

IIMHL & IIDL Leadership Briefing XIX

Significant mental distress and COVID-19

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*'People with severe mental illness have the same rights and expectations for good health, wellbeing and quality of life as the general population, and this is especially pertinent during this public emergency.'*¹

Introduction

The pandemic has been a challenging time for everyone, but particularly for those who experience significant mental distress.

An important issue for this group of people is the terminology used that relates to them. For example in the US and parts of Europe the term “serious mental illness” is widely used, whereas that term is not used in Aotearoa/New Zealand, but rather “significant mental distress”. In this report both terms are used to fit the country of origin.

Whatever the language, all countries are striving to provide the best possible support for this group of people. Many 'mental wellbeing apps' have been developed to assist with depression and anxiety in the wider population, but this group usually need more support than that offered by apps and online support services. These reports suggest some options for people with significant mental distress.

COVID-19: Are We Looking After The Mental Health Of The Most Vulnerable?

Australia: Royal Australian and NZ College of Psychiatrists, March 2020

Having a mental illness can make it more challenging to stay physically healthy. There is also substantial evidence that there are higher rates of physical illness among people with serious mental illness.

“This can make people with mental ill health more vulnerable to COVID-19 and puts them at added risk in the community, and when attending medical and other appointments in shared spaces,” said the President of the Royal Australian and New Zealand College of Psychiatrists, Associate Professor John Allan.

¹ RANZCP, <http://community.scoop.co.nz/2020/03/covid-19-are-we-looking-after-the-mental-health-of-the-most-vulnerable/>

“It has also been shown that people with severe mental illness are less likely to receive high quality medical care than those without severe mental illness. There are clear health disparities showing that people with mental illness are a marginalised, stigmatised and, in many cases, discriminated-against population.” The authors make the case for increased attention to people with mental health problems.

<http://community.scoop.co.nz/2020/03/covid-19-are-we-looking-after-the-mental-health-of-the-most-vulnerable/>

“Recovery-Oriented Cognitive Therapy (CT-R) for Psychosis”

US: Dr Brinen Drexel University College of Medicine, 2020

CT-R does not start with an assertion that the individual's experiences are a part of an illness, and does not focus on a problem list. Rather, treatment is oriented toward promoting progress toward aspirations. Therefore, individuals who do not believe they have a mental illness or do not want to be controlled by others, or are concerned about an illness (e.g. COVID-19) are less likely to reject help. Therapists engage with individuals to move them toward their desired life and to tackle obstacles that get in the way.

CT-R provides a framework for promoting continuity of care across treatment settings. CT-R has been recognized by practitioners, administrators, and individuals as a powerful, effective, and collaborative approach to promoting durable recovery. Engaging individuals provides opportunities for them to develop new hypotheses about motivation, success, connection, and distress, which they can then collaboratively test with the therapist. Engagement helps individuals get into an adaptive mode, largely relieved of their symptoms.

<https://recoverwithcbt.com/2020/03/19/what-is-recovery-oriented-cognitive-therapy-for-psyhcosis/>

Covid-19: Secure hospitals and criminal justice settings

England: Royal College of Psychiatrists, 2020

Secure hospital services in many areas will be able to draw upon general and mental health specific guidance, including those provided by the College, in terms of how they respond to COVID-19. However, in secure hospitals (and especially so in high secure environments), there may need to be different approaches adopted in certain situations. This resource seeks to help services in responding appropriately. It should be noted that safety advice and guidance in relation to COVID-19 is evolving all the time. Wherever decisions have to be taken that mean that significant extra restrictions have to be applied, every effort must be made to discuss these with at least one appropriately experienced colleague before continuing them beyond a few days, and the outcome of such discussion documented.

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/secure-hospital-and-criminal-justice-settings>

“Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know”

Psychiatry Online: Geller et al April 2020

“Psychiatrists taking care of people with serious mental illness need information about changed vulnerabilities and unique treatment requirements of this population during the COVID-19 pandemic, as well as what new or changed resources are available to them.”

“The tsunami of information on COVID-19 has overwhelmed us all. The advisories, guidelines, and directives have, for the most part, been addressing the population as a whole, as well they should be. Those with disabilities have slid to the sidelines with few attending to what issues they face in this pandemic. In this article we look at a population core to the mission of APA, people with serious mental illness (SMI). We examine COVID-19 issues as they impact both inpatients and outpatients, looking at symptoms, service locations, comorbidities, and medications.”

In addition, this piece includes an examination of how prejudice against those with SMI is impacted by COVID-19 and how some patients are actually showing clinical improvement as a result of the pandemic. Its aim is to heighten awareness of the interfaces between COVID-19 and SMI to facilitate informed treatment of people with SMI during this pandemic, with each hospital and outpatient setting knowingly modifying what it does to meet local needs.”

<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.4b39>