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CURRENT TOPIC / АКТУЕЛНА ТЕМА

Perspectives on mental health services during the COVID-19 epidemic in Serbia

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SUMMARY
World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern. Mental health strategies implemented due to the coronavirus epidemic must include the assessment of mental health status of people in different subpopulations influenced by the COVID-19 outbreak, identifying persons who are at high risk of manifesting behavior disorders, suicide attempt, and aggression in aim of providing appropriate mental health care interventions for those in need. The target population of these mental health strategies is categorized in four different groups: the most vulnerable people with mental health problems, isolated people with symptoms of atypical acute respiratory infection, individuals who have been in close contact with the previous two categories, and people affected by the preventive and restrictive measures.
Keywords: COVID-19; coronavirus; mental health

THE COVID-19 EPIDEMIC IN SERBIA

In January 2020 the World Health Organization (WHO) declared the outbreak of the coronavirus disease 2019 (COVID-19 outbreak) to be a public health emergency of international concern. The WHO stated that there is a high risk of COVID-19 spreading to countries around the world. In March 2020, WHO made an assessment that COVID-19 can be characterized as a pandemic disease [1].

This infectious disease is caused by a new virus, severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) which can be transmitted between persons via close contacts, with developing acute respiratory distress syndrome and acute respiratory failure requiring treatment in intensive care units [2, 3]. Based on current epidemiological studies, the incubation period could be 1–14 days, mostly 3–7 days, with the greatest contagiousness during the latency period [4]. A recent clinical study has found that the most common clinical manifestations of the COVID-19 are fever, cough, fatigue, sputum production, shortness of breath, sore throat, and headache [5]. A minority of patients also manifested gastrointestinal symptoms, such as diarrheal syndrome and vomiting [5].

According to the officials of the Ministry of Health and the Dr. Milan Jovanović Batut Institute for Public Health of Serbia (official website: www.covid19.rs), the first case of COVID-19 in Serbia was reported on March 5, 2020, and confirmed on March 6, 2020. Until April 29, 2020, 78,942 persons had been tested, of which there were 8,724 confirmed cases, 1,292 recoveries, and 173 deaths (1.98%). On March 15, a state of emergency was declared in the country and numerous measures were introduced (self-isolation / home quarantine of persons older than 65 years, closure of educational institutions, lockdown for the entire population, etc.) with the aim to reduce social contacts between people. Numerous public health measures have been taken to prevent the spreading of the disease, among which significant actions and recommendations for protecting and improving mental health of the entire population.

MENTAL HEALTH PROBLEMS DURING THE COVID-19 EPIDEMIC

Mental health strategies must include three key points: 1) assessing the mental health status of people in different subpopulations influenced by the COVID-19 outbreak; 2) identifying persons who are at high risk of manifestations of behavior disorders, suicide attempt, and aggression, and 3) providing appropriate mental health care interventions for those in need. Another aspect will focus on the target population, which will be categorized in four different groups: 1) the most vulnerable people with mental health problems (e.g. hospitalized patients with severe physical conditions, front-line healthcare professionals and administrative workers); 2) isolated people with symptoms of

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atypical acute respiratory infection; 3) individuals who have been in close contact with the previous two categories; and 4) people affected by the preventive and control measures [6].

Recent studies show that confirmed and suspected cases of COVID-19 may experience loneliness, denial, anxiety, insomnia, despair, with developing symptoms of depression, obsessive-compulsive disorder [7, 8]. Also, strict quarantine and mandatory contact tracing by epidemiological professionals could cause stigmatization, social rejection, financial loss, and discrimination [9]. Some of them may also have increased risk of aggression and suicide attempt [7].

On the other hand, healthcare professionals, especially those working in a hospital that treats patients with confirmed or suspected COVID-19, are susceptible to mental health problems. They may experience fear of contagion and spreading the virus to their families, friends, and colleagues [10]. Recent studies show that health professionals who worked in COVID-19 units and hospitals during the epidemic reported depression, anxiety, fear, and frustration [11, 12].

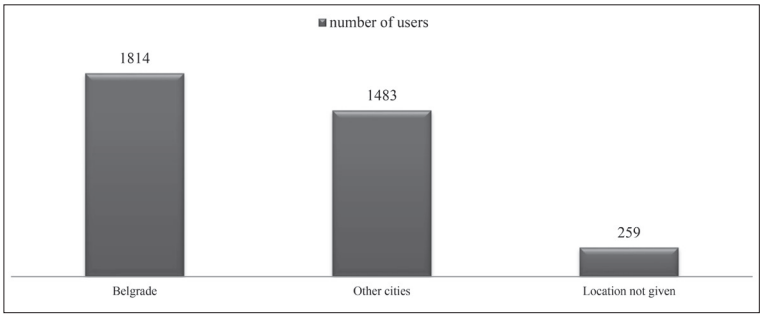

Figure 1. Number of users of the National Line for Psychosocial Support During COVID-19 Epidemic in Serbia according to residency

Table 1. Users' demographic characteristics and reasons for calling the National Line for Psychosocial Support During COVID-19 Epidemic in Serbia

Demographic characteristics and problems	n (%)
Sex	
male	1,205 (33.9)
female	2,262 (63.6)
no data	89 (2.5)
Age	
X ± SD; med (min–max)	55.4 ± 16.6; 60 (16–98)
Age group (years)	
≤ 30	295 (8.3)
31–40	398 (11.2)
41–50	409 (11.5)
51–60	494 (13.9)
61–70	441 (12.4)
71–80	897 (25.2)
≥ 81	121 (3.4)
no data	501 (14.1)
Reason for calling	
health advice	583 (16.4)
question about COVID-19	89 (2.5)
anxiety and tension	1,166 (32.8)
existing psychiatric disorder	651 (18.3)
information about control visit	121 (3.4)
information about entering the country	28 (0.8)
question about spending time in isolation	228 (6.4)
advice regarding work	53 (1.5)
other	637 (17.9)

NATIONAL LINE FOR PSYCHOSOCIAL SUPPORT DURING COVID-19 EPIDEMIC IN SERBIA

National Line for Psychosocial Support During COVID-19 Epidemic in Serbia was organized by the Ministry of Health, with the support of the Dr. Laza Lazarević Clinic for Mental Disorders, Belgrade, and has been operating since March 17, 2020. This service offers phone consulting by crisis response teams (psychiatrists, psychiatric nurses, and psychologists) assigned to provide mental health assistance, psychosocial support, and advice on mental health for both patients and healthcare professionals. Using the database from National Help Line Service for this study has been approved by the Ethics Committee of the Dr. Laza Lazarević Clinic for Mental Disorders Belgrade (No. 3732/20).

Since April 29, 2020, 3,556 persons from all parts of Serbia have used this national help line service. According to available data, over 50% of all users were from Belgrade, while only 7.3% of them did not say from which location they called (Figure 1). In 41.7%, calls were from other cities, such as Pančevo, Novi Sad, Niš, Kragujevac, Zaječar, Kikinda, Leskovac, Paraćin, Kraljevo, etc. (Figure 1). Among the users, 63.6% were female, while 2.4% did not state their gender (Table 1). The mean age of the callers was 55.4 ± 16.6 (the youngest user was 16 and the oldest was 98 years old), and most users were in the age group from 71 to 80 years old (25.2%) – Table 1. The majority of users called because of anxiety and a feeling of tension due to the COVID-19 epidemic (32.8%) – Table 1.

PLAN FOR MENTAL HEALTH PROTECTION DURING THE COVID-19 EPIDEMIC IN SERBIA

The National Health Service in Serbia plans psychosocial support directed to patients affected by COVID-19, especially for those in collective quarantines, such as the Belgrade Fair temporary hospital. Mobile teams of mental health professionals should be located at quarantine points, and provide the necessary psychosocial assistance, ensuring appropriate safety of patients through adequate equipment and counseling. The mobile team would consist of a psychiatrist, a psychiatric nurse, and mental healthcare associates (psychologist, social worker, specialist for the handicapped). This team would be formed among employees of mental health institutions. Mobile teams should be provided with medicines and necessary medical equipment to ensure first aid treatment. Target groups for this type of support would be persons with existing mental health disorders or complains of psychiatric problems (tension, insomnia, irritability, feeling low, fear, etc.) and persons

with mental health disorders under medicinal treatment or with psychological support. Also, these activities will have the role of preventing as well as suppressing symptoms of mental disorders and behavioral disorders by providing psychosocial support and pharmacotherapy.

Due to the specific nature of the current situation and epidemiological measures, psychological assistance to all persons infected with COVID-19 can also be provided through on-line psychological support (via applications such as Skype, Viber, or Whatsapp). In this way, direct contact between mental health professionals and persons infected with COVID-19 would be avoided, and the necessary psychological support would be provided. Psychological support online (via the same applications) is also planned for persons who have lost their loved ones (family members, friends) during the COVID-19 epidemic. The aim of this type of psychological support would be to assist and facilitate the process of grief.

In addition to these measures, psychosocial support should be provided for frontline workers in the COVID-19 centers – namely, healthcare workers who are expected to experience burnout syndrome. Mental health professionals would be organized in mobile teams and, if necessary, sent to where they are most needed. Team members should be the same for all future activities. Considering the overload of work the employees are faced with, it would be reasonable to regularly monitor and support them, providing a telephone line for their needs. Therefore, the target group for this undertaking in the domain of mental health would be doctors, nurses, and other workers in COVID-19 centers. The role of the mobile team would be support and counseling of the employees, recognition and prevention of burnout syndrome, as well as assistance in developing and maintaining successful stress management strategies.

Another aspect of the current situation is that it will certainly affect persons with chronic mental problems. They may experience a relapse due to external factors, but also due to self-initiated discontinuation of prescribed pharmacotherapy. The trend of decreasing the number of regular control visits of all patients has already been detected, as well as of those who are administered with long-acting antipsychotics. This can lead to exacerbation of mental disease and a concomitant loss of control over behavior and aggression directed toward oneself and others. For the purpose of prevention, it is suggested that teams should be formed within existing psychiatric facilities and medical centers, consisting of mental healthcare professionals and mental healthcare associates. They should contact patients on long-acting antipsychotics, or their families, by phone, in order to arrange home visits by the mobile team, where appropriate. The mobile team should consist of a psychiatrist and a psychiatric nurse, provided with medicines and necessary medical equipment to ensure first aid treatment. The task of the team would be to help in the prevention and suppression of mental and behavioral disorders by administering pharmacotherapy.

CONCLUSION

A mental health strategy during the COVID-19 pandemic is necessary in order to protect, preserve and improve public health of all categories of the population. The measures already taken and planned are expected to significantly reduce the possibility of deepening normal crisis response, the possibility of relapse in persons with mental disorders, to facilitate the grieving process for people who have lost loved ones during the pandemic, to enable the identification and timely rehabilitation of combustion syndromes in health and other workers at COVID centers, as well as general support for all those who have difficulties in psychological functioning in a crisis situation.

Conflict of interest: None declared.

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Унапређење служби за ментално здравље током епидемије *COVID*-19 у Србији

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САЖЕТАК

Светска здравствена организација је прогласила избијање вируса *COVID*-19 хитним случајем за јавно здравље од међународне важности. Стратегије менталног здравља због епидемије изазване вирусом корона морају укључити процену стања менталног здравља људи у различитим субпопулацијама под утицајем избијања *COVID*-19, идентификовање особа које су под високим ризиком од манифестација поремећаја у понашању, покушаја самоубиства и агресије, као и пружање одговарајућих интервенција заштите менталног здравља за оне којима је помоћ потребна. Циљна популација стратегије менталног здравља категорисана је у четири различите групе: најосетљивије особе са проблемима менталног здравља, изоловане особе са симптомима атипичне акутне респираторне инфекције, индивидуе које су биле у блиском контакту са претходне две категорије и особе изложене превентивним и контролним мерама.

Кључне речи: *COVID*-19; вирус корона; ментално здравље