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Commentary Article

Psychological support unit design and implementation during COVID-19 pandemic: Case of Mongi Slim Hospital, Tunisia

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ABSTRACT

General lockdown was declared in Tunisia in March 2020 due to the COVID-19 pandemic. It had a negative psychological and social impact on the Tunisian population and health professionals. Mental healthcare was crucial during this period but health services access was difficult because of movement restrictions. Mongi Slim Hospital contains three special COVID-19 units and there was an urgent need for a psychological intervention with increasing demands at the mental health department in this hospital. A psychological support unit (PSU) was implemented with a free helpline for both patients, families and hospital staff. The objective of this paper was to describe the design, implementation and activities of this unit. This PSU had preventive and management activities for both patients and health professionals. Recommendations drawn from this experience are to promote mental health care and to encourage implementation of such units in order to respond to the local need of patients and staff. This pilot experience should be generalized to other hospitals in Tunisia and worldwide.

Keywords: COVID-19; crisis intervention; psychology.

INTRODUCTION

General confinement was declared in Tunisia in response to the COVID-19 pandemic on March 20, 2020 in order to slow down the spread of the virus. Vital services such as healthcare continued to function, but access was difficult because of movement restrictions. Fear of contamination made people reluctant to access healthcare services. Furthermore, all this stress caused relapses in people with pre-existing mental health disorders [1]. Mental healthcare played a crucial role in this period. People faced uncertainty and experienced anxiety, stress, and depression [2,3]. A World Health Organization survey of 130 countries found major disruptions to critical mental health services [3]. Home confinement had a psychological impact because of changes in daily life, restrictions, and isolation [4]. This lockdown also

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had a social impact. It changed cultural habits of Tunisian people who are used to going out to touristic locations or visiting family and friends. Familial relationships are essential in Tunisian culture and digital connections are still not that widespread, particularly for the elderly. Thus, population mental health management was a priority during lockdown. In this period, medical staff worked under great pressure. They feared for their lives and their families' and many of them experienced burnout [5]. Mongi Slim Hospital is an important hospital located in the northern suburbs of the capital Tunis which serves nearly 600,000 inhabitants. It is a general hospital with two departments specialized in mental health for adults and child psychiatry. There were many clusters of COVID-19 cases that emerged in regions near the hospital. In order to manage urgent need for mental healthcare, we implemented a psychological support unit (PSU) in Mongi Slim Hospital. The purpose of this unit was to offer an efficient psychological crisis intervention for both patients and hospital staff and to ensure continuity of mental healthcare services. Activities of this PSU continued even after the general lockdown.

This paper firstly describes the design and implementation of the PSU and then details are provided about activities which are categorized into prevention oriented and management activities.

1. PROCESS OF THE IMPLEMENTATION OF THE PSYCHOLOGICAL SUPPORT UNIT

1.1. Creation of the Crisis Committee in Mongi Slim Hospital

Members of the Mongi Slim Hospital Crisis Committee were physicians and administration staff. The mission of the committee was to implement a strategy to face COVID-19 crisis including organization of the newly created COVID-19 wards, staff training, fundraising and communication. The communication unit was charged to organize communication with external collaborators of the hospital, with the media and with patients and families. The PSU was implemented as part of the communication unit.

1.2. Organization of the PSU

The PSU included all mental health professionals working in the hospital including psychiatrists and psychologists from adult and children mental health departments and psychologists from other departments such as pediatrics, gynecology and the emergency room. The total count of PSU members was 23 mental health professionals (16 psychiatrists and 7 psychologists). The unit had the core activities for prevention and care of mental health. All members of the PSU performed their tasks voluntarily with no profit, in addition to their regular work in their respective departments.

1.3. Timeline of activities settlement and progress (Figure 1)

The first action was to settle the free helpline in April 2020, just after the lockdown beginning, in order to facilitate healthcare access for all patients and their families. This line was also accessible for health workers and their families. The national telecommunication operator Tunisie Telecom helped to implement this line as a donation, with no charges. The Crisis Committee noticed that health professionals also needed psychological support and were complaining about their stress and fear of being infected or infecting their families. Some of them were unable to work. The PSU members decided to prepare stress management workshops for health professionals.

In the summer of 2020, there was an improvement of the epidemiological situation in Tunisia thanks to the lockdown and there were no new cases of COVID-19 for several weeks [6]. The general lockdown stopped and was replaced by an "oriented confinement" with less movement restrictions. All restrictions were removed, and borders reopened on June 27, 2020 with some restrictions for visitors. During this period, there was also an improvement of the psychological state of people with less demand for mental healthcare services. As such, the telecommunication operator stopped the helpline and there was a break in PSU activities. Following a new outbreak in October 2020 [8] after the opening of the borders, called the "second wave" by epidemiologists, there was demand again for psychological intervention. After the summer break, the PSU started to perform all its activities again during this second wave of the pandemic. The PSU asked the national telecom operator to reactivate the free helpline which continues to function until present day. Stress management workshops for professionals started again and PSU members made a campaign in order to encourage professionals to participate in such sessions. Debriefing sessions and talk groups were also planned for professionals.

Management of ill people who asked for care through classical in person consultations continued at the mental health department during all this period with no break.

2. DETAILED ACTIVITIES OF THE PSU

2.1 Prevention oriented activities

Free Helpline

This line aimed at facilitating access to healthcare services including mental health services during the lockdown particularly for COVID-19 patients. Access was difficult because of the lockdown and there were restrictions on the movement of COVID patients due to home quarantine or hospitalization. This line was also available for hospital staff. Posters were displayed all over the hospital in all departments to announce the helpline. The helpline number was also circulated in social media and the official website of Mongi Slim Hospital. Every caller could specify at the beginning of the call if he/she was a patient or a healthcare professional by typing 1 or 2 on the phone. Therapists who were willing to respond to the helpline calls were volunteer psychiatrists, child psychiatrists, psychologists and child psychologists working in Mongi Slim Hospital, members of the PSU. They received the calls on their personal phones.

Stress management modules for health professionals

The mental health department team created a workshop program focusing mainly on the psychoeducation about stress, coping techniques and enhancing communication with patients and families. Every workshop lasted nearly 90 minutes and was co-presented by a psychiatrist and a psychologist. All professionals were invited to benefit from these sessions. Those who were interested to participate could contact the mental health department directly or via the administration and workshops were scheduled for groups of 4 to 8 participants. Special sessions were also designed for teams who were willing to work in the COVID-19 units in order to properly prepare for dealing with real cases.

Debriefing sessions for COVID-19 team units

Doctors and nurses working in those units could benefit from debriefing sessions just after the end of their night shifts.

Talk groups

These groups were created in order to help healthcare professionals handle the stress of working in a very pressurized environment and determine ways of enhancing work practices including dealing with emotions and feelings in a constructive manner. These sessions were led by a psychologist specialized in work psychology from the adult mental health department.

2.2. Management and care oriented activities

Besides the role of prevention, the mental health department treated COVID patients and their families who asked for care. They could consult immediately with no delay or appointments required. Children could obtain consultations at the child psychiatry department. Patients consulted spontaneously or they were referred by their physician from other hospital departments. PSU also ensured consultations, care and follow up for all health workers and their families who asked for care. All consultations could benefit from specific cognitive behavioral therapies and appropriate medications when needed.

3. DISCUSSION

There were many challenges related to the implementation of the PSU. Participants were volunteer psychiatrists and psychologists who performed the PSU activities for free and in addition to their routine work. They received the helpline calls on their personal phones despite the wide disapproval of this. A schedule was drawn up after work duties to ensure the helpline was constantly manned. Every three hours, there were two individuals on duty to respond to phone calls. The PSU had no budget from the hospital. Volunteers managed to organize all activities without asking for financial support. The workshops were planned at the convenience of the participants, usually at the end of the morning, in their respective departments respecting physical distancing and hygiene rules. Training sessions for large groups of healthcare professionals from a particular department were delivered in the respective department. For example, if a group of cardiology nurses and doctors wanted to participate in a workshop, the venue of workshop thus, was planned in the cardiology department.

Feedback

There was widespread positive feedback from patients and professionals concerning the PSU and its services. Nonetheless, it is recognized that there is still a stigmatization of seeking psychiatric help in the Tunisian culture. In fact, patients and professionals were reluctant to consult in the mental health department spontaneously or even call the free helpline. Sometimes, people were not aware of being stressed or being in need of a professional mental support. PSU members had to make a public awareness program, at Mongi Slim Hospital level, in order to raise the awareness about the importance of mental healthcare during the pandemic and to encourage professionals to participate in stress prevention workshops.

Future perspectives

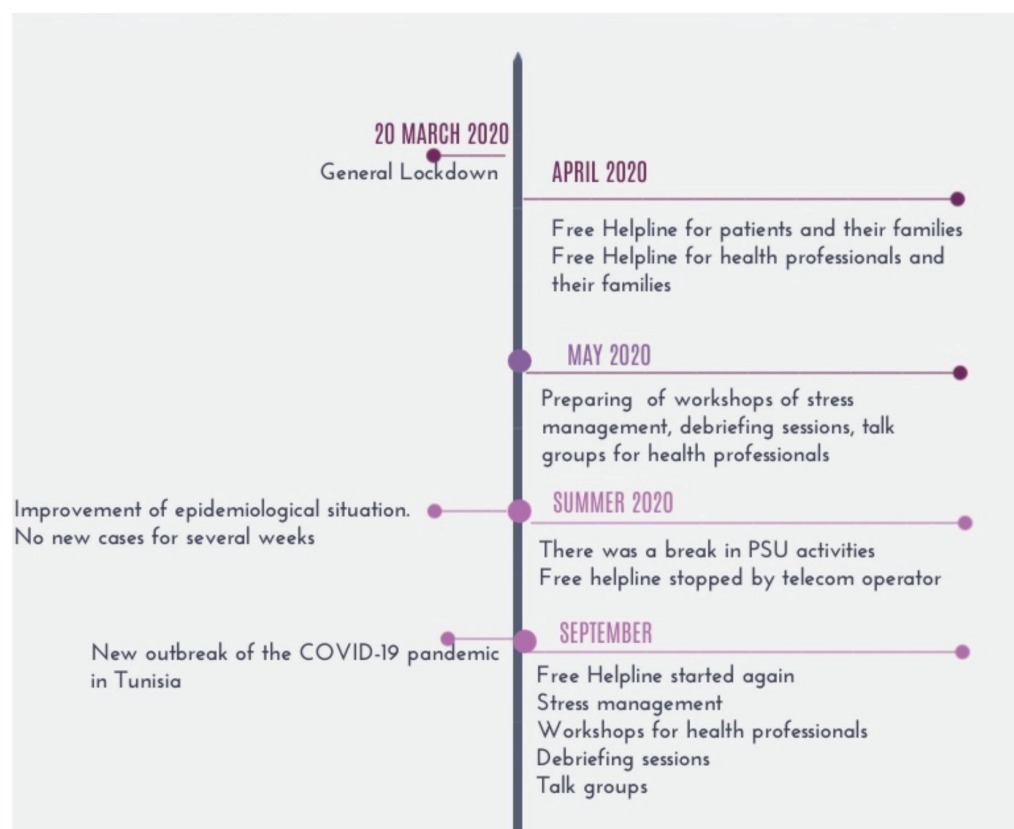
The Mongi Slim PSU helpline continued to work after the lockdown and was specific to patients and workers of Mongi Slim hospital. There was another helpline created by the Tunisian Ministry of Health [7]. This national helpline worked only during lockdown and received calls from the general population. There have been similar support units and helplines created during the COVID pandemic in numerous European countries [8]. To our knowledge, there is no other published experience of helpline specific to one hospital patients and staff.

The PSU in the Mongi Slim Hospital was unique in that Tunisian healthcare providers developed this initiative themselves despite the clear risks to themselves and their respective families. The ethical considerations of the public healthcare sector and their patient's needs was made a priority [9].

The Crisis Committee decided that all preventive and care activities of the PSU (i.e., the free helpline, all sessions and workshops for professionals, consultations, psychotherapies etc.) would continue permanently even after the end of the pandemic and would be available for all patients and healthcare workers of the hospital even if they are not related to COVID-19. This pilot experience is intended to be generalized to other hospitals in Tunisia by the Ministry of Health. Many hospitals, at the international level, could benefit from this relevant and cost-effective experience and develop their own PSU according to their specific needs. Mental healthcare professionals all over the world should promote similar units using leadership and communication skills in order to convince decision-makers.

CONCLUSION

The PSU was created in Mongi Slim Hospital providing a wide range of prevention and care activities benefitting patients, health professionals and their families. Preventive activities included a free helpline, workshops for healthcare professionals, debriefing and talk groups. Management of patients with psychiatric illnesses related to COVID-19 was ensured in person in the mental health department with no delay or appointments. This experience showed that mental health is still suffering from stigmatization in our country since people were reluctant to consult or call the free helpline or participate in workshops. Mental health professionals should raise awareness about the crucial role of psychological care during crises in our Arab cultural context. This pilot model should be promoted and generalized to other hospitals in Tunisia and worldwide.



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