



COVID-19 Pandemic Guidance Document

COMMUNICATING WITH THE PUBLIC DURING THE COVID-19 PANDEMIC

Prepared by the APA Committee on Psychiatric Dimensions of Disaster

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To promote mental health, government leaders, psychiatrists, and other health care professionals must communicate and message scientific information effectively.¹ During a public health crisis or emergency, *communication* is “the attempt by public health professionals to provide information that allows individuals, stakeholders, and entire communities to make the best possible decisions for their well-being.”² *Messaging* refers to “persuasive messages that are designed to change any behavior within the realm of health care.”³ *Messengers* are individuals, including government leaders, psychiatrists, and other health professionals, whose responsibility is to communicate or message to the public.¹

Communication and messaging shape public perceptions and health behaviors in disasters of all kinds, including infectious disease outbreaks.^{2,4} Effective communications and messages play a critical role in anticipating and managing these outbreaks and their mental health consequences.⁵ During the COVID-19 pandemic, leaders and health care professionals can use the following principles to develop effective communications and messages:

- Use trusted, trained messengers.
- Adapt messages to the audience.
- Avoid jargon (i.e., use language easily understood by the general public).⁶
- Use culturally sensitive messages.
- Collaborate with community members and leaders to understand contextual factors.
- Convey accurate scientific and mental health information.
- Deliver messages according to a defined schedule.
- Avoid excessive reassurance.
- Acknowledge when you do not know something, commit to finding the answer, and then follow up.

These principles serve as a guide for messengers to craft effective communications and messages when scientific information is limited, dated, or quickly evolving, as is common during a pandemic.⁷ Ineffective communication and messaging worsen stigma, decrease help-seeking, and lead to lack of tolerance and support within communities. Effective communication and messaging create structure amid the chaos and uncertainty^{8,9} while lessening misattribution of information and cognitive biases, which may not only affect public perception and policy but also contribute to reluctance and delay in individual help-seeking.^{10,11} Principle-based communication and messaging also help vulnerable populations; promote desired behaviors and sense of control; reduce distress; and offer realistic hope for interventions, change, and recovery.

We recommend that physicians learn these basic principles during residency and in continuing medical education to ensure adequate media training and supervision in non-crisis settings.^{12,13}

These principles have been effective in communicating and messaging during previous pandemics. For example, during the H1N1 pandemic in 2009, messengers in the United States, including its territories, used principle-based communications and messages to control the epidemic and increase public understanding and trust.¹⁴⁻¹⁶

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