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Challenges for mental health services during the 2020 COVID-19 outbreak in Germany

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In the current COVID-19 emergency, similar to other countries, Germany has taken exceptional measures (travel bans, closure of non-essential enterprises, school closures) aimed at moderating the exponential increase of infections and lessening the impact on the health service. In this unprecedented situation, mental-health services are confronted with fundamental challenges.^{1, 2} First, access to psychiatric diagnosis and treatment needs to be maintained in the face of COVID-19. While minimizing the risk of exposure of patients and mental health professionals to the SARS-CoV-2 virus, it is vital that psychiatric patients (especially those with severe mental health problems) continue to receive the full range of psychiatric services. As such, it is key that mental health professionals liaise with decision-makers to safeguard the needs of psychiatric patients during emergency measures. Second, mental health services will need to treat COVID-19 patients; clear protocols need to be developed for patients with COVID-19 symptoms, including clear guidelines for when psychiatric patients need to be transferred to pulmonary services and for the treatment of patients who remain in psychiatric clinics (for example, the possibility of establishing specific psychiatric wards for COVID-19 patients). For psychiatric patients being treated in pulmonary or intensive-care wards, functional liaison-psychiatric services need to be provided and possibly intensified in parallel with critical care. Measures should be developed to protect especially vulnerable psychiatric patients, such as those being treated in old-age psychiatry, who have concomitant higher risk of severe COVID-19 and to whom there is considerable risk that insufficient attention is currently given.³

As for other health workers, it is essential to protect mental-health workers from the risk of infection. Here, increased use of electronic devices and telepsychiatry can play a major role, allowing for online psychological counseling services, and mental health surveys and education.⁴ Psychiatric clinics must also provide service to health-care workers involved in the battle against COVID-19 who develop secondary psychiatric symptoms, such as anxiety, panic, or other stress-related disorders.⁵ Psychiatric services need to be available to those who develop mental-health symptoms resulting from severe restrictions and/or stressors precipitated by exceptional public-health interventions; there is concern that suicide rates are increasing in parallel with the imminent imposition of the strict curfew. Therefore, there is concern that pressure on psychiatric services will significantly increase at a time

when such services struggle due to COVID-19-related staff shortages. To address such concerns, emergency planning for restructuring of existing psychiatric provision should be prioritized. Day-care clinics may be suspended and patients triaged for inpatient or outpatient care. As such, inpatient and outpatient services become essential and should be strengthened for increased service requests. Finally, staff and patients need to be constantly educated in regards to basic hygiene measures for minimizing infectious diseases. For the many challenges discussed above, specific solutions need to be developed at national and regional levels in the context of the specific service structure in each area.


In summary, psychiatric services are at risk of being both overlooked and overwhelmed at this time of unprecedented crisis. Psychiatrists have the duty of defending the urgent and essential needs of their patients, and in doing so can make vital contributions to overcoming the pandemic by supporting other medical disciplines and ameliorating the psychological impact of the emergency.

Disclosure statement

The authors declare no conflicts of interest.

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Mitigating mental health consequences during the COVID-19 outbreak: Lessons from China

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The pandemic of coronavirus disease 2019 (COVID-19) is sweeping the world. As of 15 April 2020, almost 2 million people have been diagnosed with COVID-19 globally. COVID-19 is not only taking its toll on physical health but is also threatening mental health. At the peak of the COVID-19 epidemic in China, Qiu *et al.* found that the prevalence of psychological distress in the general population was as high as 35%.¹ Those directly impacted by COVID-19, including patients and frontline

responders, are potentially at even higher risk. In the last 3 months of curbing the spread of COVID-19, China has implemented a package of targeted measures to mitigate the potential mental health consequences of COVID-19. Now, as the COVID-19 outbreak escalates across the world, we share our experience in addressing the mental health ramifications of COVID-19 in China in order to inform similar efforts globally.

Over the course of the epidemic, the Chinese government, at the highest levels, has prioritized public mental health care. On 3 February, President Xi Jinping called for the development and implementation of comprehensive strategies to alleviate psychological distress caused by COVID-19.² And then the National Health Commission of China (NHCC) published a policy that required all local authorities to incorporate psychological crisis interventions into their epidemic response plans.³ Since then, more guidelines have been released targeting various aspects of epidemic-related mental health services, including the establishment of psychological assistance hotlines,⁴ the management of people with severe mental illness,⁵ and the psychological recovery of COVID-19 survivors.⁶

Of note, the NHCC developed a mental health triage strategy to provide four levels of psychological crisis interventions.³ The first level serves patients with COVID-19 and frontline responders. The second level focuses on close contacts under quarantine. The third level targets family members of patients. The fourth level exists to assist all others in the community. Triageing mental health needs in response to the COVID-19 outbreak will be important, especially for low- and middle-income countries, in order to optimize the allocation of mental health-care resources.

In the very early stages of the epidemic, the government established a nation-wide system of online mental health services, including mental health education, psychological support, and medical consultation and treatment. Social media has been leveraged to share online self-help resources for mental health. Numerous online courses have been launched to provide mental health education for the general public. In addition, hundreds of psychological assistance hotlines have been set up throughout all 31 provinces, municipalities, and autonomous regions in mainland China, providing 24/7 mental health support services.⁷

Since the 1990s, mental health and psychosocial support have been gradually incorporated into China's emergency preparedness and response framework. As part of this effort, a cadre of crisis-intervention experts has been developed. Amidst this epidemic, many of them have been dispatched to the dedicated coronavirus hospitals and quarantine stations in Wuhan to provide psychological consultations for patients and also to relieve acute stress among frontline responders. Various kinds of mental health interventions have been implemented, including cognitive therapies, expressive therapies, Tai Chi, and dance-based exercises.

Many civil society organizations have also been actively involved in addressing the mental health challenges of COVID-19. Large numbers of social workers and counseling psychologists have volunteered to participate in online psychological support for the general public. Mental health service user groups have been advocating for attention to the neglected needs of people with preexisting mental health conditions, including those of prescription refills.

However, there are still some shortcomings. First, although online mental health services have been encouraged as pivotal measures to mitigate the mental health consequences of COVID-19 in China, concerns have been raised that online services may exacerbate health disparities, in that a significant digital divide still exists in China.⁸ Second, although a large number of crisis interventions have been provided, their effectiveness has rarely been evaluated (understandably though, due to the rapid evolution of the epidemic). Third, to the best of our knowledge, most published research findings till now on COVID-19-related mental health in China have been derived from non-probability rather than nationally representative samples. We therefore still lack sufficient data to draw firm conclusions about the range and severity of the mental health consequences of COVID-19.

As COVID-19 spreads exponentially across the world, it is accompanied by enormous uncertainty, fear, anger, anxiety, and stress, as well as

profound challenges for managing preexisting mental disorders. It is necessary for every country engulfed by the maelstrom of COVID-19 to take proactive actions to mitigate its potential mental health ramifications as soon as possible. We sincerely hope that China's experience will help.

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Efficacy and safety of bright light therapy for bipolar depression

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We read with interest the recent systematic review and meta-analysis by Takeshima *et al.*¹ on the efficacy and safety of bright light therapy (BLT) in bipolar disorder. Bipolar depression is a frequent and severe condition