



Italian Society of Psychiatry's activity during the pandemic

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The months that have just passed have been marked by the COVID-19 emergency, which cannot yet be considered to be over. We suddenly found ourselves in a health emergency that completely disrupted our habits and activities, including those of the Scientific Societies. I still remember the 21st of February during our SIP Executive Committee, held during the SOPSI congress in Rome and the last conference held in Palermo by the Sicilian section on the 5th of March. On the same day all medical conferences were banned as a precaution against the spread of the pandemic; in a few weeks we reached the total lock down of the nation.

As an executive of the *Italian Society of Psychiatry* (SIP) we committed ourselves to share scientific information and to fight everything that could increase the spread of the disease. The COVID-19 emergency has involved the psychiatric services that have continued to guarantee the unavoidable activities for the mental health of the Italian population. The *Italian Society of Psychiatry* wanted to support the mental health staff both with the scientific contribution and through other concrete initiatives such as the distribution of Personal Protective Equipment (PPE) that especially in the early stages of the pandemic were not easily available.

The main supporting actions we have carried out are:

1. Write an appeal to the health authority to remember mental health patients. This appeal had received the endorsement from *European Psychiatric Association* (EPA) who invited all the *National Psychiatric Associations* to do the same with each own health authorities: "Appeal of the Italian Society of Psychiatry":
 - a. urgent psychiatric hospitalizations, both on a voluntary or compulsory basis, should be explicitly considered as intervention that cannot be omitted or delayed differently from non-urgent hospitalizations;
 - b. any form of discrimination of people with mental disorders in accessing healthcare services, such as the exclusion from all forms of specialist care eventually necessary for the management of COVID-19 infection, including procedures of assisted breathing, should be prevented;
 - c. people suffering from mental disorders presenting COVID-19, who have subthreshold or active psychopathological symptoms but are able to collaborate adequately, should be admitted in hospital units devoted to the care of people suffering from COVID-19 infection;
 - d. people suffering from mental disorders in comorbidity with COVID-19, who are severely ill and unable to collaborate adequately, should be assisted in hospital units for COVID-19+ patients, specifically dedicated to the management of psychiatric patient affected by COVID-19;
 - e. all psychiatric patients who are admitted to hospital both on a voluntarily or compulsory basis, should always undergo pre-triage procedures, including the nasopharyngeal swab;
 - f. all psychiatric clinical staff operating in the hospital psychiatric units for COVID+ patients or who are dedicated to the care of psychiatric patients



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- admitted to nonpsychiatric COVID+ facilities, should be equipped with all the personal protection devices required by WHO guidelines for the management of COVID+ patients;
- g. the clinical staff of community mental health services that carry out urgent/emergency activities interventions of any kind, including compulsory mental health assessments and treatments, should be equipped with all the personal protection devices. Indeed these interventions should be considered at high risk of infection;
 - h. homogeneous provisions should be issued for the entire Country, in order to have the same standards of care delivered by community mental health services, including the widespread use of telepsychiatry, in addition to emergency interventions;
 - i. guidelines and interventions should be planned regarding prevention and management of suspected COVID-19 cases in psychiatric residential facilities, including those devoted to offenders with psychiatric disorders;
 - j. the number of staff members, considering all professions involved (psychiatrists, psychologists, nurses, social workers, rehabilitation technicians), both in hospital and community mental services, should be adequate, in order to face the increased needs of care which the COVID-19 emergency is going to generate.
2. We published recommendations for mental health departments according to the phase of the Covid emergency. Mental Health Services have remained operational throughout the first phase of the pandemic, although a series of restrictions and adjustments have been implemented. The majority of recommendations suggested still remain valid also in phase 2, while some will be reinforced or modified to adapt to the new scenarios envisaged. The prolonged social isolation, the forced cohabitation and related increase of family discord during the lock down period were important causes of stress. The loss of productivity nationwide and the consequent rise in unemployment and economic crisis are other important risk factors for depression and anxiety. Uncertainties relating to the duration of the COVID-19 pandemic and associated fears, to the constraints and limits to be complied with, including restrictions to domestic and international travel, should also be taken into account. A significant increase of burden on the mental health system is expected due to an increased onset of new cases, which will increase the number of incident cases. We adapted the phase one recommendations to new situation when it is possible in order to achieve a gradual resumption of social rehabilitation activities in accordance with the maintenance of the 4 D precautions: distance, devices, digital, diagnosis. All the accommodations have been published in Italian and English version both on the web site and on the periodical newspaper of the associations (Evidence Base Psychiatric Care). We have collaborated also with Ministry of Health and "Istituto Superiore di Sanità" to the official recommendations for mental health facilities. More over we have been invited to participate at the *Meeting of the World Psychiatry Association (WPA) Advisory Council on Response to Emergencies: Europe/Asia/Australasia* with the main representative national psychiatric associations. There we proposed to deal about "the strategies to consolidate the use of telepsychiatry tools after the COVID-19 emergency"; one of the few good things about this Covid emergency is that it has significantly increased the use of telepsychiatry systems. All outpatient services used skype, zoom or WhatsApp for visits and psychotherapy. The drug prescriptions became electronic and the patient picks up the drugs in the pharmacy only with the prescription number. Bureaucratic problems that seemed insurmountable on data security have suddenly become irrelevant, compared to the safety of patients and operators. It is imperative to be able to continue along this line in the future.
 3. Thanks to the unconditional support of *Otsuka Pharmaceutical* we have purchased PPE for all Italian mental health departments. The collaboration with *Otsuka Pharmaceutical* gave us the possibility to import 90,000 surgical masks and 1800 FFP 2 masks, to be distributed to 180 mental health departments and psychiatry specialisation university schools. We have thus made a concrete contribution to safeguarding the health of our patients and operators. On the day we purchased the PPE, the State eliminated VAT from the surgical masks so that a second shipment of 510 surgical masks could be sent to each of the executive members, together with an infrared thermometer. This initiative has been very much appreciated both by the operators who received the PPE and by the foreign scientific societies to whom we have told about it and who have indicated our association (SIP) as one of the most enterprising and concrete on the international scene.
 4. Together with TELECOM spa, the largest Italian telephone company, we have set up a national toll-free number 800042999 to support health professionals who need it. From 3 to 7 p.m. every weekday you can call and explain your discomfort to one of the 20 answerers (they are specialists in psychiatry, psychologists or psychiatric rehabilitation technicians). Those who have asked for help are contacted within 24 hours by the nearest available psychiatrist (SIP member). The association of "Emergenza Sorrisi" volunteers also participated in this initiative. The number of calls received has been very low probably due to a number of factors: in many Italian ASLs psychological support initiatives have been implemented for the general population; health workers generally have direct

knowledge to whom they prefer to turn rather than call a toll-free number; many of the emergency workers have difficulty recognizing that they need help and underestimate some symptoms of overexposure to negative experiences. In any case, as long as they are so busy in the emergency they do not feel the need to stop and get help.

5. We carried out a survey of the conditions of COVID protection adopted in mental health services, already published with the title: *Mental health services in Italy during the COVID-19 Pandemic* by Carpiello, Bernardo, Tusconi Massimo, Di Sciascio Guido, Zanalda, Enrico, Di Giannantonio Massimo in the Journal Psychiatry and Clinical Neurosciences. In the paper you can read that less than 20% of *Community Mental Health Centers* (CMHCs) have been closed; approximately 25% have restricted access hours. The usual mode of operation in CMHCs changed substantially. Urgent psychiatric consultations are continuing as usual, in the same way as interventions for compulsory treatments, and prison consultations. All other activities have been reduced to some extent. Remote contacts with users have been set up in approx. 20% of CMHCs reported cases of increased aggressiveness or violence, among community patients, although only 8.6% regarding severe cases. Major issues in the supply of personal protective equipment (PPE) for staff members were reported. A reduced number of *General Health Psychiatric Wards* (GHPWs) (-12%), beds (approx. -30%) and of admissions was registered (87% of GHPWs).

8% of GHPWs reported an increase in compulsory admissions, and an increased rate of violence toward self or others among inpatients. Patient swabs were carried out in 50% of GHPWs. 60% of GHPWs have reported the admission of symptomatic, COVID+ psychiatric patients to General COVID-19 Units; severely ill and non-collaborative COVID+ patients are generally admitted to specific "COVID-19" GHPWs, or to purpose-adapted isolated areas of the wards. COVID-19 pandemic has heralded a radical change in the mental health system of Italy, and a consequent series of challenging issues.

In conclusion, we have tried during this difficult period to provide support to psychiatrists working daily in the services as described above. We have also intervened in the public debate that has taken place during this period. Our interventions in the media have been numerous thanks to our press office, which has monitored the areas of psychiatric interest, contrasting, when necessary, the interventions of other professional, non-medical categories, that have disappeared from the services. Nevertheless, they attempted through the media to impose opinions that were not always clinically correct in order to attribute skills and resources to themselves. Finally, we have received numerous contributions, including international ones, to be published in the journal of the society Evidence Base Psychiatric Care that arouses considerable scientific interest. We would like to thank all our colleagues in the executive committee for the active collaboration we have had with them.