

# WORDS BEYOND THE PANDEMIC: A HUNDRED-SIDED CRISIS

Coord.: José Reis  
A collective work by CES



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Centro de Estudos Sociais  
Universidade de Coimbra



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# MENTAL ILLNESS

Sílvia Portugal, Tiago Pires Marques

Much has been said about the epidemic of fear, anxiety and depression accompanying the COVID-19 epidemic. What is forgotten are the people with pre-existing conditions, especially those with mental health problems. More specifically, people living with a diagnosis of mental illness have not received any attention. Their invisibility in the public space and the way in which they have been neglected by the health policies adopted in response to the epidemic have a serious impact on their lives. News emerged about the reduced number of admissions and appointments in the National Health Service, unmet prescription needs, declining community and home care, and patients arriving at the health services with very fragile conditions. In addition to reduced public assistance, restrictions were put in place to the support provided by patient and carer organisations. The closing of face-to-face associational activities – appointments, training, self-help groups, meetings – further isolated a population in need of sociability and dependent on daily routines to ensure its emotional stability. The digitalisation of multiple aspects of life as a response to the epidemic presents additional limitations when applied to a population that, due to the nature of its vulnerability or to logistic and financial incapacity, is unable to mobilise digital resources to maintain social relations. At the therapeutic level, increased isolation also tends to intensify this group's clear tendency to respond to psychic suffering solely through psychotropic drugs.

In addition to the problems experienced by people with mental illness, one must not forget those of their families, isolated and left to themselves in care, exhausted and with no resources.

People with a pre-existing mental illness diagnosis should be a priority of health policies in response to the current health crisis. The potential for their health to deteriorate, given their susceptibility to changes in routine and stress in comparison with the general population, deserves greater attention. The post-pandemic period should thus be seen as an opportunity for mental health policies to meet the goals, long established in programmatic plans, of abandoning hospital-centric models of assistance in favour of community-based forms of support, as well as diversifying therapeutic responses. People with mental health problems should be spared the suffering of abrupt losses in their daily lives and should maintain access to material resources, including housing and decent livelihoods, as well as relational and emotional resources. Users/patients and relatives/caregivers associations should be supported so that they can create alternatives for assistance in periods of physical distancing. A proximity, networked type of care has a greater chance of resisting the crisis and disruption. Finally, mental health and social service professionals should get proper support in outpatient care settings.