

People with severe mental illness found to be at 50% higher risk of death following COVID-19 infection

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New research from King's College London has found that in the UK people with severe mental illness were at increased risk of death from all

causes following COVID-19 infection compared to those without severe mental illness.

Published in the *British Journal of Psychiatry*, the study investigated the extent to which having [severe mental illness](#), which includes schizophrenia and psychosis, increased the risk of [death](#) during the first two waves of the COVID-19 pandemic.

Researchers at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) and ESRC Centre for Society and Mental Health analyzed data from over 660,000 UK patients between February 2020 and April 2021.

Among the 7,146 people with severe mental illness, there was a 50% greater risk of death from all causes following COVID-19 infection compared with those without severe mental illness.

Black Caribbean/Black African people were at a 22% higher risk of death following COVID-19 infection than White people, and this was similar for people with and without severe mental illness. However, in around 30% of patient data, ethnicity was not recorded.

The study revealed regional differences: on average, risk of death following COVID-19 infection was higher among Northern UK regions compared to Southern regions. Those in Northern Ireland, the East Midlands and the North-East were at between 24–28% increased risk of death compared to those in London.

Dr. Alex Dregan, senior author and Senior Lecturer in psychiatric epidemiology at King's IoPPN, said, "We are the first group to use the Clinical Practice Research Datalink to understand the impact of COVID-19 on premature morbidity among people with severe mental illness, making this one of the largest studies of its kind. Previous research has shown that these [health inequalities](#) exist but our study

really demonstrates how the pandemic has exacerbated them. We now need to try to understand why this is happening and see if there is a pattern in how these people do or do not seek and access services."

The research also found that those with more than one long-term health condition (multimorbidity) were at greater risk of death: For each additional long-term health condition, the risk of death increased by 6% for people with severe mental illness and 16% for people without severe mental illness following COVID-19 infection.

The study is part of a project called COVID-19 Ethnic Inequalities in Mental health and Multimorbidities (COVE-IMM) that is using both quantitative and qualitative methods.

Principal investigator on the COVE-IMM project and co-lead of the platform for cohorts and [quantitative methods](#) at the ESRC Centre for Society and Mental Health, and lead author Dr. Jayati Das-Munshi, said, "These are stark findings and highlight the health inequalities that exist for people living with severe mental illness, people from racialized groups and people from different regions of the country. We still need to learn more about the experiences of these groups which we are doing through in-depth interview research and we also need to understand the gap in how our services provide for these vulnerable people. The pandemic shone a light on these inequalities, and we must learn from this to develop new policies and improve service provision."

The data was from the Clinical Practice Research Database—one of the world's largest clinical research databases containing over 60 million anonymized electronic primary care records. Researchers were part of the ESRC Centre for Society and Mental Health, the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) South London and the NIHR Maudsley Biomedical Research Centre.

More information: Severe mental illness, race/ethnicity, multimorbidity and mortality following COVID-19 infection: nationally representative cohort study, *The British Journal of Psychiatry* (2023). DOI: 10.1192/bjp.2023.112 , [www.cambridge.org/core/product ... type/journal article](https://www.cambridge.org/core/product/9781108838880/type/journal_article)

Provided by King's College London

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