



# THE IMPACT OF COVID-19 ON COMMUNITY MENTAL HEALTH SERVICES IN LOMBARDY

Antonio Lora

Sistema Socio Sanitario



Regione  
Lombardia

ASST Lecco

# AS OF SEPTEMBER 18th , 2020 LOMBARDY

Lombardy	N°
Lombardy population	10,103, 969
Total COVID 19 cases	104,304
COVID19 deaths	16,908
Health professionals infected	12,000
Health professionals dead	76

National Institute of Statistics:  
“the total number of deaths in Lombardy in March 2020 was three-fold the average of the period 2015-2019....”

## PHASE 1 (March-April 2020):

- epidemic prevalence and death toll increasing,
- established lockdown
- emergency department and intensive care units overwhelmed,
- All specialized wards in general hospital (including many psychiatric wards) were transformed in COVID19 wards,
- shortage of PPE and COVID19 swaps
- many health professionals ill.

## PHASE 2 (from May 2020 till to now):

- epidemic prevalence and death toll are decreasing , but COVID19 is endemic
- lockdown has been gradually removed
- Reduced pressure on emergency department and intensive care units
- general hospital wards returned to their original specialization
- PPE and COVID19 swaps were fully available
- health professionals rarely ill.

# FROM PHASE 1 TO 2:

## COMMUNITY MH CENTRES AND DAY CENTRES

- **SERVICE DELIVERY:**

- **PH 1:** in CMHCs and Day Care Centres (DCC) reduction of care delivery (only for urgent cases and SMI patients with high need of clinical /psychosocial support, no first referral for new cases); use phone and video calls as emergency tools to maintain continuity of care and to monitor not only psychiatric state of pts., but also family relationships during the lockdown,
- **PH 2:** Increasing service delivery till to 90% of the previous level, assuring continuity of care not only for urgent cases but for all the patients, re-opening CHMCs to “new” patients, planning routine use of telemedicine

- **SAFETY :**

- **PH 1:** low competence of MH professionals in PPE use (personal protective equipment) and in prevention measures → training; check COVID19 symptoms in pts. before face to face contact and home visiting; use always PPE and prevention measures (washing of hands, PPE, physical distance, health surveillance and avoiding crowding in waiting rooms )
- **PH 2:** prepare COVID19 emergency plan, locate “filter areas” inside CMHCs and DCCs for COVID19 triage (temperature and COVID19 symptoms) before face to face contact

# FROM PHASE 1 TO PHASE 2: PSYCHIATRIC WARDS IN GENERAL HOSPITALS

- **SERVICE DELIVERY**
  - **PH 1:** reduced n° of admissions (only for pts. with severe psychiatric symptoms and with compulsory treatments);
  - **PH 2:** admissions for all the patients in need
- **SAFETY:**
  - **PH 1:** careful health surveillance (check twice a day fever and other COVID19 symptoms) and information of the pts; always pts. wearing surgical masks; COVID 19 swaps at admission and isolation for the patient till to the swap result
    - inside the ward prepare single rooms for isolation of COVID19 asymptomatic pts. and MH professionals treating COVID19 pts. should be protected as in COVID19 wards; transfer to COVID19 wards pts. with moderate/severe COVID19 symptoms, ensuring psychiatric support in the COVID19 ward; no visitors (but phone and skype calls with families)
  - **PH 2** prepare COVID19 emergency plan , safety measures not much different from PH1

# FROM PHASE 1 TO PHASE 2: COMMUNITY RESIDENTIAL FACILITIES

- **SERVICE DELIVERY**

- **PH 1:** no new admissions; if possible, in accordance with patients and families, temporary discharges of pts. for reducing overcrowding in RFs, group activities suspended , no rehabilitation activities outside the facility
- **PH 2:** RFs re-open to new admissions, groups and rehabilitation activities outside the facility restart

- **SAFETY**

- **PH 1** low competence of professionals in PPE use and in prevention measures → training; careful health surveillance of the pts. (check twice a day temperature and other COVID19 symptoms); wearing always surgical masks, , no visitors (but phone and skype calls with the families), pts were not allowed to visit parents at home,
- **PH2** COVID emergency plan, COVID19 swaps before admission of new patients , relatives may visit the pts with PPE and social distance, pts may visit parents at home after checking COVID19 symptoms in relatives,

## LESSONS LEARNED: CLINICAL ISSUES

- Coping resources of SMI patients during lockdown were higher than expected
- Pts. without acute psychiatric symptoms, but with moderate/severe COVID19 symptoms should be admitted in COVID19 wards as other pts. without psychiatric diagnoses, but there were resistances → equity of access to COVID19 wards for SMI
- forecast for the next months: dramatic increase of common mental disorders related to consequences on mental health of the epidemic (e.g. COVID19 patients with PTSD, family members with mourning and new patients not able to cope stress also due to the economic crisis) → COVID19 MH ambulatories and project RESPOND financed by HORIZON2020 program
- MHS must support psychologically health professionals working in COVID19 wards, because they are at risk of PTSD → during PH1 psychological support in COVID19 wards

# LESSONS LEARNED: ORGANIZATIONAL ISSUES

- A difficult balance is needed between safety of MH professionals and maintaining psychiatric and psychosocial support to patients and caregivers at all levels
- correct use of PPE and prevention strategies should be actively supported because staff in CMHC , DCC and RF are not competent
- The organization of MHS should change rapidly, according to the different phases of epidemic → COVID19 emergency plans for MH facilities are to be made, with clear priorities, actions and responsibilities,
- The MH staff is under stress → communication with all MH staff should be clear and frequent, but is more difficult (equipe meetings in crowded rooms are not possible)
- The IT infrastructure of MHS should be strengthened (not only for contacting patients and families, but also for supporting tele-conferences between MH professionals)
- New programs planned for 2020 were postponed to 2021, because all the resources are focussed on a possible COVID19 outbreak in autumn and on preparation of COVID19 emergency plans



**Bergamo, 18 marzo 2020**



