Impacts of COVID-19 Mitigation on People with Pre-existing Mental Health Conditions

Disclaimer:
This Quick Response Report was published on July 9, 2020. Given the rapidly changing nature of the coronavirus pandemic, some of the references included in this report may quickly become out-of-date. We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on infectious diseases and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have the included studies been critically appraised.

Original Inquiry
What are the impacts of COVID-19 mitigation on non-COVID-19 populations with pre-existing mental health conditions?

Summary
- Please note that, for this report, we have included resources that focus on the impact of COVID-19 mitigation on non-COVID-19 populations with pre-existing mental health conditions. We have divided the section on guidance documents into two subsections—one that includes documents that provide guidance exclusively for people with mental health conditions and the other that provides a broader scope by offering guidance for people with both mental health and substance use/addictions issues.
- For information on the impact of COVID-19 mitigation specifically on people with addictions and substance use issues, please see our related COVID-19 Quick Response Report on the impacts of COVID-19 mitigation on people with pre-existing substance use and addictions issues (LINK).
- We found a number of guidance documents, many of which focused on the impact of COVID-19 mitigation on changes to service provision, in terms of both mental health professionals and service users. These documents often provided guidance or recommendations on how to adapt to pandemic conditions. We also found one systematic review, and a number of other reviews, primary studies, and expert opinions. These resources tended to either speculate or report on: 1) the psychological or psychosocial impacts of isolation for those with pre-existing mental health conditions and/or 2) the impacts of disruption or changes in service provision for those with pre-existing mental health conditions and their providers. In the final section of the report, we have included some related news articles.
Guidance Documents
Focus on mental health issues

- Contains guidance for clinicians on benzodiazepines and Z-drugs (zopiclone and zolpidem), clozapine treatment, digital technologies and telepsychiatry, end of life care, inpatient wards, lithium treatment and Long-acting injectable (LAI) antipsychotics.


- This report contains three sections: “The first of these covers the consumer survey and is broken down into the key questions which we asked people with lived experience to address. The second section provides an overview of the key insights collected in our discussions with peer workers in New South Wales (NSW) in Australia. Finally, the third section addresses issues raised around NSW Mental Health Act amendments.”

Broader focus on both mental health issues and substance use/addictions issues

- This page gives access to three guidance documents: Guidance for Mental Act processes, Mental Health Act information for service users and COVID-19 Health and Wellbeing Survey. These resources are intended to guide service providers and service users about service changes at various alert levels.

- “The aim of this policy brief on mental health and COVID-19 is to: Raise awareness about gaps in the response to COVID-19 in relation to mental health problems and mental illnesses, including problematic substance use and addictions; Share public policy recommendations that will protect the mental health of all people in Canada, including people with lived experience of mental illness and addictions, both immediately and in the “recovery phase” of COVID-19.”

- See section 2 of this document that “aims to support managers and coordinators of existing programmes for MHPSS in humanitarian settings” and includes a section on the impacts for adult and child MHPSS services users as well as examples of MHPSS service users with increased risks.”


- Includes “guidance released by the Department of Health and Human Services, FDA and at the state level related to COVID-19 to assist psychiatrists with providing mental health and substance use services.”
- Related documents:
  - Centre for the Study of Traumatic Stress. Taking care of patients during the Coronavirus outbreak: A guide for psychiatrists. 2020. (LINK)


Substance Abuse and Mental Health Services Administration SAMHSA (U. S.). Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19. Revised May 7, 2020. (LINK)


- Related document:
  - WHO. Looking after our mental health. 2020. (LINK)

Systematic Reviews
"...knowledge on the COVID-19 impact on patients with pre-existing psychiatric disorders is very scarce, and the knowledge of impact from earlier pandemics/epidemics on this group is also very limited."

Other Review Articles


“...patients with existing psychosis may be less likely to comply with physical distancing and personal hygiene requirements required during an outbreak of an infectious disease, representing a potential risk to the community and mental health clinicians.”


“...We identified four types of major vulnerabilities among patients with mental disorders during this pandemic: (1) medical comorbidities that are more frequently found among patients with mental disorders (cardiovascular and pulmonary pathologies, diabetes, obesity, etc.) which are risk factors for severe covid-19 infection; (2) age (the elderly form the population most vulnerable to the coronavirus); (3) cognitive and behavioural disorders, which can hamper compliance with confinement and hygiene measures and finally and (4) psychosocial vulnerability as a result of stigmatization and/or socio-economic difficulties.”


Related Document:


“...patients with pre-existing mental disorders may be at higher risk of relapse or new episodes of their disorder due to the stress associated with the COVID-19 outbreak. During this period, it is crucial that psychiatrists familiarize themselves with screening and triage procedures, and work closely with physicians and public health specialists to minimize the risks that their patients face.”


Primary Research


Canadian Mental Health Association et al. COVID-19 effects on the mental health of vulnerable populations. June 24, 2020. (LINK)
• “Nationwide survey on the mental health impacts of COVID-19, released today by the Canadian Mental Health Association (CMHA) in partnership with UBC researchers”...“everyone is affected – but not everyone is affected equally” ...“18% of people already struggling with their mental health have had suicidal thoughts since the outbreak of COVID-19”


• “There were strong and replicated associations between several pre-existing mental health problems and higher depression and anxiety, including a history of major depression disorder, psychosis-like symptoms, negative cognition, neuroticism, and a history of self-harm.”


• “Although many participants acknowledged and appreciated the transition to telehealth, limitations of this treatment modality for this population were raised. Individuals with past histories of eating disorders noted concerns about relapse related to COVID-19 circumstances. Encouragingly, respondents also noted positive effects including greater connection with family, more time for self-care, and motivation to recover.”


- “Female gender, pre-existing psychiatric condition, and prior exposure to trauma were identified as notable risk factors”

- “Participants with self-reported history of a mental health diagnosis had significantly higher distress, health anxiety, and COVID-19 fears than those without a prior mental health diagnosis.”

- “…individuals previously receiving psychotherapeutic support exhibited better psychological indicators if they did not interrupt the process as a consequence of the outbreak.”


**Expert Opinion**


- Related article:


- See “Table 1 Recommendations for health professionals and families regarding schizophrenia patients.”

- “In addition, self-quarantine measures in this population may pose several challenges. Apart from practical difficulties in implementation, there can be further deterioration in their mental status, including anger and anxiety 4-6 months after release from quarantine.”

Sani, G. et al. **Mental health during and after the COVID-19 emergency in Italy.** Psychiatry and Clinical Neurosciences. April 4, 2020. ([LINK](#))

Druss, B. **Addressing the COVID19 Pandemic in Populations with Serious Mental Illness.** JAMA Psychiatry. April 3, 2020. ([LINK](#))
- “People with serious mental illnesses will be at uniquely high risk during this period, as will be the public mental health care system central to delivering their care. Careful planning and execution at multiple levels will be essential for minimizing the adverse outcomes of this pandemic for this vulnerable population.”

Yao, H. et al. **Patients with mental health disorders in the COVID-19 epidemic.** Lancet Psychiatry. April, 2020. ([LINK](#))

**News Articles**

- Rehab4addictions. Mental Health & Addiction during the Coronavirus Pandemic. May 21, 2020. ([LINK](#))
- National Alliance on Mental Health. The coronavirus pandemic is pushing America into a mental health crisis. May 6, 2020. ([LINK](#))
- Business Insider. **Access to mental healthcare is about to get harder, at a time when even more people need help.** May 1, 2020. ([LINK](#))
- Scientific American. **COVID-19’s psychosocial impacts.** March 20, 2020. ([LINK](#))
Methodology
Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) COVID-19 Quick Response reports are initiated by, and shared with, our partners in the provincial health system, including the four Regional Health Authorities, the Departments of Health and Community Services and Children, Seniors and Social Development, and public health officials.

NLCAHR staff work with topic submitters to clarify the research question. We then search for related systematic reviews, meta-analyses, other reviews, interim and other guidance statements, primary research, expert opinion and health and science reporting.

We use several search strategies, with a focus on the following databases:

- CADTH
- Canadian Pharmacists Association
- Campbell Collaboration
- Cochrane Collaboration
- Centre for Disease Control (CDC)
- Centre for Evidence Based Medicine (CEBM)
- Evidence for Policy and Practice Information and Co-ordinating Centre
- European Centre for Disease Prevention and Control
- Health Canada
- Joanna Briggs Institute
- Johns Hopkins
- MedRxiv
- National Institutes of Health (NIH)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Library of Medicine
- Public Health Agency of Canada
- Trip Database
- World Health Organization

This report was prepared by Sarah Mackey and Christie Warren.

For more information about COVID-19 Quick Response Reports, contact pnavarro@mun.ca.