**ESTSS Statement on COVID 19**

COVID-19 outbreak creates a new challenges to the World population, and particular challenges to the community of mental health professionals.

At the given stage, we cannot control enough neither spread of the virus nor treatment outcomes. At the same time, there are things, which are definitely controllable, and it is important to distinguish those two from each other. To help in doing so we would like to suggest some useful links:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.health-ni.gov.uk/coronavirus>

According to the World Health Organization, the evidence cumulated so far suggests that non-pharmacological measures can reduce and even interrupt further spread of the disease. These measures are: immediate case detection and isolation, rigorous close contact tracing and monitoring/quarantine. Effective implementation of those measures requires public engagement and participation. In this circumstances culture of cooperation, mutual support and solidarity acquires special significance. Several cases of panic reactions observable in the past several weeks could lead to the fragmentation of communities and disruption of healthy societal dynamics, which will hinder effective response to the COVID19 challenge. Therefore, we encourage not instilling in the population reactions that are similar to acute stress reactions.

As anxiety towards life-threatening virus is high within population, some mental health problems might be exaggerated and demand for the mental health services increase. Therefore, we would encourage our colleagues to use the skype mode of counselling and therapy, especially for the regions were the COVID 19 is widespread.

Especially vulnerable towards development of mental health symptoms are those people who are in quarantine. The evidence suggests that quarantine might cause negative mental health consequences including traumatic stress symptoms, confusion and anger. Therefore, it is important to assure that quarantine is implemented in the cases, which are considered as necessary and are implemented in the least traumatizing way:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2930460-8/fulltext)

<https://www.indiatoday.in/world/story/coronavirus-outbreak-covid19-cases-quarantine-mental-health-1652639-2020-03-05>

<https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-Stigma-guide-2002.pdf?fbclid=IwAR1wOi7I74dptZOBXnt8X7Vblc0iruNdCXF_9W_Wj5DWng40-o8xcfoOhWw>

[file:///C:/Users/HP/Downloads/SISST\_COVID-19\_agg\_engl.pdf](file:///C%3A%5CUsers%5CHP%5CDownloads%5CSISST_COVID-19_agg_engl.pdf)

As the ESTSS favors prevention strategies, the psychological first aid and psychosocial support tailored to the COVID19 needs have to be defined, and implemented. As the first step in this direction, we would like to encourage organizing hot line services for the people in need and first for those who are in quarantine.