



# 19. Bölüm

## COVID-19 Pandemisinde Toplum Ruh Sağlığı ve Psikiyatrik Hastalıklar

Sema KUŞ<sup>1</sup>

11 Mart 2020'de Dünya Sağlık Örgütü (DSÖ), yeni şiddetli akut solunum sendromu koronavirüs-2'nin (SARS-CoV-2) neden olduğu Koronavirüs Hastalığı 2019'u (COVID-19) bir pandemi olarak nitelendirdi (1). Kişisel sağlık, güvenlik ve geçim kaynaklarına yönelik doğrudan tehditlerin yanı sıra, pandeminin ruh sağlığı ve psikososyal iyilik üzerinde de önemli etkileri vardır. Pandemi sürecinde olduğu gibi zorlanmalar, ruh sağlığı sorunları için belirli bir risk faktörüdür, bu nedenle COVID-19'un ruh sağlığı üzerindeki etkisinin büyük, çeşitli ve geniş kapsamlı olması beklenmektedir (2). Pandemi, ruh sağlığı hizmetlerine olan talebi artırmış olmasına rağmen, DSÖ tarafından yapılan ve 130 ülkeyi kapsayan araştırmaya göre, COVID-19 salgını dünya çapındaki ülkelerin %93'ünde kritik ruh sağlığı hizmetlerini aksatmış veya durdurmuştur. Pandemi sürecinde deneyimlenen yas, izolasyon, gelir kaybı ve korku, psikiyatrik bozuklukları tetiklemekte veya mevcut olanları kötüleştirmektedir (3). Bu bölümde COVID-19 pandemisinin birey ve toplum ruh sağlığı üzerine olan etkileri, mevcut literatür eşliğinde incelenecektir.

### PANDEMİNİN BİREY VE TOPLUM RUH SAĞLIĞI ÜZERİNE ETKİSİ

İspanyol gribi (1918-1920), akut ciddi solunum yolu sendromu (SARS, 2002-2003), H1N1 (2009), ebola (2013-2014) ve benzeri epidemi ve pandemiler son

<sup>1</sup> Uzm. Dr., Antalya Serik Devlet Hastanesi, Psikiyatri Kliniği, baysalsema@hotmail.com

## ÖNLEYİCİ MÜDAHALELER

1994 yılında, Institute of Medicine (şimdi National Academy of Medicine) Ruhsal Bozuklukların Önlenmesi Komitesi, psikiyatrik durumların önlenmesinin üç kategoriye ayrılması gerektiğini önerdi: evrensel önleyici müdahaleler, seçici önleyici müdahaleler ve belirtilen önleyici müdahaleler (59). Evrensel önleyici müdahaleler, risk faktörlerinden bağımsız olarak genel popülasyona yönelik alınan önlemleri içermektedir.

Karantina süreçlerinde, yetkililerin, insanlara neler olduğunu ve neden olduğunu anlatması, ne kadar devam edeceğini açıklaması, karantinadayken onlara anlamlı aktiviteler sağlaması, şeffaf iletişim sağlaması, temel ihtiyaçları (yiyecek, su ve tıbbi malzeme gibi) sağlaması gibi önlemler karantinanın etkilerinin insanlar için mümkün olduğunca tolere edilebilir olmasını sağlayacak ve insanların özgecilik (altruizm) duygusunu pekiştirecektir (5).

COVID-19 pandemisinin nüfusun ruh sağlığı üzerindeki olumsuz etkisini en aza indirmek için, yüz yüze görüşmeyi gerektirmeyen dijital müdahaleler (bunlar genel olarak teletıp ve internet tabanlı müdahaleler ve akıllı telefonlar veya diğer mobil cihazlar kullanılarak yapılan uygulama tabanlı mobil sağlık müdahaleleri olarak gruplandırılabilir), toplum ruh sağlığı hizmetlerinin şu alanlarında kullanılabilir: ruh sağlığının teşviki ve okuryazarlığı dahil birincil önleme stratejileri, sırasıyla yüksek riskli bireyleri, alt popülasyonları veya tüm popülasyonu hedefleyen belirtilen, seçici veya evrensel önleme stratejileri ve ayrıca zihinsel bozukluğu olan kişiler için tedavi ve önleyici hizmetler dahil olmak üzere ikincil ve üçüncül önleme stratejileri (60).

Diğer yandan, bu tür uzak hizmetlere erişimin, bunları almanın ve kullanmanın herkes için adil ve hakkaniyetli olmadığına dair kanıtlara ek olarak yüz yüze temas olmadığında insanların tedaviden ayrılma ve yalnızlıklarının artması riski bulunmakta olup, özellikle yoğun ruh sağlığı tedavisi ve desteğine ihtiyaç duyanlar için tele-sağlık ve dijital hizmetler yüz yüze tedavinin yerini almamalıdır (61).

## KAYNAKLAR

1. WHO (2020) WHO announces COVID-19 outbreak a pandemic (23.05.2021 tarihinde <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-COVID-19/news/news/2020/3/who-announces-COVID-19-outbreak-a-pandemic> adresinden ulaşılmıştır.)
2. WHO (2020) Mental health and psychosocial support aspects of the COVID-19 response (23.05.2021 tarihinde <https://www.who.int/publications/i/item/WPR-DSE-2020-007> adresinden ulaşılmıştır.)

3. WHO (2020) COVID-19 disrupting mental health services in most countries, WHO survey (23.05.2021 tarihinde <https://www.who.int/news/item/05-10-2020-COVID-19-disrupting-mental-health-services-in-most-countries-who-survey> adresinden ulaşılmıştır.)
4. Rubin JG. The psychological effects of quarantining a city. *BMJ* 2020; 368: m313.
5. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395: 912-20.
6. Taylor S. The psychology of pandemics: preparing for the next global outbreak of infectious disease. Newcastle upon Tyne: Cambridge Scholars Publishing, 2019.
7. Dong M, Zheng J. Letter to the editor: headline stress disorder caused by Netnews during the outbreak of COVID-19. *Health Expect* 2020; 23: 259-60.
8. Haider II, Tiwana F, Tahir SM. Impact of the COVID-19 Pandemic on Adult Mental Health. *Pak J Med Sci.* 2020;36(COVID19-S4):S90-S94. doi:10.12669/pjms.36.COVID19-S4.2756
9. Hossain MM, Sultana A, Purohit N: Mental Health Outcomes of Quarantine and Isolation for Infection Prevention: A Systematic Umbrella Review of the Global Evidence. *SSRN Electron J.* 2020. 10.2139/ssrn.3561265
10. Galea S, Merchant R, Lurie N. The Mental Health Consequences of COVID-19 and Physical Distancing. *JAMA Int Med.* 2020 Apr 10; doi:10.1001/jamainternmed.2020.1562.
11. Tsamakis, K., Tsiptsios, D., Ouranidis, et al. COVID-19 and its consequences on mental health (Review). *Experimental and Therapeutic Medicine*, 21, 244. <https://doi.org/10.3892/etm.2021.9675>
12. Hu W, Su L, Qiao J, et al.: COVID-19 outbreak increased risk of schizophrenia in aged adults. *Chinaxiv.org*(preprint). Available from: <http://chinaxiv.org/abs/202003.00003>.
13. Ho CS, Chee CY, Ho RC. Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Ann Acad Med Singapore* 2020;49:1-3
14. Wright, K., Sarangi, A., & Ibrahim, Y. (2020). The psychiatric effects of COVID-19 thus far: a review of the current literature. *The Southwest Respiratory and Critical Care Chronicles*, 8(35), 17-28. <https://doi.org/10.12746/swrccc.v8i35.727>
15. Pablo G Salazar de, J Vaquerizo-Serrano, A Catalan, et al. Impact of coronavirus syndromes on physical and mental health of health care workers: Systematic review and meta-analysis *J Affect Disord*, 275 (2020), pp. 48-57
16. Zhao, Y. J., Jin, Y., Rao, W. W et al. (2021). The prevalence of psychiatric comorbidities during the SARS and COVID-19 epidemics: a systematic review and meta-analysis of observational studies. *Journal of affective disorders*
17. Yang Y, Li W, Zhang Q, et al. Mental health services for older adults in China during the COVID-19 outbreak. *Lancet Psychiatry.* 2020 Apr; 7(4):e19
18. Lee K, Jeong GC, Yim J. Consideration of the Psychological and Mental Health of the Elderly during COVID-19: A Theoretical Review. *Int J Environ Res Public Health.* 2020;17(21):8098. Published 2020 Nov 3. doi:10.3390/ijerph17218098
19. Hossain MM, Tasnim S, Sultana A, et al. Epidemiology of mental health problems in COVID-19: a review. *F1000Res.* 2020;9:636. Published 2020 Jun 23. doi:10.12688/f1000research.24457.1
20. Wang C, Pan R, Wan X, et al Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *Int J Environ Res Public Health.* 2020 Mar 6; 17(5):
21. Meng H, Xu Y, Dai J et al. Analyze the psychological impact of COVID-19 among the elderly population in China and make corresponding suggestions. *Psychiatry Res.* 2020 Jul; 289():112983.
22. Qiu J, Shen B, Zhao M et al. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen Psychiatr.* 2020; 33(2):e100213.

23. Pan American Health Organization (PAHO): Policy Brief: The impact of COVID-19 on older persons. <https://www.paho.org/en/documents/policy-brief-impact-COVID-19-older-persons>. Accessed May 1, 2020.
24. Mendes A, Serratrice C, Herrmann FR, et al: Predictors of in-hospital mortality in older patients with COVID-19: The COVIDAge study. *J Am Med Dir Assoc*. 21:1546–1554.e3. 2020.
25. Hariyanto TI, Putri C, Situmeang RFV and Kurniawan A: Dementia is a predictor for mortality outcome from coronavirus disease 2019 (COVID-19) infection. *Eur Arch Psychiatry Clin Neurosci*: Oct 26, 2020
26. Michel JP, Maggi S and Ecarnot F: Raising awareness of the needs of older COVID patients after hospital discharge. *Aging Clin Exp Res*. 32:1595–1598. 2020.
27. Dalila Talevi, Valentina Socci, Margherita Carai et al. Mental health outcomes of the COVID-19 pandemic, *Riv Psichiatr* 2020;55(3):137-144 | DOI 10.1708/3382.33569
28. McAlonan GM, Lee AM, Cheung V et al. Psychological morbidity related to the SARS outbreak in Hong Kong, *Psychol Med*. 2005 Mar; 35(3):459-60; author reply 460-1.
29. Tam CW, Pang EP, Lam LC et al., Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers. *Psychol Med*. 2004 Oct; 34(7):1197-204.
30. Kumar A, Somani A, Dealing with Corona virus anxiety and OCD.,*Asian J Psychiatr*. 2020 Jun; 51():102053.
31. Nemani K, Li C, Olsson M, et al. Association of Psychiatric Disorders With Mortality Among Patients With COVID-19. *JAMA Psychiatry*. 2021;78(4):380–386. doi:10.1001/jamapsychiatry.2020.4442
32. Fischer, P. R., & Renemane, L. (2020). Mental Disorders Following COVID-19 Infection: A Systematic Review Of Acute And Long-Term Psychiatric Manifestations And Associated Brain Changes. *Proceedings of the Latvian Academy of Sciences. Section B. Natural, Exact, and Applied Sciences.*, 74(6), 347-357. <https://doi.org/10.2478/prolas-2020-0053>
33. Nalleballe, K., Reddy Onteddu, S., Sharma, R., et al (2020). Spectrum of neuropsychiatric manifestations in COVID-19. *Brain Behav. Immun.*, 88, 71–74.
34. ZH Han, XJ Chen, L Zhang et al. Brief talk on the psychological intervention in suspected or confirmed COVID-19 patients in Chinese, *Medical Dietary Therapy and Health*, 18 (06) (2020), pp. 108-109
35. HC Nguyen, MH Nguyen, BN Do, et al. People with suspected COVID-19 symptoms were more likely depressed and had lower health-related quality of life: The potential benefit of health literacy *Journal of Clinical Medicine*, 9 (4) (2020)
36. Varatharaj A., Thomas N., Ellul M.A. et al. (2020). Neurological and neuropsychiatric complications of COVID-19 in 153 patients: A UK-wide surveillance study. *Lancet Psychiatry*, 7 (10), 875–882
37. Paterson R. W., Brown R. L., Benjamin L. et al. (2020). The emerging spectrum of COVID-19 neurology: Clinical, radiological and laboratory findings. *Brain*, 143 (10), 3104–3120.
38. Parra, A., Juanes, A., Losada, C. P. et al (2020). Psychotic symptoms in COVID-19 patients. A retrospective descriptive study. *Psychiatry Res.*, 291, 113254
39. Ferrando, S. J., Klepacz, L., Lynch, S., et al (2020). COVID-19 psychosis: A potential new neuropsychiatric condition triggered by novel coronavirus infection and the inflammatory response? *Psychosomatics*, 61 (5), 551–555.
40. Zhang, J., Lu, H., Zeng, H., et al (2020). The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain Behav. Immun.*, 87, 49–50.
41. Huang, Y., Zhou, H., Yang, R., et al (2020). Clinical characteristics of 36 non-survivors with COVID-19 in Wuhan, China. *medRxiv*, 20029009.

42. Cebrian, J., Gonzalez-Martinez, A., Garcia-Blanco, M. J., et al (2020). Headache and impaired consciousness level associated with SARS-CoV-2 in CSF: A case report. *Neurology*, 95 (6), 266–268.
43. Qi, D., Yan, X., Tang, X., et al. (2020). Epidemiological and clinical features of 2019-nCoV acute respiratory disease cases in Chongqing municipality, China: A retrospective, descriptive, multiple-center study. *medRxiv*, 20029397.
44. Leung, K. S.-S., Ng, T. T.-L., Wu, A. K.-L., et al. (2020). A territory-wide study of early COVID-19 outbreak in Hong Kong community: A clinical, epidemiological and phylogenomic investigation. *medRxiv*, 20045740.
45. Chen, N., Zhou, M., Dong, X., et al (2020). Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *The Lancet*, 395 (10223), 507–513.
46. Alkeridy, W. A., Almaghlouth, I., Alrashed, R., et al (2020). A unique presentation of delirium in a patient with otherwise asymptomatic COVID-19. *J. Amer. Geriatr. Soc.*, 68 (7), 1382–1384.
47. Hosseini, A. A., Shetty, A. K., Sprigg, N., et al (2020). Delirium as a presenting feature in COVID-19: Neuroinvasive infection or autoimmune encephalopathy? *Brain Behav. Immun.*, 88, 68–70.
48. Majadas, S., Perez, J., Casado-Espada, N. M. et al (2020). Case with psychotic disorder as a clinical presentation of COVID-19. *Psychiatry Clin. Neurosci.*, 74 (10), 551–552.
49. Soysal, P., Kara, O. (2020). Delirium as the first clinical presentation of the coronavirus disease 2019 in an older adult. *Psychogeriatrics*, 20 (5), 763–765
50. McLoughlin, B. C., Miles, A., Webb, T. E., Knopp, P., Eyres, C., Fabbri, A., Humphries, F., Davis, D. (2020). Functional and cognitive outcomes after COVID-19 delirium. *Eur. Geriatr. Med.*, 11 (5), 857–862
51. Bo, H.-X., Li, W., Yang, Y., et al (2020). Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. *Psychol. Med.*, 1–2
52. Mawhinney, J. A., Wilcock, C., Haboubi, H., Roshanzamir, S. (2020). Neurotropism of SARS-CoV-2: COVID-19 presenting with an acute manic episode. *Brit. Med. J. Case Rep.*, 13 (6), e236123.
53. Epstein, D., Andrawis, W., Lipsky, A. M., Ziad, H. A., Matan, M. (2020). Anxiety and suicidality in a hospitalized patient with COVID-19 infection. *Eur. J. Case Rep. Intern. Med.*, 7 (5), 001651
54. Lim, S. T., Janaway, B., Costello, H., Trip, S. A., Price, G. (2020). Persistent psychotic symptoms following COVID-19 disease. *BJ Psych. Open*, 6 (5), e105.
55. He Y, Yu R, Ren J. The Correlation between Psychiatric Disorders and COVID-19: A Narrative Review. *Psychiatr Danub.* 2021 Spring;33(1):76-85. doi: 10.24869/psyd.2021.76. PMID: 33857050.
56. Menninger, K. A. (1994). Influenza and schizophrenia. An analysis of post-influenzal “dementia precox” as of 1918, and five years later further studies of the psychiatric aspects of influenza. 1926. *Amer. J. Psychiatry*, 151 (6 Suppl), 182–187.
57. Brown E, Gray R, Lo Monaco S, et al. The potential impact of COVID-19 on psychosis: A rapid review of contemporary epidemic and pandemic research. *Schizophr Res.* 2020;222:79–87. doi:10.1016/j.schres.2020.05.005
58. Severance, E. G., Dickerson, F. B., Viscidi, R. P., Bossis, I., Stallings, C. R., Origoni, A. E., Sullens, A., Yolken, R. H. (2011). Coronavirus immunoreactivity in individuals with a recent onset of psychotic symptoms. *Schizophr. Bull.*, 37 (1), 101–107.

59. Leo Sher, The impact of the COVID-19 pandemic on suicide rates, *QJM: An International Journal of Medicine*, Volume 113, Issue 10, October 2020, Pages 707–712, <https://doi.org/10.1093/qjmed/hcaa202>
60. Rauschenberg C, Schick A, Hirjak D, et al. Evidence Synthesis of Digital Interventions to Mitigate the Negative Impact of the COVID-19 Pandemic on Public Mental Health: Rapid Meta-review *J Med Internet Res* 2021;23(3):e23365 doi: 10.2196/23365 PMID: 33606657 PMCID: 7951054
61. Louise Murphy, Kathleen Markey, Claire O' Donnell et al. The impact of the COVID-19 pandemic and its related restrictions on people with pre-existent mental health conditions: A scoping review, *Archives of Psychiatric Nursing*, Volume 35, Issue 4, 2021, Pages 375-394, ISSN 0883-9417, <https://doi.org/10.1016/j.apnu.2021.05.002>