

Praying for healthy bodies and healthy minds

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Critical care staff focus on the mechanical and technological support for our patients, easy and speedy access to them, and respiratory and haemodynamic stability. Psychological distress, however, is more common than any other ICU pathology. Depression, post traumatic stress and delirium have all been described, are morbid and are associated with poor long-term outcomes. All benefit primarily from team-driven non-pharmacologic intervention. Environmental manipulation (noise reduction, windows) may not alleviate patients' distress or psychological symptoms,

with the possible exception of delirium. Nursing satisfaction, efficacy and teamwork, however, all improve. Psychological consultation, post-event narratives, and prevention strategies such as early mobilization are most likely to benefit critical care patients in terms of mental well-being. Pharmacological intervention is of limited use. Psychological sequelae in ICU survivors and the distress experienced by their loved ones are beginning to be understood as a significant medical and societal burden.