

# Health psychologists' responses to Covid-19, as reported by the National Delegates of the European Health Psychology Society

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## Abstract

As a response to many member countries of the European Health Psychology Society (EHPS) being hit hard by the Covid-19 pandemic, the EHPS National Delegates were consulted

about how different countries were dealing with the crisis. Between the end of March and the beginning of May 2020, National Delegates from 18 countries in Europe, Asia, and Africa provided insights into 1) the current situation and the government's response, 2) actions taken by health psychologists to help the public and healthcare workers, 3) how the delegates coped with the situation, especially regarding teaching and research duties at their university, and combining work and family life (e.g., taking care of family members, homeschooling), and 4) ideas for further actions and collaborative approaches that could improve psychological care during the crisis. As of April 2020, most countries were heavily affected with thousands of Covid-19 cases. Governments had implemented social distancing measures and restricted public life, e.g. by closing shops, restaurants, schools and universities. Health psychologists in many countries were helping the public to deal with the consequences of these actions in several ways, such as providing online resources, counselling and therapy, and online teaching for students. At the same time, National Delegates reported to be struggling with some of the imposed actions, such as schools being closed, as they were forced to find new ways to reconcile

work and family life.

First cases of a novel respiratory syndrome caused by a novel member of the family of coronaviruses were first detected in Wuhan, capital city of Hubei Province in China, in December 2019. Common symptoms include fever, cough, fatigue, and loss of smell, but also more severe symptoms such as breathing difficulties and pneumonia may occur (World Health Organization, 2020b). Being primarily spread through respiratory droplets when being in close contact with other people (World Health Organization, 2020a), the virus quickly spread within the province and to other provinces within China before spreading to other countries in Asia and on other continents in the first weeks of 2020. The outbreak was finally declared a pandemic by the World Health Organization in March 2020.

As of the beginning of May 2020, more than 3.5 million cases of Covid-19 were confirmed worldwide, with almost 250,000 deaths being reported and figures steadily increasing in some countries (Johns Hopkins University Coronavirus Resource Center, 2020). Accordingly, concern regarding contracting the virus increased throughout March and April 2020 (Renner et al., 2020). The number of cases and fatalities, however, differed between countries. The US as well as several European countries including Spain, Italy, and France were hit especially hard and each reported more than 150,000 cases by the beginning of May, while the US alone have surpassed 1 million cases. Similarly, fatality rates differ largely between countries with case fatality rates ranging from below 0.01% in Qatar and Singapore to more than 15% in France and Belgium (Oke & Henegan,

2020). Several reasons for these differences are proposed, including variation in the number of tests, the onset of measures to limit the spread of the virus, and the capacity of the health care systems to manage patients with the virus (see also Al-Tawfiq et al. (2020)).

On 29 March 2020, the National Delegate officer asked the National Delegates via email to respond to three questions, although some chose to only reply to one or two of them:

1. How is your country coping with COVID19 emergency?

2. How are you personally coping?

3. What else might be done?

As of 3 May 2020, National Delegates (NDs) of the European Health Psychology Society (EHPS) from the following countries have responded: Austria, Belgium, Brazil, Croatia, Germany, Greece, Hong Kong, Ireland, Israel, Italy, Japan, Malta, North Macedonia, the Netherlands, Russia, South Africa, Turkey, and United Kingdom. We collated and categorized the responses according to the following themes: (1) government responses; (2) challenges to psychologists' professional life including actions taken by (health) psychologists and teaching at universities; and (3) challenges to private life. In this position paper we share these responses from delegates.

## Government responses

Governments have implemented a range of measures to limit the spread of the virus and to prevent the health care systems from being overwhelmed. Around the world, major events were cancelled, and childcare facilities, schools, universities, and other public buildings closed. International travel was largely suspended, domestic travel discouraged, and many European countries reintroduced border controls or even partial border closures.

Some countries like Spain, Italy, or France,

orientated towards some of the draconian measures to prevent the virus from spreading that were introduced in the Chinese province of Hubei, such as confining people to their homes unless to get food or medical care. Many other countries, however, introduced softer "lockdowns". Still, most countries enforced rules of physical distancing to limit the number of in-person social contacts. Accordingly, working from home was strongly encouraged, if not enforced. Many countries discouraged or even prohibited leaving the house unless for essentials such as food, medicine, or health care, which initially led to panic buying in several countries including Israel, South Africa, the UK and Germany. Moreover, many countries saw other shops as well as cafés and restaurants close to prevent gatherings, with some exceptions like the Netherlands, where shops and bakeries were allowed to remain open as long as they limited the number of customers to allow for a 1.5m distance. Outdoor exercise and socializing with people who are not living in the same household regulations diverged more strongly between countries. For instance, in Ireland, one was only allowed to exercise within a 2km radius around one's home, in Italy, within 200m. In Israel, regulations were even more strict, allowing residents to only exercise within a 100m radius of one's home. Regulations differed even within countries, depending on the municipality or state. For example, in some German states, residents were still allowed to meet with one person who is not living in the same household, as long as general social distancing rules, such as keeping a minimum distance of 1.5m, were observed. In other states, one was only allowed to go for walks alone or with people living in the same household. Some governments have introduced a curfew. For instance, in North Macedonia, people were not allowed to leave the house on weekends and between 4pm and 5am from Monday to Friday. Several countries, including Malta, specifically encouraged the elderly and vulnerable groups to self-isolate. The introduction

of social distancing and the increased time spent indoors has raised concerns regarding mental and physical well-being, such as lack of exercise, depression and anxiety, and domestic violence (Brooks et al., 2020; Moccia et al., 2020; Qiu et al., 2020).

As of the end of April 2020, some countries including Germany have started to slowly ease restrictions, such as a partial re-opening of schools and shops. This decision certainly was influenced by decreasing numbers of new infections and the capacity of the health care system. However, it also acknowledges that some people struggled with keeping up the strict rules of social distancing and acceptance of measures was starting to decrease (Betsch et al., 2020; see also <https://projekte.uni-erfurt.de/cosmo2020/cosmo-analysis.html>).

Moreover, the measures are supposed to buffer the impact of the crisis on the economy, as certain economic sectors such as the local retail industry were faced with a sudden drop in revenue, which has already led to millions losing their jobs (e.g., textkernel, 2020). On the other hand, other countries including the UK and France later decided to elongate the lockdown as they had not yet seen a substantial decrease in new infections.

## Challenges to psychologists' professional life

The Covid-19 pandemic, the introduced restrictions by the governments and their impact on the mental and physical health of the population presents a challenge to psychologists' professional life. First, it required - sometimes drastic - changes to work routines in both clinical and academic work. Second, it sparked an urge to use one's expertise to preserve mental and physical health in the population.

## Changes to clinical practice

As face to face consultations are restricted in many places and patients might not want to leave the house, psychologists are exploring new ways to provide their services. Accordingly, around the world, counselling and psychotherapy are going digital. For example, Germany changed online psychotherapy regulations so that online sessions are now covered by health insurance. Similarly, other countries such as Croatia, Ireland, and Israel, clinical psychologists are offering their services online to protect their patients from risking infection. Accordingly, the ND from Austria expressed hope that the pandemic may result in an increased emphasis on telemedicine.

## Changes to teaching at universities

All NDs reported that universities were closed and that online platforms such as Zoom, Skype, or Webex are now being used for classes and meetings. A combination of live online lectures and recorded lectures added to university platforms are being utilized. Even though the shift from in-person to online teaching required adjustment, NDs indicated that this was not too cumbersome and that they were pleasantly surprised by the level of interaction that could be attained. The ND from Russia indicated that the move to online classes has not reduced the quality of communication, as all attendees are given the opportunity to share their views. According to the ND, students seem to be optimistic about using these platforms but issues have been raised regarding student assessment. Universities in Belgium have endorsed online assessment. However, in Israel concerns regarding online exams and assignments have been raised. In Malta, discussions surrounding assessment were ongoing at faculty level, with

assessments being changed to assignments and questions being converted to the multiple choice format. NDs also demonstrated some innovation in their work with students. The ND from Croatia shared creative learning opportunities for students during this crisis by instructing them to develop short video clips on how they coped in an effort to emphasize positive coping styles.

## **Actions taken by clinical and health psychologists**

### **Promoting mental health**

Several professional psychological associations launched new initiatives to support the public during the pandemic. For instance, the British Psychological Society has released several new guidelines for psychological professionals, including guidelines on how to support specific groups such as teachers or the elderly (<https://www.bps.org.uk/coronavirus-resources>). Other societies created online resources for the public: the Professional Society of Austrian Psychologists created a handout on how to deal with isolation and translated the handout in more than 10 languages (<https://www.boep.or.at/psychologische-behandlung/informationen-zum-coronavirus-covid-1>). The German Psychological Association created a website covering numerous topics including rumination, substance abuse, or relationship conflicts (<https://psychologische-coronahilfe.de/>) in relation to Covid-19. The website also provides information specifically targeted towards families and children and adolescents. Health psychologists from Massey University, New Zealand, answer frequently asked questions around mental health and well-being during the Covid-19 pandemic on a blog (<https://sites.google.com/view/massey-health-psychology-short/home>). In Israel, health

psychologists provided pro bono lectures to professional and lay audiences.

### **Promoting physical health**

Health psychologists also highlight the importance of behavioural science in this pandemic as individual actions such as washing hands thoroughly and regularly limits the spread of the virus (e.g., West et al., 2020). With this idea in mind, several countries saw the formation of health psychology networks bringing together expertise and resources from health psychology, public health and behavioural science to contain the spread of Covid-19. For instance, in the UK, Health Psychology Exchange ([twitter.com/HealthPsychX](https://twitter.com/HealthPsychX)) was founded, connecting more than 135 health psychology professionals who are willing to volunteer. They are now working towards providing helpful resources and synthesizing the evidence in rapid reviews. A similar initiative (Health Psychology Malta) has been founded in Malta.

Other initiatives operate on an international level. The Practical Health Psychology Blog recently published a summary article on insights from behavioural science for the pandemic (Timmons, 2020) which is available in more than 25 languages. Moreover, an international team of more than 130 experts in behavioural science and epidemiology have launched an online tool that provides people with personalized feedback regarding their risk of contracting and spreading Covid-19 based on hand washing, keeping distance to other people, and staying inside as much as possible. The tool was made available in more than 25 languages (<https://your-covid-19-risk.com/>).

Finally, health psychologists speak out publicly about the important contribution that health psychologists and behavioural scientists can make to mitigating the crisis and contribute their expertise in scientific advisory committees. For instance, EHPS member Prof Susan Michie has



repeatedly provided an expert perspective on behavioural science and Covid-19 (e.g., <https://www.youtube.com/watch?v=rUdRXYRZPmA>) and advises the British government as member of the Scientific Pandemic Influenza Group on Behaviours.

## Challenges to private life

NDs also reported to be affected by the pandemic personally. Besides worrying about themselves or relatives contracting the virus, many NDs had to adjust to changes and restrictions through the government-imposed measures themselves.

Closing schools and universities was part of the initial lockdown procedures adopted by governments in countries such as Ireland, Belgium, Japan, Malta, Macedonia, South Africa, and others. In Austria, schools remained formally open but parents were encouraged to stay home with their children. In Germany, there is an ongoing debate about whether reopening schools would pose greater risk on older family members and risk groups, and how to balance this risk with the challenges associated with home-schooling younger pupils. Online schooling has also been adopted in many countries. In Malta, the impact of Covid-19 on education has been substantial, with national school examinations cancelled and students automatically progressing to the next year.

NDs have reported that their respective lockdowns have resulted in them taking on multiple roles within their homes. In addition to teaching and supervising students from home, members indicated that they took on responsibilities related to their children's schooling and cared for elderly family members. Those with young children stressed that their schooling was an additional burden and that they would cope better working from home after their children returned to school. The ND from Greece indicated having double the amount of work at home compared to

before Covid-19. The ND from Israel reported that she found it challenging to manage her multiple roles as a parent to young children who required supervision with their schooling at home and her own academic work, while feeling concerned about her elderly mother who did not have anyone to care for her.

Several NDs mentioned the role of partner support during this time of crisis. The ND from Belgium indicated that his wife supervised their young children's schooling as she was an educator, making it easier for him. One ND, who was living alone, mentioned that she felt lonely, but this was eased with video calls with family and friends. Routine and online social interaction were reported as key coping strategies.

NDs shared their concerns, which in some cases were beyond themselves. For example, the ND from Ireland shared her concerns about the impact of the disease on vulnerable people such as those without homes and asylum seekers. The ND from Austria also mentioned the broader impact of the disease on the right to privacy.

Undoubtedly, Covid-19 presents us with numerous challenges. Despite the challenges, NDs seem optimistic and some mentioned potential benefits during the pandemic. For example, the ND from Belgium indicated that they live in the country and has recently acquired a bicycle to explore the quiet countryside.

## Conclusions

Responses from delegates indicate that health psychologists take on multiple roles in times of crisis. These roles are located at a macro level, as experts in human behaviour advising and working with governments to reduce the infection rate whilst keeping an eye on the mental health of healthcare workers and the general public. Health psychologists have also had to be flexible in their academic work, by providing online lectures and

assessments to students. Within their micro-environments, i.e. their homes, national delegates reported fundamental changes to their ways of living.

While the current focus within the pandemic is on healthcare professionals, such as doctors and nurses, experts in health psychology form an important part of the healthcare team. We believe that health psychologists will play an even greater role after the pandemic crisis in restoring the mental health of people throughout the world.

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## Statement of competing interests

The authors declare no competing interests.

## References

- Al-Tawfiq, J. A., Leonardi, R., Fasoli, G., & Rigamonti, D. (2020). Prevalence and fatality rates of COVID-19: What are the reasons for the wide variations worldwide? *Travel Medicine and Infectious Disease*, 101711. <https://doi.org/10.1016/j.tmaid.2020.101711>
- Betsch, C., Korn, L., Felgendreiff, L., Eitze, S., Schmid, P., Sprengholz, P., Wieler, L., Schmich, P., Stollorz, V., Ramharter, M., Bosnjak, M., Omer, S. B., Thaiss, H., De Bock, F., von Rüden, U., Bruder, M., Eger, J., Schneider, S., Lieb, K., & König, H.-H. (2020). German COVID-19 Snapshot Monitoring (COSMO) - Welle 8. (21.04.2020). *PsychArchives*. <https://doi.org/10.23668/psycharchives.2883>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 14-40. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Johns Hopkins University Coronavirus Resource Center. (2020). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. <https://coronavirus.jhu.edu/map.html>
- Moccia, L., Janiri, D., Pepe, M., Dattoli, L., Molinaro, M., De Martin, V., Chieffo, D., Janiri, L., Fiorillo, A., & Sani, G. (2020). Affective temperament, attachment style, and the psychological impact of the COVID-19 outbreak: an early report on the Italian general population. *Brain, Behavior, and Immunity*. <https://doi.org/10.1016/j.bbi.2020.04.048>
- Oke, J., & Henegan, C. (2020). *Global Covid-19 Case Fatality Rates*. <https://www.cebm.net/covid-19/global-covid-19-case-fatality-rates/>
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General psychiatry*, 33(2), e100213. <https://doi.org/10.1136/gpsych-2020-100213>
- Renner, B., Koller, J., Lages, N., Villinger, K., & Schupp, H. T. (2020). *Risk perceptions & behavior in the context of the current Coronavirus outbreak*. 3rd Report, May 07, 2020. [https://euclid.dbvis.de/assets/pdfs/EUCLID\\_Report\\_3.pdf](https://euclid.dbvis.de/assets/pdfs/EUCLID_Report_3.pdf)
- textkernel. (2020). *The impact of COVID-19 on the US Job market*. <https://www.textkernel.com/newsroom/the-impact-of-covid-19-on-the-us-job->

market/

Timmons, S. (2020). *Insights from behavioural science for the COVID-19 pandemic*. <https://practicalhealthpsychology.com/2020/04/insights-from-behavioural-science-for-the-covid-19-pandemic/>

West, R., Michie, S., Rubin, G. J., & Amlôt, R. (2020). Applying principles of behaviour change to reduce SARS-CoV-2 transmission. *Nature Human Behaviour*, 1-9. <https://doi.org/10.1038/s41562-020-0887-9>

World Health Organization. (2020a). *Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations*. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

World Health Organization. (2020b). *Q&A on coronaviruses (COVID-19)*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>



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