

EMPIRICAL STUDY ON INFORMATION SHARING AND SOCIO- PSYCHOLOGICAL SUPPORT DURING COVID-19

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Abstract

The present study has been taken up on social entrepreneurship. The main purpose of this article is to provide socio-psychological support to build the society which has a great conscious on empowering through establishing social concern. It is not mere social responsibility of organizations or non-governmental organizations but making the next generation for building greater social connectivity with enriched values and thereby enrich lives. Discussions were held with the respondents (COVID patients) and their relatives through a structured questionnaire for data collection. A sample of 150 respondents have been considered for the study, discussions and results have been analyzed and concluded appropriately.

Keywords: covid-19, social entrepreneurs, socio-psychological, empowerment, society

Introduction

The concept of social enterprise first emerged in public policy discourse in the 1990s when it began to be viewed as a mechanism of job creation/integration and service provision in disadvantaged communities. The novel corona virus (Covid-19) pandemic at the global level has already had a substantial disruptive impact on society, posing major challenges to the provision of mental health services in a time of crisis, and carrying the presence of an increased burden to mental health, in terms of emerging psychological distress from the pandemic. Information sharing is a critical element of an effective response to Covid-19 outbreaks. The international system of coordination established through the World Health Organization via., the International Health Regulations largely relies on governments to communicate timely and accurate information about health risk during an outbreak. This information supports World Health Organization's (WHO) decision in declaring a public health emergency of international concern.

The COVID-19 pandemic information includes the database of COVID-19-patient bio-specimen resources in hospitals, electronic patient health records, ongoing clinical trials and research results on this disease, policies, guidelines, and regulations related to COVID-19, COVID-19 outbreak tracking records, and so on. Working closely with the affected population by involving them to respond is critical to understanding their needs and finding the most relevant and sustainable solutions. Individuals experienced the emergence of new mental health distress as a function of being diagnosed with COVID-19, or losing family and loved ones to the illness, or the psychological effects of prolonged social distancing.

Review of literature

Review of literature through secondary sources have been considered for this study on certain parameters namely information sharing, hospital management, non-hospital management such as social entrepreneurship, psychosocial support, financial support and family relations The literature has been taken as a support for this study to form a basic foundation for engaging in this study empirically to provide a platform for a formal approach.

Social enterprise based reviews

1. **Prizeman and Crossan (2011)** defined social entrepreneurial enterprises as enterprises, businesses or projects that are run to provide products and services which generate social and environmental return, emphasising the change maker or social entrepreneur, social mission and innovation (2011: 5). Their survey of 194 social entrepreneurial enterprises provided an insight into the entrepreneurial behaviours of these individuals/enterprises; their role in public service delivery, their networks, relationships and stakeholders, financial and human resources, measurement of impacts, values and governance. They noted in particular the social entrepreneurial enterprises' relationship with public sector organizations and the importance of social mission. Forty-two per cent of all social entrepreneurial enterprises were involved in the provision of some State service, all enterprises were driven by social mission and had applied some form of innovation to achieve their social agenda. The study demonstrated the highly diverse and multifaceted nature of the Irish social economy and the complex missions, organizational structures, networks and entrepreneurial behaviours that characterized individual Irish social entrepreneurs and social enterprises (Prizeman and Crossan 2011: 33).
2. **Short et al., (2009)** focused in describing the motivations, main characteristics and success factors of social entrepreneurs. Therefore, the social entrepreneurship literature lacks rigorous methods and formal hypotheses and instead of empirical articles, conceptual studies are predominant

Information sharing based reviews

3. **Goldmann and Galea (2014)** stated in his study that, a standardized, open, collaborative, and virtual data-sharing system is indispensable for timely and adequate distribution of information to relevant parties in research as well as for exchanging and developing clinical expertise and evidence-based solutions. Depression or complicated grief disorder, consistent with the literature on psychological and psychiatric sequel of global emergencies or disasters

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4. **Shultz et al. (2015); Shultz and Neria (2013)**. Healthcare system deficits, both in terms of material and human resources (i.e., lack of adequate PPE, infrastructure for digital interventions, staffing) or in mental health professionals not specialized in the psychological approach of crises and emergencies

Social connectivity based reviews

5. **UN (2020)** stated that although the international COVID-19 pandemic response has been unprecedented in terms of mobilization of resource and finance, there will also be long-term impacts in terms of treatment burden, including mental health, particularly in low resource and conflict settings. Therefore, it is important to evaluate and identify all risk groups and adapt interventions to their specific needs. Among the variables to consider are disease trajectory, severity of clinical symptoms, place of treatment (in-home or out-of-home isolation, ICU, etc.), history of previous trauma and, previous history of mental health problems. Having this information will help classify people at risk and enable specific preventive mental health measures to be put in place.
6. **Bitanhirwe (2016)** studied that societal underestimation of the (short- and long-term) psychological consequences of pandemics and, consequently, limited resources to cope with them
7. **Fan et al. (2015)** analyzed while observing the situation that there is evidence that individuals exposed to public health emergencies have increased psychopathological vulnerability both during and after the potentially traumatic event

Psychological interventions based reviews

8. **Zhang et al., (2020)**. Mentioned that poor planning and coordination of psychological interventions, especially when they are applied at different levels and by different professionals
9. **Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et al. (2020)** mentioned in their study that at the start of the COVID-19 outbreak, the absence of adequate planning of psychological interventions led to fragmented or disorganized implementation, compromising effectiveness and efficacy, and hampering access to available health resources. Any psychological intervention should be planned and coordinated together with all the social-health stakeholders involved, particularly primary healthcare services and specialized mental health services. This maximised the potential for adequate continuity of care even after acute phase of the pandemic recedes.
10. **Loewenstein 2018; Ogden (2019)** observed that there is also a risk attached to early crisis responses, leading to a proliferation of interventions and frameworks associated with an oversupply of well-intentioned but potentially non-evidence based, psychological assistance, often non-governmental organizations (NGO) and the third sector. This is not to say all NGO interventions are compromised, and indeed prevention in mental health is highly desirable. That

said, delivery of preventive interventions must be balanced by delivery and/or supervision applied by appropriately qualified professionals

Family support based reviews

11. **Olson, (2011)** mentioned that. flexibility in family roles and rules (as opposed to rigidity or chaos) and cohesion (as opposed to disengagement or enmeshment) is most conducive to successfully navigating periods of change
12. **Hawkley & Cacioppo, (2010)** Stated that families are more likely to experience increased social isolation, the inability to access supportive and educational services, and economic difficulties, which may exacerbate stress in many households. In fact, social isolation increases susceptibility to stress and may have harmful effects on both mental and physical health
13. **Greenaway et al., 2014; Reynolds et al., (2008)** observed in their study that parents who are faced with competing demands of limiting social interactions and remaining at home with their children may be particularly vulnerable during this time; research shows that continual close contact under stress is a risk factor for aggressive behaviors and violence

Issues and aspects during covid-19

a) Sharing the information available

Health professionals, academic institutions, and government agencies are trusted sources of information and that people share information from these sources because they think doing so will increase disease awareness and promote disease prevention. People may also choose to share COVID-19 information from news media, social media, and family as they cope with anxiety, anger, and fear. Taken mutually, a better understanding of the distinct psychological mechanisms underlying health information sharing from different sources can help contribute to more effective sharing of information about COVID-19 prevention and to manage negative emotion contagion during the pandemic.

- b) **Intensive care Unit (ICU):** visited hospitals with the permission of the authorities with personal protection equipment, observed patients, enquired with the hospital authorities about the patients, checked whether they are provided with sufficient oxygen kits and beds and also looked at the hygiene conditions of the hospital that are necessary to support the patients in-house and admitted in ICU. There has been an acute shortage of oxygen in many hospitals, not much of the hygiene has been maintained by the government hospitals. It was also understood that there are many technical lapses in the system.

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c) **Covid vaccine receiver**

Visited hospitals to collect information on vaccination and given awareness to the patients about the significance and necessary to take vaccination, as most of the patients feared of side effects of the vaccine as social media has created panic and explained how this vaccination can help in developing antibodies among the vaccinated persons to help fight this corona virus.

Most of the public were not willing to take vaccination due to negative information spread by false media and other members, but they were counseled and requested to get vaccinated so as to protect themselves and the society in stopping the spread of corona virus.

d) **Precautions required to be taken during pandemic**

In spite of taking vaccination they have to follow SMS- continuous sanitization, mask in- fact double mask when they go out, and minimum 6 feet social distancing has to be compulsorily maintained.

e) **Requested for plasma donation**

Team of volunteers had been to covid recovery patients and created awareness among them about the plasma donation as they will become life savers to many, advised them that they not only donate but they get a mental satisfaction for helping the fellow being in the society.

f) **Medicines donation**

The team had collected funds from the people who were philanthropic natured to buy medicines for the patients who cannot afford helped them timely

g) **Information of vaccination types and usages of vaccines:**

The team helped them to register on cowin.gov.in portal and encouraged them to schedule for taking the vaccination immediately.

1. **Non Hospital Management Team**

a. **Psycho social support**

Negative emotions such as fatigue, discomfort, and helplessness were present among the people and patients due to high-intensity work, fear and anxiety. Secondly, self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition. Thirdly, humanistic style included developing warmth and gratefulness, development of professional responsibility, and self-reflection.

At the initial stages of spread of information on novel corona virus, people had negative emotions and in most of the people it was still continuing due to lack of balanced spiritual, mental, physical and social health.

b. **Concern for family members:**

Families have also been affected by the loss of ordered support found in household systems, such as schools, childcare facilities or physical workplaces, leaving families with the responsibility to cover their functions alone. Family violence increased due to loss of family member that created a strain relationship. They have been affected in countless other ways such as loved ones at homes or hospitals have not been to visit people. Families have remained connected through video calls, disrupting couples attempts to conceive children.

c. To give moral support

Extended periods of confinement have contributed to changes in family stability and functioning. Most of the people had developed fear and anxiety basically those people who lost their loved ones.

1. The families which were in self quarantine were given psychological support

Families have also spent considerably more time together and those who are in self quarantine were required to make the family members feel that they them and they don't need to panic. It is understood from the studies that most of the people were effected with fear of unknown and this fear is making them mentally weak and in turn distressing their health and such patients are more prone to heart attack or low level of recovery rate.

2. To develop positive feeling among the COVID affected community

Once physical health issues are addressed, often more emotional concerns emerge. To offer reassurance and information, the restrictions imposed can contribute to uncertainty, anxiety and disrupt the ability of residents to use their own coping mechanisms. The loss of beloved ones is one of the most difficult experiences many of them have gone through. In order to cope up from this grave situation emotional support has been initiated for developing resilient behavior through care and concern

Objectives of the study

1. To study the concept of information sharing in the present pandemic
2. To analyze psychosocial support to Covid impact patients

Research methodology

Nature of the study: descriptive

Sources of data: Primary and secondary

Primary data has been collected through structured questionnaire administered to respondents

Secondary data has been sourced for the study i.e., journals, surf engines pertaining to the study

Limitations of the study

1. Only Hyderabad city has been considered for collecting primary data due to covid restrictions for the study
2. Time is one of the limiting factors
3. The data provided by the respondents may be biased.

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Table: 1 Level of Impact of Covid-19

Impact	Frequency
High	134
Low	16
Total	150

Source: Primary Data

Analysis: Out of total 150 respondents 134 respondents said that there is high impact of Covid-19 and remaining 16 members mentioned as not having impact.

Table:2 covid-19 related Psychological aspects

	SA	A	N	DA	Total
Worried	9	10	4	3	26
depressed	3	5	5	2	18
irritated	5	5	2	2	14
Lack of concentration	4	5	2	1	12
insomnia	2	3	1	1	7
unhappiness	3	3	1	2	9
domestic violence	2	2	2	2	8
improvement in the hygiene practices	5	7	2	2	17
Relationship bonding	4	8	2	2	16
aggression	3	5	2	3	13
safety	3	4	1	2	10
Total					150

Source: Primary Data

Analysis: Out of total 150 respondents stated about **Psychological** aspects pertaining to covid-19, with regards to worried(26) 9 respondents mentioned as strongly agree 10 respondents as agree, 4 respondents mentioned as neither/nor, and 3 respondent mentioned as disagree, **with regards to depressed (18)** 3 respondents mentioned as strongly agree, 5 respondents mentioned as agree, 5 respondents mentioned as neither or nor and 2 respondents mentioned as disagree, with regards to **irritated (12)** 5 respondents mentioned as strongly, 5 respondents mentioned as agree, 2 respondents mentioned as neither or nor, 2 respondents mentioned as disagree. **With regards to Lack of concentration (12)** 4 respondents mentioned as strongly agree, 5 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 1 respondent mentioned as disagree, **with regards to insomnia (7)** 2 respondents mentioned as strongly agree, 3 respondents mentioned as agree, 1 respondents mentioned as neither or nor and 1 respondent mentioned as disagree, **with regards to unhappiness (9)** 3 respondents mentioned as strongly agree, 3

respondents mentioned as agree, 1 respondent mentioned as neither or nor and 2 respondents mentioned as disagree, **with regards to domestic violence (8)**, 2 respondents mentioned as strongly agree, 2 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 2 respondents mentioned as disagree, **with regards to improvement in the hygiene practices (17)** 5 respondents mentioned as strongly agree, 7 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 2 respondents mentioned as disagree. **with regards to Relationship bonding (16)** 4 respondents mentioned as strongly agree, 8 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 2 respondents mentioned as disagree. **with regards to aggression (13)** 3 respondents mentioned as strongly agree, 5 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 2 respondents mentioned as disagree. **with regards to aggression (10)** 3 respondents mentioned as strongly agree, 4 respondents mentioned as agree, 1 respondent mentioned as neither or nor and 2 respondents mentioned as disagree

Table:1 Cross tab of level of impact of Covid-19 on psychological aspects

Impact of Covid-19/Psychological Aspects	(W)	(D)	(I)	(LC)	IM	UH	DV	IHP	RB	AG	SF	Total
Yes	19	14	12	11	6	8	6	16	12	12	9	134
No	1	1	2	1	1	1	2	1	3	1	2	16
total	20	15	14	12	7	9	8	17	16	13	10	150

Source: Primary Data

Table:2 ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Rows	540.0455	1	540.0455	60.37093	1.52E-05	4.964603
Columns	77.81818	10	7.781818	0.869919	0.585048	2.978237
Error	89.45455	10	8.945455			
Total	707.3182	21				

Source: Primary Data

The ANOVA Two-way has been applied to find whether there is any significant **impact of Covid-19 on psychological aspects**

$\alpha = 0.05$

Reject H₀

Between Rows:

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F calculated value = 60.37093 at (Degree of Freedom 8, 48)

Table Value: 4.964603

Since F cal value is > than F table value

Reject H₀

Between Columns:

F calculated value=0.869919 at (Degree of Freedom 6, 48)

Table Value= 2.978237

Since F cal Value < Table Value

Accept H₀

Hence, null hypothesis has been failed to be accepted, as such the results indicate that there is a significant impact of Covid-19 on psychological aspects

Table: 3 Covid-19 on Social aspects

	SA	A	N	DA	Total
Social exclusion	15	14	4	4	37
quarantine	10	18	4	2	34
Travel restrictions	19	15	2	2	38
Social distancing	25	12	2	2	41
Total					150

Source: Primary Data

Analysis: Out of total 150 respondents discussed about Social aspects pertaining to covid-19, with regards to Social exclusion (37) 15 respondents mentioned as strongly agree 14 respondents as agree, 4 respondents mentioned as neither/nor, and 4 respondent mentioned as disagree, **with regards to Quarantine (34)** 10 respondents mentioned as strongly agree, 18 respondents mentioned as agree, 4 respondents mentioned as neither or nor and 2 respondents mentioned as disagree, **with regards to Travel restrictions (38)** 19 respondents mentioned as strongly, 15 respondents mentioned as agree, 2 respondents mentioned as neither or nor, 2 respondents mentioned as disagree. **With regards to social distancing (41)** 25 respondents mentioned as strongly agree, 12 respondents mentioned as agree, 2 respondents mentioned as neither or nor and 2 respondents mentioned as disagree,

Table:1 Cross tab of level of impact of Covid-19 on Social aspects

Impact of Covid-19/Social Aspects	Social exclusion	quarantine	Travel restrictions	Social distancing	Total

yes	33	31	36	35	134
no	4	3	2	6	16
total	37	34	38	41	150

Source: Primary Data

ANOVA

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Rows	1800	1	1800	490.9091	0.000201	10.12796
Columns	12.5	3	4.166667	1.136364	0.459392	9.276628
Error	11	3	3.666667			
Total	1823.5	7				

Source: Primary Data

Hence: The ANOVA Two-way to find whether there is any significant impact of Covid-19 on Social aspects

$\alpha = 0.05$

Reject H_0

Between Rows:

F calculated value = **490.9091** at (Degree of Freedom 1, 7)

Table Value: **10.12796**

Since F cal value is > than F table value

Reject H_0

Between Columns:

F calculated value=**1.136364** at (Degree of Freedom 3, 7)

Table Value **9.276628**

Since F cal Value < Table Value

Accept H_0

Hence, null hypothesis has been failed to be accepted, as such the results indicate that there is a significant impact of Covid-19 on Social aspects

Conclusion

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1. It is concluded that not only the people of Hyderabad had an impact of Covid-19 but the entire world had suffered the corona virus impact.
2. Hence, null hypothesis has been failed to be accepted, as such the results indicate that there is a significant impact of Covid-19 on psychological aspects
3. Hence, null hypothesis has been failed to be accepted, as such the results indicate that there is a significant impact of Covid-19 on Social aspects □
4. Covid surveillance dash boards to be initiated through the use of social networks such as whatsapp, instagram among the known circle and neighbourhood and relatives and friends so that anyone who are in need of oxygen, PPE kits, sanitizers, masks, medicines, food and essentials to the bereaved families of the covid affected patients also can be reached.
5. Covid patients to be reached with emotional support to be initiated by those who could not manage this pathetic situation as many families approached were financially weak and mentally affected due to this crisis
6. Have to be coordinated on different aspects pertaining to support covid patients and potential covid patients and also people who lost their beloved ones/ primary member have to be reached and provided with different forms of support mentioned above for kind, willingness, responsibility and conscious mind.

Information sharing:

7. Public awareness campaigns about the virus, pandemic and how best to achieve individual protection from the viral exposure.
8. Advises that insecure exposure to hospitalized patients, confirmed cases in self-isolation, or suspected carriers must be avoided. Specifically informed the covid patients about the severity of the second and probable third wave in India. Only self discipline and immunity can guard them from this viral exposure.
9. Reaching hospitals and observing the pathetic situation relating to oxygen kits, beds in hospitals, patients hospital bills through pooling funds and this will be a great outcome in their behavior in supporting patients both financially and psychologically

Non Hospital Maintenance

10. Covid has inescapably grounded high levels of public suffering, taking supportive actions and maintaining everyday provisions and some basic protection (eg, face masks) are steps that have met some of the known members of them such as(relatives, neighbourhood, friends etc.,) expectations and have potentially prevented panic.
11. Covid patients have adopted the guidance by following SMS(sanitization, Mask and Social distancing) students explained them how to wear masks, frequent sanitization and firm social distance has been followed by people.
12. Supporting patients to pragmatically access a private space at home and advised them to listen to some light music or pursue an in-house hobby such as playing guitar, learning some online courses by engaging themselves or nurturing their passion following quarantine norms instead of feeling isolated and going to depression. The outcome has been very productive by engaging them into pursuing their passion.
13. Obtained from recovered COVID-19 patients who had established immunity against the virus, contains a large quantity of neutralizing antibodies

14. Groceries to be distributed with support of some philanthropists, interested people, neighbourhood, to help people come out of this situation, during this crisis
15. COVID patients, potential covid patients, neighborhood, relatives, friends and fellow group members must practice YOGA and Meditation in order to make their health and lifestyle normal.

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