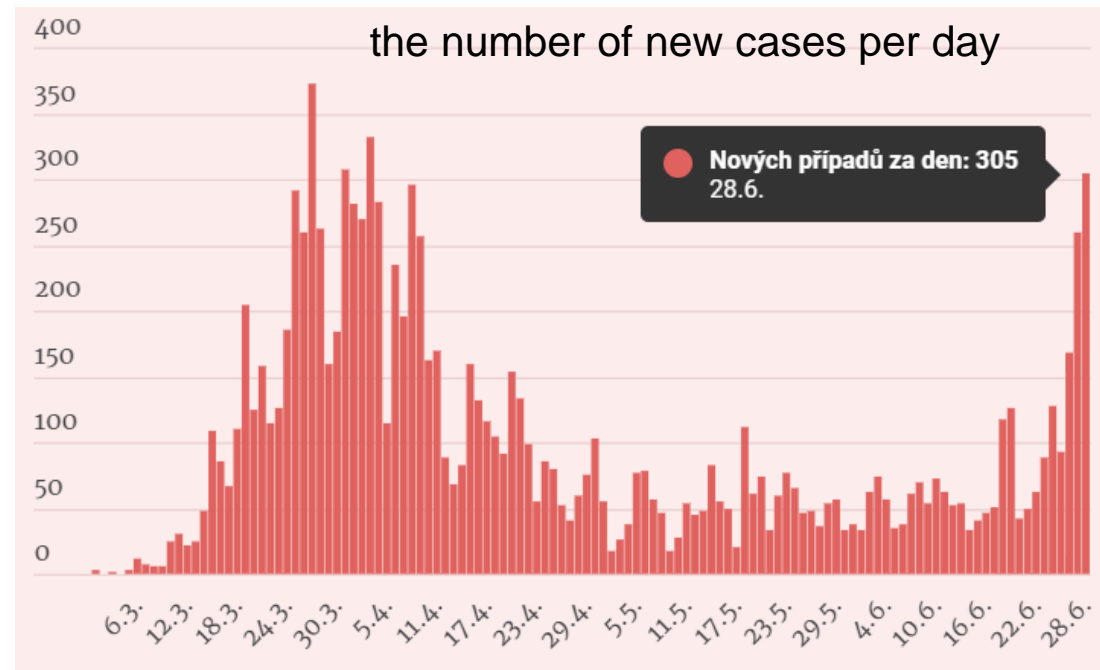
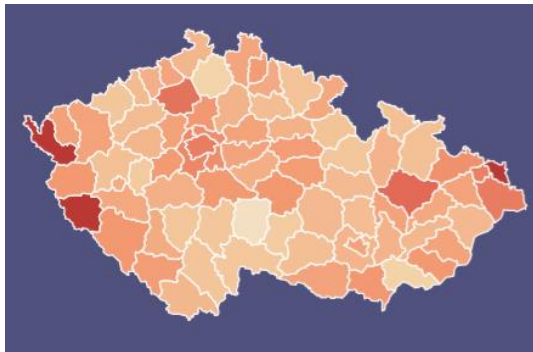


The impact on the population, needs and challenges

Online assistance center (Czech Republic)

stop
COVID
CZ



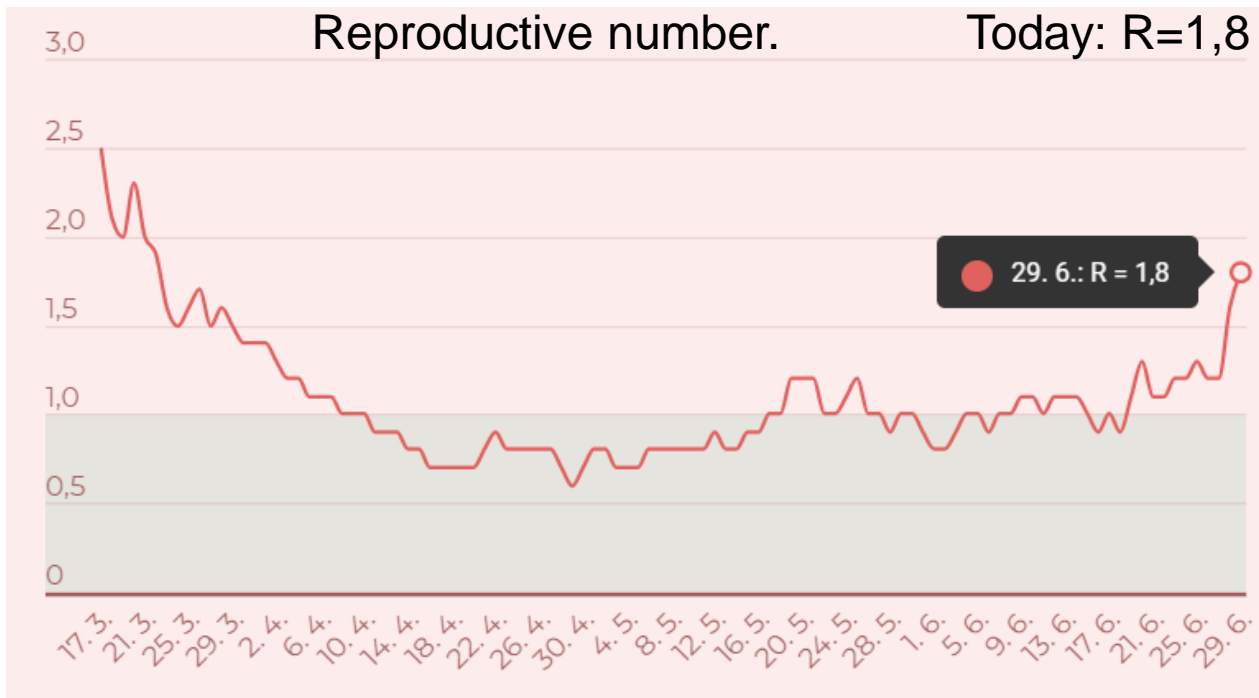
2nd online SC EFPA meeting 29/06/2020
Stepan Vymetal

Situation in Czech Republic

- 10 milion inhabitants
- Now - we are a **less affected country**
- Today: 544.000 tested, **11.603 positive tests** (7705 have been cured, **348 died**)
- **Fast reaction** of CZ government
- **Declaration of a state of emergency** (from March 12th to May 17th 2020)
- **Early and strict measures** (limiting of social contact, movement restriction, closing schools, shops, services... **longterm lockdown**)
- **General obligation of face masks** (outside of home) + disinfection...
- **We have slowed down the epidemic** – we got time to equip ourselves technically (PPE, devices)
- Urgent phase: 4 weeks, Posturgent phase: 2 weeks, Release phase: from May 1st (2 months)
- There is a **gradual release of measures**
- **Last week - growth of infection, local outbreaks**
- **+ flash floods in June (6+)**

Spread of disease

(reproductive number less than 1 = the number of infected in the population decreases)



- the fears of the Czechs declined
- vigilance decreased, more social contact
- **the number of infected began to grow** in last week

Research on the impact on the population

- Government Council Working Group on the Impacts of Coronavirus SARS-CoV-2 on Mental Health (impact analysis => recommendation):
 - 1) **National study** of the effects of coronavirus on mental health (**non-clinical adult population**)
 - 2) Research on **people placed in institutions** (homes for children, for disabled people, seniors' homes, psychiatric hospitals)
 - 3) Research of **crisis lines and online services**
 - 4) Mapping the needs of **children and adolescents**
 - +
 - 5) International study „The COVID-19 HEROES“ (mapping of the impact on **health professionals**)

From the research findings:

People placed in institutions

- **Disruption in receiving / dismissal of clients**
 - **Limiting the scope of care**
 - **Restricting the free movement of clients**
 - **Social isolation - bans on visits**
-
- The **institutions were not prepared** and managed the situation rather intuitively
 - Recommendation of **at least online contact** with families

From the research findings:

from crisis lines and online services 1

- **High need: seniors, lonely, people with chronic physical or mental illness**



- **Identified vulnerable groups:**
- People in collective institutions (social care homes, prisons, psychiatric hospitals etc.)
 - Children
 - Socially weak
 - People without internet
 - Disabled people (auditory, visual, physical, mental)
 - Minorities and foreigners
 - Citizens (stuck) abroad

From the research findings:

from crisis lines and online services 2

- **Functional system of helplines!**
- **Great use** (tens of thousands of citizens, large increase in calls)
- **Limiting natural social support** (social isolation)
- **Disrupting access to health and social services**
- **Cumulative, multifactorial stress on vulnerable groups:**
 - led to **decompensation of mental state** (lack of medication, people in psychiatric care and new population...)
 - led to the **escalation of conflicts** in interpersonal relationships (incl. domestic violence and CAN)
 - **increase in peer interventions** for health professionals

From the research findings:

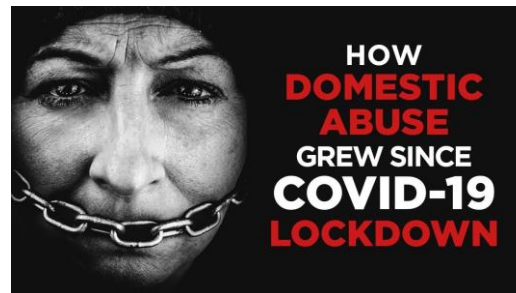
from mapping in children and adolescents

- **Online education from 03/2020**
(10.000 without contact/distance learning)
- **stimulus isolation, sleep disturbance, lack of movement, lack of contact with peers...**
- **little privacy, conflicts in the family...**
- **mental health problems**
- **increase in topics:**
 - violence in the family (+30%)
 - personal problems, incl. MH (+30%)
 - internet problems, inc. sexual abuse (+30%)



Clients - main perceived burden

- 1) **Worries, fears, anxiety, tension, frustration, anger, helplessness**
- 2) **Information uncertainties and information burden** (1. difficult orientation in the situation, confusion; 2. lack/unavailability of information; 3. oversaturation of information from the media)
- 3) **Deepening / intensification of previous problems** (1. decompensation of mental disorders; 2. impairment of chronic diseases; 3. increasing workload within families and exacerbating relationship problems; 4. problems in child care)
- 4) **Consequences of restrictive measures** („cabin fever“ in families, social isolation, loneliness, increasing the workload, difficulties with home/online teaching of children and their needs, unavailability of medical care and/or social services, unavailability of offices, wearing veils/masks problems, economic consequences of restrictive measures, weakening of fundamental human rights and freedoms)



What clients expected / needed (hotlines)

- 1) Information** (regarding Covid-19, orientate oneself in a situation - where to get help, where to get protective aids, how to protect oneself, about the availability of services, what to expect from services, contacts for other services, explanation of measures, verification of information)
- 2) Emotional support** (calming, stabilization, anchoring, normalization of emotions, recognition of stress, understanding, appreciation of coping, the ability to ventilate emotions and worries, listening, sharing with others, human closeness)
- 3) Practical advice, recommendations** (how to communicate, how to manage isolation, where to gain social contact and support, planning in a crisis).
- 4) Practical help** (where to ask for help, mediation of help – to buy food, medicines, etc.)

We prepare recommendations for government

- 1) for 2nd wave...
- 2) for prevention...

Online/virtual assistance center (CZ good practice)

➤ One central system consists of:

1) mobile application & 2) central info web & 3) crisis and info hotlines
(incl. psychosocial services/contacts)



+



+



Prepare in advance!

To have all the important and valid information & contacts in time in one place!

3 scenarios

- 1) The epidemic will gradually ends + the population gave immunological resistance
- 2) Larger wave from imports from foreign outbreaks
- 3) Partial import from foreign outbreaks

-
- We are preparing for the second wave
 - We are wary of local occurrences
 - Smart quarantine is used
 - Tracing patients

Thanks for your attention!

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