Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Challenge of caring for patients with severe mental illness during the COVID-19 epidemic in Taiwan

To the editor,

Since the outbreak of coronavirus disease 2019 (COVID-19), Taiwan, a country with a population of approximately 24 million, has, at the time of writing, managed to contain the epidemic, with fewer than 600 cases (mostly imported) and seven deaths. This success is partially due to the government's immediate response in establishing the National Health Command Center (NHCC) to facilitate rapid communication and in using new technology and pandemic prevention plans learned from the country's experience with the 2003 outbreak of severe acute respiratory syndrome (Wang et al., 2020). All levels of the healthcare system, including psychiatric hospitals and clinics, strictly follow guidelines set by the NHCC. A recent paper detailed the essential measures adopted by hospitals in Taiwan, including those pertaining to preparedness and education, medical supplies and protective equipment, surveillance, patient flow management and, particularly, the partitioning of hospital zones (Chang et al., 2020). Other specific measures included setting up checkpoints at the entrances of hospitals for taking body temperature and determining an individual's travel history to high-risk areas through their public health insurance ID card, which is linked to the MediCloud system. In addition, personnel also routinely measure the body temperature of staff and inpatients and other measures, such as suspending family visits, reducing outpatient visits, imposing stricter admission criteria, curtailing group interactions in communal spaces, and applying team approaches to telemedicine and home-based care have also been carefully implemented. A general strategy of dealing with COVID-19 at psychiatric hospitals in Taiwan was recently reported (Hsu et al., 2020).

Global attention has been largely focused on patients infected with COVID-19, and care for patients with severe mental illness (SMI), a marginalized population in society, may have been ignored. Accordingly, a mental health crisis may follow COVID-19 era; thus, the dissemination of reliable information regarding COVID-19 and mental health is essential (Tandon, 2020). Patients with SMI have been considered to be more susceptible to COVID-19 transmission due to unhealthier lifestyles; a lower capability to utilize health services; and less adherence, compared with the general population, to instructions (e.g., handwashing or mask-wearing policy) (Starace and Ferrara, 2020). In addition, studies have demonstrated that this population is associated with poorer lung function and an increased risk of respiratory diseases (Partti et al., 2015). In the acute wards of psychiatric hospitals, inpatients with SMI are often confined to a limited space and thus carry a higher risk of forming a COVID-19 cluster (Xiang et al., 2020). Furthermore, unstable mental status and poorer self-care, insight, and impulse control make their adherence to infection control measures difficult (Xiang et al., 2020).

In psychiatric hospitals, area or ward partitioning and the appropriate allocation of newly admitted patients are key measures in avoiding spreading the virus while sustaining care. In Taipei City Psychiatric Center during the COVID-19 pandemic, the acute wards were partitioned into two separate areas, one with isolation wards for new admissions and another with subacute wards caring for patients transferred from the isolation wards who demonstrated no signs of infection during the preceding 14 days. The isolation wards were rotated, accepting new patients for one week and then being closed to admissions over the next 14 days to ensure that inpatients in the ward could be carefully monitored. Any suspected case of COVID-19 was referred promptly for medical work-up in an isolated room in the psychiatric intensive care unit.

Previous reports have indicated that stigmatization is a significant barrier to treatment for psychiatric illness. Along with attitudinal barriers arising from stigmatization, nonpsychiatric medical teams generally have inadequate knowledge of psychiatric treatment, further compromising the management of patients with SMI (Su et al., 2011). Individuals with SMI who need isolated beds in medical wards because of suspected COVID-19 tend to be sent back to psychiatric care units. Therefore, even in psychiatric hospitals with insufficient medical support, isolated beds should be prepared in advance. In addition to these challenges, patients with SMI are more vulnerable to the effects of environmental stressors and may require extra care to reduce their psychological distress, particularly individuals staying in a centralized group quarantine facility (Brooks et al., 2020). In Taiwan, we have implemented a toll-free, 24 -h hotline for the general population or patients with mental illness for them to receive timely aid in stress management.

Preventive measures that include a robust care plan for individuals with SMI are critical in guaranteeing an effective policy for stopping the spread of COVID-19. Thus far, few mental health professionals have been actively involved in policy task forces managing this crisis (Sani et al., 2020). We strongly recommend including psychiatric experts in nationwide and centrally coordinated teams to ensure that any neglected and unmet needs of SMI patients are appropriately addressed.

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