



ICPCM Newsletter

November 2020

Tackling Covid 19: a UK psychiatric perspective

Helen L Millar MRCPsych
ICPCM Board Director



Introduction

The corona virus pandemic has transformed how we deliver care in the current health care system. As of August 2020 over 19 million cases of Covid 19 were reported including more than 725 000 deaths [1].

All specialities have had to adapt to unprecedented conditions with psychiatry being no exception. In fact, given the impact of Covid 19 on the mental health of the population, it has been crucial for psychiatric services in the UK to adapt and deliver a more assertive approach to maintain patients in the community and reduce the need for admission.

With the improvements in high speed secure internet access, use of laptops, android smart phones and access to electronic records, there have been extraordinary new developments in using remote working aided by this modern technology to help support community mental health teams to connect with patients in their homes. As a result of the Covid pandemic, psychiatric services have by necessity, started using new methods of working and advanced in ways that could only previously have been imagined might arise a decade or so from now.

Covid 19: Impact on mental and physical health

The extent and true impact of Covid 19 on the nation's mental health is yet to be fully realised. Covid 19 has created another dimension as an external stressor and a potential precipitating factor for mental illness. The effect of lock down, social distancing/isolation, loss of work and increased stress for families, sometimes living

under cramped conditions 24/7, have already had an impact but the longer term effects are as yet unknown. The full extent of the economic impact including loss of earnings, redundancy, and furloughing resulting in unpaid bills and mortgages, remains unclear [2].

For those with no previous mental health problems there is an increased propensity for free floating anxiety, panic type symptoms and uncertainty surrounding the situation, which can increase the risk of developing a mental illness. For those with established severe and enduring mental illnesses, the stress of isolation/social distancing and the lack of contact with the routine and familiar health care professional support network can cause an exacerbation of symptoms and/or increase the risk of acute relapse requiring hospitalisation. Vulnerable populations, including those who are homeless with mental illness, older people with chronic illness, prisoners and those who live in institutional settings are all at increased risk of a worsening of mental health problems [3].

Never before has it been more important to ensure that these vulnerable populations are supported to ensure that both their physical and mental wellbeing are maintained. Given the complexity of lack of insight, poor self care and hygiene, it is important that those with mental health problems are provided with additional support, if required in order to keep them in familiar surroundings in the community to reduce the risk of relapse and need for hospitalisation.

Physical health issues caused by Covid 19 are an urgent concern for psychiatry. Those with severe mental illness are known to be three times more likely to suffer from co-morbid physical conditions such as obesity, diabetes, cardiovascular disease, respiratory conditions and cancer. As a result, they have a reduced life expectancy, compared to others who contract Covid 19, and therefore face a worse prognosis. This increased risk has implications not only for the individual who contracts the virus but for their family, care givers and the health care professionals involved in their care [4].

Challenges and solutions for mental health care professionals: Acute and long term

One of the main challenges for mental health care workers during the pandemic has been the risk of infection to themselves. Careful risk management strategies have been implemented including screening questions for patients before face to face contact, implementation of social distancing and the use of PPE to reduce the risk of spread. An increase in remote consultations by telephone or video apps, where possible, has helped to reduce the risk of infection and therefore help the sustainability of the work force. Isolation/quarantine needs to be provided during inpatient stays to ensure both staff and patient safety.

With the impact of Covid 19, mental health specialists may have a unique contribution to make to assist in the development of resilience and optimal coping strategies, not only for those with mental illness but also for both care givers and families during the pandemic and in the longer term.

It is reasonable to assume that after the shock wave of Covid 19, there will be fallout from the experience of the pandemic. Psychiatric disorders may include adjustment disorders, PTSD symptomatology, anxiety and panic disorders, obsessional compulsive disorders as well as an increase in psychotic disorders due to the overall stress and impact of the virus. Social distancing, isolation and quarantine may have longer term consequences but should not be automatically pathologised given that they have been reinforced to reduce risks both in the short term and in the future [5].

During the pandemic my own experience as a psychiatrist has been the recognition of the positive benefits of ongoing contact with patients wherever possible. For most patients known to the psychiatric service, ongoing contact by telephone with their psychiatrist and community psychiatric nurse has been essential to support and maintain their mental well being, reduce relapse and ensure medication switches/changes are implemented through easy access to and rapid communication with primary care and local pharmacies. As a result of this remote contact and home visits by nursing staff, when required, patients have continued to feel supported and enabled to self care in the community and maintain their own wellbeing during the pandemic.

For new patients, telephone consultation appears to have been more challenging due to the lack of familiarity and trust built up through previous face to face consultations with health care professionals. Hence for this patient group an initial video conference assessment call or face to face consultation has proved to be helpful to establish rapport.

In addition to telephone consultations with medical staff, community nurses, occupational therapists and social workers, psychologists have also played an important role by assisting with urgent brief psychological interventions to offer support and enhance coping strategies for Covid related issues.

Of note, apps for video conferencing have been offered but with little uptake from known patients possibly due to the perceived complexity of the IT link or possibly being seen as over intrusive. Hence the preferred communication and link for support at this stage appears to have been telephone calls for patients known to the service with video calls playing a more important role in new assessments. This is an area for further research and learning in order to understand and optimise effective communication in the future.

During the pandemic, there has been concern that psychiatric junior medical staff have been re-deployed to acute medical services leaving the mental health services short of staff. It is therefore important that it is recognised that during the pandemic mental health services have continued to operate whilst other medical elective procedures/departments closed down due to Covid allowing more medical staff to be made available to deal with the additional/emergency work due to impact of the virus. It is therefore important that the medical staffing within mental health services is maintained unless urgent deployment is necessary due to a shortage for medical emergencies resulting from Covid 19 [6].

Another important issue is the treatment of those with mental illness on psychotropic medication. Antiviral drugs may have to be used in combination with regular drugs in order to prevent relapse or a worsening of illness. The combination of antiviral drugs and psychotropic medication needs to be carefully considered given drug-drug interactions and given that both may be metabolised through the CYP 450 system. Given the tolerability and minimal CYP 450 interactions with certain sedative, anti depressant and antipsychotic medications and mood stabilisers, it is important to take this into consideration to reduce drug-drug interactions and keep adverse effects to a minimum in order to obtain the best outcome for the patient in terms of mental and physical wellbeing [7,8].

Conclusions

Covid 19 is the greatest public health challenge we have faced to date in the 21st century. Psychiatry has much to contribute in maximising the nation's mental and physical wellbeing during the acute stages and managing the longer term fall out of the Covid 19 pandemic. Already psychiatric services have demonstrated an ability to rapidly adapt to the acute demands of the situation, maximising current technology to enhance communication with patients, in a way they could not have imagined prior to this pandemic

With the longer term consequences of Covid 19 yet unclear, it has never been more important for psychiatric services to maintain their workforce and optimise the available mental health resources in order to be in a position to care for some of the most vulnerable people in our society during these unprecedented times.

References

1. WHO Coronavirus disease Covid 19 Dashboard. World Health Organisation 2020 available from: <https://www.covid19.who.int>.

2. Strous, R., & Gold, A. (2020). Psychiatry and COVID-19: Putting our best foot forward. *The British Journal of Psychiatry*, 217(2), 410-412. doi:10.1192/bjp.2020.90
 3. Hotopf, M., Bullmore, E., O'Connor, R., & Holmes, E. (2020). The scope of mental health research during the COVID-19 pandemic and its aftermath. *The British Journal of Psychiatry*, 217(4), 540-542. doi:10.1192/bjp.2020.125
 4. Diamond, R., & Willan, J. (2020). Coronavirus disease 2019: Achieving good mental health during social isolation. *The British Journal of Psychiatry*, 217(2), 408-409. doi:10.1192/bjp.2020.91
 5. Brookes SK, Webster RK, Smith LE, Woodland L, Wessley S, Greenberg N et al. The psychological impact of quarantine and how to reduce it: rapid review of evidence. *Lancet* 2020;395:912-20
 6. Kelly, B. (2020). Coronavirus disease: Challenges for psychiatry. *The British Journal of Psychiatry*, 217(1), 352-353. doi:10.1192/bjp.2020.86
 7. Luyckx, J., Van Veen, S., Risselada, A., Naarding, P., Tjebk, J., & Vinkers, C. (2020). Safe and informed prescribing of psychotropic medication during the COVID-19 pandemic. *The British Journal of Psychiatry*, 217(3), 471-474. doi:10.1192/bjp.2020.92
 8. Zhang, K., Zhou, X., Liu, H., & Hashimoto, K. (2020). Treatment concerns for psychiatric symptoms in patients with COVID-19 with or without psychiatric disorders. *The British Journal of Psychiatry*, 217(1), 351-351. doi:10.1192/bjp.2020.84
-