

Impact of COVID-19 on mental health and healthcare service delivery

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The COVID-19 pandemic has claimed more than 6.8 million lives globally.² While there is yet a cure for the disease, vaccines are now available to minimise transmission risk and protect against severe infection. However, COVID-19 vaccines have had a mixed reception, with concerns of their side effects and of their safety in being quickly developed over a short period.³

The COVID-19 pandemic has negatively impacted people's physical and mental health. Fear of contracting the virus, worry about loved ones who are vulnerable to the disease, social isolation, and unemployment have been shown to lead to anxiety and depression, with the global prevalence of 21% and 24%, respectively during the pandemic.⁴ In addition, the pandemic has exacerbated symptoms among those with pre-existing mental health problems.⁵ The pandemic set an unprecedented challenge on healthcare system, disrupting the delivery of mainstream healthcare while tackling the added challenges of COVID-19-related ailments.⁶ The challenges in early diagnosis and treatment of COVID-19 at the time when other important diseases were co-circulating, and the wider use of telemedicine, potentially impacted on the delivery of healthcare aimed at ensuring the mental well-being of patients and healthcare workers.⁶ All these have significant impact on the provision of mental and social health services.

Against this background, the study by Goh et al.,⁷ in this issue of the *Annals* is timely for a better understanding of the impact of the pandemic on mental health, and on the provision of social and mental health services in Singapore. They found that there has been an increase in the requests for mental health services, hospitalisations for mental health reasons, patients requiring more follow-ups, and patients requiring further referrals to other mental health providers, particularly for social service agencies. These findings point to an increase in mental health issues during the pandemic in Singapore. In a study by the Institute of Mental Health, Singapore, 8.7% of the population met

the criteria for clinical depression, 9.4% for anxiety, and 9.3% for mild to severe stress disorders. Stress was mainly attributed to the worry for family members and friends contracting COVID-19, and concerns for financial loss and unemployment.⁸

The findings by Goh et al.⁷ also shed light on the change in healthcare provision for mental health services during the pandemic, where it was reported that much of the mental healthcare service delivery had shifted to remote platforms as a measure to reduce the risk of COVID-19 transmissions, and various online tools were used to engage clients such as video conferencing. However, some providers felt that telemedicine services for mental health provision were limited by the difficulty in developing rapport with patients, the lack of assessment of non-verbal cues from patients, and the absence of a "safe space" during these virtual sessions. More than 50% of the providers from restructured hospitals and primary and community health partners in the study reported the need for face-to-face consultation. The limitations of telemedicine were also highlighted in other studies where telemedicine was considered ineffective for first-time patients, follow-up patients,⁹ and those experiencing loneliness, domestic abuse, and family conflict. Some patients with learning or cognitive abilities who had difficulties understanding and following social distancing requirements, and those lacking in resources to use these technologies (e.g. older people and those from a lower socio-economic background), could find telemedicine ineffective.¹⁰

Furthermore, the challenges to provide mental healthcare for patients have significant impact on providers, as they faced difficulties in adjusting to the frequent changing guidelines that required work processes to change constantly, the numerous rules and guidelines that led to confusion and anxiety, and the increased pressure from high workload due to manpower constraints (Goh et al.⁷). These challenges were echoed in another study that reported an increase in the prevalence of anxiety (21.4%), burnout (82.1%), depression (26.6%), and post-traumatic stress disorder

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(8.9%) among general practitioners in Singapore.¹¹ Other factors that contributed to the mental health sequelae of providers working in the COVID-19 pandemic were worry of infection risk, the pressure to work with reduced leave, the challenge of service provision in the face of essential service restrictions and protocols, covering for colleagues who were ill or self-isolating, and working outside one's main area of expertise.¹²

The world has reached a post-pandemic era, with easing of community and border measures. However, the effects of COVID-19 will continue to stream into social and mental health services through the release of breakthrough infection and reinfection, as well as the long-term impact of COVID-19 on mental health.¹³ There is a need to build a resilient and sustainable social and mental health services, and this can be done by prioritising the well-being of social and mental health providers. Among the interventions that have been found to be effective in preserving the mental health of providers are the creation of safe working conditions including shorter duration of shifts, and access to mental health support to support mental well-being.¹²

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