

The Psychiatric Effects of COVID-19: Meaning and Management

P.B. Jones

RCPsych Eastern Division Autumn Conference
'Mental Health During a Pandemic'

13th November 2020

Plan

- A bio-psycho-social matter
- Psychiatric effects of SARS-CoV-2 infection
- Psychiatric effects of COVID-19 disease
- Mental effects in the population: effects of lockdown
- Long COVID
- Effects on mental health services and their patients
- Ethical and legal concerns

Background

- SARS-CoV-1
 - 2002-3
 - 8422 cases, 916 deaths
 - Frequent neuropsychiatric sequelae: depression, affective psychosis, often persistent
 - Much research on inflammatory mechanisms
- SARS-Cov-2 and COVID-19
 - Global pandemic
 - Neurotropic
 - Anosmia and parageusia

The emerging spectrum of COVID-19 neurology: clinical, radiological and laboratory findings

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*These authors contributed equally to this work.

Background

- SARS-CoV-1
 - 2002-3
 - 8422 cases, 916 deaths – all age groups
 - Frequent neuropsychiatric sequelae: depression, affective psychosis, often persistent
 - Much research on inflammatory mechanisms
- SARS-Cov-2 and COVID-19
 - Global pandemic
 - Neurotropic - Anosmia and parageusia
 - Delirium in ICU patients with covid
 - PTSS and depression in this group
 - Concerns about a psychiatric tsunami
- We **now** know, most people with mental disorders haven't had COVID
- COVID-19 disease is an older-persons' disease; new psychiatric disorders affect the young

Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science



Emily A Holmes, Rory C O'Connor*, V Hugh Perry, Irene Tracey, Simon Wessely, Louise Arseneault, Clive Ballard, Helen Christensen, Roxane Cohen Silver, Ian Everall, Tamsin Ford, Ann John, Thomas Kabir, Kate King, Ira Madan, Susan Michie, Andrew K Przybylski, Roz Shafran, Angela Sweeney, Carol M Worthman, Lucy Yardley, Katherine Cowan, Claire Cope, Matthew Hotopf†, Ed Bullmore†*

The coronavirus disease 2019 (COVID-19) pandemic is having a profound effect on all aspects of society, including mental health and physical health. We explore the psychological, social, and neuroscientific effects of COVID-19 and set out the immediate priorities and longer-term strategies for mental health science research. These priorities were informed by surveys of the public and an expert panel convened by the UK Academy of Medical Sciences and the mental health research charity, MQ: Transforming Mental Health, in the first weeks of the pandemic in the UK in

Lancet Psychiatry 2020;
7: 547–60

Published Online
April 15, 2020
[https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)

Effect of COVID-19 on risk of anxiety, depression, and other outcomes, such as self-harm and suicide

Optimal structure for a mentally healthy life in the wake of COVID-19 and social or physical distancing

Mental health consequences of the COVID-19 lockdown and social isolation for vulnerable groups, and mitigation

Effect of repeated media consumption about COVID-19 in traditional and social media on mental health; promoting wellbeing

The best, acceptable methods for promoting successful adherence to behavioural advice about COVID-19



Coronerve surveillance survey

Please complete The Surveillance Study of COVID-19-associated Neurological and Psychiatric Conditions.

covid 19 mental health



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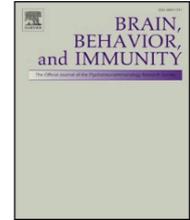
Year	Count
2021	18
2020	3533
2019	2



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Brain, Behavior, and Immunity

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Review Article

COVID-19 pandemic and mental health consequences: Systematic review of the current evidence



Nina Vindegaard, Michael Eriksen Benros*

Copenhagen Research Centre for Mental Health - CORE, Mental Health Centre Copenhagen, Copenhagen University Hospital, Gentofte Hospitalsvej 15, 4. sal, 2900 Hellerup, Denmark

Department of Immunology and Microbiology, Faculty of Health and Medical Sciences, University of Copenhagen, Blegdamsvej 3B, 2200 Copenhagen N, Denmark

A total of 43 studies were included.
Search concluded 10th May 2020

Systematic review, results

- Patients with COVID-19
 - PTSS 96.2%
 - Depression 29.2%
 - Anxiety 9.8%
- Patients with psychiatric disorders prior to and during COVID-19
 - Eating disorders - 37.5% reported worsening in ED symptomatology and 56.2% reported additional anxiety symptoms
 - General psychiatric patients - 20.9% worsening of symptoms
- Psychiatric symptoms/psychological distress among clinical workers
 - Consistent among papers
 - Depression and depressive symptoms, anxiety, poor sleep, OCD; PTSD equivocal
- Psychiatric symptoms / psychological distress in the general public
 - Early Chinese studies, mixed results, from fewer common mental disorders, no change, to more

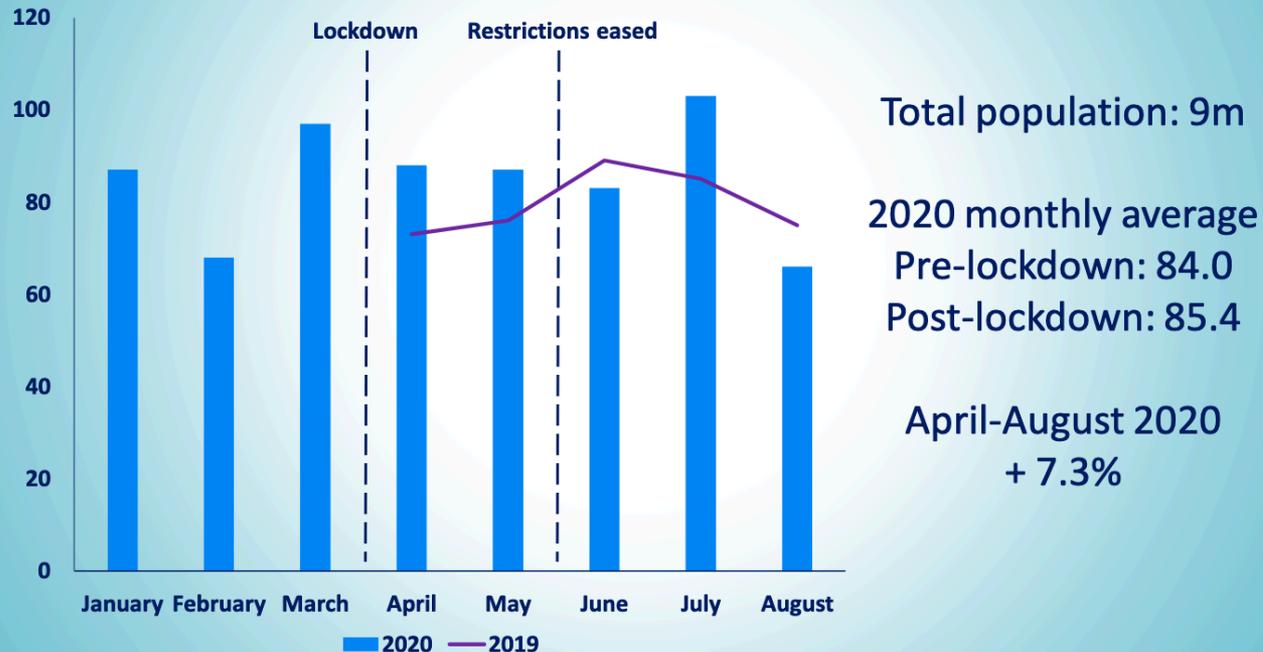
Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance

Summary

We examined suicide figures from established "real-time surveillance" (RTS) systems in several parts of England, total population 9 million, comparing the months pre-lockdown (January-March 2020) to post-lockdown (April-August 2020). The average number of suicides per month varied but there was no evidence of a rise post-lockdown. The post-lockdown figures were higher than in the equivalent period in 2019 but this should be understood in the context of rising suicide rates and improving RTS systems. Several important caveats apply, and these findings do not rule out higher figures in some areas or as a result of a future economic downturn.

National Confidential Inquiry into Suicide and Safety in Mental Health

Fig 1: RTS findings



The monthly figures varied but with no obvious pattern or trend.

RTS = real-time surveillance

BMJ Open Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study

Ru Jia,¹ Kieran Ayling,¹ Trudie Chalder,² Adam Massey,¹ Elizabeth Broadbent ³,
Carol Coupland,¹ Kavita Vedhara ¹

Articles

Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population



Matthias Pierce, Holly Hope, Tamsin Ford, Stephani Hatch, Matthew Hotopf, Ann John, Evangelos Kontopantelis, Roger Webb, Simon Wessely, Sally McManus, Kathryn M Abel**

Mean GHQ-12 score increased over this time, from 11.5 (95% CI 11.3-11.6) in 2018-19, to 12.6 (12.5-12.8) in April, 2020. This was 0.48 (95% CI 0.07-0.90) points higher than expected when accounting for previous upward trends between 2014 and 2018.

Understanding the psychological and social impact of the pandemic

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Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19: longitudinal analyses of 36,520 adults in England

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[ID](#) Daisy Fancourt, [ID](#) Andrew Steptoe, [ID](#) Feifei Bu

doi: <https://doi.org/10.1101/2020.06.03.20120923>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

Posted November 03, 2020.

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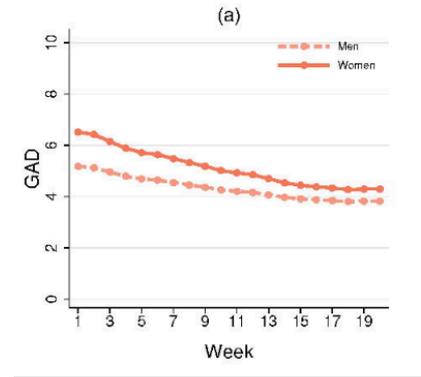
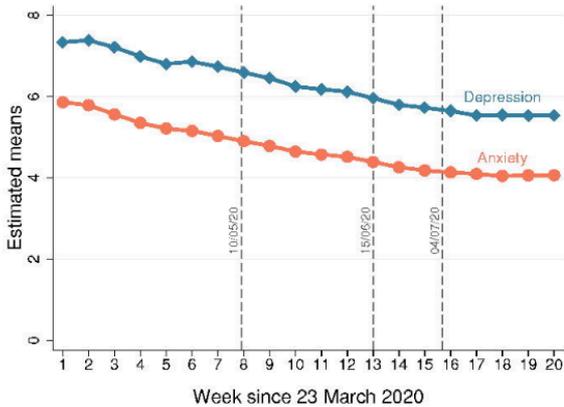
Abstract

COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv

UCL Covid social study

- 36,520/70,000 volunteers in a panel study – three time points and relevant data

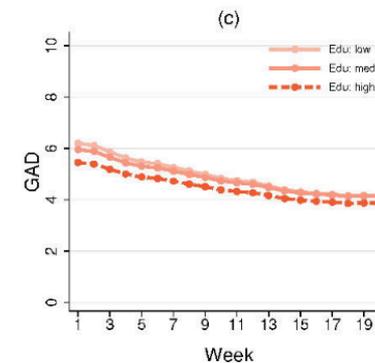
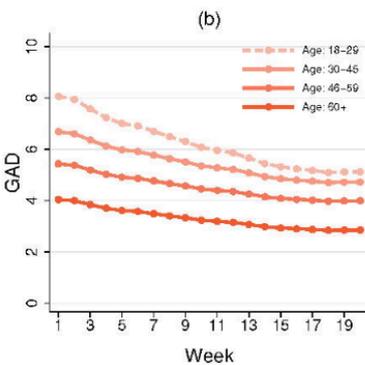
PHQ-9 and GAD-7

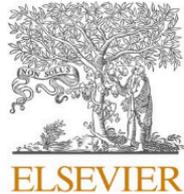


Prevalence of depression and anxiety (cases and mean scores) were high early in lockdown

Higher in women, in younger people and those with lower educational attainment

Prevalence fell throughout lockdown, with these inequalities maintained





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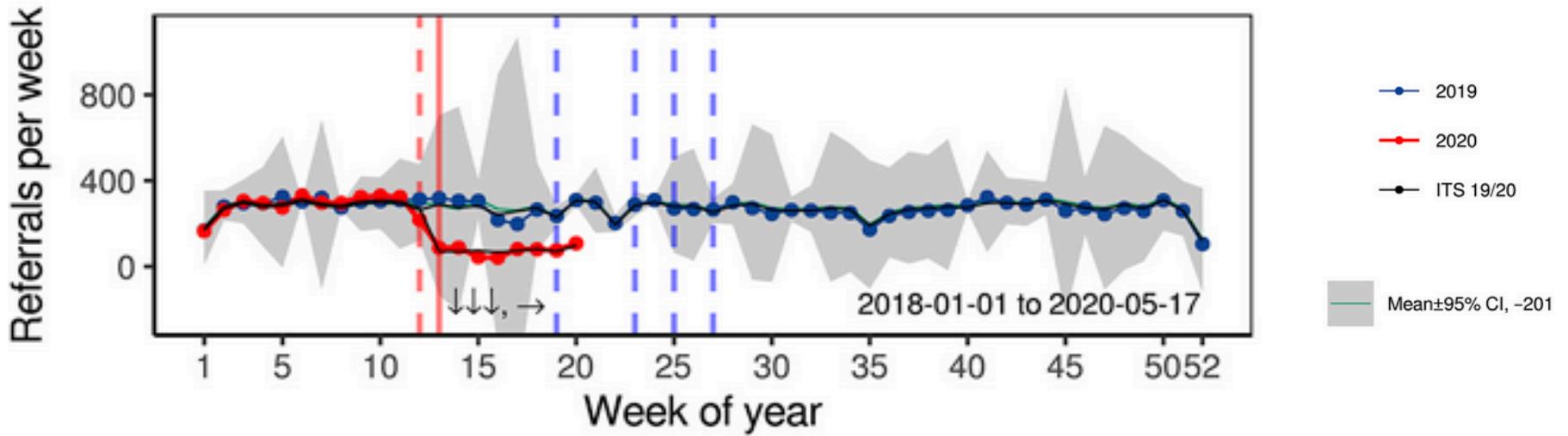
The early impact of COVID-19 on mental health and community physical health services and their patients' mortality in Cambridgeshire and Peterborough, UK

Shanquan Chen^a, Peter B. Jones^{a,b}, Benjamin R. Underwood^b, Anna Moore^{a,b},
Edward T. Bullmore^{a,b}, Soumya Banerjee^a, Emanuele F. Osimo^{a,b}, Julia B. Deakin^b,
Catherine F. Hatfield^b, Fiona J. Thompson^b, Jonathon D. Artingstall^b, Matthew P. Slann^b,
Jonathan R. Lewis^b, Rudolf N. Cardinal^{a,b,*}

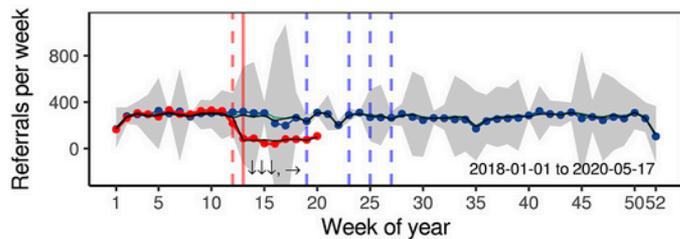
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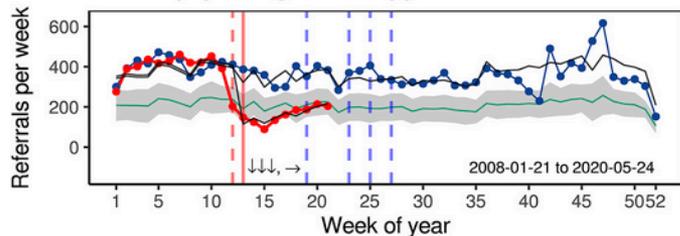
A. Primary care MH service referrals



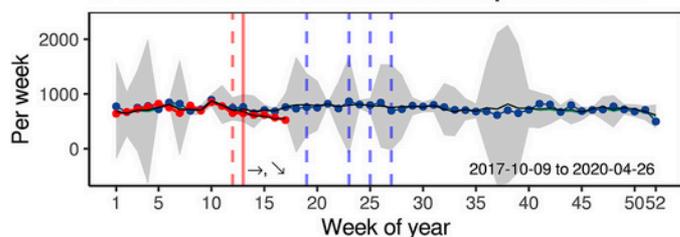
A. Primary care MH service referrals



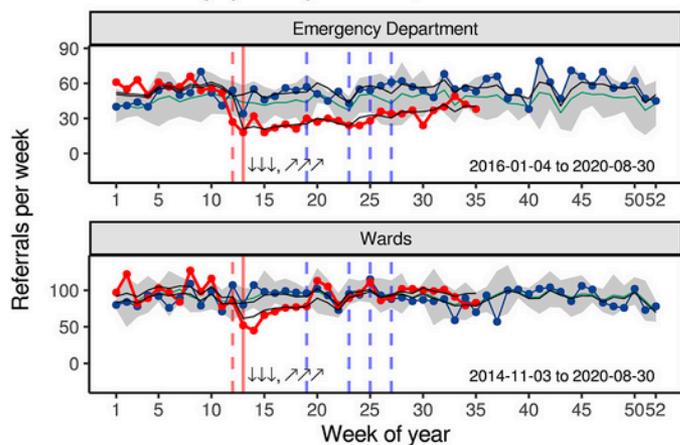
B. IAPT psychological therapy service referrals



C. Calls to the NHS 111 MH crisis telephone service



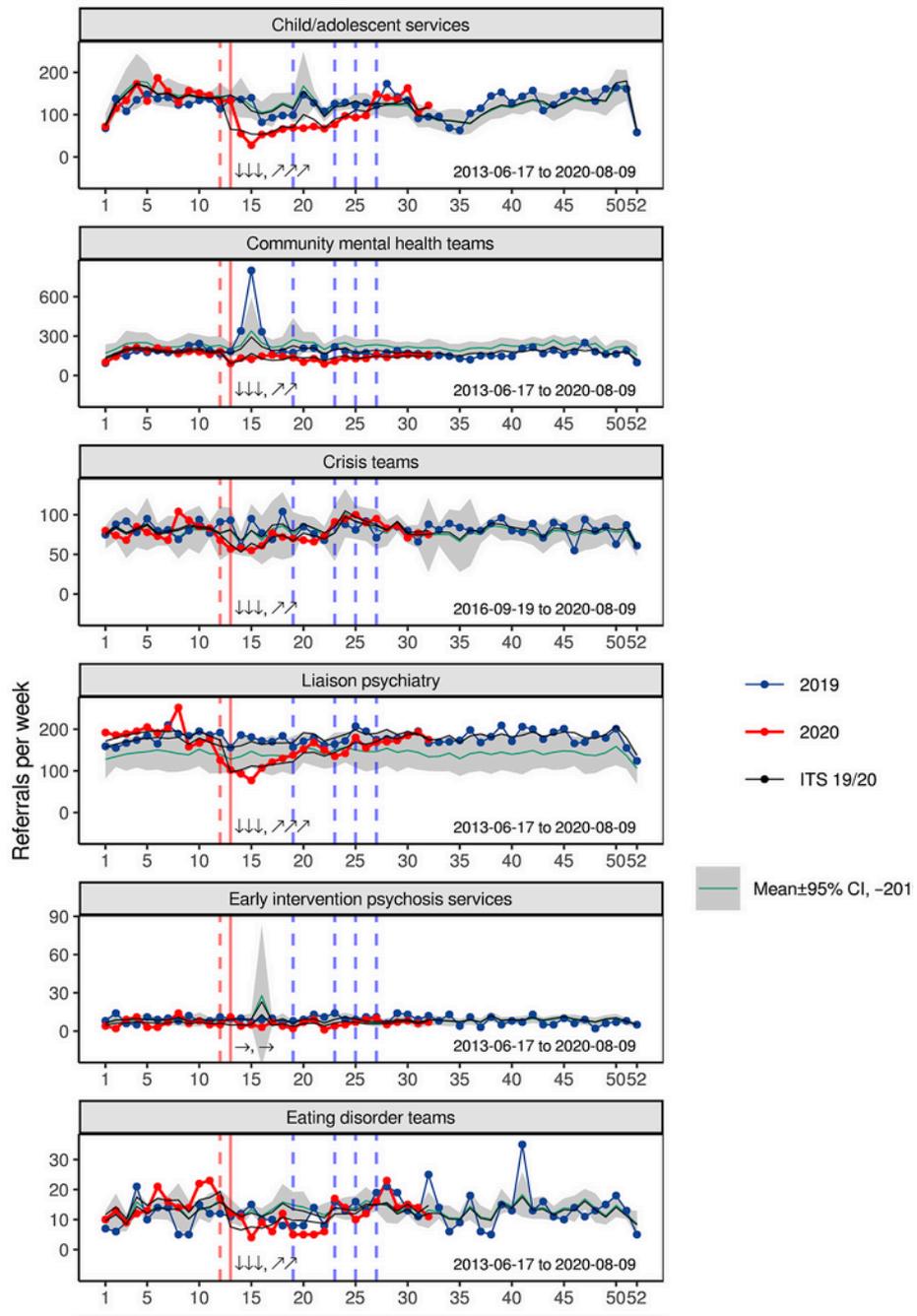
D. Liaison psychiatry referrals, CUH

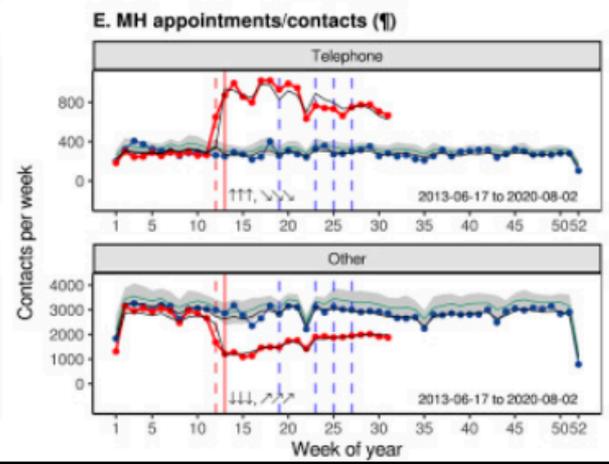
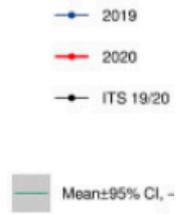
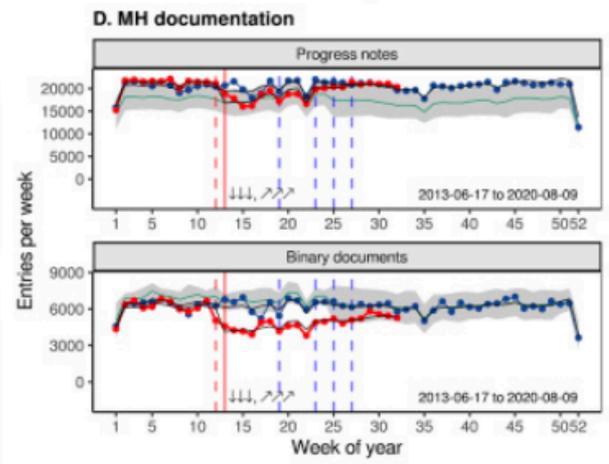
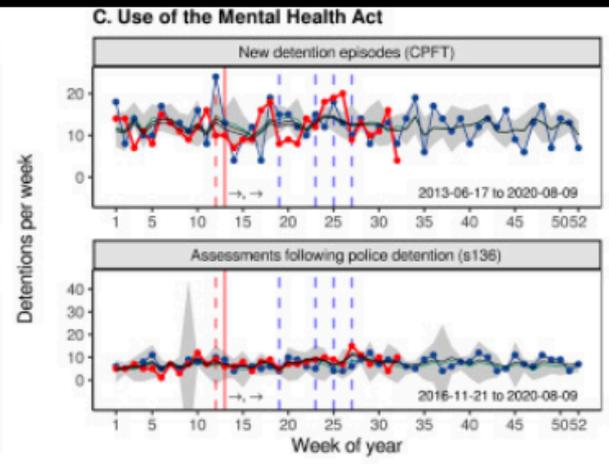
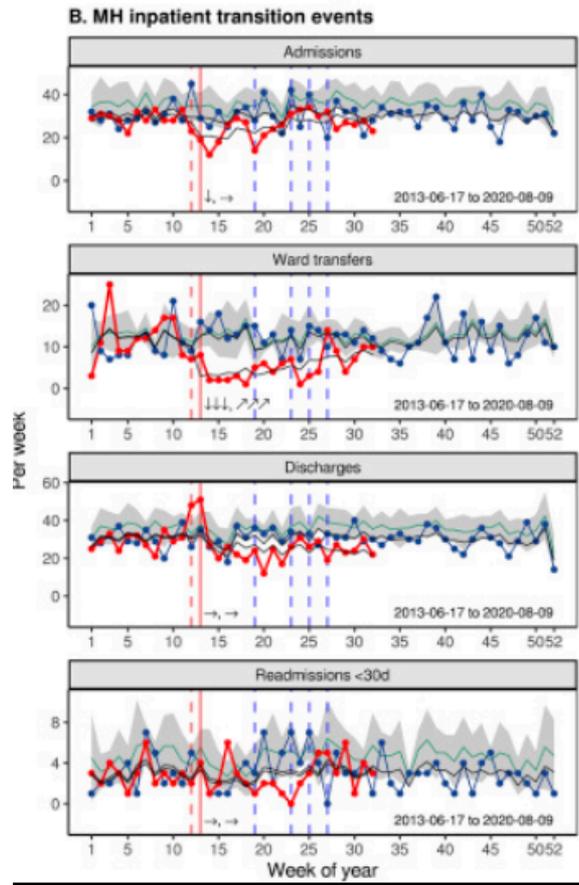
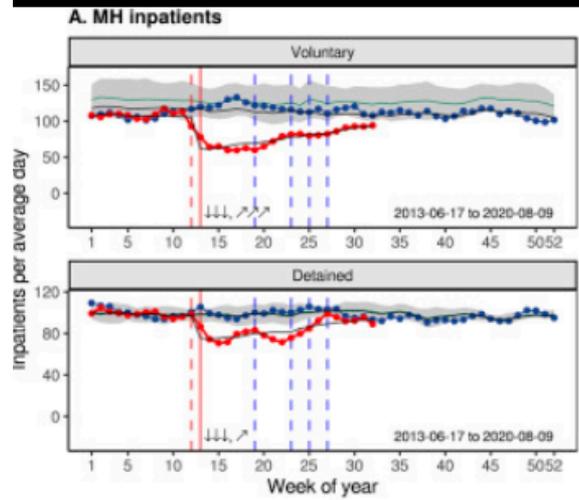


● 2019
● 2020
● ITS 19/20

Mean \pm 95% CI, -201

E. Referrals to secondary care MH teams







Social Science & Medicine

Available online 7 October 2020, 113426

In Press, Journal Pre-proof 



Short communication

How and Why Patients Made Long Covid

Felicity Callard (Professor) ^a  , Dr Elisa Perego ^b 

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<https://doi.org/10.1016/j.socscimed.2020.113426>

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“...patients marshalled epistemic authority”.

Patient knowledge needs to be incorporated into how COVID-19 is conceptualised, researched, and treated.

PRACTICE POINTER

Management of post-acute covid-19 in primary care

Trisha Greenhalgh,¹ Matthew Knight,² Christine A'Court,¹ Maria Buxton,³ Laiba Husain¹

What you need to know

- Management of covid-19 after the first three weeks is currently based on limited evidence
- Approximately 10% of people experience prolonged illness after covid-19
- Many such patients recover spontaneously (if slowly) with holistic support, rest, symptomatic treatment, and gradual increase in activity
- Home pulse oximetry can be helpful in monitoring breathlessness
- Indications for specialist assessment include clinical concern along with respiratory, cardiac, or neurological symptoms that are new, persistent, or progressive

Cite this as: *BMJ* 2020;370:m3026

<http://dx.doi.org/10.1136/bmj.m3026>

Published: 11 August 2020

Post-acute, chronic and long-covid

- Post-acute covid-19 (“long covid”) seems to be a multisystem disease, sometimes occurring after a relatively mild acute illness.
- Clinical management requires a whole-patient perspective.
- Broadly, three groups:
 - Following serious sequelae (such as thromboembolic complications)
 - A non-specific clinical picture, often dominated by fatigue and breathlessness.
 - Post-intensive care syndromes
- Post-acute covid-19, symptoms extending beyond three weeks
- Chronic covid-19 as extending beyond 12 weeks.
- Prevalence: 10-20% depending on samples
- A positive test for covid-19 is not a prerequisite for diagnosis

Safety netting and referral

The patient should seek medical advice if concerned, for example:

Worsening breathlessness

PaO₂ < 96% Unexplained chest pain

New confusion Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

➔ **Respiratory** if suspected pulmonary embolism, severe pneumonia

➔ **Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure

➔ **Neurology** if suspected neurovascular or acute neurological event

🫁 **Pulmonary rehabilitation** may be indicated if patient has persistent breathlessness following review

Medical management

Symptomatic, such as treating fever with paracetamol

Optimise control of long term conditions

Listening and empathy

Consider antibiotics for secondary infection

Treat specific complications as indicated

Self management

📊 Daily pulse oximetry

📖 Attention to general health

📅 Rest and relaxation

🚶 Self pacing and gradual increase in exercise **if tolerated**

✅ Set achievable targets

Diet

Sleep

Quitting smoking

Limiting alcohol

Limiting caffeine

Mental health

In the consultation:

Continuity of care

Avoid inappropriate medicalisation

Longer appointments for patients with complex needs (face to face if needed)

In the community:

Community linkworker

Patient peer support groups

Attached mental health support service

Cross-sector partnerships with social care, community services, faith groups

thebmj

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Ethical & Legal Matters

- Experiences as chair of CPFT Covid-clinical ethical advisory committee, member STP ethics committee

Ethical & Legal Matters

- Experiences as chair of CPFT Covid-clinical ethical advisory committee, member STP ethics committee
- Resuscitation guidelines, adults and children
- Making guidelines and service changes public
- Unavailability of therapeutic options
- Effects on staff and moral injury
- Management of people who do not comply with isolation protocols
- Resumption of face-to-face
- Regular review of Covid policies as prevalence changes
- Who gets the vaccine?

Summary

- Covid-19 and psychiatry is a bio-psycho-social matter
- Psychiatric effects of SARS-CoV-2 infection
- Psychiatric effects of COVID-19 disease
- Mental effects in the population: effects of lockdown
- Long COVID
- Effects on mental health services and their patients
- Ethical and legal concerns