

Rapid review of mental health disorders and COVID-19

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Summary

- There will be an increase in the burden of mental health related disorders among the general population in Tasmania as a result of COVID-19.
- Survivors of severe COVID-19 illness and health workers will experience a significant increase in mental health problems as a result of COVID-19. Post-Traumatic Stress Disorder (PTSD) and major depression will be the major mental health disorders among survivors of severe COVID-19 illness and health workers.
- COVID-19 will precipitate new psychiatric symptoms in people without pre-existing mental illness, aggravate the mental health condition of those with pre-existing mental illness and cause distress to the caregivers of affected individuals.
- There is likely to currently be an increased prevalence of insomnia, stress, anxiety and depression among the Tasmanian population due to restrictions placed upon people due to COVID-19 and due to distress caused by the virus itself.
- Children who are isolated or quarantined during a pandemic are more likely to develop acute stress disorder, mood disorders, adjustment disorder and experience grief reactions.
- Experience from China was that no authoritative organisation existed to provide leadership for the mental health response through and after the COVID-19 epidemic, including planning and deploying psychological interventions. They observed waste of mental health resources and failure of clients in terms of a lack of a timely diagnosis, and poor follow-up for treatments and evaluations.
- There is an urgent need to support the mental health and wellbeing of frontline workers.
- Online and telephone-based mental health supports are appropriate to deliver psychological interventions to people with mental health problems. The type of mental health intervention (mindfulness, CBT, DBT, psychotherapy) was not explored in this literature review.

Review of mental health disorder burden

Previous research has revealed a profound and broad spectrum of psychological impacts that outbreaks can impose on people. A pandemic can precipitate new psychiatric symptoms in people without mental illness, aggravate mental health conditions in those with pre-existing mental illness and cause distress to the caregivers of affected individuals (Ho, Chee et al. 2020). Regardless of exposure to the virus causing the pandemic, people may experience fear and anxiety about falling sick or dying or have a sense of helplessness, potentially triggering off a mental breakdown. There are significant psychiatric morbidities which have been found to vary from depression, anxiety, panic attacks, somatic symptoms, and post-traumatic stress disorder symptoms, to delirium, psychosis and even suicidality (Hall, Hall et al. 2008, Tucci, Moukaddam et al. 2017).

A survey conducted among the general population (1,210 respondents from 194 cities) in China in the early stage of the COVID-19 epidemic (Wang, Pan et al. 2020), reported that more than half of the population

(53.8%) rated the psychological impact of the outbreak as moderate or severe. One out of six people (16.5%) reported moderate to severe depressive symptoms, more than a quarter (28.8%) reported moderate to severe anxiety symptoms and 8.1% reported moderate to severe levels of stress.

Another study assessed the mental health status of 994 medical and nursing staff working in Wuhan, China, which was the epicentre of the epidemic (Kang, Ma et al. 2020). During the immediate viral epidemic, it has been reported that 36.9% of health workers had subthreshold mental health disturbances, 34.4% had mild disturbances, 22.4% had moderate disturbances and 6.2% had severe mental health disturbances. It was also noted a greater proportion of young female health workers suffered heavily from mental health disturbances. A total of 87% of medical and nursing staff had accessed psychological resources available through media, books and other sources and 17.5% had participated in counselling or psychotherapy. Although staff accessed limited formal mental healthcare services, distressed staff nonetheless saw these services as important resources to alleviate acute mental health disturbances and improve their physical health perceptions.

Another survey reported from China (Liu, Zhang et al. 2020) showed the prevalence of depression (defined as a total score of ≥ 5 in the Patient Health Questionnaire-9) in the adult population in affected COVID-19 areas to be 50.7%, of anxiety (defined as a total score of ≥ 5 in the Generalized Anxiety Disorder-7) to be 44.7%, of insomnia to be 36.1% (defined as a total score of ≥ 8 in the Insomnia Severity Index) and of stress-related symptoms (defined as a total score of ≥ 9 in the Impact of Events Scale-Revised) to be 73.4%.

A commentary (Yang, Li et al. 2020) emphasised the importance of recognising mental health problems during COVID-19 outbreak. Mental health related disorders are common in older Chinese adults (i.e., ≥ 55 years), with the prevalence of depressive symptoms reported to be 23.6% in this population. The rapid transmission of the SARS-CoV-2 and high death rate could exacerbate the risk of mental health problems and worsen existing psychiatric symptoms, further impairing daily functioning and cognition among the population.

Another commentary (Liu, Bao et al. 2020) raised the issue of mental health for children quarantined because of COVID-19. Children who were isolated or quarantined during the pandemic were more likely to develop acute stress disorder, adjustment disorder and grief. A total of 30% of the children who were isolated or quarantined met the clinical criteria for post-traumatic stress disorder. Furthermore, separation from parents or parental loss during childhood also has long-term adverse effects on mental health, including a higher risk of developing mood disorders and psychosis and death by suicide in adulthood.

SARS was responsible for a coronavirus pandemic in 2003. Studies of the impacts of SARS on the mental health of the community can inform service planning for responding to mental health impacts of COVID-19. Lee et al. assessed the immediate impact of SARS (after one year of the outbreak) on mental health disorders in affected patients and health workers (Lee, Wong et al. 2007). After one year, 36.3% were suffering from moderate to severe depressive symptoms and 36.7% were suffering from moderate to severe anxiety symptoms. As per GHQ-12 score, a total of 64% of subjects had scored above the threshold (having a score of 3 or above), indicating potential psychiatric morbidity.

To explore the long-term mental health impacts of SARS, a literature review exploring the relationship between SARS and mental health was conducted. An estimated 41% to 65% of SARS survivors experienced persistent psychological symptoms (Maunder 2009). In Hong Kong, 58.9% of cumulative incidence of psychiatric disorders was observed among survivors during the 30 months post-SARS outbreak (Mak, Chu et al. 2009). At the 30th month, 33.3% of patients had major depression, 25.6% had PTSD and 7.8% had panic disorder. A higher percentage of chronic PTSD was observed among health workers compared with non-health workers (40.7% vs 19.0%). SARS survivors also showed significantly poorer performance in all eight domains than the general population score for quality of life (SF-36 used to measure quality of life).

Review of mental health service system

To mitigate social anxiety, the Chinese Government provided daily updates about surveillance and active cases on websites and social media (Bao, Sun et al. 2020). Psychologists and psychiatrists used the internet and social media (e.g., WeChat, Weibo, etc) to share strategies for dealing with psychological distress. For example, experts from Peking University Sixth Hospital made six suggestions for the public to cope with mental stress. These included assessing the accuracy of information disclosed, enhancing social support systems (e.g., families and friends), eliminating stigma associated with the epidemic, maintaining a normal life under safe conditions, and using the psychosocial service system, particularly telephone-based and internet-based counselling for health-care staff, patients, family members and the public. Numerous psychiatric hospitals, psychological counselling centres and psychology departments within universities have launched specialised hotlines in China to provide psychological counselling services for people in need (Bao, Sun et al. 2020).

In another commentary (Duan and Zhu 2020) it has been reported overall planning for mental health service systems were not adequate. When an outbreak occurs, no authoritative organisation exists to plan and deploy psychological interventions in different regions and subordinate departments, thereby wasting mental health resources and failing patients in terms of a lack of a timely diagnosis and poor follow-up for treatments and evaluations.

About 25% of the overall burden of disease in Italy is attributable to neuropsychiatric disorders. Community based psychiatric assistance is an integral part of the National Health System in Italy and cares for 780,000 patients with mental health problems. During the COVID-19 outbreak, patients with existing mental health problems are continuously followed up, mainly through the internet (Sani, Janiri et al. 2020).

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