

Correspondence

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Earthquakes and COVID-19

We read with interest Goodwin et al's paper on 'Psychological distress after the Great East Japan Earthquake',¹ which featured in the March 2020 *BJPsych* themed issue on 'Disasters and Trauma'. This is timely given the current climate when the UK and other nations of the world are grappling with the disastrous consequences of infections with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) otherwise known as coronavirus disease 2019 (COVID-19). Although the physical impact of the global pandemic is yet to be adequately quantified, the huge psychological and social burdens on human existence are issues we need to start addressing in order to be ahead of whatever curve we may end up with globally.²

With time, society will be dealing with the psychiatric impact (in extreme cases) or the psychological impact (in not so extreme cases) of COVID-19. Bereavement, grief, loss, separation, anxiety, fear, paranoia, adjustment reactions and depression are foreseeable after-effects when life starts to return to what we previously considered 'normal everyday life'. Some degree of 'antisocial' behaviour will emerge with 'social distancing' becoming a norm, and physical distancing could become a weapon of subtle intimidation or bullying in the workplace or even at schools. Also, we cannot overlook supposedly minor conditions like anger or frustration fuelling the emergence or resurgence of violence against self, domestic violence and violence at the community level following such an impact on our daily lives. According to the charity Refuge, the National Domestic Abuse helpline has seen a 25% increase in calls and online requests for help since the lockdown.³ Recently, the UK Parliament's Home Affairs Select Committee called for removal of the time limit on prosecutions to ensure perpetrators of domestic abuse during the lockdown do not get away with their crimes.⁴

Currently, there is no physical war between nations but there is a fight to contain a crowned virus – although small, pathogenic and not human, it is nonetheless powerful enough to crash the world system to a large extent. Our concern is that in addition to the above, the worsening or re-emergence of previous mental health problems in the context of a lockdown situation, as well as the new onset of mental health problems once the limitations or containment of lockdown is over could potentially overload primary and secondary mental health services.

Mental health services at all levels, including psychological services in primary care, bereavement services and secondary mental health services therefore need to start preparing for post-lockdown demand for care by making arrangements for how they will manage increased demands for services. Mental health promotion should be launched now and after the COVID-19 pandemic to prevent an overloading of the National Health Service via the mental health services' route. Proactive steps therefore need to be taken to make this

overloading less likely. Will mental health services be prepared for the extra demands that will follow the aftermath of this pandemic? Only time will tell.

Declaration of interest

None.

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- 2 Holmes, EA, O'Connor, RC, Perry VH, Tracey I, Wessely S, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; **7**: 547–60.
- 3 Kelly J, Morgan T. Coronavirus: domestic abuse calls up 25% since lockdown, charity says. *BBC News* 2020; 6 April (<https://www.bbc.co.uk/news/uk-52157620>)
- 4 Grierson J. Domestic abuse surge in coronavirus lockdown could have lasting impact, MPs say. *The Guardian* 2020; 27 April (<https://www.theguardian.com/society/2020/apr/27/domestic-abuse-surge-coronavirus-lockdown-lasting-impact-mps>).

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Authors' reply

We thank Drs Orlu & Olumoroti for their kind and thoughtful response to our paper on 'Psychological distress after the Great East Japan Earthquake'.¹ We agree that a focus on the psychological sequela of major societal stressors is a timely subject for study for psychiatrists, particularly given the mental health burden already evident as a consequence of coronavirus disease 2019 (COVID-19). Indeed, this novel coronavirus might be expected to place particular burdens on a wide range of the populace, worldwide. The data seems to support this. While in our study of the 2011 Japanese earthquake 10.2% of Miyagi refugees reported risk of severe mental illness (SMI) later during that year, data from COVID-19 suggests higher prevalence of SMI. Using the same measure and cut-off for psychological distress (the Kessler K6) national online surveys during March 2020 found 19.1% of Chinese at risk of SMI.² In April 2020 13.6% of US adults reported SMI, compared with 3.9% during 2018.³ Using a national UK longitudinal survey and the General Health Questionnaire, the number of adults experiencing mental health problems (indicated by the 12-item General Health Questionnaire ≥ 3) rose from 23.4% (2017–2019) to 37.1% (April 2020).⁴

The main reason for this may be that COVID-19 is no 'normal' disaster. Unlike other novel zoonoses (such as the 2009 AH1N1 'swine flu') there can be a prolonged period of symptomatic or pre-symptomatic transmission, an ambiguity that can rapidly lead to the blame and stigmatisation described by Drs Orlu & Olumoroti. More than 12 months after the first case, exact transmission pathways are still unclear (viz: the current debate over aerosolisation), creating further uncertainty over effective preventive measures (for example 'safe' physical distancing, a requirement for masks with particular designs). There remains an additional risk that this coronavirus may continue to further mutate, potentially undermining vaccine efficacy. Subsequent risks cannot be readily limited to one exclusion zone (as, for example, is the case after a nuclear accident). COVID-19 infection (and subsequent mortality and morbidity) may well be seasonal and occurs in waves, with the novel challenge of national and local lockdowns that are released then re-imposed, making it difficult for both