

Covid-19 and Psychiatry

Press release of the French National Academy of Medicine

April 17, 2020

The consequences of the Covid-19 epidemic on the mentally ill and psychiatric care are major and alarming. In particular, it should be pointed out:

- the particular fragility of these patients, linked to the frequency of the associated organic deficits and the difficulty making them observe the barrier gestures or to resort to the care required by their state of health on account of the inhibition due to their pathology and treatments;
- the difficult application of room confinement measures in the case of hospitalized mental patients when the prevention of contagion requires it;
- the significant risk of disruption of follow-up and care, and therefore of relapse, in mentally ill patients under outpatient care due to reduced access to consultations, and its consequences on their state of health and on their family and friends;
- the risk of nosocomial transmission of SARS-CoV-2 in psychiatric institutions as in all health care institutions.

Overall, the scale of the current epidemic situation exposes psychiatric patients to a loss of opportunity as a result of the possible interruption of health care. This major issue also concerns all subjects presenting symptoms of psychological suffering (anxiety, depression, distresses, even delirious puffs, suicidal thoughts, etc.) favoured by the conditions of confinement.

All of these observations, already underlined with concern by many psychiatrists, lead the National Academy of Medicine to recommend:

1. not to neglect the professionals in charge of mental health when providing protective equipment against nosocomial transmission by air and by hand (masks, protective clothing and glasses, hydroalcoholic gels, etc.). This implies that the regional health agencies (ARS) and the territorial hospital groups (GHT) respond without delay and without discrimination to requests from psychiatric care structures so as to prevent as much as possible cross transmission of SARS-CoV-2 between caregivers and patients.
2. to ensure that patients with a chronic psychiatric condition (schizophrenia, bipolarity, etc.) and suspected of Covid-19 benefit from effective monitoring at home and that, in the event of worsening, they have access without delay and without stigmatisation to hospital medical care, or even hospitalisation in intensive care and resuscitation if necessary.
3. organise outpatient care for psychiatric patients at each site, by teleconsultation or telephone consultation, with hospital and private practitioners, and publicise these means of access through the media, the local papers and via the Internet.
4. ensure that, despite the difficulties created by the epidemic context, the rights of patients suffering from mental illness, who are particularly exposed to measures of restraint, confinement and deprivation of liberty in general, are always respected.