

What should psychiatrists advise their patients regarding COVID-19 protective measures and vaccination?

Dear Sir,

There is now widespread availability of COVID-19 vaccinations in Australia. However, our patients are exposed to media regarding vaccine hesitancy and misinformation¹ about COVID-19.² Therefore, practical medical advice regarding COVID-19 protective measures and vaccination is crucial. Psychiatrists can provide essential advice for people with serious mental illness, for whom, due to their increased risks of morbidity and mortality, vaccination is a priority.³ Behavioural science research shows promoting cooperative behaviour to act for the common good is effective to increase uptake of protective measures.⁴ Modelling of behaviour by trusted community members, especially doctors, is effective.⁴ Recent research shows that people with serious mental illnesses, such as schizophrenia, and youth at high-risk for psychosis are willing to adhere to pandemic protective measures, such as physical distancing and handwashing, despite disability and social disadvantage.⁵ Accordingly, we suggest the following evidence-based practical measures for psychiatrists who are advising patients about COVID-19 protective measures and vaccination:

1. Provide medical information based on an understanding of your patient and their risk profile;
2. To address risk perceptions:
 - a. explore how the patient views the efficacy and adverse effects of the vaccine, as well as their perception of the likelihood and seriousness of themselves contracting COVID-19²;
 - b. emphasise benefits of the vaccine for the patient: the favourable risk/benefit profile of the vaccine, and

reduced risk of hospitalisation and mortality^{2,4};

- c. focus on the benefits of protecting carers, friends and family members, as well as the community, by vaccination and effective protective measures⁴;
 - d. emphasise the effectiveness of protective measures such as increased hand hygiene, physical distancing, wearing a face mask and vaccination⁴;
 - e. be transparent about risks, including adverse events from vaccination and candidly acknowledge uncertainty¹; and
 - f. offer credible information and sources for patients to research and address misinformation.^{1, 4}
3. For patients who remain concerned about COVID-19 and vaccination, recommend patients consult their GP.

Thus, psychiatrists can improve the uptake of COVID-19 protective measures and vaccination by vulnerable people with serious mental illness.


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References

1. Jaiswal J, LoSchiavo C and Perlman DC. Disinformation, misinformation and inequality-driven mistrust in the time of COVID-19: lessons unlearned from AIDS Denialism. *AIDS Behav* 2020; 24: 2776–2780. DOI: [10.1007/s10461-020-02925-y](https://doi.org/10.1007/s10461-020-02925-y).
2. Lin C, Tu P and Beitsch LM. *Confidence and receptivity for COVID-19 vaccines: a rapid systematic review*. Basel: Vaccines, 2020. DOI: [10.3390/vaccines9010016](https://doi.org/10.3390/vaccines9010016).
3. Warren N, Kisely S and Siskind D. Maximizing the Uptake of a COVID-19 Vaccine in people with severe mental illness: a public health priority. *JAMA Psychiatry* 2021; 78: 589–590. DOI: [10.1001/jamapsychiatry.2020.4396](https://doi.org/10.1001/jamapsychiatry.2020.4396).
4. Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 2020; 4: 460–471. DOI: [10.1038/s41562-020-0884-z](https://doi.org/10.1038/s41562-020-0884-z).
5. Macdonald KI, Spilka MJ, Bartolomeo LA, et al. Adherence to recommended health and social distancing precautions during the COVID-19 pandemic in individuals

with schizophrenia and youth at clinical high-risk for psychosis. *Schizophr Res* 2021; S0920-9964(21): 00283. DOI: [10.1016/j.schres.2021.07.030](https://doi.org/10.1016/j.schres.2021.07.030).

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Recommendations for psychiatrists regarding better access during the COVID-19 pandemic

Dear sir,

Australia is experiencing a third wave of COVID-19 since March 2020, which has resulted in more than 15 million people in lockdown through to mid-October 2021, with consequently increased population mental distress.¹ There are now substantial waiting times for psychological and psychiatric treatment, despite innovations in the provision of telehealth during the pandemic.²

Our prior research into Medicare-subsidised *Better Access* initiative during 2020^{3,4} revealed attendances for psychology and allied health services increased by 11% in Australia, compared to the corresponding 2019 period.³ Telehealth became the predominant mode of delivery for Victorians following their prolonged lockdowns (58%), compared to face-to-face sessions (42%). Consultations with psychiatrists increased by 14% on pre-pandemic levels, again substantially provided via telehealth.⁴

However, psychiatrists who work in shared care with GPs and allied mental health providers through *Better Access* are experiencing bottlenecks in accessing psychological therapy. Telehealth has been widely adopted during

the pandemic^{3,4} and is clinically and cost effective, providing increased access to evidence-based care.⁵ Consequently, encouraging telehealth sessions with therapists in areas with greater capacity to see new patients may broaden access to psychological treatment. Furthermore, increased use of novel digital interventions,⁵ supported by telepsychiatry, may partially mitigate the access block. For example, This Way Up, provides internet-delivered cognitive behavioural therapy (iCBT) programmes (self-guided or clinician-guided) for a wide range of mental health disorders. Psychiatrists can 'prescribe' a free course and receive access to their patients' course content and outcome measures to review in follow-up sessions.

Accordingly, we recommend:

1. Psychiatrists highlight the value of telehealth and digital mental health resources with suitable patients, including its acceptability, convenience and proven effectiveness.
2. Patients can be directed to searchable databases for [psychologists](#), [social workers](#) and [occupational therapists](#). They include new telehealth options to connect with a clinician anywhere in Australia.
3. While supporting patients waiting for a therapist, psychiatrists can guide the use of digital mental health resources found at the Australian Government portal: [Head to Health](#). It includes links to technology-enabled therapies, including internet-based programmes, mobile applications, forums and informational websites.

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References

1. Dawel A, Shou Y, Smithson, et al. The effect of COVID-19 on mental health and wellbeing in a representative sample of Australian adults. *Front Psychiatry* 2020; 11: 1026. DOI: [10.3389/fpsy.2020.579985](https://doi.org/10.3389/fpsy.2020.579985).
2. Clun R. 'One in Five Psychologists Close Books to New Patients under Pandemic Strain' Sydney Morning Herald, 23 September 2021, 2021, <https://www.smh.com.au/politics/federal/one-in-five-psychologists-close-books-to-new-patients-under-pandemic-strain-20210922-p58tuy.html> (accessed 23 September 2021).
3. Reay R, Kisely S and Looi JC. Better access: substantial shift to telehealth for allied mental health services during COVID-19 in Australia. *Aust Health Rev* 2021; 45: 675. DOI: [10.1071/AH21162](https://doi.org/10.1071/AH21162).
4. Looi JCL, Allison S, Kisely, et al. Greatly increased Victorian outpatient private psychiatric care during the COVID-19 pandemic: new MBS-telehealth-item and face-to-face psychiatrist office-based services from April-September 2020. *Australas Psychiatry* 2021; 29: 423-429. DOI: [10.1177/10398562211006133](https://doi.org/10.1177/10398562211006133).
5. Reay RE, Keightley P and Looi JCL. Telehealth mental health services during COVID-19: summary of evidence and clinical practice. *Australas Psychiatry* 2020; 28: 514-516. DOI: [10.1177/1039856220943032](https://doi.org/10.1177/1039856220943032).

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A curious case of COVID-19: A novel cause of psychosis

Dear Sir,

We present the first known documented case of COVID-19-related new onset psychosis in Australia. Nationally, with 162,016 cases of COVID-19, our hospital in Western Sydney has seen an explosion of cases occupying up to 34% of all medical beds.¹

A non-English-speaking woman in her 60s presented with an acute, new onset psychotic disorder 4 days after diagnosis of COVID-19. Intriguingly, despite significant comorbidities including hyperthyroidism, heart failure, pulmonary hypertension and

atrial fibrillation, she had no respiratory symptoms, headache or pyrexia. Symptoms included severe agitation with chanting and dancing, perceptual disturbances and posturing. Fascinatingly, she also had no previous psychiatric history. Due to severe behavioural disturbance, she was admitted to intensive care unit and intubated for investigations. Importantly, she was not commenced on steroid treatment. Investigations revealed minor reduction in white cell count, elevated C-reactive protein and decreased thyroid-stimulating hormone with normal free thyroxine and normal cerebrospinal fluid. CT brain showed a small hypodense region in the right parietal lobe.

After transfer to COVID-19 medical ward, consultation liaison psychiatry assessment via telepsychiatry and phone interpreter revealed fluctuating mental state with catatonic features including excitability, posturing and echopraxia. Our differentials included COVID-19-induced delirium, encephalitis, mania or psychosis. She was treated with regular quetiapine 50 mg twice daily under duty of care.

Neurology ascertained that COVID-19 encephalitis was unlikely due to lack of focal neurological signs. Given persistence of neuropsychiatric symptoms with difficult behaviour on a busy medical ward, she was transferred under the mental health act to psychiatric emergency care centre under the joint governance of psychiatry and infectious diseases.

Further history revealed her daughter had bipolar affective disorder (BPAD), all family members contracted COVID-19, and the patient was unable to return home overseas due to restrictions. Her mental state improved significantly on quetiapine 100 mg twice daily as the delirium resolved. She was discharged after 12 days.

Cases of COVID-19-related new onset psychosis in the absence of respiratory symptoms and steroid treatment are rare.² It is likely that the emergence of this new onset psychosis was multifactorial, brought on by fear, distress and social