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Letter to the Editor

COVID-19 and individuals with mental illness in psychiatric facilities



COVID-19 pandemic has presented an unprecedented event for healthcare systems across the world and an additional stressor for population with mental illness. Current healthcare systems are focused on providing prevention, screening, and finding vaccine and treatment for the infection and thus ensuring access to mental healthcare should also be part of the continuity of treatment. Psychological distress in the general population has been reported during COVID-19 quarantine (Rana et al., 2020). However, disasters disproportionally affect vulnerable populations and individuals with serious mental illness could confer a worst prognosis from COVID-19 and the consequential social distancing measures as well. Residential instability, homelessness, lack of family and social support, lockdown and social distancing can raise the risk of infection and make it harder for assessment and management of those who would be infected from population with serious mental illness (Lewis, 2020; Tsai and Wilson, 2020; Mukhtar, 2020b). Limited social networking and social distancing may limit opportunities to obtain support from friends and family members' poses more adverse threats to individuals with mental illness. These factors may lead to elevated mental health issues and could have worst prognosis in this population. Medical psychiatric staff faces significant psychological pressure during this period to manage the possibility of shortage of medication, beds, and supplies, and executing the protection policies (to recognize the risk of infection and actively avoid related activities) in isolated and locked wards.

Strategies to mitigate outcome: States should develop and endorse policies for whole community preparedness and supporting vulnerable populations. This includes engagement with mental health services community and mental health practitioners within the mental health-care system. People with serious mental illness should be provides accurate tailored information to address limited health literacy, mitigate challenges in implementing physical distancing, offer strategies for mitigating risks and help-seeking behavior for mental health and treatment for COVID-19, offer support in maintaining behavior modification, and self-management of mental and physical health conditions. Psychological and social factors related to COVID-19 pandemic should also be considered (Mukhtar, 2020a). Worry, anxiety, depressive symptoms, loneliness concerns, fear of dual stigma could exacerbate existing symptoms.

Empowering mental health practitioners: Mental health practitioners are often the primary source of information, person of contact and first respondents for many of the individuals with serious mental health illnesses. Mental healthcare practitioners need training in recognizing signs and symptoms of COVID-19 and acquire basic knowledge to seek help. Help-seeking behavior for health conditions is meager among individuals with mental health illnesses (Yang et al., 2020). Mental health practitioners need to consider their own safety and wellbeing as well. They should consider tele-health during this pandemic and deliver mental health services to individuals and families as such. Personal care, family support, peer group, and social support is

essential for maintaining physical, mental, social and psychological wellbeing for mental healthcare practitioners as well.

Mental healthcare system: COVID-19 pandemic is likely to have major strain on community mental health centers and state psychiatric hospitals (Fountain house, Psychiatric Hospital, Institute of Mental Health etc.). Unfortunately, these facilities have limited capacity to manage even mental health conditions, screening and treatment of physical conditions will pose even bigger threats. Local or community public health agencies should direct their efforts in maintaining functioning of these centers in the face of this pandemic (Duan and Zhu, 2020). Implemented contingency plan and protocol for identifying, containing, referring, self-quarantine, environmental protection (access to hand-washing, personal protective equipment, maintaining social-distancing) should be made available.

Mental health policies: New federal legislations, regulations, state policies, and state mental health authorities should create, administer and ensure policies for mitigation of health and economic outcomes of COVID-19 pandemic outbreak for vulnerable population with elevated risks in state hospitals and community mental health clinics (Liem et al., 2020). COVID-19 will likely create unprecedented health, mental and social challenges locally and internationally (Lima et al., 2020) People with serious mental illness could be uniquely at high risk during this period and planning and execution of public mental healthcare system to minimize the adverse outcomes of this pandemic for this vulnerable population is essential for maintaining the proper healthcare system.

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Declaration of Competing Interest

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