Original Article

Retrospective examination of psychosocial support services offered in the COVID-19 outbreak

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Abstract

Objective: This study aimed to evaluate the online psychosocial support services provided to COVID-19 cases at a district level and to examine the characteristics of those who use this service.

Methods: This is a retrospectively designed cross-sectional descriptive study. COVID-19 patients who received psychosocial support services in a district in Istanbul between April 1 2020 and December 31 2022 constituted the study population. They received psychosocial support via telephone from psychologists/social workers. Psychosocial risk was evaluated with seven questions. A total of 2770 people were interviewed. Pearson chi-square and Fisher exact tests were used for categorical variables, while the Mann–Whitney U test was used to compare two independent groups. A binary logistic regression test was used in further analysis.

Results: The median age was 36.0 years. Of the participants, 52.5% (n=1455) were women, 75.9% (n=2092) were married and 66.9% (n=1852) had less than a high school education. A total of 19.8% (n=532) had chronic diseases and 29 (1.1%) were healthcare workers. Of the patients, 3.0% (n=83) were pregnant, 0.8% (n=21) were women in the postpartum period and 0.2% (n=6) were disabled individuals. The participants were mostly at high risk for psychiatric disorders [2.7% (n=75)]. Of the participants, 1.4% (n=38) were at high risk for family problems, 0.5% (n=14) for lack of social support and physical discomfort, 0.3% (n=8) for changes in sleep and eating patterns, and 0.1% (n=3) for economic loss. One participant was at high risk for changes in daily habits. Of the participants, 5.1% (n=140) were considered to be at high risk in at least one psychosocial support area. Women, vulnerable groups, people with low education and chronic diseases had significantly higher psychosocial support needs (p<0.05). In multivariate analysis, the presence of chronic disease and being in a vulnerable group had significant effects on psychosocial support needs (p<0.001).

Conclusion: It is extremely important that psychosocial support services are disseminated and accessible, especially to vulnerable groups. In this context, remote support services via telephone are essential.

Keywords: COVID-19, psychosocial support, mental health.

INTRODUCTION

There is an increase in mental and psychosocial problems during crisis periods such as the COVID-19 pandemic (1, 2). Fear and uncertainty caused by an unknown source of infection and measures taken to prevent infection affect people and cause problems in mental health and anxiety (3, 4). Social support is one of the necessary resources for coping with stressful life events. It has positive effects on the stress levels of individuals with serious health problems (5, 6). Social support is accepted as a protective factor against physical and mental health problems that occur following negative life events (7, 8). The areas of psychosocial support that individuals often need during the pandemic process are the support of family members and friends, economic problems, physical and mental disorders, difficulties in performing daily activities, as well asproblems in sleeping and eating patterns (9-12). In a meta-analysis including data from 39 countries during the COVID-19 period, sleep problems were observed in 18% of the general population, 31% of healthcare professionals and 57% of COVID-19 patients (13). According to data from the World Health Organization (WHO), has been a 25% increase in the prevalence of anxiety and depression with the pandemic worldwide (14). The prevalence of anxiety was reported as 25% during the pandemic period in a meta-analysis (15). With the pandemic, the access of individuals to the health and care services that they need has decreased (16). For this reason, remote health services and psychosocial support services (PSS) are extremely important. Psychological support services provided remotely, without face-to-face interviews, have been developing from the past to the present (17). Online psychological assistance services have become widespread, especially with the COVID-19 pandemic (18). In a study, psychiatrists conducted 30-minute interviews via telephone with patients with a diagnosis of COVID-19. The patients were found to have a serious reduction in anxiety, depression and suicidal thoughts (19). In the first weeks of the pandemic, KORDEP (Coronavirus Online Mental Support Program) was established by the Istanbul Provincial Health Directorate, different training and research hospitals and various nongovernmental organizations. Through KORDEP, psychological support services were provided for the anxiety and mental problems caused by the pandemic in society. Thanks to KORDEP, mental health support services were also provided for patients whose psychiatric treatments were disrupted due to isolation measures (20). Moreover, a mobile application called RUHSAD (Mental Health Support System) was developed to provide support to healthcare workers during the pandemic period (20). During the pandemic period, which is considered an extraordinary situation, mental health services could be provided remotely using the technology. The number of studies evaluating the services provided via telephone or the internet is limited. During the pandemic period, psychosocial support services were provided by telephone to COVID-19 patients at a district level in Turkey.

The aim of this study is to evaluate the online PSS provided to COVID-19 cases at a district level and the characteristics of those who use this service.

MATERIALS AND METHODS

Ethical approval

The research was carried out in accordance with the Declaration of Helsinki Principles, and included no personal information that would reveal the private lives and/or identities of the participants. The security of the data was ensured. Ethics committee approval was obtained from the Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee with decision number 870 on 10.13.2022.

The study was conducted in a district of Istanbul. It is a retrospectively designed cross-sectional descriptive study. Its population consists of COVID-19 cases called for psychosocial support between April 1 2020 and December 31 2021. Psychosocial support services were provided by telephone by psychologists and social workers in a district to patients diagnosed with COVID-19. The services provided were entered into the database created by the Provincial Health Directorate. The database includes answers to questions evaluating demographic information, social status assessment, chronic disease information and psychosocial risk status. The psychosocial risk status was evaluated using seven questions. In these questions, the respondents were asked about the following aspects: the people they live with, experiencing economic loss due to the pandemic, experiencing physical discomfort, experiencing psychiatric discomfort, experiencing challenging changes in daily life/habits, experiencing changes in sleeping and eating patterns, and experiencing distress related to a situation experienced by family members. Individuals found to be at high risk in terms of psychosocial support were directed to relevant institutions. Between April 1 2020 and December 31 2021, a total of 3590 COVID-19-positive individuals were contacted. Out of them, 340 patients were excluded because they did not answer calls or refused to participate in the study. The data

of 480 patients under the age of 18 out of the remaining 3250 patients were also excluded since their parents answered the questions instead of them. In total, the study included interviews with 2770 patients (Figure 1).
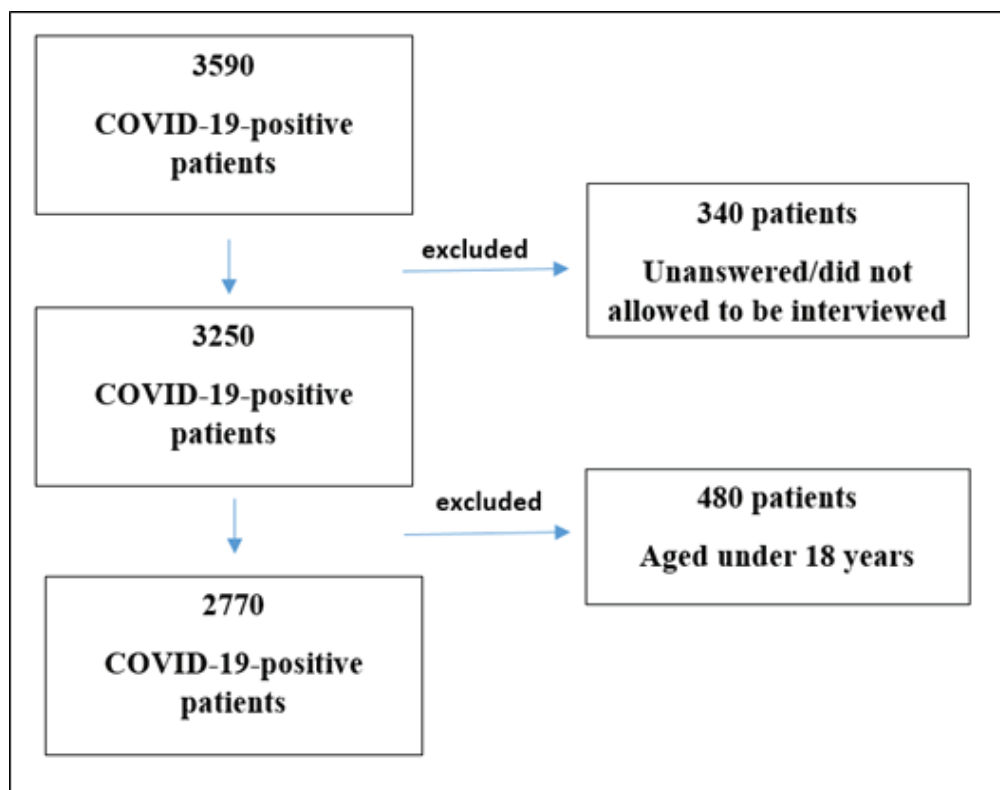

Figure 1. Number of participants evaluated in the study

Statistical analysis

The research data were analyzed using the SPSS 24.0 software. Descriptive data are presented as numbers and percentages for categorical variables and as minimum, maximum and median values for continuous variables. In tests of significance, categorical variables were evaluated with Pearson's chi-square test or Fisher's exact test, where appropriate. The Mann–Whitney U test was used to compare two independent groups for nonnormally distributed data. A binary logistic regression test (enter method) was used as the forward analysis method. The Hosmer–Lemeshow test was used for model fit. The P value, odds ratio (OR) and 95% confidence interval (CI) were used to evaluate the results in terms of significance. Statistical significance was accepted as $p<0.05$ for all analyses.

RESULTS

The median age of the COVID-19 patients evaluated in the study was 36.0 years. The minimum age was 18 years, while the maximum age was 89 years. Of the participants, 52.5% (n=1455) were women, 75.9% (n=2092) were married and 66.9% (n=1852) had less than a high school education. Of the participants, 19.8% (n=532) had a chronic disease and 1.0% (n=29) were healthcare workers. Among the vulnerable patient groups evaluated, 3.0% (n=83) were pregnant, 0.8% (n=21) were women in the postpartum period and 0.2% (n=6) were disabled individuals. Table 1 shows the sociodemographic characteristics of the patients.

The psychosocial risk assessments were performed for seven different domains of the participants. The participants were mostly at high risk for psychiatric disorders (2.7%, n=75). Of the participants, 1.4% (n=38) were at high risk for family problems, 0.5% (n=14) for lack of social support and physical discomfort, 0.3% (n=8) for changes in sleep and eating patterns, and 0.1% (n=3) for economic loss. One participant was at high risk for a change in daily habits. Of the participants, 5.1% (n=140) were considered to be at high risk in at least one psychosocial support area. Of these, 4.6% (n=128) were at high risk in one area, while 0.4% (n=10) were at high risk in two psychosocial support areas. Of the patients, 0.1% (n=2) had a high risk for three psychosocial support areas. Table 2 shows the risk assessment of the patients' psychosocial support areas. Patients with a high risk in at least

Table 1. Sociodemographic characteristics of the patients

		n	%
Gender	Female	1455	52.5
	Male	1315	47.5
Marital status	Married	2092	75.9
	Single/Widowed	666	24.1
Educational status	Below high school	1852	66.9
	High school and above	918	33.1
Presence of a chronic disease	Yes	532	19.8
	No	2159	80.2
Healthcare workers	Yes	29	1.1
	No	2729	98.9
Vulnerable group	Disabled	6	0.2
	Pregnant	83	3.0
	Women in postpartum period	21	0.8

Marital status data were available for 2758 patients and chronic disease data were available for 2691 patients. Data on being a healthcare worker were available for 2758 patients.

one psychosocial support area (n=140, 5.1%) were considered to have a high need for psychosocial support. The psychosocial support needs of women, those with low education levels, those with chronic diseases and vulnerable groups were significantly higher (p=0.030, p=0.014, p<0.001, p=0.001, respectively). Table 3 shows the factors associated with the patients being at high risk for at least one psychosocial support area. Variables that showed a statistically significant relationship with the need for psychosocial support in univariate analyses were evaluated using multivariate analysis. Gender, education level, presence of chronic disease and being in the vulnerable group were the independent variables included in the logistic regression model. The dependent variable was the need for psychosocial support. Statistical significance for gender and educational status was not observed in further analysis (OR:1.18, p=0.395; OR:1.40, p=0.116, respectively). In the multivariate analysis, the presence of chronic disease and the status of being in the vulnerable group had statistically significant effects on the high need for psychosocial support. The need for high psychosocial support was 2.4 times (95% CI: 1.6-3.5) more common in those with a chronic disease than in those without a chronic disease (p<0.001). The need for psychosocial support was 3.2 times (95% CI: 1.7-6.0) higher in the vulnerable group than in the nonvulnerable group (p<0.001).

DISCUSSION

As a result of the protective measures implemented to prevent the spread of COVID-19, many people had to stay at home and suspend their social relations. This suggests that COVID-19 has negative effects not only on physical health but also on mental health (21). Telehealth is the provision of health services by health professionals using information and communication technologies when distance between individuals is an important factor (22). There are various benefits of using telehealth applications, especially in situations that do not require direct patient–physician interaction, such as the provision of psychological services (23). In this context, our study examined sociodemographic features and psychosocial characteristics of COVID-19 patients who used the PSS provided by telephone.

The participants in our study were mostly at high risk for psychiatric disorders (2.7%). In a study carried out within the scope of psychosocial support by the Istanbul Provincial Health Directorate, anxiety levels were high in 3.0% of those infected with COVID-19 in 2020. This percentage was reported as 1.0% in 2021 (24). According

Table 2. Risk assessment of psychosocial support areas of patients

	Risk	n	%
Lack of social support	Low	2755	99.5
	High	15	0.5
Economic loss	Low	2767	99.9
	High	3	0.1
Physical discomfort	Low	2756	99.5
	High	14	0.5
Psychiatric disorder	Low	2695	97.3
	High	75	2.7
Change in daily habits	Low	2769	99.96
	High	1	0.04
Change in sleep and eating patterns	Low	2762	99.7
	High	8	0.3
Problems with family members	Low	2732	98.6
	High	38	1.4
High risk for at least one psychosocial support area (n=140, 5.1%)	High risk for 1 area	128	4.6
	High risk for 2 areas	10	0.4
	High risk for 3 areas	2	0.1

Table 3. Factors associated with the need for psychosocial support

Sociodemographic features		Need for psychosocial support		P value
		Low	**High**	
Age, median (min-max)		36.0 (18.0-89.0)	36.5 (18.0-80.0)	0.619*
Gender, n (%)	Female	1369 (94.1)	86 (5.9)	**0.030****
	Male	1261 (95.9)	54 (4.1)	
Educational status, n (%)	Below high school	1745 (94.2)	107 (5.8)	**0.014****
	High school and above	885 (96.4)	33 (3.6)	
Marital status, n (%)	Married	1982 (94.7)	110 (5.3)	0.440**
	Single/Widowed	636 (95.5)	30 (4.5)	
Presence of a chronical disease, n (%)	No	2075 (96.1)	84 (3.9)	**<0.001****
	Yes	484 (91.0)	48 (9.0)	
Healthcare worker, n (%)	No	2589 (94.9)	140 (5.1)	0.399***
	Yes	29 (100.0)	0 (0)	
Vulnerable group, n (%)	No	2533 (95.2)	127 (4.8)	**0.001****
	Yes	97 (88.2)	13 (11.8)	

*Mann–Whitney U test, **Pearson chi-square test, ***Fisher exact test.*

to a cohort study in the literature, an increased risk was found after one year in anxiety, depression, stress and adjustment disorders in patients with a diagnosis of COVID-19 (25). A study conducted in Italy reported that of the patients who were discharged from the hospital after receiving COVID-19 treatment, 31% had depression, 42% had anxiety and 40% had insomnia (26). According to these results, there can be an increase in mental illnesses in people after COVID-19 infection. Thus, their demand for PSS may also increase. In our study, the high risk for psychiatric disease was lower than that in the literature, which can be attributed to individual differences of the participants interviewed and cultural differences of the societies. In addition, the individuals we reached within the scope of PSS may be those with a lower risk of psychiatric disease.

Of the participants, 1.4% experienced problems with family members, 0.5% experienced a lack of social support and physical discomfort, 0.3% experienced changes in sleep and eating patterns, and 0.1% experienced economic loss. One participant was found to be at high risk for a change in daily habits. According to the PSS provided to COVID-19 patients by phone in another district in Istanbul, 12.2% of the participants were at high risk for family problems, 11.2% for physical discomfort, 9.8% for sleep and diet and 9.0% for social support. In the same study, 7.6% of the participants were at high risk for economic problems, 4.7% for psychiatric problems, and 4.9% for daily life changes (27). This difference with our study can be attributed to the socioeconomic status differences and different lifestyles of people living in these districts.

In our study, the psychosocial support needs of women, those with low education levels, those with chronic diseases and vulnerable groups were significantly higher. Before the pandemic, mental disorders such as anxiety and depression were more common in women than in men. Because the unfavorable social and economic conditions brought by the pandemic may affect women more, the prevalence difference between genders has increased even more with the pandemic (28). Another reason is that women, especially in our society and in many societies, play a fundamental role in housework and in the care of family members. Pandemic measures such as school closures and working from home may have affected women more in terms of their need for psychosocial support (29). The literature reports that cases of domestic violence experienced during the pandemic period also increased (30). Such situations may cause women to need more psychosocial support than men during the pandemic period. There is a need for qualitative studies to be conducted in this area to make more appropriate interventions in the psychosocial support areas that women need. Thus, apart from providing psychosocial support, implementing protective interventions for the determinants of psychosocial problems in women will also be possible. Studies have found that those with low education levels are more prone to mental health problems such as depression, anxiety and stress during the pandemic period (31, 32). Similarly, in our study, COVID-19 patients with low education levels had more psychosocial support needs. This may be because this group may experience more economic losses in the pandemic and have problems accessing accurate information, sharing and practices related to the pandemic.

In our study, the psychosocial support needs of those with chronic diseases were higher. Individuals with chronic diseases delayed their routine controls and treatments during the pandemic period due to fear of being infected and being separated from their caregivers (33). The fact that they could not have routine disease follow-ups might have led these individuals to have more psychosocial support needs, especially physical and mental disorders. In addition, since individuals with chronic diseases can have more severe COVID-19 disease, this might have created psychological problems such as anxiety and stress in individuals (34). To protect themselves from the virus, individuals reduced their contact with people more; which might have changed their daily living habits and working conditions. All these factors may cause individuals with chronic diseases to have higher psychosocial support needs.

There have been difficulties in accessing preventive and therapeutic services for vulnerable groups such as disabled, pregnant and postpartum women, especially during an emergency period such as a pandemic. A significant number of pregnant women have neglected antenatal care during the pandemic period (35). Since these groups are also susceptible to infection, they have stayed away from their social environments due to the fear of being infected. As found in our study, these situations may cause higher need for psychosocial support of vulnerable groups during the pandemic period. A study reported that the psychosocial well-being of individuals with disabilities was adversely affected by the pandemic process. The same study pointed to individuals with disabilities mentioning that they were more worried about being infected with COVID-19 than others (36).

Limitations:

In the study, the need for psychosocial support was evaluated with questions through phone calls. The fact that a validated measurement tool was not used for the assessment of psychosocial support needs is a limitation. In addition, the fact that the study was conducted using data from a single district creates a limitation in terms of the generalizability of the study results. However, the high sample size is a strength of the study.

CONCLUSION

The study examined the characteristics of COVID-19 patients who used the PSS provided by phone call in a district of Istanbul during the pandemic period. The most needed psychosocial support area was found to be psychiatric disorders. In addition, women, those with low education levels, those with chronic diseases and vulnerable groups had higher PSS needs. It is extremely important to make PSSs widespread and accessible, especially for vulnerable groups. In this context, there is a need for preventive interventions for the determinants of the problems as well as the remote support services provided by telephone.

Conflict of interest: The authors declared that there is no conflict of interest.
Ethics committee approval: The study was approved by the ethics committee of Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee. (Decision no: 870, Date: 10.13.2022).
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