

Telephone counselling in coping with the COVID-19 lockdown consequences: preliminary data

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Abstract. The direct and indirect stressful effects of COVID-19 lockdown measures adopted to restrict population movements to help curb the epidemic impacted on people's daily lives. Biella is a small Northern Italy province, historically characterized by the presence of an important and once flourishing textile industry. For decades this province has had suicide rates higher than the Piedmonts and Italian average. In two most recent decades a positive correlation between financial stressors, 2008 economic crisis related, and suicide has been found. As the current economic crisis COVID-19 related is expected to exacerbate again the vulnerability to suicide of this province, during the first lockdown the Crisis Center for Suicide Prevention of Biella set up a telephone counselling service. We aimed to evaluate whether it represented a suitable and useful tool for suicidal crisis prevention. Each phone intervention consisted of four phases: (i) psychoeducation, (ii) emotional stabilization, (iii) personal resources identification/reinforcement, (iv) session ending. This service provided a rapid therapeutic response to urgent requests for care, psychological support, and reassurance. It was able to mitigate stress and reinforce resilience in particularly vulnerable populations. The most innovative element of this project was that it proposed interventions for the emotional stabilization, something that is usually used in face-to-face sessions. Using the right protocols, it proved to offer continuity care and reduce pressure on hospital emergency departments while delivering good outcomes and patient satisfaction. Therefore, the COVID-19 pandemic provided an opportunity to overcome normative, technological, and cultural barriers regarding the use of remote healthcare services.

Key words: COVID-19, lockdown, telephone counselling, remote healthcare tools, economic crisis, suicide, suicidal ideation, mental health

The direct and indirect stressful effects of COVID-19 lockdown measures adopted to restrict population movements in order to help curb the epidemic impacted on people's daily lives, particularly affecting vulnerable populations. Negative mental health effects (i.e., post-traumatic stress symptoms, anxiety, and depression), fears of infection, frustration and boredom, inadequate supplies and information, financial loss and stigma, were frequently reported by people confined to their homes (1).

Biella is a small province of Northern Italy, part of the pre-alpine arc, with about 175,500 inhabitants, historically characterized by the presence of an important and flourishing textile industry. For decades it has had suicide rates higher than the Piedmonts and Italian average (ISTAT data). In the years 2001-2013, Biella's textile industry had an initially insidious but progressive and dramatic decline (from 2001 to 2013, unemployment rates more than tripled), which culminated in the economic crisis of 2008. Noteworthy, the suicide

Table 1. Suicide rates (per 100,000 inhabitants) from 2004 to 2009 for Italy, Piedmont, and Biella. Source: ISTAT.

	2004	2005	2006	2007	2008	2009
Biella	8.5	14.9	12.3	11.2	11.7	9.6
Piedmont	7.4	7.5	7.5	7.6	5.9	5.3
Italy	4.9	5.2	4.8	4.7	5.0	5.1

rate increased before the acme of the economic crisis: in 2005, the suicide rate was about 3 times the national average (Table 1). From 2008 until 2013, cases of suicidal crisis seen in psychiatric visits at Biella Hospital increased by approximately 60% over the previous 5 years; in 2013, the absolute number of completed suicides doubled over the previous 3 years. Along with possible factors of a different nature playing a role in the past, in these two most recent decades a positive correlation between financial stressors and suicidal crisis in Biella has been found. As a result, a Crisis Center for Suicide Prevention (consisting of a multi-disciplinary team of psychiatrists, psychologists, and social workers) was established in 2009 as part of the outpatient Mental Health Service of Biella. Since its inception to 2020, it responded to more than 1000 cases of acute crisis.

Here, as the current economic crisis COVID-19 related is expected to exacerbate existing vulnerability to suicide in the Biella province, during the lockdown period following the first COVID-19 wave a telephone counselling service was set up. It consisted of two dedicated lines for adult residents, as a fast-response measure to deal with health emergencies and ensure continuity of care for psychiatric patients while providing support for the general population during quarantine and self-isolation, thereby reducing the pressure on regular health services. The lines were active daily from 8 am to 6 pm but requests for counseling could also be submitted via email.

We aimed to evaluate whether this phone service, through interviews and techniques such as “emotional stabilization” (2), represented a suitable and useful tool for suicidal crisis prevention. Suitability and usefulness were assessed, based on caller feedback obtained during the first and last interviews using the so-called “thermometer of emotions” (2): callers were asked to describe (a) the intensity of their emotions with respect to stress, anxiety, depressed mood, anger, and sleep and (b) the need to manage these emotions. Callers were

also asked to provide feedback regarding their overall satisfaction with the service on a scale from 0 to 10.

The phones were attended by two psychologists and each intervention usually consisted of four phases: (i) psychoeducation, (ii) emotional stabilization, (iii) identification and reinforcement of personal resources, (iv) ending the telephone counselling session. These four phases will be discussed in more details below.

Psychoeducation: After collecting the caller’s personal details and consent, the mental health provider would proceed to explain that emotions such as fear, anger, helplessness, loneliness, depression, and guilt are normal in the context of COVID-19 confinement measures. The caller was encouraged to modify their daily routine as little as possible, anchoring themselves in what was known to them, providing a degree of certainty and predictability in their lives. Furthermore, callers were urged to rest, watch their diet, take care of themselves, and to perform some physical exercise within the limitations imposed by lockdown measures. Callers were often reminded to give more credence to official channels of information (vis-à-vis social media channels), and to limit their daily intake of pandemic-related information to specific parts of the day to prevent information overload and possible anxiety.

Emotional stabilization: In this phase, mental health providers would propose certain exercises to control breath and improve posture.

Identification and reinforcement of personal resources: Mental health providers encouraged and assisted callers to identify and to reinforce their own positive resources already used to deal with previous crisis.

Ending the session: At the end, callers were asked whether they were satisfied with the counseling they had received. Moreover, they were informed about the possibility to re-use the phone counselling service to ensure continuity of care.

During the lockdown period following the first COVID-19 wave, a total of 199 telephone counselling

sessions were made involving 47 callers, about 87% of whom never had any previous contact with a mental health service. Ten callers went on to urgent outpatient psychiatric visit, while three cases required a network intervention involving their general practitioner and social services, guaranteeing a multidisciplinary continuity of care. During the telephone counselling sessions, callers described different conditions including fear of financial loss, family conflicts, agitation, depression, and suicidal ideation. Through the use of the “thermometer of emotions”, callers who have undergone telephone interviews and interventions, have gradually provided lower scores both in the emotions intensity and in the need of managing them (data in elaboration). All callers reported a high level of satisfaction with the telephone counselling service (average rating of 9.5 out of 10). The phone service was closed in June 2020.

Previous studies (3) have illustrated the feasibility and usefulness of remote patient-therapist relationships in the form of telephone counselling and telepsychiatry (4-6). Accordingly, the Biella telephone counselling service provided a rapid therapeutic response to urgent requests for care, psychological support, and reassurance. It was able to mitigate stress and reinforce resilience in particularly vulnerable populations during a nationwide lockdown (7).

The most innovative element of this project was that it proposed interventions for the emotional stabilization of patients, something that is usually only used in face-to-face sessions (2). The Biella experience has shown that this approach is also feasible and useful in a remote setting using telephone counselling. The COVID-19 pandemic provided an opportunity to overcome normative, technological, and cultural barriers regarding the use of remote healthcare services. Using the right protocols, telephone counselling services have been proven to offer a more continuous care and reduce pressure on hospital emergency departments and psychiatric hospitalization rates while delivering good outcomes and high patient satisfaction.

If confirmed by future longitudinal studies, our preliminary findings could support evidence-based health and welfare policies that can inform the planning, implementation and monitoring of mitigation interventions of the adverse health and social consequences, should future waves of infection emerge.

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