# Evidence Search Service Results of your search request

## Impact of COVID-19 on the delivery of and access to mental health care provision

**ID of request:** 23441  
**Date of request:** 27th May, 2020  
**Date of completion:** 2nd June, 2020

If you would like to request any articles or any further help, please contact:  Paul Lee at [paul.lee@slam.nhs.uk](mailto:paul.lee@slam.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Impact of COVID-19 on the delivery of and access to mental health care provision. Paul Lee. ( 2nd June, 2020). LONDON, UK: Reay House Library and Knowledge Service.

**Sources searched**  
CASH (1)  
EMBASE (6)  
Google (4)  
MEDLINE (28)  
NICE Evidence Search (3)  
PsycInfo (0)  
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/ (24)

**Date range used** (5 years, 10 years): no limit   
**Limits used** (gender, article/study type, etc.): Peer reviewed papers in English   
**Search terms and notes** (full search strategy for database searches below):

The search was requested in order to provide material for a rapid review. The request was for literature relating to impact of the coronavirus outbreak on mental health care provision specifically in England, in terms of access to and delivery of services.

For more information about the resources please go to: [www.slam.nhs.uk/library](file:///C:\Users\Elaine.Watson\Downloads\www.slam.nhs.uk\library) .

## Summary of Results

There is little published literature so far about the impact on mental health services in England of the coronavirus outbreak. The search was therefore widened out to include the border literature on impact on mental health services around the world of pandemics (SARS, MERS, Ebola, Covid 19). I have also included recent guidance for mental health services issued in England.

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## A. National and International Guidance

#### British Psychological Society

**Meeting the psychological needs of people recovering from severe coronavirus (Covid-19) (2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b7e269afd9539550831ac5007ca1e8a2)

This guidance considers the likely psychological needs of people who have been hospitalised with severe coronavirus (Covid-19), and the most effective ways to support their recovery.

#### Department of Health and Social Care

**Coronavirus (COVID-19): looking after people who lack mental capacity, DHSC (updated 29th May 2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=daad7d6d84ae5adbad9c9749cd6f1fb0)

29 May 2020 Updates have been made to the main guidance attachment, in particular to the 'Emergency public health powers' section. The format of the attachment has also been changed to ensure it's accessible. 3 new attachments have been added to the page: additional guidance, annex A and an easy read. 9 April 2020 First published.

#### NHS England

**Managing Capacity and Demand within Inpatient and Community Mental Health and Learning Disabilities and Autism Services for all ages (2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=95c2c1d7c466fbf8e93762c48aa878c1)

#### Royal College of Psychiatrists (RCPsych)

**COVID-19: Liaison psychiatry services (2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=497603e361f3904c2fff678cc28c4fc0)

The Royal College of Psychiatrists, Royal College of Nursing, NHS England and Unite’s Mental Health Nurses Association have jointlly developed these guidelines which set out the key issues that liaison psychiatry staff teams should be conscious of during the COVID-19 pandemic.

**COVID-19: Inpatient services (2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0ba0618d2af67da2ae4af7dc3932fc18)

Produced jointly with the Royal College of Nursing, this guidance outlines some relevant advice for staff working on mental health inpatient wards.

## B. Synopses or Summaries

#### Centre for Mental Health

**Covid-19 and the nation’s mental health Forecasting needs and risks in the UK: May 2020** (2020)

Durcan, Graham et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c14840973b28a283b6cdb38aaa9fa57a)

How will the coronavirus pandemic affect the nation’s mental health? Covid-19 and the nation’s mental health: Forecasting needs and risks in the UK is our first assessment of the likely impacts of Covid-19 on mental health in Britain. It uses evidence from previous epidemics internationally and from the aftermath of the 2008 banking crisis to estimate what effect Covid-19 will have on mental health at population level in the UK.

#### United Nations

**Policy Brief: COVID-19 and the Need for Action on Mental Health (May 2020)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e9c66ab8584453ad6aef5df47d3f7073)

This document contains three recommendations of which the third is: 3. SUPPORT RECOVERY FROM COVID-19 BY BUILDING MENTAL HEALTH SERVICES FOR THE FUTURE

## C. Original Research

1. **"What Were You Before the War?" Repurposing Psychiatry During the COVID-19 Pandemic.**  
   Nicol Ginger E. J. clin. psychiatr 2020;81(3):No page numbers.

1. **Adapting IAPT Services to Support Frontline NHS Staff during the Covid-19 Pandemic: The Homerton Covid Psychological Support (HCPS) Pathway**  
   Cole C. L. The Cognitive Behaviour Therapist 2020;:No page numbers.

The Coronavirus (Covid-19) pandemic is exerting unprecedented pressure on NHS Health and Social Care provisions, with frontline staff, such as those of critical care units, encountering vast practical and emotional challenges on a daily basis Although staff are being supported through organisational provisions, facilitated by those in leadership roles, the emergence of mental health difficulties or the exacerbation of existing ones amongst these members of staff is a cause for concern Acknowledging this, academics and healthcare professionals alike are calling for psychological support for frontline staff, which not only addresses distress during the initial phases of the outbreak but also over the months, if not years, that follow Fortunately, mental health services and psychology professional bodies across the United Kingdom have issued guidance to meet these needs An attempt has been made to translate these sets of guidance into clinical provisions via the recently established Homerton Covid Psychological Support (HCPS) pathway delivered by Talk Changes (Hackney &amp;amp;City IAPT) This article describes the phased, stepped-care and evidence-based approach that has been adopted by the service to support local frontline NHS staff We wish to share our service design and pathway of care with other IAPT services who may also seek to support hospital frontline staff within their associated NHS Trusts and in doing so, lay the foundations of a coordinated response

1. **Adapting mental health care after the COVID-19 outbreak: Preliminary findings from a public general hospital in Madrid (Spain).**  
   Mediavilla Roberto Psychiatry research 2020;289:113077.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=38ca3a59d395364db93314c0b3253fa8)

1. **Addiction Psychiatry and COVID-19 - Impact on patients and service provision.**  
   Columb David Ir J Psychol Med 2020;:1-15.

The COVID-19 pandemic has undoubtably had a major impact on the provision of physical healthcare in Ireland and worldwide. The mental health impact of this pandemic cannot be underestimated, particularly relating to patients suffering with addiction. Heightened public stress and anxiety levels, increasing isolation and the physical consequences of addiction play a large role in the proliferation and ongoing relapse of substance misuse and behavioural addiction. Service provision is an ongoing challenge due to the increasing need for services given the increased mental health burden of COVID-19 but also the restrictions in place in clinical areas to achieve social distancing. The necessary adaptations to service provision provide opportunities for the analysis of current processes used in our addiction unit and the introduction of new processes to our service. The current crisis tests the sustainability of the service to provide the high standard of care required for these patients.

1. **Challenges and Priorities in Responding to COVID-19 in Inpatient Psychiatry.**  
   Li Luming Psychiatric services (Washington, D.C.) 2020;:appips202000166.

This Open Forum focuses on specific challenges, contingency planning considerations, and downstream impacts of COVID-19 on inpatient psychiatric care. COVID-19 is a novel coronavirus that has been declared a pandemic. Challenges for inpatient psychiatry include risky close contact among staff and patients, space constraints, and structural barriers in care delivery. Nuanced considerations of five contingency planning strategies in response to COVID-19 are described, including COVID-19-specific precautions, visitor restrictions, physician workforce considerations, operational adjustments, and group therapy changes. Organized leadership and clear communication are identified as early priorities in pandemic response to minimize misinformation and address immediate challenges.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3364e7abc3d3e105d286e4207c9faf08)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eb2e5848457ca06b41ca92c53bcea339)

1. **Challenges for mental health services during the 2020 COVID-19 outbreak in Germany.**  
   Thome Johannes Psychiatry clin. neurosci 2020;:No page numbers.

1. **Child and adolescent mental health service provision and research during the Covid-19 pandemic: challenges, opportunities, and a call for submissions.**  
   Witt Andreas Child and adolescent psychiatry and mental health 2020;14:19.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=72cb2865daab94d68b77c3a197253f0b)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7d07ec889116f2b80ecf756242d663bb)

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a216148daf17aef93f4c7768427e11a2)

1. **Coronavirus disease: challenges for psychiatry.**  
   Kelly Brendan D. The British journal of psychiatry : the journal of mental science 2020;:1-2.

Coronavirus disease (COVID-19) presents two urgent health problems: the illness caused by the virus itself and the anxiety, panic and psychological problems associated with the pandemic. Both problems present substantial challenges for our patients, their families, our multidisciplinary teams and our psychiatrist colleagues. We need good psychiatry, now more than ever.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=47d5b33d5a8e8bdf3c1aa9670081e286)

1. **Covid 19 from the perspective of urban and rural general adult mental health services.**  
   Lyne John Ir J Psychol Med 2020;:1-14.

Covid-19 has presented society with one of the greatest challenges in living memory. Community Mental Health Teams have needed to adapt quickly to a rapidly developing situation which has had a dramatic impact on society. In this piece we describe some of the early challenges for community mental health teams within two mental health services based in Dublin and Wicklow. We also discuss ongoing developments and anticipate the need for further vigilance as the Covid-19 pandemic continues to evolve.

1. **Covid-19 and mental health: a transformational opportunity to apply an evidence-based approach to clinical practice and research.**  
   Smith Katharine Evid Based Ment Health 2020;23(2):45-46.

1. **COVID-19 disease emergency operational instructions for Mental Health Departments issued by the Italian Society of Epidemiological Psychiatry.**  
   Starace Fabrizio Epidemiol Psychiatr Sci 2020;29:e116-e116.

During the current COVID-19 disease emergency, it is not only an ethical imperative but also a public health responsibility to keep the network of community psychiatry services operational, particularly for the most vulnerable subjects (those with mental illness, disability, and chronic conditions). At the same time, it is necessary to reduce the spread of the COVID-19 disease within the outpatient and inpatient services affiliated with Mental Health Departments. These instructions, first published online on 16 March 2020 in their original Italian version, provide a detailed description of actions, proposed by the Italian Society of Epidemiological Psychiatry, addressed to Italian Mental Health Departments during the current COVID-19 pandemic. The overall goal of the operational instructions is to guarantee, during the current health emergency, the provision of the best health care possible, taking into account both public health necessities and the safety of procedures. These instructions could represent a useful resource to mental health providers, and stakeholders to face the current pandemic for which most of Mental Health Departments worldwide are not prepared to. These instructions could provide guidance and offer practical tools which can enable professionals and decision makers to foresee challenges, like those already experienced in Italy, which in part can be avoided or minimised if timely planned. These strategies can be shared and adopted, with the appropriate adjustments, by Mental Health Departments in other countries.

1. **COVID-19 Pandemic: Impact on psychiatric care in the United States**  
   Bojdani E. Psychiatry Research 2020;289:No page numbers.

The World Health Organization declared the coronavirus outbreak a pandemic on March 11, 2020. Infection by the SARS-CoV2 virus leads to the COVID-19 disease which can be fatal, especially in older patients with medical co-morbidities. The impact to the US healthcare system has been disruptive, and the way healthcare services are provided has changed drastically. Here, we present a compilation of the impact of the COVID-19 pandemic on psychiatric care in the US, in the various settings: outpatient, emergency room, inpatient units, consultation services, and the community. We further present effects seen on psychiatric physicians in the setting of new and constantly evolving protocols where adjustment and flexibility have become the norm, training of residents, leading a team of professionals with different expertise, conducting clinical research, and ethical considerations. The purpose of this paper is to provide examples of "how to" processes based on our current front-line experiences and research to practicing psychiatrists and mental health clinicians, inform practitioners about national guidelines affecting psychiatric care during the pandemic, and inform health care policy makers and health care systems about the challenges and continued needs of financial and administrative support for psychiatric physicians and mental health systems.<br/>Copyright &#xa9; 2020

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7cb7853d92d340b133ae79796c581e7c)

1. **Covid-19: Mental health services must be boosted to deal with "tsunami" of cases after lockdown.**  
   Torjesen Ingrid BMJ 2020;369:m1994-m1994.

1. **Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow.**  
   Torous John JMIR mental health 2020;7(3):e18848.

As interest in and use of telehealth during the COVID-19 global pandemic increase, the potential of digital health to increase access and quality of mental health is becoming clear. Although the world today must "flatten the curve" of spread of the virus, we argue that now is the time to "accelerate and bend the curve" on digital health. Increased investments in digital health today will yield unprecedented access to high-quality mental health care. Focusing on personal experiences and projects from our diverse authorship team, we share selected examples of digital health innovations while acknowledging that no single piece can discuss all the impressive global efforts past and present. Exploring the success of telehealth during the present crisis and how technologies like apps can soon play a larger role, we discuss the need for workforce training, high-quality evidence, and digital equity among other factors critical for bending the curve further.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=62a9d3d1c39f6895f0f732def4e29539)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=832a3677aff8d78c3c6469ecdb9775d5)

1. **Digital technology can revolutionize mental health services delivery: The COVID-19 crisis as a catalyst for change.**  
   Taylor C. Barr The International journal of eating disorders 2020;:No page numbers.

The unprecedented COVID-19 crisis presents an imperative for mental health care systems to make digital mental health interventions a routine part of care. Already because of COVID-19, many therapists have rapidly moved to using telehealth in place of in-person contact. In response to this shift, Waller and colleagues compiled a series of expert recommendations to help clinicians pivot to delivering teletherapy to address eating disorders during COVID-19. However, numerous barriers still impede widespread adoption and implementation of digital interventions. In this commentary, we aim to extend the recommendations for clinicians offered by Waller and colleagues by presenting a roadmap of the systems- and policy-level requirements that are needed. We advocate for addressing barriers associated with training, licensing, safety, privacy, payment, and evaluation, as these factors have greatly limited use of these promising interventions. We also indicate that longer-term goals should include introducing truly innovative digital mental health practices, such as stepped-care models and simultaneously providing preventive and self-management services in addition to clinical services, into the health care system. Now is the time to catalyze change and comprehensively address the barriers that have prevented widespread delivery of these efficacious digital services to the millions of people who would benefit.

1. **Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review.**  
   Chevance A. L'Encephale 2020;:No page numbers.

OBJECTIVEThe lack of resources and coordination to face the coronavirus epidemic raises concerns for the health of patients with mental disorders in a country where we still have memories of the dramatic experience of famine in psychiatric hospitals during the Second World War. This article aims to propose guidance to ensure mental health care during the SARS-CoV epidemic in France.METHODSThe authors performed a narrative review identifying relevant results in the scientific and medical literature and in local initiatives in France.RESULTSWe 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. Furthermore, the mental health healthcare system is more vulnerable than other healthcare systems. Current government plans are poorly suited to psychiatric establishments in a context of major shortages of organizational, material and human resources. In addition, a certain number of structural aspects make the psychiatric institution particularly vulnerable: many beds have been closed, wards have high densities of patients, mental health community facilities are closed, and medical teams are understaffed and poorly trained to face infectious diseases. There are also major issues when referring patients with acute mental disorders to intensive care units. To maintain the continuity of psychiatric care in this pandemic situation, several directions can be considered, in particular with the creation of "COVID+ units". These units are under the dual supervision of a psychiatrist and an internist/infectious disease specialist; all new entrants are placed in quarantine for 14 days; the nursing staff receives specific training, daily medical check-ups and close psychological support. Family visits are prohibited and replaced by videoconference. At the end of hospitalization, in particular for the population of patients in compulsory ambulatory care situations, specific case-management are organized with the possibility of home visits, in order to support patients when they get back home and to help them cope with the experience of confinement, which is liable to induce recurrences of mental disorders. The total or partial closure of community mental health facilities is particularly disturbing for patients, but a regular follow-up is possible with telemedicine and should include the monitoring of suicide risk and psycho-education strategies; developing support platforms could also be very helpful in this context. Private practice psychiatrists also have a crucial role of information towards their patients on confinement and barrier measures, and also on measures to prevent the psychological risks inherent in confinement: maintenance of regular sleep r, physical exercise, social interactions, stress management and coping strategies, prevention of addictions, etc. They should also be trained to prevent, detect and treat early warning symptoms of post-traumatic stress disorder, because their prevalence was high in the regions of China most affected by the pandemic.DISCUSSIONFrench mental healthcare is now facing a great and urgent need for reorganization and must also prepare in the coming days and weeks to face an epidemic of emotional disorders due to the confinement of the general population.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d4893f2dac984674dbfc0f283a00e866)

1. **Epidemic psychiatry: The opportunities and challenges of COVID-19.**  
   Shalev Daniel Gen Hosp Psychiatry 2020;64:68-71.

1. **Ethical and Logistical Considerations of Caring for Older Adults on Inpatient Psychiatry During the COVID-19 Pandemic.**  
   Fahed Mario The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry 2020;:No page numbers.

The coronavirus disease 2019 (COVID-19) pandemic has brought challenges to delivery of care for older adults on inpatient psychiatry. We describe two cases: patient A, a 62-year-old woman who initially refused screening for potential COVID-19, bringing up questions about threshold for capacity when public health is at risk and questions about whether screening for infection should be different in older adults. The other case, patient B, is that of an 83-year-old man who was on the unit when patient A tested positive, and brought up concerns for risk of dissemination in the context of wandering, spitting behaviors, and inability to adhere to room isolation or masking measures. We review measures taken to decrease risk of transmission and improve screening for infection in older adults.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=90b1db867db4318ff8e198681ff8f4f3)

1. **Evolution de l'activite d'electro-convulsivo-therapie en France depuis le debut de la pandemie COVID-19Evolution of electro-convulsive therapy activity in France since the beginning of the COVID-19 pandemic**  
   Amad A. Encephale 2020;:No page numbers.

The recent COVID-19 pandemic has led to major organisational changes in health care settings, especially in psychiatric hospitals. We conducted a national online survey to assess the evolution of electroconvulsive therapy (ECT) in the different centres practicing this treatment. 65 responses from all over France were analysed. More than 90 % of the centres practising ECT experienced a decrease in their activity. Half of the centres experienced a total cessation of activity and 25 % of the centres experienced a decrease of more than half of their usual activity. Post-pandemic COVID-19 psychiatric care is expected to be difficult. It is essential not to add to this difficulty the complications, often serious, that will be associated with delaying or stopping the practice of ECT. It will also be necessary to remain vigilant with regard to the specific neuropsychiatric consequences that will follow the pandemic.<br/>Copyright &#xa9; 2020 L'Encephale, Paris

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=07985f69bdbeaeabaac2b2464a42d353)

1. **Forensic Psychiatry and Covid-19: Accelerating Transformation in Forensic Psychiatry.**  
   Kennedy Harry G. Ir J Psychol Med 2020;:1-26.

Swift medically led scientifically informed responses to the Covid-19 epidemic nationally have been demonstrably superior to other, non-scientific approaches. In forensic psychiatry and across all psychiatric services, urgent and clinically led responses have underlined redundancies and confusions in the governance of mental health services and a vacuum in policy makers. For the future, a greater emphasis on services for patients with schizophrenia and other severe, enduring mental disorders must aim at reducing standardised mortality ratios, managing risk of violence and improving hard outcomes such as symptomatic remission, functional recovery and forensic recovery of autonomy. This will require more use of information technology at service level and at national level where Scandinavian-style population based data linkage research must now become legally sanctioned and necessary. A national research and development centre for medical excellence in forensic psychiatry is urgently required and is complimentary to and different from quality management.

1. **Impact of Human Disasters and COVID-19 Pandemic on Mental Health: Potential of Digital Psychiatry.**  
   Ćosić Krešimir Psychiatria Danubina 2020;32(1):25-31.

Deep emotional traumas in societies overwhelmed by large-scale human disasters, like, global pandemic diseases, natural disasters, man-made tragedies, war conflicts, social crises, etc., can cause massive stress-related disorders. Motivated by the ongoing global coronavirus pandemic, the article provides an overview of scientific evidence regarding adverse impact of diverse human disasters on mental health in afflicted groups and societies. Following this broader context, psychosocial impact of COVID-19 as a specific global human disaster is presented, with an emphasis on disturbing mental health aspects of the ongoing pandemic. Limited resources of mental health services in a number of countries around the world are illustrated, which will be further stretched by the forthcoming increase in demand for mental health services due to the global COVID-19 pandemic. Mental health challenges are particularly important for the Republic of Croatia in the current situation, due to disturbing stress of the 2020 Zagreb earthquake and the high pre-pandemic prevalence of chronic Homeland-War-related posttraumatic stress disorders. Comprehensive approach based on digital psychiatry is proposed to address the lack of access to psychiatric services, which includes artificial intelligence, telepsychiatry and an array of new technologies, like internet-based computer-aided mental health tools and services. These tools and means should be utilized as an important part of the whole package of measures to mitigate negative mental health effects of the global coronavirus pandemic. Our scientific and engineering experiences in the design and development of digital tools and means in mitigation of stress-related disorders and assessment of stress resilience are presented. Croatian initiative on enhancement of interdisciplinary research of psychiatrists, psychologists and computer scientists on the national and EU level is important in addressing pressing mental health concerns related to the ongoing pandemic and similar human disasters.

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1. **Innovation During COVID-19: Improving Addiction Treatment Access.**  
   Samuels Elizabeth A. 2020;:No page numbers.

: During the COVID-19 pandemic, many addiction treatment and harm reduction organizations have had to reduce their hours and services for people with substance use disorders, placing these individuals at increased risk of death. In order to address restricted treatment access during COVID-19, guidance from the Substance Abuse Mental Health Services Administration, the US Drug Enforcement Administration, and the US Department of Health and Human Services has allowed for use of audio-only telehealth encounters for buprenorphine induction without requiring an in-person evaluation or video interface. This has enabled innovations in order to try to meet the needs of the most vulnerable among us during the current pandemic. In this new regulatory environment, we established the Rhode Island Buprenorphine Hotline, a phone hotline which functions as a &quot;tele-bridge&quot; clinic where people with moderate to severe opioid use disorder can be linked with a DATA 2000 waivered provider who can provide an initial assessment and, if appropriate, prescribe buprenorphine for unobserved induction and linkage to outpatient treatment. In this correspondence we briefly share our experience developing this common sense approach to addressing the complex problem of access to treatment only now permissible due to regulatory changes during COVID-19.

1. **Mental health care for international Chinese students affected by the COVID-19 outbreak.**  
   Zhai Yusen The lancet. Psychiatry 2020;7(4):e22.

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1. **Mental health services for children in China during the COVID-19 pandemic: results of an expert-based national survey among child and adolescent psychiatric hospitals.**  
   Cui Yonghua Eur. child adolesc. psychiatry 2020;:No page numbers.

1. **Mental health services for older adults in China during the COVID-19 outbreak.**  
   Yang Yuan Lancet Psychiatry 2020;7(4):e19-e19.

1. **Mental health services in Italy during the COVID-19 outbreak.**  
   D'Agostino Armando Lancet Psychiatry 2020;7(5):385-387.

1. **Mental Health Services in Lombardy during COVID-19 outbreak.**  
   Percudani Mauro Psychiatry Res 2020;288:112980-112980.

Lombardy is the Region in Italy the most heavily affected by coronavirus disease (COVID-19) contagion. The Regional Health Authority mandates that mental health services should be guaranteed, identifying mental health as a priority for their citizens. Recommendations for occupational and health safety have been provided to patients and hospital staff, including support for telemedicine activities and remote psychosocial interventions. Services of the Mental Health Departments of Milano &quot;Niguarda&quot; and Brescia &quot;Spedali Civili&quot; Hospitals are providing continued care at a community, residential and hospital level, and to positive COVID-19 psychiatric patients in need of hospitalization.

1. **Minnesota program for SMI patients adapts to crisis seamlessly**  
   Canady Valerie A. Mental Health Weekly 2020;:No page numbers.

Avoiding gaps in mental health services for consumers with serious mental illness that could disconnect them from accessing the right care has been an important goal for a community service partnership between a Minnesota provider and a local agency supporting consumers with serious mental illness The goal became even more critical during the early days of the COVID-19 pandemic as officials transitioned to virtual-based services within days and without service interruption

1. **Mobilization of Telepsychiatry in Response to COVID-19-Moving Toward 21st Century Access to Care.**  
   Kannarkat Jacob T. Administration and policy in mental health 2020;47(4):489-491.

The COVID-19 pandemic threatens to disrupt the provision of mental health services. In response, policymakers, administrators, and providers have taken bold steps toward enabling telepsychiatry to bridge this sudden gap in care for our most vulnerable populations. With rapid deregulation and adoption of this modality of care, careful consideration of issues related to policy and implementation is essential to maximize its effectiveness and mitigate unintended consequences. Though the crisis places the healthcare system under strain, it sets the stage for a lasting shift in not only how care is delivered, but also our beliefs around the system's capacity for rapid, innovative change.

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1. **Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic.**  
   Chew Qian Hui Singapore medical journal 2020;:No page numbers.

INTRODUCTIONEmerging infectious disease outbreaks, such as the present coronavirus disease 2019 (COVID-19) pandemic, often have a psychological impact on the well-being of the general population, including survivors and caregivers. Our study aimed to synthesise extant literature regarding the combined psychological responses and coping methods used by the general population in past outbreaks.METHODSWe conducted a narrative synthesis of the published literature over the last two decades with a quality appraisal of included articles that reported both psychological responses and coping strategies within infectious disease outbreaks.RESULTSA total of 144 papers were identified from the search, 24 of which were included in the review. Overall, 18 studies examined the psychosocial responses of the general population towards the severe acute respiratory syndrome epidemic, four studies focused on the Ebola epidemic and two studies covered the H1N1 outbreak. Common themes in psychological responses included anxiety/fears, depression, anger, guilt, grief and loss, post-traumatic stress, and stigmatisation, but also a greater sense of empowerment and compassion towards others. Coping strategies adopted included problem-focused coping (seeking alternatives, self- and other-preservation), seeking social support, avoidance, and positive appraisal of the situation.CONCLUSIONAmid the range of psychosocial responses seen in past infectious disease outbreaks, practical considerations for the current COVID-19 pandemic need to focus on the individual in the context of the larger social environment, with an emphasis on raising awareness of the range of possible psychosocial responses, access to psychological help, self- care, empowering self-support groups and sustained engagement with updated, reliable information about the outbreak.

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1. **Online mental health services in China during the COVID-19 outbreak.**  
   Liu Shuai Lancet Psychiatry 2020;7(4):e17-e18.

1. **Online mental health services in Indonesia during the COVID-19 outbreak.**  
   Ifdil Ifdil Asian J Psychiatr 2020;51:102153-102153.

1. **Opening Up While Locking Down: How an Irish Independent Sector Mental Health Service is Responding to the COVID-19 Crisis.**  
   Fearon Paul Irish journal of psychological medicine 2020;:1-15.

The COVID-19 pandemic poses a particular of set of challenges for health services. Some of these are common across all services (strategies to minimise infections; timely testing for patients and staff; sourcing appropriate PPE, etc.) and some are specific to mental health services (how to access general medical services quickly; how to safely deliver a service that traditionally depends on intensive face to face contact; how to isolate someone who does not wish to do so; how to source sufficient PPE in the face of competing demands for such equipment). This paper describes how St Patrick's Mental Health Services (SPMHS) chose to address this unfolding and ever-changing crisis, how it developed its strategy early based on a clear set of objectives and how it adapted (and continues to adapt) to the constantly evolving COVID-19 landscape.

1. **Opportunities From the Coronavirus Disease 2019 Pandemic for Transforming Psychiatric Care With Telehealth.**  
   Torous John JAMA psychiatry 2020;:No page numbers.

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1. **Patients with mental health disorders in the COVID-19 epidemic.**  
   Yao Hao The lancet. Psychiatry 2020;7(4):e21.

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1. **Progression of Mental Health Services during the COVID-19 Outbreak in China.**  
   Li Wen International journal of biological sciences 2020;16(10):1732-1738.

The novel coronavirus disease (COVID-19) has been rapidly transmitted in China, Macau, Hong Kong, and other Asian and European counterparts. This COVID-19 epidemic has aroused increasing attention nationwide. Patients, health professionals, and the general public are under insurmountable psychological pressure which may lead to various psychological problems, such as anxiety, fear, depression, and insomnia. Psychological crisis intervention plays a pivotal role in the overall deployment of the disease control. The National Health Commission of China has summoned a call for emergency psychological crisis intervention and thus, various mental health associations and organizations have established expert teams to compile guidelines and public health educational articles/videos for mental health professionals and the general public alongside with online mental health services. In addition, mental health professionals and expert groups are stationed in designated isolation hospitals to provide on-site services. Experts have reached a consensus on the admission of patients with severe mental illness during the COVID-19 outbreak in mental health institutions. Nevertheless, the rapid transmission of the COVID-19 has emerged to mount a serious challenge to the mental health service in China.

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1. **Psychiatrie en de COVID-19-crisis.**  
   Van H. L Tijdschr Psychiatr 2020;62(4):240-243.

1. **Psychiatrische Versorgung während der COVID-19-Pandemie.**  
   Richter Dirk Psychiatr Prax 2020;47(4):173-175.

1. **Psychological assistance during the coronavirus disease 2019 outbreak in China.**  
   Wang Yanbo Journal of health psychology 2020;25(6):733-737.

Disaster psychological assistance has become an important part of the disaster relief system, playing a crucial role in restoring and maintaining emotional stability and security of people and reducing trauma-related stress. As the first country to experience the outbreak of the coronavirus disease 2019 (COVID-19), China actively adopted psychological assistance measures in response to the panic caused by the epidemic. These measures are expected to help the Chinese government and governments in other parts of the world to better respond to the outbreaks of COVID-19.

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1. **Rapid telepsychology deployment during the COVID-19 pandemic: A special issue commentary and lessons from primary care psychology training.**  
   Perrin Paul B. Journal of clinical psychology 2020;76(6):1173-1185.

OBJECTIVEThis article positions the special issue on telepsychology amidst the COVID-19 pandemic, which has dramatically accelerated the adoption and dissemination of telepsychology.METHODThe article makes general observations about the themes emerging in the special issue with considerations for application, training, theory-driven research, and policy. It then presents as a case example the rapid deployment during the pandemic of telepsychology doctoral training and services at the Virginia Commonwealth University (VCU) Primary Care Psychology Collaborative.RESULTSFacilitators to VCU telepsychology deployment included trainee and supervisor resources, strong telepsychology training, and prior experience. Barriers to overcome included limited clinic capacity, scheduling, technology, and accessibility and diversity issues. Lessons learned involved presenting clinical issues, supervision, and working with children and adolescents.CONCLUSIONSTelepsychology is crucial for psychological service provision, during the COVID-19 pandemic more than ever, and that is unlikely to change as psychologists and patients increasingly continue to appreciate its value.

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1. **Reactivite et perennite des soins psychiatriques en France a l'epreuve du COVID-19Responsiveness and sustainability of psychiatric care in France during COVID-19 epidemic**  
   Bocher R. Encephale 2020;:No page numbers.

Objectives: The sudden changes of healthcare system due to COVID-19 particularly affect the organization of psychiatry. The objective of this review is to examine the adaptations of psychiatric care in France during this pandemic. <br/>Method(s): This narrative review is based on the observation of changes made in French psychiatric hospitals and on an analysis of the literature. <br/>Result(s): Regarding psychiatric hospitalization, the COVID-19 epidemic required rapid measures that profoundly modified the conditions of patients' reception, forcing the medical staffs to adapt their methods of care. The authors noted the creation of at least 89 wards specifically dedicated to patients with COVID-19 needing psychiatric hospitalization, allowing dual care of general medicine and psychiatry. Regarding ambulatory care, maintaining patients with long-term follow-up was a priority. Patients recalling and teleconsultation have been precious resources but cannot entirely replace face-to-face consultations. <br/>Discussion(s): COVID-19 epidemic created unprecedented situation of large-scale upheavals in the healthcare system and in society. Despite the absence of previous recommendations on the subject, French psychiatry has shown great adaptability. Some changes could inspire post-COVID-19 care.<br/>Copyright &#xa9; 2020 L'Encephale, Paris

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1. **Remote consultations in the era of COVID-19 pandemic: Preliminary experience in a regional Australian public acute mental health care setting.**  
   Kavoor Anjana Rao Asian journal of psychiatry 2020;51:102074.

In the wake of the recent pandemic of Corona Virus Disease 2019 (COVID-19), with confirmed cases having crossed 750,000, health systems across the world are getting overwhelmed; making it strenuous to maintain essential health services. Several changes were implemented in our acute mental health care service using a collaborative approach to maintain a balance between preventive measures to 'flatten the curve' and to provide care to those who were in need. Mode of service delivery was changed predominantly to tele-medicine, amongst others. It was found to be a workable model, albeit further follow up will be required to better understand its viability and feasibility to withstand the COVID-19 cataclysm.

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1. **Remote Treatment Delivery in Response to the COVID-19 Pandemic.**  
   Wright Jesse H. Psychother Psychosom 2020;89(3):130-132.

1. **The consequences of the COVID-19 pandemic on mental health and implications for clinical practice**  
   Fiorillo A. European Psychiatry 2020;63(1):e32.

There is a wide consensus that the COVID-19 pandemic not only affects physical health, but also mental health and well-being. The current pandemic is changing priorities for the general population, but it is also challenging the agenda of health professionals, including that of psychiatrists and other mental health professionals...

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1. **The COVID-19 Global Pandemic: Implications for People With Schizophrenia and Related Disorders.**  
   Kozloff Nicole Schizophrenia bulletin 2020;:No page numbers.

The coronavirus disease-19 (COVID-19) global pandemic has already had an unprecedented impact on populations around the world, and is anticipated to have a disproportionate burden on people with schizophrenia and related disorders. We discuss the implications of the COVID-19 global pandemic with respect to: (1) increased risk of infection and poor outcomes among people with schizophrenia, (2) anticipated adverse mental health consequences for people with schizophrenia, (3) considerations for mental health service delivery in inpatient and outpatient settings, and (4) potential impact on clinical research in schizophrenia. Recommendations emphasize rapid implementation of measures to both decrease the risk of COVID-19 transmission and maintain continuity of clinical care and research to preserve safety of both people with schizophrenia and the public.

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1. **The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform.**  
   Xiang Yu-Tao International journal of biological sciences 2020;16(10):1741-1744.

Recently, more than 300 Chinese patients with psychiatric disorders were diagnosed with the 2019 novel coronavirus disease (COVID-19). Possible reasons quoted in the report were the lack of caution regarding the COVID-19 outbreak in January and insufficient supplies of protective gear. We outlined major challenges for patients with psychiatric disorders and mental health professionals during the COVID-19 outbreak, and also discussed how to manage these challenges through further mental health service reform in China.

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1. **The need for Early Intervention for Psychosis to persist throughout the covid-19 pandemic and beyond.**  
   O'Donoghue Brian Irish journal of psychological medicine 2020;:1-13.

In the last three decades, Early Intervention for psychosis services have been established worldwide and have resulted in superior symptomatic and functional outcomes for people affected by psychotic disorders. These improved outcomes are a result of reducing delays to treatment and the provision of specialized, holistic interventions. The covid-19 pandemic poses significant challenges to the delivery of these services, such as undetected cases or long delays to treatment. Furthermore, the covid-19 pandemic will likely increase the mental health needs of communities, including the incidence of psychotic disorders. In this perspective piece, we provide suggestions as to how early intervention for psychosis services can adapt within this environment, such as utilizing novel technologies. Finally, we argue that despite the economic consequences of the pandemic, the funding for mental health services, including early intervention services, should be increased in line with the need for these services during and beyond the pandemic.

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1. **The role of mental health home hospitalization care during the COVID-19 pandemic.**  
   Garriga M. Acta Psychiatr Scand 2020;141(5):479-480.

1. **The role of mental health services during the COVID-19 outbreak in China**  
   Kang Chuanyuan Asian Journal of Psychiatry 2020;:No page numbers.

1. **The Role of Telehealth in Reducing the Mental Health Burden from COVID-19.**  
   Zhou Xiaoyun Telemed J E Health 2020;26(4):377-379.

1. **The Use of Telepsychiatry During COVID-19 and Beyond.**  
   O'Brien M. Irish journal of psychological medicine 2020;:1-17.

The COVID-19 pandemic has disrupted the traditional practice of psychiatric assessment and treatment via face to face interaction. Telepsychiatry, the delivery of psychiatric care remotely through telecommunications technology, is an existing and under-utilised tool that may help to minimise disruption to patient care. Technological advancement is at a stage where it can facilitate widespread use of this practice; however concerns that limited its expansion previously were not unfounded. This article discusses the use of telepsychiatry in the context of the COVID-19 pandemic.

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1. **Three steps to flatten the mental health need curve amid the COVID-19 pandemic**  
   Marques L. Depression and Anxiety 2020;37(5):405-406.

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1. **Ultra brief psychological interventions for covid-19 pandemic: Introduction of a locally-adapted brief intervention for mental health and psychosocial support service**  
   Ping N.P.T. Malaysian Journal of Medical Sciences 2020;27(2):51-56.

The ultra-brief psychological interventions (UBPI) was created in 2018 to empower healthcare providers with psychological skills that can be delivered within a short period. Techniques used within UBPI were adopted from a variety of well established psychotherapies and distilled into its core essentials. This enabled practitioners of UBPI to deliver specific psychological skills in the appropriate context to the client within a period of 15-20 min. UBPI was also manualised to standardised training of practitioners. During the novel coronavirus disease of 2019 (COVID-19) pandemic, UBPI was modified to suit the unique psychological demands of the pandemic. This article presents how UBPI was adapted and used with healthcare providers dealing with COVID-19 and also with the public who required psychological first aid (PFA).<br/>Copyright &#xa9; Penerbit Universiti Sains Malaysia, 2020.

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1. **Mental health care during the Ebola virus disease outbreak in Sierra Leone.**  
   Kamara Stania Bulletin of the World Health Organization 2017;95(12):842-847.

ProblemReported levels of mental health and psychosocial problems rose during the 2014-2015 Ebola virus disease outbreak in Sierra Leone.ApproachAs part of the emergency response, existing plans to create mental health units within the existing hospital framework were brought forward. A nurse-led mental health and psychosocial support service, with an inpatient liaison service and an outpatient clinic, was set up at the largest government hospital in the country. One mental health nurse trained general nurses in psychological first aid, case identification and referral pathways. Health-care staff attended mental well-being workshops on coping with stigma and stress.Local settingMental health service provision in Sierra Leone is poor, with one specialist psychiatric hospital to serve the population of 7 million.Relevant changesFrom March 2015 to February 2016, 143 patients were seen at the clinic; 20 had survived or had relatives affected by Ebola virus disease. Half the patients (71) had mild distress or depression, anxiety disorders and grief or social problems, while 30 patients presented with psychosis requiring medication. Fourteen non-specialist nurses received mental health awareness training. Over 100 physicians, nurses and auxiliary staff participated in well-being workshops.Lessons learntA nurse-led approach within a non-specialist setting was a successful model for delivering mental health and psychosocial support services during the Ebola outbreak in Sierra Leone. Strong leadership and partnerships were essential for establishing a successful service. Lack of affordable psychotropic medications, limited human resources and weak social welfare structures remain challenges.

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1. **System effectiveness of detection, brief intervention and refer to treatment for the people with post-traumatic emotional distress by MERS: a case report of community-based proactive intervention in South Korea.**  
   Yoon Mi-Kyung International journal of mental health systems 2016;10:51.

BACKGROUNDKorea has experienced diverse kind of disasters these days. Among them the 2015 middle eastern respiratory syndrome (MERS) outbreak imposed great psychological stress on almost all Korean citizens. Following the MERS outbreak, government is reviewing overall infectious disease management system and prioritizing the establishment of mental health service systems for infectious disease. This study makes suggestions for implementing disaster-related mental health service systems by analyzing the example of Gyeonggi Province, which proactively intervened with residents' psychological problems caused by the large-scale outbreak of an infectious disease.CASE DESCRIPTIONMental health service system for MERS victims had the following two parts: a mental health service for people who had been placed in quarantine and a service provided to families of patients who had died or recovered patients. The government of Gyeonggi province, public health centers, regional and local Community Mental Health Centers and the National Center for Crisis Mental Health Management participated in this service system. Among 1221 Gyeonggi people placed in quarantine and who experienced psychological and emotional difficulties, 350 required continuing services; 124 of this group received continuing services. That is, 35 % of people who required psychological intervention received contact from service providers and received the required services.CONCLUSIONSThis study reflects a proactive monitoring system for thousands of people placed under quarantine for the first time in Korea. It is significant that the service utilization rate by a proactive manner, that is the professionals administering it actively approached and contacted people with problems rather than passively providing information was much higher than other general mental health situation in Korea. The core value of public mental health services is adequate public accessibility; it is therefore essential for governments to strengthen their professional competence and establish effective systems. These criteria should also be applied to psychological problems caused by disastrous infectious disease outbreaks.

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1. **Mental health in emergency response: lessons from Ebola.**  
   Mohammed Abdulaziz The lancet. Psychiatry 2015;2(11):955-957.

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1. **H1N1 pandemic planning in a mental health residential facility.**  
   Hughes Frances A. Journal of psychosocial nursing and mental health services 2010;48(3):37-41.

It is only in the past few years that the mental health impact of disasters has gained attention in research and planning. This article provides a perspective of the experience of the H1N1 outbreak in New Zealand and the response by nurses in a community mental health residential facility. The key lessons learned were: planning and managing for infectious diseases should be part of disaster planning, know your clients and your community, share your knowledge, support the mental health of individuals throughout, and expect reactions as part of recovery. More research and publications are needed in this area for nurses to fully support consumers through pandemics in a more integrated manner.

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1. **Long-term psychiatric morbidities among SARS survivors.**  
   Mak Ivan Wing Chit General hospital psychiatry 2009;31(4):318-326.

OBJECTIVESevere acute respiratory syndrome (SARS) was the first massive infectious disease outbreak of the 21st century. However, it is unlikely that this outbreak will be the last. This study aimed to evaluate the long-term psychiatric morbidities in survivors of SARS.METHODThis is a cohort study designed to investigate psychiatric complications among SARS survivors treated in the United Christian Hospital 30 months after the SARS outbreak. Psychiatric morbidities were assessed by the Structured Clinical Interview for DSM-IV, the Impact of Events Scale-Revised and the Hospital Anxiety and Depression Scale. Functional outcomes were assessed by the Medical Outcomes Study 36-Item Short-Form Health Survey.RESULTSNinety subjects were recruited, yielding a response rate of 96.8%. Post-SARS cumulative incidence of DSM-IV psychiatric disorders was 58.9%. Current prevalence for any psychiatric disorder at 30 months post-SARS was 33.3%. One-fourth of the patients had post-traumatic stress disorder (PTSD), and 15.6% had depressive disorders.CONCLUSIONThe outbreak of SARS can be regarded as a mental health catastrophe. PTSD was the most prevalent long-term psychiatric condition, followed by depressive disorders. Our results highlight the need to enhance preparedness and competence of health care professionals in detecting and managing the psychological sequelae of future comparable infectious disease outbreaks.

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1. **Post-disaster mental health need assessment surveys - The challenge of improved future research**  
   Kessler R.C. International Journal of Methods in Psychiatric Research 2008;17:No page numbers.

Disasters are very common occurrences, becoming increasingly prevalent throughout the world. The number of natural disasters either affecting more than 100 people or resulting in a call for international assistance, increased from roughly 100 per year worldwide in the late 1960s, to over 500 per year in the past decade. Population growth, environmental degradation, and global warming all play parts in accounting for these increases. There is also the possibility of a pandemic. This paper and associated journal issue focuses on the topic of growing worldwide importance: mental health needs assessment in the wake of large-scale disasters. Although natural and human-made disasters are known to have substantial effects on the mental health of the people who experience them, research shows that the prevalence of post-disaster psychopathology varies enormously from one disaster to another in ways that are diffi cult to predict merely by knowing the objective circumstances of the disaster. Mental health needs assessment surveys are consequently carried out after many large-scale natural and human-made disasters to provide information for service planners on the nature and magnitude of need for services. These surveys vary greatly, though, in the rigor with which they assess disaster-related stressors and post-disaster mental illness. Synthesis of findings across surveys is hampered by these inconsistencies. The typically limited focus of these surveys with regard to the inclusion of risk factors, follow-up assessments, and evaluations of treatment, also limit insights from these surveys concerning post-disaster mental illness and treatment response. The papers in this issue discuss methodological issues in the design and implementation of post-disaster mental health needs assessment surveys aimed at improving on the quality of previous such surveys. The many recommendations in these papers will hopefully help to foster improvements in the next generation of post-disaster mental health surveys. Copyright &#xa9; 2008 John Wiley & Sons, Ltd.

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## D. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 11. | Medline | ("forensic psychiatr\*" OR (("mental health" OR psychiatr\* OR psychological OR psychotherap\*) ADJ6 (care OR healthcare OR service\*))).ti,ab | 69865 |
| 1. | Medline | \*"MENTAL HEALTH SERVICES"/ OR \*"COMMUNITY MENTAL HEALTH SERVICES"/ OR "HOSPITALS, PSYCHIATRIC"/ OR exp \*PSYCHIATRY/ | 145816 |
| 12. | Medline | (11 OR 1) | 191263 |
| 2. | Medline | \*"DELIVERY OF HEALTH CARE"/ OR \*"HEALTH CARE REFORM"/ | 78391 |
| 3. | Medline | \*"HEALTH PRIORITIES"/ | 5301 |
| 8. | Medline | \*"HEALTH SERVICES ACCESSIBILITY"/ | 37191 |
| 10. | Medline | "HEALTH SERVICES NEEDS AND DEMAND"/ | 52505 |
| 13. | Medline | ((provision OR access OR accessibility OR uptake OR take-up OR demand\* OR delivery OR planning OR design\* OR redesign\* OR priorities OR adapt\* OR organi?ation OR organi?ed OR reorgani\*6 OR reform\* OR restructur\* OR transform\*) ADJ6 (iapt OR care OR healthcare OR service\*)).ti,ab | 263190 |
| 14. | Medline | (2 OR 3 OR 8 OR 10 OR 13) | 383845 |
| 15. | Medline | (12 AND 14) | 24276 |
| 9. | Medline | "MENTAL HEALTH SERVICES -- ORGANIZATION & ADMINISTRATION"/ | 8760 |
| 16. | Medline | (15 OR 9) | 28365 |
| 5. | Medline | (epidemic\* OR pandemic\* OR Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*").ti,ab | 154951 |
| 18. | Medline | "CORONAVIRUS INFECTIONS"/ OR "SEVERE ACUTE RESPIRATORY SYNDROME"/ | 12726 |
| 19. | Medline | "DISEASE OUTBREAKS"/ | 79107 |
| 21. | Medline | (5 OR 18 OR 19) | 211817 |
| 22. | Medline | (16 AND 21) | 169 |
| 23. | Medline | (HIV OR AIDS).ti | 241643 |
| 25. | Medline | 22 not 23 | 118 |
| 26. | Medline | 25 [DT FROM 2000] | 113 |
| 27. | EMBASE | ("forensic psychiatr\*" OR (("mental health" OR psychiatr\* OR psychological OR psychotherap\*) ADJ6 (care OR healthcare OR service\*))).ti,ab | 86489 |
| 28. | EMBASE | exp \*"MENTAL HEALTH SERVICE"/ OR \*"MENTAL HOSPITAL"/ OR \*"MENTAL HEALTH CARE"/ | 48053 |
| 29. | EMBASE | (27 OR 28) | 113856 |
| 30. | EMBASE | ((impact\* OR provision OR access OR accessibility OR uptake OR take-up OR demand\* OR delivery OR planning OR design\* OR redesign\* OR priorities OR adapt\* OR organi?ation OR organi?ed OR reorgani\*6 OR reform\* OR restructur\* OR transform\*) ADJ6 (iapt OR care OR healthcare OR service\*)).ti,ab | 356569 |
| 31. | EMBASE | \*"HEALTH CARE DELIVERY"/ OR \*"HEALTH CARE ACCESS"/ OR \*"HEALTH CARE DEMAND"/ | 73790 |
| 32. | EMBASE | (30 OR 31) | 407018 |
| 33. | EMBASE | (epidemic\* OR pandemic\* OR Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*").ti,ab | 176508 |
| 34. | EMBASE | ("2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 14774 |
| 35. | EMBASE | ("middle east respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR MERS).ti,ab | 6207 |
| 36. | EMBASE | "CORONAVIRUS INFECTION"/ OR "CORONAVIRIDAE INFECTION"/ OR "MIDDLE EAST RESPIRATORY SYNDROME"/ OR "SEVERE ACUTE RESPIRATORY SYNDROME"/ | 16354 |
| 37. | EMBASE | (33 OR 34 OR 35 OR 36) | 179932 |
| 38. | EMBASE | (29 AND 32 AND 37) | 160 |
| 39. | EMBASE | (aids OR hiv).ti | 295600 |
| 40. | EMBASE | 38 not 39 | 121 |
| 41. | PsycINFO | ("forensic psychiatr\*" OR (("mental health" OR psychiatr\* OR psychological OR psychotherap\*) ADJ6 (care OR healthcare OR service\*))).ti,ab | 83823 |
| 42. | PsycINFO | \*"MENTAL HEALTH SERVICES"/ OR \*"COMMUNITY MENTAL HEALTH SERVICES"/ OR exp \*PSYCHIATRY/ | 88243 |
| 43. | PsycINFO | \*"HEALTH CARE SEEKING BEHAVIOR"/ | 3506 |
| 48. | PsycINFO | (41 OR 42) | 137330 |
| 49. | PsycINFO | ((impact\* OR provision OR access OR accessibility OR uptake OR take-up OR demand\* OR delivery OR planning OR design\* OR redesign\* OR priorities OR adapt\* OR organi?ation OR organi?ed OR reorgani\*6 OR reform\* OR restructur\* OR transform\*) ADJ6 (iapt OR care OR healthcare OR service\*)).ti,ab | 108037 |
| 50. | PsycINFO | \*"HEALTH CARE DELIVERY"/ OR \*"HEALTH CARE REFORM"/ | 18822 |
| 51. | PsycINFO | \*"HEALTH CARE ACCESS"/ | 562 |
| 52. | PsycINFO | \*"HEALTH SERVICE NEEDS"/ | 4817 |
| 53. | PsycINFO | (49 OR 50 OR 51 OR 52) | 120041 |
| 54. | PsycINFO | (epidemic\* OR pandemic\* OR Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*").ti,ab | 14574 |
| 55. | PsycINFO | ("2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 207 |
| 56. | PsycINFO | ("middle east respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR MERS).ti,ab | 92 |
| 57. | PsycINFO | \*EPIDEMICS/ OR \*PANDEMICS/ | 2531 |
| 58. | PsycINFO | (54 OR 55 OR 56 OR 57) | 14826 |
| 59. | PsycINFO | (48 AND 53 AND 58) | 96 |
| 60. | PsycINFO | (HIV OR AIDS).ti | 40384 |
| 61. | PsycINFO | 59 not 60 | 65 |
| 62. | PsycINFO | 61 [Record type Chapter OR Journal Article] | 43 |
| 63. | HMIC | ("forensic psychiatr\*" OR (("mental health" OR psychiatr\* OR psychological OR psychotherap\*) ADJ6 (care OR healthcare OR service\*))).ti,ab | 10459 |
| 64. | HMIC | exp "MENTAL HEALTH SERVICES"/ | 11389 |
| 65. | HMIC | (63 OR 64) | 16309 |
| 66. | HMIC | ((impact\* OR provision OR access OR accessibility OR uptake OR take-up OR demand\* OR delivery OR planning OR design\* OR redesign\* OR priorities OR adapt\* OR organi?ation OR organi?ed OR reorgani\*6 OR reform\* OR restructur\* OR transform\*) ADJ6 (iapt OR care OR healthcare OR service\*)).ti,ab | 39943 |
| 67. | HMIC | exp "SERVICE PROVISION"/ OR "ACCESS TO SERVICES"/ | 22295 |
| 68. | HMIC | "HEALTH SERVICE REFORM"/ | 1863 |
| 69. | HMIC | (66 OR 67 OR 68) | 56349 |
| 70. | HMIC | (epidemic\* OR pandemic\* OR Covid OR coronavirus\* OR SARS OR mers OR "middle east respiratory syndrome\*" OR "severe acute respiratory syndrome\*").ti,ab | 2951 |
| 71. | HMIC | EPIDEMICS/ OR PANDEMICS/ | 1604 |
| 72. | HMIC | (70 OR 71) | 3280 |
| 73. | HMIC | (65 AND 69 AND 72) | 4 |

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