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COVID-19 pandemic and young people mental health: a survey on an early intervention service



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Summary

The study deals with the impact of the COVID-19 emergency on psychophysical wellbeing of mental health patients, particularly young patients, joining an Early Intervention Program. We reorganized our Project in remote form, according to the social distance required by the emergency and subsequently drew up a survey to evaluate the response of patients to reorganization. We investigate also the changes in patients' feelings during the emergency and their satisfaction about the service provided in the period.

Key words: Covid-19, early intervention, young people, mental health

Introduction and aim

The Covid-19 pandemic determined many consequences on different aspects of our lives¹, and its effects are evident not only for physical but also for mental health^{2,3}. In Italy, since the lockdown started in March 2020, we had to reorganize our lives, and our national health service, according to the emergency and to the infection containment measures⁴.

Our study aimed to evaluate the Covid-19 consequences on mental health, in particular on the Prevention and Early Intervention Mental Health Program of our Mental Health and Addiction Department (EI Program).

During the Italian lockdown period, we provided an alternative service for the EI Program from March 16th, according to government's provisions and patient needs.

The service was offered remotely and was composed by therapeutic and rehabilitative interventions, in particular: telephonic support, individual psychological support and psychotherapy on video conference, using different digital platforms (such as Zoom, Discord or Skype); therapeutic and rehabilitative group activities and individual psychoeducational interventions were scheduled four times a week as follows:

1. a discussion group on the main topics of Covid-19 in a "TV news" format;
2. a physical activity group, with yoga and relaxation exercises;
3. a socialization group, sharing leisure virtual activities, such as museum virtual tour or "happy hour";
4. an expressive group using artistic activities.

Finally we also provided individual behavioral suggestions, that patients could use on their own at home.

The first aim of this preliminary study was to understand the effect of this pandemic, and of the quarantine related to it, on feelings and experiences of young mental health services users⁵. The second aim was to identify new strategies to ensure the

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Conflict of interest

The Authors declare no conflict of interest.

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continuity of care for this vulnerable group (especially for high risk mental health disease young population) and trying to address and reorganize our Project in remote form, according to the requests of the social distance ⁶. Finally, we wanted to evaluate changes in patient's feelings during the different phases of the emergency and measure their satisfaction for the remote service we offered.

Project and sample

According to literature suggestion ⁷, we drew up an online survey to explore patients' feelings and needs of care, during the Covid-19 lockdown, and to identify new strategies for psychological, psychosocial and rehabilitative support in a distant way, using web and online resources.

Assessment and method

We developed a specific questionnaire for the Covid-19 emergency, anonymously sent to 56 young patients (18-28 years old) attending our EI Program. The questionnaire was a three-stroke survey, the same form for T0 and T1, and a customer satisfaction form for T2. T0 form has been sent between the 25th and 31st of March 2020, shortly after the beginning of the lockdown; T1 has been sent between 15th and 21st of April 2020, in the middle of the lockdown; at T2 the patients satisfaction survey has been sent between 4th and 8th May 2020, at the beginning of "Phase 2" of the national emergency. The first two surveys contained the same 11 closed questions, 7 on five points Likert scale (from 1 "not at all", to 5 "a lot") and 4 multiple choice; the questions investigated the Covid-19 emergency impact on psycho-physical wellbeing and needs about health care service during the period, and 2 questions on age and gender. The last survey contained 2 questions on age and gender and 13 closed questions, 3 on a 4-points Likert scale (from 1 "not at all", to 4 "a lot"), 7 with multiple choice and 3 closed "yes/no"; the questions investigated feelings in the "Phase 2" of the emergency and users' satisfaction for the provided service.

Data analysis and results

56 subjects (53,6% male and 46,4% female, average age 21,01 years) completed T0 survey; 47 young patients (46,8% male and 53,2% female, average age 23,23 years) completed T1 survey; 50 young patients (52 % male and 48 % female, average age 21 years) completed T2 survey. Results are summarized in two distinct blocks, T0 vs T1, and T2.

About the concern for the virus, the higher proportion of answers was in the middle ("neither too little, nor too much"), in both T0 (35,7%) and T1 (29,8%), data showing a decrease of the concern over time; the second higher frequency of answer at T1 is "a little" (27,7%), where at T0 the higher frequency was "a little" and "enough" (both 17,9%) indicating a slight trend toward normalization.

Asked about changes in their everyday life, due both to the health emergency, and to the lockdown, patients reported a

high frequency of habits changes, both in T0 and T1, even if with a slight increase over time: asked about "How much the spread of the virus has changed your everyday life?", at T0 37,5% answered "enough" and 32,1% "a lot"; at T1, the same answers received a percentage of 34% each. Asked about "How much the quarantine has changed your everyday life?", at T0 30,4% answered "enough" and 28,6% "a lot"; at T1, the same answers received respectively a percentage of 31,9% and 34%, showing a slight increase over time.

Almost all of the respondents were respecting the infection containment measures, respectively a 75% at T0 and a 70,2% at T1, even if they described a substantial effort.

Investigating the subjective reactions and feelings to quarantine and lockdown, the higher percentage of answer was in the middle ("neither little, nor much"), at T0 33,9% and at T1 31,89%, showing however an increase of the subjective suffering over time ("enough" 14.3% and a lot" 25% at T0 and, respectively, 21.3% and 21.3% at T1).

A detailed description of subjective sufferings is summarized in Table I.

In Table II we summarized the main aspects of life that patients lack the most (more possible answers, total higher than 100%). The data show a slight increase of socializing activities as the most lacking.

Finally, we wanted to know which therapeutic remote

Table I. Summary of subjective suffering due to lockdown (multiple choice question).

Prevailing feelings	T0	T1
Boredom	42,8%	42,5%
Sadness	25%	29,8%
Depression - mood changes	3,6%	2,1%
Anxiety and panic disorders	1,8%	4,2%
Fear	7%	2,1%
Anger	1,8%	6,7%
Sense of lack	3,6%	4,2%
Physical pain	3,6%	2,1%
Self harm		2,1%
A mix of all the previous	1,8%	4,2%
Concern for the future	1,8%	
Insomnia	1,8%	
Loneliness	1,8%	
Nothing	3,6%	

Table II. Main lacking life aspects due to lockdown.

Aspects of life lacked the most	T0	T1
Socialization	60,7%	63,8%
School/ work	37,5%	46,8%
Sports	26,8%	34%
Usual Mental health care	25%	21,3%
Leisure activities	23,2%	21,3%
None of these	12,5%	2,1%

supports the patients would find most useful to deal with the emergency and the isolation (more answers possible, total higher than 100%); Table III summarizes results.

The last survey, the T2 one, was submitted in order to investigate both the prevailing feelings at the beginning of the “step 2” of the emergency (partial opening of lockdown), and the users’ satisfaction about support received.

A 44% of patients still felt “enough” worried about the spread of the virus, but they felt largely optimistic about the future, as their expectation was to get back soon to normality (48%), reporting “a little” of difficulties (52%), being “confident that the difficulties that have been experienced with the health emergency would lead to positive changes in the lives of all of us” (26%). They were eager to take back especially the sociability (44%), but the 76% of the respondents also thought that the emergency had brought with it secondary benefits, especially an increased awareness of the value of everyday life prior to social distance (44%), and increased time for family relationships (36%).

As for our remote service, 80% answered they benefited from it, and the expressed level of global satisfaction was “enough” for a 48% and “a lot” for a 30%.

Table IV summarizes the preferred interventions (more answers possible, total higher than 100%).

Finally, patients were asked if they would like some of the services offered remotely to be kept even at the end of the emergency, 72% of the respondents answering “yes”, especially for those already cited as the most welcome, but also increasing resocialization and leisure group activities on video call (12,2%), expressive artistic activities on video call (12,2%) and group sports activities on video call again (9,8%).

Conclusions

This preliminary study, which was developed in accordance

Table III. Which remote supports are most preferred.

Therapeutic supports remotely, found most useful	T0	T1
Individual psychological/rehabilitative video call	44,96%	48,9%
Psychological/rehabilitation phone call	42,9%	53,2%
Suggestion for individual use, on their own	35,7%	23,4%
Resocialization on video call	16,1%	17%
Leisures group activities on video call	10,7%	19,1%
Group sports activities on video call	7,1%	6,4%

Table IV. Most used therapeutic support provided by remote devices.

Individual psychological/ rehabilitative video call	63,6%
Psychological/ rehabilitation phone call	50%
Suggestion for individual use, on their own	20,5%
Resocialization on video call	15,9%
Leisures group activities on video call	11,4%
Group sports activities on video call	6,8%

to emerging needs in psychiatric care in Covid-19 era⁸, shows that young patients were more concerned about the spread of the virus at the beginning of phase two than during the lockdown and they were suffering from the quarantine and the isolation, more and more as time went on. According to other surveys, they felt especially bored and sad, but they developed other subjective sufferings, in addition to those already present in their psychopathological status⁷. Changes in patients’ everyday life are significant, especially when referring to social isolation⁵. The sense of lack of their usual activities, especially socialization and school or work, increased over time, unlike the one for the usual care system, that decreased, since the introduction of the remote program. They felt supported by the remote psychological and rehabilitative EI Program, especially by individual interventions in video call and remote group activities. The vast majority of the respondents appreciated the remote service and they would have liked to keep some activities even when emergency was over. These data suggest that mental health services, especially for young people attending to our services need to develop and implement a more “modern” way to manage needs in different areas of mental health.

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