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ARTICLE

# Professional Ethical Concerns and Recommendations on Psychological Interventions during the COVID-19 Pandemic in China

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**ABSTRACT**

When COVID-19 pandemic hit China, Chinese clinical psychologists, counselors and other practitioners reacted quickly to provide psychological interventions for different target groups. Different professional ethical concerns and potential transgressions arose during different stages of pandemic. This paper aimed to summarize different ethical concerns and transgressions during different stages of pandemic in China, as well as how the professional ethical workgroup in the registration system of clinical psychologists and professional organizations of Chinese Psychological Society (CPS) to publish a series of documents as recommendations on ethical practice. It is hoped by providing a picture of "problems *vs*. solutions" in terms of professional ethical issues on psychological interventions for COVID-19 pandemic in China, the paper may provide certain inspirations as well as emotional support to clinical practitioners from other countries and regions who have been fighting the pandemic.

**KEYWORDS**

Professional ethical concerns; ethical guidelines; psychological interventions; COVID-19 pandemic; professional organization

## 1 Introduction

On January 31st, 2020, the World Health Organization officially announced the COVID-19 outbreak in China as Public Health Emergency of International Concern (PHEIC). On March 11th, WHO announced the COVID-19 outbreak as a pandemic. Now the pandemic is still spreading all around the world. Based on the data released by Chinese media, 30,969,967 cases were confirmed worldwide by 6 a.m., Sep 20th, 2020. A public health emergency incidence is an unexpected event that may affect a large number of people and poses threat to the health and the security of the affected population and areas [1]. COVID-19, as a highly contentious and potentially lethal disease, has proven to be a big threat to both physical and mental health of the general public, as well as a great challenge for mental health practitioners in terms of how to provide prompt and high-quality psychological intervention service for different target group whose needs are quite different.

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The first challenge is the quantity and the quality of professional mental health practitioners in mainland China. Despite its quick development in the past 30 years, the mental health field in China still faces the lack of competent practitioners considering the huge number of population. Only a limited number of psychological counselors received formal trainings of the master's degree level or above in clinical psychology and/or counseling psychology, since only a small number of colleges and universities in mainland China have such programs. Even graduate students in those programs may not be properly trained as a competent psychological counselor because the general research-oriented instead of practice-oriented atmosphere in Chinese universities and colleges. Whether graduate students are able to become qualified practitioners somewhat depends on how their supervisors are able and willing to practice counseling and to provide supervision [2].

In contrast to the small number of practitioners who complete the master's degree or doctoral degree programs on clinical psychology and/or counseling psychology, the majority of the practitioners are trained and certified in the system of National Psychological Counselor Certification Exam, which was first held on July, 2002, supported by the Chinese Ministry of Labor. Chinese Ministry of Human Resources and Social Security (its predecessor is Chinese Ministry of Labor) issued a document (No. 68) in 2017 to revoke the National Psychological Counselor Certification Exam by September, 2017, therefore put an official end to this national certification system which lasts for 15 years. A more detailed description of the above system and how it made contributions as well as created problems for the development of professional field can be found in the article written by the correspondence and the second author [3]. It suffices to say here that the relatively low standards and short length of training required by the national certification exam made it difficult for people who passed the exam and hold a national certificate to provide adequate counseling service to clients [4]. The lack of sufficient hours of internship and supervision is another problem for those practitioners, who also find it difficult to provide qualified service to meet their clients' need, as Fan pointed out in her article [5]. Therefore, how to establish a quality control system to ensure all practitioners receive adequate educations and trainings, maintain competent and ethical practices, as well as a healthy development of the entire mental health field in China became an urgent issue [6].

Chinese Psychological Society (CPS) is the professional society for all psychologists and students who major in psychology. In 2007, a committee on "Professional Registration System for Professional Organizations and Individual Practitioners in Clinical and Counseling Psychology" (shortened as CPS Registration System) was established under CPS to build up a high-quality registration system for practitioners and organizations in the mental health field. Since its establishment, the best psychotherapists and psychological counselors joined in the CPS Registration system. The majority of its founding members were psychologists, together with psychiatrists, and other professionals in related disciplines.

Quality control and professional development are among the first priority of the CPS Registration System. In order to achieve its goals, it drafted and published a number of documents to provide guidelines for academic programs and trainings, professional organizations, and practitioners in the field of psychotherapy and psychological counseling. It also set up a registration system for practitioners, which aimed to provide professional support for those registered practitioners as well as to monitor their ethical conducts [7]. With the authorization of the CPS, it published two versions of the Code of Ethics for Clinical and Counseling Practice [8,9], which were well-received by the field and made considerable contributions to the standardization and professionalization in the field of psychotherapy and psychological counseling in China. In facing the COVID-19 pandemic, the CPS Registration System immediately reacted to the huge and impending needs from the public to get psychological interventions as well as needs from practitioners to get professional support in providing these services. It took the role of being a leading professional organization which strived hard to provide practice guidelines, ethical recommendations as well as management advices during different stages of the pandemic in China [10].

The main focus of this paper was on what typical professional ethical concerns and even possible transgressions evolved among psychological interventions during the pandemic and how the CPS Registration System responded to these concerns by issuing a number of documents to provide ethical considerations and recommendations. It is hoped by providing this dual focus on "problems" as well as "solutions" about professional ethical issues on psychological interventions for COVID-19 pandemic in China, the paper may provide insights for clinical practitioners from other countries and regions who have been fighting the pandemic in the same planet.

## 2 Defining the Issue: Why it Matters to Address Ethical Issues Right from the Beginning

Professional ethics refers to a systematic way of making reasonable and fair moral decisions by professionals in their professional services based on their personal philosophical ideas and values, professional ethical guidelines, rules and regulations of their organizations, their clients' wellbeing as well as social rules and norms [11]. Ethical conduct is the corner stone of a given profession and an indispensable part of the professional competency. Ethical theories, principles and values help professionals to have better considerations of different professional elements embedded in the context of professional service [12]. By setting up professional ethical standards and provide an adequate ethical education for professionals, it maximizes the chance of competent professional services provided by practitioners for clients and the general public, and guarantees the right of both clients' and practitioners'. It also fosters trust and acceptance of the helping professional in the society [13].

On the other hand, ethical concerns and transgressions are not uncommon among practitioners. These incidents are somewhat touchstones and barometers in the field as they faithfully reflect challenges faced by practitioners as well as their incompetency and blind spots in providing psychological services. Under certain conditions, an entire professional field may be hit hard by the wave and in need of adjustment and adaptions. The COVID-19 pandemic is clearly one of the cases. As an entirely new virus, COVID-19 shows extraordinary characters and proves itself as one of the most successful virus: Its sudden outbreak, high infectivity, quick speed of spreading, a relatively high rate of severe cases and death. It has been a threat to all countries and regions around the world, and it can affect every individual in any given community, physically, psychologically, and socially.

As mentioned above, the lack of qualified professionals was the first challenge as well as the context of other challenges faced by the Chinese helping professionals. Since any PHEIC entails a sense of crisis and emergency, the second challenge shared by all Chinese mental health practitioners was the shortage of time for preparations. Almost on the day when Wuhan was locked down, the public health care system, government agencies, professional organizations, as well as individual practitioners started to organize and provide certain psychological interventions for different target groups, mainly through hotlines and online services. However, with little time for preparation on the one hand and the lack of proper training, especially in terms of crisis intervention and tele-therapy/online service, it is hard for many practitioners to maintain their competency in the service they delivered. The third challenge for the field was the fact that practitioners themselves were threatened by the pandemic and faced similar conditions such as the fear for being infected, the helplessness of not having any direct cure of the disease, the anger for being unable to get access to reliable information and buying protective masks, etc., which increased the difficulty of providing good service. The forth challenge was the constant change of focus in deliver of the service as the outbreak continued to create new situations in China almost in daily basis, especially in its phase of quick spreading from late January towards mid-March.

These challenges created new and different ethical concerns, which required quick responses from the professional field so the field would not only survive but also take the chance to grow and thrive. In the following sections, the process of fighting COVID-19 pandemic in China are divided into three stages: An initial stage, from January 23rd when Wuhan city was locked down, till the end of January; a second

stage, which lasted for the entire February; and a third stage, from March till now. For each stage, common ethical concerns were first summarized with typical examples as the unique "problem" context. Then a specific document drafted and issued by the ethical group of the CPS Registration System was introduced as a potential "solution", which provided both the understanding of given ethical concerns and dilemma, and the recommendations to help professionals to identify potential risks and to make better ethical decisions, as well as to improve the quality of their services.

## 3 Professional Ethical Concerns and Recommendations during the COVID-19 Pandemic

### *3.1 The Initial Stage*

#### *3.1.1 Problem Context: Ethical Concerns and Typical Examples*

The outbreak in China started first at Wuhan city in Hubei Province. On January 23, 2020, Wuhan was locked down. Based on several latest surveys about how Chinese people responded to the outbreak [14,15], it was clear that a large number of people experienced significant psychological distress in the initial phase of the outbreak. For example, in their national online survey from January 31 to February 10, 2020, Qiu and her colleagues used a validated questionnaire that included several relevant ICD-11 diagnostic criterion for specific phobias and stress disorders to investigate how Chinese people reacted to the outbreak psychologically. They collected 52730 valid responses from 36 provinces, autonomous regions and municipalities as well as from Hong Kong, Macau and Taiwan, and found that around 35% respondents experienced significant psychological distress. These reactions were similar to those reported during the SARS outbreak in 2003 [16,17].

Compared with the SARS outbreak in 2003, the mental health professionals and organizations reacted much quickly this time. On January 26, 2020, the standing committee of CPS Registration System issued a proposal titled "Recommendations on Psychological Intervention for the Outbreak", which advocated all members to actively participate in qualified psychological interventions for the outbreak. The Disease Prevention and Control Center of the National Health Commission issued a guideline for crisis intervention during the outbreak one day later [18], but this guideline did not give any specific recommendations for actual practice. Meanwhile, certain practitioners, professional organizations such as hospitals and universities as well as commercial companies that provides psychological services, started to build up hotlines or online service groups, and all these projects recruited professionals as volunteers. Many practitioners responded and signed for these projects. The outbreak posed a tremendous threat to people's health and life, but the dire situation also ignited passions from practitioners and often within a day or two, hundreds or thousands of practitioners and even students majoring psychology answered ads on volunteer recruitment for hotline or online service.

However, despite the quick and enthusiastic responses from practitioners and organizations, soon problems and difficulties surfaced. The first common problem was related to professional competency. Although many practitioners were fairly competent psychological counselors, they were never trained nor worked for hotline or online service. They did not expect that providing hotline or online service required different professional competencies. Another group who encountered difficulties were those who had obtained the national certificate for psychological counselor but never practiced before, and students who majored psychology or other related disciplines but did not receive enough training.

The second common problem was the lack of experience on the organizational level for those individuals and organizations that set up hotline or online service. Hundreds of new hotlines or online services were set up from the end of January to the early February, and many organizers did not have any previous experience on providing hotline or online service. They did not recognize the complexity and the degree of professional competency required to build up a qualified hotline or online service. They only required minimum qualification in selecting volunteers and did not established an adequate protocol or guideline for hotline service. For example, many newly built hotline or online service did not evaluate

volunteers' capacity for conducting assessment and crisis intervention for suicidal clients, nor did they provide any protocol or supervision for dealing with these common issues in hotline or online service. Therefore, a fairly large number of incompetent practitioners were selected to provide psychological intervention for the general public, which resulted in inadequate service or even malpractice. On the other hand, those well-intended but incompetent practitioners also experienced frustration and helplessness since they received poor feedbacks from people who sought help.

#### *3.1.2 Solution: Ethical Considerations and Recommendations*

Through observations and feedbacks collected from their members, the standing committee of CPS Registration System published a document on its WeChat public account to address common problems described above [19]. The document was titled "Reminder: Ethical Concerns in Psychological First Aid and Crisis Intervention" and intended to summarize some common ethical concerns and to provide certain guidelines for addressing them, based on the second edition of "CPS Code of Ethics for Counseling and Clinical Practice" [9]. The document stressed that practitioners should take beneficence as the fundamental principle when providing all forms of psychological intervention. More specifically, the document outlined six guidelines for practitioners and these guidelines covered six important issues in professional ethics: Professional competency, professional relationship, confidentiality, referral, emergency service and self-care.

*Professional Competency: Do not provide any help that is beyond one's competency.* Professional competency is essential for an ethical practice, since incompetent professionals were less likely to enhance the wellbeing of those who sought help and were more likely to cause harm to them [20]. Since the document was published in the initial stage of the COVID-19 outbreak, its first priority was to remind practitioners that they should be carefully evaluate their own capacity for providing psychological intervention, particularly in terms of their ability to do crisis intervention. Moreover, since practitioners might put too many efforts at solving "deep problems", it pointed out that the basic task for practitioners in providing service in this acute crisis condition was to assess clients' physical and mental conditions, and to provide appropriate emotional support and practical advice to enhance their own ability of self-regulation.

*Professional relationship: Do not impose personal and social values on people who seek help*. Based on studies on the SARS outbreak, people were more likely to seek help because they experienced intense fear and anxiety [17]. For those who did not have any contact with patients nor did they live in high risk areas but still experienced intense fear and anxiety, some practitioners might tend to minimize or invalidate their concerns. Therefore, the document pointed out that practitioners should be fully aware of their own values that were related to or activated by the outbreak, and to consider the article 1.5 in the second edition of CPS Code of Ethics, which required practitioners to "respect the diversity of professional service seekers… respect the personal values of professional service seekers… do not impose their own values on professional service seekers or make decisions for them" [9].

*Confidentiality and its limitations: Balance individual rights and public interests*. In the first edition of CPS Code of Ethics [8], the article 2.2 listed "If a client has deadly infectious disease and diseases that might harm others" as one of the conditions to break confidentiality. However, this condition was removed from the second edition of Code of Ethics, since "The Law on Prevention and Control of Infectious Diseases" was enforced in 2013, which stipulated personal legal responsibilities regarding to the prevention and the control of infectious diseases [21]. Since the COVID-19 outbreak was a highly infectious disease, the document reminded practitioners to be aware of their own legal responsibilities and to consider public interests when protecting their clients' privacy. More specifically, when they discovered that people who sought help had fevers or other suspected symptoms, the document urged practitioners to encourage people to seek medical help and discuss with them about possible actions to protect themselves and others, while being empathetic to their anxiety and other concerns. If an individual had the disease but

refused to seek medical help or engage in appropriate quarantine measures, practitioners should consider about breaking confidentiality, which might not be a typical condition for breaking confidentiality in conventional hotline service.

*Ending the service and referral: Do not aim to transfer hotline or online service to long-term therapy.* In crisis like the COVID-19 outbreak, it was normal for individuals to experience stress-related reactions. The document pointed out that the crisis intervention for this public health emergency incident was different from conventional counseling or therapeutic work. The focus here was to help individuals to optimize their resources and strengths to overcome the crisis instead of labeling their conditions as "disorders" or trying to do therapeutic work to solve "deep problems". Even when practitioners recognized that people who sought help might need certain longer service for they had more severe symptoms and/or vulnerabilities, practitioners who provided hotline or short-term online service should stick to the setting of providing one-time service rather than switching their work into the mode of long-term therapy [22]. They could provide information for referral if they thought that person was in need of other form of professional help.

*Emergency service: To try one's best to provide basic psychological support*. In facing with huge demand for psychological intervention during the outbreak, the lack of competent professionals in China to provide such work was a painful reality. If people who sought help could not get access to other qualified mental health service, practitioners who were aware of their incompetency to provide such service now faced a dilemma. They might violate the principle of benevolence if they simply turned down the request. The document thus reminded practitioners that they might consider providing an emergency service to those who were in great need whereas took cautions in providing services out of their qualification. This recommendation was based on the article 2.02 from American Psychological Association's "Ethical Principles of Psychologists and Code of Conduct" [23]. Practitioners should consider seeking supervision and ending the service if the emergency ended or other more qualified service was then available.

*Self-care: To balance personal needs and social responsibility.* The article 4.6 from the second edition of CPS Code of Ethics advocated that practitioners should take social responsibility whereas article 4.4 required the practitioners to take adequate self-care [9]. Therefore, the final issue raised by the document was to remind practitioners that they should be aware of their own physical and psychological reactions during the service, address countertransference issues and regulate their own emotions. At the same times, they should take adequate care of themselves physically and psychologically, and prevent themselves from burnout. The COVID-19 outbreak affected every Chinese citizen to a certain degree and therefore those who provided mental health service were also in stress or even in crisis. It was more likely for them to identify with or get emotionally involved into the sufferings of those who sought professional help, thus increasing the likelihood of vicarious traumatization. It was vital for practitioners to engage in active and adaptive emotion regulations and stress management to maintain their own wellbeing [24].

### *3.2 The Second Stage*

#### *3.2.1 Problem Context: Ethical Concerns and Typical Examples*

After WHO announced the COVID-19 outbreak in China as Public Health Emergency of International Concern(PHEIC) at the last day of January, 2020, February was the month when people witnessed first the surge of the outbreak in China as the number of the confirmed cases and the death toll increased rapidly. Then the spreading of the outbreak slowed down after more efficient assessment and treatment of the disease were provided as well as more strict quarantine policies were implemented all over the China. Meanwhile, it became clear in the mental health field that hotline and online service were primary types of psychological intervention delivered to the general public. The Disease Prevention and Control Center of the National Health Commission issued two documents on how to set up and provide qualified hotline service during the outbreak at February 2$^{nd}$ [25] and February 7$^{th}$, 2020, respectively [26]. Requirements

on issues such as recruitment of professionals, management of hotlines, supervision and ethical conducts were mentioned in these two documents.

After the National Health Commission released these documents to give a green light to hotline services, and the implementation of strict quarantine policies all over the China, hotline became almost the standard and sometimes the only medium for many practitioners to provide their services. New problems and difficulties quickly arose in the second stage of outbreak, which was partly due to the fact that the prolonged quarantine resulted in negative consequences for the public such as severe disruptions of daily routines, school and work, the increase of family conflicts, and the job loss. Moreover, patients who suffered from mental disorders or had a history of mental disorder might experience a deterioration of their condition or a relapse, triggered directly or indirectly by the outbreak [17,27]. Hotline was not an optimal form of service for these patients but it often became the only psychological service available for them during the outbreak. It certainly created a big challenge for practitioners. Other typical problems observed in this stage were: Some practitioners provided hotline service using their private phone numbers or online accounts and later experienced the loss of their own privacy. Some well-intended practitioners broke the setting of hotline to provide certain practical help (such as financial support) for those who sought help, which went beyond their own capacity. Some practitioners reported severe sense of frustration and helplessness in their service for people who had too complicated and severe conditions to be addressed in one-time hotline service.

#### *3.2.2 Solution: Ethical Considerations and Recommendations*

Based on previous experiences on hotline service and discussions among senior members, the standing committee of CPS Registration System published the first draft of the "Ethical Considerations and Recommendations for Hotline Service" on February 6$^{th}$ [28] and a second draft on February 27 [29] at its WeChat public account. In these two drafts, the scope of work for hotline service was defined as to provide consultation to address stress-related psychological distress, as well as to provide appropriate psychological first aid and crisis intervention. Practitioners were reminded to be aware of the nature of hotline service and its limitations, and to increase their ethical awareness in providing this form of service. More specifically, five issues were emphasized: professional relationship, informed consent, confidentiality, referral and organizational responsibility.

*Professional relationship was fundamental to any professional service*. Both drafts pointed out that, based on the first chapter of professional relationship in the second edition of CPS Code of Ethics [9], practitioners should take efforts to maintain the professional boundary and be aware of the nature of this relationship in hotline service. Both drafts specified that practitioners should inform people of limitations of hotline service and respect their choices as to receive this service or not. They should not reveal their private information to people who sought help, and maintain an objective and neutral stance when providing the service.

*Informed consent was the basic right of people who sought help in hotline service*. Informed consent referred to people's rights to make free choices at events that might affect them [20]. People who used hotline service had the right of informed consent but practitioners might not openly ask for their inform consent in hotline service since they assumed that people already gave their inform consent by using this service. However, this assumption might not be correct. Both drafts pointed out that practitioners should take efforts to safeguard people's rights by specifying the nature and limitations of hotline service when they released the service to the public, or to address people's concern about the service if necessary. Besides, if a hotline provider would record a phone call, the drafts pointed out that the provider should set up a pre-recorded voice message for users when they called or inform users at the beginning of the service, so as to ensure that people understood the nature of the service they used.

*Special issues of confidentiality in hotline service*. Due to the quarantine policy and the fact the majority of hotline service this time was used an online platform as the transfer center, all most all practitioners provided service at home. The working-at-home condition brought a special challenge to confidentiality. Since practitioners had responsibility to protect the privacy of those people who sought professional help [9], the second draft outlined some recommendations for practitioners: they were asked to choose an independent and private space for work to minimize disruption and the chance to breach confidentiality. They should take efforts to keep the record of their service at a safe place or web space and to comply with rules of the organization that set up the service. They should not expose any private information of people who sought help to any party, except for the supervision or professional discussion. A special notice was again made regarding to the condition of breaking confidentiality in the second draft. It was stressed that if a help-seeker was a confirmed case of COVID-19 and might pose threat to other's health and wellbeing, it should be considered as a condition to break the confidentiality.

*Provide service within one's scope of competency and make appropriate referral*. Both drafts pointed out that practitioners should provide service in areas where they had received proper training and obtained enough competency. Practitioners should evaluate whether people who sought help were appropriate candidates for the service based on their understanding of the nature of hotline service. If they found that that person would not be benefited from hotline service, they should make an appropriate referral if they could. Other recommendations based on the second edition of CPS Code of Ethics were also outlined in both drafts as to remind practitioners to enhance their professional capacity and maintain personal wellbeing to provide better professional service [9].

*Organizations should take efforts to maintain a high standard of ethical conducts in hotline service*. Hotline service was not provided by a single person, but required a large amount of team work. During the outbreak, since the majority of hotline service was newly established and relied almost all on volunteers, the organization which sponsored the service played an important role in maintaining an ethical practice. The first and the second edition of the CPS Code of Ethics did not specify requirements and recommendations for professional organizations. Usually, practitioners were asked to comply with rules and regulations of the agency they worked for (e.g., see in the article A.1.b of the ethical standards of American Counseling Association [2014]) [30]. The second draft thus addressed this issue by writing up several recommendations for organizations that provided the hotline service: 1) The hotline service should specify its aim, scope of work as well as its professional qualification. 2) The organization should not provide false or inaccurate information when they released any information about the hotline to the public. 3) The organization should set up a clear organizational structure and take good measures for the management of the hotline service. 4) The organization should provide a clear protocol for the hotline service, including a detailed description of the qualification of practitioners and supervisors, the guideline for crisis intervention, and the resource for referral and other related professional service. Since these recommendations were rather specific, it received positive feedbacks from organizations that provided hotline service.

### ***3.3 The Third Stage***

#### *3.3.1 Problem Context: Ethical Concerns and Typical Examples*

Although the COVID-19 outbreak was officially recognized by WHO as a pandemic on March 11, 2020, the situation in China was gradually under control in March. Several provinces lowered the level of public emergency and loosened the quarantine policy. However, the majority of professional services were still provided online as well as other professional activities such as trainings and supervisions. Even practitioners who were not big fans for online services/activities had to adapt to this condition. New ethical risks and problems then surfaced in this stage of outbreak, and this time the most affected area was not hotline service or online service for the general public, but was the area of supervision.

Several highly controversial cases happened in March, which triggered heated debates among professionals. All these cases were related to possible transgressions in online group supervision. One case was about a so-called non-profit online supervision where a complicated incest case between a mother and her son was reported and supervised. The entire process was broadcasted alive through the internet and evoked many protests and condemnations from professionals for the professional competency and the ethical integrity of the supervisor. Another case was concerned with a series of open online supervisions organized by a famous online psychological service provider, and several famous therapists/supervisors in the field were involved in this project. In one of the advertisement of this project, a detailed description of the case and that of personal information of the supervisee were presented, which raised concerns among professionals about breaching the confidentiality. How to protect the privacy of client's and that of the supervisee's in this type of online group supervision, since in both cases, anyone who paid for the activity or claimed to be a practitioner might get access to the online session? Should the size of online group supervision be limited to a certain number, since in both cases, the size of the group depended on how many people wanted to participant and the number of participants could be several hundred or even several thousand? Towards the end of March, these cases and the related ethical concerns were widely discussed among the field.

### *3.3.2 Solution: Ethical Considerations and Recommendations*

The ethics workgroup of CPS Registration System received many complaints or requirements from its members in March, asking the workgroup to take actions to stop these activities or to provide a guideline. Therefore, after emergent discussions among its senior members, the standing committee of CPS Registration System published a document at its WeChat public account, titled "Eight Recommendations on Online Group Supervision" on March 25, 2020 [31].

*It is important to differentiate the supervision from the case discussion in training*. Supervision had two basic goals: To facilitate supervisee's professional development, and to guarantee client's welfare [32]. In order to reach the first goal, a supervision had a clear focus on the performance and professional development of the supervisee, and therefore was different from case discussion. For the second goal, a real case with fairly rich materials as well as intervention strategies needed to be discussed in the supervision, and therefore it was also different from case discussion which usually served an educative purpose. The document then urged supervisors to clarify the nature of their work and to stick to ethical standards related to supervision if the online group work was defined as supervision rather than training. After the publication of this document, many professionals used it to question certain so-called online group supervisions and some of these activities then changed the name into online training.

*Supervisors should take adequate responsibility for the online service provider which organized such activity*. Considering the fact that the lack of competent supervisor was a common problem in China, a group supervision with a large group size seemed to be a power means to solve this problem. However, when the group supervision was provided online, a vital question was who should be responsible for the quality of the supervision? The CPS Code of Ethics required that supervisors should adopt "the sincere, serious and responsible attitude" towards their training and supervision [9]. Thus, even when a supervisor was invited by an online service provider, he or she still should take professional responsibility no matter this activity was a paid activity or not. Supervisors should carefully consider the unique nature of group supervision, as well as that of the internet as a vehicle for their work. Before the supervision, supervisors were suggested to ensure that the service provider was legally qualified and reliable, and the service provider understood and was willing to comply with basic requirements and ethical standards of this profession. Supervisors were also advised to check the process of online group supervision to prevent private information from being released to the public through the Internet.

*Supervisors should take adequate responsibility for their supervisees*. A supervisor was regarded as the role model and the gatekeeper of this profession [20]. One of the responsibility for a supervisor was to enhance supervisee's ethical sensitivity and awareness as well as the capacity to make good ethical decision. Therefore, the document urged supervisors to ensure that their supervisees had obtained the inform consent from the client(s), and complied with other rules to protect client's privacy [9]. Especially when the online group supervision openly recruited its members, supervisors were advised to monitor the process of recruitment to make sure the supervision would take place among qualified professionals and the size of the group was manageable.

*Supervisors should take adequate responsibility for clients involved in the supervised case*. Since the nature of any supervision may result in leakage of client's private information, a supervisor should make sure that the informed consent was signed among all participants as well as by the online service provider, which must include contents for protecting the privacy and rights of all parties involved. Moreover, the nature of the internet also required extra cautions to be taken to protect the privacy of all parties involved. For example, the document pointed out that any personal ID account and the account of online group meeting room should not be included in the advertisement.

## 4 Conclusions

The COVID-19 pandemic has been a big challenge for people all over the world. It is no exception with Chinese mental health professionals who have been fighting this pandemic since the lock down of Wuhan city in January. This paper intended to provide a sketch of this ongoing battle from a distinctive perspective, i.e., the perspective of professional ethics. Any form of ethics is related to a fundamental question: how to live a good life or what a good life should be [12]. The COVID-19 pandemic certainly changed many people's lives forever, and made this question salient for many others. As a crisis was both a threat and an opportunity, this pandemic also forced the entire mental health profession in China to take the challenge and make necessary adjustment. Although it was too early to draw a conclusion as to whether this pandemic would make the professional field better or worse, the paper nevertheless provided a picture of "problems *vs.* solutions" in terms of what ethical concerns surfaced during different stages of pandemic in China, as well as how the professional organization, namely the CPS Registration System, attempted to address these issues by drafting and publishing a series of documents as recommendations on ethical practice. It is hoped that, by reading this paper, clinical practitioners from other countries and regions who also have been fighting the pandemic may gain inspirations and a sense of emotional validation by all the sufferings and courageous efforts to safeguard "the good life" among Chinese mental health professionals.

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