

**Covid-19 emergency: a psychological support service dedicated to hospitalized patients and medical staff**  
*At the San Donato Policlinic, patients are not left alone. Phone calls and video calls are provided to help with anxiety and stress.*

San Donato Policlinic offers a **telephone line of psychological support** dedicated to hospitalized patients who have tested positive for Covid-19, and to the personnel deployed on the front line for the emergency: it is the service developed by the **Clinical Psychology Service** of the IRCCS Policlinico San Donato University and Research Hospital. The support is provided together with medical care and allows relief to be given in order to alleviate the states of anxiety and fear that inevitably affect **hospitalized patients**. Also, **doctors, nurses and auxiliary nurses** need to be listened to and professional support given in order to overcome tension and critical issues in the face of an unprecedented emergency.

**Dr. Edward Callus**, head of the Service of Clinical Psychology, describes the initiative of the San Donato Policlinic and provides some advice also for citizens who, in accordance with the current decrees and the motto of "#iorestoacasa" (I stay at home) seek mental stability during the period of isolation.

### **Phone calls and video calls to support patients**

At the IRCCS Polyclinic San Donato there are more than 200 patients admitted to the hospital wards, reorganized to cope with the large influx of infected people, in addition to 28 intensive care beds for the management of the most serious cases. Considering this emergency, the team of psychologists and psychotherapists of the Clinical Psychology Service has also reformed their activities to **be "by the side" of the isolated patients** with the support of media and technology. "As indicated in the pertinent guidelines, and after studying the Chinese experience, we have introduced **telephone, chat and video call interventions**, depending on the patient's needs and the severity of the clinical condition. Those who ask us for help are critical patients, with breathing caskets, as well as others having respiratory crises that require oxygen masks, or those who are hospitalized but who have not exhibited serious symptoms. Based on their needs and the degree of fatigue, we provide our support. The health personnel inform us about those who show psychological distress or the ones who are having more difficulties in dealing with the situation".

### **Relaxation techniques and psychoeducation**

Some patients may experience significant psychological distress, have difficulty sleeping or suffer particularly from loneliness and isolation. "In this situation it is important to work on **relaxation**, so that they can better tolerate isolation. This is possible thanks to the establishment of an **empathic relationship**: it is important for patients to know that there is someone willing to listen to them and has the professional capacity to do so. In these cases, there is a tendency to reassure, but it is not very useful. It is more appropriate to encourage the other person to talk by saying something like 'tell **me what you are afraid of**', in order to allow them to express their feelings.

The most seriously ill patient I followed, who was very young, had experienced significant psychological distress because his clinical condition was getting worse. A therapeutic relationship was established with the use of relaxation techniques, emotional expression and empathetic listening, via chats and phone and video calls, which could take place by placing the headphones under the breathing casket. He was aware of the imminent need to be intubated and the support provided in these critical moments was crucial. He passed the critical phase and a few days ago came out of the intensive care.

There are also people who do not necessitate or want psychological help, perhaps because they are not inclined to receive emotional support from professionals. "There are patients who just need to be listened **to**, to allow positive reformulation, or those who have a lot of distress because of **loneliness** during isolation. It is important to have the support of a neutral **person**, outside the circle of family members, who is willing to listen.

**Patients are not alone: we follow them, we listen to them, we are in contact with doctors to assist when it comes to the information and to reinforce their messages".**

### **Requests for help from healthcare professionals**

More and more doctors, nurses, social and auxiliary nurses are turning to the Psychology service to get support in the emotional management of the **emergency**: "Since we have activated the service" – explains Callus – requests are increasing daily. We have created a form to fill out online that goes on to investigate four areas: **depression, anxiety, post-traumatic stress and insomnia**. We evaluate the answers given and give almost immediate feedback about the presence of disturbances. We suggest repeating the questionnaire after a week to monitor the psychological state; it is up to the colleagues to decide whether to ask for help or not. Even in this case we listen and try to educate to relax. The stress conditions affecting all professionals is very high. The latter consist of auxiliary nurses and nurses and doctors who have the responsibility to decide what healthcare to be given. In some cases, unfortunately, the same professionals become **patients**. We provide support over the phone and, when possible, we will create support groups."

### **The impact on the entire population**

The need for psychological intervention is not just about the critical phase or hospitalised patients: the impact of this pandemic will unfortunately have long-term effects on the entire population. "A lot depends on a **person's level** of exposure: whether they have sick or deceased family members, whether they have to take care of an elderly or frail person, whether their job puts them in the position of possibly being exposed, such as pharmacists, supermarket cashiers or truck drivers. Not having economic problems and being able to continue to work safely are undoubtedly protective factors. Insecurity or job loss amplify the psychological impact of quarantine, not to mention those who have previous problems such as a predisposition to anxiety or depression. Everything is amplified and the ability to relax becomes essential."

Here are a few suggestions to deal with this period of isolation with greater serenity:

- **Avoid overexposure** to news: limit yourself to a main source, no more than twice a day;
- Provide structure to the day, creating a new **routine**;
- **Maintain contact** with family and friends, with the help of technology;
- **Keep busy** with work activities or hobbies.

"It is important to acknowledge what you are feeling and to share it. I really like the phrase **'Hope for the best but prepare for the worst'**: we have to be prepared, to contribute to the safety of the population by making our sacrifices, but we must not have lose hope in the possibilities of this country".

### **Details of the service**

The clinical psychology service is reserved for employees and hospitalized patients, and is available from Monday to Sunday from 8 a.m. to 8 p.m. We can be contacted by phone on 02-52774735, or by emailing **[psychology.PSD@grupposandonato.it](mailto:psychology.PSD@grupposandonato.it)** with contact details in order to be contacted.