

## Editor's Desk

# Lessons in Mental Health From a Pandemic

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Following on from the recent themed issues 'Psychiatric anthropology' and 'Autism Spectrum Disorders', this issue revolves largely around the Covid 19 pandemic and its effect on patients, clinicians and service organisation. There are several Irish perspectives reported, as well as the impact of COVID-19 in other jurisdictions including Bahrain and Canada. The issue highlights lessons learned from the past with an eye to novel assessment and treatment approaches beyond the pandemic.

In terms of population health, Nkire et al., (pp. 351–362) explore the impact of relationship status on stress, anxiety and depression in the early weeks of the COVID-19 pandemic in Canada. Recruitment was facilitated through a text messaging support system with a sample population of over 8000 users. Indicators of mental health adversity were noted to be higher among single respondents when compared with those in a relationship. Interestingly the study found relatively low mental health adversity among those who were widowed, which the authors speculated could be due to the development of resilience against isolation during the grieving process of losing a partner.

McLoughlin et al., (pp. 363–372) explore the impact of COVID-19 on patients with pre-existing bipolar affective disorder and Emotionally Unstable Personality Disorder (EUPD), noting that patients with EUPD were more severely affected by the pandemic. This paper includes a qualitative component with some poignant free text responses from participants. The authors discuss possible reasons for the pandemic impact among individuals with EUPD and advocate for limiting disruption of therapeutic interventions among this cohort in future pandemic lockdowns. With therapeutic interventions for EUPD in mind, MacEville & Brosnan (pp. 423–428) describe the online adaptation of an emotional regulation and social communication skills group for children in response to Covid 19. The authors plan to continue remote interventions into the future demonstrating a positive service development which can continue post-COVID.

There are several other COVID-19 related service adaptations described in this issue. Patel et al. (pp. 409–413) describe service innovations to facilitate mental health care in nursing homes and long-stay facilities during the pandemic, with the important aim of reducing the need for non-essential visits to hospitals among this group. Barry *et al.*, (pp. 414–422) look at rapidly implemented changes to consultation-liaison psychiatry services during COVID-19 across four separate hospitals in Ireland. The paper

demonstrates the importance of close collaboration with Emergency Departments and Community Mental Health Teams and describes assessment pathways for the safe delivery of care during a pandemic.

In a very interesting perspective by Negm (pp. 406–408) the consequences of COVID-19 on mental health care in the Middle East is discussed. The author highlights the response to COVID-19 in Bahrain including increased tele-consultations, designated hotlines and the development of mobile applications for psychotherapy. A potential positive of the pandemic mentioned is the increased openness to discussing the importance of mental health during COVID-19, which provides hope for ongoing improvements in mental health service delivery into the future.

The role of family dysfunction in mental illness is an important consideration and was placed directly in the spotlight during COVID-19 at a time of cocooning and restrictions. In an interesting pre-COVID research paper Tan and colleagues (pp. 340–350) used the Family Assessment Device – General Functioning to measure family functioning in patients with serious mental illness, finding this to be a significant independent risk factor for admission to hospital. The paper highlights the crucial importance of supporting families as part of treatment plans in mental illness.

The two editorials in this issue are not COVID related, and focus on relatively novel avenues for therapeutic intervention in mental illnesses. Boland et al., (pp. 329–334) explore the relationship between sleep and psychosis, emphasising the role of sleep as an early warning sign for psychosis relapse. The paper explores the potential for interventions such as Cognitive Behavioural Therapy for Insomnia (CBT-I) to be more widely utilised in psychosis. Kelly et al., (pp. 335–339) evaluate research on potential benefits of psilocybin in mental illness to date and outline an international randomised controlled trial investigating the impact of psilocybin with psychological support in treatment resistant depression.

Kelleher et al. (pp. 373–385) explore Consultant Psychiatrists' experience of the pandemic in which a substantial increase in referrals was reported in the second month of the first lockdown. Social isolation and a reduction in face to face supports were noted as a common cause for referral to mental health services. Along with increased pressure on service provision, the paper also reports subjective reduced well-being among Consultants. Sadeghi et al., (pp. 398–405) also explore well-being among clinicians in their perspective piece about the history of physician burnout. The authors note that while burnout is a modern term, it is not a modern concept, having been described at least as far back as the 9<sup>th</sup> century AD.

In a lovely contribution by two medical students, Antram and Burchill (pp. 440–442), there is a reflection on some of the

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challenges faced by students during COVID-19. The authors discuss that poetry and story-telling may have had a positive role during 'the intense and emotional pandemic period', as was previously highlighted in this journal by Barrett and colleagues. The authors also highlight the longer term benefits of fostering a culture of lifelong narrative learning to promote positive well-being. Positive well-being is also referenced in Gulati's book review (pp. 433) of *The Doctor Who Sat for a Year* by Brendan Kelly, an introspective and humorous reflection on a year of daily meditation. There are several other interesting book reviews in this issue including a review by Glynn (pp. 431–432) of *Tell Your Children: The Truth About Marijuana, Mental Illness and Violence* by Alex Berenson, a book that describes the cultural shifts in America leading to the legalisation of marijuana. This book provides an informative exploration of the evidence supporting the deleterious effect of cannabis on mental health.

Of note, the art cover for this edition was submitted on behalf of the Service Users in Highfield Healthcare and is called 'Phoenix

Rising'. The image depicts how the service user '*saw her journey through depression in a pandemic, finding the strength to rise from the darkness, to find her wings*'. This is reflective of some of the important lessons that have been learned in relation to patients, clinicians and mental health service provision throughout the COVID-19 pandemic. Certain cohorts in society and patient groups have been particularly vulnerable during this time. The importance of mental well-being across the population has been increasingly acknowledged in many countries. The need for self-care among clinicians is also increasingly recognised. Services have adapted and remodelled to meet the needs of patients, and the medical community continues to have an appetite for novel interventions. As we hope to enter a new post-pandemic phase we should continue the innovative approaches demonstrated during COVID-19 aiming for long lasting improvements to our mental health services.

**Conflict of interest.** JL and CC have no conflicts of interest to declare.