



Psychiatry in the 20-20's-Romania

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How it started

SARS-CoV-2 infection took a real toll on Romanian people and especially on medical professionals regardless of their speciality or their level of involvement in treating COVID19 patients.

Concerning psychiatry, the beginning of the pandemic was marked by the **crisis of personal protective equipment enhanced by the little intelligence** we had about the behaviour of the new virus.

Consequently, **the anxiety rose quickly among medical staff and patients**, driven by the fear of the unknown. This acute situation required immediate reaction from the Government and from the leadership of medical organisations that concluded in the installation of the **State of Emergency**.



In addition, they made sure to keep a **connection between hospitalized patients and their relatives** by purchasing **tablets for videocalls**, one being used in the patient room and one outside the hospital, in a specially designed place.*

It all went online: from consultations to hospital visits

Psychiatry physicians started **videocalls for medical check-ups** and **online medical prescriptions** for patients with mild conditions.

What we did

Psychiatry trainees were involved from the very beginning in screening the current biological status of the patients presenting to the ER and in conducting, for each presentation, an **epidemiological inquiry**.

There were admitted as inpatients only the most severe cases who posed a threat for themselves or for the community, this also resulting in a **reduced total number of admissions** and ambulatory examinations.

There was also a **reorganization of the hospital's wards** in order to seclude the potential infected patients or staff. In this manner, **the modular layout** of many psychiatry hospitals was of the outmost utility since it permitted the set-up of **special-aimed wards for infected psychiatric patients** and a separate one for the potentially infected personnel.

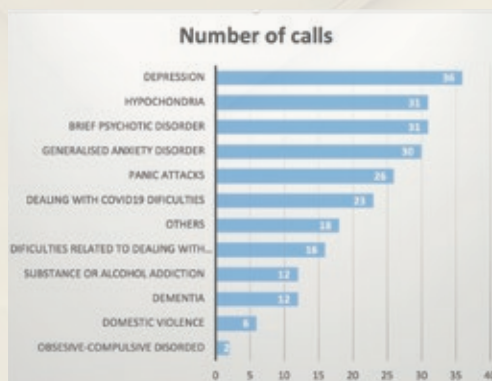
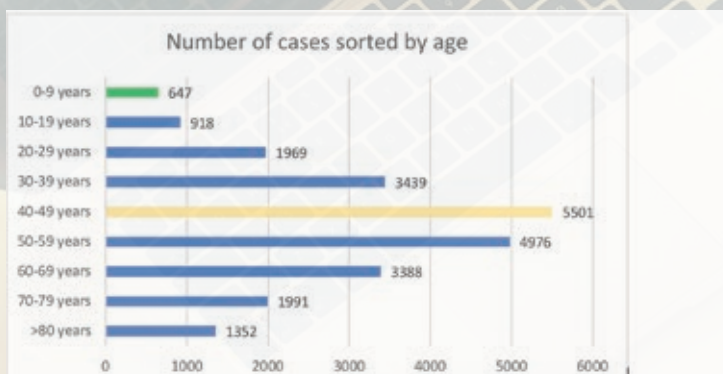
Whilst in other specialities medical trainees were either detached to medical units which were treating COVID19 or were selected for Green Line supportive telemedicine, **psychiatry residents worked on shifts** to limit the interactions inside their wards in order to respect the epidemiological recommended safety measures.

What we learned

In order to reduce anxiety and improve the comfort of the patients during COVID-19 pandemic, many hospitals in Romania implemented a list of measures.

For example, there has been launched a **phone counselling and support HELPLINE** available for those patients in isolation or quarantine with anxiety, depression or panic attacks.

For this, a number of **18 psychiatry trainees volunteered**, resulting in developing counseling and support skills in crisis situations.**



Sources:

<https://covid19.geo-spatial.org/statistici/>

<https://www.worldometers.info/coronavirus/country/romania/>

*Courtesy of Prof. Dr. Ioana Micluta - UMF "Iuliu Hatieganu" Cluj-Napoca

**Courtesy of Dr. Adela Salceanu - "Prof. Dr. Alexandru Obregia" Clinical Psychiatry Hospital



Psychiatry in the 20-20s in Hungary



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Introduction

The year of 2020 has brought significant changes to psychiatric patient care due to the Covid-19 pandemic across the globe.

In Hungary, only acute psychiatry wards, both adult and child and adolescent, were open from the middle of March until the release of the lockdown in the beginning of June 2020. During this period, only those patients were admitted to hospital who were in imminent danger to themselves or to others; therefore, all the elective inpatient care was terminated.

Novelties in patient care due to Covid-19 in Hungary

New protocols: During the first month of the lockdown several protocols and online information leaflets were prepared by psychiatrists and psychologists.

Management of infected patients:

- Intermediary and quarantine units were established in adult psychiatric hospitals for patients with severe psychiatric problems who were infected by the coronavirus and had mild respiratory symptoms. Patients with severe respiratory symptoms were transmitted to hospitals with intensive care units.
- One national centre was dedicated to infected children involving those who required psychiatric care.

Child and Adolescent Psychiatry



- 4-session long online crisis intervention consultations were provided for adolescents
- Online guided imaginary and relaxation groups were initiated for adolescents
- Resource-oriented family consultations were established to mitigate the tension in families during the lock down in three sessions
- Outpatient service for new patients became available online with the aid of telepsychiatry protocol

Helplines for patients and staff



• **Blue line** is a 0-24 hours anonymous helpline for children that provides help for children in crisis. They offer special consultations tailored for anxiety symptoms related to the virus.

• **Adult 0-24 crisis lines** work with enhanced capacity including

- Domestic violence helpline
- Help for people who have lost their job

• **Specific helpline for clinicians** experiencing increasing stress has been organised.



Conclusions

The COVID-19 has caused serious financial difficulties for the institutes due to the reduced rates of hospital admissions; however, many excellent protocols have been prepared for online consultations that could improve the current patient care and broaden our perspectives in the future.



"Psychiatry in the 20-20s: What will change?" Psychiatric and Psychosomatic Health Care Plan Vienna 2030

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Historical Background of mental health care in Vienna

Psychiatry Reform in Austria 1979 - Decentralisation and Regionalization process:

Aim: The target plan provided for the regionalization of institutional psychiatric support in both the inpatient and extramural sectors including an expansion of outpatient and complementary services

Implementation of the extramural psychosocial service (PSD): provides multiprofessional and multimodal treatment

- 8 outpatient and day clinics and 4 complementary institutions
- 1 outpatient and day clinic for children and adolescents

Decentralisation and Regionalization:

- "Otto Wagner Hospital" (1907) : first psychiatric large hospital in Vienna => care and treatment of all psychiatric patients for a long time
- Implementation of departments of psychiatry in community hospital (1986 KFJ; 1996 Donauhospital)

The reform process started, but over time the further decentralization process was reluctant and unstructured. Political interests focused on other fields and lead to significant deficits in mental health care in recent decades.

Since 2015 politicians, mental health care specialists and other professionals are working on the Psychiatric and Psychosomatic Health Care Plan

Psychiatric and Psychosomatic Health Care Plan - Pilotphase 2019-2021

Aims and Principles - Continuing the psychiatric reform:

- Nationwide coverage of psychiatric and psychosomatic care tailored to needs and requirements
- outpatient and day treatment => preferred to inpatient treatment
- quality, accessibility and continuity of care
- Integration of mental health care into primary health care
- Destigmatization
- Co-decision and participation on the individual treatment path including relatives ("Triolog")
- Resource allocation according to the approaches of the health care reform => efficacy and economy

Implementation plan:

- Improving the efficacy and accessibility of inpatient and outpatient psychiatric care
 - Decentralization and Regionalization
 - 3 psychiatric and psychosomatic care regions (West, South, North) including emergency (24h), joint admission and discharge outpatient clinics as well as mobile, multiprofessional Teams
- Expansion of child and adolescent psychiatry
- Expansion of peripartur psychiatry
- Cross-sectoral regional supply platforms and Interface Management



Range of services:

- Inpatient treatment (voluntary and involuntary)
 - including consultant psychiatrists and liaison service for other hospital departments
- Outpatient and day clinic treatment
- All settings provide a multiprofessional and multimodal treatment including psychiatric, psychological, occupational, physiotherapeutic and psychotherapeutic care and treatment as well as social work and support for relatives => "Triolog"

Results: What happened already?

- „Clinic Penzing“ former „Otto Wagner Hospital“: 1., 5., 9., 17., 18. and 19. district
 - currently in the decentralization process
 - Location of the Central European University 2022/2023
- **Medical University Hospital:**
 - **Department of Psychiatry and Psychotherapeutic Medicine (1870):** no regionalization => tertiary care
 - **Department of Child and Adolescent Psychiatry since 1975 => new building in progress:** regionalization till 2023

„Region West“:

- „Clinic Hietzing“ former Hospital Hietzing with the Neurological Centre and the child and adolescent psychiatry Rosenhügel:
- **Departments of Psychiatry and Psychotherapeutic medicine** were implemented **2018:** 12., 13., 14., 15. 16. and 23. district
 - **Pilotproject since 2018:** „Transitionpsychiatrie (16-25 year)“
- **Department of Child and Adolescent Psychiatry (since 1975):** 10., 11., 12., 13., 14., 15., 19., 23 district => additional unit since 2018
 - **Pilotproject since 2020:** second outpatient clinic of the psychosocial service (PSD) => outpatient treatment linked with socio-psychiatric housing groups of child and youth welfare services and in cooperation with the department of child and adolescent psychiatry Rosenhügel and „Transitionpsychiatrie“

- „Clinic Ottakring“ former Wilhelminenspital: will offer further **6 inpatient treatment mother-child units with attached peripartur outpatient clinic** (4 other child units existing in the AKH/MUV)

„Region South“:

- „Clinic Favoriten“ former „Kaiser-Franz-Josef-Hospital“ **Department of Psychiatry and Psychotherapeutic medicine** since 1986: 10. district
- „Clinic Landstraße“ former Hospital „Rudolfstiftung“: **Department of Psychiatry and Psychotherapeutic medicine** since 2014; 3., 4. and 11. district

„Region North“:

- „Clinic Donaustadt“ former „Donauhospital“ **Department of Psychiatry and Psychotherapeutic medicine** since 1996: 2. and 22. district
- „Clinic Floridsdorf“ former „Hospital Nord“ **Department of Psychiatry and Psychotherapeutic medicine** since 2019: 21. district
- **Department of Child and Adolescent Psychiatry: still in progress**
 - including emergency, admission and discharge outpatient clinic

Conclusion

In summary, the previous reform of psychiatry (1979) was taken up and adapted to today's requirements.

The psychiatric and psychosomatic health care plan is now in the pilot phase and several implementations already have taken place.

In the next few years, we will see whether the psychiatric and psychosomatic care system in this form meet the needs of patients or whether further adaptations will be necessary.

The changes in non-pharmacological interventions in Cypriot Mental Health Services in 2020s

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Abstract

In this poster we will present the changes in non-pharmacological interventions in Mental Health Services of Cyprus in 2020s, which belong to the strongest factors that contribute to the maintenance of mental health of psychiatric patients according to the biopsychosocial model of Psychiatry.

Introduction

This year is characterized by global changes in Mental Health due to pandemic of SARS-covid-19. In our country Mental Health Services managed to be adjusted in these new circumstances in a very satisfying way, but it is true that there are new challenges that we need to face. Non-pharmacological interventions are the domain of Mental Health services that is affected the most, as this domain requires human contact. Some interventions are temporarily interrupted and some others are executed with the use of technology.

Besides the changes due to pandemic, we will also present two new interventions that are used for children and adolescents.

Changes mainly due to pandemic of SARS-Covid-19

Group therapy interventions

Group therapy is one of the most important psychotherapies as it provides support and feedback, it improves interpersonal relationships and communication, it helps the members to get acquainted with new interpersonal behaviors and express sincere feelings and understand their own thoughts, feelings and behavior but also those of other people. Also it helps improving the self-confidence and achieving change within team and then in life. In our Services we have used this type of intervention mainly at Psychiatric Hospital and at therapies related to addiction.

Psychiatric Hospital

The 3 previous years a systematic therapy inspired group therapy interventions was used at the intermediate ward of mental ward between ward of acute phase and ward of restoration. The group was organized by a nurse with education in systemic psychotherapy. Patients who were able to participate met once a week. The meetings were focused at the present (daytime): each patient used to choose a subject that had the need to discuss (eg. stigma). The group had very good results which were observed by the staff of the ward: reduction of aggressiveness, improvement of the relationships between the patients and of their social skills and also reduction of their demands from the staff, due to the satisfaction of their inner needs during the therapeutic group.

Unfortunately the group is interrupted, but we believe that it is very important patients that are hospitalized at a psychiatric hospital to have this opportunity as it can improve their outcome.

Addiction Treatment

In our days all the kinds of psychotherapies have developed methodology for treatment of addictions and behavioral addictions. More often we use CBT and modified behavioral psychotherapy which is focused only at the positive reinforcement and not at the negative reinforcement including punishments. During the measures for pandemic at addiction departments we stopped group therapy and we focused on the individual meetings and also, we used tele-psychiatry. Unfortunately, the pandemic and the lock down caused increase at problems related to addictions, because patients used drugs for self-treatment during this period which caused fear about illness and loss and financial stress. Also, the lock down caused increase at gambling. In addition, addicted people started using different new substances because of difficulties at availability of their drugs and even if our services were available for the patients, there were reduced accessibility due to the fear about the covid-19.

Department of Mental Health Services of Prison

Addiction program "Dana"

The participation at this program is also voluntary. It is organized by psychologist and occupational therapist. It includes 4 phases which include evaluation, mobilization, groups of creative expression and social skills learning and prevention of relapse. Usually, the prisoners who decide to participate in the program have secondary benefits and the therapists' effort is to transfer them into inner benefits in order to use them even later in their life.

During the measures for pandemic, group was interrupted. Only the emergency cases of the program were evaluated in individual meetings.

For the rest patients of prison, staff provided support through phone calls, reduced personal meetings and visits at their ward when it was necessary. During this period patients had the opportunity to participate at gardening groups, at the creation of a wall painting in a ward and younger patients had also the opportunity to participate at small groups of creative expression. Generally, prisoners had increased needs of support during this period, because of the prohibition of the visits by their relatives, but their mental health remained stable with the interventions that were executed.

Community Day Centers

Patients with mental disorder are less engaged in active lifestyles or socially inclusive occupations than the general population (2). Community day centers aim to assist patients in becoming more engaged with occupations and prevent isolation (3,4). They can be essential to recovery as well as help patients feel productive and perceive meaning in their lives(5,6). Empirically, healthcare providers have noted that they have helped patient

- 1) Achieve better social rehabilitation and reintegration
- 2) Reach and maintain the best possible level of functionality
- 3) Avoid relapses and hospitalization as much as possible.

Unfortunately, due to government-mandated measures, Day Centers in Cyprus have stopped offering their services. As the country slowly comes out of lock-down, the services are expected to resume, however it is clear that they will be limited by infection-preventive measures. There might be a limit to how many patients can attend at the same time, masks might be worn and activities such as visiting retail stores might be suspended. The staff are eager to continue offering their vital community-based interventions and to help patients influenced by Covid-19 and the lock-down.

During the period of lock down our Mental Health services organized and offered telephone support services for all the citizens, which were executed by psychologists and occupational therapists. This service could be a compensatory factor for people who had no mental resilience, including our patients that were helped by day centers.

Family therapy

In Cyprus family therapy is mainly used in eating disorders. The National Institute for Clinical excellence recommends that family interventions that directly address the eating disorder should be offered to children and adolescents with anorexia nervosa.

A literature review (9) show that some of these trials suggest that family therapy may be advantageous over individual psychotherapy in terms of physical improvement (weight gain and resumption of menstruation) and reduction of cognitive distortions, particularly in younger patients. In this direction in our department in Cyprus we use the Maudsley model of family therapy.

At the beginning of lock down family therapy for eating disorders stopped temporarily due to the first shock that families had to deal with. They were not looking for help from the services, because they were focused on the pandemic. After this first period new methods were adopted by the services in order to provide their help. Telephone support services were executed by psychologists. Also, family therapy restarted through tele-psychiatry sessions in the same frequency as before. It is optimistic that this type of intervention had the same results as family therapy in the department. Now measures are gradually eased, so family therapy is continued in the department with measures of protection for staff and families.

Art Therapy

In Cyprus we use art therapy at inpatient department of children and adolescents.

This particular age group of the population has not adequately acquired the process of verbalizing and symbolizing emotions and other situations. Therefore, the existence of an "intermediated space" between the therapist and the patient facilitates communication. Such "intermediate space" can be play, painting, construction, etc, their use makes it easier to talk about painful feelings, but also to make therapeutic interpretations of them, in a more understandable way.

Unfortunately, this group is also interrupted, due to measures for pandemic.

Individual meetings at outpatients department of children and adolescents

During the pandemic some therapeutic meetings at the outpatient's department were executed with the use of internet. It is interesting that only a particular group of patients were interested to continue their therapeutic meetings through internet. Their psychiatrist describes that their choice is related to their personality and their comfort related to close contact. Patients that prefer distant contact accepted the therapeutic meetings through internet and the ones who prefer close contact did not. For the first group the therapeutic result was the same, or even better with this type of intervention.

Another interesting point about this type of intervention is that it is not indicated for very young children whom concentration is short term, so for this group of patients the meetings were executed with their parents as parents' counselling.

Patients who have been working with intermediaries (eg paintings or something else) can send their creations online and get the positive feedback they need or the interpretation around it.

New Non-Pharmacological Interventions in Mental Health Services of Cyprus

Horse healing and hippotherapy



Horses are very sensitive to our emotions. With their behavior they help us to see what lies beneath the surface and they provide us feedback about ourselves and others. The healing and educational capacity of horses has been expanding as we begin to understand more about these animals. Today we see horses helping high-risk adolescents, being used in therapy with war veterans, helping with inmates in prison prepare for life outside prison, teaching pre-med students how to work with patients, helping corporations build strong teams, helping therapists treat mental health or work in addition therapy, help with children with autism, and more.

In Cyprus we just started utilizing horse therapy this year. We will present one case of an adolescent with chronic disease, who was treated by liaison psychiatry for adolescents. Among other issues, his psychiatrist had to help him with his verbal and physical aggression and depressive features. After the intervention with the therapeutic horse, he became able to express his feelings, to verbalize his low self-esteem and he obtained motivation to do things.

Mini: American miniature horse

Pet Assisted Therapy



Pets are used for assisting children with Psychiatric disorders in western Europe. They are identified as a friend and as a therapist, that can naturally stimulate attraction and involvement response. It is an intrinsic need of humans to bond with nature, especially in the background of chaotic lives.

Apart from the physiological advantages of a positive interaction with animals (which include release of endorphins, decrease blood pressure, improve lipid profile), the main psychological advantages include companionship, stress relief, emotional comfort, lower levels of depression, better self-image, improved socialization and mental functioning, and fulfills the needs to nurture and be nurtured.

Specific psychiatric disorders that have indication for PAT include Autistic spectrum disorders, Child abuse, Grief, Dementia, Chronic physical disability.

In Cyprus, we have a parrot in inpatient department of adolescents the last year. In this period, adolescents and staff cooperate every day for cleaning up parrot's cage and we mention that it is a transitional object in the communication between the staff and adolescents.

Conclusion

Biopsychosocial model of Psychiatry requires holistic treatment of our patients.

- The pandemic of SARS-Covid-19 have caused global changes in mental health services. In Cyprus, there are types of intervention that are not replaced like the art therapy and other types which have been substituted by technology. So far, the compensatory remedies are adequate to maintain the mental health of some groups of patients, especially of the prisoners and the group of children and adolescents, but we have to support more some other groups like the addicted patients who seem to be more vulnerable in front of the new circumstances. Also, there are some groups of patients that cannot be helped by all the types of tele-psychiatry, like the older people, the poor ones and the patients with cognitive impairment. The new means that we use during this period of pandemic, maybe could be useful for the future, too.
- In Cyprus all offered therapeutic interventions respect human rights and have incorporated the GDPR.
- The two new treatments (horse therapy and PAT) that we have started using, seem to be very effective as we have very good results.
- Finally, the increase of availability and accessibility to psychotherapy for our adult patients it currently consists a challenge for our mental health services and it is under discussion.

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Psychiatry in the 20-20s: What will change? Portugal and Gender Dysphoria

Portuguese Delegation to the EFPT 2020 Virtual Forum: Santos MJ; Silva AF; Moura B; Almeida D; Samouco A; Fernandes LA; Matos AH; Liz MF; Maurício J

Introduction

There has been an increasing demand for gender dysphoria specialist care, with the number of specialized gender identity clinics and programs dramatically increasing in later years, and reports of a sharp increase in referral rates. Recent studies suggest that the prevalence of a self-reported transgender identity in children, adolescents and adults could range from 0,5 to 1,3%. Alongside this uptick in care demand, the recognition of this trans phenomena and the attempts to better accommodate it led to important ethical dilemmas for healthcare professionals (mental health and others) and to cultural and political debate.

This work aims to explore current gender dysphoria care and its futures challenges, briefly addressing the Portuguese situation.

Methods

Brief literature review of relevant articles from the Medline database searched using the terms "gender dysphoria", "gender identity disorder" and "ethics". Other relevant sources of information, like the Portuguese legislation, were used.

Psychiatric Perspective

Psychiatry, on the nineteenth and early 20th century, had theories of gender variance and views of appropriate treatment that were pathologizing and highly stigmatizing to transgender people. The diagnosis, "Transsexualism" (sic), first appeared in 1975 in the ninth revision of the International Classification of Diseases (ICD-9) and subsequently, in the DSM-III in 1980 under the parent category, Sexual Deviations. Transsexualism was carried over into DSM-III-R, but was no longer categorized as sexual deviation. With DSM-IV, the diagnose of gender identity disturbances were placed under a new parent category, Sexual and Gender Identity Disorders. The diagnosis was retained by DSM-5, but its name was changed to Gender Dysphoria (GD), simultaneously removing the stigmatizing "disorder" from its name and shifting the focus to dysphoria as the target symptom for intervention.

There is much controversy with respect to pathologizing transsexuality as well as categorizing gender-identity variants, and there are still questions regarding the medicalization of these individuals. Regardless of the discussion regarding depathologization, most of the studies that deal with this condition point out a significant level of emotional suffering experienced by those individuals, with multifactorial causes, which enhances the importance of appropriate screening and differentiated mental health care. They suffer a high degree of emotional stress and present a high rate of self-mutilation and suicidal ideation.

Table 1 – Roles of mental health professionals working with gender dysphoric adults
It is assumed that general psychiatrists are able to:
<ul style="list-style-type: none"> Assess and diagnose gender concerns according to current DSM criteria and see that they are addressed; Assess and diagnose any coexisting psychopathology and see that it is addressed.
For psychiatrists specialized in sexual care it is assumed that they are able to:
<ul style="list-style-type: none"> Assess eligibility for hormonal and/or surgical treatments, or refer to professionals capable of making such assessments; Assess capacity to give informed consent for hormonal and surgical treatments. Ensure adequate psychological and social preparation for transition treatments. Refer patients for hormonal or surgical treatments, collaborating with providers as needed. Ensure continuity of mental healthcare as indicated throughout transition and beyond.

Conclusions

Mainstream psychiatry is now more affirming of gender variance, but transgender individuals often are aware of the history in this area. Mental health professionals providing care to these individuals should be well trained, highly empathetic and supportive, being always aware of the high degree of emotional stress these individuals suffer. There is much controversy with respect to pathologizing transsexuality, and there are still questions regarding the medicalization of these individuals. There are important ethical dilemmas for healthcare professionals. In Portugal, steps are being made to provide quality gender-affirmative care to all that desire it, alongside legislative reform, but much remains to be done particularly with regards to offer inequalities.

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Child and Adolescent Psychiatric Perspective

There are several differences in the phenomenology, developmental course, and treatment approaches for gender dysphoria in children, adolescents, and adults. In children and adolescents, a rapid and dramatic developmental process (physical, psychological, and sexual) is involved and there is greater fluidity and variability in outcomes, particularly in prepubertal children. Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken (the duration of this exploration may vary considerably depending on the complexity of the situation). A staged process is recommended to keep options open through the process. Moving from one stage to another should not occur until there has been adequate time for adolescents and their parents to assimilate fully the effects of earlier interventions. On the other hand, refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to abuse, stigmatization and psychiatric distress.

Table 2 – Roles of mental health professionals working with gender dysphoric children and adolescents
Directly assess gender dysphoria.
Provide family counseling and supportive psychotherapy (assist with exploring gender identity, alleviating distress related to their gender dysphoria, and ameliorating other psychosocial difficulties).
Assess and treat any coexisting mental health concerns.
Refer adolescents for additional physical interventions to alleviate gender dysphoria.
Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (harassment confers risk for social isolation, depression, and other negative sequelae).
Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender-nonconforming and transgender children.

Portuguese Legal Framework

In 2018, legislation was approved to regulate the right to self-determination regarding gender identity and gender expression, and protection of each person's sexuality and gender. This law assumes the protection and promotion of fundamental rights; establishes rights in terms of civil registration, health and education; ensures the free development of each person's personality according to their gender identity and expression and creates a procedure for the use of a name corresponding to the person's effective gender in public documents. It confers the right to change gender in the civil registry to match gender identity by persons of Portuguese nationality and over 18 years of age. Persons of 16-18 years of age have the right to request the change through their legal guardians, and consent should be ascertained with the minor themselves. No persons can be obligated to produce evidence of any sort of treatment in order to require a change of gender in the civil registry.

Interventions in the Portuguese National Health Service (NHS)

Although the law that regulates people's rights regarding gender identity and expression includes warranty of medical interventions in the NHS, some NGOs have alerted to the inequality between different regions. The services are only available in major cities, with unequal offers.

Table 3 – Specialized gender dysphoria care in the Portuguese NHS	
Coimbra	<ul style="list-style-type: none">• Only national reference center for Gender Reaffirming Surgery (GRS) – Sexual and Genito-Urinary Reconstruction Unit (Coimbra University Hospital): Plastic Surgeons, Urology, OB-GYN, Psychiatry, Psychology and Endocrinology
Lisbon	<ul style="list-style-type: none">• Hospital de Santa Maria (a general hospital): Psychology and Endocrinology• Hospital Júlio de Matos (a psychiatric hospital): Psychiatry, Psychology and Endocrinology, and support of Nursing staff for treatment administrations
Porto	<ul style="list-style-type: none">• Hospital de São João: Psychiatry and little support from Endocrinology• Hospital de Magalhães Lemos: Psychiatry and Psychology

Dr F Cassar, Dr G Grech, Dr B Grech

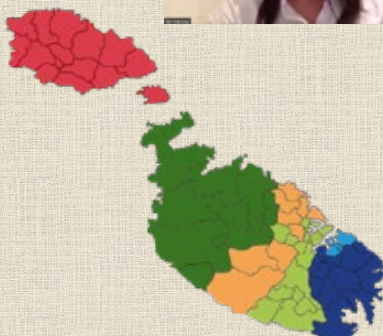
Mental Health Services Malta

Telepsychiatry

Telepsychiatry was non-existent in Malta prior to the COVID-19 crisis. However, by now, all members of the multidisciplinary team have made use of communication platforms to continue delivering services to their patients. Professionals are finding teleinterventions both efficient and effective. In fact psychiatrists have been able to perform all assessments online, including emergency reviews and Mental Health Act assessments. In line with our Mental Health Strategy 2020-2030, this pandemic has fast tracked our plans to offer more services online.



Community Mental Health



During the COVID-19 crisis, patients attending the central psychiatric outpatient clinic within the general hospital were distributed to five community mental health teams (CMHT) around Malta. Gozo (red) has its own service operating from Gozo General Hospital. The map shows the region covered by each CMHT. Each multidisciplinary team has a psychiatrist, psychologist, occupational therapist, social worker and nurse providing better continuity of care. With an increase in demand, we aim to open another regional hub and involve more trainees in community services.

Admissions Team

An Admissions Team was established to support the admission process to our psychiatric hospital, Mount Carmel Hospital. In so doing, it helped to ensure that all community resources have been exhausted before a patient is considered for admission. This was an essential step to limit the number of patients being admitted thus, minimising contact during this pandemic. In the future the team will continue to develop alongside the community mental health teams to allow for more efficient gatekeeping.

COVID-19 CHANGES

MENTAL HEALTH STRATEGY

The Maltese Mental Health Strategy 2020-2030 was launched during a National Consultation Conference on the 5th of December 2018. The strategy highlights the vision for reform in the next decade with the aims of improving mental wellbeing by offering accessible, safe, effective and fully integrated services. The aims include:



- Integrating Physical and Mental Health
- Development of Community Mental Health Teams, Crisis and Early Intervention Teams
- A new acute Psychiatric Hospital on the General Hospital campus
- Continuation of the process of deinstitutionalisation
- Inclusion of new medications on the formulary
- Introduction of new non-medical interventions
- To establish electronic data documentation system
- Improve epidemiological and service research
- Strengthening of specialised services for Child and Adolescent Mental Health, Addiction, Migrants and rare mental disorders.
- Strengthen incentives to retain employees suffering from mental disorders
- Improve benefits system for people with mental disorders
- Improve support for relatives and carers
- Improve inter-professional education to foster more teamwork

CONCLUSION

As the English saying goes "Every cloud has a silver lining." COVID-19 saw the introduction of an innovative, efficient and modern way of caring for our psychiatric patients. Irrespective of whether COVID-19 is eradicated or not these innovative technological methods have proven so efficient that they will be retained in Malta in the post-COVID period.

Management of psychiatric patients with COVID-19 in the Czech Republic

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INTRODUCTION

The Ministry of Health of the Czech Republic launched three COVID – 19 wards for acutely ill psychiatric patients who were asymptomatic or with mild COVID-19 symptoms (not requiring intensive care units with ventilators), but their condition required closed ward and experienced psychiatric interventions. These three officially appointed wards were in Psychiatric hospital Bohnice, Prague with maximum 14 beds, Psychiatric Department at University Hospital Brno with maximum 12 beds and Psychiatric Department at University Hospital Ostrava with maximum 8 beds. This poster has ambitious to share the experience with management of psychiatric patients with COVID-19 at one of these wards.

METHODOLOGY

During the period from April 1st – June 24th, 2020, Department number 26 in Psychiatric hospital Bohnice has served as special unit for COVID-19 positive psychiatric patients. This department had 7 beds /isolations/ for patients with suspected COVID-19 on the first floor and 14 beds for confirmed COVID-19 patients on the second floor, with special entrance with storage for Personal Protective Equipment (PPE). For each shift there was 3 nursing staff working on each floor. There was 3 psychiatric trainees and one specialist responsible for medical care at this unit. The internist for consultation was available 24/7.

Beside the psychiatric disorders, we were expected to treat COVID – 19 symptoms, such as cough, temperature, fatigue, diarrhea, shortness of breath, etc. We have not used any known experimental medication. To declare that a patient is healed from COVID 19 we had to observe the patient for 14 days, treat the symptoms and obtain at least 2 negative PCR tests from nasopharynx.



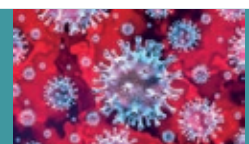
RESULTS:

In the period of more than two months we managed to treat 8 psychiatric patients with confirmed COVID-19 at this department. The diagnostic spectrum regarding the ICD -10 was: F01.9 (1x), F03 (2x), F20.0 (1x), F32.1 (1x), F33.0 (1x), F41.2 (2x). All these patients were women. The average age was 76 years. All were polymorbid patients. The longest treatment lasted for 84 days. The shortest treatment lasted for 15 days. Just one patient had to be transported to infectious diseases unit in nearby hospital and required intensive care unit due to worsening of inflammatory parameters. All other 7 patients were tested negative and declared healed from COVID-19. On the suspected COVID-19 department we admitted 125 patients (73 men and 52 women) in the same period. The duration of their hospitalization was 24 hours, during which we obtained the results of PCR test. The vast majority were tested negative. Unfortunately we also had 3 nurses at our department tested positive on COVID-19, therefore the whole team had to be tested several times.

CONCLUSION

Since the beginning of the COVID-19 epidemic in the Czech Republic with 10,6 million inhabitants, we had 10923 persons tested positive, 346 COVID related deaths, 125 are currently hospitalized /relevant numbers on June 26th, 2020/, none of these patients currently require acute psychiatric closed ward. If the question raised by EFPT Forum Local Organizing committee in Romania is „Psychiatric in the 20-20s: What will change?“ We answer that we are slowly getting back to standard psychiatric care, we very much appreciate the change of the situation in our country, but if the second wave of COVID-19 comes, we will be better experienced, trained and ready.

Effects of COVID-19 on Mental Health: The Spanish Experience



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INTRODUCTION

In 2020, the COVID-19 pandemic has had a huge impact in the healthcare systems across several countries and has changed the way mental health professionals work in different aspects. Spain has been one of the most affected countries. In this poster we analyze and present some of these changes.¹

MENTAL HEALTH CARE AT HOME

Home hospitalization care played an important role in avoiding hospital admission for mental disorders, and thus decreasing the risk of contracting COVID-19. This resource has augmented its capacity and has evidenced that home care can substitute admissions in a conventional hospitalization unit in a number of cases.^{1,3}

PSYCHIATRY AS A MEDICAL SPECIALITY



During the pandemic, many psychiatrists have been relocated in first-line medical assistance units, attending acute-ill, COVID-19-infected patients in collaboration with professionals of other specialties. In this regard, we have had to remember that psychiatry is a medical specialty and that fundamental medical knowledge is required.¹

TELEPSYCHIATRY: ONLINE COMMUNITY MENTAL HEALTH CARE

One of the first measures adopted in our country was to start outpatient visits via telephone, chat or video call. At this moment, we are progressively returning to face-to-face visits; however, at the same time we have learnt the intrinsic value of telepsychiatry.

Aspects of confidentiality and data protection have had to be considered dynamically and on-the-go. The Spanish Society of Psychiatry has made a series of recommendations in this regard.⁴

In a future, post-COVID-19 psychiatry shall use more digital resources, including smartphone apps, to provide mental health services as an instrument of management and patient empowerment.¹



THE PSYCHOLOGICAL ASPECTS OF MEDICAL PRACTICE

The psychological aspects of medical practice are fundamental. The infectious characteristics of COVID-19 led many patients to be in social isolation with all its associated psychopathological consequences. Accordingly, hospitals have developed protocols for the psychological care of patients i.e. helplines, outreach programmes, etc.¹

ELECTROCONVULSIVE THERAPY

For some patients, electroconvulsive therapy is a fundamental part of their treatment. Protocols have been developed to reduce the risk of contagion during this procedure. The following changes have been noted:⁵

- Activity has been reduced by 80% by prioritizing patients.
- Systematic screening has been performed on patients with this treatment.
- Professionals have worn masks and personal protective equipment.

CONSULTATION AND LIAISON PSYCHIATRY

Consultation and liaison psychiatry has emerged as an essential resource during the pandemic since some psychiatry inpatients with positive tests for COVID-19 have been hospitalized in medical wards.

This area has been reinforced with extra medical staff, as well as with clinical psychologists and nursing personnel.

In addition, drug interactions between psychiatric pharmacological treatments (antidepressants, antipsychotics, lithium and other mood stabilizers) and drugs for treating COVID-19 have arisen as a clinical challenge, frequently assessed by multidisciplinary medical teams which included professionals from psychiatry.^{1,2}

CONCLUSIONS

1. Along with the COVID-19 pandemic, psychiatrists have become again general practitioners.
2. Greater value has been given to the psychological aspects of medical practice.
3. Some fields of psychiatry have been reinforced, such as Consultation and Liaison Psychiatry and Home hospitalization care.
4. Telepsychiatry has been progressively implemented.
5. ECT is an essential procedure that must be adapted in order to reduce the risk of contagion.

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The Future of Cognitive Behavioral Therapy (CBT) in Mental Health Care in Ukraine. The Post-COVID-19 Age



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Objective

In this unique experience in 21 century the COVID-19 lockdown showed all of us difficulties in providing psychotherapeutic care online. The main target for the next decade is spreading of evidence-based psychotherapeutic approach as well as implementing it into healthcare services. We have understood that mental health care service in Ukraine needs implementation and/or extension of innovative, high-quality educational projects on cognitive-behavioral therapy and other evidence-based psychotherapeutic methods online, psychotherapeutic care online and psychotherapeutic supervisions online. The aim of these actions is the development of the possibility of a psychotherapeutic care online.

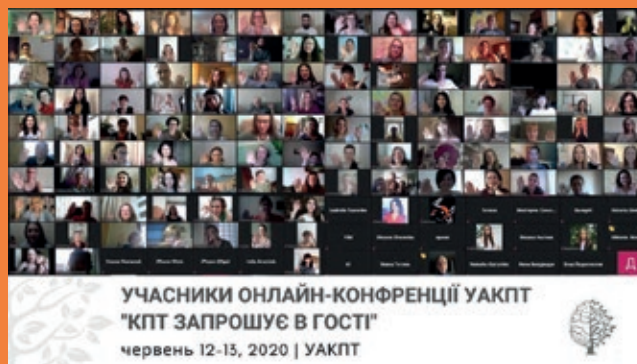
Methods

Existing trainings in CBT in Ukraine:
Cognitive behavioral therapy (accredited by UACBT)
Schema-therapy (accredited by ISST)
Emotionally Focused Therapy for Couples
CBT with children, adolescents and their families
Mindfulness in psychotherapy, counseling and coaching
"CBT +": Basic CBT techniques for counseling and coaching

All the programmes are accredited by Ukrainian Association of CBT according to standards of European Association of Behavioral and Cognitive Therapies (EABCT).

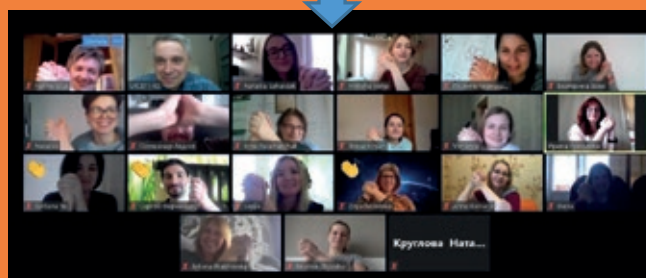
Results

Ukrainian Institute of CBT is located in Lviv and is a leading Ukrainian institution. The Institute provides training in CBT, Schema Therapy and Mindfulness Based Stress reduction/Mindfulness Based Cognitive Therapy(MBSR/MBCT). All the trainings mentioned above were performed online. Psychotherapeutic supervisions were made online too. 7th Annual Conference made by Ukrainian Association of CBT also were held online.



Participants of online conference UACBT "CBT invites guests"

Schema Therapy online training



Conclusion

Our national mental health system is slowly being reformed. Ukrainian national system of mental health has changed in its very own way. Now National Health Service has prepared a draft law which regulate and incorporate psychotherapeutic help, especially CBT and other evidence-based methods.

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1. <https://i-cbt.org.ua/english/>
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