Early Career Psychiatrists Advocate Reorientation not Redeployment for COVID-19 Care

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The previous public health emergencies and infectious disease epidemics such as Ebola, SARS, and the H1N1 influenza pandemic in 2009 have shown that epidemics can trigger new and exacerbate existing mental health conditions. Thus, it is plausible to anticipate that the COVID-19 pandemic will have substantial and long-lasting negative consequences on mental health, particularly in the world's most impoverished and resource-poor regions. Research has shown that one in every five Ebola virus-infected people also had a depressive disorder (Cénat et al., 2020). Similarly, 41–65% of SARS survivors reported psychological symptoms, primarily post-traumatic stress disorder (PTSD) and depressive disorders (Maunder, 2009). Emerging research on the impacts of the COVID-19 pandemic on mental health has primarily documented increased mental distress and related symptoms (Kola et al., 2021). A recent meta-analysis (Boden et al., 2021) established an increase in overall psychiatric morbidity (20-56%) amongst survivors of SARS-CoV-2 infections: PTSD (10-26%) and depression (9-27%) being the most prevalent

psychiatric diagnoses. The neuropsychiatric manifestations and the sequelae of the SARS-CoV-2 infection remain unclear. Predictions on the duration of the pandemic as well as the consequent mobility restrictions also remain unclear.

Healthcare systems have prioritized acute care provisions for the nearly 182 million confirmed cases of SARS-CoV- 2 infections. This repositioning entailed redeployment and reallocation of human and infrastructural resources; for example, outpatient care services were suspended, specialists from other disciplines such as psychiatry were tasked with emergency and critical care provision. The demand for intensive care services due to the massive numbers of critically ill patients requiring mechanical ventilation and other life-supporting interventions needed reorganization and expansion of services. Requirements for additional human resources meant 'drafting' of trainees in psychiatry, mental health nursing, social work, and psychology to provide psychological and social support for affected people.

On a positive note, better staffing ratios meant medical interns received adequate supervision as they were transferred to critical care units in The United States (Villarin et al., 2020). According to a recent review, the key principles for successful redeployment were developing staff working groups based on skills rather than specialty; having a supportive environment; and developing and ensuring a flexible decision-making process that allowed for scaling up of redeployment (Juan et al., 2021).

Globally, inadequate mental health care provider to service user ratios contextualized the pre-pandemic mental health care as noted in the WHO Mental Health Atlas 2017. The global average of psychiatrists per 100 000 population is 9. The ratio was 1.6 for low-income countries, 6.2 for middle-income countries, and 71.7 for high-income countries (World Health Organization, 2018). The gross disparities between high, middle, and low-income settings further compound the situation. Other factors such as geographical, financial, and social access further incapacitate mental healthcare provisions in low- and middle-income countries. Mental healthcare providers are inadequately remunerated and stigmatized in such settings, leading to a "brain drain" to high-income settings and contributing to the human resource shortfall (Kilic et al., 2019; Rathod et al., 2017). Budgetary allocation for mental healthcare provisions has been chronically underfunded (World Health Organization, 2018). Allocating enough financial resources to mental health is a necessary precondition for developing quality mental health systems with enough human resources to run the services and provide adequate support to meet people's needs. However, mental health and well-being cannot be addressed only by increasing resources. Indeed, the majority of existing funding continues to be invested in the renovation and expansion of residential psychiatric and social care institutions, which are often associated with social exclusion and a wide range of human rights violations. In low- and middle-income countries, the budget allocated for institutional care represents over 80% of the total government expenditure on mental health.

The COVID-19 pandemic has deepened the already existing gap in mental health and made the situation worse for people with mental illness. Furthermore, on the population level, its adverse psychological effects have led to an increased demand for mental health services which are disrupted as providers are deployed elsewhere. The disruption in mental health services has been noted in almost all countries (World Health Organization, 2020). Policymakers, administrators, and health officials have reallocated mental health care resources, especially human resources, to acute care services, which are thought to be "more important." Such policy decisions would not be the best public health measure as they do not account for the care needs of large swathes of the populations such as SARS-CoV-2 survivors and affected family members. To a large extent, their care needs can be met by adequately trained mental health professionals.

Several concerns have been raised regarding the effectiveness of redeployment during the current pandemic. Although it might appear a fast and effective solution for meeting the increasing demand for acute healthcare services during the pandemic, continued redeployment is unjustified. When making such decisions, many policymakers did not consider the disruption that reallocation might cause for mental healthcare services and the inequality in care between COVID-19 related patients and patients with severe mental illness who might also be at risk. Furthermore, redeployment had negative impacts on the mental health professionals themselves. Psychiatrists in many countries were concerned about their readiness to be redeployed and working to provide general medical care for COVID-19 related patients (Pereira-Sanchez et al., 2020). We can surmise that redeploying mental health professionals to work with COVID-19 patients, without providing them with the proper equipment and training required to do their job effectively and without considering the consequences of redeployment on mental healthcare does more harm than good. Policymakers and different stakeholders need to think of more effective solutions to meet the increasing demand for better matching existing resources to care needs. Mental healthcare service providers and users should be included in such discussions to find solutions that work for all parties in such stakeholder consultations.

As early career psychiatrists, acutely aware of mental healthcare needs across nine different countries, we suggest ‘reorientation’ of care services as the way forward. We elaborate on our advocacy below:

Reorientation in care services:

- Providing psychological and pharmacological therapies in a stepped care model
- Researching and refining rehabilitation strategies for those suffering from the post-acute COVID syndrome.
- Active outreach to provide early bereavement care for decedents
- Leveraging telepsychiatry/ telemedicine to overcome access limitations

Reorientation in community care services:

- Periodic community engagements to inform on stress management
- Anchoring mass media to inform on promotive and preventive aspects of mental health
- Demystify and destigmatize mental health/ neuropsychiatric issues arising in the context of COVID-19
- To encourage action and uptake of mental health care services

Reorientation in the training of mental health professionals:

- Pivoting current training to understand better and address the acute and chronic neuropsychiatric effects of SARS-CoV-2 infections

- Focusing on the social determinants of health and mental health whilst sensitizing about stressors unique to the pandemic situation.

Policymakers, administrators, and health officials would do their best to realize that this is a watershed moment to address global mental health with the impetus it deserves alongside COVID-19. As the pandemic abates, this resource could be further empowered to meet the service and mental health needs of the general population. As mental health issues become more closely tied to the COVID-19 pandemic, the stigma surrounding access and uptake of mental health care services will fade.

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