COVID-19, MENTALLY ILL AND MENTAL HEALTH WORKERS

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During the COVID-19 Pandemic all our habits have changed: it is mandatory to maintain social distance, use protective devices (such as masks), stay in the house if not for emergency situations.

This condition of degradation of social relations and interpersonal interactions is having psychological repercussions on all citizens (WHO 2020). Unfortunately, even more serious consequences may emerge in people with psychiatric conditions.

The psychological damage - related to isolation, to the disruption of habits, to the reduction of contacts with health care professionals - risk creating a new health emergency that will develop in the medium term.

A very important problem could develop if a psychiatric patient with COVID-19 needs to be admitted. In this case, it is not acceptable for ordinary hospitalization to be carried out, as in the case of patients not suffering from mental illness. In fact, a mentally unstable or cognitive impaired patient could become a danger to himself and others if he is admitted to a normal COVID ward. In fact, it is difficult to impose and make the psychiatric patient with COVID-19 understand that he must be isolated for at least 14 days without having any contact with the outside world. The risk of exacerbating mental illness, with all the possible consequences, is very high.

Therefore, it will be necessary to arrange hospitalizations with specific modalities for psychiatric patients.

It will also be important to intensify telematic talks between psychiatrists and the mentally ill (not hospitalized, therefore in their homes).

Careful monitoring of this class of patients, citizens, who - as often happens - are more exposed to discrimination and abandonment by society (especially in emergency situations) will be essential.

In addition, a further problem is related to the safety of health professionals who have to work within the community to provide an involuntary health treatment (IHT). In fact, there are cases in which, during the home isolation, psychiatric patients have a breakdown of the psychological state due to which they threaten suicide or become dangerously aggressive. In these cases, health care professionals will have to intervene at the patient's home. Such circumstances are at very high risk of contagion COVID-19, because the mentally ill patient in the phase of decompensation, very often agitates, spits and has behaviors that obviously do not fit with the prevention of COVID-19. For these reasons it will be necessary to provide all the necessary protections to operators engaged on the territory. Equally, it is essential to protect psychiatrists and nurses working in psychiatric wards. First of all, resident doctors who have an even higher risk of infection in the workplace both because they are less experienced and because they are often not sufficiently protected by personal protective equipment (Cioffi 2020).

In this emergency phase, therefore, it is crucial to pay particular attention to the protection of the mentally ill but also to the protection of operators engaged every day in the difficult management of this class of patients.

References

1. *Cioffi A: Professional autonomy of the resident doctor: Between the hammer and the anvil. J Forensic Leg Med 2020; 18:101965. doi:10.1016/j.jflm.2020.101965. Epub ahead of print*
2. *World Health Organization: Mental Health and COVID-19, 2020 http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/mental-health-and-covid-19*

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