

Psychopathological Consequences of the COVID-19 Pandemic: A Case Report

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Background

Culture influences psychotic symptoms, defining what constitutes as a psychotic symptom as well as content and expression (1). The primary form and structure of delusions have persisted across time and different cultures (2). Content within delusions may differ according to cultural events - hallucinations during the Great Depression involved grandiose delusions of wealth (3), and delusions of control involving supernatural forces may now more frequently involve technology (4).

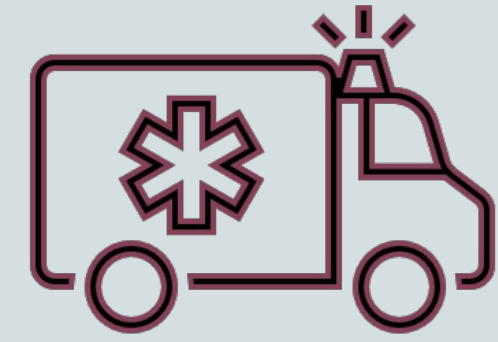


Mental illness rates increase after natural disasters (5). **Our case report describes a 37 year old female presenting with schizophrenia during the COVID-19 pandemic where COVID-19 was incorporated into the central delusion.**

Patient Information

Mrs. JD was a 37 year old IT specialist brought into Northern Hospital Emergency Department (ED) in Melbourne, Australia during May 2020.

At ED assessment she reported:



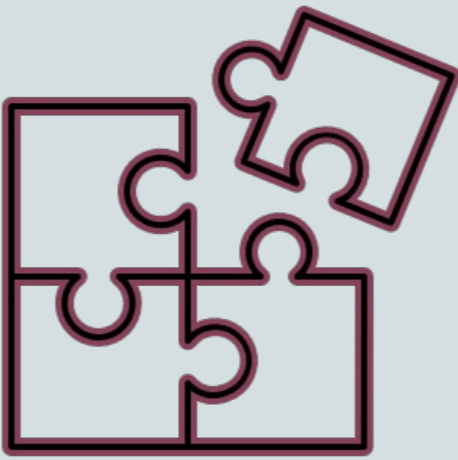
Special powers to cure the population from COVID-19 and a predetermined mission to stop the pandemic

Needing to keep her children happy to stop them spreading the virus, and subsequently needed to buy presents



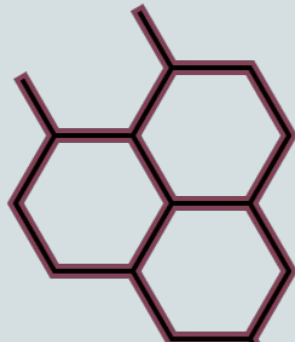
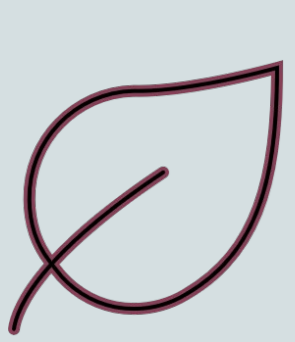
Hearing voices, being monitored by cameras, people talking about her, and her face disappearing

Mrs. JD attempted to self-strangulate by wrapping a cord around her neck, and stated this was due to spirits controlling her actions and guilt from not being able to protect her children from COVID-19

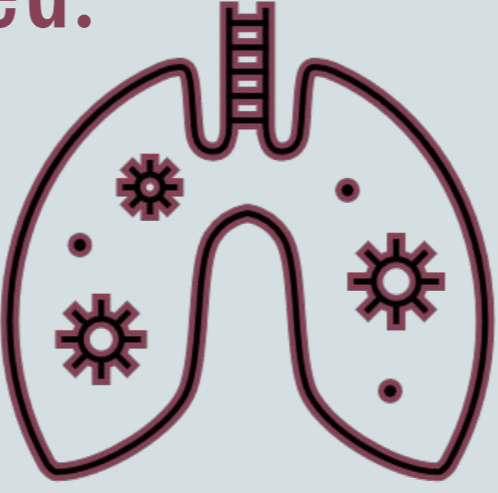


Upon admission to the Northern Psychiatric Unit she reported:

She was admitted to save the world, with divine orders and a special purpose to heal the world from COVID-19



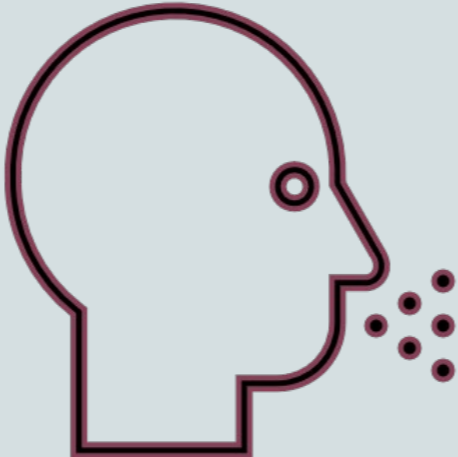
Her gift involved spirits, faith, and serpentine leaves



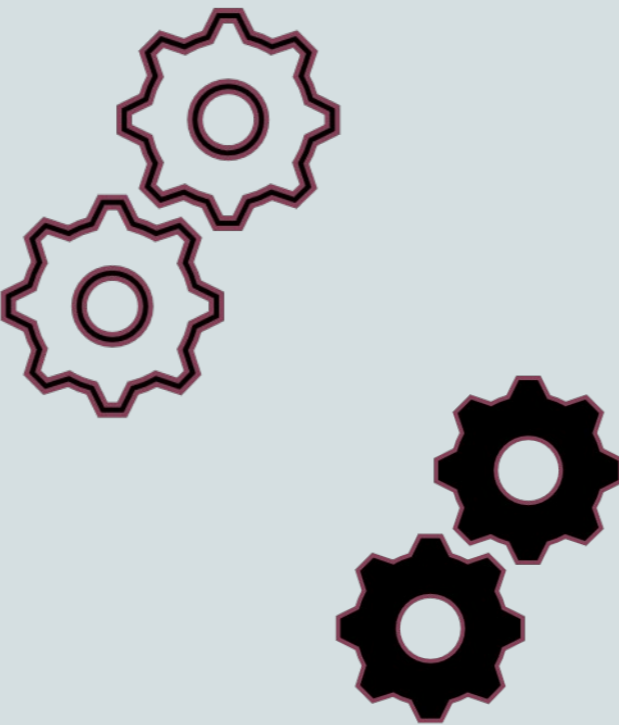
She cured COVID-19 by breathing in and out as a gift from God



Her youngest daughter had been removing her thoughts and was super-gifted and the vital key to curing COVID-19



Hearing whistling as she walked and whispers about various topics, including needing to wash her hands more

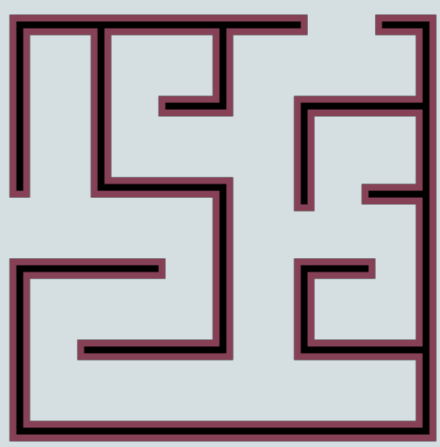


Somatic passivity and negative symptoms

Her psychotic symptoms gradually began during the COVID-19 lockdown due to stress from homeschooling, restrictions, and decreased social support

Findings

Mental state examination included bizarre behaviours e.g. prayer-like posturing, disorganized and circumstantial speech, restricted and perplexed affect, low mood, thought blocking, grandiose delusions, and impaired insight and judgment



Schizophrenia was the primary diagnosis as per DSM-5 criteria, she had previous psychotic episodes, and first rank symptoms such as passivity phenomena, thought removal, delusional perception, auditory hallucinations, and passivity of volition were present

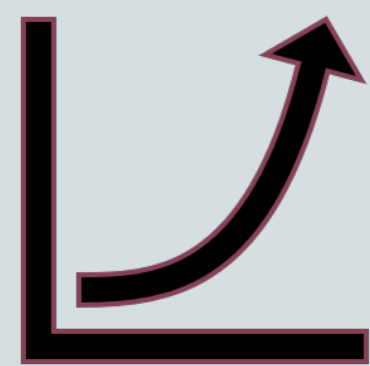
Management

- 6 mg risperidone, 15 mg olanzapine, and 150 mg sertraline
- Occupational therapy, art therapy, peer support work, and relapse prevention planning
- Mrs. JD and her family participated in psychoeducation, carer peer support, and social work input for safety planning
- Community case management with a view to antipsychotic monotherapy



Outcomes

Normal mental state on discharge, with significantly improved positive and negative symptoms



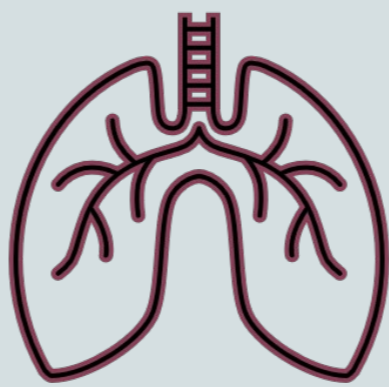
Return to baseline functioning - engaged in part-time employment and homeschooling her children with her husband

Positive engagement with ongoing **telehealth appointments** due to COVID-19 restrictions



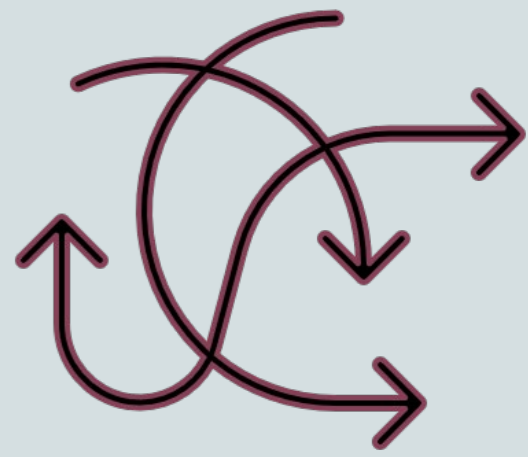
Conclusion

This case report is an example of the current COVID-19 pandemic becoming incorporated into grandiose and religious delusions in schizophrenia



The COVID-19 pandemic may have complex implications for mental health, including psychotic symptoms such as delusions and hallucinations

Mental health professionals should remain aware and screen for the broad consequences the pandemic may have among patients and the general population



Mrs. JD very kindly gave informed consent for this publication

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