ORIGINAL ARTICLE

COVID-19, consequences on psychiatric care and access to mental health services: A patients' opinions survey

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ABSTRACT

Objective: The COVID-19 pandemic has (and will continue to have) quite a strong impact on patients whose mental conditions worsen due to isolation, disruption of usual routine, activities, and loss of community support, if not the infection itself. Therefore, exploring and evaluating existing ways and proposing new ways to communicate and maintain a strong therapeutic alliance between therapists and patients was important.

Methods: A semi-structured interview based on a homemade grid designed to assess participants' opinions on access to telehealth services and their efficiency. Period of study: March 2020 to June 2021.

Results: Impact of COVID-19 on daily life: 70% experienced isolation due to the pandemic life-changing, 65% experienced anxiety, 42% depression, and 28% anger. Teleconsultations' perceptions during the COVID-19 pandemic were perceived as a good solution for a pandemic era and no need for displacement (30%). 38% thought that video consultation is a better option than telephone consultations, with 60% stating a similar level of comfort in video/phone consultation compared to in-person. Recommendations to address Mental Health (MH) care delivery soon after this pandemic were: Patients (60%) are interested in accessing a website (or mobile application) on resources of MH services available in their city/region.

Conclusions: Results show that isolation and anxiety were the factors most affecting the social life and conditions of participants, with some significant levels of depression and anger. Participants largely accepted the transition to virtual care with some improvements.

Key Words: Mental health, Telehealth services, Psychological isolation, Acceptance, Virtual care

1. INTRODUCTION

People with mental health conditions may be particularly affected and might relapse due to the disruption of services, isolation, and possible exacerbation of symptoms in response to negative information and behaviors related to the pandemic.[1–3] The consequences of quarantine, social and physical distancing are key risk factors for mental health issues.[4]

Research to support vulnerable groups should seek to im-

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prove adaptative methods of delivery of mental health services that provide connectivity, care, and social support and promote rapid innovation in MH care.[5] The expanded provision of MH support (especially through telehealth) will likely help patients maintain psychological well-being and cope more favorably with acute and post-acute health requirements.[5] Providing mental health care in a context of confinement and social distancing is a challenge and highlights the important role of patient-friendly telehealth solutions tailored to patients' needs (such as videoconference, virtual group therapies, emails, telephone calls, or even smartphone apps and connections with caregivers).

It is believed[6] that the COVID-19 pandemic had (and might continue to have) an impact on patients whose MH condition might worsen due to isolation, disruption of usual routine, activities, and loss of community support if not because of the infection itself.

Therefore, it is important after this large outbreak to evaluate the effectiveness of existing communication practices between therapists and mental health patients. Furthermore, it is now necessary to find improvements or develop new methods for care delivery that meet the needs of patients and their families while providing them with access to efficient and continuing care.

Objectives

The main objectives of this study were:

(1) To determine the psychological impact of COVID-19 on the well-being and psychological state of patients with mental illnesses.

(2) To quantify satisfaction with the quality of life of people with a mental health condition and evaluate virtual care services provided during the pandemic.

(3) To develop recommendations to improve evaluation consultations remotely, follow-up visits, and access to telehealth on local mental health services provided.

2. METHODS

2.1 Design

A qualitative study was undertaken with 40 patients registered (from March 1st, 2020, to June 30th, 2021) in the ambulatory care services of the mental health clinics at an academic hospital in Ottawa, Ontario, Canada, during the COVID-19 pandemic. The study was done using semi-structured interviews by telephone with patients who agreed to be contacted by a research team member.

A patient interview questionnaire was developed to measure perceptions of mental health well-being and to assess the strengths and weaknesses of teleconsultations. Before beginning the interview, we explained the study objectives and procedures to eligible participants. Participants' verbal consent was obtained before the interview, where participants agreed that the interview could be audio-recorded and transcribed. A research assistant with experience in qualitative studies conducted the phone interviews in either French or English as per the participant's preference. Study participants were assured that all personal information was kept confidential, and the identity of participants was always protected. Interviews were not repeated nor returned to participants for corrections or comments.

2.2 Recruitment and participants

The permission to contact patients for research was made by phone through a mental health worker in the mental health ambulatory clinics at the academic hospital and by an administrative assistant. Patients who agreed to be contacted received a scheduled call from the research assistant. Participants who refused to give oral consent to participate were automatically excluded. Participants were at least 18 years old, were able to speak English or French, and were receiving care from mental health ambulatory clinics at the time of the study. Interviews were scheduled on participants' convenient days and times. The study was approved by the Research Ethics Board of the academic hospital.

2.3 Data collection

A list of eligible patients who had a teleconsultation at the outpatient care services mental health ambulatory clinic between March 2020 and June 2021 was obtained (total N = 2,412). Based on sample size calculation, a total of 332 (95% CI at 5% error) patients were randomly selected for this study. From the list of 332, only 65 patients gave permission to be contacted, but after the phone call from the research assistant, 25 patients were no longer interested in participating in the study and did not give their consent, so they were excluded. Finally, the participants were 40 patients living in the Ottawa region; most of them (75%) were between 35 and 64 years old. A total of eleven interviews were conducted in English and 29 in French. The duration of the interviews varied between 11 and 46 minutes.

2.4 Data analysis

Study data were analyzed using the NVivo 12 software. Interviews were audiotaped and transcribed verbatim. The verbatim material was translated from French to English for this article. No identifying characteristics were included in the transcriptions. Transcripts were read several times by two research assistants to develop an interpretation of patients' perceptions regarding the COVID-19 pandemic

and its impact on their mental health and telehealth service. Thematic analysis implies the identification of themes or patterns of meaning in a set of qualitative data. It is a flexible method that does not determine methods for theoretical or epistemological positions, data collection, or ontological frameworks.[7] It is an iterative process where data are coded, compared, contrasted, and refined to generate emergent themes. The transcribed text was divided into "meaning units," which were later shortened and labeled with a "code" without losing the study context. Codes were then analyzed and grouped into similar categories in the last step. Similar categories were assembled under subthemes and main themes. Categories and main themes were developed and compared after iterative readings, discussion, and feedback from the other members of the research team, who helped provide a broader perspective. Agreement on the definition of codes and interpretation of data was reached once discrepancies in coding were found.

3. RESULTS

Patient characteristics are presented in Table 1. Participants were mainly women (65%) and aged between 35 and 64 years (75%).

After analyzing the survey, three major themes were identified based on patients' responses:

- Impact of the COVID-19 pandemic on daily life.
- Telehealth perceptions during the COVID-19 pandemic.
- Recommendations to improve Outpatient Mental Health care service delivery during the COVID-19 pandemic.

Table 2 presents the impact of COVID-19 on daily life and behaviors. Patients mainly reported isolation as a factor, and they felt isolated during COVID-19 since they could not have any close contact with friends and family. This was followed by anxiety; a good proportion of the patients felt anxious about catching COVID when leaving the house or were not comfortable seeing that their surroundings were not using enough protection and did not necessarily respect social distancing. Depression is the third most reported behavior by the patients. In their words, depression is more associated with distress and represents their gloomy mood during these difficult periods of isolation. The least reported behavior is anger.

Table 3 shows patients' perceptions of telehealth during the COVID-19 pandemic. Most of the interviewees (60%) felt the same level of comfort with teleconsultation compared to in-person visits. It is reassuring that virtual care was well accepted and adapted to serve patients during the pandemic. They appreciated not having to travel to the clinic and rather stay home. They would prefer to see the doctor via videoconference instead of just phoning him/her.

Table 1. Characteristics of mental health participants who had accessed telehealth services between March 2020 and June 2021 (n = 40)

	Number	Percentage
Gender		
Female	26	65%
Male	14	35%
Other	0	0%
Age range		
18-34	7	18%
35-64	30	75%
65+	3	8%

Table 2. Impact of the COVID-19 Pandemic on daily life

Subthemes	Number	Percentage	Illustrative Quotes
Isolation	28	70%	*We are isolated, that's not easy, we can't see people we used to see.*
Anxiety	26	65%	*I experienced anxiety when I had to go out and get things, like pick up my medication, go shopping.*
Depression	17	42%	*I had a major depression with anxiety, it was like distress.*
Anger	11	28%	*I feel angry for not many people following the rules.*

Table 3. Telehealth perceptions during the COVID-19 pandemic

Subthemes	Number	Percentage	Illustrative Quotes
Same level of comfort on video/phone consultation compared to in-person	24	60%	*It's the same as if I'm sitting in his office.*
Video consultation is better than telephone consultation	15	38%	*I preferred to have videos because you can see the doctor.*
Good Solution, with no displacement	12	30%	*I don't need to travel, so it's done at home.*
Lack of information, don't know where to go	< 5	8%	*There is a lack right now to know where to go, how to receive help.*

Table 4. Recommendations to address mental health care delivery services soon after the COVID-19 pandemic

Subthemes	Number	Percentage	Illustrative Quotes
Interested in having access to a website or a mobile application regarding mental health services and information in their city/region.	24	60%	*Is that an information thing? Yes, I would like that.*
Hope that we will be able to meet physically (as patients and doctors).	< 5	5%	*I just would like eventually to go back to see my psychiatrist in person, but I have no control over that.*

A small percentage (8%) felt they needed more information and help as they felt lost on how to proceed with virtual care.

The final part of the interview was to assess the strength and weaknesses of telehealth service (see Table 4). A large number (60%) of participants indicated it needs to have a website or a mobile app that provides enough information on mental health services dispensed by the clinics or available within the city or the Ottawa region.

4. Discussion

The main aim of this study was to determine the psychological impact of COVID-19 on the mental health, well-being, and psychological conditions of patients with mental illnesses attending a psychiatric clinic and evaluate virtual care services provided during the pandemic.

The COVID-19 pandemic affected the delivery of many health services at the hospital. In-person consultations in the psychiatric department, as well as other departments, were suspended; thus, teleconsultations were being offered to follow outpatients.

According to the results, the impact of the COVID-19 pandemic on daily life was very significant among participants. A considerable number of participants experienced isolation (70%), 65% had anxiety, 42% were depressed, and 28% reported anger. Among these participants, women (65%) had most accessed telehealth services during the COVID-19 pandemic compared to only 35% for men. These results are like previous studies demonstrating that physical distancing and social isolation may also lead to increased stress and friction within households. There were significantly more psychiatric patients reporting moderate to severe worries about their physical health and moderate to severe anger.[2]

A small percentage of participants (8%) reported that there was a lack of information as they did not know where to go to seek services. A previous study[8] reported that technology is crucial in scaling up access to mental health services during and after COVID-19. Given that people interact differently with technology, people of various ages, technical abilities, languages, and levels of literacy will need specific types of interventions adapted to their characteristics.[9]

On the other hand, participants appreciated that they could maintain the continuity of care through teleconsultation, either by video or telephone calls. Most participants (60%) felt that teleconsultation is almost as good as in-person visits, even if they preferred the in-person appointment. This outcome was also reported in another study where patients were responding positively to the alternative and had provided good feedback about telemedicine; however, they also pointed out that the positive response may have been driven by patient's fear about ongoing access to care during the emergency, rather than by their general acceptance of telemedicine visits.[10]

Some participants in our study shared that nothing had helped them overcome the pandemic challenges.

Strength and limitations

One of the strengths of our study is that the questionnaire was analyzed in a qualitative study in a population living in a language minority setting, a Canadian francophone academic hospital. A limitation of our study is that we had a small sample size, and it was not easy to receive feedback from patients with mental illness, so our results may be less representative of this population. Therefore, our results cannot be generalized to the whole population. Further studies with larger samples that include different facilities platforms could be very beneficial. Also, a deep analysis of any increase in the dosage or change in medication intake and alcohol consumption could be of interest to study.

5. Conclusions

The results of this qualitative study corroborate and reinforce that isolation, anxiety, and depression were factors that most affected the social life and environment of participants during the COVID-19 pandemic. To further improve mental health services, patients were interested in having access to a website or a mobile application concerning mental health services and information in their city or region. Most participants had the same level of comfort during virtual care, but few preferred to meet the doctor in person.

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Conflicts of Interest Disclosure

The authors declare they have no conflicts of interest.

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