



# Factsheet – Impacts of COVID-19 in People Living with Schizophrenia and Psychosis

Based on the presentation by Dr. Randall F. White, MD, FRCPC; Medical Director of the BC Psychosis Program at UBC Hospital; and Medical Director of Vancouver Mental Health and Substance Use Services for Vancouver Coastal Health

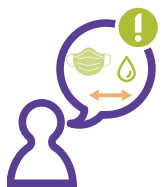


## THE CHALLENGES OF ISOLATION AND SOCIAL DISTANCING

All of us face challenges by adhering to social distancing and isolation, but those measures particularly impact people living with chronic mental illness. Some of them already have reduced social connections, and smaller networks and calls for distancing and isolation can be challenging.

With the **reduction of services**, such as community-based initiatives, clubhouses and reduced transit, people with chronic mental illness may struggle more than other community members.

Also, people with chronic mental illness and lower incomes **may not have access to technology and the internet**, which reduces the potential benefit of social contacts through technology.



## ADHERENCE TO PUBLIC HEALTH RECOMMENDATIONS

People with chronic mental illness face more challenges in following public health recommendations, beyond physical distancing, to avoid getting COVID-19.

Some people with mental illness, especially with acute psychosis, cannot understand or **cannot follow public health guidelines due** to their specific behaviours, agitation, and paranoia. Other challenging factors include less reliable access to water and soap to wash their hands, shared bathrooms, and the wearing of masks - which may hinder the use or perception of emotional signs when communicating. Another barrier for people with mental illness is **challenging access to primary care**. Standard family practices aren't set up to meet the needs of individuals requiring more low barrier services (i.e. a person's preference for walk-in appointments and their ability to remember or make appointments).



## COMPLICATIONS FROM COVID-19

Complications from transmitting COVID-19 could impact people with mental illness or generate other **mental illnesses or complications**, such as insomnia, anxiety, depression and fatigue.

The risk of being affected by **pulmonary diseases and pneumonia** is significantly higher for smokers. A lot of people with mental illness are smokers and may be affected by these connected risks .

**Antipsychotics**, such as Clozapine, seem to double the risk for pneumonia. Also, critically ill people with wide-spread infection often go into delirium, which is defined as a state of confusion or acute brain failure. The state of delirium can mimic episodes of psychosis. **Medication interactions** may also occur. Steroids, which are a common COVID-19 treatment drug, can cause mood changes and psychosis. Also, COVID-19 can directly attack the central nervous system and cause infectious-type diseases, such as **Meningoencephalitis**. Another complication is the risk of **blood clotting** and, ultimately, stroke.



## CLOZAPINE USE DURING COVID-19

Clozapine is used when a person with schizophrenia has medication resistance to other antipsychotic medication.

This medication requires frequent blood tests to examine levels of white blood cell counts, as there is a risk of dangerously low levels.

During the COVID-19 crisis, when there are higher probabilities for community infection, Health Canada mandated fewer hospital visits. One solution for people using Clozapine, who require regular blood tests, is to lower the frequency of hospital visits for testing for those with stable test results. People who use clozapine are at a higher risk for blood toxicity if they get an infection, such as UTI, COVID-19, etc., which may lead to sedation, seizures, or pneumonia.



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## LOCAL SERVICE IMPACTS ON MENTAL HEALTH CARE

In anticipation of the second wave of infections, inpatient services reopened a COVID-19 ward for people who would need acute psychiatric hospitalization and who would test positive with COVID-19.

Health care staff have experienced reductions due to exposure and COVID-19 infections, which affected service levels. Harm reduction services, particularly addressing the overdose crisis, had to be reduced at the beginning of the COVID-19 crisis, but these changes have been reversed in the meantime. Improved efforts have also been made to include safe injection and consumption sites.

When seeing patients, staff are wearing PPE to protect themselves. Televisits and technology have also been applied as much as possible to visit or evaluate clients.

At the beginning of the pandemic, ECT (Electroconvulsive therapy) treatments had been reduced, but have since been brought back to service levels that existed before the onset of COVID-19.

Medication injections are essential and vital services for people with mental illness. Staff have been diligent in staying on top of patient needs and appointments so that no one would miss their dose. However, due to social distancing and service reductions, some patients may have fallen through the cracks.



This information was presented at the BC Schizophrenia Society 2020 Virtual AGM on Saturday, September 26, 2020. It was part of this year's BCSS AGM Education Session: "Schizophrenia in the Time of COVID-19." Find more details and information at [www.bcscs.org](http://www.bcscs.org).

## QUESTIONS OF INTEREST ANSWERED BY DR. WHITE

### 1 Is schizophrenia a predisposition for getting COVID-19?

The illness does not make it more likely to get COVID-19, but not adhering to public health recommendations and not maintaining social distancing can increase the risk of contracting it.

### 2 How can we possibly provide increased services during the pandemic if there are not enough facilities as is?

These are multi-faceted challenges, which mental health care professionals are facing and thinking about every day. The pandemic requirements, the strain on health care systems during a peak of infections, and providing essential services at the same time will remain ongoing challenges here in Canada and throughout the world.

### 3 How can conspiracy theories play into the paranoia of those with schizophrenia?

In general, people with delusions or unconventional thoughts and ideas are more prone to believe strange theories and concepts. Hence, they may be vulnerable to conspiracy theories and ideas.

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