

Installing an Innovative Helpline at the Psychotherapeutic Outpatient Clinic of the Sigmund-Freud-Privat University in Vienna during the COVID-19-Crisis

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Abstract: It was particularly important that the SFU Outpatient Clinic, which plays a relevant role in Vienna's psychotherapeutic care, has established a corresponding offer during the COVID-19 crisis and continue to provide professional help. In times of insecurity and fear, we have created a safe contact point to which people could turn for help. In the following article the experiences of setting up an innovative psychotherapeutic Helpline, which is in operation since 21st of March 2020 at 12:00 at the psychotherapeutic outpatient clinic of the Sigmund Freud Private University in Vienna, will be discussed. Furthermore, statistical data on the number of callers, the sex of them, the reasons of calling and the assignments as well as personal experiences will be shown.

Keywords: Helpline; Sigmund-Freud-Private-University; COVID-19; crisis

1 Introduction

In the following article we discuss the experiences of setting up an innovative psychotherapeutic Helpline, which was in operation from 21st of March 2020 at 12:00 till the 29th of May 2020 at the psychotherapeutic outpatient clinic of the Sigmund Freud Private University in Vienna. First, we present the COVID-19 pandemic in Austria chronologically, focusing on the effects of the pandemic on the population, especially on mental health issues. The article takes a closer look at the consequences of the crisis for local psychotherapeutic care and especially for the psychotherapeutic outpatient clinic of the Sigmund Freud Private University. Furthermore, the article describes how the Helpline was founded, what challenges and opportunities were in the process and how we dealt with them. In addition, statistical data on the client's previous contacts will be provided, self-experience reports from the coordinator and feedback from the clients on the Helpline and how it was received by those seeking help. At the end of the article we summarize the findings and reflect on the path we have taken. We try to learn from the experiences so far and share our conclusions with the public in the hope that we can support other similar projects with our knowledge. But first, for a better orientation, an overview of the events of the COVID-19 pandemic in Austria follows.

2 A Short History of the COVID-19-Crisis in Austria

On 31st of December 2019, the Chinese health authority informed the World Health Organization (WHO) about people suffering from pneumonia in the city of Wuhan, the causes of which were unknown



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until then. On 1st of January 2020, they identified a new coronavirus that caused the diseases. Coronaviruses belong to a virus family that can cause colds and severe illness [1]. A prominent representative of this virus family is the SARS coronavirus, which was first observed in 2002 and led to 8,096 infections with 776 deaths (9.6%) between November 2002 and June 2003 [2].

In the first weeks of 2020, the topic of coronavirus had not yet reached the general public in Austria. A few weeks later, the Austrian media reported possible infections in Vienna [3], and confirmed cases in Bavaria [4]. The City of Vienna referred to an influenza pandemic plan and expressed confidence that it was prepared for a possible pandemic [4]. On 30th of January 2020, the WHO finally declared a state of emergency. By then, the virus was detected in at least 19 countries outside China [5]. There were no cases in Austria, although the media reported that a woman who contracted the virus was in Tyrol at the end of January [6].

At the beginning of February, there were already 120 cases in 20 countries outside China [7]. On 11th of February 2020, the WHO announced the final names for the virus (SARS-CoV-2) and the disease it causes (COVID-19) [8]. Over February, more and more reports of infected persons in Austria's neighboring countries followed. Newspaper-articles about a possible worldwide coronavirus pandemic gradually reached larger parts of the Austrian population. On 24th of February 2020, the Austrian federal government presented five measures to combat the pandemic. Daily reports were to be sent to the Federal Chancellor and the citizens and an information campaign was to be launched. The National Security Council wanted to talk about the issue, the Foreign Ministry issued travel warnings, and cross-border coordination was established, which could initiate border stops in case of virus suspicion [9]. Two people in Tyrol tested positively for the virus [10], two days later three more people in Vienna [11], and on 28th of February 2020 there were already seven cases in Austria [12].

On the same day, two new decrees of the Ministry of Social Affairs and Health were published. The closure of companies and businesses was possible, if there was one employee in the workforce who tested positive for the coronavirus. These persons could also be excluded from public transport and domestic flights [13].

In the week from 09th of March 2020 events in Austria came thick and fast—at that time there were 140 infected people in Austria [14]. On 10th of March 2020, the Austrian federal government declared that all indoor events with 100 or more people and outdoor events with 500 or more participants had to be cancelled. All universities were also obliged to remain closed from Monday, 16th of March 2020 and to continue teaching online if possible [15]. On 11th of March, the ministry of education finally confirmed school closures, which were set on 16th (upper schools) and 18th (all other schools) of March 2020 [16]. At the end of the week it was clear that there would be massive restrictions from 16th of March 2020 onwards. Shops that were not directly necessary for the basic supply had to remain closed. From now on, leaving one's own home was only allowed in four cases: 1) The way to work, which could not be done by teleworking; 2) Necessary errands in shops, pharmacies etc.; 3) The support of people who would not be able to cope without help [17]. 4) Walks were allowed as long as one kept a safe distance of at least one meter from other people who did not live in the same household and did not use public transport [18].

Restaurants remained closed from 17th of March 2020 onwards [19], and as of 20th of March 2020, health resorts, rehabilitation facilities and sports grounds were no longer allowed to be visited. There was an instruction to do work in the home office, if possible [20]. At the end of March, the measures were intensified, and the police controls population's compliance with the measures more and more. People were obliged to wear a protective mask in supermarkets, which had to be provided by the supermarkets. Vulnerable groups of people were given time off work or had to stay in their home offices. And it still was the case that people had to stay at home and restrict their social contacts [21]. Only from 14th of April 2020, the first shops up to 400 m² sales area as well as DIY stores were allowed to reopen, but now

the mask obligation applied to all open shops and public transport. All other shops and hairdressers were allowed to reopen from 01st of May 2020. However, universities, schools, nursing homes, restaurants and hotels remained closed and all events were cancelled until summer [22].

3 The Impact of the COVID-19 Crisis on Austrian Society and Psychotherapeutic Care

The massive restrictions and measures in the second half of March and in April 2020 had a significant effect on the population. By the end of January, it was already clear that the new coronavirus can and will cause fear. In the news, the Austrian population saw pictures of people wearing masks and of closed-off large cities. The journalist Karin Pollack writes that under these circumstances, it is difficult not to panic. The reporting touches on people's primal fears of infection, illness, and death. She compared the fear with that which earlier generations had had before the plague [23]. The renowned psychotherapy scientist Brigitte Sindelar [24] says that fear prevails in the population and that people deal with it in very different ways. Some would demonstrate courage and kiss each other as a greeting—a form of denial—while others would keep at least two meters distance. However, it is not only the fear of infection that is present, but also everyday problems that can create fear. For example, the question of where to get the necessary food when the vegetable shelf is empty again, or the question of childcare in times of closed schools and the obligation to (actually) work in the home office. In addition to the fears, loneliness and isolation would also have a negative effect on the psyche of people and create insecurity. In recent decades, teamwork and integration, especially among young people, would have been an important topic of personal and professional development. Now, however, everything is different and instead of teamwork, people are at home, skype with their colleagues and mainly work alone. But not only professional contacts underwent a change, private social contacts also take place mainly via the Internet or telephone, leaving a feel of isolation, while on the other hand people living together generally spend more time closely together than probably ever before due to the initial restrictions. This can also be very challenging because living together without the possibility of keeping distance when needed opens up new potential for conflict [24].

Since the start of the lockdown on 16th of March 2020, society has undergone a spontaneous radical change. Everyday activities such as shopping, playing club sports, meeting friends, going to the cinema, museums or birthday parties were suddenly no longer possible. The sociologist Hartmut Rosa, who became famous with his theory of acceleration, sees the COVID-19 crisis as the most massive deceleration of the last 200 years. He believes that people have always striven to make the world controllable, predictable, and attainable. Suddenly, nothing is controllable, little attainable and even future is uncertain. You do not know what it will be like in two weeks, and what will happen then. The virus has unforeseeable consequences for politics and the economy. We are not able to see it in everyday life; it is nowhere and yet everywhere. It is the embodiment of social insecurity [25].

Cultural anthropologist Katharina Eisch-Angus highlights the contradictions of the current crisis. In a time of massive deceleration, events come thick and fast and in Austria regulations be created which be revised only hours later. At the same time, we become a danger to the people we are trying to help because we could infect them with a potentially deadly virus without knowing it. We have to keep our distance if we wanted to get closer to one another. But it is not only these contradictions that make our everyday life more difficult, but also the contradictory pair of fact and fiction. While the Austrian population receives daily official information about the pandemic and its effects through the media, people send each other false information, partly out of ignorance and the desire to protect others, partly for other reasons [26]. Furthermore, there are also fake-news and disinformation-campaigns, e.g., Facebook-posts about the “corona lie” and conspiracy theories about Bill Gates, the political elite and the pharmaceutical industry, who allegedly created the corona virus to govern the world population and control it through compulsory vaccinations [27].

The changes resulting from the Corona pandemic are so extensive that they affect almost all areas of society. Even renowned research institutions and university institutes adjusted their respective focus in recent weeks and initiated corona research projects [28,29]. Under the second author's leadership, a new research project since mid-March at the Sigmund Freud Private University of Vienna, which explores the effects of the massive restrictions on students of psychotherapy science, using their learned ability for (professional) self-reflection. Another example is the paper of Abd-Alrazaq et al. [30]. They wrote about top concerns of Tweeters during the COVID-19-Pandemic. Twitter users are concerned about the virus, but also about its impact on people, countries and the economy as well as mitigating the risk of infection. Zandifar et al. [31] wrote about the concerns of the masses. On the one hand, the unpredictability of the situation and the uncertainty of when to control the disease and the seriousness of the risk can heighten concern among the masses. On the other hand, challenges and stress can trigger common mental disorder, such as anxiety and depression [31]. Other research projects investigate the effects of the pandemic on psychotherapeutic care, e.g., a team of the department of psychology at the university of Vienna developed a questionnaire to research psychotherapeutic care, Robert Bering and Christiane Eichenberg published a book about the challenges of the COVID-19-crisis and solutions for psychotherapists [32] or the Austrian Federal Association for Psychotherapy (ÖBVP) recently published a study about the effects of the corona-pandemic on the people undergoing psychotherapeutic treatment [33]. In the current pandemic, these researches are urgently needed. On the one hand, the crisis is psychologically very stressful and triggers feelings of fear, loneliness, anger, or helplessness in many people [22–27]. On the other hand, the possibility of psychotherapeutic support is limited due to the measures taken, resulting in an undersupply [34]. The ÖBVP researched with the Danube University Krems on the mental effects of the pandemic and the psychotherapeutic treatment. They showed that the corona pandemic has serious implications for psychotherapeutic care. In a study 1547 psychotherapists were surveyed. The results were distinct: the crisis had a negative impact on the mental health of 70% of the clients (due to loneliness, growing fear, re-traumatization, financial worries and so on), and on 16.3% both negative and positive. Only 5.3% saw only positive aspects of the crisis (e.g., slowing down life, more time for themselves). Main topics of the probands were anxiety and isolation, as well as financial loss. They also wrote that it's a fact that we can treat mental problems with psychotherapy [35]. The ÖBVP therefore issued a press release in which it stressed that not only clients who were already undergoing psychotherapy need ongoing psychotherapeutic help, but also those who suffer more from psychological stress in times of crisis. For this reason, since the beginning of the initial restrictions, there has been the possibility of psychotherapeutic treatment via the Internet and telephone, which until then was only permitted for consultations [36].

However, the Association of Austrian Psychotherapists (VÖPP) warns that this would not be an adequate substitute for psychotherapy in independent practice. Psychotherapists would have an almost 90% loss of earnings [35]. Although psychotherapy via telecommunication is possible, this kind of therapeutic treatment would be unsuitable for many clients and would in any case mean a reduced intensity of care. Many clients would also cancel their appointments for fear of infection and for various reasons would not want to or could not be treated via internet or telephone [35]. But not only was the private psychotherapeutic practice affected by the COVID-19 crisis, the psychotherapeutic outpatient clinic of the Sigmund Freud Private University of Vienna had been closed from mid-March till the beginning of June. In order to be able to offer professional psychotherapeutic support, the employees of the outpatient clinic have established a free telephone support service in life crises, which is described in detail in the next two chapters [37].

4 The Psychotherapeutic Outpatient Clinic of the SFU

The university outpatient clinic was founded in February 2006. The aim was to offer students of psychotherapy science at the Sigmund Freud Private University the opportunity to gain practice hours in

the form of psychotherapeutically patient treatment, which are prescribed by the Austrian Psychotherapy Act as part of the education. In the first years, the outpatient clinic was located inside the university building. Due to its rapid growth, there are now several different locations in Vienna. The largest one is the adult outpatient clinic in the Salztorgasse near the city center of Vienna, where clients from the age of 18 onwards are treated. Younger people seeking help come to the outpatient clinic for children and young people in Vienna's fourth district.

The Austrian system of financing psychotherapy through social insurance is relatively complex. In any case, there is a lack of available psychotherapy, which is paid for by the health insurance company [38]. That is why there is a great need for affordable psychotherapy. For those people who have not yet been able to get a place in a health insurance fund and who are not able to finance psychotherapy privately, the SFU outpatient clinic is an inexpensive alternative, where they can get psychotherapy at social rates, which are mainly carried out by psychotherapists "in training under supervision" [39]. Since these psychotherapy units are part of the study of psychotherapy science, they are an ideal complement to both sides: Young therapists can gain their first practical experience in the protected environment of the outpatient clinic under close supervision, while patients can take advantage of affordable psychotherapy sessions. Another advantage is the combination of practice, teaching and research, which gives students and researchers the opportunity to make valuable contributions to psychotherapy science. A further bonus is the experience future psychotherapists gain at the outpatient clinic. Not only do they get to know clients with a wide variety of mental issues, but they also learn new aspects through the exchange with colleagues, since there are many different psychotherapy schools and approaches represented, and therefore bring new perspectives on the same phenomena.

The outpatient clinic for adults is the largest psychotherapeutic care institution in Vienna [40]. Many other institutions, outpatient clinics and psychiatric clinics assign patients to the outpatient clinic. On the one hand, this is due to the low social prices, on the other hand, it is also due to the good reputation that the outpatient clinic acquired regarding the quality of its treatment. Every year, many people ask for a psychotherapeutic treatment and, due to the high number of patients, must wait an average of six months from the first contact to the start of therapy. Excluded are acute suicidal persons, who are treated as soon as possible. Currently 156 psychotherapists treat about 1100 clients. Most of the treatments take place in single settings (a person-to-person-setting with one psychotherapist and one client). In addition, there are nine group offers, which are led by experienced psychotherapists on various topics. They are supported by student co-therapists who are themselves active in the groups. Five training and self-help groups, each led by students, complete the offer.

The psychotherapeutic care is currently offered in 35 languages: mainly in German, but also in English or, if possible, in the native language of the client. Some of the most common languages offered are Russian, Ukrainian, Albanian, Serbo-Croatian, Bosnian, Italian, French, and Farsi. The large number of therapy schools represented offers a variety of approaches to treatment. This results in a broad spectrum of offers, ranging from short-term therapies that last a few sessions to analytical long-term therapies over several years. Given the broad spectrum of offers, the frequencies also differ. Most therapies include one session per week, analytic therapies often two or more sessions per week, and, in some cases, the frequency is one session per two weeks or even longer. The average duration of psychotherapy at the outpatient clinic is 27 sessions and takes about a half year.

The following modalities are represented at the clinic:

- Psychoanalysis
- Individual psychology
- Cognitive-behavioral therapy
- Existential analysis

- Systemic therapy
- Gestalt therapy
- Analytic psychology
- Person centered therapy
- Psychodrama

5 Planning the Helpline at the Psychotherapeutic Outpatient Clinic of the SFU

But even the largest psychotherapeutic outpatient clinic in Vienna felt the effects of the COVID-19 crisis. At the beginning of March 2020, it was already foreseeable that the corona pandemic would become a psychological burden for many people. At that time, we had the idea of setting up our own Helpline, which we presented to the Rectorate of Sigmund Freud Private University. The Rectorate was enthusiastic about the idea and instructed the Department of University Communication to implement it with us.

In the preparation stage, we first clarified organizational issues. Since we had no previous experience or models to orient ourselves by, this was particularly challenging. It was initially clear that the Helpline requires personnel resources to staff the Helpline regularly. First-year students were not suitable for this task, so we only used experienced professionals, more precisely psychotherapists who were authorized to work clinically with patients, as well as psychologists who had a master's degree and were in training to become clinical psychologists. We then sent out an e-mail within the university and called on all those who were qualified, according to the criteria formulated above, to contact us, if they were interested in volunteering to help with the care via this Helpline number. About 90 psychotherapists and psychologists replied to the e-mail. We asked them about their availability, during which time they could be available for telephone crisis interventions or therapeutic talks. Based on the feedback, we compiled a list with the same data as well as telephone numbers and e-mail addresses. The assignment of the timeslots was done by the first author of this article, Benjamin Bric, one of the coordinators of the adult outpatient clinic, who also took care of the central telephone number. The first author also fell under the criteria mentioned above, and he was already a psychotherapist in training under supervision and therefore allowed to work with patients.

The next challenge was to set up a telephone number and connect the psychotherapists and psychologists, who were not allowed to go out due to the Lock-Down, and therefore had to make the telephone calls in their home office. The most obvious choice would have been to use the clinic's number, but since the restrictions stating not to leave the house unless it is inevitable, a mobile phone was needed. Using a personal phone number had the risk of being flooded with calls, even outside the given times of the helpline. Due to the time pressure, we decided to change the function of the coordinator's official cellphone. Since then, it served as the Helpline of the psychotherapeutic outpatient clinic.

When the organizational questions were finally clarified and the number was set up, we advertised it via social networks, the outpatient clinic website, and a TV interview that the deputy head of the outpatient clinic gave to the OE24 channel [37].

One of the tasks of a university outpatient clinic is to promote research. That is why we have instructed all professionals to document their contacts in the context of crisis calls. This made the following evaluation possible, in which we describe the Helpline in more detail. In addition to that, we reached out to each therapist to tell their respective patients from the helpline to evaluate the helpline itself. More on that in chapter 6.

Before we go on to the Helpline itself, we want to mention some of the risks offering an initiative like this. Other institutions in the psychological field had already stated a massive increase of calls even before the

strong shut-down happened. This was kind of a gamble, since only one person on one cellphone can only handle a certain amount of calls per day. Luckily, even at the peaks, it was still a doable task for the coordinator. In case it wouldn't have gone that well, there were thoughts about establishing a second number and redirecting unanswered calls to this other number. Secondly, it is difficult to categorize a caller within a short conversation via phone. This could lead to overwhelmed young therapists, which would not be the case at the clinic regularly working. Even with a trained coordinator, there was no guarantee that callers did not "hide" their true issues. Luckily, working together closely with the supervisors, the university managed to meet this problem by instructing said supervisors to help out the students with these new challenges.

6 The Helpline of the Psychotherapeutic Outpatient Clinic of the SFU

In the following section, we introduce the Helpline itself, and provide statistical data on the number of callers, the sex of them, the reasons of calling, and the assignments. The available figures cover the period from the first call on 21st of March 2020 until the helpline ended, which was on 29th of May 2020. However, before we describe the Helpline, a brief explanation of the term crisis follows. A crisis is understood to be the loss of mental balance as a result of acutely overtaxing a habitual behavioral/control system by stressful external or internal events. When a person is confronted with events or life circumstances that he cannot cope with at that moment, a crisis occurs. Such crises can be triggered by acute stress—e.g., at work or in a relationship—or by sudden, unforeseen blows of fate, such as illness, death of a relative, separation, dismissal, etc. Changes in life can also cause emotional crises, e.g., leaving the parental home, the birth of a child, retirement, death of a relative or getting fired from one's job. In many cases, this involves insult or loss, as well as loss in the broader sense, for example loss of self-esteem or autonomy. Trauma through violence, abuse, political persecution, and torture can also cause crisis [41].

At the Sigmund-Freud-Private-University's (SFU) psychotherapeutic outpatient clinic, we are working according to the latest scientific knowledge of psychotherapeutic crisis intervention. In the Helpline, we applied the following scheme, whose individual steps were not worked out stringently one after the other, but were flexibly adapted to the respective person and situation:

- Establish contact
- Emotionally Relieve
- Crisis analysis ("assessment") (trigger, background)
- Defining crisis focus together
- Analyzing resources (including previous coping strategies and social network)
- Define goal(s) together
- Dealing with problems (reactivating tried and tested solution strategies; possibly looking for new solutions; activating social networks, getting help)
- Initiate aftercare (if necessary, psychotherapy, social psychiatric care, etc.)

At the beginning, there is a careful, confidence-building contact in a protected environment, which means a setting with a professional, where the person can speak freely about every issue. In the next step, emotional relief should take place through understanding listening. Here, empathy, authenticity and acceptance of the patient are crucial on the part of the therapist. This is followed by an analysis of the trigger and background of the crisis. Only based on a solid assessment of the causes, influencing factors, nature, and severity of the crisis, but also of the external and internal resources of the patient, including his or her individual coping strategies, efficient interventions can follow. It is the task of the professional to help the patient describe and formulate his or her own emotions, since many patients are not able to perceive and describe their feelings in a differentiated way, either because of the crisis and the resulting

state of emergency, or because they have never learned to deal with their own emotions and their description. It is also important to pay attention to psychodynamic connections between the external trigger of the crisis and the inner conflict of the patient, especially if the patient's reaction does not seem immediately understandable from the extent of the stress. In other words, stress causes are individual, and sometimes it is difficult to put the reaction to a stressing moment into a causal connection. Dysfunctional cognitions need to be analyzed in detail and are not only important in triggering the crisis, but also in maintaining it. Our aim is to develop a common understanding of the crisis with the client, and develop strategies for better coping with the crisis. It may also be necessary to involve close relatives of the client and/or social work support. At the end of a crisis intervention, it is finally important to conclude together and to address the farewell, but also the question of necessity and, if necessary, aftercare. Further psychotherapy may be necessary after the crisis intervention as well as (social) psychiatric aftercare [41,42]. A crisis intervention should take between 5 to 10 sessions, with one session's length either 45 or 50 minutes. How many sessions were necessary, was to be settled between therapist and caller.

Starting on 21st of March 2020, i.e., the Saturday of the first weekend after the massive restrictions in Austria began, the Helpline number of the Sigmund Freud University Outpatient Clinic could be reached by adults. In order to cover as large a period of the day as possible, we set the time the telephone is answered in from 10 am to 4 pm. Within this time frame, people who suffered from mental health problems or who were severely restricted in their lives by the protective measures adopted by the government had the opportunity to contact the Helpline, had to describe their concerns during a brief admission interview, and then had to wait for a call from a therapeutic professional. The procedure of the telephone support was set up individually between the persons seeking help and the therapeutic professionals. Mostly, the person was called back within a few hours after their initial call at the Helpline.

Particularly at the beginning of the Helpline, there was some confusion on both sides, i.e., the person seeking help and the person offering help. For calling persons, it was often not comprehensible what the exact offer of the Helpline of the SFU outpatient clinic consisted of. Especially on the first days of availability, many calls were more about legal or social work issues, but less about psychotherapeutic concerns or crises. Some callers asked whether they were allowed to talk about problems that were not or not directly related to the topic of coronavirus, too, which they were of course allowed to do. In order to be able to offer support to those seeking help in matters that did not correspond to our core competence, we obtained information about the services offered by other institutions. This enabled us to name the right contact information for callers who had other concerns, and to help them at least indirectly.

On the part of the psychotherapists and psychologists, there were also uncertainties, especially at the beginning, but also during the duration of the Helpline, about the availability of the number as well as the given timeslots. The original call was to indicate timeslots, in which the professionals were available. However, this led to different interpretations. Many of them were prepared to answer (acute) calls for several hours. Others were always available and were surprised about the large amount of time or the absence of calls during this time. There was an increased need for information on our part, which we responded to regularly.

While offering the Helpline, there were several reach outs from other institutions about the offer and the procedure for using psychotherapeutic crisis help. In addition, they asked several times for permission to recommend the Helpline number internally in the respective organizations. E.g., a department of the AKH, the Vienna General Hospital, took advantage of the offer of the Sigmund Freud University Outpatient Clinic and recommended that employees who were burdened with a crisis should seek therapeutic support here during the pandemic. Other social institutions have also inquired about this and then made recommendations. Some psychologists in private practice also inquired whether they could refer their patients to the Helpline of the SFU Outpatient Clinic.

The procedure: All calls received on the Helpline number were answered by the coordinator in charge, Benjamin Bric. In most cases, the telephone call proceeded as follows: the person calling asked whether they could receive therapeutic help. After a brief explanation that the offer was not psychotherapy via telephone, but of therapeutic conversations or crisis talks, the reason for the need for psychotherapeutic help was asked. This is a very sensitive question, but it was important in order to ensure a good referral and thus further care. For this reason, the question was always introduced by the fact that a description of symptoms is enough, if talking about the problems was too upsetting. After the request has been taken up, the coordinator assigned this person to a specialist available at the time, whom he considered most suitable for the care of the person with the problem. There were several criteria to be considered in this process, which we have developed during the assignment process:

- Acute cases with high suffering pressure were preferably passed on to psychologists
- If one wished for skills in dealing with the situation or somatic symptoms, behavioral therapists were preferred
- People with family problems were increasingly referred to systemic family therapists
- Grief work and past events were increasingly coming to analytic therapists
- And Gestalt therapists were consulted as needed for creativity

However, these assignments were by no means to be understood as absolute guidelines, but rather as a directional approach to be decided on a case-by-case basis by the coordinator on an individual basis. Also important were the individual characteristics and experiences of the psychotherapists and psychologists, which were more suitable for certain clients, regardless of the psychotherapy school which they belong to.

The average duration of an initiating call at the Helpline was about two and a half minutes. However, some telephone calls took considerably more time. Acute crisis interventions hardly occurred during the calls—about five out of 100 calls. These calls usually lasted between 15 and 25 minutes.

In total, the Helpline was contacted 146 times (Tab. 1) with a clear reference to assistance and therapeutic help. Other calls, such as inquiries about the planned reopening of the outpatient clinic and information conversations with therapists, were not included in these statistics. The relatively low number of assignments in relation to the number of calls (64:146=43.83%) was due to the expectations of some of those seeking help. Some did not want to take advantage of the offer, for example they expected psychotherapy by phone, had only questions about the offers, called for friends or relatives, or had concerns that did not fall within our core competencies. These concerns not within our competencies were for example asking for legal advice, looking for specific help not regarding psychotherapeutic help such as social work, and medication.

64 of the 146 calls were forwarded to professionals. From the available pool of psychotherapists and psychologists, we assigned several calls to some of them, while others have not been considered at all. Reasons were that some more experienced therapists offered their availability for difficult situations, but did not want to take away possible experiences from their younger colleagues, narrow timeslots for availability, no timeslots given at all or e-mail as only contact address. Out of these 64 assignments, eight required foreign language skills: 2× Russian, 1× French, 4× English, 1× Persian. There were two re-assignments of clients, both because the psychotherapists were not available anymore.

Most calls were received in the week before the Easter weekend (10th to 12th of April 2020); the strongest day was the Tuesday before Easter. After the 12th of April 2020, the number of calls and assignments decreased, but the ratio of assignments to total calls increased, so more people seeking help were referred to professionals. It is also interesting that the most frequented days were in the middle of the week, mostly Tuesday and/or Wednesday. On the weekends, the helpline was hardly contacted (Tab. 2).

Table 1: The concrete numbers of calls and assignments per week

Week	Number of calls	Number of assignments	Assignment rate
1 st week (21 st and 22 nd of March)	2 calls	0 assignments	(0% assignment rate)
2 nd week (23 rd to 29 th of March)	27 calls	12 assignments	(44.44% assignment rate)
3 rd week (30 th of March to 5 th of April)	26 calls	10 assignments	(38.46% assignment rate)
4 th week (6 th to 12 th of April)	29 calls	13 assignments	(44.83% assignment rate)
5 th week (13 th to 19 th of April)	16 calls	9 assignments	(56.25% assignment rate)
6 th week (20 th to 26 th of April)	8 calls	3 assignments	(37.5% assignment rate)
7 th week (27 th to 3 rd of may)	11 calls	5 assignments	(45.4% assignment rate)
8 th week (4 th to 10 th of may)	13 calls	7 assignments	(53.8% assignment rate)
9 th week (11 th to 17 th of may)	5 calls	3 assignments	(60% assignment rate)
10 th week (18 th to 24 th of may)	8 calls	3 assignments	(37.5% assignment rate)
11 th week (25 th to 31 st of may)	1 call	0 assignments	(0% assignment rate)

Table 2: The calls-statistics for the single days

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
23 rd of March–29 th of March	7	5	5	2	6	1	1
30 th of March–5 th of April	6	1	11	6	2	0	0
6 th of April–12 th of April	4	12	2	4	7	0	0
13 th of April–19 th of April	0	4	7	2	3	0	0
20 th of April–26 th of April	1	1	0	3	2	0	1
27 th of April–3 rd of May	2	3	3	1	1	0	1
4 th of May–10 th of May	2	2	3	2	4	0	0
11 th of May–17 of May	2	1	1	1	0	0	0
18 th of May–24 th of May	3	3	1	0	1	0	0
25 th of May–31 st of May	0	1	0	0	0	0	0

Of the total 64 persons who called the Helpline and got assigned, 46 were female and 17 were male (1 person unknown). 14 persons stated that they had been in pre-treatment, e.g., taking medicaments or stay at a psychiatric hospital. The initiative to call often came from themselves (17), from their family or partner (4), psychologists (3), caregivers (2) and friends (4), work due to cooperation (2), waiting for the first interview at the SFU clinic itself (3), medical doctor (1), psychiatry (1), other helpline (1), the SFU clinic itself (2 times, in cases people wanted immediate help). The primary limitations, if any, were panic attacks (8 persons), loneliness (7 persons) and concerns about their somatic health (3 persons).

As shown in Fig. 1, the majority of callers who got forwarded to professionals were aged between 30 and 50+. Please note that the exact age was not asked precisely, and thus the estimate age is shown. More concrete numbers will be available with the finish of the evaluation.

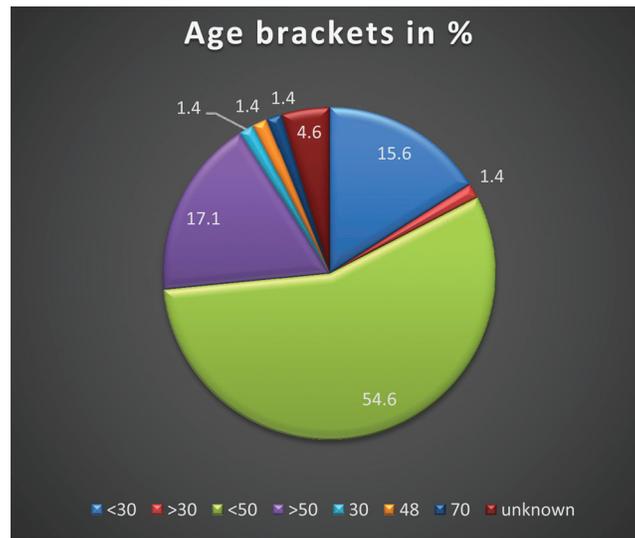


Figure 1: Age distribution among the callers

Which issues led persons to call the Helpline? Since there was no possibility for a proper diagnosis within a short phone call, we want to give a quick overview over the most stated symptoms to get the reader a general idea: the symptom most callers described was panic attacks. Many others suffered with problems in their relationships, either family or partners. Especially at the beginning of the corona crisis, callers felt lonely, associated with panic attacks or sleep disorder. Concerns about their somatic vitality was an issue for some elderly callers, too. With time going by, more and more people called specifically for therapy, or stated that they plan to go into a therapy after the crisis intervention.

To put the symptoms mentioned above in categories to offer a more general overview, we think the main problems with the crisis showed in the sudden loneliness. Panic attacks seemed to be the most common reaction to the new circumstances. Another symptom we highly associate as a social effect is fear about work, achievements, and the future. Being stuck together, family and relationship issues showed up more clearly.

In conclusion, we would like to reflect the feedback we received: So far, the clients accepted the offer very positively and were also satisfied with the respective care. Professionals also praised the initiative, emphasizing that they enjoy their work. Some psychotherapists, who had only recently been allowed to work clinically, were given the opportunity to gain initial experience on the Helpline, which we considered when awarding the contract.

But there was not only praise. The main point of criticism of some psychotherapists was the lack of clarity in the initial phase of the Helpline regarding the time of availability. Many put down their help offering due to the requested documentation. There were also more questions about why they hadn't received any assignments. Communication is an essential part of the organization, which we constantly improved based on the feedback we received. For future projects, we recommend that, even under extreme time pressure, the concept should first be sent to the participants and any queries answered before the initiative is launched.

We also got Feedback from the psychotherapists about the new experiences they made. Most of them said that they learned a lot about the challenges of "psychotherapy via telephone", since in Austria psychotherapy is only allowed in a person-to-person setting, and phone calls are mainly used to make appointments. Furthermore, they told us about their success in building a therapeutic alliance via telephone. Most of them prefer a personal setting, where they can see the face expressions and body

language, but they eventually would use telephone-based psychotherapy more often in special cases, where psychotherapy in a person-to-person setting is not possible (when telephone-based psychotherapy will be allowed in Austria).

7 Summary

It was particularly important that we, the SFU Outpatient Clinic, which plays a relevant role in Vienna's psychotherapeutic care, established a corresponding offer during the COVID-19 crisis, and continued to provide professional help. In times of insecurity and fear, we created a safe contact point to which people could turn for help. This was no easy task. Now, in retrospect, it was the right decision. We have learned from the events of the past weeks, and are ready to offer similar care measures in similar situations. The uncomplicated construction of the infrastructure and the handling of enquiries quickly proved their worth. Also, the quick and great readiness on the part of the psychotherapists was an excellent signal of social cohesion and responsibility as a professional.

What we achieved to offer is almost the same supply as in a "normal situation". A quick adaption to the new situation has been successfully done, and persons with psychological stress could reach out to the SFU clinic as if it was opened—only the way to access was via phone. In our view, the main difference between our helpline and some other helplines was our focus on continued conversations. Soon it was clear, that many of the callers were in need of a therapy, not only a crisis intervention. We adapted to this situation and make it as quick and easy as possible, so that these people can continue working with their respective professional at the clinic or, in some cases, stay with their therapists at the therapist's office.

What we can give to other facilities and institutions that want to follow the same path are recommendations. It is important to communicate the offer clearly to all participants right from the beginning. In addition, we recommend that adequate data collection for learning and research purposes should be considered already in the early conception phase, since subsequent implementation takes a lot of time and often does not work well.

However, we would like to especially emphasize the incredible willingness of the contributors to give their time to this project and hope that this will continue to work in such an exemplary manner in future projects all over the world. According to the individual psychological concept of community feeling—we are there for each other, especially in times of crisis. We hope that the restrictive measures and the psychological stress for the global population will soon come to an end, but we also see the crisis as an opportunity to realize our project and to grow from it. In this sense, we do not, of course, wish for any further global pandemics, but should they come, we will be ready and will again offer the people the support we can give them.

The numbers on our helpline are relatively small. Now, with the initiative ended, we are talking about 200 calls. This is a slightly larger number than stated above, but this one counts in basically every phone call. Some of them were completely unrelated to the offering, thus did not play a role for the statistic above. Still, some conclusions can be made. Even with this number, a dramatic decline of callers can be seen after eastern, and the decline continued until the end of the helpline. This can be put into a relation to the also declining statutory provisions by the government. As a possible conclusion, as soon as there was more freedom for the citizens again, the need for psychological help decreased. In addition, spring with warm and sunny days came in, which led to many people go outside into the nature again, increasing the wellbeing after some weeks of isolation and stay-at-home-ruling.

For future projects and further research, it can be useful to compare our numbers with the ones from comparable initiatives. In any case, further research is needed to be able to determine relevant effects. This is happening as we write this, since there is an evaluation link at the clinics homepage for the callers. There were anonymous codes sent to each therapist to give out to each of their patients via

helpline, so that the data privacy is met. With this code, the patients can fill out a short evaluation about the helpline, whether they were satisfied with the service, but also how they experienced the crisis interventions itself. This will give important answers about how many sessions via phone, or, in some cases, skype or other online tools have been held. Until we have analyzed these evaluations, we can rely on the given feedback, which is positive so far.

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