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RESEARCH ARTICLE

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THE COVID-19 PANDEMIC AND THE IMPACT ON INDIVIDUALS WITH MENTAL DISORDERS: AN INTEGRATIVE REVIEW

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ABSTRACT

The COVID-19 pandemic had an impact on the mental health of the general population and of people with previous mental disorders. **Objective:** to verify the impact of the COVID-19 pandemic on the mental health of individuals with preexisting mental disorders. **Method:** integrative review, performed through the search in the databases Virtual Health Library (VHL), Medical Publications (PubMed), Web of Science (Clarivate Analytics), American Psychological Association (PsycINFO), Scopus (Elsevier), SciELO, Portal CAPES and Medline. The descriptors "COVID-19", "pandemic", "coronavirus", "mental health", "mental disorder" and "patients" were used in English and Portuguese languages. Until August 2020, 862 articles were identified and 110 of them were selected for abstract reading. After the inclusion criteria were applied, 14 articles comprised the final sample of the review. **Results:** women are more vulnerable to concerns and fears about the pandemic, as well as older people with low education. Exacerbation of symptoms already controlled in patients occurred in all studies. Anxiety, anguish, fear, irritation and depressive symptoms were the most present feelings. **Conclusion:** the existence of a negative impact of the COVID-19 pandemic was identified in patients with preexisting mental disorders and this impact occurred in different types of mental disorders.

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INTRODUCTION

The COVID-19 pandemic began in late 2019 in Wuhan, China, and became a global concern in March 2020. Since then, it has spread rapidly around the world. It is an infection caused by a coronavirus identified as SARS-CoV-2. Different measures were implemented to minimize the damage of this disease in the population. Quarantine and social isolation strategies have led people to change their habits to avoid contamination. This affected the population in the social, economic and emotional domains, evidenced by increased unemployment rates, depressive symptoms, anxiety and psychic impairment in more vulnerable populations, such as patients with preexisting mental disorders (AMERIO, 2020; RIVERA, CARBALLEA, 2020). People with mental disorders are at higher risk of suicide, sudden death and violence. For people with severe mental disorder, the current context may exacerbate paranoid symptoms, feelings of anxiety, and the

contents of hallucinations and delusions (HAO, CHEN, XU, 2020; RACHEL, 2020). Facing a pandemic is a difficult task for the general population, even more dangerous for a person with psychiatric problems. The prevention measures and the understanding of the disease itself can become flawed, leading to contamination by COVID-19 and even exacerbation of their psychiatric symptoms (HAO, CHEN, XU, 2020; SHINN, VIRON, 2020; RACHEL, 2020). Mental health services had to be reorganized to meet the demands of the general population and maintain the continuity of outpatient services to their patients (D'AGOSTINO *et al.*, 2020; DELUCA *et al.*, 2020; IDRIS, 2020; LODHA, SOUSA, 2020). The effects of the pandemic will be lasting. It is necessary to strengthen mental health services, in order to qualify their interventions in the care of people with preexisting mental disorders, ensuring safe and effective care, respecting the rights of patients and their integrality (SHINN, VIRON, 2020; JAKOVLJEVIC *et al.*, 2020; RACHEL, 2020).

There is evidence that COVID-19 generated physical, social and emotional changes in vulnerable groups and it was possible to identify these impacts on specific mental disorders. Thus, this study aimed to verify the impact of the COVID-19 pandemic in individuals with preexisting mental disorders, through an integrative review. This review made it possible to systematize the results of publications related to this theme and integrate scientific information.

METHODS

This is an integrative literature review. The method used was proposed by Mendes, Silveira, Galvão (2008) comprising six stages: the selection of the theme and research hypothesis, setting of the inclusion and exclusion criteria of the studies, followed by the definition of the information to be extracted. Next, the evaluation of the included studies, the interpretation of the results, ending with the presentation of the review/synthesis of knowledge. Eight databases were consulted, including *Virtual Health Library* (VHL), *Medical Publications* (PubMed), *Web of Science* (Clarivate Analytics), *American Psychological Association* (PsycINFO), *Scopus* (Elsevier), *SciELO*, *Portal CAPES* and *Medline*. The consultation occurred through advanced search using descriptors registered in the Health Sciences Descriptors (DECs). The guide question for this study was: "What is the impact of the COVID-19 pandemic on the mental health of individuals with preexisting mental disorders?"

The strategy for the construction of the guide question uses the acronym PICO, where P relates to the population, I to intervention, C to comparison and O to outcomes. The PICO for this study obeys the following organization: P= individual with mental disorder, I= covid-19 pandemic, C= does not apply for this research and O= effects on mental health (SANTOS, PIMENTA, NOBRE, 2007). For the initial search process, the terms "COVID-19", "pandemia", "coronavirus", "saúde mental", "transtorno mental" and "pacientes" were used in the VHL database. In PubMed, *Web of Science*, Scopus, Scielo, PsycInfo, Medline and CAPES the words used were "COVID-19", "pandemic", "coronavirus", "mental health", "mental disorder" and "patients". The terms were combined with the Boolean operator "AND" as the search connector and "OR" in the combinations of the descriptors pandemic, coronavirus and COVID-19. The inclusion criteria were complete articles, empirical, reviews and clinical trials, in Portuguese, English and Spanish languages, published in 2020, which answered the research problem. Comments, notes, letters, point of view, manuals, dissertations, theses, books and chapters were excluded. The search was conducted from July to September 2020 by two independent researchers, who read the titles and abstracts for prior selection of articles to be included in the study. A third reviewer was consulted when there was no agreement between the two reviewers. Subsequently, the selected articles were read in full, which were again submitted to the inclusion criteria.

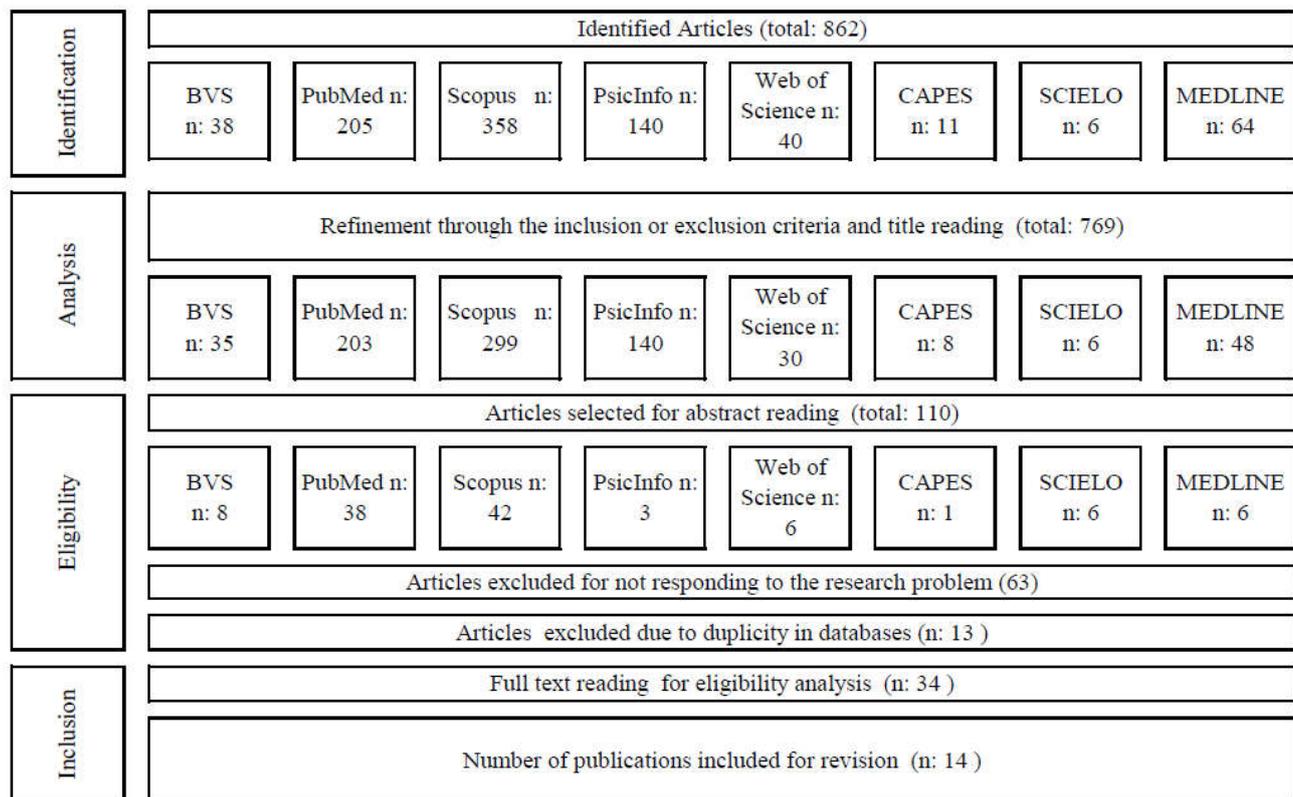
RESULTS

A total of 862 articles were identified in the databases consulted as a result of the combination of the descriptors mentioned above. After applying the inclusion and exclusion criteria, a total of 773 articles were obtained for reading titles. Of these, 110 were selected to read the abstracts, since the others did not address the main theme of this study. \

After reading the abstracts, 13 articles were excluded due to duplicity, 63 were excluded for not responding to the research problem, remaining 34 for full reading. After applying the eligibility criteria during the reading of the articles, 20 of these were excluded, and 14 publications were included in this review. The strategy of identification, analysis, eligibility and inclusion (Figure 1) followed the *Proposed steps of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) strategy (SANTOS, PIMENTA, NOBRE, 2007). Two methods were used to evaluate the eligibility of the articles: the quality level assessment was guided by the *Critical Appraisal Skills Program* (CASP) checklist and the evaluation of the level of evidence by the *Grading of Recommendations Assessment, Development and Evaluation* (GRADE) method. Ten items are evaluated in CASP, which includes in category A those that meet more than five items in the checklist and in category B for those with fewer than five check items. In the GRADE method, the following items are evaluated: design, study limitation, indirect inconsistencies, inaccuracy, publication bias and confounding factors. Subsequently, the evidence was identified as high, moderate, low and very low (Table 1). From the study sample, eight studies are cross-sectional, two case-control, two qualitative, an integrative review and a systematic review. Table 1 presents the main results regarding the impact of the COVID-19 pandemic on people with preexisting mental disorders and the discussion points analyzed in the published studies.

DISCUSSION

The publications selected for this review point to the impact of the COVID-19 pandemic on the mental health of people with preexisting mental disorders. The effect of the pandemic was perceived regardless of the type of mental disorders, and among the most prevalent symptoms are depression, anxiety and distress. It was possible to identify that women are more vulnerable to concerns and fears about the pandemic, as well as older people with low education. All studies identified comorbidity with other mental disorders, with the most cited comorbidities being mood and anxiety disorders (GAO *et al.*, 2020; TITOV *et al.*, 2020; HAO *et al.*, 2020; MURUGANANDAMA *et al.*, 2020; PLUNKETT *et al.*, 2020; PORCELLANA *et al.*, 2020; PRESTIA *et al.*, 2020). The level of knowledge about COVID-19 and preventive measures can affect emotional aspects of people with mental disorders. Low awareness may be related to deprivation, negative symptoms, cognitive impairment and decreased access to media. As a consequence of the lack of knowledge about COVID-19, the risk of changes in self-care and symptoms of relapse increases, especially in patients with severe mental disorders (MURUGANANDAMA *et al.*, 2020; GAO *et al.*, 2020; RHEENEN *et al.*, 2020; BENATTI *et al.*, 2020; SERGEANT *et al.*, 2020). It was possible to identify that people with mental disorders have concerns regarding their contamination by COVID-19 or their relatives. However, for the group of patients with depression and anxiety, Gao *et al.* (2020) identified less concern with the pandemic compared to the general population. It is possible to explain this behavior because these patients have a self-centered attitude, showing little sensitivity to the external world. Fear of death and COVID-19 is more significant for people without mental disorders; on the other hand, patients have concerns about access to health services and their personal situation (RHEENEN *et al.*, 2020).



Source: researcher data

Figure 1. PRISMA flowchart for selection of studies for sample constitution

Table 1. Description of the methodological evaluation and level of evidence of the selected studies

Authors	Journal	Country	Impact Factor	Quality Level (CASP)		Level of Evidence (GRADE)		
				A	B	High	Moderate	Low
Gao et al.	General Psychiatry	China	2.860		X		X	
Rheenen et al.	Journal of Affective Disorders	Australia	3.892	X		X		
Muruganandama et al.	Psychiatry Research	India	4.230		X			X
Kozloff et al.	Schizophrenia Bulletin	Canada	7.289	X		X		
Phillipou et al.	International Journal of Eating Disorders	Australia	3.668		X	X		
Hao et al.	Brain, Behavior, and Immunity	China	6.130	X		X		
Schleg et al.	International Journal of Eating Disorders	Germany	3.668		X		X	
Plunkett et al.	Irish Journal of Psychological Medicine	Ireland	0.530		X			X
Porcellana et al.	Journal of Psychopathology	Italy	2.240		X		X	
Sergeant et al.	BMJ open	Canada	2.496	X		X		
Davide et al.	Psychiatry Research	Italy	4.230		X			X
Benatti et al.	Frontiers in Psychiatry	Italy	2.849		X		X	
DeJong et al.	Basic and Clinical Neuroscience	UK	1.670		X			X
Titov et al.	Journal pre-proof Internet Interventions	Australia	3.513		X		X	

Source: researcher data

The restriction imposed by the pandemic acts as a risk factor for the return of symptoms previously managed during follow-up, so beliefs regarding contamination are less worrisome compared to the condition of remaining in social isolation (BENATTI *et al.*, 2020; PRESTIA *et al.*, 2020; PLUNKETT *et al.*, 2020; SERGEANT *et al.*, 2020). In people undergoing treatment for the use of psychoactive substances, isolation generates negative feelings. If they are intensified, it can become difficult to remain abstinent, generating anxiety symptoms (DEJONG *et al.*, 2020). In the study of Gao *et al.* (2020) 43.2% of patients undergoing outpatient follow-up with anxiety and depression were impacted by the pandemic. Rheenen *et al.* (2020) identified the impacts of the pandemic by reporting high levels of distress and lifestyle changes of patients with mood disorder. Regarding severe mental disorders, 53.8% of the interviewed classified the psychological impact as moderate and severe (PORCELLANA *et al.*, 2020).

In the research of Plunkett *et al.* (2020), 50% of the participants described a negative effect of the COVID-19 pandemic on their mental health, with a high level of anxiety and worsening in quality of life. Other studies (RHEENEN *et al.*, 2020; HAO *et al.*, 2020; SCHLEGL *et al.*, 2020; SERGEANT *et al.*, 2020) revealed impacts on sleep patterns, lower contact with people and family members, increased alcohol consumption and negative view in the perspective of eliminating infection and returning to normal life. Concerns about physical health, anger, loneliness and irritability were also mentioned as a negative effect of the pandemic (MURUGANANDAMA *et al.*, 2020; SCHLEGL *et al.*, 2020; RHEENEN *et al.*, 2020). The symptoms of distress evidenced in the studies (HAO *et al.*, 2020; BENATTI *et al.*, 2020; PRESTIA *et al.*, 2020; RHEENEN *et al.*, 2020) have an association with changes in personal situation, perceptions of life habits and behaviors directly linked to the COVID-19 pandemic.

Table 2. Description of preexisting mental disorders in study participants, main results of pandemic impacts and discussion points of the selected sample

Authors	Preexisting Mental Disorder	Main Impacts	Discussion Points
Gao <i>et al.</i>	Depression and anxiety	Postponement of Consultations; Older people; Women are more vulnerable ; Mental health impairment.	Anticipatory Anxiety Characteristics ; Mental status in patients with mood disorders was affected.
Rheenen <i>et al.</i>	Mood Disorder	Fears for family members; Difficulties in accessing health care; Risk of unemployment and personal finances; Anguish levels are high.	Anguish was associated with self-reported changes in personal situation, perceptions and life style behaviors directly linked to COVID-19.
Muruganandama <i>et al.</i>	Severe Mental Disorder	Ignorance of COVID-19; Return of previous symptoms; Suicidal ideas; Feelings of physical and verbal aggression; Financial difficulties.	Low awareness can be related to deprivation, negative symptoms, cognitive impairment ; The greatest impact is generated by social isolation.
Kozloff <i>et al.</i>	Schizophrenia	Existence of impact on people with schizophrenia ; Develop care protocols during the pandemic ; Provide funding for telephone consultations	Implementation of measures to reduce the risk of COVID-19 and maintain the continuity of clinical care for the safety of the person.
Phillipou <i>et al</i>	Eating Disorders	Prevalence in anorexia nervosa and bulimia ; Show moderate to severe levels of depression, anxiety and stress ; Increased binge eating, purging and exercise behavior	It is essential to monitor patients with an eating disorder and provide greater support to mitigate the increased symptoms of this disorder ; Binge eating intensified during the pandemic due to social isolation
Hao <i>et al.</i>	Severe Mental Disorder	Concerns about physical health, anger and impulsivity ; Intense suicidal ideation.	Psychiatric patients are at higher risk for PTSD symptoms, depression, anxiety, stress and insomnia, concerns about physical health, anger and irritability and suicidal ideation.
Schleg <i>et al.</i>	Eating Disorders	Worsening of previous symptoms in the pandemic ; Concerns: diet, fitness, an impulse to physical activity and fear of gaining weight.	Innovative proposals can collaborate for the care of people with eating disorders, minimizing the risk factors for symptoms.
Plunkett <i>et al</i>	Anxiety Disorder	Negative impact due to the restrictions of COVID-19, on social functioning and quality of life ; Received psychotropic prescription	The pandemic has changed people's routines, with financial impact and restrictions ; Evidence of minimal increase in positive symptoms of anxiety and reduced social function.
Porcellana <i>et al.</i>	Severe Mental Disorder	Anguish symptoms ; Greater vulnerability in women, affective disorders and schizophrenia.	Patients with mental disorders are more vulnerable to the psychological effects of COVID-19, due to restrictions and fear of falling ill ; To minimize the risks of COVID-19, it is necessary to strengthen the mental health service network.
Sergeant <i>et al.</i>	Common Mental Disorders	Positive impact in patients with anxiety, depression and psychoactive substance use	Strengthening mental health services during the pandemic to monitor the quality of care of patients and manage symptoms caused by restrictions and current health conditions arising from COVID-19
Davide <i>et al.</i>	Obsessive Compulsive Disorder	Greater impact on women ; Presence of OCD symptoms and use of psychiatric drugs ; Compulsion symptoms worsened during quarantine.	Individuals with OCD who have inflated beliefs of responsibility and obsessions of high contamination worsen during quarantine
Benatti <i>et al.</i>	Obsessive Compulsive Disorder	Most frequent phenotypes of compulsions were washing hands and cleaning; Change of medication, occurrence of past obsessions ; Avoidance behaviors and sleep disorders ; Consequences at work.	OCD symptoms are at higher risk in compulsions because they are related to cleaning and hand hygiene, measures for the prevention of COVID-19 ; The potential risk of contamination at work increases compulsion and obsession
DeJong <i>et al.</i>	Use of Psychoactive Substances	Impact on thoughts, feelings and behaviors ; Symptoms of anxiety about contamination ; Negative feelings: stress, anger, avoidance and isolation.	Isolation can contribute to negative feelings in patients with psychoactive substance use, keeping abstinent becomes an anxiety-generating task.
Titov <i>et al.</i>	Mood and Anxiety Disorder	Vulnerability in women and the elderly ; Increased symptoms of anxiety and depression, concern about the pandemic, risk of contamination, changes in lifestyle and financial security.	It is observed that the pandemic generates greater distress and anxiety symptoms due to the fear and insecurity of the infection ; The organization of the service and the quality of the guidance are facilitators so that the symptoms do not appear.

The stress assessment identified levels between moderate and severe in patients (HAO *et al.*, 2020; RHEENEN *et al.*, 2020; SCHLEGL *et al.* 2020). Thus, it can be inferred that stress is a trigger to other symptoms of preexisting disorders. Symptoms of posttraumatic stress disorder were found in a sample of patients (RHEENEN *et al.*, 2020). The evaluation of anxiety symptoms also remained at moderate to severe level (HAO *et al.*, 2020; RHEENEN *et al.*, 2020; SCHELEGL *et al.*, 2020). Suicidal ideation is present as the impact of the COVID-19 pandemic In patients with severe mental disorder.

Relapsed patients express more suicidal ideas (HAO *et al.*, 2020; MURUGANANDAMA *et al.*, 2020; KOZLOFF *et al.*, 2020). Muruganandama *et al.* (2020) identified that 22% of psychiatric patients discontinued the use of their medications during the pandemic, which may justify suicidal ideation in these patients. In 29.5% of people with severe mental disorders, there is a return of psychiatric symptoms already stabilized and 63.6% reported that they were experiencing symptoms of verbal and physical aggression to third parties (MURUGANANDAMA *et al.*, 2020).

Changes in personal care, sleep and diet were identified in patients with severe mental disorders, generating burden on family members and caregivers (MURUGANANDAMA *et al.*, 2020). The construction of a social support network can minimize overload and improve family relationships (KOZLOFF *et al.*, 2020). Hao *et al.* (2020) identified symptoms of anger and irritability during isolation. Porcellana *et al.* (2020) describe the importance of organizing the mental health service for monitoring and evaluating psychiatric patients, since high levels of distress have been identified in people with severe mental disorders. The creation of programs to meet the needs of patients who are most vulnerable due to severe mental disorder should be encouraged (KOZLOFF *et al.*, 2020). In patients with eating disorders, it was possible to identify negative effects of the pandemic and changes in their habits. Eating compulsions intensified due to isolation and the obligation to remain at home (PHILLIPOU *et al.*, 2020; SCHLEGL *et al.*, 2020). Schlegl *et al.* (2020) identified changes in the diet of people with anorexia nervosa and bulimia at the beginning of the pandemic. These researchers identified that 51.5% presented worsening in quality of life; 47.1% had an increase in food restriction; 20% had new symptoms of anorexia nervosa. The research also showed feelings of loneliness, restlessness and sadness in 70% of patients with eating disorder during the pandemic. Patients with eating disorders revealed that 36% had eating restriction behavior, 35.5% increased their binge behaviors and 18.9% increased purgative behaviors (PHILLIPOU *et al.*, 2020). In patients with Obsessive Compulsive Disorder (OCD), the impact can be perceived by reactivation of symptoms of compulsion, significant changes in the severity of symptoms, especially of symptoms of contamination. This behavior may be related to the need for greater control against potential contamination or increased free time during isolation leading to the intensification of compulsions and obsessions (PLUNKETT *et al.*, 2020; PRESTIA *et al.*, 2020). In the study by Benatti *et al.* (2020), 40.9% had recidiva of previous obsessions, 70.5% needed to readjust their treatment with medications and 52.3% had impaired sleep pattern. Patients with OCD presented worsening in obsessive and compulsive symptoms, of which the most frequent were hand washing and cleaning (PLUNKETT *et al.*, 2020; PRESTIA *et al.*, 2020).

Financial issues were mentioned in all studies as a concern during the pandemic. Some patients lost their jobs, others had to work at home and this change in routine and life situation influenced the return of symptoms that had already been managed (PLUNKETT *et al.*, 2020; KOZLOFF *et al.*, 2020; MURUGANANDAMA *et al.*, 2020; RHEENEN *et al.*, 2020). People with bipolar disorder are among those who are most concerned about their financial situation and unemployment. These factors can be triggers of suicide and self-mutilation (RHEENEN *et al.*, 2020; PLUNKETT *et al.*, 2020). It was possible to identify the impact of the pandemic on the daily lives of patients. Many had to postpone their consultations, therapeutic activities and had difficulties in maintaining their medications. The most significant effects were the closure of services, difficulties in transportation and access to places that have been transformed to treat patients with COVID-19 (SCHLEGL *et al.*, 2020; MURUGANANDAMA *et al.*, 2020; RHEENEN *et al.*, 2020). Titov *et al.* (2020) identified that 80% of the patients missed their visits, 12.8% used the teleconsultation and 22% discontinued the use of medication due to difficulties in accessing the place of dispensing. Mental health services had to organize themselves to ensure continuity

of care; the tools used were digital services, telepsychiatry and telephone contacts. Telepsychiatry consultations had a good acceptance for most patients (HAO *et al.*, 2020; RHEENEN *et al.*, 2020). The number of visits to mental health services websites and Apps increased significantly during the pandemic period (TITOV *et al.*, 2020). In cases of severe mental disorders and psychoactive substance use disorders, there was greater resistance and feelings of rejection and helplessness in the use of new technologies (MURUGANANDAMA *et al.*, 2020; DEJONG *et al.*, 2020). These feelings may be related to the characteristics of the mental disorder, since they are patients with greater difficulty in bonding and affectivity (MURUGANANDAMA *et al.*, 2020; DEJONG *et al.*, 2020; PORCELLANA *et al.*, 2020). The difficulty of using technology for the elderly was pointed out as a factor that generates anxiety symptoms (GAO *et al.*, 2020). Other authors (PRESTIA *et al.*, 2020; SERGEANT *et al.*, 2020) argue that an adequate structure of mental health services, both for distance and face-to-face care, can reduce the impact on symptoms that were already controlled. Social support with patient monitoring is the most effective strategy to face the impacts on mental health of individuals with mental disorders (HAO *et al.*, 2020; PORCELLANA *et al.*, 2020; TITOV *et al.*, 2020; KOZLOFF *et al.*, 2020; SERGEANT *et al.*, 2020). One of the studies identified that 45.5% of the patients perceived inadequate social support during the pandemic (MURUGANANDAMA *et al.*, 2020).

Conclusion

This review identified the existence of a negative impact of the COVID-19 pandemic on the mental health of patients with preexisting mental disorders. It was possible to identify that women are more vulnerable, as well as older people with low schooling. Financial factors and changes in daily life were generators of stress and anxiety. The use of new technologies contributed to the continuity of care and was well accepted by patients with mental disorders. The impact of the pandemic is directly linked to the resumption of already controlled symptoms. Thus, mental health services should be attentive to ensure continuity of follow-up care during the pandemic. Through this review, it was found that people with mental disorders become more vulnerable to symptoms such as anxiety, anguish, fear and depression. This fact may be related to changes in the routine, lifestyle and quality of life of patients, who have greater difficulty in controlling their emotions using resilience strategies. Therefore, for patients with mental disorders the significant impact is on the restriction and social isolation driven by the pandemic and not on fear of disease contamination. Social isolation recreates an idea of confinement and this hinders their social relationships and disorganizes their daily life.

Some limitations were found in this review, one of which is related to the studies' designs, which are mostly cross-sectional. Thus, the results may present biases related to changes in the conditions of the participants throughout the isolation period. Another issue concerns the studies being conducted in the early months of the pandemic. Thus, it is suggested that new research with different designs should be carried out to produce high levels of evidence on the impact of the pandemic on the mental health of people with preexisting mental disorders. These studies may contribute to implement appropriate follow-up strategies for people with mental disorders during the pandemic period.

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