



Democratic responsibility in Italy under COVID-19

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Teaser: *The Order of Psychologists of Piedmont promotes socially responsible behaviors and access to mental health during COVID-19.*

This article is part of a series authored by members of the [Global Psychology Alliance](https://www.apa.org/international/global-insights/democratic-italy-covid-19) highlighting challenges and innovations in advancing global mental health.

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COVID-19 has become one of the greatest challenges of the 21st century. Different from other emergencies, COVID-19 behaves in a democratic fashion: anyone is at risk and nowhere in the world seems safe. Though certain groups are more vulnerable to serious health consequences than others (e.g. people with health conditions, elderly people, some ethnic minority groups)ⁱ, COVID-19 has altered all people's lives drastically.

Psychologists strive for international collaboration under COVID-19

The effect of COVID-19 on the psychology of people is conspicuousⁱⁱ: a pervasive solitude, a risk of stigmatisation, increased levels of anxiety, and post-traumatic stress symptoms provide a clinical identity.

Italy was the first Western country to impose a total lockdown in March 2020; many other countries have since been obliged to follow. In January 2021, the world is still under the spell of COVID-19ⁱⁱⁱ. Facing this alarming situation, the Italian government put in motion a series of measures to stop the spread of COVID-19, balancing scientific evidence with the need to maintain the economy^{iv}.

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Psychologists have an important role in mitigating the consequences of the pandemic and helping recovery^v. The *Global Psychological Alliance* (GPA) epitomises what the science of psychology can do. The Order of Psychologists of Piedmont (OPP) in Italy has been enriched by sharing proposals with international colleagues in the GPA. This experience has showed that psychology does not have boundaries, and that, especially under strenuous conditions, psychologists can work together to improve human well-being worldwide.

The OPP was involved with the COVID-19 Crisis Unit of the regional government to help manage the impact of the pandemic upon professional health workers. We assessed the psychological needs of 4,550 health workers, finding high levels of anxiety and post-traumatic stress symptoms, with an even higher prevalence of these psychological problems among frontline workers^{vi}. This emergency has threatened mental health, and everybody must have access to psychological and mental health services^{vii}.

COVID-19 as a threat to freedom

The virus is transmitted either by travelling through the air or by contaminating an object^{viii}. *Physical distancing*, *isolation* (keeping vulnerable and infected people physically away from others), *curfew* (being allowed to leave home only at certain hours), and *lockdown* (staying at home except for essential movements) are the main measures used by governments to block the transmission of the virus. Wearing a mask and washing hands regularly are the other measures integrated into daily routines.

There is no doubt that these measures have come at a vast cost to freedom, education, job opportunities, and mental health, as well as to the global economy^{ix}. Our work and interpersonal interaction are essential, because they often define who we are and what we are striving to become. In the pre-COVID period, any governmental attempt to interfere with these core parts of life would have been unacceptable. But during COVID-19, most people have recognised that changing their behaviour and complying with these limitations saves lives^x even though they alter conspicuously their life-style as a sort of “liberal democratic curse”^{xi}.

Changing behaviour: easy to say, difficult to do

While changing behaviour is essential, it necessitates a change in our perspective about how we consider ourselves part of a community. This process is never easy or quick, made especially challenging by uncertainties and time restrictions^{vii}. Moreover, neither knowledge nor intention could ensure that people change their behaviour according to the rules.

So, how can we join these two demanding aspects (behaviour change and time) under COVID-19?

Something that could make this connection click is promoting *social responsibility*.

Responsibility is a shared endeavour

The etymological meaning of the word *responsible* comes from the Latin «responsabilis» (answerable), and the past participle of «respondere» (respond, promise in return). The first meaning implies *to be called on to answer*. Each of us is called on to answer this emergency by adopting a behaviour that is safe for oneself and that becomes, in turn, protective for others. This is where responsibility lies.

This doesn't imply putting the weight of responsibility entirely on individuals. Governments, institutions, and societies must ensure that each person receives clear and evidence-based information about how to protect themselves and others and how to access health services.

Being responsible under COVID-19 regulations reminds us of what Bertrand Russell warned us: *democracy does not always mean more freedom*. Thus, being socially responsible becomes a way of democratising the idea that changing our behaviour implies a sense of agency and trust in what people can do together. In other words, as psychologists we must help the community to *collectivise* rather than *personalise*^{viii}.

If COVID-19 could ever be remembered for something positive, it would be for two aspects: (1) everybody can make a difference by adopting responsible behaviours; and (2) there is no health without psychological health.

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- ^{vi} See the full report at: <https://www.ordinepsicologi.piemonte.it/emergenza-covid/bisogni-psicologici-del-personale-sanitario-e-tecnico-amministrativo-piemontese-nell-emergenza-covid> For other Italian studies on the impact of COVID-19 upon the general population and on GPs see also: Castelli, L., Di Tella, M., Benfante, A., Romeo, A. (2020). The spread of COVID-19 in the Italian population: anxiety, depression, and post-traumatic stress symptoms. *The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie*, 65, 731–732. DOI: 10.1177/0706743720938598
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