



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Patients with mental health disorders in the COVID-19 epidemic

More than 60 000 infections have been confirmed worldwide in the coronavirus disease 2019 (COVID-19) epidemic, with most of these cases in China. Global attention has largely been focused on the infected patients and the frontline responders, with some marginalised populations in society having been overlooked. Here, we write to express our concerns with regards to the effect of the epidemic on people with mental health disorders. Ignorance of the differential impact of the epidemic on these patients will not only hinder any aims to prevent further spread of COVID-19, but will also augment already existing health inequalities.

In China, 173 million people are living with mental health disorders,¹ and neglect and stigma regarding these conditions still prevail in society.² When epidemics arise, people with mental health disorders are generally more susceptible to infections for several reasons. First, mental health disorders can increase the risk of infections, including pneumonia.³ One report released on Feb 9, 2020, discussing a cluster of 50 cases of COVID-19 among inpatients in one psychiatric hospital in Wuhan, China, has raised concerns over the role of mental disorders in coronavirus transmission.⁴ Possible explanations include cognitive impairment, little awareness of risk, and diminished efforts regarding personal protection in patients, as well as confined conditions in psychiatric wards. Second, once infected with severe acute respiratory syndrome coronavirus 2—which results in COVID-19—people with mental disorders can be exposed to more barriers in accessing timely health services, because of discrimination associated with mental ill-health in health-care settings. Additionally, mental health disorder comorbidities

to COVID-19 will make the treatment more challenging and potentially less effective.⁵ Third, the COVID-19 epidemic has caused a parallel epidemic of fear, anxiety, and depression. People with mental health conditions could be more substantially influenced by the emotional responses brought on by the COVID-19 epidemic, resulting in relapses or worsening of an already existing mental health condition because of high susceptibility to stress compared with the general population. Finally, many people with mental health disorders attend regular outpatient visits for evaluations and prescriptions. However, nationwide regulations on travel and quarantine have resulted in these regular visits becoming more difficult and impractical to attend.

Few voices of this large but vulnerable population of people with mental health disorders have been heard during this epidemic. Epidemics never affect all populations equally and inequalities can always drive the spread of infections. As mental health and public health professionals, we call for adequate and necessary attention to people with mental health disorders in the COVID-19 epidemic.

We declare no competing interests.

Hao Yao†, Jian-Hua Chen‡#,
*Yi-Feng Xu‡
xuyifeng@smhc.org.cn

†Joint first authors

‡Joint senior authors

Harvard TH Chan School of Public Health, Boston, MA, USA (HY); Shanghai Clinical Research Center for Mental Health, Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China (J-HC, Y-FX); and Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AF, UK (J-HC)

- 1 Xiang Y-T, Yu X, Sartorius N, Ungvari GS, Chiu HF. Mental health in China: challenges and progress. *The Lancet* 2012; **380**: 1715–16.
- 2 Li J, Zhang M, Zhao L, Li W, Mu J, Zhang Z. Evaluation of attitudes and knowledge toward mental disorders in a sample of the Chinese population using a web-based approach. *BMC Psychiatry* 2018; **18**: 367.
- 3 Seminog OO, Goldacre MJ. Risk of pneumonia and pneumococcal disease in people with severe mental illness: English record linkage studies. *Thorax* 2013; **68**: 171–76.

4 China Newsweek. Collective infections of coronavirus among 50 patients and 30 health workers in one psychiatric hospital in Wuhan. *Shanghai Obs.* 2020. <https://www.jfdaily.com/news/detail?id=208584> (accessed Feb 17, 2020; in Chinese).

5 Sartorius N. Comorbidity of mental and physical diseases: a main challenge for medicine of the 21st century. *Shanghai Arch Psychiatry* 2013; **25**: 68–69.