

# COVID-19 Can Have Serious Effects on People with Mental Health Disorders



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Experts say people with severe mental illness are more likely to contract the new coronavirus and are less likely to get proper treatment for its disease, COVID-19. Getty Images

- Experts say people with severe mental illness face serious issues during the COVID-19 pandemic.

- They say people with mental illness have lifestyles that increase their risk for contracting the new coronavirus.
- They also have more underlying health conditions that raise their risk for developing more serious cases of COVID-19 if they contract the virus.
- In addition, mental health facilities could face additional strain as more of their clients are diagnosed with COVID-19.

So far, older adults, along with those who have underlying health conditions, have been hit the hardest by the COVID-19 outbreak, with many developing severe, life threatening illnesses.

Another group that's expected to be acutely affected by the pandemic include those who have severe mental illness.

A new paper

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published in JAMA Psychiatry says a crisis is headed for the country's mental healthcare system as state psychiatric hospitals and local clinics gear up for an influx of people with COVID-19.

Mental health issues often coincide with a unique set of challenges that make it difficult for people to access even the most basic necessities, such as food, medications, stable housing, and healthcare.

Combined, all of these factors put people with severe mental illness at a much higher risk for contracting and transmitting the new coronavirus and dealing with COVID-19.

## The challenges

Dr. Fumi Mitsuishi, director of the UCSF/ZSFG Division of Citywide Case Management in San Francisco, says there's a long list of challenges that put people living with psychiatric disorders — such as schizophrenia, bipolar disorder, or depression — at a higher risk from severe COVID-19.

“We’re talking about a population that struggles with being housed, being able to feed themselves, being able to take care of medical issues, having enough of an income,” Mitsuishi told [name removed].

Many of the people Mitsuishi sees at Citywide Case Management struggle with holding down a job. Some take home just \$25 a week after paying rent.

Oftentimes, they’re temporarily housed in congregate living situations, such as a shelter or center designed to get them into more permanent housing.

It’s close living quarters. People sleep alongside one another and share a bathroom.

# Access and underlying conditions

If one person comes down with COVID-19, there's a good chance the virus will rip through the congregated community.

Those with severe mental illness oftentimes don't have a smartphone, nor do they have laptops or access to TV, so they must rely on mental health clinicians to get the latest updates about the pandemic, according to Dr. Collin Reiff, an addiction psychiatrist at NYU Langone Health.

This also means that in a time when many mental health professionals and clinicians have started consulting with their clients remotely, those who don't have a device don't get the care they need.

"How do they suddenly make their appointments? They don't," Reiff said.

Layered on top of that, substance misuse is prominent among people with mental illness, Reiff told [name removed].

Substance misuse is linked to an increased susceptibility

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to infectious diseases. It may also make people more prone to risky behavior.

Reiff says it may therefore prevent people from taking the proper safety, self-care, and social distancing measures.

The rates of smoking among those with mental illness are higher — about 60 to 70 percent

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of people with schizophrenia regularly smoke cigarettes, says Mitsuishi.

That increases their risk for asthma, chronic obstructive pulmonary disease (COPD), and other respiratory illnesses that make someone more likely to experience COVID-19 complications.

Diabetes, hypertension, heart disease

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, poor cholesterol — all key risk factors for serious COVID-19 complications — are also common in this population.

“Their biological age is much higher than their actual age. Our clients are in very high-risk categories for most complications from most illnesses, and COVID is one of them,” Dr. Carrie Cunningham, the medical director of Citywide Case Management, told [name removed].

Pneumonia and influenza are some of the leading causes of death in people with mental illness, largely due to underlying lung disease, Cunningham adds.

## **Distrust of medical community**

Many people with severe mental illness also have a strong distrust for the healthcare system from previous traumatic experiences cycling in and out of hospitals.

According to Cunningham, it’s common for people with severe mental illnesses to refuse to go to the hospital.

Because of this, they put off seeking treatment even if they have symptoms. And when it comes to COVID-19, a delay in treatment can be a matter of life or death.

Then there’s the stigma of getting a respiratory disease like COVID-19. That stigma — which may manifest as a deep shame or embarrassment for getting sick — only weighs on the already heavy stigma people can carry from mental illness, which can make it even more difficult for them to lift out of their living situation.

“It’s really the stigma that leads to folks who have mental illness being shut away from opportunities. Employment is one of them, being trusted by family members, and being therefore protected and helped,” Mitsuishi said.

## **Strain on the system**

Psychiatric units will have to rapidly adapt to the ever-changing state of the pandemic.

Among other things, nonessential activities and group therapy sessions have been postponed.

“You’re going to take medication to be stabilized, and that’s pretty much it. There are parts of the equation missing,” Reiff said.

At Citywide Case Management, Mitsuishi and Cunningham’s team has been hustling to nail down the best quarantine, screening, and caregiving procedures.

Besides the cancellation of group therapy sessions, hot meals and medications are being distributed at the front door only.

Right now, the staff has enough personal protective equipment (PPE) and is giving out about 100 meals at the front door every day. They provide about 7,000 meals a week to nearby facilities that are housing people with mental illness.

But there's a growing fear that there will soon be shortages — of not just PPE but food and medications too.

The workers are also concerned about a bed shortage at psychiatric hospitals, where the number of beds is already limited due to their high cost.

There aren't designated COVID-19 floors at state psychiatric hospitals, and given the open layout, where beds sit next to one another, there's an opportunity for the virus to spread readily between patients.

"If you have an infection happening in the unit, it's going to spread super rapidly," Mitsuishi said. "If we start to lose units at state hospitals [to COVID-19], then it's going to be really scary."

## Reports

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have shown that respiratory infections, including the flu, account for the most outbreaks in psychiatric units.

COVID-19, which is thought to be more contagious than influenza, could strike these places just as hard.



Preparing and gathering resources takes time. Psychiatric units and mental health clinics need to act quickly to ensure they have a plan in place when an outbreak strikes.

“It’s all about timing, right,” Mitsuishi said. “We are flattening the curve so we can prepare for as long as possible of a surge [due to the coronavirus].”