Clinical Characteristics of Psychiatric Presentations in a Tertiary Hospital during COVID-19

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INTRODUCTION & AIM

- COVID-19 disrupted the delivery of health services globally, including mental health services.
- Many face-to-face contacts shifted to telephone or video consultations to minimize spread of the pandemic. This change in service delivery is associated with relapse of pre-existing mental disorders [1].
- Concerns have been raised about potential mental health consequences secondary to social (or physical) distancing [2].
- This study aims to determine the clinical characteristics of psychiatric presentations in a tertiary hospital during the peak of COVID-19.

METHODS

- Patients referred to Galway mental health service from 27th March 2020 to 31st May 2020 were included in this study.
- Data were collected from a central register that recorded all urgent/emergency referrals to the service. Where necessary, clinical data were collected from patient case notes.
- Ethical approval was obtained from the Clinical Research Ethics Committee of the Saolta Hospital Group.

RESULTS

- 255 patients were referred to Galway mental health service during the study period. Compared to the same period in 2019, this is a decrease of 21.5% in the volume of presentations. Sources of referral are as illustrated in Figure 1.
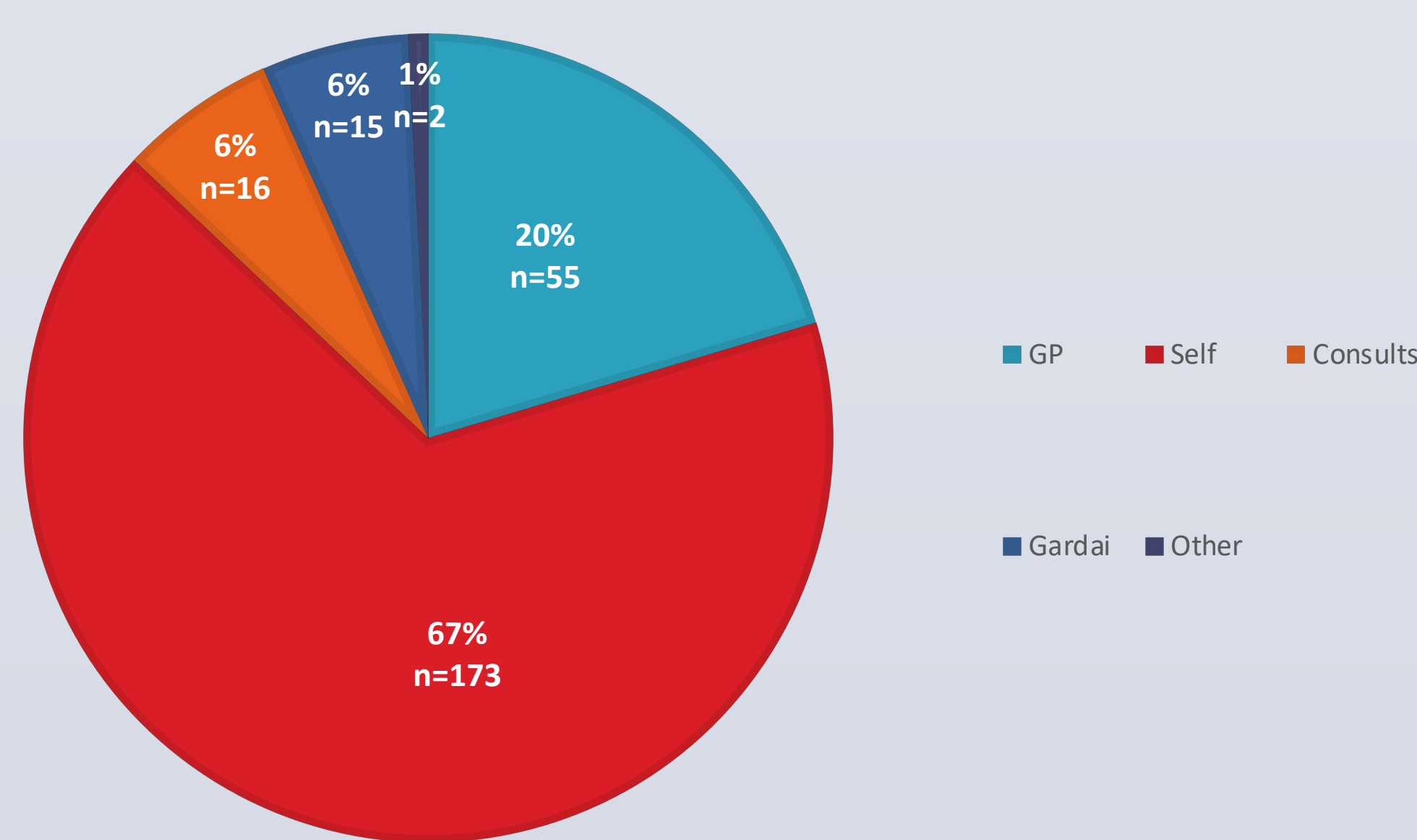

Figure 1: Sources of referral

- Mean age was 37.8 years old. 56.5% (n=144) were females and 43.5% (n=111) were males. About 1 in 10 (n=29) were homeless.
- One-third (n=81) of the patients had no previous contact with the mental health service.
- Over 50% (n=130) presented with self-harm or suicidal ideation, making this the most common presenting complaint during the study period.
- Self-poisoning was the most common method of self-harm in our cohort. Table 1 shows the breakdown of methods of self-harm in our study participants.

RESULTS (cont'd)

Table 1: Methods of Self-Harm	
	n (% of all patients)
Methods of Self-Harm (not mutually exclusive categories)[a]	
Drug overdose	41 (16)
Hanging	5 (2)
Jumping from height	2 (1)
Drowning	2 (1)
Wrist cutting	1 (0.5)
Burning	1 (0.5)

- The most common diagnosis was borderline personality disorder. Table 2 shows the breakdown of diagnoses in our study cohort.

Table 2: Diagnoses of study cohort	
Working Diagnosis according to ICD-10 classfication	No. of study participants, n (%)
F00-09 Organic, including symptomatic, mental disorders	7 (2.7)
F10-19 Mental and behavioural disorders due to psychoactive substance use	43 (16.9)
F20-29 Schizophrenia, schizotypal and delusional disorders	37 (14.5)
F30-39 Mood (affective) disorders	40 (15.7)
Bipolar affective disorder	13 (5.1)
Depressive disorder	27 (10.6)
F40-48 Neurotic, stress-related and somatoform disorders	36 (14.1)
F50 Eating disorders	-
F60-69 Disorders of adult personality and behaviour	73 (28.6)
Emotionally unstable personality disorder (or Borderline Personality Disorder)	68 (26.7)
Other subtypes of personality disorder	5 (2.0)
F70 Intellectual disability	1 (0.4)
F84 Autism spectrum disorders	3 (1.2)
F90 Hyperkinetic disorders	7 (2.7)
Others (i.e. missing data, no mental illness)	8 (3.1)

- Nearly 60% (n=148) were offered follow-up with community mental health team. One-quarter (n=66) required admission to the adult acute mental health unit.

DISCUSSION & CONCLUSION

- Our findings were consistent with the internationally reported reductions in presentations for unscheduled psychiatric care compared with previous years [3]. Despite this, there remains a clinically significant variations in presentations to the mental health service.
- A decline in physical access to mental health services could contribute to surge in psychiatric presentations during and after COVID-19 pandemic.
- There needs to be adequate allocation of resources to mental health services to better meet this anticipated mental health crisis.

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