

How mental health care should change as a consequence of the COVID-19 pandemic

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INTRODUCTION

The unpredictability and uncertainty of the COVID-19 pandemic; the associated lockdowns, physical distancing, and other containment strategies; and the resulting economic breakdown could increase the risk of mental health problems and exacerbate health inequalities. Preliminary findings suggest adverse mental health effects in previously healthy people and especially in people with pre-existing mental health disorders. Despite the heterogeneity of worldwide health systems, efforts have been made to adapt the delivery of mental health care to the demands of COVID-19. Mental health concerns have been addressed via the public mental health response and by adapting mental health services, mostly focusing on infection control, modifying access to diagnosis and treatment, ensuring continuity of care for mental health service users, and paying attention to new cases of mental ill health and populations at high risk of mental health problems. Sustainable adaptations of delivery systems for mental health care should be developed by experts, clinicians, and service users, and should be specifically designed to mitigate disparities in health-care provision.

Potential consequences of COVID-19 for mental health

Some evidence of COVID-19-related mental health issues has been published but it is preliminary and needs to be supported by well designed longitudinal studies. Most surveys of the general public show increased symptoms of depression, anxiety, and stress related to COVID-19, as a result of psychosocial stressors such as life disruption, fear of illness, or fear of negative economic effects. The results of these surveys are heterogeneous, probably because of differences in methods used, study locations, and the timing of the studies in terms of the course of the pandemic. Phobic anxiety, panic buying and binge-watching television (which has been associated with mood disturbances, sleep disturbances, fatigability and impairment in self-regulation) have been reported, and social media exposure has been associated with increased odds of anxiety (odds ratio 1.72 and combined depression with anxiety).

Health-care workers

Health-care workers, especially those working on the frontline, have reported negative consequences as a result of stress exposure and fear of infecting themselves or their loved ones. In a cross-sectional study of 1257 health-care workers in 34 hospitals in China, 634 (50%) reported symptoms of depression, 560 (45%) reported anxiety, 427 (34%) reported insomnia, and 899 (72%) reported distress.

Conclusion

The COVID-19 pandemic has already affected mental health, and some of these effects might persist. The psychological toll of the disease is already apparent both in the general population and specifically in people with mental disorders (particularly those with severe mental illness and cognitive impairment) and frontline workers. Mental health systems have rapidly changed during the pandemic and a sustained response to the challenges posed by COVID-19 needs to be coordinated. Despite heterogeneity in political, social, and health systems, mental health services worldwide have implemented acute responses that focus on infection control, continuity of care for mental health service users, and facilitating access to mental health assessment and care for patients with new-onset issues and high-risk patients. Some new approaches that have been developed seem efficacious, but they might still be associated with risks.

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