

Psychological distress and negative appraisals in survivors of severe acute respiratory syndrome (SARS)

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ABSTRACT

Background. Severe acute respiratory syndrome (SARS) is a novel disease. The authors have limited knowledge of its impact on mental health. The present study aimed to examine the level and extent of psychological distress of SARS survivors following 1-month recovery, to explore patients' negative appraisals of the impact of SARS, and to evaluate the associations between psychological distress and negative appraisals.

Method. The Beck Anxiety Inventory, the Beck Depression Inventory, and a newly developed measure, the SARS Impact Scale (SIS), were mailed to 453 Hong Kong Chinese SARS survivors discharged from hospital for 4 weeks or more.

Results. A total of 425 patients received the questionnaires and 180 (mean age 36.9 years; 120 women) gave valid replies. The response rate was 42.4%. The participants also represented 13.6% of all adult survivors in Hong Kong. About 35% of respondents reported 'moderate to severe' or 'severe' ranges of anxiety and/or depressive symptoms. It was found that those working as healthcare workers or having family members killed by SARS were more prone to develop subsequent high levels of distress. Factor analyses extracted three meaningful factors of the SIS, namely 'survival threat', 'physical impact', and 'social impact'. Negative appraisals at the acute phase and 1-month recovery significantly accounted for substantial portions of variances for anxiety and depressive symptoms, after the effects of other psychosocial variables were controlled.

Conclusions. Psychological distress of SARS survivors at 1-month recovery is real and significant. Negative appraisals may play a pivotal role in the development of psychological distress for SARS survivors, at least in the short term.

INTRODUCTION

Severe acute respiratory syndrome (SARS) is a highly contagious disease caused by a novel coronavirus and usually resulting in rapidly progressive respiratory failure (Peiris *et al.* 2003; Rota *et al.* 2003). By July 2003 it had already affected 29 countries with more than 8400 cases reported (WHO, 2003). The first case was

reported in a southern province of China in November 2002 (WHO, 2003). In February 2003, an infected medical professor who came from China was later identified as the first SARS patient in Hong Kong (Chan-Yeung & Yu, 2003). In March, two disastrous outbreaks emerged in a university hospital and community apartment complex, leading to about 450 people being infected. Within 3 months, the number of SARS cases in Hong Kong grew quickly to 1755, with 299 patients killed by the disease. On June 23, the World Health Organization removed Hong Kong from its list of areas with

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