Dr. med. Alina Dahmen MSc
Dr. phil. Franziska Maria Keller MSc
Dr. rer. medic. Christina Derksen MSc
Prof. Dr. habil. Dr. phil. Sonia Lippke

Risk communication during Corona: Information gathering and anxiety in pre-mentally ill people

Risk communication with mentally ill people during Corona: information gathering and anxiety

Introduction: In order to cope with the Corona pandemic, which is considered a global crisis, numerous measures were necessary, about which the population had to be informed in an appropriate form. The present study investigates which media were used to inform people with mental health problems about the pandemic and how this was related to the occurrence of anxiety.

Methods: 2,150 mentally ill people were surveyed by means of an online questionnaire in preparation for a psychosomatic rehabilitation measure. Descriptive analyses, frequency analyses, variance analyses with post-hoc tests and correlation analyses were used for the evaluation.

Results: Mentally ill people inform themselves about the Corona pandemic mainly via television and internet, less frequently via newspapers. Fear of infection was associated with increased media use, and those who frequently perceived subjective fear in media use were more likely to fear infection.

Discussion: During crises such as the Corona pandemic, objective knowledge transfer is imperative in order to provide sufficient information via various media. In particular, information on protective measures is suitable to prevent the development of anxiety symptoms. A comprehensive strategy is needed to implement successful risk communication.

Keywords

Corona pandemic, use of media, anxiety, communication strategy, risk communication, crisis

The pandemic triggered by SARS-CoV-2 began in Germany in March 2020 and, according to the retrospective phase classification of the Robert Koch Institute, has a course consisting of six waves and two summer plateau phases in 2020 and 2021 (1). Due to the pandemic spread and the high number of infected and deceased persons, the Corona pandemic is considered a time of crisis by both the media and experts (2). Successful management of a crisis such as the pandemic requires numerous measures, which must be communicated to the population to an appropriate extent so that individuals implement the recommended protective measures and are supported in their health-related behaviour (3-5). In past crises, it has been shown that media use increased (3) and therefore information and communication play an important role in controlling and coping, with the use of information and communication technology playing an essential role (6). Key questions in implementing a communication strategy include how the population uses media to inform themselves about the crisis at hand, for example the Corona pandemic, and how this behaviour relates to perceptions of actual risk (7). Monitoring the media to „identify trends and misinformation" and the subjective perspective of users is also essential (4, 8).

>> There is evidence that the amount of coverage of a specific, potentially threatening topic (regardless of quality and content) leads to an increase in risk perception, which in turn leads to increased fear among the population (7) and could influence media use. For this reason, it is important to continuously monitor risk perception among the population (5) and adapt strategies accordingly.

At this point in time, the pandemic is considered to be over, but crises still exist (Ukraine conflict, energy crisis) and similar crises are foreseeable (due to zoonoses, but also other causes). Accordingly, crisis communication should learn from the experience of the Corona pandemic (5). In the aftermath of comparable natural disasters,economic crises and terrorist attacks that have been overcome so far,two different effects are typically evident in those affected or survivors (9-11): While some people show a high level of resilience and also perceive positive experiences and developments in times of crisis, such as a high level of social support, other people experience psychological symptoms and illnesses, which particularly affect vulnerable groups such as people who are already mentally ill (12-14). Accordingly, the number of people of all ages with mental illness has increased significantly (e.g. 15-17).

Since people with mental illness can experience symptom amplification and loss of control due to inadequate risk communication, communication of relevant messages should be easy to understand and repeated especially for this group of people (3, 18) and should include not only the risk but also appropriate treatment approaches (3, 4, 8, 19). To further individualise the communication strategy to people with mental illness, the correlation of the use of different media with the presence of mental symptoms should be investigated (20).

In order to be able to specifically address crisis communication in the current and also subsequent crises (cf. 5), the present article focuses on media use as well as the anxiety felt in the process among people with mental illness during the various Covid waves.

The present study therefore examines the following research questions:

(1) Which media did people with psycho-psychosomatic illnesses use to obtain information about the Corona pandemic during the first three waves?
(2) How is the use of the different media during the first three waves related to fear of infection?
(3) Which media did people with mental illnesses feel objectively informed about and which media did a subjective sense of fear occur with?

Methodology

Design and sample

The participants of this study were recruited if they started a psychosomatic rehabilitation measure in one of four rehabilitation clinics of the Dr. Becker Clinic Group in the period 01.07.2020 to 01.08.2021. They were informed about the study in writing via the clinic group's own online portal. Only patients who had access to this digital portal via smartphone, tablet or PC were therefore included. Participation was only possible after the patients had read the participation information and given their informed consent in writing before starting rehabilitation. Participation was voluntary and the data

were pseudonymised. Data collection took place from 6 weeks before the start until the first day of rehabilitation. The ethics committee of Jacobs University Bremen (now: Constructor University) gave approval for the study design.

The survey included the use of media to gather information about the Corona pandemic, fear of contracting the disease oneself or others, the feeling of being well and objectively informed, occurrence of fear during media use, and socio-demographic data (e.g. gender, age, presence of an underlying physical disease).

Sample description

A total of N = 2150 out of a total of 7529 patients took part in the survey, of whom 1397 (65.3%) were female and 22.7% had a high school diploma. The most frequent age category was the group of 50-59 years (range = 20-79 years) with 45.8%. Most respondents were employed (n = 1571; 73.3%). A total of n = 254 persons were unemployed (11.9%), n = 23 (1.1%) retired, n = 21 (1.0%) „exclusively housewife/househusband". 41% of the study participants (n = 878) reported an underlying physical illness such as cardiovascular disease, diabetes, diseases of the respiratory system, liver, kidney or cancer. One in six participants (n=294, 13.7%) had a disability certificate.

Variables

All questions were adapted to the target group in pilot studies. The survey was conducted as a self-completion online questionnaire. All items are listed in tables 1 and 2.

Three Covid waves occurred during the survey period (1): wave 1 (W1) in the period 02.03.2020 - 17.05.2020 (n = 564), wave 2 (W2) in the period 28.09.2020 - 21.02.2021 (n = 915), wave 3 (W3) in the period 01.03.2021-06.06.2021 (n = 671).

The use of media was divided into television, newspaper and internet use and asked about its frequency on a 6-point Likert scale (1 - „never/rarely more than once a month" to 6 - „daily or several times a day"). In addition, participants were asked how often they felt „well and objectively" informed about Covid-19 („objective information") and how often they experienced fear when following the news („fear of news"). Both items could be rated on a 5-point rating scale (1 - „never" to 5 - „always").

Fear of one's own infection or the infection of others was measured with two items on a 5-point Likert scale (1 - „never" to 5 - „always"). Regarding demographic information, age was collected in 5 categories (20-29 years, 30-39 years, 40-49 years, 50-59 years, 60 years and older). Gender is only shown dichotomously in „female" and „male" in the presentation of results, as „diverse" was not specified. Partici-

Übersicht über die verwendeten Items

Wie häufig haben Sie die folgenden Informationsquellen während der letzten 4 Wochen genutzt, um sich über die aktuelle Corona-Situation zu informieren?	Nie/seltener als einmal pro Monat	Weniger als einmal wöchentlich	Ein- bis zweimal wöchent-lich	Drei- bis viermal wöchent-lich	Fünfmal wöchentlich	Täglich oder mehrmals täglich
Fernsehen	●	●	●	●	●	●
Zeitung	●	●	●	●	●	●
Internet	●	●	●	●	●	●

	Nie	Selten	Manchmal	Oft	Immer
Wie oft fühlen Sie sich durch die Medien gut und objektiv informiert über Corona?	●	●	●	●	●
Wie oft erleben Sie Angst, wenn Sie die Nachrichten verfolgen?	●	●	●	●	●

	Nie	Selten	Manchmal	Oft	Immer
Wie oft fühlen Sie sich durch die Medien gut und objektiv informiert über Corona?	●	●	●	●	●
Wie oft erleben Sie Angst, wenn Sie die Nachrichten verfolgen?	●	●	●	●	●

Fig. 1: Overview of the items used: Media use

Angst vor einer Ansteckung

	Nie	Selten	Manchmal	Oft	Immer
Wie oft haben Sie Angst, sich mit dem Coronavirus anzustecken?	●	●	●	●	●
Wie oft haben Sie Angst, Angehörige/ Mitbewohner oder Freunde mit Covid-19 anzustecken?	●	●	●	●	●

Fig. 2: Overview of the items used: Fear of infection.

pants were asked to indicate the possession of a severely disabled ID card and the presence of underlying physical diseases.

Data analysis

All calculations were made with the statistical programme SPSS (version 27.0). Descriptive statistics were used to describe which media are used by psychosomatic rehabilitation patients depending on gender, age and underlying mental and physical illness. Differences between different groups were tested for significance with a multivariate analysis of variance (MANOVA).

The frequency with which participants felt objectively informed or experienced anxiety was also analysed descriptively. Pearson correlations were calculated and tested with an ANOVA in order to examine the relationship between fear of infection or general anxiety symptoms and media use more closely.

The difference in the type of media use between patients with symptoms of generalised anxiety disorder and patients without such symptoms was tested for significance using an analysis of variance with post hoc tests. To interpret the findings, we followed Cohen (1992): correlations of r = .10 are considered small, r = .30 medium and r = .50 large.

Results

In all three waves of the Corona pandemic, the most frequent use of the media was „television" (W1: 4.29, W2: 4.66, W3: 4.44) and „internet" (W1: 4.34, W2: 4.64, W3: 4.42) for gathering informationabout the Corona pandemic compared to the use of the medium „newspaper" (W1: 2.82, W2: 2.94, W3: 2.90; see Table 3). During the second wave, television was used significantly more often than in the first wave and less in the third wave than in the second wave ($F(2,1962) = 7.709$, $p < .0001$). There is no significant difference between the three waves regarding the frequency of newspaper use ($F(2,1962) = 0.192$, $p = .582$). The internet was used most frequently in the second wave compared to the other two waves; the difference is statistically significant ($F(2,1962) = 6.047$, $p = .02$), see Table 3).

The various media sources were used more frequently by men than by women, by people over 50 years of age more than by younger study participants, and by patients with an underlying physical illness more than by people without (all variables evaluated in a MANOVA: $FGex = 5.71$; $p < .01$; $Eta^2 = 0.02$; $FAage = 13.21$; $p < .01$; $Eta^2 = .04$; $FGunderground\ disease = 2.71$; $p < .05$; $Eta^2 = 0.01$). These results

Wie oft haben Sie Angst, sich mit dem Coronavirus anzustecken? (Welle 1)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.45 (1.99)	4.08 (1.84)	4.53 (1.55)	4.68 (1.59)	4.69 (1.44)	4.29 (1.74)	F(4, 509)=6.08; p<.001; η^2=.046
Zeitung	2.51 (1.87)	2.72 (1.91)	2.90 (1.96)	3.05 (2.06)	3.00 (2.27)	2.82 (1.96)	F(4, 509)=0.85; p=.492; η^2=.007
Internet	3.38 (1.94)	4.17 (1.74)	4.48 (1.69)	5.08 (1.39)	4.38 (1.56)	4.34 (1.74)	F(4, 509)=8.78; p<.001; η^2=.065
Objektive Information	3.20 (1.19)	3.37 (1.01)	3.49 (0.87)	3.58 (0.93)	3.08 (0.86)	3.42 (0.97)	F(4, 509)=1.99; p=.095; η^2=.016
Angst vor Nachrichten	1.98 (0.97)	2.50 (1.01)	2.96 (0.73)	3.78 (0.67)	4.31 (0.63)	2.85 (1.02)	F(4, 509)=54.47; p<.001; η^2=.301
Wie oft haben Sie Angst, sich mit dem Coronavirus anzustecken? (Welle 2)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.93 (2.07)	4.48 (1.72)	4.76 (1.63)	4.94 (1.62)	5.16 (1.50)	4.66 (1.72)	F(4, 809)=6.57; p<.001; η^2=.032
Zeitung	2.25 (1.76)	2.72 (1.94)	2.96 (1.96)	2.96 (2.00)	3.08 (2.28)	2.84 (1.97)	F(4, 809)=2.56; p=.037; η^2=.013
Internet	4.07 (1.91)	4.58 (1.67)	4.63 (1.72)	4.84 (1.67)	5.16 (1.60)	4.64 (1.72)	F(4, 809)=3.95; p=.004; η^2=.019
Objektive Information	2.95 (1.14)	3.47 (0.91)	3.58 (0.89)	3.49 (0.98)	3.48 (1.09)	3.47 (0.96)	F(4, 809)=6.85; p<.001; η^2=.033
Angst vor Nachrichten	1.88 (1.07)	2.61 (0.99)	3.04 (0.92)	3.61 (0.81)	4.06 (0.82)	2.99 (1.08)	F(4, 809)=71.15; p<.001; η^2=.261
Wie oft haben Sie Angst, sich mit dem Coronavirus anzustecken? (Welle 3)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.37 (2.03)	4.16 (1.87)	4.55 (1.68)	4.91 (1.54)	5.41 (1.35)	4.44 (1.80)	F(4, 597)=12.24; p<.001; η^2=.076
Zeitung	2.29 (1.77)	2.81 (1.99)	2.90 (1.97)	3.25 (2.01)	3.10 (1.98)	2.90 (1.98)	F(4, 597)=2.61; p=.034; η^2=.017
Internet	3.71 (1.88)	4.44 (1.71)	4.46 (1.67)	4.63 (1.63)	4.49 (2.02)	4.42 (1.73)	F(4, 597)=3.01; p=.018; η^2=.020
Objektive Information	2.71 (1.18)	3.12 (1.07)	3.35 (0.83)	3.34 (0.96)	3.33 (1.11)	3.21 (1.01)	F(4, 597)=5.76; p<.001; η^2=.037
Angst vor Nachrichten	2.08 (1.22)	2.55 (1.07)	3.05 (0.82)	3.52 (0.82)	4.08 (0.93)	2.96 (1.09)	F(4, 597)=45.36; p<.001; η^2=.234

Fig. 3a: How often are you afraid of getting infected with the coronavirus? Relationship between media use and the symptoms of generalized anxiety disorder and fear of infection (M=mean and SD=standard deviation)

were also evident during the individual waves (Supplementary material Tables 1-3).

Television use was significantly associated with fear of infecting oneself (r = .216; p < .005) and fear of infecting others (r = .155). In parallel, internet use was also associated with fear of infecting oneself (r = .153) or others (r = .155). It can be seen that in all waves, fear of one's own infection and that of others was significantly positively associated with increased television and internet use (Supplementary material Tables 5-7). Independent of the waves, the impression of being well and objectively informed was associated with the fear of infecting oneself (r = .116). In general, people who use the various media (television, newspaper and internet) more often also feel more objectively informed (r = .397, r = .254 and r = .243 respectively; supplementary material table 4).

A more frequent feeling of fear when following the news was also associated, independently of the waves surveyed, with the fear of one's own infection (r = .515) and that of other people (r = .392), but not with the impression of being well and objectively informed (supplementary material tables 5-7). Likewise, people who used the media more often also felt more anxious (television: r = .114, newspaper: r = .066, internet: r = .093; Supplementary Material Table 4).

These correlations could be replicated in ANOVAs: those who were afraid of infecting themselves used television more often; those who were afraid of infecting others used television or the internet more often as a source of information (supplementary material table 4).

Discussion

The present study with 2150 patients prior to psychosomatic rehabilitation shows that during the Corona pandemic, television and the Internet were used more frequently to gather information about the current crisis than the newspaper. This is in line with findings from previous crises (3); however, the use of the internet carries the risk that uncontrolled and therefore insufficiently verified facts and one-sided opinions are disseminated (cf. 18), which can lead to increased uncertainty and a false perception of risk: During the first wave, alarming Twitter messages were disseminated significantly more often than disarming messages (21). Therefore, reporters should be aware of their influence and how information spreads (18).

It is therefore all the more relevant to disseminate clear information on the crisis situation in easily understandable language through the media at an early stage (18, 22). Social media in particular can be suitable for early information, especially on necessary protective measures, due to the speed with which information is disseminated

Wie oft haben Sie Angst, Angehörige/Mitbewohner oder Freunde mit Covid-19 anzustecken? (Welle 1)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.93 (1.85)	4.02 (1.87)	4.58 (1.55)	4.49 (1.65)	4.24 (1.81)	4.28 (1.74)	F(4, 509)=3.15; p=.014; η^2=.024
Zeitung	2.64 (1.93)	2.72 (1.93)	3.11 (2.00)	2.71 (1.99)	2.32 (1.93)	2.82 (1.87)	F(4, 509)=1.63; p=.165; η^2=.013
Internet	3.43 (1.90)	4.03 (1.76)	4.66 (1.52)	4.91 (1.60)	4.48 (1.69)	4.34 (1.74)	F(4, 509)=9.68; p<.001; η^2=.071
Objektive Information	3.42 (1.20)	3.37 (1.00)	3.51 (0.82)	3.41 (1.02)	3.16 (0.94)	3.42 (0.97)	F(4, 509)=0.95; p=.433; η^2=.008
Angst vor Nachrichten	2.22 (0.99)	2.56 (1.02)	2.96 (0.85)	3.34 (0.85)	3.88 (0.97)	2.85 (1.02)	F(4, 509)=25.09; p<.001; η^2=.166
Wie oft haben Sie Angst, Angehörige/ Mitbewohner oder Freunde mit Covid-19 anzustecken? (Welle 2)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.87 (2.02)	4.58 (1.76)	4.70 (1.61)	4.79 (1.68)	5.19 (1.52)	4.66 (1.72)	F(4, 825)=6.10; p<.001; η^2=.029
Zeitung	1.89 (1.59)	3.13 (2.05)	2.74 (1.84)	2.85 (1.96)	3.11 (2.15)	2.83 (1.96)	F(4, 825)=6.04; p<.001; η^2=.029
Internet	4.19 (1.82)	4.57 (1.71)	4.63 (1.69)	4.72 (1.75)	5.15 (1.57)	4.64 (1.72)	F(4, 825)=3.07; p=.016; η^2=.015
Objektive Information	3.00 (1.05)	3.51 (0.97)	3.57 (0.91)	3.42 (0.93)	3.61 (0.97)	3.47 (0.96)	F(4, 825)=5.73; p<.001; η^2=.027
Angst vor Nachrichten	2.03 (0.99)	2.72 (1.05)	3.04 (1.00)	3.30 (0.97)	3.65 (0.95)	2.98 (1.08)	F(4, 825)=33.85; p<.001; η^2=.142
Wie oft haben Sie Angst, Angehörige/ Mitbewohner oder Freunde mit Covid-19 anzustecken? (Welle 3)							
	Nie M (SD)	Selten M (SD)	Manchmal M (SD)	Oft M (SD)	Immer M (SD)	Gesamtgruppe M (SD)	Teststatistik
Fernsehen	3.52 (2.02)	4.39 (1.80)	4.41 (1.81)	4.73 (1.60)	4.78 (1.67)	4.43 (1.80)	F(4, 613)=6.02; p<.001; η^2=.038
Zeitung	2.14 (1.66)	3.01 (1.99)	2.90 (2.01)	3.02 (1.97)	3.09 (2.05)	2.90 (1.98)	F(4, 613)=2.80; p=.025; η^2=.018
Internet	3.67 (1.84)	4.44 (1.74)	4.41 (1.71)	4.67 (1.60)	4.55 (1.81)	4.42 (1.73)	F(4, 613)=3.90; p=.004; η^2=.025
Objektive Information	2.83 (1.28)	3.29 (1.00)	3.22 (0.90)	3.27 (0.93)	3.25 (1.10)	3.21 (1.01)	F(4, 613)=2.75; p=.027; η^2=.018
Angst vor Nachrichten	2.22 (1.32)	2.64 (1.00)	2.89 (0.92)	3.42 (0.90)	3.69 (1.06)	2.96 (1.09)	F(4, 613)=29.48; p<.001; η^2=.162

Fig. 3b: How often are you afraid of infecting relatives/roommates or friends with Covid-19? Relationship between media use and symptoms of generalized anxiety disorder and fear of infection (M=mean and SD=standard deviation).

(5, 22). A study from China at the beginning of the pandemic shows accordingly that the study participants wanted additional information on the individual aspects of the pandemic, such as protective measures and individual recommendations for action; when more information was provided on the treatment of the pandemic, this was significantly associated with lower depression symptoms (13).

In the present study, it was shown that men were more likely than women and older people more likely than younger people to use media to gather information. Similar findings were made at the beginning of the pandemic (20). One possible explanation for the more frequent search for information by older people is the connection with existing underlying physical diseases: Those who suffer from one (which is more likely among older people) are more likely to seek information. At the same time, people with an underlying physical disease are more afraid of infection, which can be explained by the fact that it is precisely existing underlying physical diseases that represent a risk factor for a more severe course of Covid 19 disease (23).

Furthermore, the present findings show that during the entire study period and independent of the wave of the pandemic, the use of television and the Internet to search for information about the Corona pandemic is related to the fear of one's own infection or the infection of others. Those who are more afraid of being infected themselves or of infecting others are more likely to seek information through these two media. The present results confirm findings from the influenza A epidemic that an increase in media coverage of this topic correlates with the occurrence of general anxiety symptoms (7).

Over the entire study period and thus independent of the waves, it is shown that people who feel objectively informed about the pandemic are more frequently afraid of their own infection. This differs when looking at the individual waves: During the first wave, people who felt objectively informed were no longer afraid of their own infection or that of others; from the second wave onwards, this fear occurs. Conversely, people who felt afraid of contagion were more likely to feel objectively informed when using media. Subjective fear of media use is associated with fear of infection, but not with feeling objectively informed.

These findings show that information through media is associated with processing and coping with the pandemic in people with psycho-psychosomatic pre-existing conditions. Due to global dissemination, a mass of information is available (so-called „infodemic"), so that in addition to pandemic containment, the information must also be classified (24). This is relevant because a mass of information cannot be processed by a single person and accordingly leads to fear in relation to the causative crisis (cf. 25). The fear of infection investigated in this study can be a possible indicator for the occurrence of a generalised anxiety disorder, which can be prevented by appropriate communication. At the same time, it is known that people who are afraid of infection are more likely to comply with recommended protective measures (26).

Overall, the present findings highlight the need for the provision of easy-to-find and objective information about the prevailing crisis situation through trusted channels (3, 4, 18, 15, 19, 27). Objectivity is particularly important (16), as dissatisfaction with the available information is associated with higher levels of stress, anxiety and depression (13). In this regard, the need for individual-specific information was already emphasised by experts in the early stages of the pandemic, and its effectiveness has already been demonstrated in earlier studies (28, 29). This could counteract some of the uncertainty that is central to the acceleration of mental illness in times of crisis (30). In particular, sufficient information must be provided that includes the individual risk as well as the necessary rules of conduct (5, 15) and thus counteracts an uncontrolled development of anxiety symptomatology (cf. 13, 18).

Since risk communication is a relevant component for coping with crises (31), it is imperative to develop (in advance) a communication strategy for crisis situations and to implement it when an acute crisis occurs (5) and to continuously adapt it to the current conditions (27).

Limitations

The present study has some limitations that should be taken into account when interpreting the results and planning further studies. Media use was investigated exclusively by people with a history of mental illness and the cross-sectional association with mental health symptoms. In addition, there is a limitation of generalisability, as only patients who had digital access to the clinic's internal online portal were included in the study. They are therefore probably more likely to use digital services than people who do not have this access, which is why internet use may have been overestimated in this study.

In future, it should be investigated, especially in a longitudinal, controlled study, to what extent the use of classical as well as newer media and information and communication technology leads to a change in various psychological symptoms. Causal relationships need to be better understood, since correlative relationships can only be used to make theoretical assumptions about how the general reporting situationcontributes to increased media use, anxiety and reaction behaviour. Methodologically, experimental studies are therefore also needed. In addition, it must be investigated to what extent or how authorities distribute important information via appropriate media and how this information is perceived and used.

Conclusion

The use of media to seek information about threats such as the Corona pandemic correlates with the fear of infection. In this context, more frequent media use is associated with an increased fear of infecting oneself and others.

Future research should clarify the extent to which objective, factually presented information can mitigate this correlation in order to prevent an increase in mental illness and a worsening of existing mental symptoms in pre-stressed groups. To this end, concepts must be developed at an early stage on how to design appropriate communication in crisis situations; lessons can be learned for future crises from the Corona pandemic that took place. <<e

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Additional material

Additional material can be found on the MVF portal (www.m-vf.de) under the following short link: https://t1p.de/m1yhl

Autorinnenerklärung

Dr. Dahmen ist Mitarbeiterin des Klinikums Wolfsburg. Dr. Keller, Dr. Derksen und Prof. Dr. Lippke haben unentgeltlich an der Auswertung der Daten sowie der Interpretation der Ergebnisse mitgearbeitet. Die Analyse erfolgte ohne finanzielle Unterstützung und wurde durch die Autorinnen durchgeführt.

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Dr. med. Alina Dahmen MSc ORCID: 0000-0001-8591874X
is a specialist in internal medicine and cardiology and has been Medical Director of Klinikum Wolfsburg since September 2021. Previously, as authorised signatory of the Dr. Becker Clinic Group, she was responsible for product management and headed the medical corporate development of Klinikum Bielefeld gemGmbH. She teaches and conducts research at Constructor University Bremen on the integration of digital therapies into medical treatment pathways and on the care of post-covidual patients. Contact: Alina.Dahmen@klinikum.wolfsburg.de



Dr. phil. Franziska Maria Keller MSc ORCID: 0000-0002-7728-9709
studied psychology in Groningen and at Constructor University (formerly Jacobs University) in Bremen. In 2022, she obtained her PhD in clinical psychology. Since 2019, Franziska Keller has been a psychotherapist in training at the North German Institute for Behavioural Therapy in Bremen. She also works as a psychologist in the field of addiction treatment at the Bremerhaven-Reinkenheide Clinic. Contact: Franziska.Maria.Keller@gmail.com



Dr. rer. medic. Christina Derksen MSc ORCID: 0000-0002-4663-1882
is a Postdoctoral Research Assistant in Health Psychology at Queen Mary University of London and a visiting researcher at Constructor University Bremen. She completed her Master of Science in Psychology at Philipps University Marburg and holds a PhD in Health Psychology with a focus on communication and patient safety. Contact: CDerksen@constructor.university



Prof. Dr. habil. Dr. phil. Sonia Lippke ORCID: 0000-0002-8272-0399
studied psychology in Göttingen and at the Free University of Berlin. Her doctorate followed in 2004 and her habilitation in 2010. She worked as a post-doc at the University of Alberta, Canada. She received her first call to a professorship in 2010 at Maastricht University, the Netherlands. Since 2011, she has been a professor at Constructor University Bremen (formerly Jacobs University), where she conducts research on national/international research projects on health-related issues. Contact: SLippke@constructor.university

