

Health Services for People with Mental Disorders during the Covid-19 Pandemic: A Scoping Review

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Abstract. The global COVID-19 pandemic has significantly disrupted healthcare delivery, with mental health services facing the compulsion to innovate rapidly. This scoping review aims to systematically gather literature-based evidence that can guide governments and healthcare providers in their response to the mental health needs arising during the pandemic. Using a scoping review methodology, this study aggregates and examines data on mental health services for individuals with mental disorders amid the COVID-19 crisis. A strategic search across electronic databases such as ScienceDirect, Ebscohost, and Google Scholar utilized key terms "People with Mental Illness AND Health Service AND Pandemic COVID-19," in addition to Indonesian equivalents, to ensure a comprehensive collection of relevant articles. Selection criteria were strict, focusing on primary research, English-language, full-text articles published within the years 2020 to 2021. Upon analyzing six pertinent journal articles, it was determined that there has been a notable shift towards the utilization of online platforms for delivering mental health services during the pandemic, complementing the persisting, albeit limited, offline, in-person services conducted under stringent health safety protocols. This adaptation reflects the resilience of the mental health sector in maintaining service delivery amidst the constraints imposed by the ongoing health emergency.

Keywords: *COVID-19 pandemic, mental health services, mental disorders, scoping review, service adaptation.*

Introduction

The catastrophic COVID-19 pandemic that occurred in all regions of the world was caused by a highly contagious acute respiratory syndrome, namely Corona virus 2 (SARS-CoV-2). It first appeared in Wuhan, Hubei, China in December 2019 (WHO, 2020). The COVID-19 pandemic has put the world including Indonesia in an extraordinary situation, forcing people and governments to make quick decisions.

The World Health Organization (WHO) has highlighted the importance of measures aimed at delaying the spread of the virus. Among them are non-pharmacological interventions which are an important part of public health measures during a pandemic (ECDC, 2020; Markel et al., 2007). These interventions aim to protect by physically

distancing those who are confirmed and suspected of COVID-19 or potentially carrying the virus from the general population (ECDC, 2020). Such interventions include physical distancing, quarantine, isolation, closing national borders and other travel-related restrictions, closing schools and workplaces, and canceling social gatherings (ECDC, 2020).

The rapid development of COVID-19 as well as nonpharmacological interventions adopted to reduce the spread of the virus have led to increasing difficulties in the provision of health care including mental health (Li et al., 2020). So that mental health problems worsen in the pandemic era, one evidence shows that 62% of individuals experience depression during the pandemic based on survey data compiled by the Indonesian Association of Mental Medicine Specialists (PDSKJI, 2020). A recently published study shows a high curve of the emotional epidemic, illustrating a high likelihood of an increased burden of mental health problems (Vadivel et al., 2021).

WHO has identified mental health as an integral component of COVID-19 response (WHO, 2020). Thus, encouraging a more serious discussion about the masification of mental health services, as one of the important issues in the world (Ridlo, 2020). An urgent need to reorganize existing mental health services to address the unmet mental health needs of the time and to prepare for future challenges in the post-pandemic era in terms of prevention and management.

Because it forces mental health services around the world to adapt. An alternative mental health service is needed during the pandemic (Rizki & Wardani, 2020). Governments and healthcare systems around the world are working to provide services in a more accessible way (Fisk et al., 2020; Gratzner et al., 2021) By considering several practical approaches or treatment models for effective services in the pandemic and post-pandemic era (Vadivel et al., 2021).

In an effort to fulfill effective mental health services during the COVID-19 pandemic, literature-based information is urgently needed, in order to become a reference for the government and health workers in providing mental health services during the pandemic. Therefore, the group is interested in taking the theme related to health service efforts that can be done for people who experience mental problems or people with mental disorders during the COVID-19 pandemic.

Method

Research Design

Method used in this study used was scoping review. Scoping review is a method used to identify literature in depth and thoroughly obtained through various sources with various research methods and related to the topic (Arksey & O'Malley, 2005). The stages of scoping review include identifying research topics, identifying literature sources that are in accordance with the search strategy using keywords and inclusion criteria, sorting articles, data extraction and data analysis by mapping and collecting the literature used, and compiling the results of the selected literature analysis. The search strategy in this study uses PRISMA Extension to Be Scoping Review (PRISMA-ScR) to select articles related to health services for people with severe mental disorders during the COVID-19 pandemic.

Literature search strategy

This research is a literature review with a scoping review method with searches through 4 databases, namely Google Scholar, Scencedirect, and Ebscohost. This study used keywords in English, namely "People with Mental Illness OR People with Mental Disorder OR People with Mental Disabilities OR Psychoses OR Psychosis OR Schizofrenia OR Severe Mental Illness OR Sever Mental Disorder AND Health Service OR Health Service Accessibility OR Health Service Needs and Demand OR Health Care OR Health Institutions OR Health Works AND Pandemic COVID-19 OR Corona Virus Outbreaks". And in Bahasa "Pelayanan Kesehatan AND Orang dengan Gangguan Jiwa OR Orang dengan Gangguan Mental AND Pandemi COVID-19".

Inclusion and Exclusion Criteria

The search strategy in this study used PRISMA Extension for Scoping Review (PRISMA-ScR) to select articles discussing health services for people with mental disorders during the COVID-19 pandemic. The inclusion and exclusion criteria in the article search process are research with samples of health services in people with mental disorders, speaking English, full text, is primary research and the limit of article publication years is the last 4 years (2020-2021). The exclusion criteria in this study are articles that cannot be accessed in full, articles that are not related to the topic.

Data Extraction

In this study, data extraction uses tables by grouping data to answer the research objectives. The articles obtained are then written in an extraction table containing author information, year, objectives, samples, research methods and research results.

Quality Assessment

The evaluation of article quality is now carried out using instruments developed by the Joanna Briggs Institute (JBI). Articles with a minimum score of 75% were included in this study. The author conducts a thorough check to ensure that the publications collected are in line with the objectives of the study.

Data Analysis

Data analysis uses a descriptive approach, starting with classifying data, then continuing with writing research results from articles that have been studied. Data analysis was carried out by describing several types of health services for people with mental disorders during the COVID-19 pandemic.

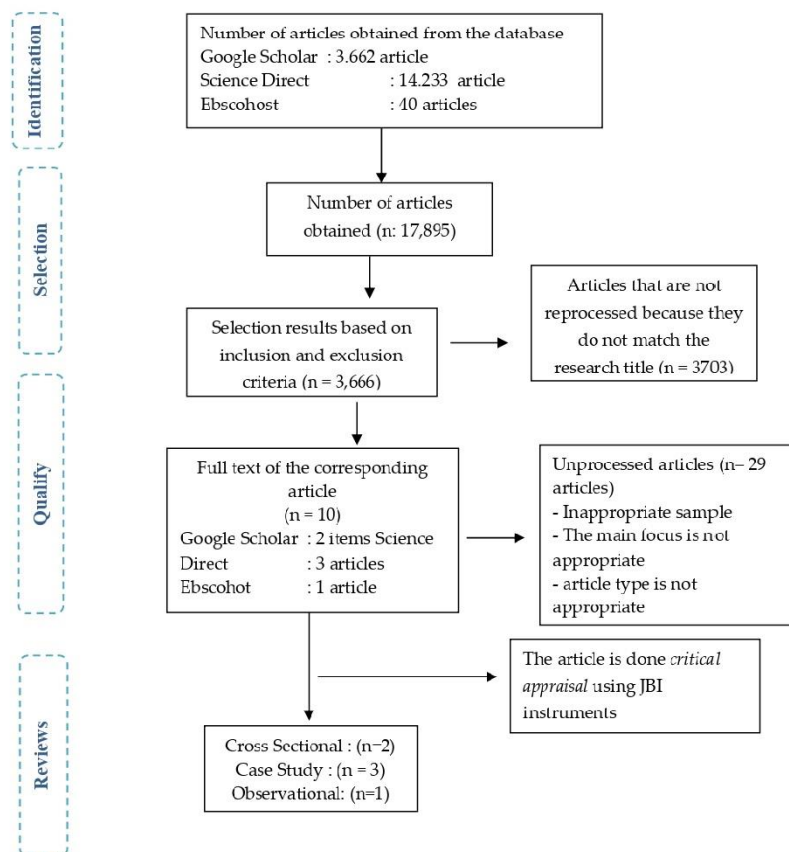


Figure 1. PRISMA Flow Diagram

Result

Table 1.

JBI Critical Appraisal

Author, Published Year	JBI Critical Appraisal Tool	Study Design
(Capuzzi et al., 2020)	87,5 %	Cross Sectional
(Rizky & Wardani, 2020)	87,5 %	Case Study
(Costa et al., 2020)	75 %	Cross Sectional
(Mahoney et al., 2021)	75 %	Cross Sectional
(Yuliastuti et al., 2021)	87,5 %	Case Study
(Roncero et al., 2020)	75 %	Cohort Studies

Table 2.

Health Services for People with Mental Disorders During the Covid 19 Pandemic

Types of Mental Disorders	Types of Healthcare Services	Research
Marijuana addiction and diagnosis of obsessive-compulsive disorder	E – Health	(Capuzzi et al., 2020)
Schizophrenia with Violent Behavior	Online via chat, phone and video call	(Rizki & Wardani, 2020)
It did not specify the type of mental health problem in this study	Online via video and phone	(Costa et al., 2021)
Symptoms of anxiety and depression	Digital Mental Health Services (DMHS) with the implementation of mental health applications	(Mahoney et al., 2021)
Skizofrenia	Online is via Whatsapp and Google Meet. And also offline using leaflets with direct visits to homes and still paying attention to health protocols.	(Yuliastuti et al., 2021)
Record all mental health problems (including mental health problems due to covid or severe mental disorders	By phone and technology-based applications	(Roncero et al., 2020)

The results of analysis from 6 journals found that there were various health services for people with mental disorders during the Covid-19 pandemic. Capuzzi et al., (2020) In his research mentioned that There was a decrease in the number of people with mental disorders who received emergency consultations directly, when compared to the same

period in 2019. In a study by Halawa (2020) showed decreasing symptoms and an increasing ability of clients to control violent behavior by conducting Psychiatric Nursing Care Standards online via chat, telephone and video call.

Discussion

Research by Costa et al., (2021) also indicates that there is challenges in accessing care through tele-mental health plus the mental health impact of COVID-19. Severity and The unprecedented COVID-19 pandemic has demanded the need for alternative solutions to address impaired access to mental health care, especially after social distancing and stay-at-home policies were suddenly implemented and Regarding staff availability before, during, and after mental health appointments (Yellowlees et al., 2010). People who don't have access to technology, who don't have the knowledge, who are afraid for different reasons to use tele-mental health, or who don't have enough privacy in their homes are left with few options (Sevelius et al., 2020).

Research by Capuzzi et al., (2020), shows that there has been a decrease in the number of psychiatric patients who seek emergency consultations, when compared to the same period in 2019. On the pandemic In 2020, psychiatric patients and activities involving patients' families have been replaced by emergency consultations with e-health (virtual or audio communication), but at that time there was a decrease in emergency consultations for patients who stayed at home in contrast to patients who were in care facilities. Three findings regarding the clinical features of the patient should be highlighted. First, subjects living in PRTF were more likely to have emergency psychiatric consultation and psychiatric care than individuals living at home. Second, individuals with marijuana abuse were more during lockdowns than in 2019. Overall marijuana use exacerbates many psychiatric disorders such as schizophrenia, mood, sonality and anxiety disorders that are at risk of resulting in self-harm behavior and even depression resulting in an increase in the number of emergency room visits (Hall et al., 2019). Third, an OCD diagnosis was significantly associated with rates of psychiatric emergency visits during lockdown compared to the previous year. Individuals with OCD may experience significant symptoms of impaired social functioning, anxiety and suspicion (Murphy et al., 2010). Therefore, during the pandemic, strategies are needed to improve the prevention of

recurrence of psychiatric patients and the use of alternative approaches as e-health technology that must continue to be promoted.

In addition, research Rizki & Wardani, (2020), shows that there is a decrease in symptoms and an increase in the ability of clients to control violent behavior by conducting SAK Jiwa online via chat, telephone and video call. Nursing interventions carried out to control behavior begin with fostering trusting relationships, then recognizing violent behavior, practicing physical methods such as deep breathing and hitting pillows, psychopharmaceuticals such as obeying taking medication, social / verbal such as assertive communication, and spiritual methods such as conducting worship activities (Keliat, 2019). This increase in ability can be due to routine training performed and recorded in the activity schedule. As

It is known that the activity schedule made by the client aims to prevent the client from forgetting to carry out activities according to plan and improve client discipline. Ability related to self-awareness to adapt to stressors (Stuart, 2021). Increasing awareness of the importance of the benefits of the skills trained can increase the motivation of clients to practice those abilities. Other studies have also shown that nursing measures can improve the ability to control violent behavior (Fahrizal et al., 2020).

Further research conducted by Yuliastusti et al., (2021) by providing psychoeducation to families with schizophrenia patients during the COVID-19 pandemic, especially on the emotional aspects of the family and its effect on patient compliance in taking medication showed good results. This study combined intervention techniques offline by making direct home visits but still implementing good health protocols, and Online with the help of platform Communication Media Whatsapp and Google Meet. According to this study, the provision of psychoeducational interventions to families and schizophrenia patients has its own challenges which also have advantages and disadvantages of each. Psychoeducation carried out by offline Through home visits, nurses can more easily foster trusting relationships with clients and families which will facilitate the provision of family psychoeducation (Mottaghipour & Tabatabaee, 2019; Yuliastusti et al., 2021). But the drawback is that when looking at the relevance of COVID-19 conditions, intervention is carried out offline It is considered inappropriate considering the high risk of spreading infection if you cannot pay attention to health protocols optimally (Yuliastusti

et al., 2021).

Psychoeducational methods Online It is considered more appropriate if applied during the COVID-19 pandemic considering that there are several advantages also mentioned in this study, including the need for lower costs, convenience, the possibility of family informants to be able to join through video conference multi-point and a lower risk of spreading infection. Even so, there are some disadvantages in conducting psychoeducational methods Online Such as having to adjust to the client's ability, especially in accessing technology and technical obstacles such as poor signals or networks need to be considered (Yuliastusti et al., 2021).

A combination technique between methods offline and online In conducting mental health services is also applied to research conducted by Roncero et al., (2020). This observational study research presents an overview of the response and re-policy settings that must be carried out by one of the psychiatric units of the Salamanca area in Spain during the first 8 weeks of the spread of coronavirus cases. In some psychiatric units in the Salamanca area, they had to discharge some patients who had mental disorders but were in stable condition, leaving patients whose condition could not be returned home. Monitoring of patients who are discharged home is carried out by telephone to patients with severe mental disorders and their families once or twice a week adjusted to their mental condition (Roncero et al., 2020).

During the COVID-19 pandemic, mental health services are carried out by combining direct visits of several hours per day and through telephone communication. The patient's physical and mental condition is still evaluated, mainly using methods Online Through phone calls to ensure medication adherence and patient feelings, especially during pandemic situations (Roncero et al., 2020). This study concludes that the use of telephone service support and technology-based applications in the COVID-19 pandemic situation is very promising and suitable for patients with mental disorders so that its application can be pursued, especially considering the current situation (Roncero et al., 2020).

Recent research shows an increasing picture of the use of two mental health services in a state of education. online in Australia and New Zealand (Digital Mental Health Service (DHMS)) that is THIS WAY UP and Just a Thought during the COVID-19 pandemic

(Mahoney et al., 2021). The two applications provide psychological education, especially for patients with signs and symptoms of anxiety and depression, which during the first 3 months of the COVID-19 pandemic there was an increase in users of more than 100% who registered on website THIS WAY UP a total of 2806 people and on Jats this thought 1907 people (Mahoney et al., 2021). This study shows that there is an increase in remote or in-person mental health access. online especially during the COVID-19 pandemic, especially in Australia and New Zealand Especially with mental health services via telephone, mental consultation telehealth, and visits to mental health websites (Medhora et al., 2020; Looi et al., 2020; Jayawardana & Gannon, 2021; Mahoney et al., 2021).

In essence, health services for patients with mental or mental disorders during the COVID-19 pandemic are mostly carried out online or more commonly referred to as telemental health. Two studies combined services online and offline (Roncero et al., 2020; Yuliastusti et al., 2021) but still recommend the service on a regular basis. online consider its relevance to the COVID-19 pandemic situation at that time when the risk of spreading infection was high, especially if nurses or mental health service providers and patients could not implement health protocols optimally (Thirthalli et al., 2020; Yuliastusti et al., 2021).

In light of the research findings from various studies, it is essential to adapt mental health services with emphasis on telehealth during health crises like the COVID-19 pandemic. Regular monitoring of patients via phone calls is an effective strategy for those with severe mental disorders. The use of such interventions allows for continued assessment and support for medication adherence and managing emotional well-being when in-person visits aren't possible. Programs that have seen success, such as THIS WAY UP and Just a Thought, indicate a significant increase in the demand for online mental health services, underscoring the need for scalable telehealth solutions that can provide psychological education and support, particularly for anxiety and depression.

The integration of online and offline mental health services offers a nuanced approach that aligns with necessary health safety protocols. Health professionals should be adept at utilizing digital applications, and health systems must be prepared to scale up to meet the rising demand for remote services. Significant user engagement with digital platforms reveals an opportunity for the expansion and standardization of telemental

health services across regions, which involves addressing critical aspects such as accessibility, technology infrastructure, professional training, and policy support to ensure equitable and high-quality mental health care delivery.

Conclusion

The research collectively leads to the conclusion that the COVID-19 pandemic has necessitated the rapid adaptation of mental health services to ensure continuity of care for individuals with mental health disorders. The findings demonstrate the efficacy of a hybrid model of care that seamlessly integrates both traditional in-person visits and modern telehealth solutions. This adaptable approach enables ongoing support and treatment of patients while minimizing the risk of infection transmission during a pandemic. The inclusion of proactive telemonitoring and the use of digital platforms for delivering psychoeducation and psychological support have emerged as particularly valuable practices in this integrated model.

The implications of the research are multi-faceted. It calls for healthcare systems to invest in and expand telehealth capabilities to meet the increased demand for online mental health services witnessed during the pandemic. Healthcare providers are encouraged to develop competencies in delivering care via digital means and establish protocols for remotely managing patient care, especially for monitoring medication compliance and providing emotional support. The increased utilization and acceptance of digital mental health services also suggest that policymakers should create supportive frameworks for telemental health, taking into account aspects like reimbursement, data security, and ensuring equitable access. This research underlines the importance of flexibility in mental health service delivery, where physical and virtual care options coexist and complement each other to offer a more resilient, responsive, and comprehensive care system.

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