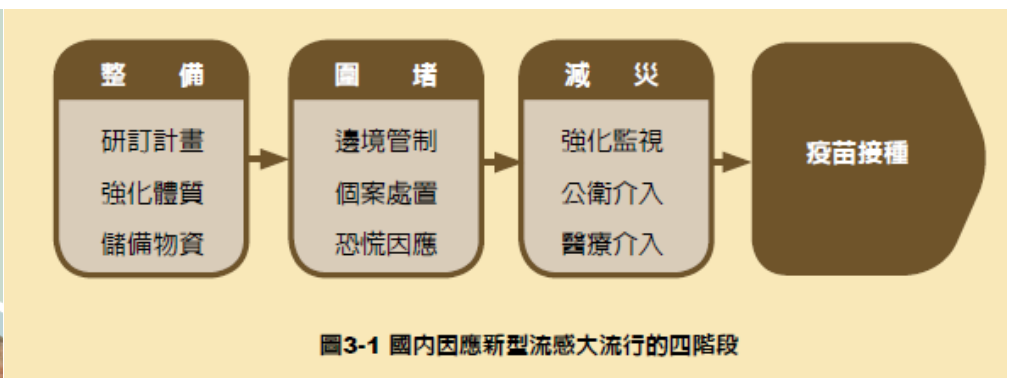
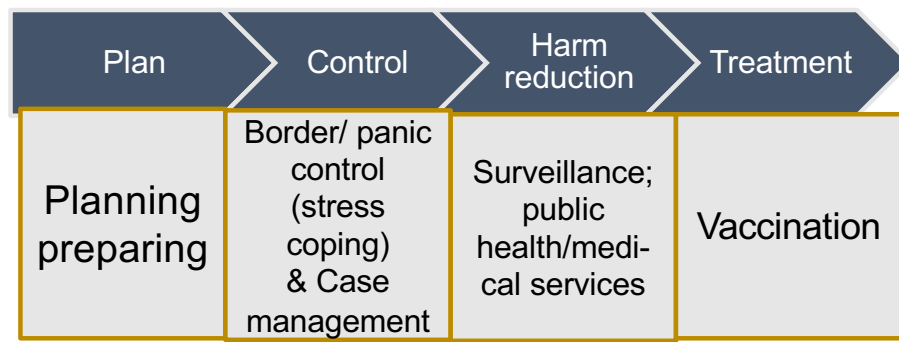


圖3-1 國內因應新型流感大流行的四階段



(Source: Department of Health, Taiwan, 2011, pp.42)



# Mental health care related to infectious disease

- 1/5 had SARS-related **psychiatric & posttraumatic morbidities** in Singapore.

## Major concerns:

1. *Biological*
2. *Psychological*
3. *Social*

Table 4

Major concerns about SARS and sources of help

	Major concerns about SARS (% of responses)	Major sources of help (% of responses)
Biological	<ol style="list-style-type: none"> <li>1. Losing control of the spread of SARS (45)</li> <li>2. Recurrence of SARS (10)</li> <li>3. Hope for cure (5)</li> </ol>	<ol style="list-style-type: none"> <li>1. Good personal hygiene (41)</li> <li>2. Information on SARS from the authorities (12)</li> <li>3. Good physical health (5)</li> </ol>
Psychological	<ol style="list-style-type: none"> <li>1. Fear of contracting SARS (15.7)</li> <li>2. Fear of effects on personal health (5)</li> <li>3. Unpredictability (3)</li> </ol>	<ol style="list-style-type: none"> <li>1. Religion/faith (15)</li> <li>2. Acceptance (5.3)</li> <li>3. Encouraged by the courage of health care workers (4.7)</li> </ol>
Social	<ol style="list-style-type: none"> <li>1. Health of family (11)</li> <li>2. Impact of SARS on economy (2.8)</li> <li>3. Social responsibility and public education (2.5)</li> </ol>	<ol style="list-style-type: none"> <li>1. Support from friends and family (13)</li> <li>2. Avoidance of crowded places (2)</li> <li>3. Social responsibility (2)</li> </ol>

(Ref.: Sim et al. (2010). J Psychosom Res, 68)

## Mental health care related to infectious disease (cont'd)

The HK experience:

- **Mood disorders have been common** in the general population during the SARS epidemic.
- **SARS have brought some positive impacts on social/family support, mental health awareness and lifestyle changes.** These positive impacts were associated with other relevant negative impacts and might be **important *cushions* of the negative impact.**


# Mental health resilience after major disaster

- Family support and young survivors' resilience increased across a burn disaster in Taiwan 2015-2018.
- Positive growth are unneglectable after traumatic events.

ORIGINAL RESEARCH:  
EMPIRICAL RESEARCH - QUANTITATIVE

JAN  WILEY

## A longitudinal study on psychological reactions and resilience among young survivors of a burn disaster in Taiwan 2015–2018

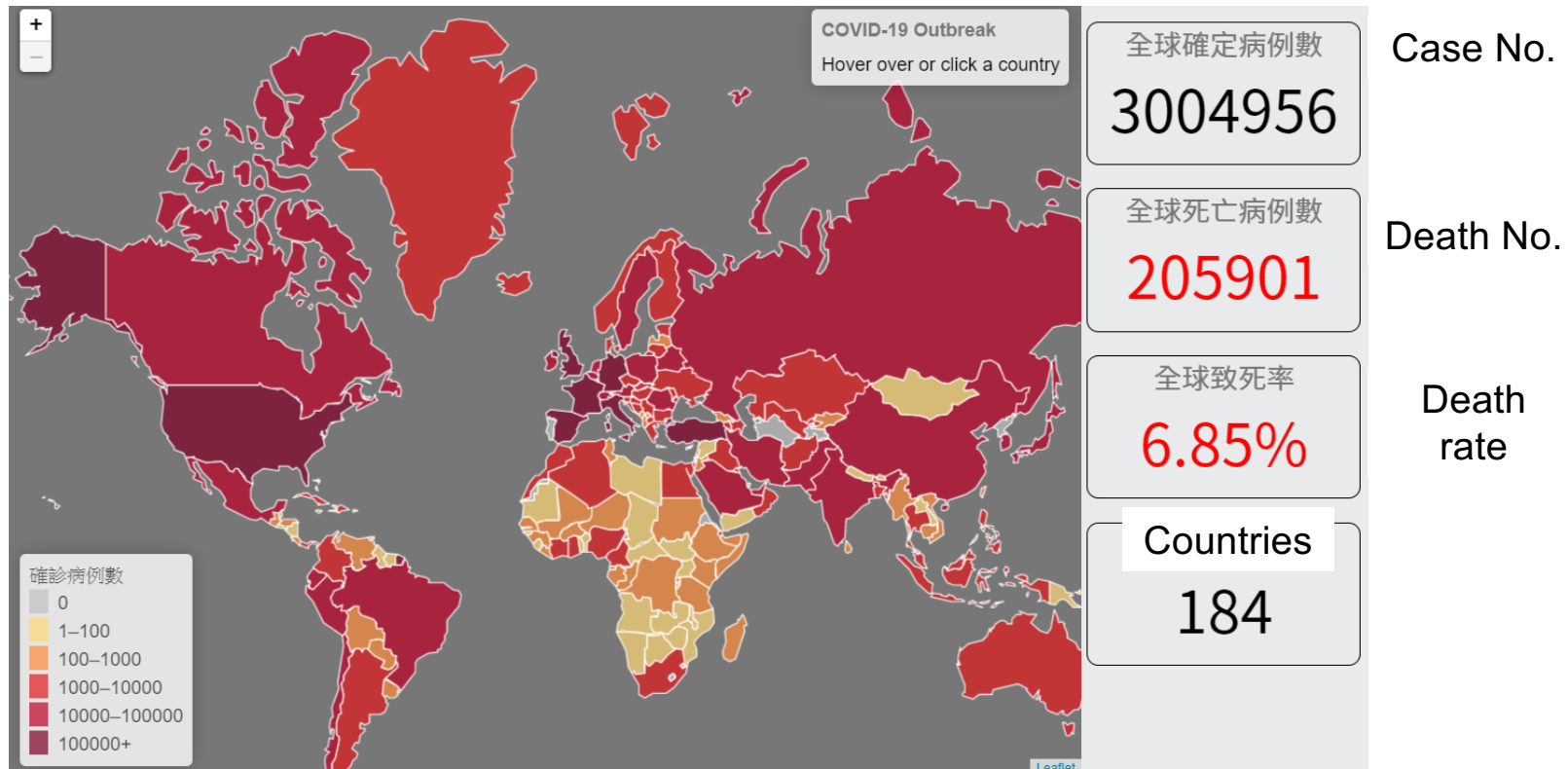
Chia-Yi Wu PhD, Associate Professor, Adjunct Nursing Supervisor, Senior Consultant<sup>1,2,3</sup>  | Ming-Been Lee MD, Director, Professor Emeritus, Visiting Professor<sup>3,4,5</sup> | Chi-Hung Lin PhD, Professor<sup>6</sup> | Shu-Chen Kao MS, Section Chief<sup>7</sup> | Chung-Chieh Tu MS, Deputy Commissioner<sup>7</sup> | Chia-Ming Chang PhD, Board Director, Visiting Psychiatrist<sup>3,8</sup>

(Reference: Wu et al. (2019). J Adv Nurs. DOI: 10.1111/jan.14248.)

# THE COVID-19 PANDEMIC IN THE WORLD & TAIWAN



# The COVID-19 Pandemic in the World (~Apr.28<sup>th</sup>)



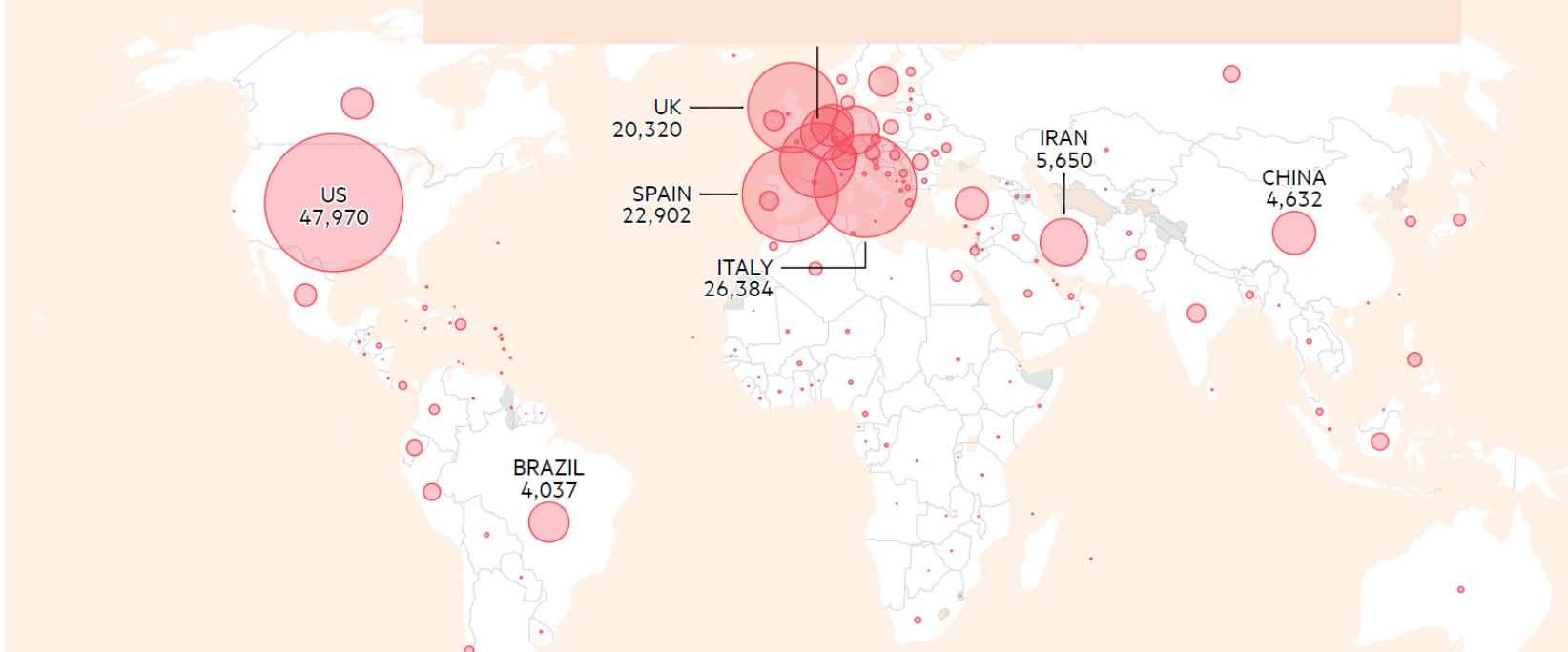
Source: <https://sites.google.com/cdc.gov.tw/2019ncov/global> , Accessed 28<sup>th</sup> Apr., 2020

# Mapping the coronavirus outbreak

Mapping the coronavirus outbreak

As of 12:27am Apr 26 BST

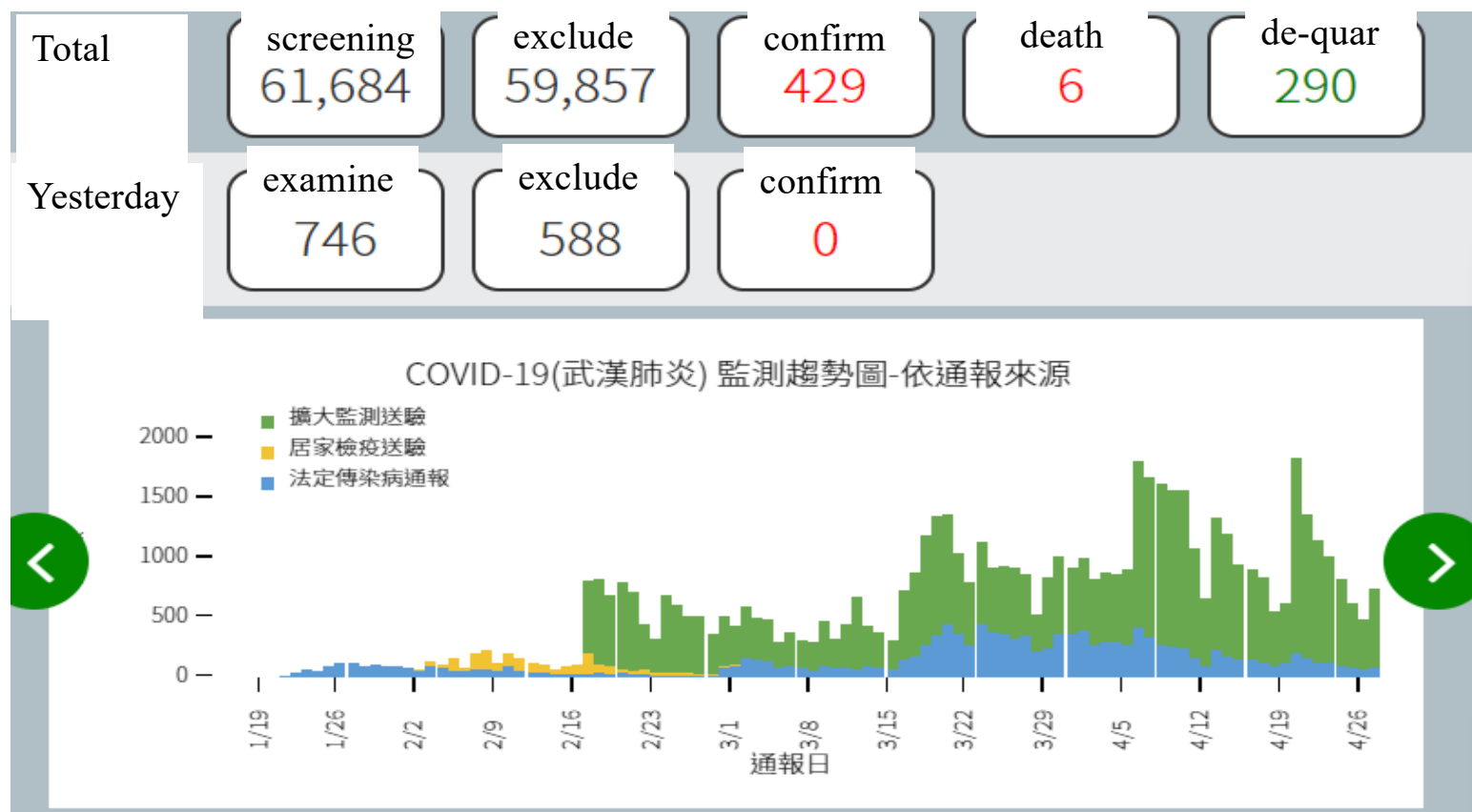
**Increase of ~36,000 death tolls within a week!**



Sources: Johns Hopkins university, CSSE: Worldmeters  
Graphic: Steven Bernard & Cale Tilford

<https://www.ft.com/coronavirus-latest>

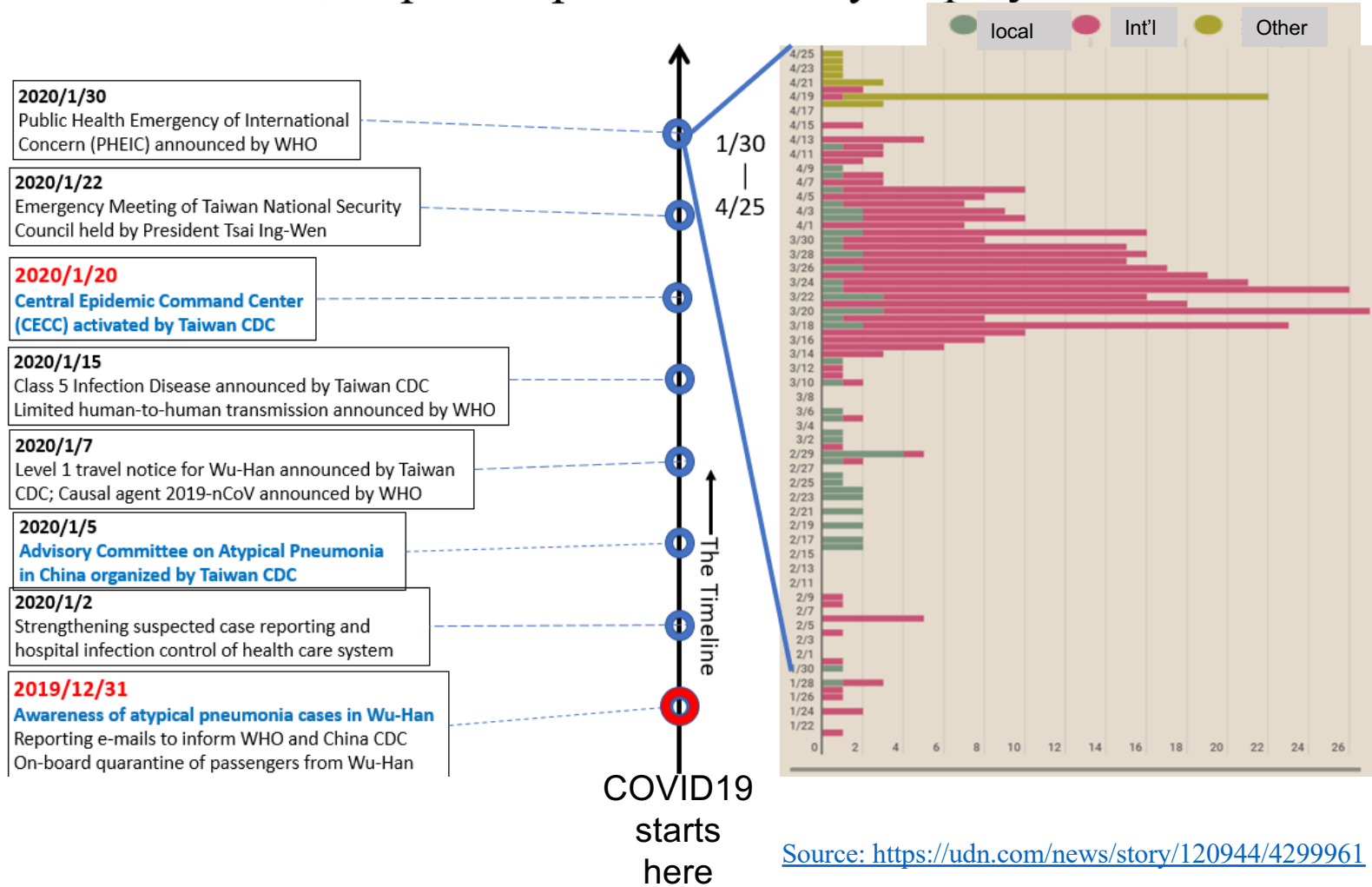
# COVID-19 Trend Observation in Taiwan (~Apr. 18<sup>th</sup>)



更新時間：2020-04-28 00:30

(As of 2020.4.18, CDC Taiwan)

# Prudent Action, Rapid Response and Early Deployment in Taiwan







# International News Report Mentioning Taiwan Experience against COVID-19



武漢肺炎2019年底爆發，短短3個多月遍及全球，台灣致力控制疫情及分配防疫物資，多國媒體紛紛將目光投向台灣的做法。(中央社製圖)

Source: Chinese News Agency, <https://www.cna.com.tw/news/firstnews/202004040083.aspx>, accessed 18<sup>th</sup> April 2020

# Taiwan's policy toward COVID-19



Source: 報導者 <https://www.twreporter.org/a/covid-19-taiwan-epidemic-prevention-policies-change> 18 April 2020

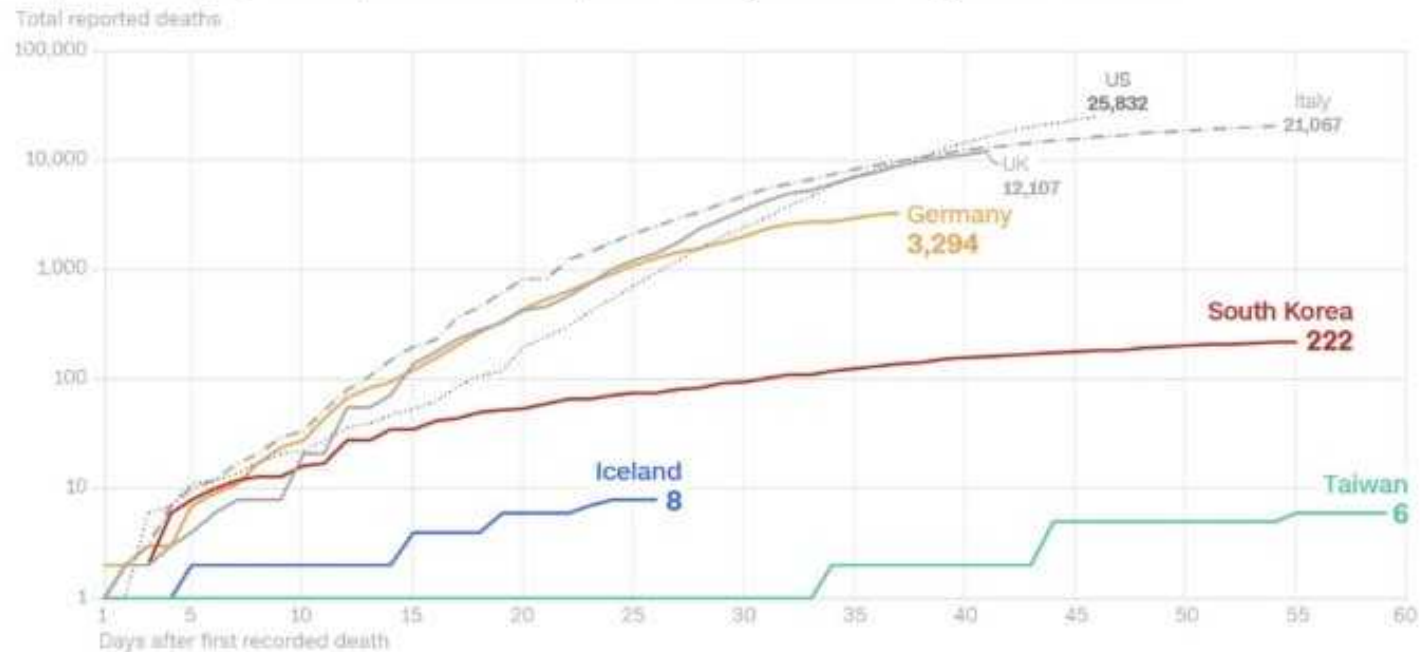
3: Active screening and investigation of susp./confirmed cases



## Flattening the curve early

In some places, death tolls topped out early in their outbreaks.

Preparedness, a quick response and widespread testing have been key to their success.



Note: This chart uses a logarithmic scale.  
 Data from April 15 at 5:30a in ET, using daily totals to April 14.  
 Source: Johns Hopkins University Center for Systems Science and Engineering, World Health Organization.  
 Graphic: Henrik Peterson, Natalie Gross, CNN

# MENTAL HEALTH CARE (*MHC*) AGAINST COVID-19 OUTBREAK



# Literature review

**Table 1**

Observational studies of mental health concerns related to COVID-19.

Author	Country of origin	Population(s) studied	Methodology
Wang et al., 2020	China	General population (n = 1210)	Online survey
Xiao et al., 2020a	China	Medical staff treating patients with COVID-19 (n = 180)	Cross-sectional, self-rated questionnaire
Li et al., 2020	China	General public (n = 214); front-line nurses (n = 234); non-front line nurse (n = 292)	Cross-sectional, self-rated survey using a mobile app
Xiao et al., 2020b	China	Individuals in self-isolation for 14 days (n = 170)	Cross-sectional, self-rated questionnaire

## Highlights

- Subsyndromal mental health concerns are a common response to the COVID-19 outbreak.
- These responses affect both the general public and healthcare workers.
- Depressive and anxiety symptoms have been reported in 16–28% of subjects screened.
- Novel methods of consultation, such as online services, can be helpful for these patients.
- There is a need for further long-term research in this area, especially from other countries

16.5% moderate to severe depressive symptoms; 28.8% moderate to severe anxiety symptoms; 8.1% moderate to severe stress  
Mean anxiety scores  $55.3 \pm 14.2$ ; anxiety positively correlated with stress and negatively with sleep quality, social support and self-efficiency ( $p < .05$ , all correlations)

Traumatization related to COVID-19 higher among non-front line than front-line nurses ( $p < .001$ ); traumatization among the general public higher than for front-line nurses ( $p < .005$ ) but not non-front-line nurses

Mean anxiety score  $55.4 \pm 14.3$ ; Anxiety positively correlated with stress and negatively with sleep quality and social capital; social capital positively correlated with sleep quality. ( $p < .05$ , all correlations)

Reference: Rajkumar. *Asian Journal of Psychiatry* • August 2020

# Psychological effects in response to COVID-19 measures

- Case identification: *fear of being diagnosed.*
- Isolation of susp./diagn. pts: *mentally distressed, anxious, depressed, insomnia, stigmatized, etc.*
- Contact tracing/monitoring: *stress/fear/panic of being monitored, life uncertainty.*
- Quarantine policy: *social isolated, feeling lonely, helpless, hopeless, depressed, and even suicidal.*

## Mental health care suggestions

1. **Multidisciplinary mental health teams** established by health authorities at regional and national levels.
2. **Clear communication** with regular and accurate updates about the 2019-nCoV outbreak should be provided.
3. **Secure services** should be set up to provide psychological counselling using electronic devices and applications.
4. **Regular clinical screening** for depression, anxiety, and suicidality by mental health workers.

Xiang et al. (2020). [Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed.](#) Vol. 7, The Lancet Psychiatry, 228–9.

# Psychological Crisis Intervention

(Duan & Zhu, 2020; Mak et al., 2010)





# National policy toward personal protection of coronavirus

# Government Broadcasting of MHC Policy against COVID-19



**衛生福利部**  
**心理及口腔健康司**  
Ministry of Health and Welfare

熱門關鍵字：[口罩](#) [武漢肺炎](#) [防疫補償](#) [隔離](#)

關於本司
組織架構
業務職掌
焦點新聞
活動訊息
公告訊息
本部各單位及所屬機關 ▾

**心理及口腔健康司**

首頁 / 疫情心理健康

**疫情心理健康**

• 資料來源：心理及口腔健康司 • 建檔日期：109-04-06 • 更新時間：109-04-17









 瀏覽人數：643

# Five tips for mental health care announced by the Taiwan Ministry of Health & Welfare

- **Safety**: Wearing masks & washing hands are the tips to stay safe.
- **Calming**: Maintaining a peaceful mind; do not watch COVID-19 related news for more than 30 minutes.
- **Efficacy**: Plan for goal-oriented home activities to enhance self-control.
- **Connectedness**: Keep the contact with family/friends to get social support.
- **Instilling hope**: Maintaining positive attitudes and avoiding excessive & negative information.

Source: 台灣臨床心理學會災難與創傷心理委員會; Hobfall, S. E., Watson, P., Bell, C. C. et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70, 283-315.

## Promotion of the Mental Health Hotline: 1925 (government 7/24 toll-free consultation line)

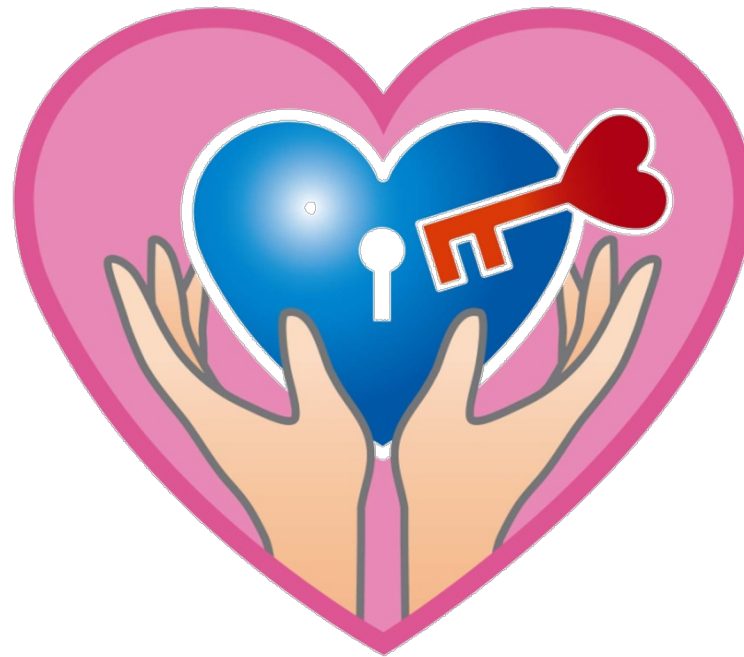


## Press Release of MHC skills announced by prof. association (The Taiwanese Society of Suicidology, TSOS)

【防疫也要防鬱：疫情衝擊身心，全民啟動關懷度難關】

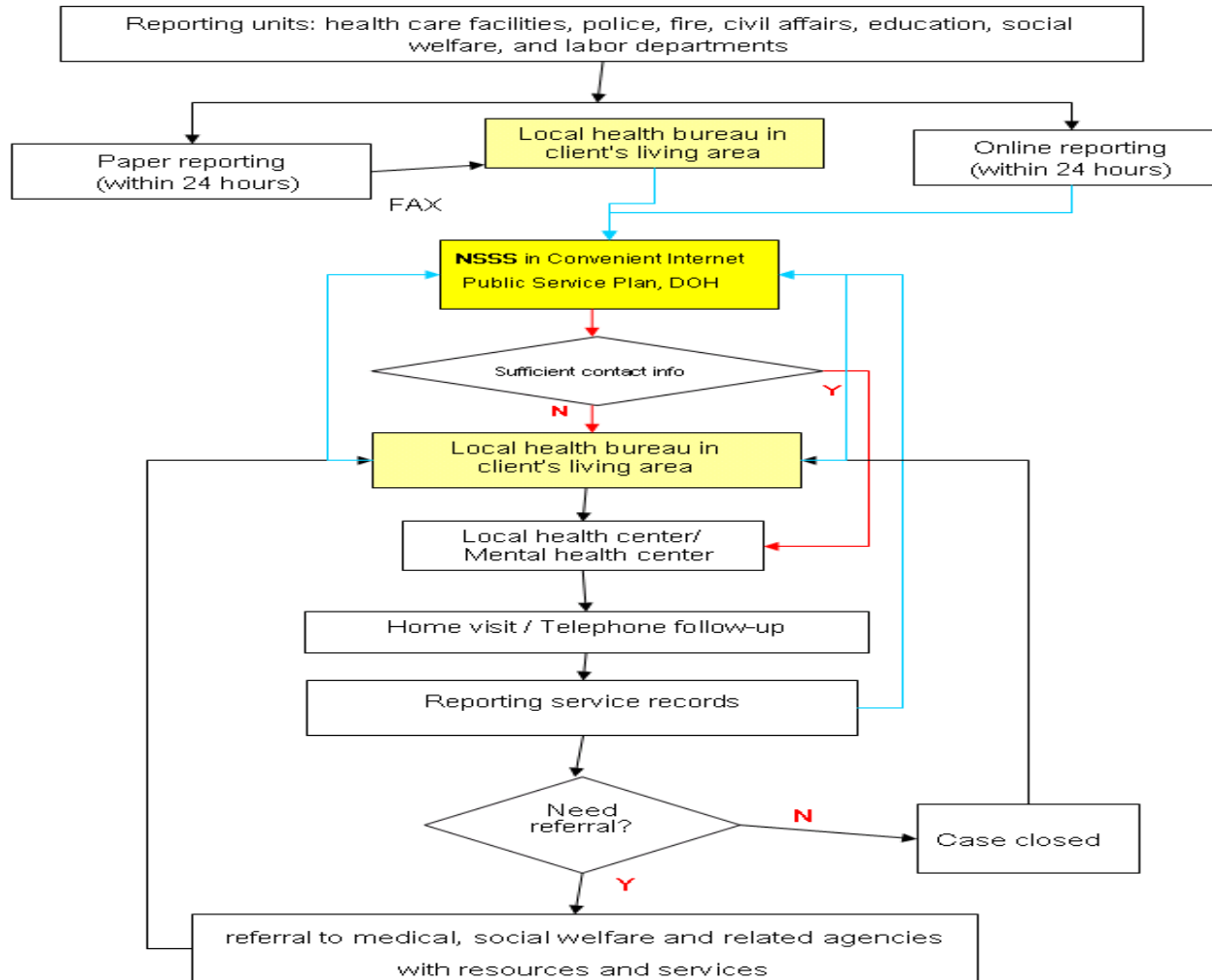


**The Taiwanese Society of Suicidology (TSOS)**  
-working with the Taiwan Suicide Prevention Center (TSPC)-

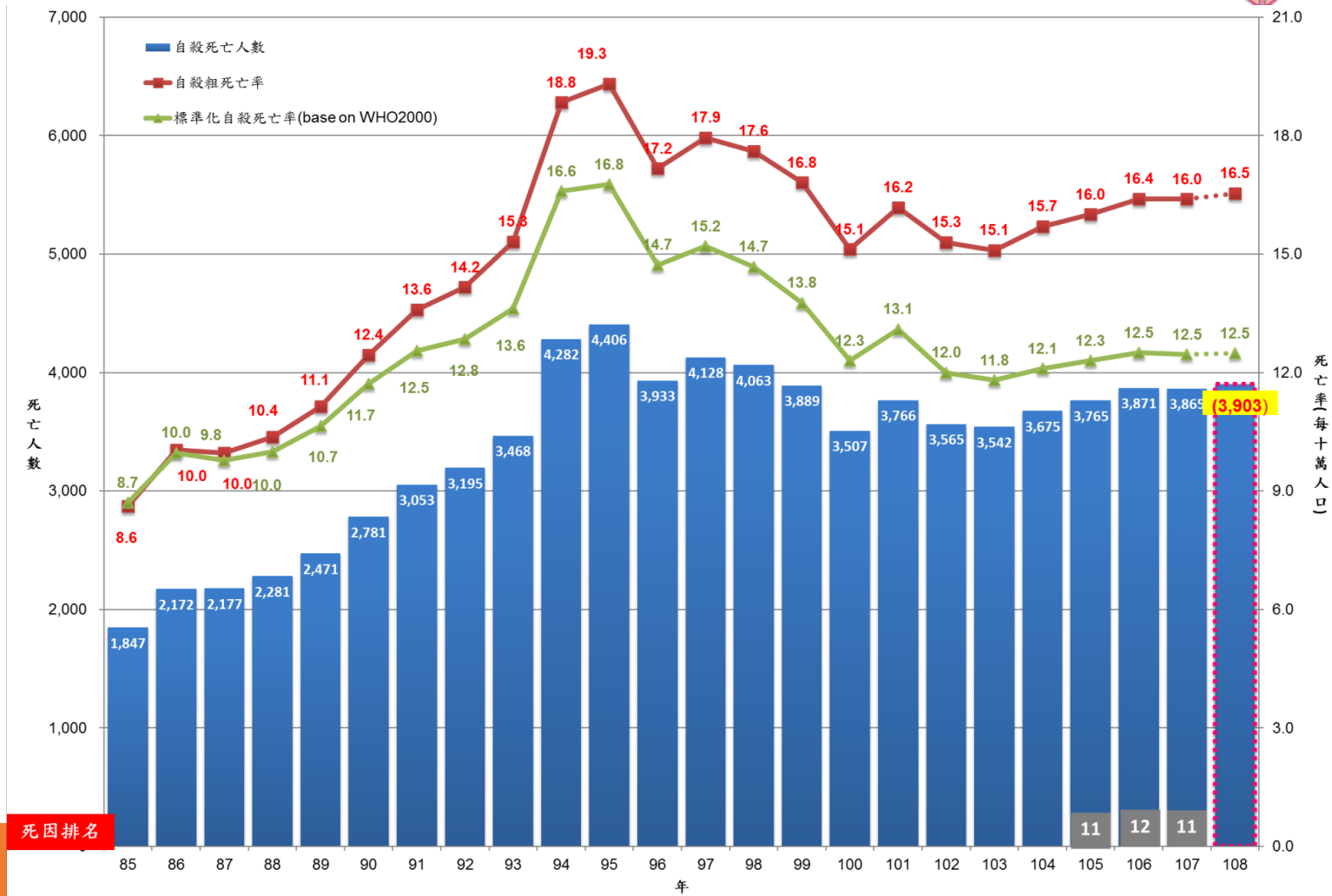


**Humanity, Professionalism and safety:**  
**Saving Lives, Restoring Hope**

## Indicated Strategy of TSPC: Referrals for Suicide Attempters



# SUICIDE NUMBERS & RATES IN TAIWAN, 1994-201



死因排名

(Source: TSPC, 2020)



# National Suicide Prevention Strategy & TSPC roles

- The TSPC is under the contract to the **Ministry of Health and Welfare in Taiwan**
- The Mission of the TSPC:
  - To develop national strategy and set priority
  - To design and implement suicide prevention strategies
  - To develop indicators for evaluation
- Three phases of national suicide prevention strategy in Taiwan
  - 1<sup>st</sup> phase**
    - Operated by **Taiwan Association Against Depression (TAAD)**
    - From Sep. 21, 2005 to Dec. 31, 2008
  - 2<sup>nd</sup> phase**
    - Operated by **Taiwanese Society of Suicidology (TSOS)**
    - From Jan. 1, 2009 to Dec. 31, 2012
  - 3<sup>rd</sup> phase**
    - Operated by the **TSOS**
    - From Jan. 1, **2013 to present**

# Key elements in MHC strategies (TSPC announcement)

- Promoting health-related self-efficacy
  - Good sleep
  - Exercise/ physical activity
  - Balanced nutrition
  - Leisure activities
  - Relaxation skills
- Change stress reactions
  - Sleep
  - Anxiety
  - Irritability
  - Depressed mood
  - Inferiority

# Key elements in MHC strategies (TSPC announcement , cont'd)

- **Target population** for mental health triage  
(using the Brief Symptom Rating Scale, **BSRS**, also called the “**Mood Thermometer**”)
  - Healthcare providers
  - The healthy adults
  - People with mental illnesses
  - Those who are/ have been quarantined/isolated

# The 5-item Mood Thermometer

請您仔細回想在「最近一星期中(包括今天)」，這些問題讓您感到困擾或苦惱的程度，然後圈選一個您認為最能代表您認為最能代表您感覺的答案。

完全沒有 輕微 中等程度 厲害 非常厲害

1. 睡眠困難，譬如難以入睡、易醒或早醒	0	1	2	3	4
2. 感覺緊張不安	0	1	2	3	4
3. 覺得容易苦惱或動怒	0	1	2	3	4
4. 感覺憂鬱、心情低落	0	1	2	3	4
5. 覺得比不上別人	0	1	2	3	4
★有自殺的想法	0	1	2	3	4

# The scoring & suggestions of the Mood Thermometer

Total score (Item 1-5) :



0-5 : Well-adapted to life in both physical & mental health.



6-9 : Minor distress that requires disclosure of distress to family or friends.



**10-14** : Medium distress that may need prof. help.



**≥15** : Severe distress that highly suggests to refer to psychiatric mental health services.

- The 6<sup>th</sup> item (suicide ideation): not included in the total score.

An additional item to assess the level of suicide risks in terms of suicidal thoughts. More than two points requires professional attention.

# Clinical strategies of mental health promotion

# Promotion of mental health literacy

- Educate the public/ medical service users about how to ***maintain stable*** psychologically through pervious-mentioned tips under the social and environmental stress of COVID-19.
- Government helpline: **1925** for mental health help-seeking.

## 被隔離檢疫者之身心反應：壓力源未除，身心反應可改

隔離會帶來負面的心理效應，以創傷性症候群、憂鬱、易怒等最為常見。根據報告，在先前的重大疫情爆發期間，也有因隔離而造成自殺事件。因此在實施隔離前，需經過審慎的衡量，並制定完善的配套措施，以關懷的態度詳盡告知隔離須知，並回答相關問題，以減少其對被隔離者的負面影響。

目前台灣已有5萬多人接受各項的隔離，包含分為居家檢疫/居家隔離與住院隔離；居家檢疫/居家隔離一般為有特定旅遊史或者曾與確診個案有過接觸的民眾，而住院隔離者則是已確診之個案。以壓力來源而言，居家檢疫/居家隔離者仍能維持大部分的日常生活，其壓力通常來自對於確診可能性的不安、暫時無法工作的經濟壓力，以及隔離期間與解除後可能面臨的污名化或標籤化現象。被隔離者更須因地制宜，運用前述抗壓原則提升自我效能感，包括做運動、看看書，找回控制感，同時與外界保持聯繫、調適自身的情緒、保持正向的希望。必要時，可撥打安心專線1925或防疫專線1922，獲取即時的支援。

而確診後被隔離者的壓力源則通常與自由突然受到剝奪以及被感染的恐懼、治療後的污名化有關。當隔離的期間越長，對心理的負面影響就越大。因此在隔離時應提供被隔離者正確的資訊及足夠的日常生活及醫療資源，減少其挫折感、恐懼，亦可提供具體的壓力排解設備，例如手機、穩定的網路等，有助於減輕被隔離者的無聊，以及方便其與親友聯繫、降低孤單感。而醫療人員也需更加注意確診者之身心狀況，若有特殊心理狀況，需安排精神科照會。

最後，從事傳染病防治的第一線醫療人員也承受來自污名化的壓力。有研究指出，若這些醫療人員在疫情期間被隔離，更容易在疫情後出現負面的心理反應，如疲憊、孤立、失眠、工作表現惡化等現象。而隔離結束後三年追蹤發現，這些人員更容易出現高度憂鬱的現象，因此於疫情結束也應定期對醫療人員提供心理檢查，減低第一線人員面對這類壓力源導致的不安情緒，並預防後續的效應。

(Source: TSPC, 2020)

# Self-care by the “Mood Thermometer APP”

## 善用心情溫度計App與精神心理衛生資源

心情溫度計(BSRS-5)在九二一大地震、SARS期間、八仙塵暴後，被普遍的使用，做為情緒困擾的篩選工具，有效提升民眾心理健康的自我覺察，提醒及早求助。若發現身邊親友或自己因疫情或其衍生的心理社會衝擊，而感到身心不適時，即可下免費下載並使用心情溫度計App，隨時測量自己或親友的心情溫度，並參考運用App內相關的精神衛生求助資源，含電子書/影音資源。

施測心情溫度計後得分若低於5分，表示個人的情緒狀況還好；6-9分的範圍則為有輕度情緒困擾的情況，建議找家人或朋友談談；10分以上則代表有中度至重度的情緒困擾，則建議尋求專業幫助。對於有需要尋求專業幫助的民眾，可直接撥打免費安心專線1925 (依舊愛我)；此外，透過心情溫度計App也可直接查詢各地社區心理衛生資源或精神科門診聯絡方式。您的一個動作將使您成為最重要的珍愛生命守門人。台灣的精神衛生資源可近性極高，消弭民眾對精神醫療的污名化，將是活絡心理健康網的重要環節。

## 善用『心情溫度計App』，提升心理健康識能：歡迎下載

1. 連至App store或Google play商店搜尋『心情溫度計』。
2. 使用手機掃描下圖QR code( iOS & Android)，立即下載。



3. 台大開放課程 (心理健康促進與自殺防治) : <http://ocw.aca.ntu>  
全國自殺防治中心針對新冠肺炎(COVID-19)疫情聲明稿.pdf



(Source: TSPC, 2020)



# Four functions of the “Mood Thermometer APP”

## 1. Distress records



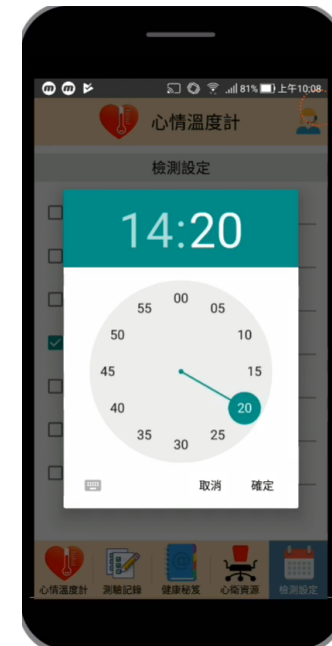
## 2. Free mental health materials



## 3. Mental health resources



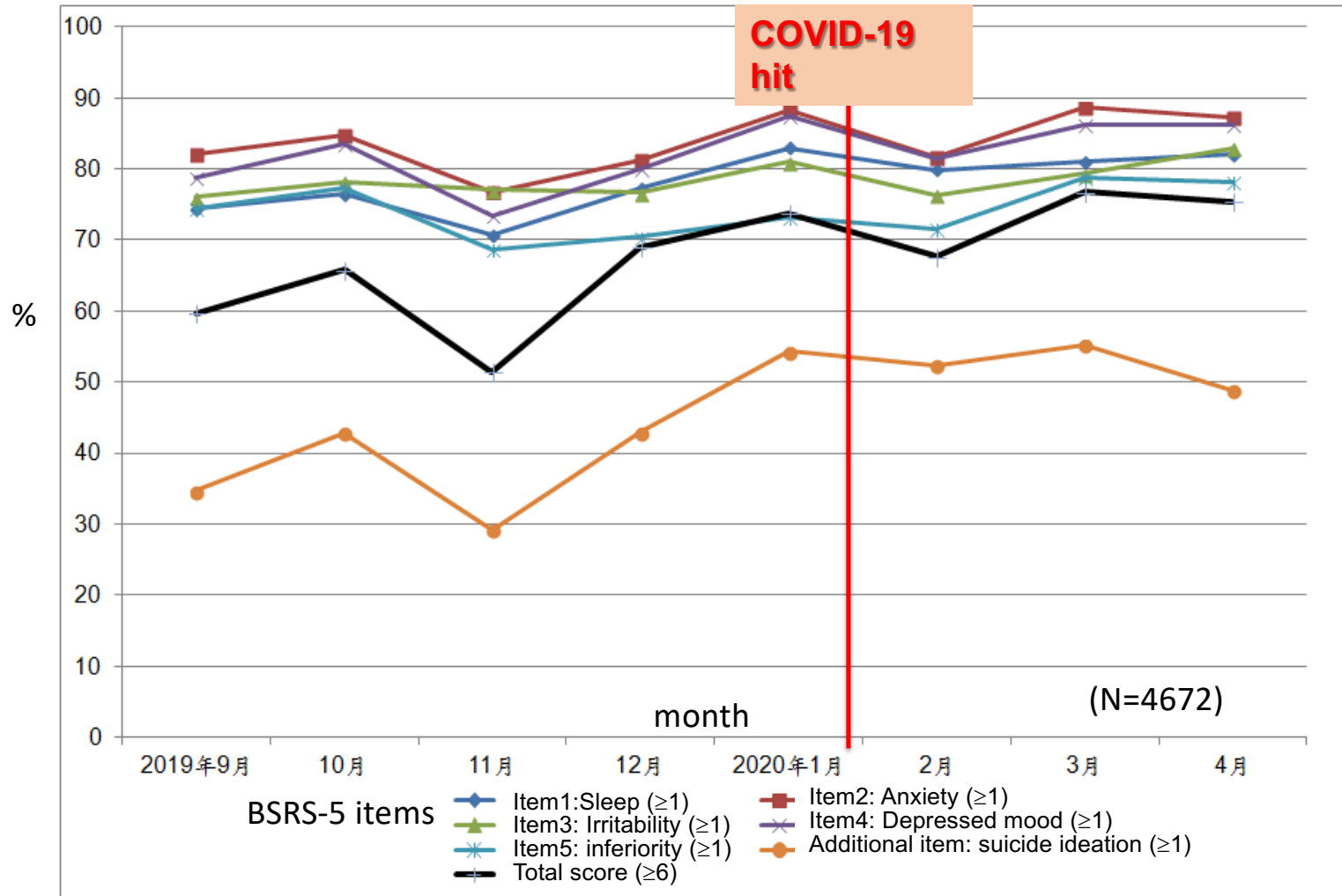
## 4. Alarm set



(Source: TSPC, 2020)

## BSRS APP Fluctuations of the mentally distressed

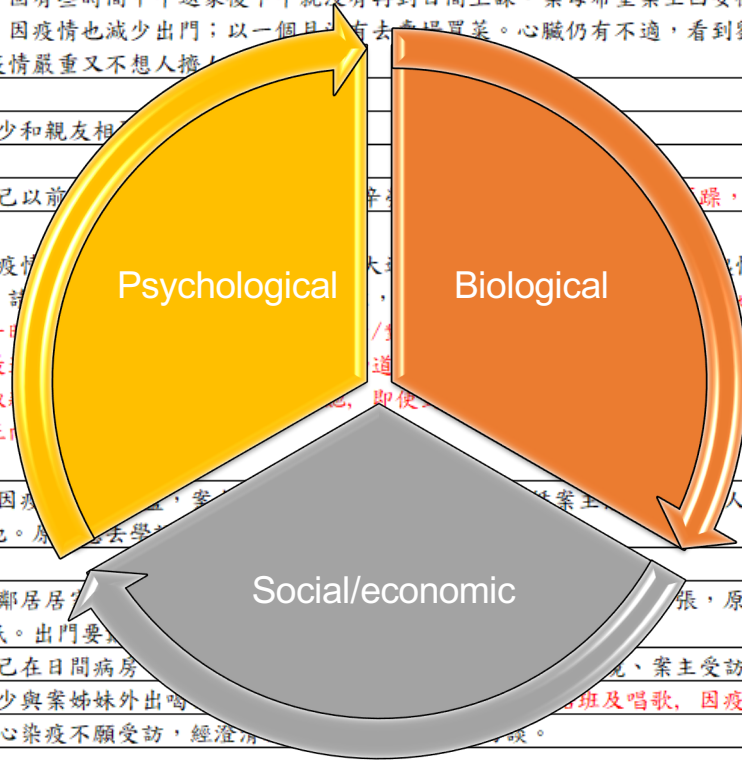
Pre/post 3-months of COVID-19 outbreak



(Source: TSPC, 2020)

# COVID-19 influences for patients with depression

Group 1	備註
DC039	1090414提到醫院門口出示證件廣播讓他心煩。也因被要求出示證件與管制人員爭吵。另日間病房現中午要消毒，業主須反覆經過門口，因有些時間中午返家後下午就沒有再到日間上課。案母希望業主回安徽參加案侄婚禮，想到要回大陸相當困難就煩惱。因疫情也減少出門；以一個星期沒有去市場買菜。心臟仍有不適，看到劉真死亡一事又平常心跳不規律故想就醫，但疫情嚴重又不想人擠人。
OPD001	無
DC043	1090415表示減少和親友相
OPD044	無
SK06	1090410提到自己以前
OPD029	1090413表示因疫情插隊而起衝突，請有很多面向；一是有小美人")。最近因疫情導致去比起來有了正
AC01	1090410提到，因疫故更換運動場地。原
Controll	
OPD016	1090408表示因鄰居又買不到衛生紙。出門要
DC023	1090416提到自己在日間病房
DC009	1090414提到較少與案姊妹外出唱
OPD017	1090421表示擔心染疫不願受訪，經澄清
OPD005	
DC006	1090413表示因疫情感到緊張，要注意清潔、不敢出門。
OPD026	1090401提到因疫情不想到台大打針，詢問主家附近診所醫師表示無該藥物只好持續返診台大。若有咳嗽等狀況，擔心別人誤會自己染疫，感到緊張。原本有上深坑國小樂齡課程，也因疫情停課中。

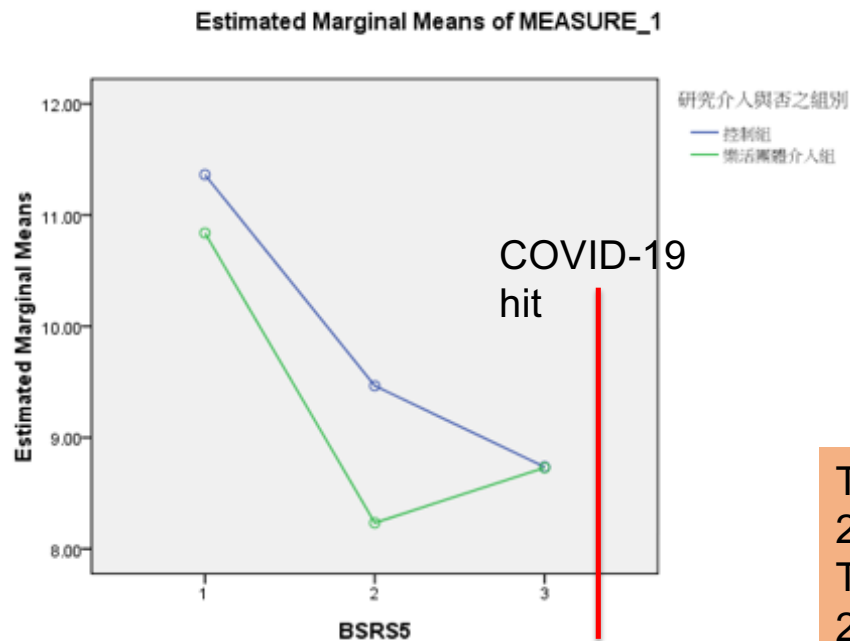


(Source: Wu, 2020)

# MHC research re. patients with chronic depression

- During a 3-year longitudinal study of patients with treatment-resistant depression, the experimental group had a higher level of resilience and lower level of mental distress changes across the time of COVID-19.

## The Mood Thermometer



### Within-Subjects Factors

Measure: MEASURE\_1

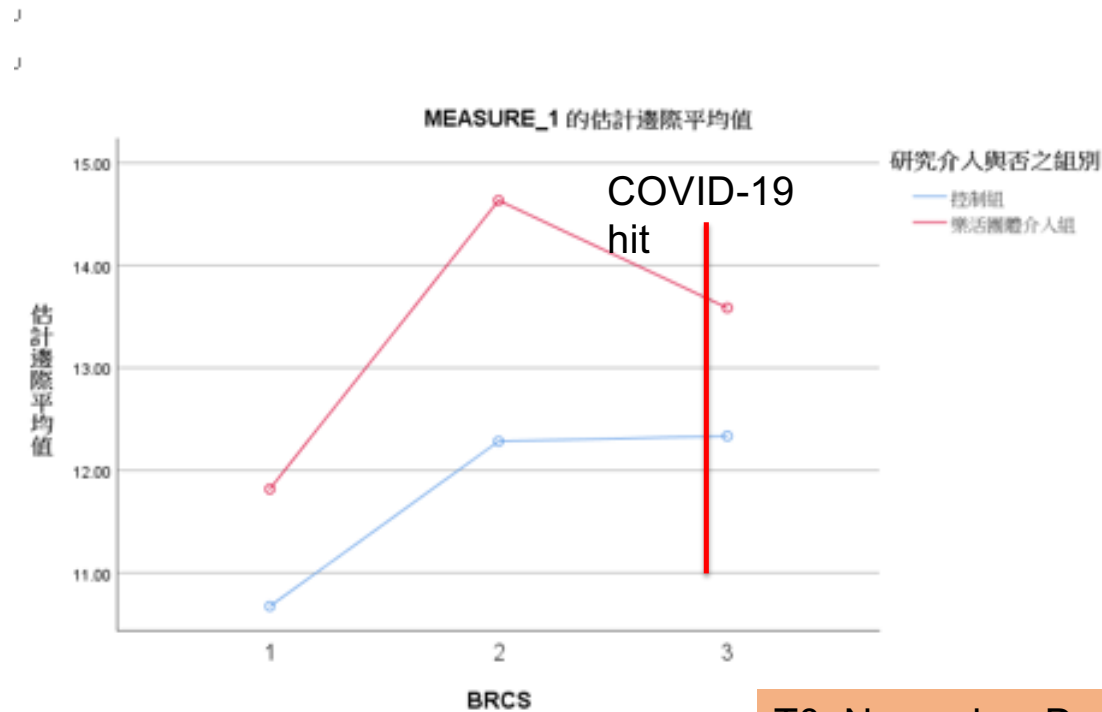
BSRS5	Dependent Variable
1	BSRStotalT0
2	BSRStotal_T1
3	BSRStotal_T2

T0: November-December 2018,  
T1: September-December 2019,  
T2: January-April, 2020

(Source: Wu, 2020)

The research team is still observing and following-up these patients, however, we found that the more resilient the patients are, the better he/she could maintain stable throughout COVID-19.

## Resilience<sup>+</sup>



會在下列值上估計在模型中出現的共變數：實歲（無條件捨去：不進位）= 57.05.

(Source: Wu, 2020)

T0: November-December  
2018,  
T1: September-December  
2019,

# Take home message

1. The outbreak of COVID-19 has brought many psychological consequences in the world.
2. Mental health care system based on sound scientific advice is needed in treating acute or long-term psychiatric morbidities caused by COVID-19.
3. The key to success for Taiwan government to fight for COVID-19-related mental health issues:
  - (1) **Mental health literacy** through the media;
  - (2) **Public support & education** related to mental health promotion;
  - (3) **National hotline (1925) and APP** (The “Mood Thermometer”) to encourage help-seeking and self-awareness of mental distress.

# Key references

- Duan L, Zhu G. [Psychological interventions for people affected by the COVID-19 epidemic](#). The lancet Psychiatry. 2020 Apr 1;7(4):300–2.
- Mak IW, Chu, CM, Pan, PC, Yiu, MG, Ho, SC, Chan, VL. Risk factors for chronic post-traumatic stress disorder (PTSD) in SARS survivors. Gen. Hosp. Psychiatry, 32 (6) (2010), pp. 590-598
- Taiwan CDC. (2011). Taiwan's Response to the H1N1 Influenza. Taiwan: CDC.
- Wu CY, Lee MB, Lin CH, Kao SC, Tu CC, Chang CM. (2019). A Longitudinal Study on Psychological Reactions and Resilience among Young Survivors of a Burn Disaster in Taiwan 2015-2018. Journal of Advanced Nursing, Oct. 27, doi: 10.1111/jan.14248. (E pub ahead of print)
- Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. [Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed](#). Vol. 7, The Lancet Psychiatry. Elsevier Ltd; 2020. p. 228–9.



[jennycyw@ntu.edu.tw](mailto:jennycyw@ntu.edu.tw)



# The Question and Answer Session ...



Australian  
National  
University

Please use the Chat facility in Zoom to write your question. Please enable all participants to see your question.

The moderator will either call your name and invite you to ask your question or if time is limited, ask the question on your behalf.

Please 'unmute' your microphone & when finished go back to 'mute'

Note that if there are questions on the same topic or theme, then the order of questions will change.

Thanks for following this advice as it will enable more questions & discussion.



Next Seminar ...



## **The Impact of Covid-19 on mental health: Australia. Lessons Learned and challenges ahead**

**Dr Chris Lilley**, Clinical Service Director, Mental Health, Sunshine Coast Health & Hospital Service,

**Dr Lynne Coulson Barr OAM**, Mental Health Complaints Commission Vic.

**Prof Pat Dudgeon**, School of Indigenous Studies, University of Western Australia

**Dr Daniel Rock**, Principal Adviser & Research Director, WA Primary Health Alliance

**Christine Morgan**, CEO National Mental Health Commission

**Thursday 30<sup>th</sup> April, 17.00 Aust Eastern Standard Time (AEST)**





Australian  
National  
University

Thank you, Stay well & Stay in touch

[luis.salvador-carulla@anu.edu.au](mailto:luis.salvador-carulla@anu.edu.au)  
[jmendoza@connetica.com.au](mailto:jmendoza@connetica.com.au)

<https://rsph.anu.edu.au/research/centres-departments/centre-mental-health-research>  
<https://www.connetica.com.au/online-seminar-series-covid19>

