**Psychological/Psychiatric Considerations in People with COVID-19**

*Duan L & Zhu G. Psychological interventions for people affected by COVID-19 epidemic. Lancet Psychiatry 2020; 7: 300-2.*

Evidence from China demonstrate that **almost half** of confirmed COVID-19 patients manifested at least moderate psychological stress during admission. With only one full-time adult psychiatrist in the Trust it will not always be possible for there to be a prompt psychiatric response to mental health difficulties. Therefore it is imperative that staff at the RNOH familiarise themselves with the Mnetal Health Triage Assessment of when to refer patients to Psychiatry and how urgently. The resources in the Mental Health Information Pages on Grapevine are here to help you.

Psychological and psychiatric manifestations in COVID-19 patients

Confirmed COVID-19 patients often present with emotional effects such as regret and resentment, loneliness and helplessness, depression, anxiety and panic, irritability and sleep disturbance. Some patients may have panic attacks.

The incidence of delirium appeared high among the critically ill patients.

There have been case reports of COVID-induced encephalitis presenting predominantly with irritability, fluctuating consciousness and psychotic symptoms.

Establishing a dynamic mechanism for evaluation and warning of mental health crisis

Patients' mental states (individual psychological stress, mood, sleep quality and anxiety) should be monitored every week after admission.

A number of self-rated tools can be used to assist in the monitoring, triage and risk assessment.

Where there is a great risk of infection, patients can complete questionnaires online.

Guiding Principles of Intervention

Principles of intervention and treatment:

For patients with mild symptoms, care, support and active monitoring is recommended. Where these do not work, psychological techniques such as breathing relaxation training, mindfulness and grounding techniques can be used. For patients with moderate-to-severe distress or serious risk, intervention and treatment by combining medication and psychotherapy are suggested. SSRIs and Z-hypnotics can be prescribed to improve the patients' mood and sleep quality. Second generation antipsychotics such as olanzapine are preferred over older antipsychotics for hallucinations, psychosis and delirium.

The recommendation of psychotropic medications in elderly patients:

COVID-19 patients over the age of 70 often have multiple physical diseases such as hypertension and diabetes. Therefore, when selecting psychotropic medications, the drug interactions and their effects on respiration must be fully considered. Fluoxetine is preferred for the treatment of depression and anxiety symptoms; zopiclone for sleep difficulties; olanzapine to improve psychotic symptoms.