



HAL
open science

One year after the COVID-19: what have we learnt, what shall we do next?

Philip Gorwood, Andrea Fiorillo

► To cite this version:

Philip Gorwood, Andrea Fiorillo. One year after the COVID-19: what have we learnt, what shall we do next?. *European Psychiatry*, 2021, pp.1-5. 10.1192/j.eurpsy.2021.9 . inserm-03143910

HAL Id: inserm-03143910

<https://inserm.hal.science/inserm-03143910>

Submitted on 17 Feb 2021

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

This is an Accepted Manuscript for *European Psychiatry* as part of the Cambridge Coronavirus Collection. Subject to change during the editing and production process.

One year after the COVID-19: what have we learnt, what shall we do next?

Philip GORWOOD^{1,2} & Andrea FIORILLO³

¹ Université de Paris, INSERM, U1266 (Institute of Psychiatry and Neuroscience of Paris), F-75006, Paris, France.

² CMME, GHU Paris Psychiatrie et Neurosciences, Hôpital Sainte-Anne, F-75014 Paris, France.

³ Department of Psychiatry, University of Campania L. Vanvitelli, Naples, Italy

We are still within the acute phase of the COVID-19 pandemic, so getting lessons of how we coped with it during its first year of life is of interest. The European Psychiatric Association (EPA) has been trying to help patients, caregivers and policy makers to concentrate their efforts on those most at risk, relying on consistent information, taking into account many underestimated aspects and making proposals to facilitate adequate strategies. The *European Psychiatry* journal being the official platform of our association presents a collection of articles devoted to COVID-19 in line with these priorities.

The first important aspect of this collection is how COVID-19 addresses the topic of psychiatric symptoms in the general population, and how such increase mainly concerns those with past or present mental disorders. Care providers are also at risk of psychiatric symptoms according to a large study in China, with one out of four of respondents experiencing high levels of anxiety or/and depressive symptoms (Dong et al., 2020). For the global population, one in three to six people appear adversely affected by depression, anxiety, insomnia or suicidal ideas, the strongest predictor of these disorders being a history of mental health

This is an Open Access article, distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives licence (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is unaltered and is properly cited. The written permission of Cambridge University Press must be obtained for commercial re-use or in order to create a derivative work.

problems (McCracken et al., 2020). Another interesting study carried out in Italy (Fiorillo et al., 2020) showed that with longer time being in a lockdown situation, there is a very significant increase of the level of depressive, anxiety and stress symptoms. Once again, subjects with pre-existing mental health problems were at even higher risk. Moser et al. (2020) analysed these aspects using the concept of years of life lost (YLL). They show that the “average” person would lose 70 days of life due to psychosocial consequences of COVID-19 mitigation measures, and that this loss would be entirely borne by 2% of the population, who will suffer an average of 10 years lost.

The road to hell is paved with good intentions, so when we try to acutely adapt our system to a worldwide crisis, we have to be careful not worsening the situation. An example is the use of the term “social distancing”, widely used to reduce the spread of the virus. But this term evokes negative feelings of being ignored, unwelcome, and even excluded from society, leading Wasserman et al. (2020) to propose using the term “physical distancing”. Taking into account the fact that some patients might have difficulties to wear a mask is also having potential side effects. Some Governments proposed for example that those “*presenting behavioural alterations*” (Spain), or “*because of a mental illness*” (UK) could constitute exemptions to the rule (Ayuso-Mayteos et al., 2020). This well-intended proposal might be a bad idea, as there is in fact no evidence that facemasks affect mental health in a negative way, and such exemption may carry an increased risk of COVID-19 for all patients with mental disorders who are at higher risk of infection, and with higher rates of hospitalisation and death (Ayuso-Mayteos et al., 2020). In order to facilitate treatments in isolated wards because of the COVID-19, a discontinuation of judges’ visits to patients was observed in many countries, including Germany and France. Thome et al. (2020) raised the point that this is also a damageful reduction of rights of patients being hospitalized that should not be accepted, the need for a “pandethics” being put to the forth.

Three articles of this collection listed advices and recommendations to protect and defend the rights of patients with severe mental illness in the circumstances of a pandemic (Thome et al., 2020), to organise basic principles of mental health care during the COVID-19 pandemic (Rojnic-Kuzman et al. 2020), and to help the general population to reduce stress and cope with related aspects such as confinement and lockdown (Fiorillo et al., 2020).

An efficient fight against the virus means isolating those infected, increasing the protection of all citizens, but even more those at higher risk. This means that subjects with serious mental illness (SMI) should be considered as among those needing protection, support and vaccine with the highest level of priority.

References

Ayuso-Mateos, J., Soriano, J., & Ancochea, J. (2021). Face mask exemptions, psychiatric patients, and COVID-19. *European Psychiatry, 64*(1), E6. doi:10.1192/j.eurpsy.2020.107

Dong, Z., Ma, J., Hao, Y., Shen, X., Liu, F., Gao, Y., & Zhang, L. (2020). The social psychological impact of the COVID-19 pandemic on medical staff in China: A cross-sectional study. *European Psychiatry, 63*(1), E65. doi:10.1192/j.eurpsy.2020.59

Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry, 63*(1), E32. doi:10.1192/j.eurpsy.2020.35

Fiorillo, A., Sampogna, G., Giallonardo, V., Del Vecchio, V., Luciano, M., Albert, U., . . . Volpe, U. (2020). Effects of the lockdown on the mental health of the general population

during the COVID-19 pandemic in Italy: Results from the COMET collaborative network.

European Psychiatry, 63(1), E87. doi:10.1192/j.eurpsy.2020.89

Kuzman, M., Curkovic, M., & Wasserman, D. (2020). Principles of mental health care during the COVID-19 pandemic. *European Psychiatry*, 63(1), E45. doi:10.1192/j.eurpsy.2020.54

McCracken, L., Badinlou, F., Buhrman, M., & Brocki, K. (2020). Psychological impact of COVID-19 in the Swedish population: Depression, anxiety, and insomnia and their associations to risk and vulnerability factors. *European Psychiatry*, 63(1), E81.

doi:10.1192/j.eurpsy.2020.81

Moser, D., Glaus, J., Frangou, S., & Schechter, D. (2020). Years of life lost due to the psychosocial consequences of COVID-19 mitigation strategies based on Swiss data.

European Psychiatry, 63(1), E58. doi:10.1192/j.eurpsy.2020.56

Thome, J., Coogan, A., Simon, F., Fischer, M., Tucha, O., Faltraco, F., . . . Butzer, H. (2020).

The impact of the COVID-19 outbreak on the medico-legal and human rights of psychiatric patients. *European Psychiatry*, 63(1), E50. doi:10.1192/j.eurpsy.2020.58

Wasserman, D., Van der Gaag, R., & Wise, J. (2020). The term “physical distancing” is recommended rather than “social distancing” during the COVID-19 pandemic for reducing feelings of rejection among people with mental health problems. *European Psychiatry*, 63(1), E52. doi:10.1192/j.eurpsy.2020.60

Conflicts of interest:

Philip Gorwood received during the last 5 years fees for presentations at congresses or participation in scientific boards from Alcediag-Alcen, Angelini, GSK, Janssen, Lundbeck, Otsuka, SAGE and Servier. No other conflicts.