

Psychological Factors and Moral Intervention Countermeasures of Covid 19 Later Stage Government Overall Management to the Public Under the Network Information Environment

Dandan ZOU

School of Marxism, Xi'an University of Technology, Xi'an 710048, China

Email: danzzou21@163.com

Abstract.

Affected by the new crown pneumonia epidemic, panic and anxiety spread rapidly among the population, and the public's mental health level has dropped significantly, which will cause a variety of social problems. Since China has not yet formed a unified service system, the existing mental health services are also facing many practical problems and challenges while trying to maintain the level of public mental health. As a public emergency, the new crown pneumonia epidemic has caused public panic, anxiety, depression and other psychological crises. In order to study the psychological changes of the public during the COVID epidemic, to explore whether the epidemic affects the changes in the public's mind and how to promote the implementation of strategies for the public's mental health. Through regression analysis of the public questionnaire survey data during the new crown pneumonia epidemic, it was found that the public's government trust is conducive to reducing their psychological crisis. Guided by the goal of "strengthening the construction of China's social psychological service system" put forward in the report of the 19th National Congress of the Communist Party of China, combined with the preventive medicine model, this paper puts forward the public mental health service system, such as public mental health education and scientific concept cultivation, early identification and intervention of public psychological problems. On this basis, future work can continue to expand mental health education channels, use the advantages of network information and big data platforms to improve the efficiency of psychological crisis identification, achieve personalized guidance of psychological rehabilitation skills, improve the top-level design, and form government overall management and social division of labor as soon as possible. A clear, multi-participated professional, multi-type, multi-level, and sustainable practice system.

Keywords: COVID19; Social public psychology; Moral intervention; Countermeasures

Tob Regul Sci.™ 2021;7(6-1): 6735-6748

DOI: doi.org/10.18001/TRS.7.6.1.06

1. Introduction

Since the emergence of the new coronavirus pneumonia epidemic in 2019 (COVID-19, hereinafter referred to as the new crown pneumonia epidemic), mental health services have been reducing the risk of people suffering from physical diseases, maintaining good personal social adaptability, effectively controlling medical costs, monitoring and mitigating Social public opinion, resolving social contradictions, cultivating social mentality, and effectively maintaining the long-term stability and prosperity of the society have all played an active and significant role. But at the same time, we should also clearly see that China has not yet formed a unified and linked mental health service sys-

tem at this stage, and there is still a large gap between mental health services and actual social needs. Therefore, it is necessary to actively explore the practical path and operation mode of mental health services under the new crown pneumonia epidemic, and strive to build a public mental health service system that is in line with China's national conditions, professional, multi-level, and sustainable development.

1.1. COVID19 related concepts

The new type of coronavirus pneumonia refers to the pneumonia that the World Health Organization calls "coronary virus disease 2019", which is caused by the coronavirus disease in 2019. These cases have significant characteristics, that is, after December 2019, people confirmed to be infected with the virus in Wuhan, Hubei Province, have appeared in the southern seafood market, and have been confirmed by the hospital as a new infection in 2019. Acute respiratory infection caused by the coronavirus. On February 11, 2020, the Director of the World Health Organization (WHO) Henrique Tedseh announced in Geneva, Switzerland that the new type of coronavirus pneumonia was named "COVID-19".

1.1.1. Features

According to existing case data, the main symptoms of COVID-19 are fever, dry cough, and fatigue. A small number of patients are accompanied by upper airway and nasal congestion, runny nose, diarrhea and other digestive symptoms. In severe cases, dyspnea usually appears after a week. In severe cases, acute dyspnea syndrome, septic shock, hemorrhagic insufficiency, and multiple organ insufficiency [1]. It is worth noting that the development process of patients with severe diseases may go from moderate to low fever, or no obvious fever. Mild patients showed only low-grade fever, mild fatigue, and no pneumonia was found. According to the current cases, most patients have a good prognosis, but some patients have severe illness. For older people and people with chronic underlying diseases, the prognosis is usually not good. If it is a child, the symptoms are not very serious.

1.1.2. Popular features

The Director-General of the WHO stated on March 11, 2020 that the occurrence of Covid-19 has an explosive character, and the spread of the virus and the impact it has caused is amazing, which has aroused everyone's attention. He emphasized that even if the occurrence of Covid-19 is represented as "pandemic" [2], the WHO's assessment of the threat of the virus will not change. "What the WHO does will not change, and no country will change, and this should be done." Covid-19 is currently in the early stages of rapid change. China has disclosed the complete genome arrangement of the new coronavirus linked to Covid-19. This helps scientists and public health organizations around the world to participate in the research and development of diagnostic reagents and research on the pathogenicity of viruses.

1.2. The basic connotation of social public psychology

Social psychology is a kind of spiritual existence of human civilization, which refers to the general psychological phenomenon formed by most people in a specific social life. Historical materialism believes that social public psychology is a low-level social consciousness [3]. This is reflected in the hearts of people interacting in social life and society in the formation of psychological activities, psychological processes, and their activities, and is therefore directly related to daily social life. Moreover, it does not have a fixed system, nor a fixed form, but a spontaneous social existence that more directly reflects the form. It is mainly manifested in the aspects of feelings, attitudes, motivations, habits, prejudices, spontaneous tendencies and beliefs. It is not very profound, has not yet been completely differentiated, and is a kind of social consciousness in a state of chaos. Known as "the potential level of consciousness in society" [4]. In the history of the development of Marxism, Prinov was the first to distinguish between social psychology and social consciousness. He believes that social psychology is the ideological foundation of social consciousness. The new state of productivity has produced a new economic structure, requires a new political system, and has produced a new social psychology and a new "zeitgeist" [5]. Social existence and social political system play a decisive role in social ideology through social psychology, and social ideology through social psychology plays a huge negative role in social existence and social political system.

1.3. Concepts related to moral intervention

The so-called moral intervention refers to mandatory intervention in the name of morality, prohibiting or changing personal behavior that does not violate the law. If you are responsible for a part of your personal hairstyle or compulsory compliance with social rules, then it can be called moral intervention [6]. In the past, China directly regulated some behaviors and clothing that were not directly harmful to other people, the country, and society, and required people to implement them, making moral intervention directly a standard and a theoretical guide for social practice. "Strict restraint by the citizens" and "simple but not dignified" all mean moral intervention. The ritual system has gradually become the norm of the social and national order, and moral intervention also has a solid foundation. Since most of the limitations of the ritual system contain necessary elements, if the ritual fails, a mechanism of moral intervention will be formed [7]. The rituals in Chinese social life have a long history, not only on a broad and deep-rooted basis, but also playing an important role in moral intervention. Morality has become a powerful traditional habit of Chinese society, which has made the deep structure of Chinese society have a long-term impact on social consciousness, which has produced a deeper ideology.

The state's moral intervention is produced by the state's moral intervention. In modern countries where administrative functions are truly performed, the lives of citizens are affected and concerned by morals, which is already a basic feature of modern society [8]. The moral intervention of the state is made clear by restricting the moral life of individuals, and its effect is huge and irreplaceable. Once it emerges, the government weakens the management and control of moral living conditions, interpersonal communication destroys the moral realm, causes confusion about personal needs, destroys the foundation of personal moral life, and may cause people to lose their own characteristics, and at the same time It also leads to the degradation of collective consciousness, sense of responsibility, social solidarity and discipline implied in moral life, and then various out-of-standard actions and actions that harm each other, which ultimately leads to the impact of social order and the deterioration of social atmosphere [9]. This shows that the government absolutely needs to supervise the morality of the society, and it needs to include the national code of conduct as a part of it, so that personal moral activities can be included in a specific scope. Once the country or society becomes less concerned about the management of citizens' behavior, people will easily lose their vigilance, and behavior will cross the border. From a long-term perspective, it will bring instability to the country's long-term development. Anomalies and collapses will occur between groups and groups [10]. The emergence of this state not only has a harmful effect on the moral life of the community, but also on individuals. Comte and Durkham believe that the state is an institution that limits the interests of all members of society from a moral point of view.

2. Method

2.1. Participants

Due to the impact of the new crown pneumonia epidemic, the survey in this study cannot select samples by random sampling. Therefore, 17 trained adult higher education students used the online answering method to conduct a questionnaire survey and collect the number of samples from the public. The sample selects random people according to different ages, genders, and regions as sample objects and selects several relevant persons for testing and individual interviews.

2.2. Research process

In the initial stage of the survey, a trial questionnaire was conducted, 10 questionnaires were issued, and 10 questionnaires were collected. However, the test subjects' answers had some problems such as incomplete and inaccurate answers. After many communications and revisions, the existing questionnaire was finally completed. In the formal survey, 220 people were randomly selected as the questionnaire survey, of which 213 were valid, with an effective rate of 96.8% [11]. According to the needs of this survey, 22 questions were designed. Including gender, marital status, educational background, age, position, working years, etc. Based on the validity of the questionnaire survey, 20 people were selected, and detailed interviews were conducted on whether the epidemic of the new crown disease will affect the psychological factors of ordinary people [12]. Secondly, select representative and typical main inter-

view subjects as actual intervention and intervention situations, collect people's physical, psychological, and social conditions, and conduct conversations and analysis with relevant leaders and family members.

2.3. Research design

This research aims to explore the factors that affect people's psychology and the impact of the epidemic on the people's psychology and the problems that arise: first, put forward several major factors that affect people's social and psychological changes, and use questionnaire surveys to analyze and discuss them; secondly, comprehensively collect literature, Summarize the concepts and characteristics of social psychological factors and moral intervention [13]. And select standardized questionnaires suitable for the impact of social public psychological changes to lay the foundation for verifying the relationship between variables; then, conduct in-depth questionnaire surveys, using questionnaire survey methods and case interview methods to test whether the epidemic has an impact on people's psychology; finally, It is to make suggestions from the perspective of real life.

2.4. Data analysis

In this survey, the collected data was processed and analyzed using SPSS software. Perform principal component analysis on the question table, use principal component analysis, and use the orthogonal dispersion maximum method to perform the rotation extraction step of the common factor. The KMO value is 0.762 [14]. In the validity statistics of the regression equation $F=352.15$, the Sig value is lower than the validity Level 0.05, able to analyze high effectiveness. Use SPSS23.0 to analyze and process the data. The interaction between variables is analyzed through repeated measurements of decentralized analysis of general linear models, and the mitigation effect of social public psychology is analyzed through regression analysis and process plug-ins.

3. Results

3.1. Analysis of the basic information of the respondents

The first part of the questionnaire, as shown in Table 1, is mainly used to collect demographic information of the subject, including gender, age, marital status, and other information.

Table 1
Basic Information Form of the Investigated Person

Survey item	Category	Number of people	Proportion%
Gender	Male	90	42.3
	Female	123	57.7
Age	Under 20	45	21.1
	20-30 years old	70	32.9
	30-40 years old	85	40.0
	40-50 years old	13	6.0
Marital status	Unmarried	108	50.7
	Married	70	32.9
	Divorced	35	16.4
Working years	Less than 2 years	85	40.0
	2-5 years	59	27.7
	6-10 years	47	22.1
	More than 10 years	22	10.2
Work occupation	Student	90	42.3
	Office worker	115	54.0
	Government staff	8	3.7

The image description of the basic information of the investigator is shown in Figure 1.

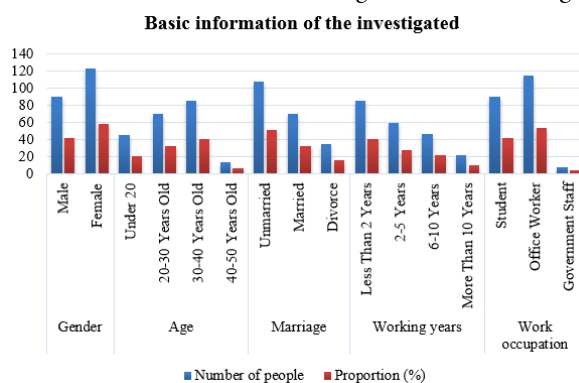


Fig. 1. Basic information of the investigator

According to the data in the above table, there is a big difference between men and women in this survey, 90 of whom are men, accounting for 42.3% of the total. Girls accounted for nearly 60% of the 123 students. In terms of age group, 45 respondents were under 20 years old, accounting for 21.1%. There were 70 respondents from 20 to 30 years old, accounting for 32.9% of the total. There are 85 respondents between 30 and 40 years old, accounting for 40.0% [15]. There were 13 respondents from 40 to 50 years old, accounting for 6.0% of the total. Regarding the marital status survey, unmarried respondents accounted for about half of the total number of respondents. Married people accounted for 32.9% of the total, a total of 70 people. There were 35 divorced respondents in the survey, accounting for 16.4% of the total number of respondents. Among the employment years, 85 persons with less than 2 years of work accounted for 40.0% [16]. The 59 respondents who have been employed for 2 to 5 years accounted for 27.7% of the total. Forty-seven respondents whose employment years ranged from 6 to 10 years accounted for 22.1%. There are 22 respondents with more than 10 years of practical work experience, accounting for 10.2% of all respondents. Regarding the job occupations of the survey respondents, the job occupations of the survey respondents are roughly divided into three parts: students, office workers, and government workers [17]. Among them, the proportion of office workers is the largest, with a total of 115 people accounting for 54.0% of the total number of people in the survey; while the number of survey subjects belonging to college students has reached 90 people, accounting for 42.3% of the total number of people in the survey; the number of government workers is small, a total of 8 people, accounting for Than 3.7%.

3.2. The public's mentality and awareness of the COVID-19 epidemic

Among the research subjects, the understanding of the development of the COVID-19 epidemic reached 90.7%, which means that the vast majority of the people have a high degree of understanding of the epidemic, as shown in Table 2.

Table 2

Analysis of the public's mentality and awareness of the COVID-19 epidemic

		Number of people	Proportion%
Are you aware of the development of the epidemic?	Yes	193	90.7
	No	20	9.3
Do you always wear a mask in public places	Yes	190	89.4
	No	23	0.6
Do you think the measures taken during the epidemic are effective	Yes	186	87.2
	No	27	12.8
Where do you think is the safest during the epidemic	Home	193	90.7
	Other	20	9.3

The image description of the public's mentality and perception analysis of the COVID-19 epidemic is shown in Figure 2.

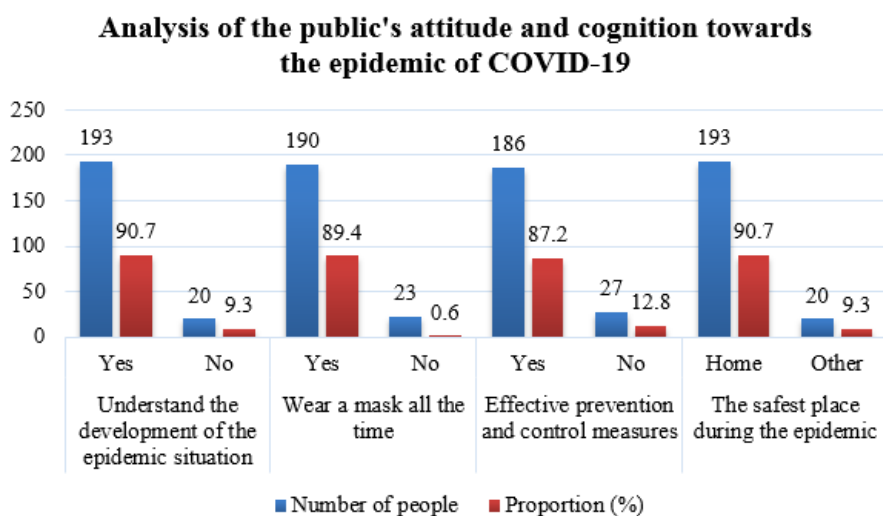


Fig. 2. Analysis of the public's mentality and awareness of the COVID-19 epidemic

3.3. Everyone's views on group activities after COVID-19

Table 3

Views on group activities after the COVID-19 epidemic (n=365)

	Male (n)	Proportion (%)	Female (n)	Proportion (%)	Total
Totally disagree	5	5.5	4	3.3	9
Disagree	11	12.1	10	8.2	21
Agree with	55	61.5	54	43.7	109
Agree completely	19	20.9	55	44.8	74
Properly carry out, pay attention to prevention (open-ended answer)	6	6.0	22	17.5	28

The image description of the views on group activities after the COVID-19 epidemic is shown in Figure 3.

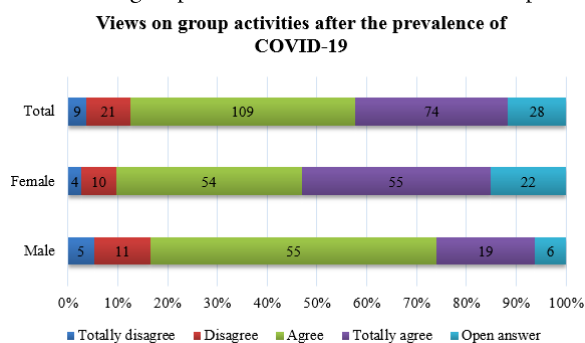


Fig. 3. Views on group activities after the COVID-19 epidemic

According to Table 3, the vast majority of people are in favor of group activities after COVID-19. There are 74 boys who agree and fully agree with the group activities, accounting for up to 80%. The number of girls who agree or completely agree to 109 people, accounting for nearly 90%. Group activities can be appropriately carried out in the later stages of the epidemic [18]. The number of boys and girls who disapproved or disapproved at all was 16 and 14 respectively. This shows that most people still think that group activities should be carried out. According to our random selection method, a few students were randomly selected to further elaborate on their attitudes [19].

Those who disagree or disagree at all mainly feel that there may still be a risk of contagion in the later stage of COVID-19, and carrying out group activities may lead to an aggravation of the epidemic. Those who agree or fully agree believe that during the COVID-19 prevention and control period, due to the long time and scope of the isolation measures, staying at home for a long time will cause psychological problems such as upset, anxiety and so on. Therefore, group activities can be appropriately carried out in the later period of the epidemic.

In the process of this questionnaire survey, some boys and girls answered the open questions of the questionnaire, 6 and 22 respectively, accounting for 6% and 17.5%. When answering open questions, except for a small number of people, they said no or other non-statistical answers to their questions [20]. Those who have answered the question in earnest gave the opinion that group activities should be carried out appropriately, as long as they pay attention to preventive measures, there is no problem in carrying out group activities. It shows that the people have a high degree of recognition for the air defense measures proposed by the country and the government for the preventive measures after the epidemic.

3.4. The overall mental health of the surveyed subjects

After the pneumonia epidemic period of the new coronavirus infection, the total score of the public symptom self-rating scale was 114 points, and 17 people scored more than 160 points, accounting for 7.8% of the total number, as shown in Table 4:

Table 4

Comparison of the SCL-90 evaluation results of the surveyed subjects with the Chinese norms (points, $x\pm s$)

Project	Respondents (n = 213)	Norm of Chinese normal people	t	P
Somatization	1.16±0.25	1.37±0.48	-21826***	<0.001
Obsessive-compulsive symptoms	1.44±0.51	1.62±0.58	-9.531***	<0.001
Interpersonal sensitivity	1.34±0.57	1.65±0.51	-17256***	<0.001
Depression	1.32±0.45	1.50±0.59	-10.317***	<0.001
Anxiety	1.25±0.37	1.39±0.43	-10002***	<0.001
Hostility	1.22±0.36	1.48±0.56	-18.797***	<0.001
Terror	1.17±0.32	1.23±0.41	-5.513***	<0.001
Paranoid	1.20±0.34	1.43±0.57	-18.247***	<0.001
Psychotic	1.19±0.34	1.29±0.42	-0.745***	<0.001

The image description of the comparison between the SCL-90 evaluation results of the surveyed subjects and the Chinese norm is shown in Figure 4.

Comparison of SCL-90 evaluation results between the subjects and Chinese norm

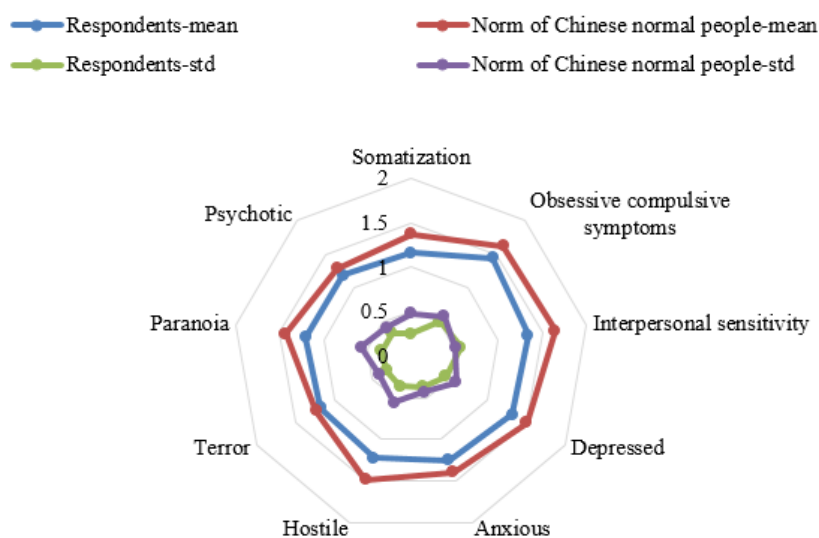


Fig. 4. Comparison of SCL-90 evaluation results of survey subjects with Chinese norms

3.5. Analysis of the impact of moral intervention on people's social psychology after the epidemic

The various dimensions and characteristics of moral intervention are used as independent variables, and the social and public psychological changes are used as dependent variables for regression analysis. The regression analysis results are as follows:

Table 5

Regression analysis table of the impact of moral intervention on people's social psychology after the epidemic

Model	Non-standardized coefficient		Standard coefficient	t	Sig.	Collinearity statistics	
	B	Standard error	Beta distribution			Tolerance	VIF
1 (constant)	5.714	1.972		2.897	.005		
Moral intervention	.281	.037	.619	7.634	.000	1.000	1.000

According to the coefficient summary table in Table 5, the non-standard regression equation can be obtained. The result of social public psychological change= $5.714+0.281X$ moral intervention, the explanatory variable accounts for 37.6%. The standardized regression equation for psychological changes of social public moral intervention = $1.7972+0.037X$ [21]. Regarding the identification coefficient of individual validity, the result of the social psychological impact analysis of the regression coefficient is 0.281, and the validity test of the regression t-value coefficient is 7.634, at 0.05 Effectiveness level, therefore, it can be explained that because the predictor variables of moral intervention results affect the positive benchmark variables, there is a significant positive association.

4. Discuss

4.1. Problems and challenges faced by China's mental health services

A scientific and sound mental health service system is the primary prerequisite for maintaining public mental health under the new crown pneumonia epidemic [22]. But so far, the construction of China's public psychological service system is still in the stage of conception and preliminary practice, and it has not yet formed a networked operation state of unified command, comprehensive and efficient, clear responsibilities, and meticulous division of labor. There is also a lack of rapid response plans for mental health services specifically for social emergencies in public safety [23]. Although under the advocacy of relevant government departments, a large number of scientific research and teaching institutions, social organizations and corporate psychology professionals and volunteers have quickly invested in the actual work of public mental health services. However, due to the occurrence and development of the current epidemic, the stage and particularity of the development, mental health services still have a single mental health promotion channel, and the audience groups mostly come from psychology-related fields, and mental health concepts cannot be used in grassroots residential communities and remote areas [24]. Popularized in the population; early psychological crisis identification is difficult, and it is impossible to monitor the crisis group in a timely manner and provide effective intervention measures; there is a shortage of professional psychological counseling personnel, and it is impossible to achieve personalized guidance for the surge in psychological counseling needs in society; mental health services are in terms of form and The content is incoherent, lack of organization and planning, and a series of problems and challenges [25]. Therefore, it is necessary to conduct further research and judgment on the programmatic documents of existing social mental health services, and to integrate them with current social needs, and explore the construction of a unified, efficient and coherent public mental health service system that conforms to China's national conditions. , In order to deal with the severe challenges of the current epidemic.

4.2. The importance and measures of ethical intervention in the later stage of COVID19

4.2.1. The importance of ethical intervention in the later stage of COVID19

The COVID19 epidemic is a test of the country's governance system and governance capabilities, as well as a test of citizen morality and citizen awareness. In order to respond to the COVID19 outbreak, the country needs to continuously improve and enhance the public health emergency management system from the perspective of systems and institutions, and strengthen the ability to respond to major public health emergencies. At the same time, humanistic care was shown in the fight against the virus, which exposed the threat of public disasters under social rule [26]. Therefore, it is particularly important to cultivate a benign and modern "civic morality" and "civic awareness". In the process of preventing and managing the outbreak of COVID19, some places manufactured and sold fake goods, raising prices for profit. Some people spread untrue news on the Internet for their temporary happiness. Some people even conceal the information they should provide, causing the virus to spread, "breaking the bottom line of public order and good customs, and hindering the people's happy life" ("The Implementation Outline for Citizen Moral Construction in the New Era", People's Publishing House, 2019 edition, p. Page 3) and so on, these are all moral issues that have emerged in the prevention and control of the epidemic [27]. It is particularly important to note that these outstanding problems are not only the problems of the moral field itself, but also related to the law. The corresponding governance must also play a good role in the common role of morality and law. In short, the outstanding issues in the ethics field must not only be improved through ethics itself, but also through ethical intervention.

4.2.2. Cultivate people's positive moral emotions and implement moral intervention

Although the psychological activities of society and individuals belong to different levels in the field of psychology, they are closely connected with each other and affect together. Some scholars pointed out that the mental health service system, the cultivation of a positive social attitude and the construction of a community of culture and destiny are all part of the Chinese social psychological service system, and the three are side by side, equal, and mutually promoting [28]. Mental health education can provide a wealth of content and effective means of knowledge dissemination for the construction of a good social mentality, culture, and community of destiny. For the cultivation of public morality, not only individuals need to have relevant knowledge reserves, but also they need to have a rich and

profound experience of positive moral emotions and attitudes. Studies have shown that moral emotions play an important role in the generation and formation of individual attitudes and cultural values [29]. Positive moral emotions can arouse people's deep desire to be treated well, and stimulate their positive psychological qualities to be good. ; Negative moral emotions are often connected with the dark side of human nature, stimulating the dark side of individual creativity, and causing a certain destructive impact on society and interpersonal. Although researchers have long recognized the important role of positive moral emotions in the construction of a good social mentality and the cultivation of values, how to effectively stimulate individuals to experience positive moral emotions has always been a key and difficult issue that needs to be overcome in the research [30]. The outbreak of the epidemic has provided a very authentic and contagious reality environment for enriching people's perception of positive moral emotions and deepening the experience of positive moral emotions. The touching stories of the anti-epidemic period continue to emerge, which strongly arouses people's positive moral emotions all the time. Through the analysis of the video information released by the People's Daily on the Douyin social platform during the epidemic, it can be seen that all content involving the deeds and mental outlook of active people in the epidemic will receive nearly one million points in a short period of time. Likes and lots of positive comments. This shows that in the current environment, positive moral emotions have deepened people's understanding of positive social qualities and increased people's recognition of culture and a community of shared destiny [31]. With this as a background, if a positive social mentality and the construction of a community of culture and destiny can be systematically and comprehensively guided and displayed to the public through mental health education, good results will be achieved.

4.2.3. The construction of moral intervention in the later stage of COVID19

The construction of civic morality in the new era needs to be investigated from the perspective of moral intervention and the rule of law. Correspondingly, moral intervention in the new era also requires consideration of the legal system. The two complement each other to jointly promote the in-depth advancement of the combination of rule of law and rule of virtue. In particular, the scientific and reasonable formulation of laws is a basic model for strict enforcement of the law, fairness and justice, civil law, the rule of law, and the promotion of the rule of law as a whole. It can fundamentally reflect the government's moral care. In the Chinese law, it is pointed out that "the law is formulated to guide people's behavior and provide a basis for the administration of government departments." Specifically, we must first improve the quality of legislation and promote legislation in areas such as social food management and environmental protection. "Further strengthen the frontier health and quarantine work in accordance with the law, and punish the border health and quarantine illegal crimes" is jointly issued by the Supreme People's Court, the Supreme People's Procuratorate, the Ministry of Public Security, the Justice and the General Administration of Customs, which is to ensure people's lives and health. Security exists to maintain social justice. Second, we must strengthen law enforcement, protect ethics and win people's support in important areas involving major interests. Third, regularly publish typical figures and events in the ethical field to make people feel fair and just. In the Covid-19 pandemic, a resident surnamed Guo deliberately concealed overseas travel and was sentenced to one year and six months for suspicion of obstructing the prevention and treatment of infectious diseases. And his behavior has caused a bad influence on the operation of society. However, the timely publication of information through the Internet allows people to understand the relevant situation in a timely manner, demonstrating the effectiveness of fair justice in the process of epidemic prevention and control. Fourth, establish a moral nourishment mechanism formed by citizens' legal literacy, and raise the level of law-abiding by the whole people with the concept of the unification of legal literacy and moral quality. In daily life, people's observance of the law is often achieved through their own moral cultivation, or that when people pay attention to improving their own moral standards, their awareness of the rule of law will also increase accordingly, and laws and regulations are also for people's morality. The practice of behavior provides a guarantee. This two-way interaction can promote individual morality and law, and gradually improve the moral cultivation of the entire nation.

4.3. Attach great importance to the entire psychosocial intervention and guidance system

While paying close attention to the prevention and control of the epidemic, it is necessary to focus on physical and mental health, and to fight the psychological epidemic prevention battle with all efforts. Carry out emergency psychological crisis intervention and psychosomatic rehabilitation services in a timely and orderly manner, provide necessary professional psychological support, and alleviate the impact of psychological stress caused by the epidemic on the people. It is necessary to focus on a wide range of urban and rural areas and communities, accelerate the con-

struction of a social psychological service system from the introduction of psychological intervention talents and other aspects, and attach importance to improving the ability and quality of leading cadres at all levels to resolve sudden public health psychological crises. Strengthen standardized management, improve the social psychological intervention mechanism, strengthen the construction of a professional team of social psychological services, and focus on cultivating a group of professional psychological crisis intervention and social worker talents. Regarding psychological intervention as an important part of social services, in the process of promotion, it is necessary to give full play to the psychological counseling "cell" role of psychological counseling centers in hospitals, communities, universities, and enterprises and institutions, and continue to release the depressed accumulation in the epidemic. Bad emotions. In the post-epidemic period, it is necessary to pay more attention to psychological crisis intervention and psychosomatic rehabilitation of special groups. Special groups such as the elderly, children, the disabled, and rural populations, due to insufficient knowledge and lack of psychological help channels, have caused nowhere to seek treatment, and the situation of encountering strangers. Psychological risks are difficult to detect early. In addition, we must pay attention to the observation and analysis of personal burnout, psychological discomfort, physical exhaustion, and the desire for normal life and other mental states that overlap continuously, so as to prevent the collective from being affected by personal behavior and mentality problems. Therefore, we need to pay attention to these psychological problems and give them correct guidance. For chronic stress disorder, a series of reactions may not be shown until half a year later, and this is more likely to cause people to ignore it. Prompt psychological crisis intervention can reduce the negative impact of acute stress disorder and traumatic stress disorder to Minimally. To this end, based on people's negative psychological reactions during the epidemic, it is necessary to strengthen work on key populations, especially those who have been infected, and the families who lost their loved ones during the epidemic, to carry out psychological crisis intervention to help people heal their pains and enhance their confidence in life. Eliminate psychological hidden dangers. At the same time, it is necessary to attach great importance to timely psychological care and psychological counseling for front-line ambulance personnel and family members of staff who died due to epidemic prevention and control, and psychological intervention through professional methods such as psychological stress interviews to eliminate stress disorders and alternative trauma zones. The negative effects and psychological shocks that come, promote their physical and mental recovery.

4.4. Active measures to adjust social public psychological factors

4.4.1. Cultivate the public's mental health awareness and cultivate a self-esteem and self-confidence social mentality

First, we must establish a strong mental health awareness. The concept of mental health is the link that coordinates the relationship between the individual and the society. But in real life, people often overlook the key role that mental health awareness plays in building a benign society with self-esteem and self-confidence. In the real society, many extreme negative events, such as rumors, incidents, killings of doctors, etc., appear on the surface because individuals lack the necessary mental health knowledge and concepts, cannot vent their own emotions, and cannot reasonably express their own needs. It is caused by the lack of empathy and communication skills with others, but the deeper reason is the feeling of incompetence and worthlessness caused by the low self-esteem and unconfidence of the people, and then the behavior of revenge. Secondly, the psychological insecurity and distrust caused by extreme social negative events also need to be corrected by people through good mental health concepts, and gradually improve their sense of gain and happiness in participating in social life, so as to avoid the occurrence of panic and spread.

At the same time, the cultivation of mental health awareness also needs to correct people's contempt or misunderstanding of mental health in reality. For a long time, bad health concepts that emphasize physiology and neglect psychology have prevailed in society. People can well recognize all kinds of information related to physical diseases or disorders, such as fever, cough, pain, etc., and take active countermeasures in time. However, they don't know much about all kinds of information about psychological problems and psychological obstacles, such as changes in mood, cognition and behavior, etc., and don't pay much attention to it. Even many people try to deal with the abnormal state of the organism caused by mental activity through the examination of physical activity (repeated medical treatment). The survey data shows that under the new crown pneumonia epidemic, less than half of the people are consciously paying attention to their mental health status, and the survey results still have a bias that the sampling is mostly based on urban knowledge residents. Therefore, we can infer that the real mental health concepts and awareness may be less popular than half. In addition, there are often misunderstandings in society that mental health and

psychological problems are equated with severe mental illness, and this leads to problems such as "stigma" and "stigma".

4.4.2. Improve the efficiency of psychological crisis identification and use the advantages of network information and big data platforms

A large number of interventions and practical experiences related to psychological problems and psychological crises show that visitors' active seeking help is one of the key factors in successfully and effectively resolving psychological crises. Therefore, in the case of a high incidence of psychological crises and in the face of emergencies, establishing and ensuring a smooth path for help from psychological crises is an important content of this stage. On January 28, 2020, the Ministry of Education issued a notice on the establishment of a psychological support hotline and online consultation services for the epidemiology of new coronavirus infectious pneumonia. After that, on February 2, the State Council issued a notice on the establishment of a psychological support hotline for pneumonia caused by the novel coronavirus. According to the statistics of the software "National Psychological Support Hotline Query", as of September 24, 2020, the psychological support hotline has basically completely covered 31 provinces, autonomous regions, cities, villages, and Xinjiang Production and Construction Corps. A total of 502 psychological hotlines opened are counted according to the number of dialable phone numbers provided, of which the top five hotlines are Sichuan (52), Chongqing (33), Fujian (28), Jiangsu (25), and Guangzhou (25); 300 During the epidemic, the hotline provided the general public with full-time psychological crisis intervention services every week, accounting for 60% of the total number of hotlines.

The opening of the mental health service hotline nationwide has to a certain extent alleviated the psychological problems and psychological crises of the public during the epidemic. However, there are still shortcomings in the work: First, there is a lack of a unified and necessary connection and feedback mechanism between the psychological crisis hotline and the overall mental health service system, and neither the administrative nor the academic level can get the real-time changes of psychological crisis information. Secondly, the popularity of the hotline still needs to be improved. As introduced earlier, the Ministry of Education led all colleges and universities to open psychological crisis service channels as soon as the epidemic occurred, but as of February 11, 2020, the national psychological assistance hotline inquiries Only one university service unit of Beijing Normal University was queried in the system, and the others were mostly composed of various local disease control and social organizations. Thirdly, the premise for the psychological service hotline to work is that the individual must clearly realize that he has a psychological problem and be willing to put this strong willingness to ask for help into action. Therefore, the hotline service system cannot predict the potential psychological crisis in the crowd. The future direction of work should continue to increase psychological crisis intervention channels, adopt the "psychological service + Internet" model, and use the advantages of network information and big data platforms to connect various institutions and channels engaged in psychological crisis services into one. It is possible to quickly share a unified whole of information to achieve the purpose of real-time monitoring of the public's mental health status, and on the basis of analyzing various indicators of possible psychological crises of different groups of people, an actionable plan can be formed for the majority of psychological service providers and related community workers. Popularize and promote, quickly and accurately identify psychological problems and crises, and avoid the occurrence of vicious incidents.

5. Conclusion

Faced with the sudden outbreak of the new coronavirus, people are unable to return to school to study and participate in social activities normally. The state of restraining feet and isolation has caused most people to have various degrees of psychological stress and psychological problems. As the prevention and control of the domestic new crown pneumonia epidemic has become normal, the epidemic has shown a steady and positive trend, and the public's panic, fear, and worry gradually weakened. However, the calming, healing, and reconstruction of social emotions and public psychology still requires a long-term process. By attaching importance to the construction of the entire psychosocial intervention and guidance system, highlighting the psychosocial crisis intervention of key populations, carrying out extensive, multi-layered, and rich social psychological reconstruction and rehabilitation activities to actively respond to the psychosocial crisis brought by the epidemic, and strengthen psychological reconstruction And mental and physical recovery. On this basis, future work can continue to expand mental health education

channels, use the advantages of network information and big data platforms to improve the efficiency of psychological crisis identification, achieve personalized guidance of psychological rehabilitation skills, improve the top-level design, and form government overall management and social division of labor as soon as possible A clear, multi-participated professional, multi-type, multi-level, and sustainable practice system.

References

- [1] Khan F, Pallant JF. Use of the International Classification of Functioning, Disability and Health to identify preliminary comprehensive and brief core sets for Guillain Barre syndrome. *Disabil Rehabil.* 2011;33(15–16):1306–1313.
- [2] Laxe S, Zasler N, Selb M, Tate R, Tormos JM, Bernabeu M. Development of the International Classification of Functioning, Disability and Health core sets for traumatic brain injury: an international consensus process. *Brain Inj.* 2013;27(4):379–387.
- [3] Ayuso-Mateos JL, Avila CC, Anaya C, Cieza A, Vieta E. Development of the International Classification of Functioning, Disability and Health core sets for bipolar disorders: results of an international consensus process. *Disabil Rehabil.* 2013;35(25):2138–2146.
- [4] Bruett AL, Schulz H, Andreas S. Development of an ICF-based core set of activities and participation for patients with mental disorders: an approach based upon data. *Clinical Rehabil.* 2013;27(8):758–767.
- [5] Cieza A, Chatterji S, Andersen C, Cantista P, Herceg M, Melvin J, Stucki G, de Bie R. ICF core sets for depression. *J Rehabil Med.* 2004;44:128–134.
- [6] Gomez-Benito J, Guilera G, Barrios M, Rojo E, Pino O, Gorostiaga A, Balluerka N, Hidalgo MD, Padilla JL, Benitez I, Selb M. Beyond diagnosis: The core sets for persons with schizophrenia based on the world health organization's international classification of functioning, disability, and health. *Disabil Rehabil.* 2017;30:1–11.
- [7] Brach M, Cieza A, Stucki G, Füssl M, Cole A, Ellerin B, Fialka-Moser V, Kostanjsek N, Melvin J. ICF core sets for breast cancer. *J Rehabil Med.* 2004;07(44):121–127.
- [8] Geerse OP, Wynia K, Kruijer M, Schotsman MJ, Hiltermann TJN, Berendsen AJ. Health-related problems in adult cancer survivors: development and validation of the cancer survivor core set. *Support Care Cancer* 2016;24:567.
- [9] Tschiesner U, Rogers S, Dietz A, Yueh B, Cieza A. Development of ICF core sets for head and neck cancer. *Head Neck.* 2010;32(2):210–220.
- [10] Bölte S, Mahdi S, Coghill D, Gau SS, Granlund M, Holtmann M, Karande S, Levy F, Rohde LA, Segerer W, de Vries PJ, Selb M. Standardised assessment of functioning in ADHD: consensus on the ICF core sets for ADHD. *Eur Child Adolesc Psychiatry.* 2018;12:1139.
- [11] Bölte S, Mahdi S, de Vries PJ, Granlund M, Robison JE, Shulman C, Swedo S, Tonge B, Wong V, Zwaigenbaum L, Segerer W, Selb M. The gestalt of functioning in autism spectrum disorder: Results of the international conference to develop final consensus international classification of functioning, disability and health core sets. *Autism.* 2018;23:449.
- [12] Danermark B, Granberg S, Kramer SE, Selb M, Möller C. The creation of a comprehensive and a brief core set for hearing loss using the International Classification of Functioning, Disability and Health (ICF). *Am J Audiol.* 2013;10:4.
- [13] Grill E, Bronstein A, Furman J, Zee DS, Müller M. International Classification of Functioning, Disability and Health (ICF) core set for patients with vertigo, dizziness and balance disorders. *J Vestib Res.* 2012;22(5–6):261–271.
- [14] Peyrin-Biroulet L, Cieza A, Sandborn WJ, Coenen M, Chowers Y, Hibi T, Kostanjsek N, Stucki G, Colombel JF. Development of the first disability index for inflammatory bowel disease based on the International Classification of Functioning, Disability and Health. *Gut.* 2012;61(2):241–247.
- [15] Rudolf KD, Kus S, Chung KC, Johnston M, LeBlanc M, Cieza A. Development of the International Classification of Functioning, Disability and Health core sets for hand conditions-results of the world health organization international consensus process. *Disabil Rehabil.* 2012;34(8):681–693.
- [16] Brage S, Donceel P, Falez F. Development of ICF core set for disability evaluation in social security. *Disabil Rehabil.* 2008;30(18):1392–1396.

-
- [17] Finger ME, Escorpizo R, Glassel A, Gmünder HP, Lückenkemper M, Chan C, Fritz J, Studer U, Ekholm J, Kostanjsek N. ICF core set for vocational rehabilitation: results of an international consensus conference. *Disabil Rehabil.* 2012;34(5):429–438.
- [18] Slebus FG, et al. Work-ability evaluation: a piece of cake or a hard nut to crack? *Disabil Rehabil.* 2007;29(16):1295–1300.
- [19] Chamberlain MA, Moser VF, Ekholm KS, O'Connor RJ, Herceg M, Ekholm J. Vocational rehabilitation: an educational review. *J Rehabil Med.* 2009;41(11):856–869.
- [20] Finger ME, Escorpizo R, Glassel A, Gmünder HP, Lückenkemper M, Chan C, et al. ICF Core Set for vocational rehabilitation: results of an international consensus conference. *Disabil Rehabil.* 2012;34(5):429–438.
- [21] Saltychev M, Kinnunen A, Laimi K. Vocational rehabilitation evaluation and the International Classification of Functioning, Disability, and Health (ICF). *J Occup Rehabil.* 2013;23(1):106–114.
- [22] Escorpizo R, Ekholm J, Gmünder H-P, Cieza A, Kostanjsek N, Stucki G. Developing a core set to describe functioning in vocational rehabilitation using the International Classification of Functioning, Disability, and Health (ICF). *J Occup Rehabil.* 2010;20(4):502–511.
- [23] Finger ME, Escorpizo R, Bostan C, De Bie R. Work Rehabilitation Questionnaire (WORQ): development and preliminary psychometric evidence of an ICF-based questionnaire for vocational rehabilitation. *J Occup Rehabil.* 2014;24(3):498–510.
- [24] Vermeulen K, Woestyn M, Oostra K, Geers S, Ryngaert K, Van de Velde K, et al. Cross-cultural adaptation and psychometric evaluation of the Dutch Version of the Work Rehabilitation Questionnaire (WORQ-VL). *J Occup Rehabil.* 2019;29(3):514–525.
- [25] Finger ME, Escorpizo R, Tennant A. Measuring work-related functioning using the Work Rehabilitation Questionnaire (WORQ). *Int J Environ Res Public Health.* 2019;16(15):2795.
- [26] Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine.* 2000;25(24):3186–3191.
- [27] Husmann A, Escorpizo R, Finger ME. Examining work-related functioning in a physical therapy outpatient clinic: validity and reliability of the Work Rehabilitation Questionnaire (WORQ). *J Occup Rehabil.* 2019;30(6):1–11.
- [28] Beck AT. A systematic investigation of depression. *Compr Psychiatry.* 1961;2(3):163–170.
- [29] Hisli N. A study on the validity of Beck Depression Inventory, (in Turkish). *Psikoloji Dergisi.* 1988;6:112–126.
- [30] Henson RK. Understanding internal consistency reliability estimates: a conceptual primer on coefficient alpha. *Meas Eval Counsel Dev.* 2001;34(3):177–189.
- [31] Kuder GF, Richardson MW. The theory of the estimation of test reliability. *Psychometrika.* 1937;2(3):151–160.