

# Mental health in Friuli Venezia Giulia Region at the time of Covid-19 Epidemic

## Current situation and organisation strategies

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**IASC** Inter-Agency  
Standing Committee

## Interim Briefing Note

# Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak

Figure 1: Intervention pyramid for mental health and psychosocial support



## OVERARCHING PRINCIPLES FOR AN MHPSS RESPONSE TO COVID-19

### *Emphasize coordination*

- MHPSS should be considered a **cross cutting issue** amongst all sectors/emergency pillars involved in the response.
- **Clear coordination mechanisms and integration** of MHPSS technical expertise is critical.
- **Sharing MHPSS information and tools** between all sectors/emergency pillars is crucial during an outbreak so as to capitalize on resources.

## Existing services

- **Map existing MHPSS expertise & structures in each region, including private & public health, social welfare and education services.**
- Mapping serves as a mechanism to **pool, mobilize and coordinate resources.**



- **Establish or enhance inter-agency and inter-sectoral referral pathways** to ensure that children and families with other concerns or more severe distress may **access needed services promptly**
- **Providing training and building capacity** in appropriate MHPSS approaches in emergencies will encourage existing services to provide MHPSS in the context of COVID-19.

- Precautions should be taken to **ensure that people with mental health and substance abuse disorders continue to access medication and support during the outbreak**, both in the community as well as in institutions.
- People who develop symptoms of COVID-19 during a stay in an inpatient mental health facility should receive the **same level of good quality treatment and support as all other people**.

- **Institutions and residential settings need to develop procedures to minimize risk of infection of COVID-19 and protocols for responding to individuals who may have become infected.**
- Consideration should be made for **people with pre-existing chronic disease or disability** whose care might be disrupted during the COVID-19 outbreak.
- Steps should be taken to **ensure access** to medications, daily care, meals, etc. is not interrupted.



IL DIPARTIMENTO  
di Salute Mentale

La rete dei Servizi  
di Salute Mentale  
di Trieste

Existing services should be adapted to new conditions and changing service seeking patterns, through mobile outreach units visiting people in their homes to provide support, including those with pre-existing mental health and substance abuse disorders.

Adaptations may need to be made to community services for people with physical and mental disabilities in a way that **minimizes risk of infection but continues necessary support.**





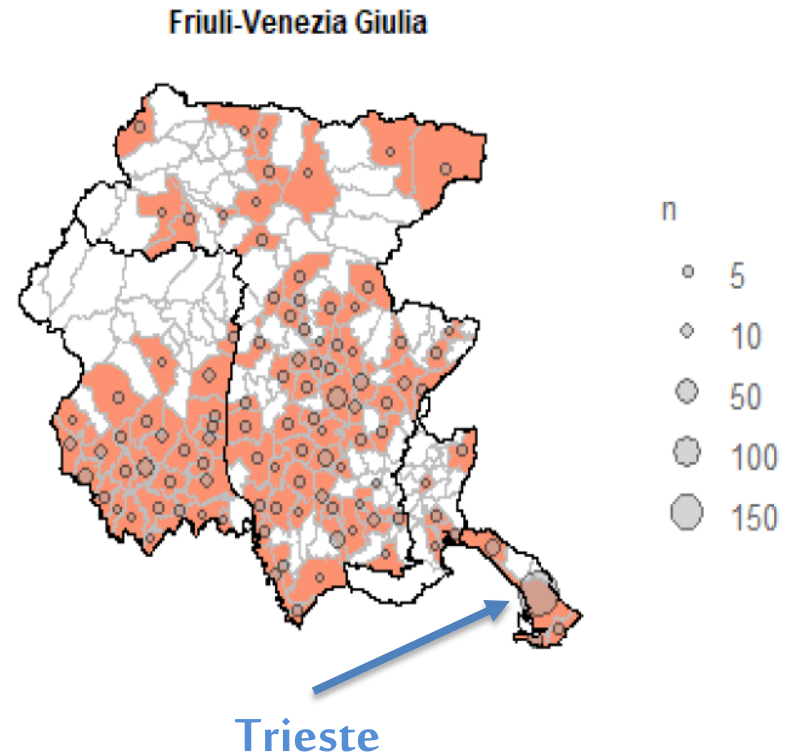
# EPIDEMIA COVID-19

26 MARZO 2020

## Current situation in FVG

918 infezioni diagnosticate dai laboratori di riferimento regionale  
 Eta mediana 59 anni (0aa-100aa)  
 66 decessi  
 127 operatori sanitari

Fascia d'Eta	Casi (n (%))
0-9	9 (1%)
10-19	11 (1.2%)
20-29	58 (6.3%)
30-39	72 (7.8%)
40-49	133 (14.5%)
50-59	175 (19.1%)
60-69	135 (14.7%)
70-79	128 (13.9%)
80-89	130 (14.2%)
>90	63 (6.9%)
Non noto	4 (0.4%)



## Organisation of MH services

### MENTAL HEALTH SERVICES

- 17 Community Mental Health Centres (CMHC) 24h/7days
- 5 Community Mental Health Centres 12h-8h/6days
- 3 General Hospital Psychiatric Unit (GHPU)
- 3 Residences for "security measures"
- Service for Rehabilitation and Residential Support
- Day Centre



### OTHER COMMUNITY HEALTH SERVICES

- Primary care
- Addictions Services
- Neuropsychiatric services for children and adolescents
- Public health department
- Social Services
- Social Co-operatives
- Families and users associations, clubs and recovery homes

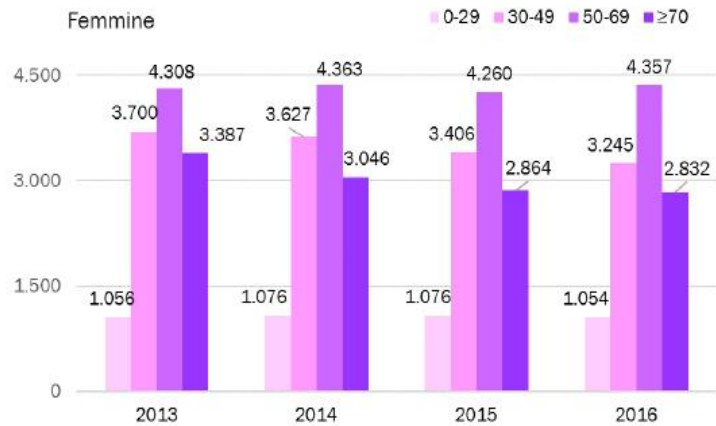
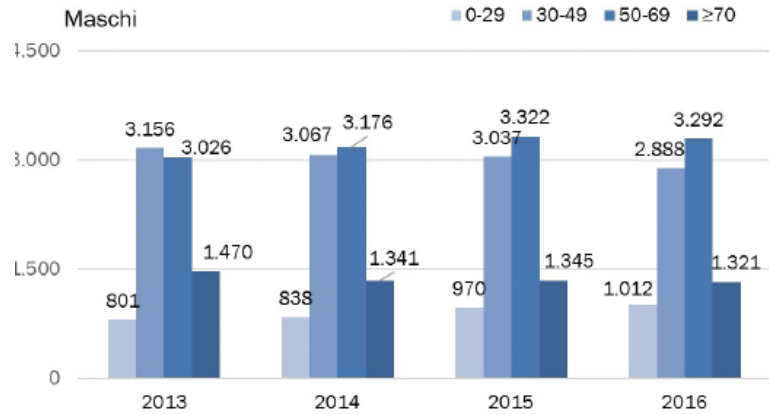
# Population in charge

## Years 2013-2016



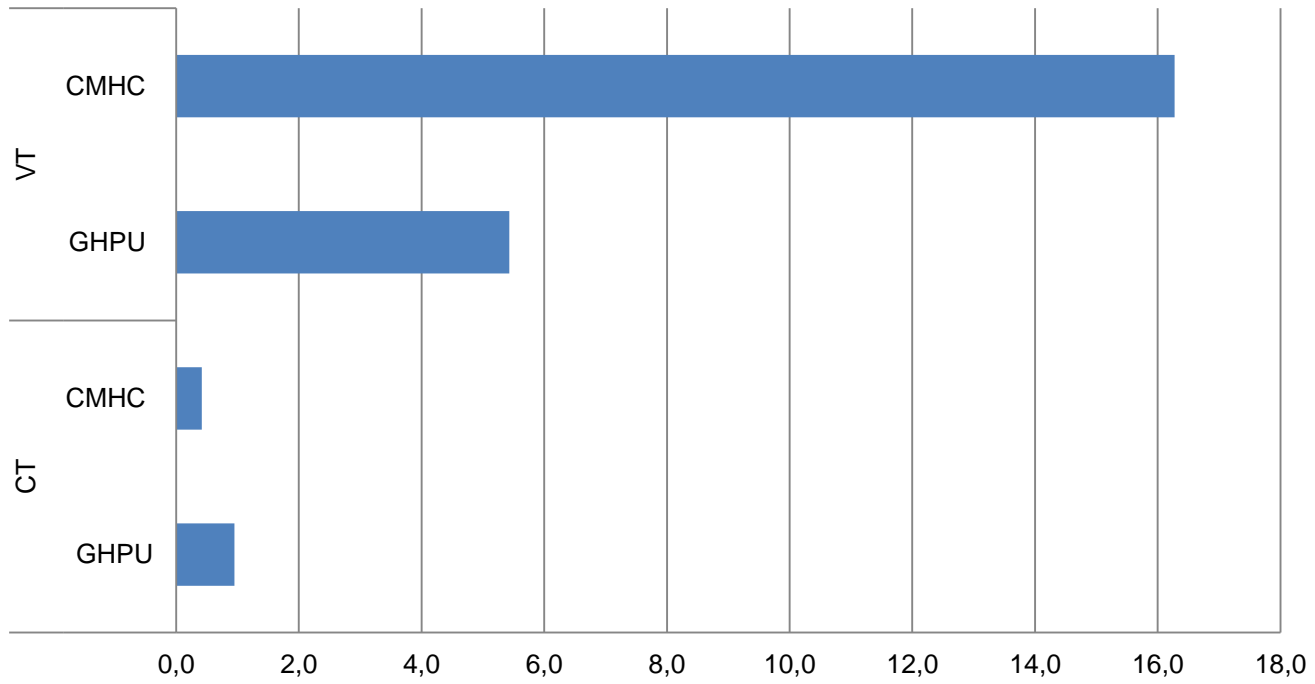
INDICATORI	ANNO							
	2013		2014		2015		2016	
	N. Assoluto	Tasso grezzo	N. Assoluto	Tasso grezzo	N. Assoluto	Tasso grezzo	N. Assoluto	Tasso grezzo
<b>Utenze</b>								
Utenti totali [Prevalenza %o resid. 18+]	20.904	20,0	20.534	19,7	20.262	19,4	20.001	19,3
Utenti primo contatto [Incidenza %o resid. 18+]	5.068	4,8	4.961	4,8	4.840	4,6	4.571	4,4
<b>Ricoveri e accoglienze [Tasso std. x 10.000 resid. 18+]</b>								
Ricoveri in SPDC	523	5,1	482	4,6	699	6,7	652	6,3
Accoglienze in CSM	2.117	20,0	1.958	18,8	2.155	20,7	1.995	19,2
<b>Ammissioni in TSO [Tasso std. x 10.000 resid. 18+]</b>								
Ricoveri in SPDC	100	1,0	102	1,0	127	1,2	116	1,1
Accoglienze in CSM	61	0,6	46	0,4	54	0,5	58	0,6

Hospitalities in CMHC 24 h  
rates 4 times higher than GHPU



- **Women 60%**
- **Age groups: 30-49 y and 50-69 y**
- **> 70 y more than double than <30, the difference is greater in women.**

Mean of hospitalizations on 10.000 inh. per type of service. Years 2008-2017



## Response of MH services of FVG Region to Covid-19 epidemic

**Prevention strategies**

**Services activities**

**Issues**

Guaranteed activities

Suspended activities

Alternative activities

# Prevention strategies

Various recommendations by different healthcare agency based on recognized organisations (ECDC, WHO, etc.)

## COVID-19

Disease caused by the SARS-CoV-2 virus

### Novel coronavirus

Coronaviruses are viruses that **circulate among animals** but some of them are also known to affect humans.

The 2019 novel coronavirus was identified in China at the end of 2019 and is a new strain that has not previously been **seen in humans**.

### Symptoms

FEVER

COUGH

DIFFICULTY BREATHING

MUSCLE PAIN

TIREDDNESS



### Prevention

When visiting affected areas

Avoid contact with sick people



Wash your hands with soap and water



If you develop cough, use a medical face mask



Wherever you travel apply general hygiene rules

### Transmission

VIA RESPIRATORY DROPLETS

2-14 days  
estimated incubation period





# Services activities

## CMHC



### 1. Guaranteed activities

- Scheduled visits in the centre: only urgent and programmed carefully in order to decrease gathering
- Home visits with pre-screening by phone
- Medications delivery at home
- Hospitalisations, but decrease in beds number
- Only individual rehabilitation activities
- Equipe meetings





# Services activities

## CMHC



### 2. Suspended activities

- Not urgent scheduled visits
- Group activities
- Working activities, but budget maintained
- Inter-istitutional or inter-department meetings

### 3. Alternative activities

- Pro-active activities with MHD patients (*outreach*):
  - ✓ Selection of cases with major difficulties
  - ✓ Daily phone calls with focus on needs, not necessarily only on MH
  - ✓ Home visits if necessary
- Massive use of tele-psychiatry
- Meetings in VDC

# Services activities

## GHPU

### 1. Guaranteed activities

- Psychiatric consultation in other hospital wards and in ER
- Hospitalisations, but tendency in decreasing the number
- Limit in visits by relatives/friends, etc.
- Equipe meetings

### 2. Suspended activities

- Inter-istitutional or inter-department meetings

### 3. Alternative activities

- Use of tele-psychiatry for psychiatric consultations





# Services activities

## REMS

### 1. Guaranteed activities

- All as usual
- Limit in visits by relatives/friends, etc.

### 2. Suspended activities

- No accommodation of new patients



# Services activities

## Residential accommodations

### 1. Guaranteed activities

- Individual rehabilitation activities or small group activities
- Equipe meetings

### 2. Suspended activities

- Large group activities
- No accommodation of new patients



# Issues

1. General **lack** of personal protective equipment (**PPE**);
2. Possible **lack of training** of psychiatrists and other mental health professionals to deal with emergency situation;
3. Actual decrease in number of new contacts, consultations and even visits of known patients, but possible **“rebound”** due to heavy social isolation, with many new contacts (PTSD, anxiety, depression) and outbreak mental problems in MHD population;



# Issues



4. **Fast change** in routine activities and service organization, where social contact is a main principle;
5. Lack of support for more **fragile people**;
6. **Families** isolated with their relatives with mental disorders, without benefitting by activities organized by MHD and social coop;

## Strengths of FVG MH model in Covid-19 epidemic

Strongly community-oriented services, which ensure a comprehensive responsibility of CMHC in all phases of treatment



More ease to re-convert activities in few time with flexible and individual-based approaches

Only public MH services and very well mapped



Ease to pool, mobilize and coordinate resources

# Strengths of FVG MH model in Covid-19 epidemic

Well developed inter-agency and inter-sectoral referral pathways



Rapid access to needed services inside the healthcare agency

Stressing on working on the environment and the social fabric



General confidentiality with the environment (patient's houses, neighbours, etc.), which makes easier individualised care on the base of well-known and new needs. Particularly helpful for more fragile people.



# Strengths of FVG MH model in Covid-19 epidemic

Fostering service accountability toward the community



Patients know services' equipe and have an usual contact with them, also in "normal" situation. This makes easier two-ways communication of needs

Training for multidisciplinary equipe members based on empathy, listening, relationship, etc.



Capacity to adapt to emergency in less time. Common thoughts and behaviors help.

Grazie per l'attenzione!

