

Therefore, brexpiprazole might induce mild sedation, mild extrapyramidal signs and mood stabilization.

Overall, brexpiprazole may be a therapeutic option to alleviate BPSD in patients with VD in the oldest old.

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Patient Consent

After explaining the study to the patient and caregivers, written informed consent was obtained. This study was approved by the ethics committee of Yuzuriha Hospital.

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The response to COVID-19 in prisons must consider the broader mental health impacts for people in prison

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To the Editor

Prisons are an integral part of the global public health response to coronavirus disease 2019 (COVID-19). In light of typically over-crowded physical environments, prisons operating beyond their capacity and restrictions on freedom of movement, the introduction of COVID-19 in prisons and other custodial settings could be devastating. Effective COVID-19 infection control strategies in custodial settings have seen an emergent emphasis on physical distancing and quarantining (World Health Organization [WHO], 2020). These strategies are

crucial to slow COVID-19 transmission; however, they also pose significant risk for people with mental illness in these settings. Rates of severe mental illness and mental health morbidity and mortality are substantially higher among people in prison compared to general populations. Therefore, the response to COVID-19 requires consideration of associated mental health implications to minimise adverse consequences for people in prison.

Strategies to isolate cases from other people in prison may result in additional stressors depending on how people are isolated. Isolation practices may bear similarities, or be perceived as similar, to solitary confinement, with psychological consequences especially damaging for people with preexisting mental illness. The absence of meaningful social contact, environmental stimuli and engagement in purposeful activities through solitary confinement increases the likelihood of severe psychological distress and adverse outcomes post-release (Wildeman and Andersen, 2020). Therefore, opportunities for contactless social engagement and periods spent outdoors need to be integrated into COVID-19 quarantining practices in custodial settings. Similarly, restricting visitations in response to COVID-19 (which resulted in riots and associated fatalities in Italian prisons) will negatively impact psychological well-being, preservation of hopefulness and social connectedness during incarceration (Cochran and Mears, 2013).

Adapted communication is needed, such as free and more frequent phone calls and communication via digital platforms with family and friends to alleviate mental health implications.

Prisons and other custodial settings are subject to myriad risk factors for COVID-19 transmission, responses need to avoid unnecessarily harsh restrictions to mitigate COVID-19 transmission. In protecting communities from COVID-19, state and federal policy makers must protect the human rights of highly vulnerable people in custodial settings. There is considerable public dialogue, and associated public health awareness campaigns, about balancing strategies to protect mental health and well-being in the community alongside COVID-19 control imperatives. The same considerations must be applied to measures implemented in prisons to address potential acute and chronic mental health implications and minimise adverse consequences for people in prison who already experience higher rates of severe mental illness.

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Is telepsychiatry care a realistic option for community mental health services during the COVID-19 pandemic?

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To the Editor

People with severe mental illnesses have higher rates of smoking and medical comorbidities which are known to increase risk of serious COVID-19 illness including metabolic syndrome, chronic lung disease and cardiac disease (Firth et al., 2019). The current COVID-19 pandemic has necessitated a significant review of practices for community mental health teams in order to manage the risk of infection to patients and staff.

Our team conducted an audit of 314 community patients to examine the potential implications of a move to predominantly telephone support. We identified 118 patients (38%) as having

significant medical comorbidities or advanced age (>55 years), placing them at higher risk of adverse outcomes in case of COVID-19 illness. In all, 21 (7%) did not have access to a phone, and a further 58 (18%) were deemed unreliable in responding to contact over the phone based on past clinician experience. The majority of these difficult-to-reach patients had a diagnosis of schizophrenia or schizoaffective disorder (83%), and 75% were considered high risk for COVID-19 complications. In addition to those who lack access to the technology required, there was a significant group of patients that require regular face-to-face reviews, including the 91 patients (29%) who are treated with depot medications and 71 (23%) taking clozapine.

Prior to and during the current pandemic, our service has offered mobile phones to 17 of our current patients. Twelve (71%) declined the offer or gave the phone away. A recent study of patients in our region showed limited access and confidence in using technology among people with schizophrenia, which could be a barrier to online interventions (Wong et al., 2020). There is also the potential for additional clinical risks when using telepsychiatry in an already high-risk population, especially for those presenting in crisis (Cowan et al., 2019).

Although the move by governments and health services to encourage increased telehealth take-up during this period is important, our data suggest that there are significant barriers for our core cohort of patients. In response to the current situation, service delivery should be

carefully planned to emphasise patient education, social supports and maintaining therapeutic adherence. Clinician safety and well-being should be paramount when face-to-face contact is required. A dynamic and effective mental health system response is essential not only for the health and well-being of people with severe mental illness but also for mitigating the spread of the infection in the community.

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