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What is the role of a psychiatrist in the COVID-19 pandemic?

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Previous epidemics have been associated with high rates of psychiatric morbidity, and there are escalating reports of common mental health problems and more marked neuropsychiatric disorders associated with the COVID-19 pandemic. These may arise from direct effects of infection with enforced isolation and quarantine after viral exposure, and from additional stressors such as complicated bereavement, job losses, intra-familial tension and sudden impoverishment. How can a psychiatrist contribute in a viral pandemic?

In previously mentally healthy individuals, the central effects of viral infection and its complications and treatments include the development of novel neuropsychiatric conditions (e.g. delirium, demyelination, encephalopathies, seizures, stroke).^{1,2} Psychiatrists therefore have a role in assisting neurologists to determine whether atypical presentations within the context of COVID-19 infection are best understood as neurological or psychiatric in origin, and in advising on the management of acute confusional states.

The potential adverse psychological impact of viral infection in patients with established psychiatric illnesses is uncertain: individuals with known mental health problems may be particularly vulnerable, but the effects of the pandemic on risk of relapse or need for increased use of mental health services in this group are not yet established.^{3,4} However, many of the experimental approaches to treating COVID-19 infection – including azithromycin, hydroxychloroquine and remdesivir – have a risk of interaction with concomitantly prescribed psychotropic medication.⁵ Psychiatrists therefore need to be especially attentive to current patients, working to minimize relapse and prevent avoidable admissions to potentially hazardous hospital environments where physical distancing can be hard; and they should be aware of potential interactions with psychotropic medications if a patient develops severe COVID-19 infection. They also need to be assertive when protecting staff and environmental resources as these might be vulnerable to diversion to more obviously ‘front-line’ physical health services.

Prolonged enforced isolation and quarantine is known to have a range of adverse effects on psychological well-being: anxiety, irritability, poor concentration, fatigue and lowered mood are common. Healthcare workers may be particularly affected, perhaps because of concerns about being away from the workplace at a time of heightened demand (see Further reading). These untoward effects can be minimized by keeping isolation as brief as possible, ensuring individuals understand fully when quarantine is essential, ensuring adequate supplies to meet basic needs, and by reducing boredom and improving communication. Psychiatrists should work with other mental health professionals in helping populations to understand that many of the experiences are shared by others and are likely to resolve as entry back into wider society becomes possible.

The pandemic places many healthcare professionals in previously unanticipated situations, needing to make swift difficult decisions on limited evidence under duress, having to choose between similarly affected patients when allocating limited resources, and trying to balance their commitment to providing clinical care with their own, and their family's, physical and mental needs. These pressing challenges can cause some to experience ‘moral injury’ (psychological distress resulting from actions that violate individual moral or ethical codes) and can contribute to subsequent mental health problems (see Further reading). Consultation-liaison psychiatric services and occupational mental health services could therefore be important in attending to distressed colleagues and supporting systems designed to support a psychologically robust workforce. ♦

KEY REFERENCES

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FURTHER READING

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