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colleagues⁵ only investigated behavioural difficulties regarding CNV inheritance and environmental exposure, thus future research should address the missing link with psychiatric diagnosis. Additionally, the effect of sex on neurodevelopmental disorders has been investigated in the literature,^{9,10} but information is still relatively sparse in patients with intellectual disability and genetic diagnosis. Finally, the study should be replicated in other countries and across different ethnic groups. Overall, the study of Wolstencroft and colleagues will provide impetus for further investigation such as the influence of sex and ethnicity on outcomes and prognosis of people with genetically driven intellectual disability.

I declare no competing interests.

Marina Mihaljevic
mmihalj1@jhmi.edu

Clinic for Psychiatry, University Clinical Center of Serbia, Belgrade, Serbia (MM);
Department of Psychiatry and Behavioral Sciences, Johns Hopkins University
School of Medicine, Baltimore, MD 21287, USA (MM)

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Strategies for managing patients with psychiatric illness in the reopening period of the COVID-19 pandemic in China



Since the start of the COVID-19 pandemic in early 2020, China has adopted an ongoing, community-based, dynamic, zero-COVID-19 policy. However, with the highly transmissible omicron variant becoming predominant, the cost of implementing a zero-COVID-19 policy is increasing.¹ Given the growing prevalence of vaccination, the decreasing COVID-19 fatality rate, and the development of herd immunity, some health professionals and researchers have advocated for de-escalation and easing of restrictions to mitigate the economic impact of mass lockdowns.^{1,2} However, several challenges facing some susceptible populations, such as patients with psychiatric disorders, should be considered.

First, although 89% of the population in mainland China were double-vaccinated with SARS-CoV-2 vaccines by April 28, 2022,³ and 52% had received the third-dose booster vaccination, no data are available on vaccination rates among patients with psychiatric disorders in China. Of concern, a study in six major psychiatric hospitals in

China⁴ involving 1853 patients with severe mental illness (including major depressive disorder, bipolar disorder, and schizophrenia) found that 45% of patients were not willing to be vaccinated. Based on the estimated lifetime prevalence of major depressive disorder (3.4%), bipolar disorder (0.6%), and schizophrenia (0.6%) in China,⁵ and the reported vaccine hesitancy rate, up to 29 million patients with severe mental illness could be unwilling to be vaccinated. Additionally, it might be more difficult for patients with severe mental illness to comply with infection control measures compared with the general population. The increased risk of infection might result in an increased likelihood of severe COVID-19 and mortality in this population. A cohort study⁶ in the USA found that patients with schizophrenia spectrum disorders had an increased risk of mortality from COVID-19. Hence, before relaxing public health measures, patients with psychiatric disorders, particularly those with severe mental illness, should be strongly encouraged to get vaccinated, including heterologous booster vaccines.²

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Second, the way COVID-19 interacts with pre-existing psychiatric disorders remains unknown, and long-term outcome studies of patients with psychiatric illnesses infected with SARS-CoV-2 are needed. Immune system dysfunction is common in this population, and a positive association exists between some psychiatric disorders and autoimmune diseases.⁷ In a 1-year follow-up study of community-dwelling adults, COVID-19 survivors were more likely to experience pain, anxiety, and depressive symptoms than those who did not have COVID-19 infection.⁸

Third, patients with psychiatric illnesses usually have poorer general physical health and lower use of physical health services for their health needs than the general population. Many patients with psychiatric illnesses who are infected with SARS-CoV-2 might be unwilling to get tested or seek help from health services. Therefore, both regular COVID-19 antigen and nucleic acid tests should be freely available and accessible to both patients with psychiatric illnesses and their carers when containment measures are relaxed.

Fourth, given that children and older adults in the general population have a lower prevalence of vaccination than other age groups in China,² we speculate that children and older adults with psychiatric disorders would also have a low vaccination rate. In China, there is a severe shortage of child mental health services (fewer than 500 child psychiatrists nationwide)⁹ and mental health services for older adults. Therefore, these subpopulations would be at risk of neglect due to poor health service provision and might have high exposure to the adverse impacts of the COVID-19 pandemic. Adequate public and mental health resources should be allocated to serve such at-risk populations.

Finally, at the beginning of the COVID-19 pandemic, Chinese health authorities and national and regional mental health academic associations responded swiftly with published guidelines and expert consensus on the provision of mental health and psychiatric services¹⁰ for people affected during the pandemic. However, this advice was established in the context of

the zero-COVID-19 policy and might not apply to the reopening phase of the pandemic. Thus, the guidelines and expert consensus need updating urgently to ensure they address the needs of people with mental disorders in the forthcoming reopening phase.

In conclusion, China's health and mental health services have several challenges they must face as they transition from a zero-COVID-19 policy if they are to properly care for patients with psychiatric illnesses. Advanced preparation is needed to minimise the adverse consequences of a reopening policy for this susceptible population.

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Wei Bai, Yuan Feng, Teris Cheung, Zhaohui Su, Chee H Ng, *Yu-Tao Xiang
xyutly@gmail.com

Unit of Psychiatry, Department of Public Health and Medicinal Administration, Institute of Translational Medicine, Centre for Cognitive and Brain Sciences, and Institute of Advanced Studies in Humanities and Social Sciences, University of Macau, Macao Special Administrative Region, China (WB, Y-TX); National Clinical Research Center for Mental Disorders, Beijing Key Laboratory of Mental Disorders, Beijing Anding Hospital, Beijing, China (YF); Advanced Innovation Center for Human Brain Protection, School of Mental Health, Capital Medical University, Beijing, China (YF); School of Nursing, Hong Kong Polytechnic University, Hong Kong Special Administrative Region, China (TC); School of Public Health, Southeast University, Nanjing, China (ZS); Department of Psychiatry, The Melbourne Clinic and St Vincent's Hospital, University of Melbourne, Richmond, VA, Australia (CHN)

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