

**Background:** Individuals with serious mental illness (SMI) often require a broad network of health and social services to live independently in the community. Prior to the COVID-19 pandemic, mental health and social service agencies that support this population relied heavily on in-person contacts. COVID-19 fundamentally altered these operations overnight, creating unprecedented challenges for patients with SMI and their providers. The impact of these service delivery changes on individuals with SMI is unknown.

**Purpose:** This study aims to begin answering the following questions:  
 1) What are the attitudes of individuals with SMI towards COVID-19 related distancing measures?  
 2) What are their experiences obtaining outpatient mental health care during the pandemic?  
 3) What are their experiences navigating the health and social service systems?

**Study Participants:** After obtaining approval from the University of Maryland and George Washington University Institutional Review Boards, we recruited 20 adult patients hospitalized on a voluntary inpatient psychiatric unit in Washington D.C. during the COVID-19 pandemic between September and November 2020.

**Data Collection:** Minimally-structured interviews took place in a private room on the inpatient psychiatric unit. Interviews ranged from 20 to 80 minutes. Participants were asked to describe their experiences living and obtaining health and social services during the COVID-19 pandemic.

Demographics	<ul style="list-style-type: none"> <li>Age</li> <li>Race/ethnicity</li> <li>Gender</li> <li>Previous psychiatric hospitalizations</li> </ul>
How have you been protecting yourself from the COVID-19 virus?	<ul style="list-style-type: none"> <li>Masks</li> <li>Social distancing</li> </ul>
How has the pandemic impacted the following:	<ul style="list-style-type: none"> <li>Typical day</li> <li>Socialization/Relationships</li> <li>Housing</li> <li>Food</li> <li>Employment</li> <li>Finances</li> <li>Transportation</li> <li>Religion</li> <li>Childcare</li> <li>Mental health services</li> <li>Physical health services</li> <li>Substance use services</li> </ul>
What is the biggest change that the pandemic has had on your life?	<ul style="list-style-type: none"> <li>Positive changes</li> <li>Negative changes</li> </ul>
If the Mayor could do one thing to improve the city for individuals with mental health conditions right now, what would it be?	

## Attitudes Towards Social Distancing Policies

### Sadness

- Related to not seeing loved ones
- Related to not having meaningful daily activity

### Frustration

- Related to COVID-related worsening of living situation (shelter closings, less places to couch surf)
- Related to necessary social services being closed, only available by appointment or remotely, or being slowed down (social security, courts, housing)
- Related to the healthcare system being overly focused on COVID and letting mental healthcare fall to the wayside

### Unperturbed

- "[COVID] keeps us in the house and keeping us safe and healthy... When I get depressed and stress and I'm in the house by myself and the kid's not there, then I'm wander outside and I'll go around in the neighborhood, around the people that use. And that would encourage me to use."

## Attitudes Towards Mental Health Treatment During the Pandemic

### No barriers to access or engagement

- Reports being able to engage in telehealth - "They were shut down, so I would call my therapist, my psychiatrist, and talk to her over the phone. And then if I needed a refill, she would call into the pharmacy, put in a refill for me to go pick up the prescription. It's the same that it always is, just that we would only communicate on phone."
- Treatment has been in-person

### Able to access but reports barriers to engagement with telemedicine

- Too many distractions
- Lack of privacy
- Difficulty establishing new relationships
- Less personal
- Poorer quality - "If you're looking at a person, you have a tendency to be more honest with them, then over the phone, you know what I'm saying? I'm speaking for myself. I can't speak for everybody else. When you can see a person's demeanor, look at it the way they sitting or whatever, you can tell something's going on with them, compared to just talking to the telephone."

### Unable to access

- No cellphone or internet (homeless)
- No available providers (therapy)

## Care and Social Service Coordination

Able to self-navigate

Receives sufficient support from family and providers (weekly phone calls, medication delivery, social service referrals)

No challenges that required navigation

Unable to self-navigate and does not have receive necessary assistance

**Table 1: Characteristics of Study Participants**

Characteristic	Categories	n (%)
Age	20-29	4 (20%)
	30-39	3 (15%)
	40-49	3 (15%)
	50-59	5 (25%)
	60-69	4 (20%)
	70 and over	1 (5%)
Gender	Male	11 (55%)
	Female	9 (45%)
Race	N.H. White	5 (25%)
	N.H. Black	15 (75%)
Housing	Homeless	7 (35%)
Employment	Employed	2 (10%)
	Unemployment unrelated to COVID-19 pandemic	4 (20%)
	Unemployment related to COVID-19 pandemic	3 (15%)
	Disabled/retired	11 (55%)
Outpatient mental health providers	Has at least one active provider	13 (65%)
	Recent lapse in treatment	4 (20%)
	Has not received recent mental health treatment	3 (15%)
Mental health diagnostic category	Mood disorder or trauma disorder	10 (50%)
	Psychotic disorder	10 (50%)
Substance Use	Self-reported substance use disorder	4 (20%)
COVID-19 concerns	Previously diagnosed with COVID-19	2 (10%)
Cellphone	Does not having a functioning cell phone	5 (25%)

## Conclusions

This study found that most people with SMI have been able to meet their needs during the pandemic, but those without access to housing, internet, cell phones, and identification face additional barriers and are less likely to have their basic social and mental healthcare needs met.

The COVID-19 pandemic has caused shifts in our basic needs; access to cell phones and internet have become vital. Policymakers must work to expand programs that address needs made unduly important by the pandemic and deliver these programs in ways that do not exclude those without access to technology, stable housing, or the ability to coordinate their own healthcare or social services.

## List of References

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