

COVID-19 pandemic impact on mental health of vulnerable populations

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Since the World Health Organization (WHO) declared the 2019 coronavirus disease (COVID-19) outbreak first a Public Health Emergency of International Concern, and then a pandemic (1), rapid and severe public policies have been adopted to restrict population movements in order to help curb the epidemic (2). These include so-called 'lockdown' measures, with school closures, border restrictions, quarantine of confirmed or suspected patients and 'stay-at-home' or confinement policies.

These most severe social distancing and confinement measures were pursued both to contain infection transmission at the population level, and to protect high risk and vulnerable groups, including the elderly and people with chronic long-term health conditions (3).

Indeed, the elderly and people with chronic long-term health conditions are those paying the highest price for the COVID-19 emergency: they hold the highest risk of developing severe and deadly forms of COVID-19, with 25% case fatality rate in subjects aged >80 years, as compared <1% in subjects younger than 50 years (4), and the risk of death increasing with increasing number of concomitant chronic diseases (5).

The elderly and people with chronic long-term health conditions are also likely to have experienced unmet non-COVID-19 healthcare needs during the acute phase of the outbreak when health services were stretched to capacity with COVID-19 clinical

management. In fact, due to the rapid spread of COVID-19 pandemic, many hospitals witnessed large numbers of unexpected patients with consequent shortages of hospital beds, medical and nursing staff, and medical equipment for chronic conditions care (6). As the COVID-19 pandemic focuses medical attention on treating COVID-19 positive patients and protecting others from infection, elderly and patients with chronic non-COVID-19 related diseases are faced re-consideration of usual standards of care and protocol modifications (7).

Last, but not least, the elderly and people with chronic long-term health conditions are at higher risk of negative mental health consequences of confinement and social distancing. The rapid COVID-19 transmission, as well as, the higher case-fatality in vulnerable groups may enhance the risk of psychopathological decompensation and exacerbate existing psychiatric disorders (8).

The COVID-19 health emergency and associated-social distancing imposed measures can promote feelings of loneliness, hopelessness, despair, death anxiety (9), which are independent predictors of suicide, and enhance difficulties to access regular outpatient visits for clinical evaluations and prescriptions (10).

Moreover, in pandemic times, prejudices and stigma towards vulnerable individuals may be further reinforced by social deprivation, uncertainty, inadequate supplies and information, and could lead to marginali-

zation, segregation, and increased institutionalization of these people, reducing individual autonomy and self-dignity that play a key role in resilience for any age group (11).

As hospital care is restricted by COVID-19, telemental health services could promote continuity of care for at-risk populations at the community-level, remotely supporting them to cope with loneliness and hopelessness during quarantine and self-isolation, reducing the current pressure on health services' capacity and the risk of viral transmission in hospital settings (12). In turn, ensuring continuity of care via teleconsultation might lower the risk of psychopathological decompensation and consequent need of hospitalization for those patients.

The protection of the mental health status of this vulnerable segment of population needs to be recognized as a real public health priority. A careful and comprehensive analysis of risk and protective factors in the individual and environmental context should be performed in order to early detect peculiar needs of care as well as plan and implement appropriate and targeted interventions centred on vulnerable population health.

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