

**THE SUGGESTIONS FOR THE ANXIETY OF COLLEGE
STUDENTS DURING COVID-19**

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ABSTRACT

The purposes of this study were to: 1) to study the anxiety of college students during COVID-19, and 2) to give suggestions to alleviate the anxiety of students during COVID-19. The sample in this study was forty-three students from China Liuzhou Vocational and Technical School to learn about college students' learning and living conditions and emotional reactions during COVID-19 through a questionnaire. This research was used frequency, percentage, reliability to obtain the corresponding data analysis results

The results of this study found that: 1) whether the student has been diagnosed with COVID-19, and whether the student has been in contact with COVID-19 patients, will not cause anxiety. The longer the students study at home, the more likely they are to cause anxiety. The younger the student, the more likely to cause anxiety, and 2) the results of this study reveal that real events have little effect on anxiety, and the importance of correct cognition and relaxation training to mental health, and also this study understands the anxiety of college students during COVID-19, and gives effective suggestions from the World Health Organization (WHO) according to each situation.

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TABLE OF CONTENTS

	Pages
ABSTRACT	I
ACKNOWLEDGMENTS	II
TABLE OF CONTENTS	III
LIST OF TABLES	V
LIST OF FIGURES	
1 CHAPTER 1 INTRODUCTION.....	1
Background.....	1
Research Questions	2
Research Objectives	2
Scope of Research	3
Definition of terms	3
Expected Benefits.....	4
Conceptual Framework.....	4
2 CHAPT 2 ERREVIEWLITERATURE.....	5
Part 1: Concept of anxiety the concept of anxiety	5
Part 2: Anxious and susceptible people	9
Part 3: Relieve and Treatment of anxiety	11
Part 4: Research Related	21
3 CHAPTER 3 RESEARCH METHODOLOGY.....	24
Research design.....	24
Population and Sample	26
Research Instruments	26
Data collection procedures.....	26

TABLE OF CONTENTS

		Pages
4	CHAPTER RESULTS.....	27
	Part 1: Result of Study the anxiety of college students during COVID-19.....	27
	Part 2: Result of suggestions to alleviate the anxiety of students during COVID-19.....	35
5	CHAPTER 5 CONCLUSION ARECOMMENDATIONS.....	38
	Conclusions.....	38
	Discussions.....	38
	Recommendations.....	38
	REFERENCES	40
	APPENDICES	42
	BIOGRAPHY	58

LIST OF TABLES

Table		Pages
1	For Personal Data.....	27
2	Of Social Support System.....	31
3	Of future attention to mental health.....	34
4	Suggestions.....	35



LIST OF FIGURES

Figures		Pages
1	CBT Mode.....	17



CHAPTER 1

INTRODUCTION

Background

In 2020, the global covid-19 virus broke out. Real-time statistics on the World meter website show that as of 7:20 on July 8, Beijing time, the cumulative number of confirmed cases of global new coronary pneumonia (COVID-19) exceeded 11.93 million cases, reaching 11,937,038 cases, and the cumulative death case exceeded 545,000 cases, reaching 545,495 example. The Worldometer website (2020). In a short period of time, vaccines and specific drugs cannot be quickly researched and produced. In order to avoid the spread of the virus in large areas, many countries block cities, block traffic, and restrict people from traveling. Everyone can only stay at home every day, and study and work can only be transferred to the Internet. But at the same time, due to the highly developed network, all kinds of social media are filled with a lot of true and false information every day, some are real news about people's cities, and some are unreal. Panic rumors, no matter what kind of information, this information is easy to cause anxiety, induce anxiety and fear in many people, and bring some manifestations of anxiety to all aspects of life. In such a panic environment, for students who are still studying, it is undoubtedly an unprecedented pressure. According to China's "Education Essentials" report, students during the epidemic may face the following problems:

- (1) Fear of being infected with the covid-19 virus, and can't control the various information on the network every day and Worried about the health of himself and his relatives and friends, and the death fear is triggered by the death figures;
- (2) Need to learn to use and adapt the tools of online courses, adapt to a new learning method;
- (3) Across the Internet, unable to communicate with teachers and students as smoothly as face-to-face, I feel lonely in my heart;
- (4) Regarding the arrangement of time and the pressure of self-discipline, on the one hand, it is difficult to resist the temptation of mobile games at home, and on the other hand, he is worried about learning;

(5) The pressure of entering college, the pressure of examination, the pressure of graduation thesis;

(6) The graduating students are under pressure to find employment;

(7) Students consider whether to return to university, to return to campus to study, on the way back to school and in the school because of the psychological pressure and real pressure of insecurity

(8) and some other pressures

If these emotions and pressures are not understood and dealt with in a timely manner, they will be extremely likely to have a serious impact on the mental health of students, causing many unpredictable adverse consequences. A survey showed that during the covid-19 period, a large number of students showed obvious symptoms of anxiety, nervousness, worry, worry, and confusion. Chinese Internal Reference in Education. (2020)

Therefore, popularizing mental health knowledge can help students understand whether they suffer from anxiety or anxiety disorders? How serious is it? Know how to protect students from anxiety? And how to face the pressures in life.

For example: What should students do if they feel nervous and anxious during COVID-19 than before COVID-19? What should students do if they always read COVID-19-related news over and over again? What should students do in places where there are more people fearful than before, especially near hospitals?

All these are things that people need to study and give effective suggestions.

Research Questions

1. How is the study the anxiety of college students during COVID-19?
2. What are suggestions to alleviate the anxiety of students during COVID-19?

Research Objectives

There are two objectives as follows:

1. To study the anxiety of college students during COVID-19
2. To give suggestions to alleviate the anxiety of students during COVID-19

Scope of Research

This study uses a questionnaire designed by the researcher to investigate and study some college students who are studying to understand their learning status and psychological status during covid-19 and popularize them. Some appropriate psychological crisis intervention knowledge, as well as related mental health knowledge, and give some practical and professional suggestions to effectively ease their anxiety and better face learning and life.

Definition of terms

Anxiety refers to Psychiatry-Symptoms and Signs-Affective Disorder Symptoms Definition: Emotional state of excessive worry and fear of future or possible risks, accompanied by motor restlessness and autonomic symptoms.

Crisis psychological intervention refers to Radiation Medicine and Protection-Psychological Impact and Intervention Definition: psychologically resolve imminent crises, relieve symptoms immediately and permanently disappear, restore mental function to pre-crisis levels, and acquire new coping skills to prevent Measures for future psychological crisis.

Psychometrics refers to Psychiatry-General Definition: The discipline that measures psychological phenomena and their laws. Based on psychological statistics and psychological tests, it involves the evaluation of various psychological phenomena (such as individual intelligence level, psychological quality, measurement of individual characteristics and the impact of environment on psychological evaluation) and evaluation tools (such as song scale and psychological tests), involved, as well as the analysis and professional interpretation of the evaluation results.

COVID-19 refers to The new corona virus pneumonia (Corona Virus Disease 2019, COVID-19), referred to as "new coronary pneumonia", the World Health Organization named "2019 coronavirus disease", refers to 2019 new coronavirus infection caused by pneumonia.

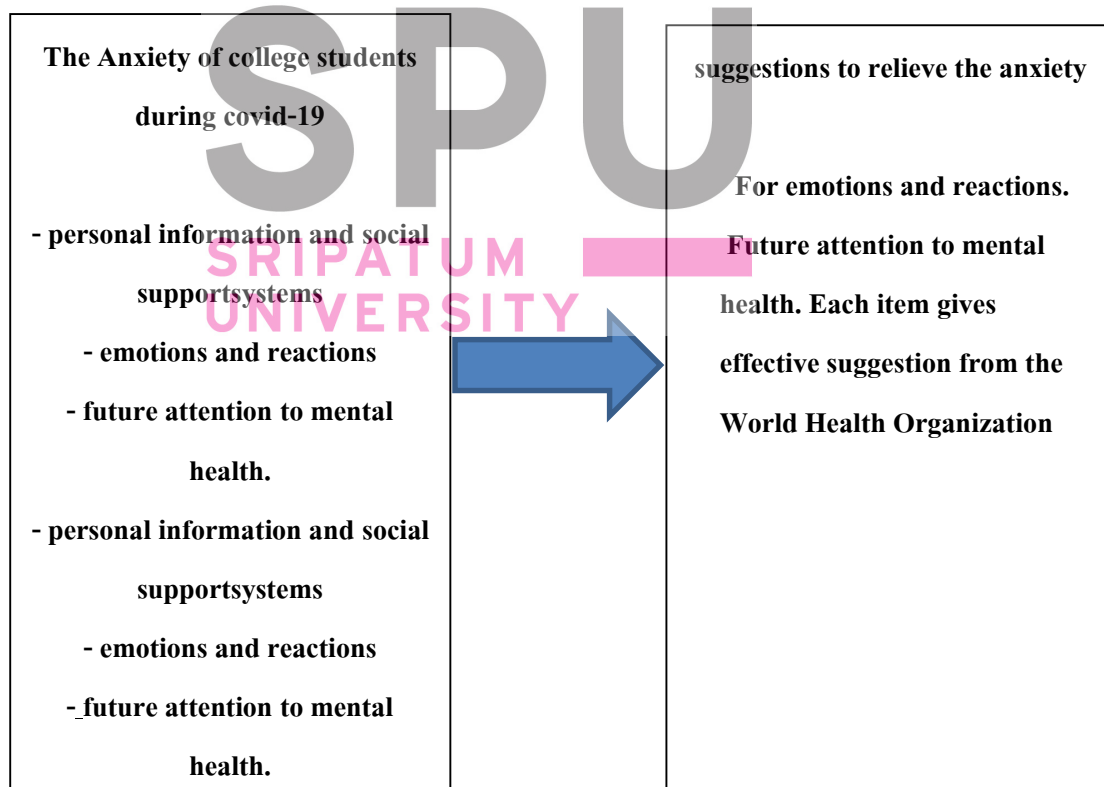
College students refers to College students who are studying at Liuzhou Vocational and Technical College, Guangxi, The People's Republic of China.

Suggestions refers to The World Health Organization issued the (Responding to Stress Handbook during COVID-19) in January 2020.

Expected Benefits

1. Learned the life and study status of some college students during covid19
2. Understand whether they have anxiety during this covid19 and the severity
3. Popularize the knowledge of psychological crisis intervention for college students to effectively relieve anxiety
4. Students without anxiety can also learn related mental health knowledge to prevent anxiety
5. Learn more scientific prevention knowledge of COVID-19 and protect your health.
6. Give suggestions for the anxiety of students during COVID-19

Conceptual Framework



CHAPTER 2

REVIEW OF LITERATURE

The objectives of these research were to study the anxiety of college students during covid19, and give suggestions to alleviate the anxiety of students during.

There are eight parts of this review literature as follows:

Part 1: the concept of anxiety

Part 2: anxious and susceptible people

Part 3: relieve and Treatment of anxiety

Part 4: Research Related

Part 1: Concept of anxiety the concept of anxiety

Anxiety is a special emotional experience composed of tension, anxiety, worry, fear and fear. It is an unpleasant emotion produced when an individual anticipates that there will be some adverse consequences or threats. Sometimes anxiety occurs with a clear cause, and sometimes there is no obvious cause. Anxiety is always associated with certain threats or dangers, which makes individuals subjectively feel depressed, nervous and unpleasant, and even pain is difficult to suppress, and may also be accompanied by dysfunction of the autonomic nervous system. As an emotional expression, anxiety has appeared in psychology research for a long time. There are many studies on anxiety in psychology. Different scholars and experts have studied anxiety from different angles. The earliest source of anxiety theory was Freud. He once emphasized in "Introduction to Psychoanalysis" that if the self is put into a passive situation of admitting its weakness, it will show an anxiety state-about The objective anxiety of the external world, the neurotic anxiety about the instinctive desire of the self and the moral anxiety about the superego. From the very beginning of psychoanalytic thinking, anxiety has been recognized as the core issue of understanding psychological conflicts (because various psychological conflicts are perceived and understood through uncomfortable feelings). Freud in his early works, consistent with his earlier release pattern of mental function, believed that anxiety was a "toxic metamorphosis" without liberated libido. This unreleased libido can be a physiological activity that leads to "real neurosis" or "anxiety neurosis." In 1926, Freud fundamentally changed his conception of anxiety, giving up the

distinction between neurotic anxiety and real anxiety, and the idea that depression caused anxiety. In his new theory, Freud distinguishes between two types of anxiety, one is traumatic, reality-oriented “automatic” anxiety, in which case the system is overwhelmingly affected, and the other is “Neurotic anxiety, in this case, will anticipate those dangerous situations encountered again, thus starting a defensive process. "Automatic anxiety" is an emotional response when experiencing helplessness in a traumatic experience. The prototype of this experience stems from the feeling of helplessness during the birth of the baby and the period immediately thereafter. The danger in this feeling comes from the outside, and the psychological system that is impacted is basically unable to be taken care of by the self (the self also Not yet formed). The second form of anxiety starts within the mental system and is self-regulated. This "signal anxiety" foreshadows the emergence of some new "dangerous situation", which may be a repetition of a certain "traumatic state" experienced earlier. At the moment of birth, the prototypes of these states correspond to the core tasks of different development levels, just as the needs of babies gradually separate from the initial state of immediate overload feeling, and change to more complex needs adjustment, which can comprehensively face the Many different elements (according to the principles of reality and happiness and the needs of the objective world). These moments—the loss of object, the loss of object love, the castration anxiety, and the fear of being punished by the internalized superego object—will be experienced during development and may reappear at any time in one’s adult life, The representative is that when some realistic and inner conflicts are confused, it will become a new anxiety attack. This new way of conceptualizing anxiety is the product of Freud’s later revisions to his theory. He links structural theory with the concept of self-regulatory function. Its role is to shift the focus of clinical work on anxiety. The realm of self. Associating various dangerous situations with the developmental stage also suggests a diagnostic dimension of anxiety. Having an earlier type of anxiety implies an earlier stage of fixation. Renate, and Wolfe. (2015).

basic types and symptoms of anxiety

A. Chronic anxiety (general anxiety). Emotional symptoms; in the absence of obvious incentives, patients often have excessive worry, nervousness and fear that are inconsistent with the actual situation. This kind of nervous fear often has no clear target and content. The patient feels that he has been in an inner experience of nervousness, fear, fear, and anxiety. Autonomic symptoms; dizziness, chest tightness, palpitation, shortness of breath, dry mouth, frequent

urination, urgency, sweating, tremors and other physical symptoms. Athletic restlessness; restlessness, restlessness, restlessness, irritability, and difficulty in calming down.

B. acute anxiety (panic attack) dying or out of control; in normal daily life, patients are almost the same as normal people. Once the attack occurs (some have specific triggering situations, such as enclosed spaces, etc.), the patient suddenly appears extremely frightened and experiences a feeling of near-death or out of control. Autonomic nervous system symptoms occur at the same time; severe anxiety can also cause physical symptoms, such as rapid heartbeat, shortness of breath, sweating, trembling, weakness, irritability, insomnia, and, more seriously, panic disorder, usually a sudden attack, The patient will suddenly have a feeling of heart oppression, suffocation, tension that cannot breathe spontaneously, and even a feeling of dying. It usually lasts a few minutes to several hours; the onset begins suddenly, and the consciousness is clear at the time of the attack. It is very easy to misdiagnose; patients are often confused with high blood pressure, heart disease and other physical diseases during the attack. Often call "120" emergency phone to see the emergency department of cardiology. Although the patient seemed to have severe symptoms and was sent to the hospital for an ordinary examination, the results of the relevant examinations were mostly normal, so the diagnosis was often unclear. After the seizure, the patient was still extremely frightened and worried about his own condition. He often went to various departments in major hospitals to do various examinations, but the diagnosis could not be confirmed. It not only delays treatment but also wastes medical resources. Li, Wu and He (2000)

How to identify anxiety

Anxiety identification scale is usually used. There are two main appraisal scales for anxiety, one is the SAS self-rating anxiety scale, and the other is the Hamilton anxiety scale anxiety scale.

A. Anxiety Self-rating Scale was compiled by wk. zung in 1971. Suitable for adults with anxiety symptoms, it is a self-assessment tool for assessing the patient's subjective feelings of anxiety and their changes in treatment. The scale contains 20 items that reflect subjective feelings of anxiety, and each item is divided into four grades according to the frequency of symptoms, of which 15 are positive scores and 5 are reverse scores. SAS uses a 4-level score, which mainly evaluates the frequency of symptoms defined by the project. The standard is: "1" no or very little time: "2" small part of the time: "3" quite a lot of time; "4" absolutely Most or all of the time.

(Among them, "1", "2", "3" and "4" all refer to scoringscores) Results: 1) Original score 2) Standard score (2) Applicable objects SAS is suitable for adults with anxiety symptoms. At the same time, it has a wider applicability like the SDS (Self-rating Depression Scale). (3) The main statistical indicator of SAS is the total score. After the self-assessment is completed, the scores of the 20 items are added together, and then multiplied by 1.25 to obtain the integer part to get the standard score. You can also get Check the "Rough Score Standard Score Conversion Table" for the same conversion. The higher the standard score, the more severe the symptoms. Result analysis The result analysis chart of this system gives the standard score. The higher the score, the more severe the symptoms in this area. In general, those with a total anxiety score of less than 50 are normal; those with 50-60 are mild, those with 61-70 are moderate, and those with more than 70 are severe anxiety. The number of negative items indicates how many items were not tested. Response, the number of positive items indicates how many items the subject has responded to. Total rough score: the scores of 20 items are added together, and the demarcation is divided into 40 points. Standard score (Y): $\text{total coarse score} \times 1.25$ demarcation points 50 points. 50-59 points mild anxiety 60-69 points moderate anxiety 69 points or more severe anxiety. W.K.Zung (1971)

B. The Hamilton Anxiety Scale (HAMA) was compiled by Hamilton in 1959. It was one of the most commonly used scales in psychiatric clinics, including 14 items. It is listed as an important diagnostic tool for anxiety disorder by the CCMD-3 Diagnostic Criteria for Mental Disorders in China, and it is often used in clinical practice The basis for the diagnosis and degree of anxiety disorder. Scope of Editing is mainly used to assess the severity of anxiety symptoms of neurosis and other patients, but it is not suitable for estimating the anxiety state of various mental illnesses. At the same time, compared with HAMD (Hamilton Depression Scale), there are some repetitive items, such as depressed mood, physical anxiety, gastrointestinal symptoms and insomnia, so anxiety and depression cannot be well distinguished. Evaluation method editing HAMA should be jointly inspected by two trained assessors, generally using the methods of conversation and observation. After the inspection, the two assessors independently score. When evaluating the improvement of anxiety symptoms before and after psychological or drug intervention, first assess the situation at the time of enrollment or one week before enrollment, and then assess again after 2 to 6 weeks of intervention to compare the severity of anxiety symptoms and the symptom spectrum Variety. Projects and assessment standards All HAMA projects are

graded on a 5-level scale of 0 to 4 points. The criteria for each level are: 0 points: asymptomatic; 1 point: light; 2 points: medium; 3 points: heavy; 4 points: extremely weight.

Result analysis and editing 1. Anxiety factor analysis: HAMA divides anxiety factors into two categories: physical and spiritual. Physical anxiety: The scores for items 7 to 13 are relatively high. Psychological anxiety: Scores from one to six and fourteen are relatively high. 2. The total HAMA score can better reflect the severity of anxiety symptoms. The total score can be used to evaluate the severity of anxiety symptoms in patients with anxiety and depression and to evaluate the effects of various drugs and psychological interventions. According to the information provided by the Chinese scale cooperation group: total score ≥ 29 points, may be severe anxiety; ≥ 21 points, there must be obvious anxiety; ≥ 14 points, there must be anxiety; more than 7 points, there may be anxiety; if less than 7 points, There will be no symptoms of anxiety. Hamilton (1959)

Part 2: Anxious and susceptible people

The causes of anxiety disorders are related to both innate quality factors and external environmental stimuli. It is generally believed that patients' personality traits are often of high quality. This anxiety trait usually manifests as anxiety and restlessness, poor tolerance to anxiety, and sympathetic nerves that are easily excited. The occurrence of panic disorder is often associated with a fast-rhythm and high-stress lifestyle. Patients often have their own A-type personality tendency to urge them. The disorder often occurs after the brain and body continue to fatigue. Generalized anxiety is often related to lengthy real-life stress, the patient's lack of reasonable coping methods for stress, and no knowledge of the above.

Specifically, there are the following related factors: genetic factors:

It plays an important role in the occurrence of anxiety disorders, and the morbidity rate of its blood relatives is 15%, much higher than that of normal residents; the morbidity rate of dizygotic twins is 25%, and that of monozygotic twins is 50%. Some people think that anxiety disorder is the result of environmental factors through the susceptible quality, susceptible quality is genetically determined. Biological factors: The physiological basis of the anxiety response is the general hyperactivity of sympathetic and parasympathetic nervous systems, often with excessive release of epinephrine and norepinephrine. The manifestation of somatic changes depends on the characteristics of the patient's sympathetic and parasympathetic balance.

Mental stimulation factors:

Mental factors such as slight setbacks and dissatisfaction can be predisposing factors. There are also different opinions about the pathogenesis. Some scholars emphasized the connection between the emotional center of "amygdala and hypothalamus, etc." and anxiety disorders, the discovery of benzodiazepine receptors in the limbic system and neocortex, and proposed the "central theory" of anxiety disorders. ; Some people are based on β -adrenergic blockers can effectively improve physical symptoms and relieve anxiety. Stress events and sudden events such as natural disasters and man-made disasters in life are more likely to cause anxiety.

Psychological factors:

The cause of anxiety disorder is also manifested in neurotic personality. These people have low psychological qualities, are sensitive to any stimulus, and are triggered at any time, responding too strongly to stimuli. The ability to withstand setbacks is too low, and the self-defense instinct is too strong. Pre-morbid personality traits: inferiority complex, lack of self-confidence, timidity, fearfulness, being cautious, being prone to nervousness, anxiety or mood swings for minor setbacks or physical discomfort

Drug factors:

For some people, long-term use of certain drugs (such as some hypertension, arthritis or Parkinson's disease) can cause anxiety symptoms, which is also the cause of anxiety disorders. Anxiety disorder has a greater impact on women. Because women are very sensitive to various sensory stimuli, including physical contact, surrounding light, noise and odor, it is easy to get hysterical. (He Cheng, Chen Yizhang, 2014)

The benefits and harms of anxiety

Healthy anxiety or worry can sustain life and can produce some beneficial and harmless results, but unhealthy anxiety can easily destroy you. In fact, healthy anxiety or caution can allow you to learn to control your emotions and allow you to respond to dangerous or difficult situations in an efficient manner. Unhealthy anxiety or panic is exactly the opposite: it will make you lose your self-control, and you will not respond well when faced with risks and problems, and sometimes even have extremely serious consequences. Health anxiety includes feelings of caution, vigilance, and resistance to potential harm. Unhealthy anxiety includes panic, horror, shock, fear, trembling,

numbness, and all kinds of physical and mental pain that put you on alert. You can be sure that you will be alert to all potential dangers, but usually this will interfere with your response. Dangerous ability. (Albert Ellis, "Controlling Anxiety")

Severe anxiety will cause great harm to people. In addition to mental pain, affecting learning and life, it will also cause other adverse consequences: People who cause insomnia and anxiety and those who experience many stressful events in life are more likely to suffer Insomnia. Stress and anxiety can cause sleep problems for more than one night or two nights. A new study shows that anxiety can cause long-term sleep problems. Moreover, the researchers found that the lack of sleep related to anxiety can last up to 6 months. Increasing mortality A study in the United States shows that about 25% of men with high levels of stress suffer from heart disease. And the mortality rate is 23% higher than normal. For women, the mortality rate of women with high anxiety is 23% higher than normal people. Moreover, about 23% of these people suffer from a disease called atrial fibrillation, which is prone to convulsions and death. This shows that the long-term suffering from anxiety is very harmful. The factors that cause cancer are very complicated, and mental factors play an important role in the occurrence and development of cancer. Modern medicine has found that cancer occurs in people who have suffered from anxiety, depression, depression, fear, sorrow, and other emotional stress after a long period of frustration. Psychological factors can not directly cause cancer, but it often affects and reduces the body's immunity with a chronic and continuous stimulation, increasing the incidence of cancer. He and Chen (2014)

Part 3: Relieve and Treatment of anxiety

Some relaxation trainings that are very effective for the prevention and treatment of anxiety disorders Relaxation training, also known as relaxation training, is one of the most widely used techniques in behavioral therapy. It is a psychological consultation and treatment method that consciously controls its own psychophysiological activities, reduces arousal levels, and improves the body's disorder functions. It is mainly for training to ask for help the person can relax the muscles of his whole body at will, and maintain a relaxed state at any time, so as to achieve the purpose of alleviating tension and anxiety. The relaxation training method is simple, practical, effective, and less restricted by conditions such as time, place, and funds. , Can quickly improve symptoms. Wang and Liu (2015)

specific method:

A: Take a deep breath

Deep breathing is a simple and effective relaxation technique that focuses on clean breathing. It is easy to learn, it can be practiced almost anywhere, and provides a quick way to control stress levels. Deep breathing is also the cornerstone of many other relaxation exercises and can be combined with other relaxation elements such as aromatherapy and music. All you need is a place to sit or relax, sit in a comfortable position, put one hand on your chest and the other on your stomach. Breathe through the nose. The hands on the belly should be raised. The chest hand should rarely move. Exhale through your mouth to expel as much air as possible while contracting your abdominal muscles. When exhaling, the hand on the stomach should move inward, but the other hand should rarely move. Continue breathing through the nose and breathing through the mouth. Inhale as much as possible to make the lower abdomen undulate. Count slowly as you exhale.

If you find it difficult to breathe in your abdomen while sitting up, try to lie down. Put a small book on your stomach and breathe so that the book rises when you inhale and falls when you exhale. Why breathe from your belly? Abdominal breathing stimulates the vagus nerve, which extends from the head down to the chest and then to the colon. This can activate your relaxation response, lower your heart rate and blood pressure, and lower stress levels.

B: Progressive muscle relaxation

Progressive muscle relaxation is a two-step process in which you can systematically tension and relax different muscle groups in the body. Through routine exercises, it can give you a full understanding of the tension and complete relaxation in different parts of the body. This can help you respond to the initial symptoms of muscle tension accompanied by stress. As your body relaxes, your mind will relax. Progressive muscle relaxation can be used in combination with deep breathing to further relieve stress. Perform progressive muscle relaxation If you have muscle cramps, back problems or other serious injuries that may be exacerbated by tightening your muscles, please consult your doctor first.

Starting from your feet, all the way to your face, trying to pull only those muscles you want. Loosen your clothes and take off your shoes to make yourself comfortable. Take a few minutes to breathe slowly and deeply. When you are ready, turn your attention to your right foot.

Take a moment to focus on feeling. Slowly tighten the muscles of your right foot and squeeze as tightly as possible, holding on to 10 times. Relax your feet. Focus on the dissipated tension and the feeling when your feet become soft and slack. Keep this relaxed state for a while, breathing slowly and deeply. Turn your attention to your left foot. Follow the same sequence of muscle tension and release. Move slowly up in your body to contract and relax different muscle groups. Some exercises may be needed at the beginning, but please try not to strain your muscles.

C: Body scan meditation

This is a type of meditation that focuses attention on various parts of the body. Just like progressive muscle relaxation, you start with your feet and then gradually move up. However, you don't have to strain and relax your muscles, but just pay attention to the sensations in various parts of your body without labeling them as "good" or "bad". Lie on your back with your legs crossed, your arms relaxed, and your eyes open. Focus on breathing for about two minutes until you start to feel relaxed. Turn your attention to the toes of your right foot. Notice how you continue to focus on breathing. Imagine that every deep breath flows to the toes. Stay focused on this area for three to five seconds (or longer).

Move focus to right foot. Adjust the feeling of that part of the body and imagine every breath on the soles of the feet. After a minute or two, move the focus to the right ankle and repeat. Move to calves, knees, thighs, buttocks, then repeat the process for the left leg. From there, move the torso upwards, through the lower back and abdomen, upper back and chest, and shoulders. Pay close attention to any part of the body that causes pain or discomfort. After completing the body scan, quietly relax for a while, paying attention to how the body feels. Then, if necessary, slowly open your eyes and stretch.

D: visualization

Visualization or instructive images is a variation on traditional meditation, which involves imagining a scene where you can feel calm and let go of all tension and anxiety. Whether it's a tropical beach, your favorite childhood, or a quiet wooded environment, you can choose the setting that will make you feel calmest. You can practice visualization yourself, or you can practice through the application or audio download to guide you through the images.

You can also choose to visualize it silently, or use a hearing aid, such as soothing music or sound equipment or a recording that matches the settings you choose: for example, if you choose a

beach, you can hear the sound of the waves. Perform visualization exercises to close your eyes and imagine your quiet place. Imagine as vividly as possible: see, hear, smell, smell, feel everything. It's not enough to just "see" it in your brain like you are looking at a photo. If you include as much sensory detail as possible, the visualization is best. For example, if you are thinking of stopping on a quiet lake: see the sunset falling on the water, hear the birds singing, smell the pine trees, bare feet, feel the cool water, taste the fresh water, clean the air, enjoy the feeling of worry, and slowly explore the tranquility. Gradually disappeared. When you are ready, gently open your eyes and return to the present.

Don't worry if you sometimes divide your area or track your location in a visualization session. This is normal. You may also feel heavy limbs, muscle twitching or yawning. Again, these are normal reactions.

E: Self-massage

First, knead the muscles on the back of the neck and shoulders. Quickly hit loose fists up and down on both sides and back of the neck. Next, use your thumb to circle the bottom of the skull. Use your fingertips to slowly massage the rest of the scalp. Then, pat the scalp with your fingers, move from front to back, and then move on both sides. Massage your face now. Use your thumb or fingertips to make a series of small circles. Pay special attention to your temples, forehead and jaw muscles. Massage the bridge of the nose with your middle finger

The hair stretched out to the temple. Finally, close your eyes. Cover your face with both hands, then inhale and exhale for a short time.

F: Mindfulness Meditation

In recent years, mindfulness has become very popular, gaining headlines and recognition from celebrities, business leaders, and psychologists. So, what is mindfulness? Mindfulness does not have to worry about the future or stay in the past, but shifts your attention to what is currently happening, so that you can fully participate in the current moment.

For a long time, meditation to cultivate mindfulness has been used to reduce stress, anxiety, depression and other negative emotions. Some of these practices focus your attention on a single repetitive action, such as breathing or repeating a few sentences, which brings you to the present. Other forms of mindfulness meditation will encourage you to follow and then release your internal thoughts or feelings.

Mindfulness can also be applied to activities such as walking, sports or eating. It seems simple to focus on the present with mindfulness, but it takes practice to get all the benefits. When you first start practicing, you may find that your attention has been hovering, returning to a state of worry or regret. But don't be discouraged. Every time you return your attention to the present, you are strengthening a new psychological habit, which can help you get rid of the troubles of the past or the pressure of the future. Using apps or audio downloads can also help you focus, especially at the beginning. Basic mindfulness meditation: Find a quiet place where you will not be disturbed or distracted. Sit in a comfortable chair with a straight back. Close your eyes and find a focus, such as breathing-the feeling of air entering the nostrils, the undulation of the mouth or abdomen-or meaningful words that reappear throughout the meditation. Don't worry about distracting your thoughts, or your performance. If your thoughts interfere with your relaxation meeting, don't fight it, just turn your attention back to focus without any judgment.

G: rhythmic exercise and concentrated exercise

The idea of exercise may not sound so soothing, but rhythmic exercise will cause you to repeat the exercise continuously, resulting in a relaxing response. For example: running, walking, swimming, dancing, rowing and climbing, in order to reduce stress to the greatest extent, increase mindfulness during exercise, while only regular exercise will help relieve stress, and increasing the mindfulness component can benefit you more. As with meditation, mindfulness exercises require full participation in the moment, paying attention to your current physical feelings, not your daily worries or worries.

Exercise should focus on the feeling of the limbs and how breathing supplements exercise.

For example, if you want to walk or run, focus on the feeling of your feet touching the ground, the rhythm of breathing, and the feeling of the wind on your face. If you are undergoing resistance training, you should focus on the coordination of breathing and movement, and pay attention to how your body feels when you increase and decrease your weight. And when your thoughts turn to other thoughts, please gently return your attention to breathing and movement.

H: Yoga and Tai Chi

Yoga involves a series of moving and fixed postures, and deep breathing. Yoga can not only reduce anxiety and stress, but also improve flexibility, strength, balance and endurance. Since

practicing yoga incorrectly may cause harm, it is best to learn the basics through learning, you can practice alone or with others, and tailor-made according to your needs.

Tai Chi is a series of self-disciplined slow and smooth body movements. By focusing on movement and breathing, you can focus on the moment, which can make your mind clear and relax. Tai Chi is a safe, low-impact option for people of all ages and fitness levels, including the elderly and injured rehabilitation. As with yoga, it is best to learn the basics through learning before you start practicing.

Tips for starting relaxation exercises It is not difficult to learn the basics of these relaxation techniques, but regular practice is required to really use their ability to relieve stress. Try to set aside at least 10 to 20 minutes each day for relaxation exercises. Reserve time in your schedule. If possible, schedule an exercise time for you once or twice a day. It usually takes some time and practice to start getting the full reward of relaxation techniques (such as meditation). The more you insist on using it, the sooner the result will be. If you skip a few days or even a few weeks, please don't be angry and just start over, and then slowly build up your old motivation. Robinson and Smith (2019)

Treatment of anxiety

A. cognitive behavioral therapy,

In view of the chronic characteristics of anxiety disorder, the high incidence rate and the huge cost caused thereby, the treatment of CBT for this disease has aroused great interest. Cognitive-behavioral therapy for anxiety disorders and its mechanism of action Learning theory based on a large number of animal experiments and human studies is the basis of CBT in the treatment of anxiety disorders. CBT treatment of anxiety disorders usually includes multiple sets of treatment techniques, which have been proven to have fear-relieving effects. These techniques usually include behavioral therapy methods such as imagination and actual exposure, as well as various forms of cognitive therapy methods, among which cognitive therapy is most commonly used for cognitive reconstruction.

Cognitive processing may be used as a mechanism for alleviating the symptoms of anxiety disorders, which has prompted researchers to develop cognitive theory to reflect on previous behavioral theories, especially to expand the interpretation of behavioral theories. In general, the

cognitive model of psychopathology can be used to infer that personal schemas (including belief systems, expectations, assumptions, etc.) have a significant impact on emotions and behaviors by affecting the perception, coding, and memory of information. The onset and maintenance of anxiety disorder are partly due to the chaos of information processing, that is, individuals overestimate the danger or possible threat, but relatively underestimate their coping ability.



Hayes (2010)

When dealing with anxiety disorders, research shows that psychotherapy is the most effective option. This is because anxiety therapy-unlike medication, does not only treat the symptoms of the problem. CBT therapy can help you to unravel the reasons hidden in fear and anxiety, learn how to relax, look at the situation in a newer, calmer way, and develop a series of better coping and problem-solving skills. Treatment will give you the tools to overcome anxiety and teach you how to use them. Anxiety disorders vary, so therapy should be tailored to your specific symptoms and diagnosis. If you have obsessive-compulsive disorder (OCD), for example, your treatment should be different from those used by people with anxiety attacks. The length of treatment also depends on the type and severity of the anxiety disorder. However, many anxiety therapies are relatively short. According to the American Psychological Association, the condition of many people has improved significantly in eight to ten treatment sessions.

CBT can locate the negative thinking patterns and misunderstandings and misunderstandings when we view the world and ourselves. As the name says, this therapy contains two main elements: Cognitive therapy, which checks how many negative thoughts you have, or cognition, adds to your anxiety. Behavioral therapy to check how you act in situations that can

cause you anxiety. The most basic premise of CBT is that our thoughts—not external events—affect how we feel. In other words, it is not your situation that determines your feelings, but your knowledge of this situation determines it.

For example, imagine you are invited to a grand meeting. There are three different ways of thinking about this invitation, and think about how they affect your emotions. Situation: Friends invite you to the party Idea 1: It sounds interesting, I like to go out and meet new friends! Emotion: happy, excited Idea 2: The party is not for me, I would rather stay at home and watch a movie. Emotions: Neutral Idea 3: I don't know what I can say or do at the party. If I go, I will act like a fool. Emotions: anxiety, sadness.

You see, the same thing can cause completely different emotions in different people. It all depends on our personal expectations, attitudes and beliefs.

For people with anxiety disorders, negative thinking can lead to negative emotions, anxiety and fear. The goal of cognitive behavioral therapy is to recognize and correct negative thoughts and beliefs. In short, the point is that if you change your way of thinking, you will change your feelings.

Thinking challenge in cognitive behavioral therapy thinking challenge—that is, cognitive restructuring—is the process in which you question your negative thinking patterns, replacing them with a more positive and closer to the real idea.

This involves three steps: 1. Find out your negative thoughts. When there is an anxiety disorder, the danger of the situation is particularly amplified. However, it is difficult to recognize your own irrational and terrible thoughts. One strategy is to ask yourself what you are thinking when you start to feel anxious. Your therapist will help you complete this step. 2. Challenge your negative thoughts. Ask where the evidence for your thinking is, analyze the beliefs that are not helpful, and test the truth of your negative predictions. Strategies to challenge negative thoughts include experimental research, measuring the pros and cons of your worries or fears, and recognizing how much anxiety you are likely to happen in reality. 3. Replace negative thoughts with ideas closer to reality. Once you have positioned irrational predictions and negative distortions in your anxious thoughts, you can replace them with new, more accurate and positive thoughts.

However, negative thoughts are often part of a way of thinking that lasts a lifetime. Only non-stop practice can break the habit. This is why cognitive behavioral therapy also includes non-stop practice while at home.

CBT also includes: Learning to realize it when you are anxious and how you feel physically. Learn coping skills and relaxation techniques to counteract anxiety and panic. System desensitization method. Face your fears (whether in your imagination or in real life). Maintain a good relationship with others.

Systemic desensitization directly confronts your greatest fear immediately, which may cause trauma. Therefore, exposure therapy usually starts in a relatively mild situation and then gradually strengthens. This method with steps is called systematic desensitization. It allows you to challenge your fears step by step, build self-confidence, and master the skills to control panic. The systematic desensitization method includes three parts: Learning relaxation techniques. (Refer to Contents 2 and 1 of this article) Once you begin to face your fears, you will use relaxation techniques to relieve your body's anxious reactions (such as tremors and gasping) and promote relaxation. Make a step-by-step list. Next, you need to make a list that contains ten to twenty progressive scenarios to achieve your ultimate goal. For example, if your ultimate goal is to overcome the fear of flying, you may need to list "look at the photos of the plane" as the first item, and end with "really do a plane". Each step should be as specific as possible, with a clear and measurable goal. Take steps. Begin the steps listed on the list. The goal is to stay in every scene that scares you until the fear disappears. In that way, you will learn that the feeling will not hurt you, and it will indeed disappear with time. Every time when the cloud of sorrow hangs over you, you will use the relaxation techniques you have learned. Once you relax again, you can return your attention to the situation. In this way, you will continue to perform these steps until you can complete each step without feeling too painful.

For complementary therapies for anxiety disorders, when you gradually explore your anxiety disorder during treatment, you may also need some complementary therapies to help you reduce your stress level and achieve emotional balance. Biofeedback, for example, can use sensors to measure specific physiological functions-such as heart rate, breathing, and muscle tone-to teach you to be aware of the anxious reactions in your body and learn how to use relaxation techniques to control them.

Carefully cultivate relationships with others: loneliness and isolation provides the cornerstone for anxiety. Reduce your vulnerability by connecting with others. Meet with friends, join a group, and share your worries and concerns with people you trust. Develop healthy lifestyle

habits. Physical activity can reduce tension and anxiety, so take the time to exercise for a while every day. Do not use alcohol or drugs to cope with your symptoms, but also avoid some stimulants, such as caffeine and nicotine, which will only make anxiety worse. Reduce stress in life. Check the following stresses in your life and see if there is a way to minimize them. Avoid those who make you feel anxious, say no to extra responsibilities, and take the time to do something fun and fun.

Smith, Robert Segal, and Jeanne Segal. (2019)

B. drug treatment:

Some antidepressants, especially selective serotonin reuptake inhibitors (eg escitalopram) and serotonin-norepinephrine reuptake inhibitors (e.g. venlafaxine) are effective against generalized anxiety disorder. These antidepressants are usually used for several weeks to relieve anxiety, so some patients are given a combination of benzodiazepines and antidepressants. Benzodiazepines are anti-anxiety drugs that can quickly relieve anxiety and usually work almost immediately. However, because long-term use of benzodiazepines may lead to drug dependence, these drugs are often given for only a relatively short period of time. Once antidepressants are effective, the dose of benzodiazepines should be slowly reduced until disabled. Such drugs should not be stopped suddenly. Weighing benzodiazepines can relieve symptoms, and their minor adverse reactions and possible drug dependence are not important. Some patients must take benzodiazepines for a long time.

Buspirone is another anti-anxiety drug that can effectively treat generalized anxiety disorder. It does not cause drug dependence. However, it has a slow onset of action, and it takes two weeks or more to take effect.

Chinese herbal medicines such as kaffir pepper (pepper) and valerian plants (valerian) may have anti-anxiety effects, but their effects and safety on anxiety disorders (such as generalized anxiety disorder) need further study.

Cognitive behavioral therapy has been shown to be helpful for generalized anxiety disorder. Patients learn to discover the root causes of anxiety through cognitive behavioral therapy, and learn to control their emotions and adjust their behaviors. Relaxation, yoga, meditation, exercise and biofeedback techniques can also be helpful (psychosomatic techniques).

Drug treatment must be used under the guidance of a professional doctor. John H. Grist. (2014)

Part 4 : Research Related

Understanding of COVID-19's expertise

For example: If you are afraid of being infected with the covid-19 virus, then you should seriously understand the virus, its symptoms, harm, transmission methods, prevention, and treatment methods.

(1) Coronavirus is a type of virus that can cause the common cold and other more serious respiratory diseases, such as the first outbreak of SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome). Most scientists do not think that the virus is alive. Instead, they are considered to be "obligate intracellular parasites" that require host cell replication. The virus turns the host cell into a "virus production plant." All viruses are composed of nucleic acids (DNA or RNA) and a layer of protein capsids (called capsids). The nucleic acid surrounded by its protein shell is called the nucleocapsid. Some viruses also have a third component that leads to an envelope surrounding the capsid. The envelope is usually derived from the host cell membrane and is obtained when the virus buds out of the cell. Therefore, this virus can be disguised as a "wolf in sheep's clothing", thus evading the host organism's immune system. The new coronavirus that causes COVID-19 is called SARS-CoV-2. It is a single-stranded RNA virus with a host cell-derived envelope around its capsid. The envelope of the virus is covered with spikes, making it look like a coronal, so it is called "corona". RNA viruses (such as influenza viruses and coronaviruses) tend to mutate much faster than DNA viruses, which makes it more difficult to produce effective vaccines.

(Dr. Jennifer Bennett, Department of Biology and Earth Sciences, Otterbyne)

(2) What are the symptoms of COVID-19?

Symptoms may include fever, cough and shortness of breath. In more severe cases, the infection may cause pneumonia or difficulty breathing. This disease is rarely fatal. These symptoms are similar to flu or common cold, which is much more common than COVID-19. This is why testing Need to confirm whether someone has COVID-19.

(3) How is COVID-19 spread?

The virus is spread through direct contact with the respiratory tract droplets of the infected person, through coughing and sneezing). Individuals may also be infected with the surface and touch the surface contaminated with viruses and touch their faces (eg, eyes, nose, mouth). The COVID-19 virus may survive for hours on the surface, but a simple disinfectant can kill it.

(4) Who is the most dangerous?

We are learning more about how "COVID-19" affects people every day. The elderly, as well as chronic diseases, such as diabetes and heart disease, seem to be more likely to suffer from severe symptoms. Since this is a new virus, we know that people of any age may be infected with the virus.

(5) What is the treatment of COVID-19?

There is currently no vaccine for COVID-19. However, many symptoms can be treated and getting early care from a health care provider can reduce the risk of the disease. There are ongoing clinical trials to evaluate the potential treatment of COVID-19.

(6) How to slow down or prevent the spread of COVID-19?

A. Like other respiratory infections such as flu or the common cold, public health measures are used to slow the spread of the disease. Public health measures are routine precautions, including: ✓ Staying home when you are sick; ✓ Covering your nose and mouth with a curved elbow or tissue when you cough or sneeze. Dispose of paper towels that have been used immediately; ✓ Wash your hands frequently with soap and water; and ✓ Clean surfaces and objects that you frequently touch.

As we learn more about COVID-19, public health officials may recommend other measures.

The number that epidemiologists care about most is the pathogen's R_0 (pronounced R-Naught). This is just the number of new infections produced by each infection. If it exceeds 1, the outbreak will continue to grow; if below 1, the outbreak will stop as more infections end and spread further. Currently, the best estimate of COVID-19's R_0 is 2.5, which means that every 2 to 3 people are infected with newly infected cases, and the outbreak is increasing (this is about twice the seasonal influenza R_0 , but far from measles R_0 is not far away 18).

The R_0 of the pathogen is not a constant number, but it can change according to our actions. By working from home, canceling classes, closing irrelevant businesses, wearing masks and restricting contact with others, we can reduce the R_0 of COVID-19 to below 1. There are no current vaccines or effective treatments, so staying at home is the best thing you can do for the community.

(Dr. Andrew Callinger-Yoak, Department of Biology and Earth Sciences, Otterbyne)

B. hand washing and disinfectants can reduce the risk of infection

Measures that people can take to stop the spread of the virus include hand washing and the use of hand sanitizer. Coronavirus has a layer of lipid (oil) and protein around its RNA core. Wash hands thoroughly with ordinary hand soap and warm water for 20 seconds to expose the virus to the detergent in the hand soap. This can break down the virus particles and wash them away, reducing the risk of viruses being shared or inhaled. Hands should be washed often, but especially after potential exposure, such as after buying groceries. If you cannot wash your hands immediately, another option is to use hand sanitizer. The active ingredient in hand sanitizer is alcohol, which must be at least 60% to work. Alcohol acts like a detergent in hand sanitizer and helps break down viral particles.

"Using ordinary hand soap and warm water and washing your hands thoroughly for 20 seconds will expose the virus to the detergent in the hand soap... reducing the risk of the virus being shared or inhaled."

(Dr. John Tansy, Department of Chemistry and Chemistry, Ortebine Biochemistry and Molecular Biology)

The steps to wash your hands properly are: Step 1: Wet your hands with safe tap water; Step 2: Cover your wet hands with enough soap; Step 3: Scrub all surfaces of your hands- including the back of your hands, between your fingers and under your nails-at least continue 20 seconds Step 4: Rinse thoroughly with tap water; Step 5: Dry hands with a clean dry cloth, disposable towels or hand dryer. If it is easily available, use an alcohol-based hand sanitizer with an alcohol content of at least 60%. Wash your hands often, especially before and after eating; go to the bathroom after coughing or sneezing.

C. and maintain an effective social distance with others.

D. if necessary, you can accept the COVID-19 test.

(2020 This content was written by Lisa Bender (United Nations Children's Fund Education New York Office)

CHAPTER 3

RESEARCH METHODOLOGY

There are two research objectives of this study:

1. To study the anxiety of college students during COVID-19.
2. To give suggestions to relieve the anxiety of students during COVID-19.

Research design

The design of this study is as follows:

1. The method used is the questionnaire survey method: make questionnaires, purposefully, planned, and systematically collect relevant materials about the research object;

The questionnaire is divided into 3 parts:

- personal information and social support systems
- emotions and reactions
- future attention to mental health.

2. Suggestions from survey and relieved to WHO

For emotions and reactions, future attention to mental health. Each item gives effective advice from the World Health Organization

Research process related to Subject

The harm and consequences of COVID-19 have caused fear, anxiety and anxiety among individuals worldwide. However, as countries around the world are striving to reduce the spread of COVID-19 in order to achieve the overall goal of building a society without COVID-19, the current treatment of COVID-19 still pays less attention to COVID-19 anxiety. One of the reasons is the lack of suitable psychometric instruments, so it is both timely and important to develop a short and effective means to capture individual anxiety about COVID-19. With the help of information about how individuals fear COVID-19, relevant workers can proceed to the next psychological intervention. Therefore, this study uses a questionnaire made by researchers: a questionnaire on the mental health of students during COVID-19.

Regarding the "Questionnaire of Mental Health Status of Students During COVID-19", firstly, after extensive literature theoretical research, 38 questions were identified to evaluate the anxiety and related factors of college students towards COVID-19. A total of 43 surveys of 38 questions were conducted on 43 people (16 males, 27 females, 18-22 years old).

The questionnaire is divided into three parts: 1) personal information, and social support systems (family information, school information), 2) emotions and reactions, and 3) future attention to mental health.

In addition to basic information such as occupation (university student), age, and gender, personal information also includes: Are you diagnosed as a COVID-19 patient? Have you been in contact with COVID-19 patients? Please indicate the number of days you have been in continuous isolation without going out at home; Please indicate whether you are currently studying at home; Please indicate how many days do you have at home for distance learning; Do you have heart disease, epilepsy, diabetes, lupus erythematosus, asthma (or one of them) physical illness? Do you have a habit of smoking or using alcohol in the last two years? How long do you spend every day on COVID19 news.

These items are used to understand the characteristics of the participants and are closely related to whether they are anxious.

The social support system is divided into two parts, a family and a school. When encountering the same major traumatic event, if there is a social support system, the pain and anxiety will be relieved a lot. But if you don't have a support system, comfort, or even time to die in your family, these may induce greater anxiety. Projects include: Will your parents or other family members often be anxious and grumpy? When you have troubles, will your family comfort and encourage you? Has your family experienced major illnesses or deaths in recent years? Are you willing to talk to teachers and classmates when you are troubled? Do you have good friends who can chat often?

These items are grade 4 scores, the greater the score, the more serious the degree.

The third part is about the emotional response of the sample. The emotional response before and after covid19 occurs is different. Contains 16 items (20---35) For example:

You feel more nervous and anxious during the COVID19 than before; You will be unable to control the epidemic related news repeatedly; Where you are afraid of more people than before,

especially near the hospital; You will not be able to control repeated hand washing and disinfection, fear of pain and poison.; During COVID-19I, you had some sleep problems, such as insomnia, nightmares, and easy to wake up; When you think of the epidemic-related situation, you are flooded with powerlessness. Feeling that the previous ideals could not be realized; You are worried that the COVID19 will make the world worse, and it will never be as good; I don't think of death before COVID-19 happened, and now I often think of death is actually very close to us, life is very fragile.

These items are grade 4 scores, the greater the score, the more serious the degree.

Part 4 tests the future understanding of COVID-19 knowledge and attention to mental health.

Population and Sample

Group of this study

43 college students from different majors in logistics management, asset evaluation, marketing, business administration, Liuzhou Vocational and Technical College, Guangxi, China.

Research Instruments

Cronbach Reliability analysis-simplified format		
Number of items	Sample size	Cronbach α coefficient
16	43	0.800

The reliability coefficient value is 0.871, which is greater than 0.8, which indicates that the reliability of the research data is high. and can be used for further analysis.

Data collection procedures

In order to better collect data and make comparative analysis of the data, in the design of the questionnaire, the answers and questions are considered comprehensively, and the principle followed is conducive to the improvement of reliability. The answer form of the questionnaire is divided into two categories: one is "whether type" and the other is "graded type". The answer can reflect the degree of difference in the attributes of the measured variables.

CHAPTER 4

RESULTS

This study uses a questionnaire made by researchers: a questionnaire about the mental health of students during COVID-19.

The questionnaire identified 38 questions to assess the anxiety and related factors of college students about COVID-19. A total of 43 people were surveyed, involving 38 questions (16 males, 27 females, 18-22 years old).

The questionnaire is divided into three parts: 1) personal information and social support system (family information, school information), 2) emotions and reactions; 3) future attention to mental health.

This research was used frequency, percentage, reliability, and obtained the corresponding data analysis results

Part 1: Result of Study the anxiety of college students during COVID-19

Analyze the data collected by the questionnaire, The results of this study found that: 1) Whether the student has been diagnosed with COVID-19, and whether the student has been in contact with COVID-19 patients,, will not cause anxiety. 2) The longer the students study at home, the more likely they are to cause anxiety. The younger the student, the more likely to cause anxiety.

Table 1: For Personal Data

No	Question	Options	Frequency	Percentage	Remark
1	Are you a university student who is studying?	Student	43	100.00	
2	gender	Male	16	37.20	
		Female	27	62.80	
3	Age	18-22	42	97.70	
		23-26	1	2.30	

No	Question	Options	Frequency	Percentage	Remark
4	Are you diagnosed as a COVID-19 patient	No	42	95.35	
		Yes	2	4.65	
5	Have you been in contact with COVID-19 patients	No	42	97.67	
		Yes	1	2.33	
6	Please indicate the number of days you have been in continuous isolation without going out at home	1-	1	2.30	
		7-14	2	4.70	
		over14	40	93.00	
7	Please indicate whether you are currently studying at home	yes	15	34.90	
		no	28	65.10	
8	Please indicate how many days do you have at home for distance learning	7-17	1	2.30	
		more than 14 days	42	97.70	
9	Do you have heart disease, epilepsy, diabetes, lupus erythematosus, asthma (or one of them) physical illness?	no	42	97.70	
		More than one	1	2.30	
10	Do you have a habit of smoking or using alcohol in the last two years?	no	39	90.70	
		use alcohol	2	4.70	
		have smoking	1	2.30	
		have both	1	2.30	
11	How long do you spend every day on COVID19 news	1-3 hours	39	90.70	
		3-5 hours	3	7.00	
		5-7 hours	1	2.30	

No	Question	Options	Frequency	Percentage	Remark
12	Will your parents or other family members often be anxious and grumpy?	no	26	60.50	
		A little time	14	32.60	
		Sometimes	1	2.30	
		Often	2	4.70	
13	When you have troubles, will your family comfort and encourage you?	No	7	16.30	
		A Little time	12	27.90	
		Sometimes	12	27.90	
		often	12	27.90	
14	Are your family members, relatives and friends diagnosed as COVID-19 patients	Yes	2	4.70	
		no	41	95.30	
15	Do you have heart disease, epilepsy, diabetes, lupus erythematosus, asthma (or one of them) family diseases in your family	No	39	90.70	
		There is one	2	4.70	
		More than one	2	4.70	
16	Has your family experienced major illnesses or deaths in recent years?	Yes	8	18.60	
		No	35	81.40	
17	Are you willing to talk to teachers and classmates when you are troubled?	No	9	20.90	
		A Little time	20	46.50	
		Sometime	8	18.60	
		Often	6	14.00	
18	Do you have good friends who can chat often?	No	1	2.30	
		There is One	13	30.20	
		Have many friends	29	67.40	

No	Question	Options	Frequency	Percentage	Remark
19	Do you feel pressured about studying, exams, graduation, job search?	yes	37	86.00	
		No	6	14.00	
Total			43	100.00	

Please indicate the number of days you have been in continuous isolation without going out at home, Answered more than 14 days for %93.0

Please indicate whether you are currently studying at home , The answer is yes%34.9

Please indicate how many days do you have at home for distance learning, Answered more than 14 days for% 97.7

At the level of mental health, long-term isolation and no social life will cause irreparable damage. Studies have pointed out that this may lead to deterioration of brain function and mental depression. Long-term isolation makes people feel lonely, anxious, and depressed, The longer the isolation, the greater the impact on people's mental health.

How long do you spend every day on COVID19 news, Answer 1-3 hours for %90.7

If people pay attention to the COVID-19 news for a long time every day, their emotions will fluctuate greatly. People will feel particularly happy because of the good news of the epidemic, and they will also feel disappointed by the bad news, such as the rising number of confirmed cases and the inadequate relief supplies, so emotional ups and downs will also be very large.

With the continuous update of epidemic information, some people will experience extreme panic.

But with the emergence of some fake news, people will have a sense of distrust of the world around them.

Seeing that the data continues to grow every day, people who are isolated at home will increase their psychological helplessness.

Will your parents or other family members often be anxious and grumpy? Answer no fo%60.5

The way parents react to their children's emotions can be divided into two broad categories, one is supportive and the other is non-supportive.

Parental supportive behaviors include accepting the child's emotional response, comforting the child, helping the child solve problems and regulate emotions. Non-supportive behaviors include ignoring the child's emotional response, or when the child is angry, he becomes angry or even more angry.

The more supportive behaviors the parents have, the less negative emotions the children have in their daily lives, and the better their ability to regulate emotions. Conversely, the more non-supportive behaviors, the more negative emotions the child has, and the more likely it is to cause anxiety and depression

Do you feel pressured about studying, exams, graduation, job search? Answer yes for%86.0

Academic pressure and employment pressure are the most common psychological pressures of college students. Therefore, it is imperative to pay attention to the research and development of college students' academic and employment issues in universities.

Table 2 : Of Social Support System

No	Question	Options	Frequency	Percentage	Remark
20	You feel more nervous and anxious during the COVID19k than before	No	30	69.80	
		A Little time	11	25.60	
		Sometime	1	2.30	
		often	1	2.30	
21	You feel down during the COVID19 than before	No	29	67.40	
		A Little time	11	25.60	
		Sometime	3	7.00	
22	During COVID-19, You will repeatedly go to the hospital or check online to determine whether you have been infected	No	40	93.00	
		A Little time	2	4.70	
		Sometime	1	2.30	

No	Question	Options	Frequency	Percentage	Remark
23	During COVID-19, You are not interested in any recreational activities or sports	No	33	76.70	
		A Little time	5	11.60	
		Sometime	4	9.30	
		Often	1	2.30	
24	You will be unable to control the epidemic related news repeatedly	No	27	62.80	
		A Little time	12	27.90	
		Sometime	3	7.00	
		Often	1	2.30	
25	You will not be able to control repeated hand washing and disinfection, fear of pain and poison.	No	34	79.10	
		A Little time	7	16.30	
		Sometime	2	4.70	
26	Where you are afraid of more people than before, especially near the hospital	No	30	69.80	
		A Little time	7	16.30	
		Sometime	5	11.60	
		Often	1	2.30	
27	When you think about COVID-19, you get restless	No	36	83.70	
		A Little time	4	9.30	
		Sometime	2	4.70	
		Often	1	2.30	
28	your appetite compared to before COVID-19 occurred	no change	39	90.70	
		A Little change	3	7.00	
		dramatic change	1	2.30	
29	During COVID-19I,you had some sleep problems, such as insomnia, nightmares, and easy to wake up	No	36	83.70	
		A Little time	5	11.60	
		Sometime	1	2.30	
		Often	1	2.30	

No	Question	Options	Frequency	Percentage	Remark
30	When you think of the epidemic-related situation, you are flooded with powerlessness. Feeling that the previous ideals could not be realized	No	38	88.40	
		A Little time	3	7.00	
		Sometime	2	4.70	
31	You are worried that the COVID19 will make the world worse, and it will never be as good	No	33	76.70	
		A Little time	9	20.90	
		Sometime	1	2.30	
32	You are more likely to get angry with a little thing than before	No	36	83.70	
		A Little time	6	14.00	
		Sometimes	1	2.30	
33	Worried about the safety on the way back to school, afraid of getting a virus	No	25	58.10	
		A Little time	15	34.90	
		Sometimes	3	7.00	
34	You are more afraid to go out than you used to	No	33	76.70	
		A Little time	7	16.30	
		Sometime	2	4.70	
		Often	1	2.30	
35	You don't think of death before COVID-19 happened, and now You often think of death is actually very close to us, life is very fragile	No	28	65.10	
		A Little time	11	25.60	
		Sometime	3	7.00	
		Often	1	2.30	

Regarding the emotions and reactions of college students during COVID-19:

The data results of the questionnaire show that in this part, the items with a relatively high percentage of answers to A Little time are: You feel more nervous and anxious during the COVID19

than before **(25.6%)**, You feel down during the COVID19 than before **(25.6%)**), You will be unable to control the epidemic related news repeatedly **(27.9%)**, You are worried that the COVID19 will make the world worse, and it will never be as good **(20.9%)**, Worried about the safety on the way back to school, afraid of getting a virus **(34.9%)**, You don't think of death before COVID-19 happened, and now You often think of death is actually very close to us, life is very fragile **(25.6%)**;

Data shows that a large number of college students are under great psychological pressure.

Excessive psychological pressure of college students affects the development of college students themselves and the development of society. College students are talents needed by the country and society. They not only need to have high professional skills, but they also need strong physical fitness and healthy and positive psychological quality.

Table 3 : Of future attention to mental health.

No	Question	Options	Frequency	Percentage	Remark
36	Will you learn more scientific COVID19 prevention knowledge and implement it rationally?	will do	30	69.80	
		Maybe will	10	23.30	
		Maybe not	3	7.00	
37	Since COVID19, apart from focusing on physical health, will you pay more attention to mental health?	will do	31	72.10	
		Maybe will	8	18.60	
		Maybe not	4	9.30	
38	Do you want to get more and more professional knowledge about mental health and receive psychological counseling in due course?	I am willing	31	72.10	
		I may be willing	11	25.60	
		I do not want to	1	2.30	

The data results in the third part show that Will you learn more scientific COVID19 prevention knowledge and implement it rationally? **69.8%** of the students answered Will do; Since COVID19, apart from focusing on physical health, will you pay more attention to mental health? **72.1%** of the students answered Will do; Do you want to get more and more professional knowledge about mental health and receive psychological counseling in due course? **72.1%** of the students answered I am willing.

After this incident, college students have become more concerned about their mental health.

Part 2: Result of suggestions to alleviate the anxiety of students during COVID-19

Table 4 : Suggestions

Anxious during the COVID19	Suggestions
1. You feel more nervous and anxious during the COVID19 than before	1. Understand that it is normal to feel sad, stressed, worried, confused, scared or angry during a crisis.
2. You feel down during the COVID19 than before	2. Communicate with people you trust. Contact your friends and family.
3. During COVID-19, You will repeatedly go to the hospital or check online to determine whether you have been infected	3. Health education to prevent COVID-19: how to properly maintain hand hygiene and respiratory hygiene, and how to use masks
4. During COVID-19, You are not interested in any recreational activities or sports	4. If you must stay at home, maintain a healthy lifestyle (including reasonable diet, sleep, exercise and stay connected with your loved ones)
5. You will be unable to control the epidemic related news repeatedly	5. Reduce the time you and your family spend watching or listening to frustrating media content.
6. You will not be able to control repeated hand washing and disinfection, fear of pain and poison.	6. If you feel panic, talk to your healthcare workers, social workers, similar professionals, or other trusted people in the community

Anxious during the COVID19	Suggestions
7. You are afraid of more people than before, especially near the hospital	7. Keep a distance of at least 1 meter between everyone
8. When you think about COVID-19, you get restless	8. Cognitive training
9. your appetite compared to before COVID-19 occurred	9. Physical exercise (such as yoga, Tai Chi, pull Stretching exercise)
10. During COVID-19I, you had some sleep problems, such as insomnia, nightmares, and easy to wake up	10. Do not use tobacco, alcohol or other drugs to manage your emotions.
11. When you think of the epidemic-related situation, you are flooded with powerlessness. Feeling that the previous ideals could not be realized	11. Develop a plan for where to seek help in maintaining physical and mental health and meeting psychosocial needs (when needed).
12. You are worried that the COVID19 will make the world worse, and it will never be as good	12. Express anxiety in a safe and supportive environment, relax.
13. You are more likely to get angry with a little thing than before	13. Relaxation exercises (such as breathing, meditation)
14. Worried about the safety on the way back to school, afraid of getting a virus	14. Know the facts about the risks you face and how to take preventive measures. Obtain information through reliable sources, such as the WHO website or local or national public health agencies.
15. You are more afraid to go out than you used to	15. Take scientific protective measures, such as wearing a mask and washing hands frequently
16. You don't think of death before COVID-19 happened, and now You often think of	16. If the situation is serious, please seek professional help

Anxious during the COVID19	Suggestions
death is actually very close to us, life is very fragile	
17. Will you learn more scientific COVID19 prevention knowledge and implement it rationally?	17. Obtain information through reliable sources, such as the WHO website or local or national public health agencies.
18. Since COVID19, apart from focusing on physical health, will you pay more attention to mental health?	18. Don't use tobacco, alcohol or other drugs to manage your emotions
19. Do you want to get more and more professional knowledge about mental health and receive psychological counseling in due course?	19. Know where to get mental health and psychosocial support services, including on-site and remote service methods

(2020, World Health Organization)

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The objective of these research were to: 1). study the anxiety of college students during COVID-19, and 2). give suggestions to alleviate the anxiety of students during COVID-19. Cluster Sampling was used 43 college students from different majors in logistics management, asset evaluation, marketing, business administration, Liuzhou Vocational and Technical College, Guangxi, China. Research instrument, questionnaires were used to collect data, and data analysis was used frequency and percentages.

Conclusions:

The research instrument used in this study is a questionnaire. The questionnaire appears in the form of question and answer, which mainly contains two questions: question and answer. Collect data through questionnaires, Analyze the data collected by the questionnaire. The results of this study found that: 1) whether the student has been diagnosed with COVID-19, and whether the student has been in contact with COVID-19 patients, will not cause anxiety. The longer the students study at home, the more likely they are to cause anxiety. The younger the student, the more likely to cause anxiety, and 2) the results of this study reveal that real events have little effect on anxiety, and the importance of correct cognition and relaxation training to mental health, and also the suggestions refer to World Health Organization (2020).

Discussions:

The results of this study show that the cause of anxiety among college students is not the COVID-19 incident itself, but the feeling and thinking of the incident that caused anxiety. This result is highly consistent with CBT (cognitive behavior therapy) theory.

In the theory of CBT, your thoughts or beliefs are a bridge between the event and your final emotions and behavior. The meaning that your thoughts give to an event will cause you to react emotionally and behaviorally. CBT therapy is designed to help you identify emotional and behavioral problems, and then set and achieve emotional and behavioral goals. Therefore, CBT therapy is a purposeful, systematic and method to solve emotional problems. Although CBT therapy

takes thinking and behavior as the main goal of change and development, it also takes into account the specific background of thinking and behavior. CBT therapy believes that you will be affected by things around you, and that your environment will affect your thoughts, emotions, and behavior. However, CBT therapy believes that even if you cannot change your environment, you can change your emotions by changing unhelpful thoughts and behaviors. By the way, the context of CBT therapy includes others and how they treat you. Your life situation, work dynamics, and financial situation are all part of your environment. Branch and Willson(2013)

From the name "cognitive behavior therapy", we can understand that behavior is a very important part of CBT therapy. Many CBT technologies change thinking and emotions by changing behavior. Such as mindfulness, relaxation, meditation..... All play an important role in mental health.

The innovation of mental health education for college students must first recognize that school education, family education, and social education are the "trinity". The dominant position is the school. Therefore, universities should attach great importance to the leadership of college students' mental health education, build a high-quality mental health education team, and enable college students to grow up in a caring and harmonious relationship that related to this research. Zhou (2011)

Recommendations

For further research, researchers want to study to compare normal teaching in class and teaching online during COVID-19.

First, the researcher will make a suitable questionnaire. Compare normal teaching in class and teaching online during COVID-19 from different aspects of learning environment, learning effect, emotional response.

Secondly, the researchers will select a more reasonable number of samples, issue questionnaires, obtain more data, and conduct more detailed analysis.

Finally, if we further study the anxiety of college students during COVID-19, we hope to gradually improve the collection and analysis of data based on the results of other teacher activities.

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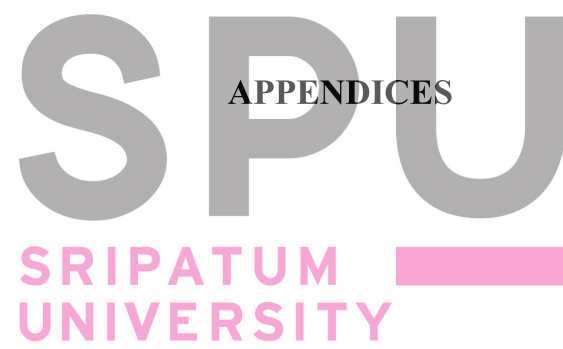
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APPENDICES

Table: trust level analysis

Cronbach trust level analysis			
name	Total correlation of correction items (CITC) <input type="text"/>	Deleted alpha coefficient <input type="text"/>	Cronbach α Coefficient <input type="text"/>
21a	0.403	0.789	
22a	0.361	0.794	
23a	0.353	0.795	
24a	0.253	0.802	
25a	0.467	0.786	
26a	0.329	0.798	
27a	0.495	0.783	
28a	0.233	0.799	
29a	0.140	0.807	
30a	0.327	0.794	
31a	0.529	0.783	
32a	0.549	0.783	
33a	0.572	0.776	
34a	0.625	0.772	
35a	0.498	0.782	
standardizationCronbach α coefficient : 0.809 <input type="text"/>			

+1 form to express experts' opinions on the satisfaction evaluation form

Questionnaire of psychological health of students during COVID-19

Regarding the "Questionnaire for Students' Mental Health Status during COVID-19", first, after extensive theoretical research in the literature, 38 questions were identified to evaluate college students' anxiety and related factors about COVID-19. A total of 43 people were surveyed for 43 times, involving 38 questions (16 males, 27 females, aged 18-22).

The questionnaire is divided into 3 parts: personal information and social support systems (family information, school information), emotions and reactions, and future concerns about mental health.

Experts are invited to express their opinions on Questionnaire of psychological health of students during COVID-19. Add a symbol (☐) in the comment box and write suggestions for further improvements.

Suggestions and key points for each project are as follows:

-1 When inappropriate, this question does not match the purpose.

When in doubt, 0 question corresponds to the goal.

+1 When appropriate, the question is consistent with the goal.

No	UNIVERSITY Questions Items	Rating			Comment
		+1	0	-1	
Part1: personal information and social support systems					
	1.你是正在学习中的大学生吗 1. Are you a university student who is studying? 是Yes 否No				
	2.性别 gender 男male 女female				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>3.你的年龄段是： your age：</p> <p>18—22</p> <p>22—26</p> <p>26岁以上 Over 26 years old</p> <p>4.你是否被确诊为新冠肺炎患者 Are you diagnosed as a COVID-19 patient</p> <p>是 Yes</p> <p>否 No</p> <p>5.你是否接触过新冠肺炎患者 Have you been in contact with COVID-19 patients</p> <p>有 Yes</p> <p>没有 No</p> <p>6.请注明您持续隔离在家没有出门的天数 Please indicate the number of days you have been in continuous isolation without going out at home</p> <p>1--3天</p> <p>3--7天</p> <p>7--14天</p> <p>14天以上 More than 14 days</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>7.请指出您当前是否正在家里远程学习</p> <p>Please indicate whether you are currently studying at home</p> <p>是Yes</p> <p>否No</p> <p>8.请指出您有多少天在家里远程学习</p> <p>Please indicate how many days do you have at home for distance learning</p> <p>1--3天</p> <p>3--7天</p> <p>7--14天</p> <p>14天以上More than 14 days</p> <p>9.你有心脏病，癫痫，糖尿病，红斑狼疮，哮喘（或其中之一）身体疾病吗？ Do you have heart disease, epilepsy, diabetes, lupus erythematosus, asthma (or one of them) physical illness?</p> <p>没有No</p> <p>有一个There is one</p> <p>有超过一个More than one</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>10.最近两年你有吸烟或者使用酒精的习惯吗？ Do you have a habit of smoking or using alcohol in the last two years?</p> <p>没有No</p> <p>我有使用酒精I use alcohol</p> <p>我有吸烟I have smoking</p> <p>两者都有I have both</p> <p>11.你每天花费多长时间关注COVID19的新闻How long do you spend every day on COVID19 news</p> <p>1--3小时1--3 hours</p> <p>3--5小时3--5 hours</p> <p>5--7小时5--7 hours</p> <p>7小时以上More than 7 hours</p> <p>family information</p> <p>12.你的父母或其他家人会经常很焦虑、脾气暴躁吗？ Will your parents or other family members often be anxious and grumpy?</p> <p>1不会No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>13.当你有烦恼时、你的家人会安慰和鼓励你吗？ When you have troubles, will your family comfort and encourage you?</p> <p>1不会No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>14.你的家属、亲朋好友是否被确诊为新冠肺炎患者 Are your family members, relatives and friends diagnosed as COVID-19 patients</p> <p>有Yes</p> <p>没有No</p> <p>15.你的家族中有心脏病，癫痫，糖尿病，红斑狼疮，哮喘（或其中之一）家族疾病吗Do you have heart disease, epilepsy, diabetes, lupus erythematosus, asthma (or one of them) family diseases in your family</p> <p>没有No</p> <p>有一个There is one</p> <p>有超过一个more than one</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>16.这几年来你的家族中经历过重大疾病或者死亡事件吗？ Has your family experienced major illnesses or deaths in recent years?</p> <p>是Yes</p> <p>否No</p> <p>school information</p> <p>17.当你有烦恼时你愿意向老师和同学倾诉吗？ Are you willing to talk to teachers and classmates when you are troubled?</p> <p>1否No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>18.你有可以经常聊天的好朋友吗？ Do you have good friends who can chat often?</p> <p>没有No</p> <p>有一个There is one</p> <p>有很多朋友Have many friends</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>19.关于学习、考试、毕业、找工作, 你觉得压力大吗? Do you feel pressured about studying, exams, graduation, job search?</p> <p>是Yes</p> <p>否No</p>				
Part2: emotions and reactions					
	<p>20.你在疫情期间比疫情之前感到紧张和焦虑 You feel more nervous and anxious during the COVID19k than before</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>21.你在疫情期间比疫情之前感到心情低落 You feel down during the COVID19 than before</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>22. 疫情期间你会反复去医院或线上问诊，确定自己是不是已经被感染</p> <p>During COVID-19, You will repeatedly go to the hospital or check online to determine whether you have been infected</p> <p>1 没有 No</p> <p>2 偶尔会 A little time</p> <p>3 有时候 sometimes</p> <p>4 经常 often</p> <p>23. 疫情期间你对任何娱乐活动或者运动都没有兴趣</p> <p>During COVID-19, You are not interested in any recreational activities or sports</p> <p>1 没有 No</p> <p>2 偶尔会 A little time</p> <p>3 有时候 sometimes</p> <p>4 经常 often</p> <p>24. 你会控制不住的反复看疫情相关消息</p> <p>You will be unable to control the epidemic related news repeatedly</p> <p>1 没有 No</p> <p>2 偶尔会 A little time</p> <p>3 有时候 sometimes</p> <p>4 经常 often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>25.你会控制不住反复洗手消毒，害怕痛毒。 You will not be able to control repeated hand washing and disinfection, fear of pain and poison.</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>26.你比以前害怕人多的地方，尤其医院附近 Where you are afraid of more people than before, especially near the hospital</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>27.一想到疫情相关的事情，你就坐立不安 When you think about COVID-19, you get restless</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>28.你的食欲比疫情前相比: your appetite compared to before COVID-19 occurred:</p> <p>1没有变化no change</p> <p>2有点变化A little change</p> <p>3变化较大dramatic change</p> <p>29.疫情期间你产生了一些睡眠问题,如失眠、恶梦、易醒 During COVID-19I,you had some sleep problems, such as insomnia, nightmares, and easy to wake up</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>30.一想到疫情相关情况,你就被无力感充斥。感觉以前的理想无法实现When you think of the epidemic-related situation, you are flooded with powerlessness. Feeling that the previous ideals could not be realized</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>31.你担心此次疫情会让全世界都变得糟糕，再也不能像以前那样好了 You are worried that the COVID19 will make the world worse, and it will never be as good</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>32.你比以前更容易因一点小事发怒，觉得什么都不顺心 You are more likely to get angry with a little thing than before</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p> <p>33.对于返校途中的安全性感到担忧，害怕感染病毒 Worried about the safety on the way back to school, afraid of getting a virus</p> <p>1没有No</p> <p>2偶尔会A little time</p> <p>3有时候sometimes</p> <p>4经常often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
	<p>34.你比以前害怕出门，害怕乘坐任何交通工具 You are more afraid to go out than you used to</p> <p>1没有 No</p> <p>2偶尔会 A little time</p> <p>3有时候 sometimes</p> <p>4经常 often</p> <p>35.疫情前不会想到死亡，现在经常想到死亡其实离我们很近，生命很脆弱 You don't think of death before COVID-19 happened, and now You often think of death is actually very close to us, life is very fragile</p> <p>1没有 No</p> <p>2偶尔会 A little time</p> <p>3有时候 sometimes</p> <p>4经常 often</p>				

No	Questions Items	Rating			Comment
		+1	0	-1	
Part3:_future attention to mental health.					
	<p>36.你以后会了解更科学的COVID19预防知识并理性的执行吗？ Will you learn more scientific COVID19 prevention knowledge and implement it rationally?</p> <p>1会的Will do</p> <p>2也许会Maybe will</p> <p>3也许不会Maybe not</p> <p>37.自从COVID19之后，你除了关注身体的健康，会更加注意心理的健康吗Since COVID19, apart from focusing on physical health, will you pay more attention to mental health?</p> <p>1会的Will do</p> <p>2也许会Maybe will</p> <p>3也许不会Maybe not</p> <p>38.你希望得到更多更专业的关于心理健康的知识，并且在适当的时候接受心理咨询吗Do you want to get more and more professional knowledge about mental health and receive psychological counseling in due course?</p> <p>我愿意I am willing</p> <p>我也许愿意I may be willing</p> <p>我不愿意I do not want to</p>				

Other suggestion

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expert



BIOGRAPHY

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