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**COVID-19 AND PSYCHIATRISTS' RESPONSIBILITIES: AN UPDATE OF THE WPA
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FOREWORD: This Position Paper will summarize the mental health aspects of COVID-19 and how the WPA and its members should respond.

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INTRODUCTION: As COVID-19, caused by the virus SARS-CoV-2, continues to sweep the globe, causing high mortality and morbidity, psychiatrists, their patients, families, caregivers and other healthcare workers face unprecedented evolving challenges. The high prevalence/incidence of mental disorders, especially among vulnerable individuals, related to the infection and its necessary public health measures, requires guidance from psychiatrists that this Position Paper will describe.

WHAT THIS POSITION PAPER AIMS TO ACHIEVE

The increased awareness of mental health professionals of the effects of the COVID-19 pandemic, post-COVID-19 conditions, and the need for augmenting psychiatric services.

MAIN TEXT

The COVID-19 pandemic has spawned unprecedented levels of anxiety, uncertainty and fear about contagion, sickness, and death. Necessary public health measures, such as quarantine, masking, physical distancing and sheltering in place, further increased levels of stress. There was a significant rise in severe maltreatment of infants during lockdowns (Lazarescu 2022) and greatly increased use of pediatric emergency visits for children and adolescents post lockdown (Long 2022). Children and adolescents have been especially affected by disruption of their social and learning environments.

International evidence suggests that COVID-19 is linked to increases in mental disorders, especially anxiety and depression (World Health Organization, 2022b). Elevated symptoms of depression were particularly prevalent among people with low household income, who were unmarried and experiencing multiple stressors (Ettman et al., 2022). Females, adolescents and younger adults were most affected (COVID-19 Mental Disorders Collaborators et al., 2021). Poor coping skills, multiple psychiatric comorbidities, previous trauma exposure, deteriorating physical health, problems in family relationships and lack of physical exercise were other risk factors (Robillard et al., 2021). Some psychosocial impacts including depression, anxiety and posttraumatic stress disorder might manifest later as a result of COVID social changes rather than the infection itself.

The impact of the pandemic has been greatest for people with serious mental illness, including schizophrenia and other psychotic disorders, bipolar disorder, and major depression, with significantly higher rates of COVID-19 infection, hospitalization, and death (Wang et al., 2021; Yang et al., 2020). The disproportionate impact of the pandemic on people with serious mental illness is likely due to worse pre-existing health and poorer access to timely medical services. Even in the absence of infection, people with serious mental illness have experienced marked decreases in measures of well-being and mental health during the pandemic.(Barrett et al., 2022).

Overall, suicide trends did not increase and even declined during the first year of the pandemic (Pirkis et al., 2022). Nevertheless, increased suicide trends were reported in certain demographics. For example, in Japan suicide rates increased in females and adolescents, in India for males, in Poland for females, in Spain and France for adolescents, and in USA for ethnic minorities (Ehlman et al. 2022). Detecting at-risk groups requires continued alertness and improved monitoring strategies, which will permit the development of targeted preventive measures.

Healthcare workers experienced very high levels of stress as they were asked to respond rapidly to an unexpected crisis in situations of extreme work pressure. The previously unseen numbers of critically ill patients and deaths, the shortage of adequate protective equipment and resources, medicines, and medical equipment, and risk of infection represent some of the factors contributing to burnout and poor mental health outcomes. Meta-analyses estimated a 30-40% prevalence of anxiety and depressive symptoms among healthcare workers during the pandemic (Aymerich et al.,

2022). An even higher prevalence of post-traumatic stress symptoms and sleep disorders was reported. Females, younger workers, and those who are parents of dependent children showed worse mental health. The pandemic highlighted an already existing need for mental health resources for healthcare workers that is now amplified. Effective approaches should address challenges such as the reluctance of healthcare workers to access psychological support, and the effects of racism and gender inequalities in these professions (David et al., 2021).

The COVID-19 pandemic has had many effects on family life, including job or income loss, working from home, quarantine, increased workloads, social isolation, food insecurity, school closures, virtual learning and diminution of social supports, all of which have disproportionately affected marginalized populations (World Health Organization, 2020). Children have been among those hardest hit by the psychological impact of the pandemic. Being quarantined at home, facing school closures, virtual learning, masking, witnessing family distress, lack of outdoor activity, isolation from friends, overcrowding, changes in diet, and altered sleep arrangements have taken their toll.

A United Nations Women survey reports one in four women feels less safe at home and new and existing conflicts have increased within households since the pandemic started (UN Women, 2021). Physical, psychological and sexual abuse have also increased. Psychiatrists should be alert for and prepared to inquire about family violence and intervene appropriately when needed. (See WPA Position Paper on Intimate Partner Violence and Sexual Violence)

Lingering symptoms following infection with SARS-CoV-2 have been given various names including long COVID-19, long-haulers syndrome, post-acute sequelae of COVID-19 (PASC), chronic COVID-19 and others. The World Health Organization has proposed the following definition: "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis" (World Health Organization, 2022a). Common symptoms include fatigue, shortness of breath, loss of smell, cognitive dysfunction, anxiety and depression, can impact everyday functioning, and may fluctuate or relapse over time. Multiple organ systems can be involved, including central nervous system, immunologic, cardiorespiratory, metabolic, musculoskeletal, and gastrointestinal. Symptoms may arise following initial recovery from an acute COVID-19 episode or persist from the initial illness. As the etiology of psychiatric/psychological symptoms of long COVID-19 remains unknown, psychiatrists should be familiar with strategies known to improve coping, such as self-management, mindfulness meditation, cognitive behavioural therapy, and supportive therapies. The role of psychopharmacology is unclear. The UK Health Service provides a helpful website, "Supporting your recovery after COVID-19" (NHS England, 2021).

The burgeoning number of people needing psychiatric treatment because of COVID-19 has strained already inadequate mental health services. In wealthy countries there is an acute shortage of mental health professionals, including psychiatrists, especially child psychiatrists. Shortages are even more pronounced in low- and middle-income countries. WHO data show the median number of mental health workers per 100,000 population was 40 times higher in the European Region than in the African Region and 20 times higher than in the South-East Asia Region. Similarly, there were 0.1 psychiatrists per 100,000 population in low-income countries compared with more than 8 in high-income countries (World Health Organization, 2021).

As a result of the pandemic, access to mental health care became difficult due to restrictive measures to contain the contagion and the shortage of staff and other resources. Digital technologies offered an immediate solution to continue delivering mental health treatment with similar efficacy to in-person interventions. Nevertheless, the lack of legal and ethical regulation, standardization and preparation posed several challenges to the large-scale application of telepsychiatry. Recognition of the opportunity to increase access to mental health care led the World Psychiatric Association to develop global guidelines for telepsychiatry (World Psychiatric Association,

2021). Public health agencies' commitment to increasing mental health awareness and self-help during the pandemic also enhanced interest in other digital mental health interventions, such as those based on mobile apps, sensor data, social media, and virtual reality. They have showed promising results in the assessment and self-management of psychological wellbeing, as well as in the management of long-term psychiatric disorders. The integration of these interventions into real-world clinical practice requires ongoing progress (Torous et al., 2021).

Even as the pandemic fades, the psychological burdens of long COVID will create new needs for care. Furthermore, the easing of restrictions and the "return to the new normality" will require coping with new sources of stress. Governments, insurers and other funders should support increased resources for mental health services, commensurate with the growth in demand for treatment. Longer-term solutions, including a commitment to augmenting the mental health workforce, are also needed.

CONCLUSIONS:

The COVID-19 pandemic has unsettled the world in many ways. It has also severely impacted children and youth and may put the next generation at higher risk for mental disorders. Here we have highlighted its varied impacts on mental health and suggested ways in which these issues can be addressed. We recognize that the pandemic has had different effects around the world and our recommendations may need to be tailored for local conditions. In addition, while future epidemics/pandemics may be caused by different pathogens, some of these recommendations may be applicable.

SUMMARY:

The COVID-19 pandemic has created unprecedented stresses for society, disproportionately affecting people with mental disorders. Addressing these burgeoning mental health needs will require identification of groups at particular risk, development of targeted interventions, and a commitment of sufficient resources to meet the demands of this extraordinary situation.

RECOMMENDATIONS FOR ACTION:

ROLES OF PSYCHIATRISTS:

1. Psychiatrists must not abandon their patients but should continue to take care of them by all possible means (e.g., virtual visits, online psychotherapy, rehabilitation programs) during this pandemic.
2. Psychiatrists should be aware of and address COVID-19 impact on children and youth.
3. As physicians, during the pandemic, psychiatrists may volunteer or agree to be redeployed if the need arises to assume other duties in their institutions or communities.
4. Psychiatrists must preserve their own health by following recommendations for avoiding infection and promoting well-being.
5. Psychiatrists and other mental health professionals should assist in developing self-help, peer support groups or individual supports or treatments for distressed colleagues and their families, and should avail themselves of such services when indicated.
6. Psychiatrists, as leaders in their hospitals or communities, should be prepared to assist with educational activities and support groups for persons with mental disorders, healthcare workers, and the public about the pandemic, its restrictions and their medical and mental health implications.

7. Psychiatrists should advocate for equitable interventions by governments and others to maintain the continuity of mental health services, provide COVID vaccines and treatments and reduce the toll of pandemic-related mental distress, including suicide.
8. Psychiatrists should be aware of the effects of long COVID on their patients and remain current with the research on its diagnosis and treatment.

PROTECTION OF PEOPLE WITH MENTAL DISORDERS:

9. Appropriate precautions to protect patients' health should be taken on inpatient units and in outpatient treatment settings.
10. Telepsychiatry and other virtual means of conducting psychiatric evaluations and treatment have an important role to play in protecting the health of both patients and mental health professionals. Psychiatrists should work with their governments to advocate for necessary regulatory changes if needed to facilitate access to telepsychiatry services.
11. When resources are limited and triage becomes necessary, mental disorders should never be factors in establishing eligibility for admission to hospitals, medical or intensive care units or access to ventilators or other treatment.

1797 words

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