



Psychological Needs of the Population in Saint Petersburg in Time of the Covid-19 Pandemic

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Editorial

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At the beginning of the pandemic, the Northwestern State Medical University named after I.I. Mechnikov established the group of psychological support to the population of Saint Petersburg. It included clinical psychologists and psychotherapists. Counselling was provided by phone, via Skype, and in some cases as face-to-face meetings. During the pandemic, the service registered about 170 cases. Of them, 40% were repeated: some patients received long-term supervising.

In terms of content, cases might be divided into three groups.

1. Cases directly related to the coronavirus accounted for about 45%. Consultants mostly encountered manifestations of anxiety, fear of infection and death, fear for a death of a loved one, worries about health of family members, unemployment (loss of business), and loss of their customers' money. As a rule, they mentioned acute affective responses of the people who asked for help, including suicide. Health care workers did not accept psychological aid. They contacted the service to arrange support to their patients, mainly in the cases where whole families were admitted to hospital because of COVID and felt fear for each other's life and health. For instance, a dramatic situation arose when a mother and a daughter were admitted to hospital at the same time, the daughter then died. When the mother felt better, she learned about her daughter's death and did not want to live more without her. There was a danger of suicide. To prevent it, professionals provided psychological counselling sessions to overcome the patient's crisis condition. There were also many cases related to the loss of employment and business. One of the most dramatic cases was when a daughter of a company's head contacted the service. Her father went bankrupt in time of the pandemic and committed suicide. After long-term

counselling, her counselling psychologist himself was in a reactive state and needed help of his colleagues. There were several similar tragic cases associated with feelings of collapse, disaster, and the end of life among patients.

2. The cases indirectly related to the pandemic accounted for about 40% and were associated with aggravation of borderline neuropsychic and psychosomatic disorders in patients against the background of increasing level of tension and anxiety in terms of self-isolation (lockdown). Patients complained about anxiety, uncertainty, lack of confidence, feeling of an approaching disaster and disaster presentiments. Invading and unworked traumatic memories from the past life supplemented their subjective worldviews in their today's situations, colouring it with elements of tragedy and catastrophe presentiments. The people who contacted the service, mentioned insomnia: difficulty with falling asleep, restless superficial sleep, frequent awakenings, nightmares, early awakenings at dawn with anxiety and melancholy. They complained about irritability, emotional imbalance, frequent mood changes, proneness to conflicts, hot temper, and the somatic symptoms that usually accompany anxiety (fluctuated blood pressure, breathing difficulties, increased heart rate, and disorders in the gastrointestinal tract).
3. Cases not related to coronavirus were registered in about 15% of cases. This group included the patients loaded with their own psychological problems, which were discussed at counselling sessions. Patients were so preoccupied with their own feelings that they did not really care about what was happening around them. They mentioned the pandemic as a kind of background for their life events, but they did not present it as a problem.

Long, more than yearlong supervision of customers showed that fundamentally new circumstances appeared in the city. In them, citizens will have to live and work for indefinite time. The situation when there is “nowhere to run” requires fundamentally new approaches, methods, and technologies. Based on supervision experience, as preliminary generalisations from our observations, we might state a number of facts: 1) Health care workers do not apply themselves for psychological aid. They prefer to cope with their conditions on their own. 2) Consulting psychologists themselves from time to time need psychological support. 3) Patients do not always accept the support provided by a psychiatrist, but they can listen to a psychologist. 4) Among other things, cases were mostly complaints about insomnia,

irritability, mood instability, and proneness to conflict.

It seems that fundamental psychological and psychiatric support will be in demand by the city's population at the end of the pandemic as people will start reviewing their losses, and, looking back at their lives, they will start understanding what has really happened. Principal psychological conditions of future patients are anxiodepressive: loss of goals and life prospects, anticipation of future problems and failures while the danger of suicidal trends and symptoms of post trauma stress disorder (insomnia, intrusive memories, subdepression, drug abuse, and alcohol) are still there. Doctors will be especially in need of psychological support.

