BJPsych | The British Journal of Psychiatry (2020) 217, 726–728.

Correspondence

Edited by Kiriakos Xenitidis and Colin Campbell

Contents

Mental health services in the wake of COVID-19 and opportunities for change

Professor Kelly carries out a detailed analysis of the likely mental health needs in the context of coronavirus infectious disease 2019 (COVID-19).[1] The pandemic has indeed evoked a strong response in support of mental health provision worldwide in view of the realisation of both its direct and indirect effects on psychological function. In the UK, COVID-19 offers an opportunity to revisit the current state of mental health services and develop ways to maximise healthcare delivery.

Pre-existing declining performance indicators, serious shortage of skilled workforce and the increase in demand have taken a toll on mental health services in recent years.[2] This is the backdrop of the 2019 new funding bill in the UK, the 'long term strategy for the NHS in England', which might not be as generous as initially believed.[3] Awareness of the repercussion of COVID-19 on mental health is increasing as data becomes available. The unpreparedness towards the pandemic, the necessity to shift resources towards COVID-19, and recent data suggesting collateral casualties in those patients with cancer and other conditions (whose priorities have become secondary to the pandemic),[4] alarmingly suggest that shortcomings in mental health service provision may lie ahead.

Based on the documented psychosocial consequences of the severe acute respiratory syndrome (SARS) persisting beyond the duration of the infection,[5] a surge in COVID-19-related mental health problems is likely. The global scale of the magnitude of COVID-19 compared with SARS is much higher, 4,528:1 (and increasing) according to John Hopkins University (on 14/10/2020, 38,204,270 vs. 8,437 established cases).[6] These alarming figures, suggest that there is an urgent need for service planning to ensure that resources are proportional to the level of demand and sufficient to address inclusively all the individuals at risk (patients, those with pre-existing physical and mental health conditions, the general population and healthcare workers).[7] While championing for the extra resources, similarly to China,[8] community mental health teams would need to shift to online consultations for the foreseeable near future. This approach would greatly facilitate the assessment of individuals in quarantine or isolation, whereas online self-assessment tools could improve efficiency by screening participants in need of secondary-care mental health services. Patients with COVID-19 and individuals with pre-existing physical and mental health conditions could be routinely screened for common mental health symptoms as part of discharge planning and hospital-based liaison teams could be involved with overt or high-risk cases.[8]

In view of the work pressure affecting health workers, it would seem advisable to create a confidential mental health support online service to specifically provide information and address their psychological needs. Computer-based apps could deliver brief interventions to enhance mental health resilience while providing *ad hoc* practical information.[8,9] Aside the immediate changes to address mental health needs, COVID-19 will most likely define a new way of working in mental health for generations to come.

Declaration of interest

The author has received travel grants from Jansen-Cilag and Servier and sponsorship from Lundbeck.

1 Kelly BD. Coronavirus disease: challenges for psychiatry. *Br J Psychiatry* 2020; **217**: 352–3.

2 Iacobucci Gareth. Mental health services: CQC warns of "perfect storm" *BMJ* 2019; **367**:l6032.

3 https://www.independent.co.uk/news/health/nhs-funding-health-foundation-government-bill-a9318966.html

4 Lai AG, Pasea L, Banerjee A, et al. Estimating excess mortality in people with cancer and multimorbidity in the COVID-19 emergency. *medRxiv*; 2020. doi:10.1101/2020.05.27.20083287.

5 Tsang HW, Scudds RJ, Chan EY. Psychosocial impact of SARS. *Emerg Infect Dis*. 2004;**10**(7):1326–1327. doi:10.3201/eid1007.040090.

6 John Hopkins University. COVID Dashboard. John Hopkins University, 2020. Available from: https://coronavirus.jhu.edu/map.html

7 Arora T, Grey I, Östlundh L, Lam KH, OO, Arnone D. The prevalence of psychological consequences of COVID-19 amongst healthcare workers, the general population and COVID-affected patients: a systematic review and meta-analysis. *J Health Psychol*, in press.

8 https://blogs.bmj.com/bmj/2020/04/28/mental-health-support-in-wuhan-in-response-to-covid-19-pandemic/

9 Marshall JM, Dunsan DA, Bartik W. The digital psychiatris: in search of evidence-based apps for anxiety and depression. *Front Psychiatry* 2019;**10**: 831. doi:10.3389/fpsyt.2019.00831

Danilo Arnone, Associate Professor of Psychiatry, Department of Psychiatry and Behavioral Science, College of Medicine and Health Sciences, United Arab Emirates University, United Arab Emirates; Centre for Affective Disorders, Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK, Email: danilo.arnone@uaeu.ac.ae

doi:10.1192/bjp.2020.170

Author's reply

I am very grateful to Professor Arnone for his response to my editorial.[1] I agree that 'COVID-19 offers an opportunity to revisit the current state of mental health services and develop ways to maximise healthcare delivery'. There are many lessons to learn, not least of which is the need for community mental health teams 'to shift to online consultations for the foreseeable near future', as Professor Arnone points out.

Although I agree that we need to upskill in the area of online work and to increase access to technology, the pandemic has also highlighted the limitations of online working and consultations conducted while wearing face coverings. If these are the only methods available for assessing patients, they will suffice, but much is lost: certain aspects of facial expression, nuances of conversation and significant dimensions of rapport. We need to work on other aspects of these interactions to make up for these deficits.

Professor Arnone's point about funding is also very well made. Mental health services will play a key role in managing our responses to future resurgences of COVID-19 as well as the long-term consequences of the virus.

https://doi.org/10.1192/bjp.2020.170 Published online by Cambridge University Press