

The Neglected Health of Psychiatric Patients in the COVID-19 Outbreak

Kang Soo Lee^{1,*}, Sang Hyuk Lee¹

¹Department of Psychiatry, School of Medicine, CHA Bundang Medical Center, CHA University, Seongnam, Korea

***Corresponding Author:** Sang Hyuk Lee, Department of Psychiatry, School of Medicine, CHA Bundang Medical Center, CHA University, Seongnam, Korea, E-mail: drshlee27@gmail.com

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The outbreak of the novel coronavirus now known as SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) has spread globally. As of March 9, 2020, there has been sustained global transmission to over 105 countries. In South Korea, more than 7300 cases of SARS-CoV-2 and 51 deaths have been reported. Korea's Center for Disease Control and Prevention confirmed the country's first coronavirus-related death in Cheongdo County in North Gyeongsang Province. The 63-year old male, diagnosed as a schizophrenic, had been receiving in-patient care for the past 20 years without any contact from the outside. A total of 102 patients in the same psychiatric ward have also been infected and 9 of them have died. Approximately 70% of all deaths under the age of 60 are in the psychiatric patients. The case-fatality rate (CFR) of SARS-CoV-2 appears to be highly variable. Early reports suggested that it could be as high as 8% to 15% in older adults infected in Hubei Province [1]. The CFR is increased in adults with comorbid conditions who developed severe respiratory symptoms, and mental illness is ranked third among these underlying diseases in South Korea. Severe mental illness is associated with an increased risk of mortality from potentially preventable infectious diseases, such as pneumonia and influenza [2]. The unique characteristics of psychiatric patients may make the implementation of hygiene measures or health preventive measures difficult. As the majority of virus outbreaks in psychiatric facilities involve infections of the respiratory tract such as SARS-CoV-2, periodic clinical monitoring by medical specialists for such infections is important [3]. Once an outbreak occurs and cannot be avoided, it is imperative to quickly identify the person who will be responsible for coordinating the response to the outbreak. Interventions will need to be tailored to the unique aspects of the patient population and the resources available to the facility. Targeted interventions such as vaccinations for pneumonia and influenza may reduce the risk of mortality among psychiatric patients. The outbreak of SARS-CoV-2 has revealed many problems in the provision of infection control facilities in mental hospitals and long-term care facilities. Psychiatric facilities should develop plans to monitor for the occurrence of outbreaks and to intervene effectively once an outbreak is identified. Political support at the highest and broadest levels is also crucial. A key aspect of a control plan is that government policy be changed to shift patients from long-term hospitalization to rehabilitation programs such as day

care or community care services. This would help to curb outbreaks because high infectivity diseases like COVID-19 spread more quickly in mental hospitals and long-term care facilities due to prolonged exposure in a confined environment. Moreover, the social stigma and discrimination about mental illness can make problems worse, making it harder to control. The national government should take measures to establish and improve these intervention systems to effectively deal with the risk of transmission caused by SARS-CoV-2 in mental hospitals and long-term care facilities.

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