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Psychosocial Support Programs and Telepsychiatry Services Implemented in the World and Türkiye during the Pandemic

Pandemi Sürecinde Dünyada ve Türkiye'de Uygulanan Psikososyal Destek Programları ve Telepsikiyatri Hizmetleri

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ABSTRACT

In this study, which addresses the psychosocial dimension of the COVID-19 pandemic, it is seen that the pandemic has increased the frequency of anxiety, anxiety, fear, and depression in the society. In this process in the world and in Türkiye, the majority of psychosocial support programs and mental health services are provided on online platforms and the frequency of use of telepsychiatry services has increased. In this study, Google Scholar and Pub Med were scanned and relevant domestic and international studies were examined. The aim of this article was to draw attention to the innovations brought about by the epidemic in the provision of mental health services to people and suggestions were made in order to contribute to the relevant literature.
Keywords: COVID-19, psychosocial support programs, tele psychiatry services

ÖZ

COVID-19 pandemisinin psikososyal boyutunun ele alındığı bu çalışmada, salgının toplum üzerinde kaygı, endişe, korku, depresyon sıklığını artırdığı görülmektedir. Bu süreçte Dünyada ve Türkiye'de, psikososyal destek programları ve ruh sağlığı hizmetlerinin çoğunluğu online platformlarda verilmekte olup telepsikiyatri hizmetlerinin kullanım sıklığı artış göstermiştir. Bu çalışmada Google Akademik ve Pub Med taranarak ilgili yurt içi, yurt dışı çalışmalar incelenmiştir. İncelemeler sonucunda salgının, ruh sağlığı hizmetlerinin insanlara sunulmasında meydana getirdiği yeniliklere dikkat çekmek amaçlanmış ve ilgili alan yazına katkı sağlamak maksadıyla önerilerde bulunulmuştur.
Anahtar sözcükler: COVID-19, psikososyal destek programları, tele psikiyatri hizmetleri

Introduction

Pandemics are epidemic diseases that transcend continents and often spread all over the world, causing the death of people or animals (Aslan 2020). The COVID-19 pandemic is also a virus that emerged in Wuhan, China in December 2019. COVID-19 manifested itself with acute respiratory syndrome in humans, affected people's lives and the world economy, and turned into a pandemic (Atay 2020, Zhou et al. 2020). The World Health Organization (WHO) announced the Corona virus outbreak in China in January 2020, declaring that the epidemic is an urgent public health problem of international concern (Zhu et al. 2020). Corona virus disease became the most important disease of our age, affecting all people regardless of continent, nation, socioeconomic level. The measures taken due to the pandemic have caused people's daily life routines to change suddenly. (Shanafelt et al. 2020). Although this virus causes respiratory tract infection, it does not only threaten physical health in individuals, but also can have both acute and chronic effects on mental health (Almond and Mazumder 2005).

In this study, which deals with the psychosocial dimension of the COVID-19 pandemic, it was determined that the epidemic increased the frequency of anxiety and fear in the society all over the world. It was seen that especially mental health services showed problems depending on the spread speed and severity of the virus. It was aimed to reveal the psychosocial support programs and telepsychiatry services applied in Turkey and in the world during the pandemic process by scanning the domestic and international literature in Google Scholar and Pub Med in this study. In addition, it was emphasized and suggestions were made to draw attention to the

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innovations caused by the epidemic in the provision of mental health services to people and to restructure psychosocial support programs within the scope of telepsychiatry services.

Mental Effects of COVID-19 Pandemic

Social isolation and reduction in social relations to protect against the epidemic may cause psychological problems such as depression, fear, anxiety, sleep problems, anxiety and stress in individuals (Torales et al. 2020). An increase in anxiety, fear and stress perceptions has been observed in individuals during the initial period of the epidemic and during the periods when the number of cases increased (Aşkın and Bozkurt 2020).

In a study conducted in Turkey, it was determined that the sudden loss of loved ones in children during the pandemic process increased their feelings of loneliness and hopelessness and decreased their psychological resilience levels (Çetin and Anuk 2020). Especially homeless families with no income (Tsai and Wilson 2020), those with psychiatric disorders (Zhu et al. 2020) and immigrants (Rajkumar 2020) are at greater psychological risk. In a study conducted in China, it was determined that 29% of the participants showed high levels of anxiety, 54% had moderate anxiety symptoms, and 17% had low levels of anxiety (Cullen et al. 2020). Especially the relapses of individuals with psychiatric disorders increase during the epidemic process, so it is important and urgent that healthcare professionals in the field of psychiatry serve with a multidisciplinary approach (Zhu et al. 2020). In a study comparing individuals with psychiatric disease and individuals without psychiatric disease during the COVID-19 process, it was found that individuals with a psychiatric diagnosis showed more symptoms of anxiety, depression and posttraumatic stress disorder (Hao et al. 2020). In a study conducted in Russia, it was determined that especially refugees are the group experiencing the greatest distress. Being away from the refugees' families, fear of not returning to their hometowns, the rate of transmission of the virus, and panic and anxiety about getting sick have been identified as important problems (Ivakhnyuk 2020). Similarly, they expressed their concerns about the isolation of refugees and the stigma associated with the contagion of the disease in the Turkish Red Crescent Society Advisory Document and the Charity and Advisory Foundation report. (Community Based Migration Programs 2020).

The mental effects of COVID-19 can be listed as follows: Concentration disorder and related confusion in individuals, fear of catching an epidemic, restlessness due to fear, loneliness, helplessness, burnout due to social isolation, anger due to inadequacy of coping mechanisms during the epidemic, feelings of guilt, feelings of mourning due to relatives who died due to the epidemic, increased anxiety due to the epidemic, constantly thinking that there are signs of illness in himself or his relatives, tachycardia due to anxiety or panic, difficulty in breathing, hot flashes, problems in family and social relationships and communication, and sleep problems (Dağlı et al. 2020). Accessible psychological support networks should be created by increasing the existing social support networks of people in order to be able to control the negative effect of COVID-19 on human psychology in the early period, to overcome the experienced anxiety, panic, fear and even these crisis periods in the healthiest way (Bao et al. 2020, Lima et al. 2020). In addition, psychosocial support programs to be given during this period will alleviate the anxiety of individuals about their health. These programs will enable individuals to develop active, positive coping methods that are more effective than passive coping methods in coping with the psychological problems they experience due to Covid (Lin et al. 2011).

Psychosocial Support Programs Offered in Türkiye during the COVID Pandemic

Online Psychiatric Support Program in the Coronavirus Pandemic (KORDEP)

The Coronavirus Online Psychiatric Support Program, abbreviated as KORDEP, is a program that provides service with the phone number 08503050034 in Turkey. It provides online service at 8 am and 5.30 pm in some provinces, at 8 am and 8pm in some provinces, at 8 am and 12 pm in some provinces, and 7 days and 24 hours in some provinces. KORDEP has provided significant psychosocial support to the society in coping with the anxiety and fear experienced during the pandemic process, and in cases of panic and anxiety experienced during the quarantine process (Ministry of Family, Labor and Social Services 2020).

Mental Health Support System (RUHSAD)

The "Turkish Psychiatric Association Health Workers Mental Support Line" was opened by the Mental Trauma and Disaster Psychiatry Working Unit, consisting of volunteers in a very short time with the epidemic process. The mental counseling service provided by about 200 volunteer members of TPA to help healthcare professionals

cope with the intense stress and anxiety they are exposed to, was received with great interest by the clients. (Capraz et al. 2020).

Vefa Social Support Group

Vefa Social Support Groups, which are primarily composed of people in charge through the governorship and district governorships, are support groups that can be reached by calling 112, 155, 156 in cases of need such as grocery shopping for individuals with curfew, meeting their health needs, and getting the salaries of people in need from the bank. These groups meet the needs of individuals aged 65 and over and those with chronic diseases. In this context, it is ensured that individuals who are isolated during the pandemic process do not feel alone, do not feel helpless by experiencing anxiety and fear, and an important psychosocial assistance service is provided. In this way, it is thought that the feelings of fear and anxiety experienced by these individuals in the risk group will decrease and their anxiety levels will decrease (Habertürk 2020, TRT Haber 2020).

Psychosocial Support Programs Offered in the World during the COVID Pandemic

Grief Counseling Programs

There are many programs within the scope of grief counseling, but the program that is considered to be the most effective and the most preferred belongs to Shear et al (2014). This grief program consists of three stages and a total of 16 interviews. The first stage is the preparatuyion stage and psychoeducational plans are made on the unresolved pain of the grieving process and ineffective methods of coping with these pains. Since the client may experience attention and perception problems during the preparation phase, it is important to keep a notebook and take notes in the psychoeducation planning. The second stage is the implementation stage. At this stage, the individual is asked to write down all his feelings in the notebook by considering all the relationships that existed in his past life with his deceased relative. Written texts are read during the interviews and audio recorded. The individual is asked to listen to these audio recordings at home over and over again. The aim here is to expose the individual to the pain he/she experiences about his/her grief. The purpose of exposure is to experience normal grieving reactions. The third and final stage is the stage called restoration, in which it is aimed to increase the functionality of the individual. At this stage, it is aimed that the individual can establish meaningful and structured plans for the future, and the mourning program is terminated (Shear et al. 2014).

Cognitive Behavioral Therapy Programs

There are additional techniques to increase the effectiveness of cognitive therapy and grief counseling. These techniques aim to develop effective coping methods for the client, to make sense of it again, and to bid farewell to the deceased in the mind through the defined language, writing or picture. Non-constructive thoughts such as acute grief, intense stress, feelings of anxiety, and feeling helpless about the loss of a loved one regarding COVID-19 cease to be functional over time. If these thoughts are not re-interpreted, they gradually become more permanent and compelling in the mind of the individual (Zhai and Du 2020).

Crisis Response Programs

Situations that start suddenly, which the individual cannot cope with their current coping, are called “crisis”. Crises are generally classified into two categories, traumatic or developmental. The loss of a loved one or even the death of more than one person due to COVID-19 cause traumatic crises. Due to the uncertainty of how long the COVID-19 process will continue and unplanned events, psychosocial assistance should be given to the individual to adapt to the crisis rather than coping with the crisis. (Caplan and Caplan 2000). Although there are many approaches used in crisis management, the most widely used approach in acute and traumatic crisis assessments is -Assessment-Crisis Intervention-Trauma Evaluation and Treatment Services approach. In the current situation of the individual, the risk of harming himself and his environment is evaluated very quickly and directed to the community health institution deemed necessary. The biopsychosocial assessment of the individual at the time of crisis is performed with a mental state examination form, biopsychosocial model assessment, target-oriented scales, structured forms and clinical examination (Vandiver and Corcoran 2002). Robert's (1996) seven-stage crisis intervention model is often preferred in crisis intervention. This model consists of the following stages: Evaluating the risk of harming the individual and his/her environment from a biopsychosocial perspective, establishing a communication based on trust and cooperation with the individual, detecting all problems from the beginning of the crisis, actively listening to the individual, discovering emotions

through affirmation when necessary, to enable the person to discover and use positive coping skills that he has not used until now by adapting them to his current situation, to implement the issues determined up to this stage together with readiness, and to follow up the functionality of these implemented methods (Roberts 2002). In this sense, resilience-oriented approach models are important. Considering the crisis situations due to COVID-19, it is necessary to ensure the adaptation of the family to the situation after the death of someone. Psychosocial support should be provided with psychological first aid interventions and approaches to increase resilience. (Walsh 2020).

Some Cases of Psychosocial Support Practices from Different Countries

Within the scope of psychosocial support services during the COVID-19 process in Singapore, the number of broadcasting of programs with the content of reading books, music, painting and educational games for children was increased. In addition, an online service with activities in areas such as games, dance, bingo, painting and music appealing to adults, elderly and children of all ages was offered on a platform that was revised via Zoom (Tan et al. 2020).

Another support program developed for psychological emergency care during the COVID-19 process in Germany was CoPE. The purpose of CoPE was primarily to provide emergency first aid to individuals under psychological stress, then it is a support program that aims to support COVID-19 cases and their families. (Bäuerle et al. 2020, Defner et al. 2020).

A national psychosocial support hotline called “Mental Health Support for Family Health and Welfare (MOHFW)” was established by the Ministry of Health in India. This hotline included psychiatrists, psychiatric nurses, psychologists, and social workers. Personnel serving in this psychosocial support group shared tasks according to the target group. The target group was divided into general public and special group (adolescents, pregnant women, puerperant women, the elderly, the disabled). Those diagnosed with COVID-19 and their families are divided into groups as health and safety personnel. In the first two weeks that this hotline was established, 10,000 calls were received. 5000 of them had called for psychological support. (Ravindran et al. 2020). In this helpline, three basic rules of WHO's psychological first aid were followed. These three rules were as follows: Look: Identify those who need psychological help, Listen: Listen with empathy to individuals who need help, Support: Help individuals in need of help expand their social support networks (DSÖ 2011).

The BRIDGES psychosocial support program, which has been providing outpatient care for children and adolescents with chronic diseases for six years at Boston Children's Hospital in the USA, has been revised to provide psychosocial support to the general public since March 2020 due to pandemic conditions. After this restructuring, a team of psychiatrists, psychiatric nurses and social workers was established at BRIDGES. In this team, emergency, COVID-19-related situations and advanced care services were discussed. Planning of care was nurse oriented. Before the interviews with the patient on the BRIDGES platform and with the zoom support, the plans for the patient's care were discussed between the nurse doctor for each patient. After the patient's psychosocial help needs were met, the patient's support was continued with social workers (Langmaid et al. 2020).

The Australian government has provided the establishment of telemental health services that individuals can apply according to the type of psychological problems seen during the COVID-19 process (Black Dog Institute 2020, Snoswell et al. 2020). The globalization of the COVID-19 process, the rapid spread of the virus, and the fact that people have to limit their contact with each other make it difficult for existing psychosocial support programs to reach the entire target audience. For this reason, it is inevitable that psychosocial support programs should be restructured with telehealth services. For this purpose, the frequency of use and methods of use of telepsychiatric applications within the scope of telehealth services in the world and in Turkey have increased during the COVID-19 process.

Tele Health Practices

The use of communication technologies in the provision of health care services is called "Tele Health Applications". Tele-Health services are an important service in removing the obstacles for individuals living in rural areas or far from the city center and having difficulty in accessing health care services (Hayler and Gangue 2003, Reilly OR 2007, Nelson et al. 2010). In addition, TeleHealth system provides important advantages in terms of early detection of changes in the patient's follow-up process, admission to the emergency service, reducing the rate of hospitalization and length of stay in the hospital, and increasing the patient's self-care.

Telehealth applications have many advantages over the existing health system (Hayler and Gangue 2003, Craig and Patterson 2005, Reilly 2007, Nelson et al. 2010).

Clinical specialists can make consultations among themselves about their patients through Tele-Health systems, and individuals in rural areas can be reached through videoconferencing. Telehealth applications are mostly used in Turkey in the form of video conferencing, receiving opinions in the diagnosis and treatment of patients, and educational applications (http://www.turkmia.org/file/521teletip_gulkesen.ppt. 22.07.2011). Studies are carried out to ensure the appropriate conditions of technical infrastructure, to develop telepsychiatry services and to adapt the practices to this environment, with the legislative changes in the world and in Turkey (Moreno et al. 2020, Türközer and Öngür 2020).

Telepsychiatry Practices

While TeleHealth applications in the world and Turkey provided such services before the pandemic, the high contagiousness of this virus, which emerged in a sudden and unexpected situation, negative effects on health, quarantine practices, and the assignment of personnel working in the field of mental health services during the pandemic period in units within the scope of combating the epidemic hindered traditional health services, especially face-to-face mental health and diseases services (Wind et al. 2020). The widespread use of the Internet and smart phones has provided an alternative solution to this problem (Liu et al. 2020b, Wang et al. 2020). Diagnosis, evaluation, follow-up services, drug treatment and follow-up of individuals who live in rural areas and have difficulty in reaching institutions providing mental health services and the use of technological services in health services in areas such as both individual and group therapies are defined as "telepsychiatry practices" (Motto and Bostrom 2001). Telepsychiatry practices are of great importance for the effective continuation of health services, which are constantly changing and developing depending on rapidly changing health conditions. In addition, individuals' ability to choose the subjects of psychoeducation and psychotherapy according to their own characteristics in Web-based and smart phone applications (Taylor and Luce 2003), the ability to provide simultaneous feedback on the individual's psychological skills training provides results close to traditional therapeutic practices (Ivanova et al. 2016), and decrease in the individual's perception of stigma compared to face-to-face interviews are important advantages compared to traditional therapeutic methods (Torous and Powell 2015). Online interviews and psychotherapies by video conference are methods that have been shown to be effective (Andersson 2016, Karyotaki et al. 2018, Berryhill et al. 2019). During the COVID-19 pandemic, the use of telepsychiatry applications has gained momentum in many countries. Studies support that a short-contact telephone-based help study reduces suicide rates (Fleischmann et al. 2008), and that online education programs can create awareness in the prevention of suicide attempts by reducing fear and panic about COVID-19 (Melia 2020).

Using Telepsychiatry Applications during the COVID-19

It is of great importance that mental health services are supported by telehealth applications as well as face-to-face care in order to control the stress and traumatic effects experienced by the elderly, children, psychiatric patients, health workers and adolescents, who are the risk groups most affected by the epidemic process (Holmes et al. 2020, Tian et al. 2020). In this way, it will be easier, practical and accessible to deliver services such as psychoeducation and psychosocial support to the society. In addition, the interaction and cooperation between professionals such as psychiatrists, psychiatric nurses, psychologists and neurology specialists in the healthcare team will be more effective (Mukhtar 2020, Ornel et al. 2020). The fact that emotions such as high anxiety and stress caused by the epidemic process on individuals are frequently experienced increases the value of telehealth services once again in order to receive mental support these days. At the same time, this situation reveals the importance of education of health personnel who will provide telehealth services. (Lima et al. 2020), It is emphasized that the tendency to online therapies in Turkey has increased rapidly in individuals from all age groups with the epidemic process (Önemli 2020).

By providing accurate information about the epidemic and increasing the security measures taken, online services were provided when necessary, in order to minimize the fear and stress levels of individuals in China during the COVID-19 pandemic, (Bao et al. 2020). Online therapies are very advantageous for all individuals in the society in coping with the difficult emotions experienced during the epidemic process (Park and Park 2020). Within the scope of telepsychiatric applications, online surveys, online counseling, online material development for mental and mental health education were carried out to protect mental health around the world (Liu et al. 2020a) Simultaneous telehealth applications have been developed for diagnostic services that can be used effectively in diagnosis as well as counseling (Zhou et al. 2020b). In this direction, a three-stage approach has

been designed to protect the mental health of healthcare professionals in China. These stages are in the form of designing online materials in order to provide telepsychiatry services effectively, establishing and implementing a psychological help line, and establishing a professional help team to control negative emotions such as anxiety and stress (Chen et al. 2020).

Telepsychiatry services are the most advanced of alternative treatment methods during the pandemic process (Corruble 2020, Grover et al. 2020a) However, financial reasons such as providing the infrastructure and internet network required for telepsychiatry services to all parts of the country have caused low and middle-income countries such as India to not benefit much from the advantages of telepsychiatry (Singh 2018, Grover et al. 2020b). America, China and European states have benefited from this service more effectively (Kavoor et al. 2020, Li et al. 2020). It is thought that these services will be very beneficial to the public in Bangladesh. It is thought that especially refugees and low-income people are the group that can benefit most effectively from this service (Soron et al. 2019). During the pandemic, the Australian government gave great importance to telehealth services. Telepsychiatry services constituted the most important share in telehealth services. The Australian government has constantly emphasized that mental health is as important as physical health during the epidemic process. For this purpose, a major campaign was launched to promote telepsychiatric health services throughout the country (Black Dog Institute 2020, Snoswell 2020).

The Ministry of Health in Türkiye was quickly organized with the onset of the pandemic. It was aimed to obtain information about the disease by establishing the ALO 184 Corona Hotline by the Ministry of Health. In addition, the 112 emergency line has been assigned to serve in emergencies related to the epidemic (Çapraz et al. 2020). Considering the seriousness of the negative effects of the epidemic in many countries, guide texts to protect mental health were created during the Pandemic process. From the first day of the epidemic in Turkey, video recordings and images prepared by the units of the Turkish Psychiatric Association to protect the mental health of the society and healthcare professionals were shared on social media at regular intervals (https://www.psikiyatri.org.tr/menu/196/kaygiyi-degil-dayanısmayı-bulastırın). The "Psychiatry to Agenda" program, which was prepared through the Turkish Psychological Association and broadcast on Medyascope TV, continued to be broadcast every week against the challenges of the epidemic (Çapraz et al. 2020).

Within the scope of psychosocial support programs in Turkey, Turkish and Arabic posts containing reliable information about COVID-19 were made on online platforms every day. Psychological symptom screening forms were created online through expert volunteers and social media channels, and therapies and psychoeducation were carried out online within the scope of psychosocial support programs. In addition, videos for psychological support for adults and children were shared on social platforms. Videos were shared online under the title "Autogenic Relief, Safety, How to explain COVID-19 to children?, Diaphragm Exercise, Simple Breathing Exercises, Memory Improvement Games, Distance Education, Self-Compassion, Anxiety in Children, How should children's nutrition routines be? ". Psychologists in institutions created support programs for in-house personnel and children in need of psychological support, and children with disabilities were followed online by child development specialists (Yücekaya and Akdoğan 2020).

Conclusion

The psychosocial dimension of the COVID-19 pandemic on individuals is discussed in this study. It is seen that the COVID-19 epidemic has increased the incidence of anxiety, fear, depression and especially post-traumatic stress disorder symptoms in the society all over the world, and health services, especially mental health services, appear to be disrupted depending on the spread rate and severity of the virus. All countries of the world and Turkey have developed various methods in order to continue their health services. In particular, psychosocial support programs and mental health services provided on a country-by-country basis are mostly provided on online platforms, depending on the contagious speed and severity of the epidemic. Accordingly, it is seen that the frequency of use of telepsychiatry services has increased in almost every country. The steps to be taken in this process are as follows: Online platforms that provide reliable information about the course and effects of the epidemic to individuals around the world and Turkey should be increased and their services should be continued. The epidemic has a crisis effect on individuals. In this direction, individuals should be given online training on crisis intervention. Particularly risky groups (pregnant women, children, adolescents, the elderly, those with chronic diseases, the disabled) should be determined, depending on the intense anxiety, fear, uncertainty and helplessness caused by the epidemic, as well as the possibility of post-traumatic stress disorder symptoms. Online training should be given on strategies for coping with anxiety, helplessness and fear, addressing the characteristics of each group. During the epidemic, individuals lose their loved ones and cannot live the mourning process in a healthy way. In this sense, the opportunities for individuals to receive grief

counseling should be increased, and multi-faceted platforms should be created for online grief counselling therapies. The society does not have enough information about telepsychiatry services. First of all, it is important to introduce telepsychiatric services to all segments of the society. Due to the epidemic conditions, the mandatory transition to the online system in all areas has increased the importance of telepsychiatry services. However, studies measuring the effectiveness of telepsychiatry services are still insufficient. The number of studies that reveal the effectiveness, advantages and disadvantages of telepsychiatry services should be increased in this direction.

Telepsychiatry services used in the world and in Turkey have increased. Although the frequency of use is not the same in every country, it is not yet possible for these services to reach all segments of the society. Infrastructure opportunities should be improved in every country in order to provide telepsychiatry services more effectively. In the provision of telepsychiatry services, there may be problems in some aspects such as not being able to make eye contact with the patient, confidentiality, patient safety, difficulties in reimbursement, and lack of guidelines regulating telepsychiatry services. It is important to establish a protocol in the delivery of telepsychiatry services In order to minimize these problems.The belief of the client who receives telepsychiatry service in the service provided is as important as the belief of the counselor providing the service in the communication provided through the online system. In this respect, the consultant's qualifications in issues such as competence, experience, comfort in using the system, critical thinking skills, communication, and interpersonal relations are important. For this purpose, a training program in telepsychiatry can be developed for health professionals.

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